

LEGISLATIVE ASSEMBLY OF ALBERTA**Title: Tuesday, December 8, 1987 2:30 p.m.**

Date: 87/12/08

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

[Mr. Speaker in the Chair]

PRAYERS

MR. SPEAKER: Let us pray.

O Lord, grant us a daily awareness of the precious gift of life which You have given us.

As Members of this Legislative Assembly we dedicate our lives anew to the service of our province and our country.

Amen.

head: **READING AND RECEIVING PETITIONS**

MR. MITCHELL: Mr. Speaker, I rise to request that the Clerk read and receive the petition which I presented to the Legislature last week on behalf of 250 residents of Mirror calling for the application of the extended flat rate calling program to the Mirror area.

CLERK:

We the undersigned request that the Assembly direct the Government to require Alberta Government Telephones to review procedures for assessing applications to the Extended Flat Rate Calling Program from communities within a forty mile radius of major business centres to ensure equitable treatment of these communities.

head: **NOTICES OF MOTIONS**

MR. YOUNG: Mr. Speaker, I wish to give notice that tomorrow, December 9, 1987, I will be proposing to the Assembly the following:

Be it resolved that Mr. Halvar Jonson be appointed a member of the Standing Committee on the Alberta Heritage Savings Trust Fund Act.

head: **TABLING RETURNS AND REPORTS**

MR. ADAIR: Mr. Speaker, I beg leave to table the Gas Alberta Operating Fund financial statement to the period March 31, 1987, along with the supplemental report.

head: **INTRODUCTION OF SPECIAL GUESTS**

MRS. HEWES: [remarks in French]

Mr. Speaker, I have the honour to present to you and through you to the members of the House, students from grade 6 French immersion at Holyrood school in Edmonton-Gold Bar. The students are accompanied by their teacher Madam Rita Delongchamp. They are seated in the public gallery. May I ask that they rise and receive the warm welcome of the House. [a s submitted]

MR. GIBEAULT: Mr. Speaker, I'd like to introduce to you and to the members of the Assembly today, two separate introduc-

tions, I would say.

First I'd like to introduce two special visitors. One is Ms Marta Moraga, who is from Nicaragua. She's in Alberta studying English at the moment. She works for the Centre for Education and Agrarian Promotion in Nicaragua and was my tour guide when I was there three years ago. With her is Mr. Jim Peckham, the Alberta co-ordinator for Tools for Peace. I would ask them to please rise and receive the warm welcome of the House.

Then I also would like to introduce, Mr. Speaker, to you and to the other members of the Assembly this afternoon, 27 students from the Mill Creek school. They're accompanied today by their teacher Colleen Lefever. They're in the public gallery, and I'm pleased to introduce them on behalf of my colleague the Member for Edmonton-Avonmore. I'd ask them to please rise and receive the warm welcome of the House.

MR. WRIGHT: Mr. Speaker, may we welcome 28 children from King Edward school, grades 5 and 6, in the constituency of Edmonton-Strathcona. Perhaps they would rise and, if they continue to be very good, receive our usual welcome.

MR. SPEAKER: They can only hope the members will be very good.

Government House Leader, please.

MR. YOUNG: Mr. Speaker, it's my privilege today, on behalf of my colleague the Hon. Neil Crawford, Member for Edmonton-Parkallen, to introduce from the Avalon school 22 grade 8 students who are in the gallery with their teacher Mr. Lopatka. I would ask that they stand and receive a warm welcome from the Assembly.

MR. STEVENS: Mr. Speaker, as everyone in Edmonton and district knows, the health of so many activities here depends on volunteers, and now it's Calgary's turn. In the audience in the members' gallery today I'd like to introduce to you and through you to members of the Assembly, the chairperson of the mayor's office for the Canmore athletes' village, where some 600 athletes will soon be presenting their performances to all of the world, and in addition, a young woman who is a volunteer driver -- she and her husband will be adopting an Olympic parent, as so many others will -- Mrs. Peggy Amatt and Mrs. Kim Stewart. Would they stand and receive the Assembly's welcome.

MR. SPEAKER: Member for Red Deer-South, with a relative perhaps?

MR. OLDRING: Thank you, Mr. Speaker. It's a pleasure for me on behalf of myself and the Member for Red Deer-North to introduce a very special guest to you and through you to the Members of the Legislative Assembly. As all members know and in fact all Albertans know, the 1988 Alberta Winter Games are being held in Red Deer from January 28 to January 31.

Mr. Speaker, as you can appreciate, it's been very difficult for us in Red Deer not to overshadow the Olympics with this excellent calibre of event soon to be happening in Red Deer. I want you to know that as a city we didn't complain when the Prime Minister neglected to mention our name in the national advertising campaign. We only hope that the 1988 Olympics will not seem too anticlimactic once the 1988 Alberta Winter Games have concluded.

Mr. Speaker, here in the members' gallery to invite all of you to the most successful Winter Games ever is our 1988 Winter Games mascot, Mickey the Beaver. I would ask the House to join me in giving Mickey the Beaver a warm welcome.

MR. SPEAKER: Red Deer-North.

MR. DAY: Thank you, Mr. Speaker. I'd also like to introduce to you two of Mickey's traveling companions -- bravely traveling with Mickey and fighting off autograph seekers today -- Mrs. Scotty Hull and Darlene Rowbotham. These two ladies represent just two of literally hundreds of volunteers who have been working already for months to make these games a success. We'd ask that the House would give them the customary warm welcome.

head: ORAL QUESTION PERIOD

Regional Economic Development Assistance

MR. MARTIN: Mr. Speaker, I'd like to direct the first question to the Premier. The Mulroney government has finally admitted what every westerner has known all along, that the west does not get its fair share of federal contracts. The west has 30 percent of the population and receives less than 12 percent of federal government contracts while Ontario and Quebec get 76 percent. I might point out that this went down in '86-87, and it's less than we even got during the Trudeau Liberal reign. My question, Mr. Speaker: will the Premier tell the House whether he's aware of the situation and what this government is doing to change this unfair situation?

MR. GETTY: Mr. Speaker, if the hon. Leader of the Opposition had been paying attention, he would know that this matter has been raised at first ministers' conferences this year, it's been raised at the Premiers' Conference this year, and it was raised at the Western Premiers' Conference. Then it has been discussed with the various federal ministers involved plus the Prime Minister. I believe we will be seeing a dramatic difference.

MR. MARTIN: Mr. Speaker, talk is cheap. He doesn't seem to have much influence on his buddy Brian.

My question is to the Premier. Has he done any assessment on how the Mulroney trade deal will affect the ability of Canadian governments to direct federal procurement dollars into regional development initiatives for western Canada? Have there been any studies on this, and will the Premier tell us about them?

MR. GETTY: Mr. Speaker, again the hon. member might know that last week we had a First Ministers' Conference in which this matter was raised, the regional development, and how it impacts on the free trade agreement. The general discussion and agreement amongst the Premiers was in fact that regional development had been specifically excluded from the trade agreement and that we would now be able to pursue all of those matters of regional development that we had been pursuing.

MR. MARTIN: Well, Mr. Speaker, that is not the case under this agreement. There's the government procurement, and it says the United States have agreed to eliminate that. My question is to this Premier: how can the Premiers go on Brian Mulroney's word again? It says right here that it's been eliminated.

Now, I say to the Premier: how can you have it when it says it's eliminated in this agreement?

MR. GETTY: Well, Mr. Speaker, the hon. Leader of the Opposition doesn't know what he's talking about because, in fact, I chaired the Premiers over the last 18 months. I know what's in the agreement, and I know that regional development is excluded from the trade agreement and that we are able to pursue regional development as aggressively or more aggressively in the future than we have in the past.

MR. MARTIN: Mr. Speaker, we're talking about federal government contracts. It says here, and I quote:

The United States and Canada have agreed to eliminate buy national restrictions on procurements of covered goods . . .

What does that mean, Mr. Premier, if it doesn't mean that they can't do it?

MR. GETTY: The one thing it does mean is that it does not impact on regional development, Mr. Speaker. It's really remarkable that the Leader of the Opposition and his party and this Liberal group over here, who are so negative about free trade, will come day after day in here trying to put a negative outlook on something that is an incredible opportunity for the people of Alberta, great for this province, great for this country. And because they have such a lack of confidence in this province and in this country, they just can't believe that we can compete with anyone we want to compete with.

MR. SPEAKER: Westlock-Sturgeon, supplementary question.

MR. TAYLOR: Mr. Speaker, I've often heard marriages don't last long in modern times, but the co-operation that they showed last night seems to have fallen apart already.

AN HON. MEMBER: You're here, Nick. You're here on time.

MR. TAYLOR: Mr. Speaker, it's unusual the joy which I've created now that they know I'm going after the Speaker -- after the Premier. [interjections] I'm sorry, Mr. Speaker. A Freudian slip, I'm sure.

To the Premier: in point of the fact that Mr. Ghiz, also one that was present at your first ministers' conferences, has taken the line that indeed regional grants to the maritimes will be affected by free trade, how can he say that regional grants to the west will not be affected yet the Premiers in eastern Canada, in the maritimes, say that regional grants to the maritimes will be affected? Who's correct?

MR. GETTY: Mr. Speaker, in fact regional grants to any part of the country will not be affected. That is clear. It's been confirmed by all of the Premiers as well as the Prime Minister.

MR. SPEAKER: Second main question, Leader of the Opposition.

MR. MARTIN: Yes, Mr. Speaker. I'd like to direct my second question to the Member for Edmonton-Centre.

Free Trade

REV. ROBERTS: Thank you, Mr. Speaker. To average Albertans health care is a public resource to be used to meet their

physical and mental needs, but to an elite here in Alberta as well as to many in the United States, the delivery of medical and hospital services is big business from which huge sums of money can be made. To the Premier: with respect to the right of national treatment in the service section of the Mulroney trade deal, does the Premier not agree that it is now possible for big U.S. medical businesses to come into Alberta, to set up shop, bill the Alberta health care insurance plan while they expand their businesses north of the border?

MR. GETTY: No, Mr. Speaker.

REV. ROBERTS: The agreement clearly states, Mr. Speaker, that they certainly can. To the Premier: how about such companies as the Hospital Corporation of America; the American Medical International, Inc.; Humana; and others? Why is it that under the current trade deal they would not want to penetrate the Alberta health care market under the right of national treatment and the right of establishment, which is clearly in the deal and would clearly promote the Americanization of the delivery of health care services in Canada?

MR. GETTY: Mr. Speaker, there will not be any Americanization of health care services in Canada.

REV. ROBERTS: Mr. Speaker, I certainly would table for the Assembly documents which suggest that United Medical Corporation, New Medico's Head Injury System, and the American Surgery Centres . . .

MR. SPEAKER: Order please, hon. member. There's an appropriate time for tablings, so let's get on with the supplementary question, please.

REV. ROBERTS: Yes, Mr. Speaker. To the Premier: is he not aware that these companies and their documents have already stated that they are planning to develop markets in Canada for their specialized medical services, such as cardiac, brain injury, and others?

MR. GETTY: Mr. Speaker, we will always welcome people who can provide services to the people of Alberta, provided that they do it under the laws of the province of Alberta.

REV. ROBERTS: All right. Thank you, Mr. Speaker, because that's precisely the point. Will the Premier then confirm under the right of establishment in the trade deal, the right of national treatment, that therefore American medical companies have guaranteed in the trade deal that average Albertans will see their tax dollars going through the Alberta health care insurance plan to the shareholders and the coffers of American business south of the border?

MR. GETTY: Mr. Speaker, it's another example, I guess, of the absolute negative outlook of the members in the NDP. The socialists just can't stand something that has the word "free" in it, let alone free trade. They'll try and find some way of trying to put a negative outlook on it. The point he's just been trying to make is absolute nonsense.

MRS. HEWES: Mr. Speaker, before this occurs, will the Premier at least undertake to the province that no further privatization of Alberta hospitals will occur so that this can be

prevented?

MR. GETTY: Mr. Speaker, obviously we have been doing some experimental testing of privatization in the health care system, and I see no reason why that should not be continued. As a matter of fact, I should point out to all members that we just recently had an Albertan who traveled to the United States to receive some very valuable medical services.

MR. TAYLOR: Mr. Speaker, this is to the Premier too. In his proposed free trade agreement that is splitting up this recent marriage between yourself and the NDP, could you . . . [interjections] I'd howl, too, because apparently nobody wants them.

Mr. Speaker, the Canada/U.S. trade agreement that the Premier is proposing has within it, of course, a six-month withdrawal if the Canadians are unhappy four or five years down the road. However, we can do this with a certain lack of harm from the bilateral trade portion and from the continental energy portion, Mr. Premier. But the unlimited, unfettered foreign investment portion, Mr. Premier: how could we buy back our country in six months if we decide we want to get out of this agreement?

MR. GETTY: Mr. Speaker, it's interesting that the hon. leader of the Liberal Party immediately assumes that somehow our country is going to be bought away from us. There again is that negative outlook, that putting down of the ability of Albertans and Canadians. We don't share his negative view of Canada.

MR. TAYLOR: Mr. Speaker, that's a good way of getting out of the answer. Personally, I think we're well worth buying, and so . . . But in view of the difficulties of buying one's country back, would the Premier consider asking the Mulroney government to set aside or withdraw from the unlimited foreign investment portion to leave this trade agreement one that covers only energy and bilateral trade? Would he consider asking them to do that?

MR. GETTY: Mr. Speaker, he started off with a phony assumption. It's completely hypothetical and certainly not something I'm going to consider.

MR. TAYLOR: Mr. Speaker, there are none so blind as those that will not see.

AN HON. MEMBER: We've heard that one before.

MR. TAYLOR: It has to be repeated over there ad nauseam for it to sink in.

MR. SPEAKER: Question please. Westlock-Sturgeon.

MR. TAYLOR: Mr. Speaker, I was just answering a very thoughtful question by the member.

In view of the fact that a reported 80 percent of the public do not understand the impact of this particular agreement, to the Premier: would he be thinking of commissioning studies on this agreement over the next while that would be releasable to the public?

MR. GETTY: That's certainly something to consider, Mr. Speaker.

MR. SPEAKER: Final supplementary.

MR. TAYLOR: Thank you, Mr. Speaker. This is to the Premier, in the calm light of reasonableness, now that I've got him settled down and he's sitting in the paddock and not whistling around the track with us. In these reasonable analyses that I hope he'll be turning over to the public of Alberta to help make up their minds, would he also be interested in inviting submissions from interested parties in helping to put this through?

MR. GETTY: Mr. Speaker, there's a great flow of information coming to the government from interested parties, and we always welcome it. I must say, Mr. Speaker, I wonder sometimes if the Liberal Party and the ND Party here in this Legislature would remember that they're representing the people of Alberta, not parties that dictate to them out of central Canada.

MR. MARTIN: Mr. Speaker, that's precisely the point. We are representing the people of Alberta. We don't listen to Brian Mulroney all the time like this Premier does.

Mr. Speaker, I want to ask this Premier, saying he represents the people of Alberta: what will it take before he will begin to look at this deal and question whether it is good for Alberta? What evidence is it going to take for this Premier?

MR. GETTY: Mr. Speaker, we know what's good for the people of Alberta, and the one thing we know is that the strength of this province is the people of Alberta, and these people are capable of competing with anyone. They don't need a couple of parties, who are taking their orders from central Canada, in here trying to knock something that is an incredible opportunity for our province. They're unable to have any positive outlook at all. They were happy when the price of oil was down. They were happy when unemployment was up. They can't... [interjections]

MR. SPEAKER: Order please. Red Deer-South. [interjection] Thank you. Red Deer-South.

MR. OLDRING: Thank you, Mr. Speaker. I thought that was Ed Broadbent and John Turner I heard flapping in the House.

Mr. Speaker, my question is for the Minister of Economic Development and Trade. I always welcome the opportunity to hear some of the good news on trade. Could the minister please advise this Assembly of the effects of the free trade agreement on Alberta's efforts to diversify its economy?

MR. SPEAKER: How many pages is the hon. minister flipping over for this reply?

MR. SHABEN: Mr. Speaker. Alberta's trade with the United States is a significant part of the economic base of our province. As a matter of fact, our exports outside Alberta to other parts of the world range about \$14 billion annually, and about 75 percent of that trade is into the United States. When one translates the trade into the creation of jobs for Albertans, that export represents creation of over 200,000 jobs for Albertans.

Now, with respect to the opportunities that arise from a free trade pact, I think it's obvious as a result of perusal of the C.D. Howe report, Economic Council report, the Macdonald commission report, our own evaluation of the consequences of free trade and the access to that United States market by the Alberta

business community, and the consequences in terms of creating jobs are difficult to quantify, but they are very, very positive. They're positive in electrical products. They're positive in petrochemicals, positive in processed food products, positive in a whole range of manufactured products, oil and gas equipment, the service industry. That creates a myriad of opportunities for Alberta business. So in terms of what the impact of free trade is, it's really up to Albertans to achieve the benefits, and they are and can be huge.

Agricultural Payouts

MR. R. SPEAKER: Mr. Speaker, my question is to the Minister of Agriculture. I hate to move away from the gymnastics that are going on, but I would like to ask a question that relates more to southern Alberta than all of Canada. It's with regards to the sugar beet stabilization fund and what may constitute what is considered cash costs in the calculation of the proposed payout.

The original figure in that program under the agreement of April 1987 was \$48.57 per standard ton, and I understand that under the calculations that are going on now that has been revised to some \$37.95 per standard ton. My question to the minister in terms of this concern: what is the government of Alberta's position with regards to that payout, and has a directive gone from the minister to the representative on the committee that represents the government?

MR. ELZINGA: Mr. Speaker, I'm happy to report to the hon. Member for Little Bow the same response I gave to the hon. Member for Taber-Warner on Friday, when I indicated to him that we have instructed our officials who are working on the Agricultural Stabilization Board to exercise greater flexibility when relating to those cash costs that the hon. member has just referred to.

When we were in Ottawa recently and met with the minister responsible, who has been very instrumental, the Hon. Charles Mayer, he asked if we would be flexible to the cash costs, as he would be. We indicated our acceptance of that proposal. Unfortunately, I have to share with the hon. member that the province of Manitoba is a hindrance to that flexibility, whereby they've indicated their unwillingness to co-operate with the other two parties concerned.

MR. R. SPEAKER: Mr. Speaker, a supplementary to the minister. I understand that the sugar beet growers of Manitoba are willing to co-operate. The items that are of concern in terms of the payout, as I understand it, are cash payments on rented land, interest paid on land, interest paid on machinery, labour costs, which I feel are costs in terms of a farmer planting that crop and taking it off. Could the minister indicate the government's position with regards to those direct costs? Would they be included in the calculation of the payout or not, in terms of the Alberta government's policy?

MR. ELZINGA: Well, let me respond, firstly, to the first proposition brought forward by the hon. Member for Little Bow as it related to the producers in Manitoba and to concur with what he indicated, whereby the producers themselves have indicated an acceptance of altering the relationship as it deals with cash costs, as we have. I can only underscore what I indicated earlier to the hon. member: we are willing to exhibit a willingness to exercise greater flexibility as it relates to specific cash costs, as he has just indicated.

MR. R. SPEAKER: Mr. Speaker, clarification from the minister. Does the flexibility that the minister is talking about mean a lower cash payout? Is that what the minister is indicating, or is the flexibility to bring about a higher cash payout to the sugar beet farmers of southern Alberta?

MR. ELZINGA: Our flexibility relates to a higher cash payout.

MR. R. SPEAKER: Final supplementary then, Mr. Speaker. Does the minister then support the payout of \$48.57 per standard ton as was agreed to in April of 1987?

MR. ELZINGA: Mr. Speaker, that is the figure that the sugar beet producers themselves had indicated, taking into account their calculations. We accepted that figure and their calculations, but when we went through the process of examining them, we found some errors in their calculations. Acknowledging those errors, we have indicated a greater acceptance to have greater flexibility in the specific cash costs.

MR. TAYLOR: A supplementary, Mr. Speaker, back to the broader issue of the payout to the farmers. In view of the statement by the national Transport minister, John Crosbie, that there'll be no change in the freight payout to farmers until the next election, how can this minister possibly justify to this House the extension for another six months of the employment of Mr. Planche, a former minister, to do nothing?

MR. SPEAKER: What has that got to do with sugar beets?

MR. ELZINGA: Mr. Speaker, I'm more than happy to respond to the hon. Member for Westlock-Sturgeon. He is wrong on two counts. One, Mr. Crosbie has indicated a desire to work with us, and I'm going to ask the hon. minister of economic development to supplement this because the two of us have worked very closely on it. Secondly, as it relates to the contract, the hon. minister, too, does have some good news. But thirdly, let me indicate a willingness has been exhibited by the main grain organization within the province of Alberta, whereby the Alberta Wheat Pool just recently accepted a proposal put forward by myself at their annual meeting to open a dialogue with us to examine the various mechanisms as it relates to the method of payment of the Crow benefit. [interjections]

MR. SPEAKER: Perhaps the area might come up in another line of questioning.

The Chair recognizes Redwater-Andrew, followed by Vegreville, then Edmonton-Gold Bar, Olds-Didsbury, Calgary-Mountain View, Wainwright, Edmonton-Strathcona, Drumheller, and all points south, east, and west.

Christmas Celebration – Legislature Grounds

MR. ZARUSKY: Thank you, Mr. Speaker. My question today is to the Minister of Public Works, Supply and Services. I've had many calls and concerns from my constituency. They're saying that since we're in a time of fiscal restraint, could the minister tell the Assembly how he can justify hauling in \$100,000 worth of snow onto the Legislature Grounds?

MR. ISLEY: Mr. Speaker, first of all, let me assure the members of the Assembly that there was no \$100,000 worth of snow hauled into the Legislature Grounds. Secondly, let me clarify

also that there's no truth to the rumour that we hauled it from Nakiska, where, by the way, there is 70 centimetres of good solid base and five centimetres of freshly fallen snow.

The fact of the matter is, Mr. Speaker, what we're talking about here is two truckloads of ice shavings off Confederation Arena, which were transported to the Legislature Grounds by the same equipment and the same staff that normally at this time of the year are working overtime to transport snow in the other direction.

I would be remiss, I think, if I didn't compliment our grounds people on putting a little bit extra into getting ready for the spirit of Christmas by covering up the bases of those trees and providing some enjoyment for a number of the children that were here for the opening festivities.

In closing, Mr. Speaker -- and I see you're getting impatient. You know, I never cease to be amazed that some of the flakes in the opposition would try to distort such a simple activity.

MR. SPEAKER: "Red Snow-Andrew."

MR. ZARUSKY: Final supplementary, Mr. Speaker. Since the snowflakes are falling over the divorce yesterday on the other side, I've got a question to the Premier here. How many people did attend the Legislative Assembly grounds on Sunday afternoon to celebrate the start of the festive season?

MR. GETTY: Mr. Speaker, it was a very fine ceremony. I appreciated the input from other members of the House and, of course, Mr. Speaker, of you, sir, who managed that ceremony in such an appropriate way. It's my understanding that there was something in excess of 2,000 people here. I think they not only enjoyed Sunday, but many, many Albertans will be coming back to enjoy the Legislature during this Christmas period, and if they get comfortable with being at the Legislature during Christmas, perhaps they will spend other times here as well.

I only say, Mr. Speaker, that it would be interesting that when there were 2,000 here -- if it had been a march, someone would have estimated it at 10,000. Because it was 2,000 and it was a very positive thing, I think they estimated it at 400.

MR. TAYLOR: A very quick supplementary to the minister. Mr. Speaker, you'd appreciate this. Coming from the country that we both have, trees are very hard to come by. I would like to know who authorized cutting down and moving into the centre of the water fountain that beautiful big spruce tree that took at least 75 years to grow. Who authorized that desecration of our nature?

MR. ISLEY: Mr. Speaker, not being a Scrooge, I will take responsibility for that.

MR. SPEAKER: The Chair recognizes Vegreville, followed by Edmonton-Gold Bar.

Free Trade (continued)

MR. FOX: Thank you, Mr. Speaker. Albertans were led to believe that the Mulroney trade deal would be good for Alberta farmers, because in spite of the damage it will do to egg producers and dairy producers and grain producers and poultry producers, it would at least assure our red meat producers guaranteed access to the U.S. market. It's clear that we do not and

we will not have guaranteed access. In fact, the Minister of Agriculture was reduced yesterday to talking about some sort of hope for increased access. My question to the minister: does the minister not recognize that allowing imports of U.S. eggs to double will undermine the operations of the egg marketing agencies and hurt Alberta egg producers as a result?

MR. ELZINGA: Mr. Speaker, recognizing the season that we're in, I'm going to do my level best to be very congenial to the hon. member even though he does pursue leaving misperceptions amongst the population. We had it prior to the initialing of the agreement. He was complaining that we were going to do away with these supply-managed sectors, such as the feather and dairy industries. Now he's coming back with his fictitious figures as they relate to those sectors.

They have been protected, as the hon. member is aware. We are going to go on the last five-year average as it relates to imports into Canada from the U.S., which is going to have a very minimal impact in most of these areas. Some areas it's not going to affect at all; others it's going to affect as much as 1 percent. But again, as we indicated prior to the initialing of this agreement, the supply-managed sectors have been protected. There are also provisions within the agreement whereby we can have additional sectors in the event that we desire to have so.

MR. FOX: Again, we're dealing with facts, and we're dealing with sectors in the agreement here. Does the minister not recognize that encouraging increased imports of U.S. ice cream and yogurt will undermine the effective operation of the Canadian Dairy Commission and hurt Alberta dairy farmers as a result? Do you not recognize that?

MR. ELZINGA: Mr. Speaker, the hon. member should be aware that there aren't going to be any increased imports as it relates to dairy products under this agreement. There is a marginal increase in the feather industry but none whatsoever as it relates to the dairy industry. I'm surprised that the hon. member would sink to the depths of distorting those facts.

MR. FOX: There's a removal of tariffs, and the minister ought not to be so naive as to think that that will not lead to an increase of imports. Will the minister, then, in his gracious Christmas-like way, assure the House that he will seek to have U.S. yogurt and ice cream placed on the import control list so that prominent Conservatives like Peter Pocklington and his company Palm Dairies will not get what they want out of this deal, and that is cheap milk, at the expense of Alberta dairy producers?

MR. ELZINGA: Mr. Speaker, we have in place in Alberta and in Canada a very effective mechanism as it relates to the management and supply of our dairy industry. It's a mechanism that we just recently strengthened by way of amendments in the spring session of this Legislature, which the hon. member supported. We're going to continue with our strong support of the dairy industry, recognizing the important facet it does play in our Alberta way of life.

MR. FOX: The Christmas season and the time for fairy tales, Mr. Speaker.

Now, my next question is to the Premier. I know that the Premier will likely support the detailed agreement without question because, you know, Brian Mulroney tells him it's a good

thing. But I wonder if the Premier would be willing to reassess his support of the Mulroney trade deal because it clearly does not guarantee red meat producers assured access to the American market, and it does guarantee that a lot of other Alberta farmers will be hurt as a result.

MR. GETTY: Mr. Speaker, again, it seems to be an epidemic over there of negative thinking. The farmers of Alberta, the farm organizations of Alberta are pleased with this breath of fresh air which allows them to expand their markets on an assured basis into the largest trading nation in the world. The farmers of Alberta can compete with anybody, and they're going to prove it under this trade agreement. They won't be running around with their head between their legs like the NDP.

MR. TAYLOR: Mr. Speaker, this is a supplemental to the Premier and ties in to the farmers accessing American markets. In trying to bring some light in between the two fountains of truth that have been squirting at each other here, I'd like to ask the Premier: have there been any studies made because of the free flow of capital and the possible rise in the Canadian dollar? In other words, if it goes to par with the American dollar, thereby cutting our farm advantage in shipping into the U.S., have you made any studies as to the flow of capital bringing our dollar up and what that would do to farmers trying to export into the U.S.?

MR. GETTY: Mr. Speaker, now he's at it. Now he's trying to grasp some one more thing that he can possibly try and put a negative outlook on this agreement. Now he's starting to tell you that the Canadian dollar is going to go way up and hurt our farmers. I have never seen a bunch so negative in my life. They enjoy bad times. They loved unemployment. They loved the low energy prices. They like it when agriculture isn't doing well. They love it if they think the free trade agreement wouldn't work. In fact, they live in negativity. But we believe in positive things . . .

MR. SPEAKER: Calgary-McCall, supplementary. [interjections]

MR. NELSON: Mr. Speaker, if the clowns next to me here would keep quiet, they might learn something too.

Mr. Speaker, to the Premier. Considering the fact that the free trade agreement is one that will not only benefit Albertans but Canadians and considering that the same people who were opposed initially to the agreement with regards to the auto pact -- is it not a matter of posturing? In fact, would he not agree that the same emphasis should be given to the free trade agreement that was given to the auto pact at that time and that people should see what they're seeing presently as the negativity that is broadcast by these clowns next door here? [interjections]

MR. SPEAKER: Members are properly pointing out that it is a long way from agriculture.

Edmonton-Gold Bar, followed by Olds-Didsbury, Calgary-Mountain View.

Day Care Standards

MRS. HEWES: Thanks, Mr. Speaker. I do have something positive to suggest. My questions are to the Minister of Social Services. Albertans have been waiting and listening and hoping

for some action by the government to improve the glaring inadequacy of day care standards. In spite of repeated efforts, the only response that we've heard to date is that the hon. Minister of Social Services is waiting for the release of the federal government's report on child care. Well, we've now seen the report, and it doesn't address the requirements for standards. Time has now run out for the Department of Social Services. To the minister: will the minister now acknowledge that what is most needed in Alberta is not just dollars but a set of meaningful standards for trained child care workers?

MRS. OSTERMAN: Mr. Speaker, the preface to the hon. member's question dealt with, I think, one party or maybe two parties opposite, their desire to see the federal government walk into provincial responsibility with respect to day care standards. I think that most Albertans would find that offensive. I believe Alberta parents have the capacity to speak to the care of their children as well as anybody out of Ottawa speaking to that area. In that vein, it is certainly my desire now with the information available, firstly, about the cost sharing that will be made available to Alberta and, secondly, the tax area that will speak to parents who do not access institutionalized child care -- we believe we have an opportunity to enhance standards.

MR. SPEAKER: Supplementary.

MRS. HEWES: Thank you. Mr. Speaker. That must be comforting to the thousands of parents and children who know the government is still reviewing something when the solutions are already known and at hand. Will the minister, then, tell the Assembly exactly when the day care standards are going to be changed and improved?

MRS. OSTERMAN: Mr. Speaker, it is interesting to note that last week in my trip to Ottawa, discussing this matter with ministers from other provinces, their comments were: it is our hope that seven to 10 years from now, we will have the same accessibility to child care as the people of Alberta enjoy. To speak to child/staff ratios, physical surroundings, program requirements: they are as fine in Alberta as they are anywhere in Canada.

The one area that the hon. member insists on speaking about in a general term as standards, as if we don't have standards, speaks to the academic education that the care givers may or may not have. I have indicated before that that area is under review. It is our belief that a person coming into the child care field who indeed cares about children first and foremost, their opportunity to care for children and their ability to do that job would be enhanced by a number of skills that are provided in various institutions in this province.

MRS. HEWES: Mr. Speaker, yes, I am talking about training standards, and access, I might add, does not ensure quality. Has the minister negotiated with postsecondary institutions to ensure that spaces in training programs are sufficient to train and retrain child care workers so that it becomes the norm in our province and not the minority, as is now the case?

MRS. OSTERMAN: Mr. Speaker, the ability of individuals to access training opportunities is certainly an area that all of us in the government have been interested in, particularly in rural Alberta, because this is, on a number of occasions, where questions have arisen. I am certainly confident that the postsecondary institutions and others who would provide oppor-

tunity for day care training will speak to that when the Alberta government has announced just what the requirements will be.

MRS. HEWES: Final supplementary, Mr. Speaker. Will the minister take steps to ensure that provisions are in place for the establishment of parent and community boards for both profit and nonprofit centres so that the onus of monitoring doesn't rest with the already overworked inspectors who must deal only with the owners?

MRS. OSTERMAN: Mr. Speaker, I think monitoring is a very important part of the day care system, not only to ensure that children are being appropriately cared for but that standards are being met and that there is fiscal responsibility in the system. The hon. member has chosen to ignore the Social Care Facilities Review Committee, a committee of citizens that I believe last year would have visited some 600 day cares in the province and also brings good information on the day care system.

DR. BUCK: Mr. Minister, has the minister of the department initiated any studies with the department and the private sector to have the children on, say, a plant site, so the children are in a day care facility right at the plant site so the mother and child can have time together, say, over the lunch hour? Have any studies been done in Alberta to facilitate that?

MRS. OSTERMAN: Mr. Speaker, there is certainly information available from other jurisdictions with respect to day care sitings in conjunction with the workplace. We have had a freeze on spaces in child care in this province, with the exception of areas where there has proven to be a deficit in terms of addressing the spaces that are needed. We have lifted that freeze for several on-site day cares, and it is my hope that monitoring those situations will provide us with an opportunity to understand whether children will be served. After all, we are speaking to wanting good care for our children, not just convenience for parents. We'll have an opportunity to see if parents indeed access the availability of their children at close hand so that the care will be enhanced.

MR. SHRAKE: Mr. Speaker, a supplementary question on the matter of improved standards. If I understood the question correctly: when are the standards going to be improved? Has the minister received any of the letters from the people who have been writing me and phoning me expressing their concerns that if we raise the standards much higher, they cannot afford to use day care facilities in this province?

MRS. OSTERMAN: Mr. Speaker, that is always a concern. Questions are raised about the salaries of individuals working in the child care system, and it is a most important role that they play. [interjections]

MR. SPEAKER: Order please in the whole House. Hon. minister.

MRS. OSTERMAN: Mr. Speaker, I wasn't sure whether I should continue or wait for the wisdom from the hon. Member for Edmonton-Belmont. Now that I have the opportunity, I would say that it is important for parents to make the judgment as to whether it is best for them to enter the workplace, with the attendant cost of child care, or whether it is in the best interests of the child and their own budget to stay home with their

children.

MR. SPEAKER: Edmonton-Calder.

MS MJOLSNESS: Thank you, Mr. Speaker. Supplementary to the minister. Currently accountability is practically nil on the part of day care centres. When will the minister require financial and management audits and also tie the money given to day care centres to quality of care?

MRS. OSTERMAN: Mr. Speaker, there is an ongoing review in terms of the administration area, and we have made some changes in that regard. Other changes that may be considered significant wouldn't be done until all of the policy decisions are announced.

Mr. Speaker, there is a great deal of discussion in this House, and it is appropriate, with respect to institutionalized child care. It is certainly my hope that Albertans would also pay as much attention to the parents who struggle very hard to look after their children at home, and it is important for us, as a government, not to have disincentives in place for those parents who wish to raise their own children.

MR. SPEAKER: Member for Olds-Didsbury, followed by Calgary-Mountain View.

National Day Care Strategy

MR. BRASSARD: Thank you, Mr. Speaker. My questions also are to the Minister of Social Services, and they also deal with the announcement last week by the federal Health and Welfare minister, Jake Epp. His announcement appears to provide a financial bonus for this province, and I would ask the Minister of Social Services to provide to the House her analysis of the financial aspects of this new initiative.

MRS. OSTERMAN: Mr. Speaker, the federal government has gone some distance to rectify inequities that had existed with respect to the day care systems across Canada in that those of us who had parents supporting private-sector day care centres -- the governments were not receiving cost sharing on behalf of those parents. The federal government, indeed, has answered our request to look closely at that, and we'll have complete cost sharing in that area.

I would caution the hon. member on an assumption that there is some sort of windfall for the province, because with respect to particularly the additional deductions that will be allowed for child care, there could be an impact on forgone revenue, I guess you'd call it, that the Provincial Treasurer might address. The net returns to Alberta at this point are unknown, but I know that the Provincial Treasurer is looking at all the figures and is going to provide us with that information.

MR. SPEAKER: Order please. The time for question period has expired. Might we have unanimous consent to complete this series of questions, together with some additional information to be supplied to the House, with regard to an earlier series of questions on this day, by the Minister of Public Works, Supply and Services?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed? Carried.

Olds-Didsbury.

MR. BRASSARD: Thank you, Mr. Speaker. The national day care strategy emphasizes for most of Canada a priority on the development of day care spaces, yet in Alberta we currently have an 18 percent vacancy rate. Could the minister advise whether this statistic means that Alberta will not be able to take advantage of the provisions of the strategy which call for capital cost sharing of nonprofit day cares?

MRS. OSTERMAN: Mr. Speaker, the federal government has put in place, I believe, a system of capital grants that will enhance the opportunity for public-sector day care, those communities and organizations that wish to develop their own. This will give them an extra leg up, if you will, to develop that, although 25 percent of the funding has to be found elsewhere.

Mr. Speaker, not all communities in the province that may wish institutionalized child care at this point in time have it. That may provide an opportunity, for the hon. member's information because certainly he also represents a rural constituency, for the rural areas to particularly benefit.

MR. SPEAKER: Supplementary.

MR. BRASSARD: Thank you, Mr. Speaker. Will the minister explain, in light of the questions earlier, just how she will proceed in addressing the important issue of increasing standards for child care in this province when the provision for federal funds appears to be designated for operating and capital costs of formal day care?

MRS. OSTERMAN: Well, Mr. Speaker, I don't believe that our ability to enhance standards in the child care area is tied to the federal government grants. Certainly we are in a position now, if there is a net benefit, to see the opportunities in fact enhanced. For instance, there is, I believe, a \$100 million fund that is one that can be accessed for special opportunities, innovative projects. Indeed, I believe that the federal minister mentioned training, and it may be that that can be utilized in Alberta to enhance the opportunities for our care givers.

MR. SPEAKER: Final supplementary? All right, supplementary, Edmonton-Gold Bar?

MRS. HEWES: Thank you, Mr. Speaker. With the establishment of that research grant for child care, has the government applied for any research moneys to examine the benefits of profit versus nonprofit child care centres?

MRS. OSTERMAN: Mr. Speaker, that's an important question, because certainly we have a number of things in Alberta that we believed were appropriate to address, yet research in every single jurisdiction seems to be a waste; it's a duplication. In that vein, because this particular year I chair the ministers who speak to this area, I asked them to have lunch with me on Thursday last in Ottawa. We did address a number of components that we believe should have a concerted and co-operative effort so that each jurisdiction wasn't duplicating, for instance, the research area. That is one that we looked at.

The hon. member mentioned research that might weigh public- and private-sector child care. I think that if one were to visit hundreds of centres in this province, as some people have, they would find good and poor and maybe excellent that run

through all of those centres, regardless of whether it's public or private day care. I think it's important for us to make sure that they all provide very excellent care.

Mr. Speaker, it would be my hope also, given that we've had a history on the North American continent of some 20 years of institutionalized child care, that one might also address the effects of institutionalized child care on our children.

MS MJOLSNESS: A supplementary, Mr. Speaker, to the minister. What is the minister prepared to do about those parents who choose to stay at home but who are too poor to pay any income tax and, therefore, will not benefit from the federal government's tax deduction proposal?

MRS. OSTERMAN: Mr. Speaker, that area was addressed in the federal policy through tax credits, which certainly turns out to be, for lower income parents, a direct payment. I believe at present the tax credit for families is some \$484. The federal government intends to increase that to \$584 next year and then to \$684 the following year. I believe that if the hon. member would do some calculations on the average income that is apparent to families that have children in the age group that would utilize child care, the hon. member would find that the tax credits are very nearly equal to the opportunities provided to families who have tax deductions.

MR. SPEAKER: The Minister of Public Works, Supply and Services.

Christmas Celebration -- Legislature Grounds (continued)

MR. ISLEY: Thank you, Mr. Speaker. In responding to the Member for Redwater-Andrew earlier, there was one piece of pertinent information I did not provide to the House. Mr. Speaker, the only direct cost to provide the two truckloads of ice shavings was the cost of fuel for the equipment: estimated value \$40. I repeat, Mr. Speaker: 40 whole dollars.

ORDERS OF THE DAY

head: Request for Emergency Debate

MR. TAYLOR: Mr. Speaker, under Standing Order 40 I would seek the unanimous consent of the Assembly to present a notice of motion without notice having been given, due to the urgent and pressing necessity of the motion I shall now distribute.

MR. SPEAKER: The motion seems to fit the appropriate forms that could be distributed to the House, and when all members have it, then perhaps the Member for Westlock-Sturgeon could attempt to make the case for emergency debate. The mover requesting leave under Standing Order 40 will speak to the urgency of the debate and not to the issue.

MR. TAYLOR: Yes, thank you very much, Mr. Speaker. In speaking to the urgency of the debate, I think one of the first things we have to address is, first of all, the importance . . . By the way, I believe I'm supposed to read the motion, aren't I?

That an all-party committee of the Legislature be established immediately to examine the October '87 Canada/U.S. free trade agreement. The committee would be empowered to call witnesses and receive public submissions. The committee would be responsible for reporting to the Legislature prior to

the Assembly's passing any motion in support of the free trade initiative.

Mr. Speaker, on the urgency, I don't think there's any question that free trade is second only to Meech Lake as far as the importance of the matter is concerned and opinions to be heard. But maybe most of all, we have a very short time line for the decision. As you are probably aware, Mr. Speaker, it goes to the U.S. Congress on January 2 -- 45 days -- and in that period they have to make a decision. If they are in favour, it goes through the Presidency in the next 15 days, and of course all this has to be signed by Ottawa. And seeing that normally if we prorogue the House we will not be meeting again till March, I think it's very important to get some sort of decision or review process in place now, before the House prorogues, in order that the House will have the information when it gets ready to come back again to approve or disapprove what may or may not have been passed in Washington.

The issue is a very complex one, Mr. Speaker. A recent survey showed that 80 percent of the populace is having trouble understanding it. We understand the legal text alone will be 1,000 pages. There's no mechanism for an in-depth study in the province in general. There's no mechanism for the members of the Legislature actually to go about examining this in excess of 1,000 pages agreement.

So, Mr. Speaker, seeing that the House is going to adjourn shortly, we have not in any way, shape, or form tried to prejudice any of the opposition parties or the government in our motion. It is just a motion to ask the House to set aside or to pass -- to debate, I should say -- the question of having an all-party committee of the Legislature established to examine the October '87 . . . Because the present resolution is just to free trade in general; it's not specific in any way.

MR. SPEAKER: Standing Order 40 reads:

A motion may, in case of urgent and pressing necessity previously explained by the mover, be made by unanimous consent of the Assembly without notice having been given under standing order 38.

The Chair interprets this that only the mover of the motion who's making the request for the urgent debate is the one to be heard. It's a request for unanimous consent. All those members willing to give consent, please say aye.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: Opposed, please say no.

SOME HON. MEMBERS: No.

MR. SPEAKER: Request fails of Standing Order 40.

MR. YOUNG: Mr. Speaker, I would move that questions 218, 219, and 220 on the Order Paper and also motions for returns 216, 217, and 221 stand and retain their places on the Order Paper.

MR. SPEAKER: Having heard the motion . . . [interjection] It's not a debatable motion. [interjection] On the motion? Well, I'll be intrigued. Calgary-Buffalo. The motion is that they all stand and take their places on the Order Paper.

MR. CHUMIR: I would wish to debate that motion. I have some comment to make on it, Mr. Speaker, and that is that with respect to Question 218 I've been in communication with the

Minister of the Environment, who has agreed to answer the question in amended form but has suggested that it would more appropriately be treated as a motion for a return. Parliamentary Counsel has advised that this can be done by seeking the unanimous consent of the House to the amendment, seeking the concurrence of the Minister of the Environment, and then having the Minister of the Environment make the appropriate statement with respect to treating it as a motion for a return under Standing Order 36. So perhaps I might read out the amendment as proposed by the Minister of the Environment and as given to me, with which I concur, and then seek the unanimous consent of the House, perhaps, to amend it in concurrence with our agreement.

MR. SPEAKER: The difficult procedure that we have here is that if indeed some negotiation has been going on, that's well and good for the operation of the Assembly, but the Chair is caught in the position that the motion of the Government House Leader is an omnibus motion with respect to each one of the questions and each one of the motions for returns, and that is the question that is before the House at this time. All one could point out is that with respect to the written question as originally proposed by the Member for Calgary-Buffalo, which is now looking toward having some amendment, that either has to be dealt with on Thursday when we next come to this or else the House has to somehow by unanimous consent back up and start all over again. But the Chair's understanding is that -- we look for some direction from the Government House Leader on this.

MR. YOUNG: Mr. Speaker, I would ask the concurrence of the Assembly to give me an opportunity to make my motion again but to consider it not to have been made at the moment, to sort out whether this question can become a motion or whatever will be its fate, if that's acceptable.

MR. SPEAKER: The understanding is that the House can, by unanimous consent, do whatever it desires to do. Therefore, is there unanimous consent for the motion before us to be withdrawn?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed, if any? No. We are back to Written Questions and the Chair's interpretation of Written Question 218. Member for Calgary-Buffalo.

MR. CHUMIR: Thank you. Very much appreciated, Mr. Speaker, and to the hon. House leader of the government. Continuing on with my earlier comments, perhaps I might read out the proposed amendment to Question 218 as provided to me by the Minister of the Environment. It would be as follows:

What is the cost of the Oldman River Dam Project for the period August 1984 to October 31, 1987, expressed in 1986 dollars, broken down to show:

1. the amount expended, to date, under construction contracts for which work has been completed;
2. the amount of additional expenditure incurred or committed for construction contracts entered into but not yet completed and percentage of work which has been completed;
3. the total amount of additional expenditure anticipated for construction contracts yet to be entered into;
4. total net cost on land purchases;
5. total cumulative expenditures including reports and studies, as follows:

Administration and environmental mitigation
Dam and Related Works
Reservoir Related Works

6. total amount of all anticipated expenditures to complete the project;
7. the projected annual operating costs of the dam once it is completed;

Please include amounts expended through the Alberta Heritage Savings Trust Fund.

And that completes the question as amended.

Perhaps the appropriate procedure, then, would be to suggest that perhaps the Minister of the Environment might stand and present his comments and confirm that that is acceptable. If so, I would then ask the unanimous consent of the House to amend the question in accordance with what has just been read out and, hopefully, then seek the approval of the Minister of the Environment to treat it as a motion for a return pursuant to Standing Order 36.

Thank you.

MR. SPEAKER: The Chair looks forward to the House giving unanimous consent to this amendment. The Chair also wants to point out that it is indeed highly irregular, and especially given the amount of detail that has been read to the House. The irregularity is such that we don't have this prepared script so that each member of the House would be able to peruse it. Nevertheless, the Chair puts it to the House with regard to the amendment. Those in favour, please say aye.

HON. MEMBERS: Aye.

MR. SPEAKER: Opposed, please say no. Unanimous consent is agreed. Thank you.

Hon. minister, for a comment.

MR. KOWALSKI: Mr. Speaker, my understanding is that what the hon. member has simply done is accepted my recommendation for a question for him. He has read it very correctly into the record. I think what he has to do now is to move that it be made a motion for a return, and him having done that, I'll stand up and say, "The government will be pleased to accept it," and we go on to the next item of business.

MR. CHUMIR: I so move, that it be made a motion for a return.

MR. SPEAKER: All those in favour, please say aye.

HON. MEMBERS: Aye.

MR. SPEAKER: Opposed, please say no. It is so directed.

[Motion carried]

MR. YOUNG: Mr. Speaker, now perhaps I can move that questions 219 and 220 and motions for returns 216, 217, and 221 stand and retain their places on the Order Paper.

MR. SPEAKER: Member for Edmonton-Kingsway.

MR. McEACHERN: Thank you, Mr. Speaker. I would like to suggest to the government that time is running out on us and that there are some very important questions on the Order Paper. I'm thinking specifically of 217. I wonder why we would put

them on hold at this late stage in the sitting.

There are some pretty good reasons for why this should come forward in the very near future. The Assembly should know what is going on with the taxpayers' dollars, updated as often as possible and as regularly as possible. There is an opportunity for the government, through this resolution, to give us some more information about the heritage trust fund.

For the benefit of the members, the motion is quite a long one, so I won't read it. But what we're really saying there is that when the heritage trust fund report comes out, it gives a summary of the commercial investment division of the heritage trust fund but it doesn't give the details. The Treasurer, when he appears before the committee, brings those details with him in a thing called schedule 5, but there is a part missing from schedule 5 even so. There's quite a list of the various companies that the government invests the heritage trust fund dollars in, but if a company, for instance, were taken off the -- if we didn't have any shares in a company on March 31 at the end of each fiscal year, then the name of that company that we had shares in does not appear on schedule 5. So we're faced with an incomplete record of the government's investment then through this division of the heritage trust fund.

So it would seem to me, Mr. Speaker, that it's imperative that the Treasurer update the people of Alberta and let them have that kind of information. We don't have it for the years going back to 1982-83 and right through to the present. I might add, while we're at it, that the Treasurer has not yet appeared before the heritage trust fund this year, so we don't have even the March 31, 1987, one. But it is important that we have full and complete disclosure of those kinds of things, so leaving them on the Order Paper for another day is fast running out of time to get them before this Assembly.

There are a couple of good reasons why we should have some of this detailed information. If you consider that just recently we had a stock market crash, some 30 percent loss in value of stocks -- the Treasurer and the Auditor got into something of a dispute about just how much that cost the taxpayers of this province. The Auditor said that by the end of October we were down \$124 million. The Treasurer had said something about \$50 million the day after the big part of the crash. He denied that the Auditor was right. That kind of information, Mr. Speaker, would be brought forward if this motion goes through. One would assume that it would continue on into this fiscal year and the next fiscal year and so on, so that information would become available then to Albertans, and we wouldn't have to be left guessing as to whether the Treasurer was right or whether the Auditor was right; we would know.

There's another good reason as well. It would be simple enough for the government to invest in a company and find out that for some reason or another they should not be investing in that company or thought that it would be prudent to get out of it. So if they got in to the shares of a company after March 31 of one year and then decided to get out before March 31 of the next year, then the people of Alberta would never know that the government ever bought those shares or sold them again. If you consider something like the Principal company -- and we had some very important questions the other day about what is the government's policy, whether they should or shouldn't invest in Principal. We didn't get an answer. And this motion would bring forward that kind of information so that we would know what companies the government invested in . . .

MR. SPEAKER: Order please, hon. member. The difficulty

with all this is that this does not become a mechanism to start discussing 219, 220, 216, 217, 221, especially when there is still Thursday in this week, and the odds are that the information may be coming forward. This is not exactly licence to expand the debate over every issue that is within the procedural motion, so could we come back to the procedure involved here please?

MR. McEACHERN: Thank you, Mr. Speaker. I was just using this as an illustration of why the information was important. I thank you then, and I will rest my case that time is fast running out. I hope I've made a pretty good case and that if we don't get a reversal of the decision today, we certainly do get a chance to get an answer on whether or not we're going to get this information on Thursday.

MR. SPEAKER: Member for Edmonton-Belmont.

MR. SIGURDSON: Thank you, Mr. Speaker. I, too, want to speak briefly to the motion. I find it rather regrettable that as we wind down -- or as we seemingly are winding down -- with a lot of government business, we are going to perhaps find an Order Paper with a number of questions and motions for returns remaining on it. Now, the motions for returns -- given that two of them happen to be mine, I think it's rather important that we deal with them. I think it's important not only for this Assembly to deal with them and deal with them today, but it's important that Albertans know the reasons why the government doesn't want to deal with them or the responses to those motions.

One of the motions that's on the Order Paper, Motion for a Return 216, has been on there for a long period of time. It was put on the Order Paper last June -- June 12 or June 13 -- and we've not had an opportunity to fully debate it to some kind of a conclusion. Now, Motion for a Return 216 was indeed debated somewhat last day when we had the opportunity to deal with it, and debate was adjourned. I think it's important that we conclude debate on this particular motion.

Also, there's another motion for a return that stands on the Order Paper under my name: Motion 221. Once again, we have a number of people in Alberta, especially people in Alberta who happen to be unemployed -- and in the city of Edmonton there are 38,000 unemployed Edmontonians -- who are truly interested in finding out where in the next decade there are going to be 238,000 jobs created. They want to know that as soon as possible; not at the convenience of the government, but as soon as possible. The opposition is allowed but two days a week -- perhaps -- to deal with these questions. If the House rises over the next day or two, we may not even have the opportunity to discuss this very important matter, Mr. Speaker. Therefore, I would urge all members of the Assembly to vote against the motion put forward by the hon. Government House Leader and deal with these very important questions, these questions and motions for returns, today.

Thank you.

MR. SPEAKER: The Chair is more than a little concerned in terms of the few opportunities that are available for all members of the House to deal with motions and Bills. It's a very important role no matter what the political stripe of a member of the House. So indeed in terms of the operation throughout a year, members have put their motions and their Bills on the Order Paper in good faith. It is that kind of concern to which the Chair speaks at this time.

MR. GIBEAULT: Mr. Speaker, I couldn't agree more with your last comments, and if we'd have a little less stonewalling from the government here, we wouldn't have to go through this kind of an exercise. [interjection] Pardon me?

MR. SPEAKER: That was not the comment of the Chair.

MR. GIBEAULT: But in speaking to Motion for a Return 216, which I adjourned debate on the other day, I only want to say, on behalf of my constituents who are very much concerned about this particular issue in terms of who is alleged by the Minister of Community and Occupational Health to have given him some advice and counsel regarding the operation of the board and lightening it up and so on, that a lot of my constituents are very concerned that the operation of the board is not nearly as adequate as it should be. We had the minister on television just the other night, on Sunday, saying "Give me time" and "Don't get too excited here; we're working on it" and "The consultant report is coming out."

A simple request has been made here in Motion 216 by my colleague the Member for Edmonton-Belmont. We simply want the minister to put on the table the names of those he alleges gave him the advice and counsel that led to his orders to the board in 1986 to tighten up, and that's all we're asking. If we could have a little bit more forthrightness on the part of this government, we wouldn't be taking up the time of private members to debate motions.

MR. SPEAKER: Edmonton-Highlands.

MS BARRETT: Thank you, Mr. Speaker. I'd just like to add to the comments of my colleagues in this regard that there is a time element to be considered here. We have no assurance that the House will even sit as late as this coming Thursday; that is, some 48 hours from now. We might all be back in our ridings, for all we know. We don't have control over that agenda, Mr. Speaker; the government does. The government has control over the dissemination of information that is requested by way of the Order Paper. The government, I note, often says, "I don't want to answer that question," or "Put it on the Order Paper" they shout across the floor. So we put it on the Order Paper and we still can't get the information.

Mr. Speaker, I guess my gravest concern is actually with Motion for a Return 221. That's because of the government minister who talks an awful lot about all these jobs that are going to be created, et cetera, under the Mulroney trade agreement. You know, they talk a lot but they're never forced into coughing up the studies or bases upon which they make those comments.

Mr. Speaker, the importance, in my view, is that on January 2, 1988, something really important is going to happen, something that could change the future of Canada if it does happen. Something that I don't want to have happen might happen, and I think Albertans should have all of the facts in advance of that taking place. Before our Prime Minister, Brian Mulroney, and his buddy across the border, Ronald Reagan, sign that trade deal, I think we need to have every fact that we can.

Now, the government, we know, has got studies. They've got things they haven't told us about. We know they do in Ottawa because they've admitted it and they've refused to table the information. The information is locked up in some vaults in the belly of Parliament. Well, there's nothing we can do about that, Mr. Speaker, because we're in Alberta and we're constrained to the confines of the jurisdiction of Alberta. But we do have, I

think, the obligation and responsibility to challenge the minister who makes comments with respect to the so-called job creation that may go with the signing of the Mulroney trade agreement, and we need the information before they sign that deal.

Now, Mr. Speaker, if we had the assurance that we were going to be sitting here 48 hours from now, we wouldn't have to take up the time of the Assembly arguing the urgency of this issue. But without that assurance, surely to heaven it's fair enough that we argue that urgency.

MR. SPEAKER: Call for the question?

SOME HON. MEMBERS: Question.

[Motion carried]

head: MOTIONS OTHER THAN GOVERNMENT MOTIONS

225. Moved by Mr. Day:

Be it resolved that the Legislative Assembly urge the government to investigate and consider initiatives that will promote preventive health care and discourage individuals from making unnecessary visits to medical practitioners.

MR. DAY: Thank you, Mr. Speaker. I'm pleased to be addressing a very important situation that we face in our province today, and that is the situation of our health care system and rising costs which threaten to impede the effectiveness of the system and, indeed, the care which we can deliver to the citizens of this province.

The motion is really two-pronged: one, in urging the government to investigate and to consider initiatives that will promote preventative health care; and number two, as it reads on the paper, to "discourage individuals from making unnecessary visits to . . . practitioners," I say that carefully, as far as unnecessary visits, because we would never want to be in the place, as a government, where we would be discouraging people from going to a practitioner who indeed need to go to a practitioner. But in fact we look at an alarming rise in utilization, and we realize we need to do something to address that particular problem.

I'll be offering a number of suggestions today, I am aware that some of the things I'll be suggesting the government has moved on to a degree and is moving on, I'm thankful for that. But I will be asking my government to investigate the different things I'll bring forward. Indeed, I'm looking forward to discussion on all sides of the House on this motion today, because I believe that everybody here has something to offer in terms of reducing our cost to the system and that we have a goal which is to continue to provide the best health care in the country to the citizens of Alberta. We can work together to see that goal.

[Mr. Deputy Speaker in the Chair]

Today we can come up with suggestions, I believe, that can actually save dollars while maintaining care, and doing that, we will have served our constituents well from whatever side of the House we speak. My motion is based on concern that if we don't take steps, we will see an erosion of the system just because of the financial strain. And we all know that financial strain on any system can become so great that it could actually cause the collapse of that system. We might be thinking in this

day and age that that can't happen; we actually wouldn't see a collapse of our health care system. I'm sure many of you are aware that right now, today, in Saskatchewan doctors have been served notice that the plan has been capped. And indeed, once the dollars are spent for the end of this year, there will be no more dollars, and doctors in effect will have a choice of either continuing to serve their patients for free or not serving them at all. That's a reality. That's today. That's this very month. The costs of health care have actually caused that to be.

In discussion with a well-known hospital administrator, now in the U.S. -- and he's also worked many years in Canada -- I asked him to describe the U.S. scene south of the border. He summed it up in one word; he said "chaotic." I said, "What about the Canadian system?" He said, "verging on chaos because of the incredible financial demands that are on the system." Alberta does not have a chaotic system, but we do have some problems. We look at 1980 to 1986 and see a rise in the costs of our health care system, a rise of over 100 percent in six years. Over \$3 billion now is our health care budget for a population of just over 2 million people. Mr. Speaker, that's \$1,300 a year for every man, woman, and child in this province. That's one-third of our entire provincial budget being spent on health care.

The number of visits per year to practitioners is growing at an alarming rate. Right now in Alberta, when we average it out over all of Alberta's citizens, the average Albertan visits a practitioner 10 times a year. And that's as of today, where we have had many years now of preventative health care programming, media messages about the benefits of taking care of ourselves, Participation messages. We've seen 'joggermania' sweep the nation and continue to do so. Aerobics is a national pastime. We see better safety conditions on the worksites. We see better nutrition. The yuppie food diets of today are stressing better nutrition and seem to be grasping the imagination of people. Yet visits to practitioners are on the increase. And this is not just an Alberta problem. This is a national problem. Are Albertans getting sicker? Are Canadians actually getting sicker in spite of all these programs we have?

Now, some people would quickly blame the doctors for increased utilization. But, Mr. Speaker, I have to suggest that I have yet to walk down a street and have a doctor leap out of an office, drag me into his office, and run up some kind of bill for some kind of testing procedure. That has never happened to me. I don't think doctors are out there doing that.

Let me give you an analogy. If we as a government were to institute a provincial program whereby we all could take our cars to any mechanic and have them fixed free of charge or at a very, very low monthly rate to us, I suggest to you that mechanics would find themselves very busy. We would be rushing in, bringing our cars in to get looked at at the slightest sound of a problem with the engine or transmission or whatever. We would be in there, and you would see utilization of the service station system rise incredibly. Now, would that be the fault of the mechanic? No, it wouldn't be the fault of the mechanic. He is simply the practitioner who's responding to the demand. So I don't think we can dismiss this problem simply by saying, "Well, doctors are causing increased utilization." A doctor is not going to throw somebody out of his office or her office who comes and says they've got a problem.

So we need to investigate, and that's what this motion is all about: investigation. One area of investigation that we need to look at -- and I'm going to be mentioning a few, not necessarily in any particular order of priority -- is the rapid increase in the

cost of diagnostic testing. Some of this is a result of doctors' fear of malpractice suits and a result of high liability pressures they're facing. So they're under pressure to maybe diagnose and investigate and prescribe tests which under normal conditions they wouldn't do.

Patient demand is causing an increase. High technology actually tends to be additive rather than substitutive. Therefore, we need to investigate the area of the increased cost of testing and also the increased utilization of the whole testing process. One doctor has suggested to me something that should be looked at. In the United States -- we don't see as high a degree of socialized insurance system down there -- when a breakthrough is made in technology in terms of testing, that procedure becomes less expensive. Because of the benefits of high technology, costs are reduced. But in the Canadian system, when we have a technological breakthrough that allows for either elimination of some form of testing or better efficiencies in testing, our fee schedule is slow to respond to that reduced cost because of the advanced technology. I think that's an area we need to look at; it needs to be investigated.

It may be of interest to members here that along with the United States, Canada performs more surgery and diagnostic, invasive procedures than any other country in the world. Are we the sickest country? I don't think we are. Now, again there's a quick response that says: "Well, it's because we've got socialized medicine, and that's why it's very easy. There's almost an incentive to operate and an incentive to do surgery." But many countries -- Sweden has socialized medicine, yet they cannot rival the rate at which we are doing surgery and invasive diagnostic procedures in our own country. We've got to look and investigate the situation.

A study done by Wennberg and Gittelsohn in 1982 concluded that often there's no relation between clinical need and intensity of service. That's a little bit of an alarming statement: no relation between clinical need and intensity of service. Again, it's a demand and a pressure that's on the medical community to expand in these areas. In another study done by Dixon and Lazlo, 1974, they comment that oftentimes laboratory and X-ray services are routinely ordered, many times at the demand of the patient, despite the knowledge that they will not contribute to the patient's diagnosis and many times will not even be read. We need to be discussing this difficulty. Doctors in Alberta have shared with me that because of the increased pressures in this area, they are being trained more and more to rely solely on technological diagnostic processes and not necessarily on their education and their gut feeling that comes with years of experience. So we need to investigate this whole area. We need to ask the doctors involved for their suggestions and their insight.

Then there's the whole question of preventative medicine. The government in Alberta has initiated a number of preventative programs and is, I believe, seeing more and more the necessity to look at the preventative side rather than the curative side. Especially at school age, we see the effectiveness of certain programs on the life-style of individuals. We can talk about stop-smoking programs, knowing smoking and its relatedness to heart disease, cancer, stroke, emphysema, and the list goes on. And we can measure an effect of those programs. Depending on the survey you're looking at, smoking is attributed to . . . On average, a person who smokes will cost the health care system \$2,600 a year more than a person who has not smoked. I see some of my colleagues have quickly departed from the scene to head . . .

MR. TAYLOR: Off with their heads.

MR. DAY: I'm not wanting to make any of them feel uncomfortable; just throwing out a fact there.

Alcohol and drug abuse programs: in our own AADAC programs we can measure effectiveness of these programs, and we can see a decrease. In fact, we are looking at an overall decline in consumption.

We can see the benefit of programs emphasizing proper nutrition. These can be delivered either through the schools or through the health units.

We need to be looking at these processes for reducing our hospital costs, programs that talk about the benefits of physical activity either for youth or senior citizens or whoever it is. We need to be looking at preventative programs that deal with controlling stress. In the United States, studies show that 26 million days are lost annually to cardiovascular problems that are directly associated with hypertension. Problems like that can be addressed relatively inexpensively through preventative programs. We are urging the government -- and I am urging the government today -- to investigate, evaluate these programs, to look at the ones that can be proven effective and look at the ones that are not bearing fruit, that are not effective, and eliminate them.

As we see a trend toward prevention -- and I believe we will see it continue to grow as we continue to urge the government to move in this direction -- I do have a fear that people involved in the preventive side will also begin to build their empires and their bureaucracies and eventually we could have a situation where our preventative health care system can become top-heavy, overlaid with administrative costs, and lose effectiveness in terms of dollar saving. So as we move in this area, which I agree we should be moving in, we need to be evaluating which programs are effective and we need to be curtailing possibilities for empire building. There's where an opportunity for privatization could come in, in terms of agencies which can demonstrate themselves to be effective in delivering the programs. Cutting costs of medicare and cutting costs of our health care system, investigating which ones are actually working; we need to take an unbiased look at the programs that are out there and see which ones are proven effective.

The cost of institutional care is a very major item and one that needs to be looked at and investigated carefully. We need to be constantly looking at the possibility of expanding hospital day care programs as opposed to hospital admission programs. Ambulatory settings in outpatient departments, in clinics, or even in doctors' offices offer far greater savings than institutionalizing somebody in an acute care situation. I'm urging the government to explore and encourage hospitals to explore the possibilities of expanding their hospital day care programs. We need policies that provide incentives for doctors and for patients to move in that direction. Outpatient services are far cheaper than the \$400 a day we face in our acute care settings.

As an example of a program that I believe has demonstrated some effectiveness in this area, the Alberta children's hospital in Calgary runs their diagnostic assessment and treatment centre, called Dat, and they have a variety of clinics and programs they offer on an outpatient basis. This centre also has community outreach services; for example, traveling therapy teams that travel even out of Calgary to Drumheller, Oyen, Three Hills, and towns in the area. That is far more effective, to treat the people in those centres outside of the acute care centres-- far

more cost-effective. But again, as we look at broadening those initiatives, we've got to be careful that we don't build a bureaucratic empire to go with our preventative health care system.

We need incentives to see others move in the direction we're seeing with the diagnostic centre at the children's hospital in Calgary. We need more alternatives to institutional care. Now, government is moving in this area, and I'm pleased to see that. I believe we need to increase our initiatives in this area. We have to question any government's budget that would have more of an initiative on sick services than well services. We need to be increasing preventative services that deal with keeping people well rather than trying to patch them up after they become unwell.

In the area of senior citizens' care, something we've got to realize is that our birth rate is declining and our elderly people are becoming more elderly. It seems to be a fairly obvious observation; I didn't have to do a lot of research to come up with that one. But the fact is that that means more illness and elderly people require more services. By the late 1970s people 65 years of age and over were using one-half the total number of bed days provided in this province. That's a problem if they have been unsuitably placed; that means placed in institutions where the cost is higher. It becomes very costly, and we need to effectively deal with that growing trend. It is far better to approach the institutionalizing situation and look at areas and environments where the elderly can be more comfortably cared for in a setting that doesn't bear the same cost.

Many groups have approached the government, and within government we're having proposals on palliative care. We need to investigate the opportunities there. My colleague from Calgary-Foothills introduced a Bill that now has second reading, Bill 210, talking about the Palliative Care Foundation Act. We need to give serious consideration to these proposals and these types of proposals we're getting on palliative care. We need alternatives to expensive hospital care.

There was an interesting situation in Minnesota. A hospital there has a hotel attached to the hospital. The patients that are coming into the hospital the night before, as is standard procedure for some surgical procedures, are actually admitted to the hotel the night before at a cost of \$30 a night rather than directly into the hospital at a cost of \$400 or \$500 a night. That's a bold and innovative move and one in which care is maintained and yet costs reduced.

We need to be willing to take a look at the question of private management of hospitals. Now, there are people across the way who squiggle and squirm when we start to talk in those terms. But I think we need to be big enough to put aside philosophical ideologies and say, "Listen, if a private management firm can operate a hospital for less cost while maintaining the care, what is wrong with that?" We need to be willing to consider that. We've got to ask ourselves the question: "What am I caring for more, my ideological position or Albertans who need care in the province?" It's an area that I'm urging the government to investigate.

Utilization in general has to be addressed. The whole question, with all the preventative programs we have and we're increasing, is: why is utilization on the rise? Again, we don't want to discourage people who need to go for care, but we do need ways to help people appreciate the tremendous costs involved in taking a visit to a practitioner or a hospital. Various suggestions have come forth from different quarters. We've had suggestions that if patients could sign a bill and see the dollar

amount right there, that might help them to appreciate the costs -- if patients, when they visit a practitioner, would make a small payment up front that would be rebated later, even as little as \$2. I've had one doctor suggest to me that even a 50-cent charge might help to be a disincentive, one that would be even rebated later. In effect, it would not cost them anything, but it would help them to appreciate the costs of health care.

Now, a question comes out: "What about the administration of something like that, of a \$2 up-front fee and then that being rebated?" We could easily do a test area on any one of these suggestions. An area of the province could be used as a pilot area and tested. We may even find that that increased administration cost would still be less than the cost we're looking at, the alarming rate of increased utilization we're looking at. We need to be brave enough and bold enough not to sink into our socialist/Liberal quagmires of bankrupt philosophies and say, "Let's test it, let's try it, let's be open enough, let's be progressive enough, and let's not slip back into the Dark Ages of medieval Liberal thinking."

Another question that has come up in terms of costs is people going to the emergency wards in hospitals before 8 a.m. because they don't want to wait at their doctor's office later on in the day. They're doing that at a cost of \$68 as opposed to visiting their doctor later in the day at \$21. It suggests no appreciation of costs. Many times in rural hospitals we have situations where high utilization in terms of a young child -- maybe he has a headache or a fever, and instead of the parent nursing him that particular night, it becomes easier just to run up the street and put the child in the hospital overnight. That's a common practice. There's the question of yes, but I have a right to health care. What about the right not to abuse or take advantage or take for granted the system we have?

Doctors need the ability to be able to do prevention counseling in their offices. We look at people coming in struggling with obesity, alcohol-related problems, or stress-related problems. Doctors have the tools to address those problems. It's the natural place for them to be talking to the patient, giving them advice on how to prevent that type of problem. But what incentives are there in place for the doctor in the billing system, in the fee schedule? There is no incentive for the doctor to be able to do that. We can't expect doctors across the province to take an extra 15 or 20 minutes with every patient that comes in, which would come out to several hours a day, and not be reimbursed for it. It's ironic that the only incentives we have for doctors are for them to treat sickness and not to encourage prevention. So I'm asking my government to investigate this area of possibly having something in the fee schedule along the lines of preventative health care -- whatever you want to call it -- where they could advise people on some of the health care problems in a preventative way.

A study at the Royal Alexandra hospital in 1981 showed that one in five patients admitted there had an illness of a self-induced nature -- one in five. That would be coming under various categories: drug abuse, obesity, alcohol-related problems, accidental drug misuse, lack of safety precautions at work. And at \$400 a day, I wonder if 15 minutes in a counseling session with a doctor at maybe \$20 could have avoided some of that. One in five is 20 percent. We need to investigate incentives in this area.

An interesting study out of Hawaii called the Biodyne study shows some figures that on the one hand are alarming and yet on the other hand, I think, hold some promise for us. But what was done -- it was found that people using Medicaid in Oahu

were using the system a lot more than people without Medicaid. As a matter of fact, there were recorded cases in which some patients were seeing a physician up to 438 times a year and spending as much as \$30,000 American annually. What was done there was a process of intervention with psychotherapy, very short-term psychotherapy, whereby these patients, frequent and chronic users of the system, were headed into some short-term psychotherapy and treated by practitioners in that area. Initial program results in July 1985 suggested that the short-term psychotherapy for the Medicaid population of Oahu caused a decrease in medical utilization by 47 percent. That's a staggering figure and one that needs to be investigated. I am urging the government to investigate that type of initiative.

We need to be reaching out to everybody in the health care sector. We need to be reaching out to the front-line people and asking them for their suggestions on reducing costs. What about the maintenance people in the hospitals? They see areas of waste every day that they could be addressing; the orderlies, the nurses' assistants, the nurses. We need to be reaching out; we need to be expanding our thinking, realizing we've got a problem, a financial problem in the health care system. We need to drop the tendency that we have to protect our own empires, and we need to say we've got to talk together and work together and pool our resources and our ideas. I believe if we will do that, we can come up with positive approaches that will cause reductions in the costs of our health care system and yet maintain the high quality of care Albertans have enjoyed in this province, the highest in Canada, I believe. We can continue to offer that, and I look forward to more positive suggestions from other members of this House today.

Thank you, Mr. Speaker.

MR. TAYLOR: Mr. Speaker, if I may just take a moment to speak to the motion of the hon. Member for Red Deer-North. The motion seems all right, although when you listen to the member, as is often the case, the first 75 percent of his speech always sounds as if it was written by a sane, sensible M.L.A. Then all of a sudden all hell breaks loose in the last 20 percent, and it sounds more like Oral Roberts or somebody worrying about the evil and the sinful all out there sneaking up and using the taxpayers' dollars without any reason for that. He closed off the speech with the idea that there's a whole bunch of sneaky, disreputable Albertans out there. They're sleeping in hospital beds they shouldn't, occupying medical offices they shouldn't, and in general using up the hard-earned money of the other taxpayers.

He did touch on a very important area, and I want to touch on that for a minute: the question of preventive health. He did mention smoking and drinking and how much that costs. I think he said smoking costs the average taxpayer about \$2,600 more. Am I correct? You just have to nod. About \$2,600 a year more than nonsmokers do to... [interjection] Pardon? A year to keep them going. I moved a Bill and I've spoken on this so many times that I would pass on to the hon. member that I would certainly ask him to join me in getting his government as well as the national government to stop the deduction of advertising for the sale of cigarettes or alcohol as a tax expense. This is one of the most interesting idiosyncrasies of the 20th century. If you were to come here from Mars and notice that we gave tax incentives to those companies that set out to convince people to smoke, convince people to use alcohol, you'd wonder what's going on.

[Mr. Musgreave in the Chair]

Now, I believe in the free nature of somebody wishing to smoke or wishing to drink. There is no problem there. But why should I as a taxpayer be expected to look after their decadent hulk as they approach old age? And as they get up to old age, they are allowed to deduct the advertising to use those drugs from the general income tax load and, in general, increase the amount of income tax to everyone else. So I would suggest to the hon. member for Red Deer-North that he has very fertile ground he can plow over there, in that he could move and try his best to get his government, at least for the provincial tax portion -- because income taxes are a mixture of provincial and federal taxes. I believe about 50 to 60 percent of the income taxes you pay are provincial. In fact, as you know, this government had no problem at all raising the income tax a fantastic amount to balance the budget, yet somehow or another continued the deduction to those tobacco and alcohol people that operate in Alberta to sell their drugs to the rest of us, and including probably subverting our youth. So that's one huge area where we could move in preventive medicine.

Let me move into the other area. This is the case of the entry point in medicine. I don't know if I've been benefited or just what, but I've done a lot of work in the Far East and worked in Chairman Mao's China back in the early '70s when their barefoot doctor program was getting under way. It was interesting from the point of view that when you look at our western medicine setup that we use here in Alberta, the entry point for nearly anyone that's sick nearly always is the medical doctor. The highest priced person we have in our whole chain is usually the one that sees the patient first. Now, there's some question as to whether or not that is sensible. Shouldn't the entry point into our medical scheme be broadened to maybe the public health nurse, the counselor, and other areas before you get to the doctor?

Now, I agree we have quite an education program, Mr. Speaker, because we in the western world have been more or less taught that unless it's a real genuine doctor up there, with his postgraduate degrees up on the wall and framed and a double doctorate from Zurich or something like that, and unless you come through a fairly expensive office, somehow or another you're not getting proper treatment, and that the more private you can make it and the more the doctor can hem and haw and the more he can ask you to come back for another three or four payments, the better the type of treatment. So I think we have quite a sales program due here to the public: that they can actually go in with a sore toe to a nurse and probably get it bandaged and looked after just as good as a doctor could in a hospital with two assistants looking over his shoulder as he did the bandaging. Nevertheless, you must remember that one of the things on the entry point -- and I go on from the entry point -- one of our high costs of medicine is not the patients themselves. I don't know of a patient that can admit himself to a hospital. I don't know of a patient that can admit himself to laser therapy or a patient that can admit himself to any particular area. Somebody put them there, usually somebody with an MD degree. So I think if we're looking at controlling costs, we have to look at who is doing the running up of the bill, not the patient.

Back again, though, to preventive health. I had some problem understanding the hon. Member for Red Deer-North's argument that private hospitals may help preventive health care. The only logic I could take out of that, that the private ownership of hospitals may help health care, was that maybe the fact that they

were privately owned would frighten the patients so badly that they wouldn't show up, and consequently, we would save the cost. But he left that argument open somehow or another: why private hospitals are going to help preventive health. I can see where privately owned hospitals may help the cost of taking care of health -- or privately managed -- but how they help prevent people from coming to the hospital is beyond me.

I think, once more -- and again, although the hon. member is on the right path and I excuse his naivety in thinking that the world will fall into a pattern if he just talks to the medical doctors -- the whole area of counseling. Well, I'll agree, and I think nearly any good medical doctor will tell you that in probably 50 to 60 percent of the cases a placebo of some sort will do as much good as a real pill. But when it comes to counseling, there again, why should a medical doctor who has been trained to do many other things be asked to sit and do the counseling? Can't we have -- again another entry point into medicine -- counselors that are handy, maybe counselors with some nursing training or just plain counselors to talk to them? As I've often been told in various parts of the world, about two out of three people that are sick really want somebody to talk to rather than to be talked at.

Finally, Mr. Speaker, when we're looking over the whole field of preventive health, I think what's overlooked often in this province is an integrated program. We had the empire builders, the hospital builders, the social workers, the counselors, the whole area in workmen's compensation and industrially, all the little ministers -- not the little ministers, the big ministers; I'm sorry, Mr. Speaker -- all interested in making their field the most important field to spend money; in other words, maybe some sort of an integrated thing. Maybe we have to be thinking of going back to a plain old-fashioned minister of health; that's all. It covers the whole gamut, and there won't be the thought for the feeling to empire-build that runs, I know, with a government that's in power for many years. You get in trouble trying to think of names and cabinet positions to create in order to help the faithful and those that have slaved long and hard in the vineyards of politics, that we have to create some sorts of positions for them. But possibly the fractionating or the breaking up of the whole health care field has added to these different bureaucracies that compete with each other and that run our costs up.

Thank you very much, Mr. Speaker, for bearing with me for a few minutes. Those were just a few thoughts I wanted to add to this rather worthwhile motion of the Member for Red Deer-North, as far as it goes, but not broad enough in his explanation and in his concept of the whole idea. Thank you.

MR. ACTING DEPUTY SPEAKER: The Member for Calgary-North West.

DR. CASSIN: Thank you, Mr. Speaker. I would also like to speak to Motion 225 and to compliment the Member for Red Deer-North and the initiatives that Motion 225 proposes in the area of promotion for preventative health care.

I recognize how difficult it is to measure, in a quantitative sense. It's difficult for one to get very excited about an accident that doesn't happen, a cancer that doesn't occur because someone did not start smoking some 20 years before, when one compares it to the organ transplant for someone who's been sentenced to death and is given a reprieve as a result of high, sophisticated, and very expensive technology.

Mr. Speaker, there have been a number of improvements in the last 40 years, in the area of preventative health care. We can

identify polio and tuberculosis and diphtheria where there have been breakthroughs and perhaps an inoculative type of procedure that has helped that individual. We can also go back to maybe 40-some years ago or less -- even the Korean war -- when we discovered that young men were showing evidence, on an autopsy, of having degenerative vessel disease. We found that individuals in different occupations had a difference in types of health diseases, particularly related to cardiovascular. We finally linked that there was a relationship between nutrition and exercise, and there were efforts taken at that time to identify the problems, whether it was the fats in the foods that we consumed or the exercise that we did not receive. As a result of that, there have been some tremendous improvements from the standpoint of reductions of deaths of young people in their 40s and early 50s from heart disease, coronary thrombosis, that used to claim so many lives.

Mr. Speaker, it's so important for all of us to recognize the importance of preventative health measures, that these are necessary, particularly in the area of behaviour modification. It's important to recognize that when we try to change a pattern of behaviour we can initiate a program, but it probably takes up to 10 years in order for that to have its impact. There has to be a continuing reinforcement.

We have to look at the problems of dependency on alcohol and drugs. Interestingly, we have some concerns about whether we can afford our present health system of some \$3 billion. Earlier this week we had a report from the Liquor Control Board that Albertans spent some \$908 million on booze. I think this is a very interesting and sobering point.

I think we have to also deal with the area of promiscuity. With the result of the increased incidence in sexually transmitted diseases, whether that be AIDS, syphilis, gonorrhea, or chlamydia, the nonspecific diseases that cause sterility, perhaps cause abortions -- things that are really a result of a life-style, a change that, you know, occurred in the 1960s when supposedly we didn't have to care. We didn't have to worry anymore, because all we had to do was take a pill and everything would be okay. We are paying a price for that, Mr. Speaker, and that is an area that we have to look at and we have to deal with.

We have to focus our attention in the areas where it's going to have an impact, and that's in our young people. I compliment our Minister of Community and Occupational Health and our Minister of Education for addressing that problem in our school program by making the program of life skills and vocation mandatory as opposed to being an optional program.

Mr. Speaker, I recognize that we have to work with our young people. I think, again, as parents and adults we also have to serve as good role models and that we have to be pro-active, that we have to also concern ourselves about the other problems in society. And again, these problems have been addressed in the life skills studies in our schools dealing with suicide and dealing with nutrition, and I would think that we will merit from these programs in the future.

Mr. Speaker, I'd also like to support any program that would make the consumer and the provider of health care more aware of the actual costs of the service. We have great expectations. I think it was in 1947 that Dr. WHO, or the World Health Organization, gave us a definition. That definition, that was really seeking to create an empire without limits, defined health as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. Since there was never a human being who fitted this blissful category, the whole world was suddenly in the hands of Dr. WHO. In some areas

health implies a holistic concept of well-being: mental, emotional, spiritual, as well as social. It goes beyond all medically-defined healthy bodies to include such elements as joy of living and full community participation. Those are very lofty ideals, Mr. Speaker, but very unrealistic.

Mr. Speaker, there is an answer to the problem, and we have another model that we've witnessed in this province in recent years, that we can and we will surmount the problem. Many of us remember that 10 years ago there was a great deal of concern about energy and that we were going to run out of conventional fuels. For a period of time people didn't listen, but in 1979 when they had to line up for two to three hours to fill their tanks, not knowing whether they could drive from point A to point B, it finally registered. It's unfortunate that we need that kind of impact before we get down to the serious business of looking at the alternatives.

We all remember what happened then. We turned down our thermostats, we reduced the speed on the highway, we increased the insulation in our homes, we built more efficient homes and engines, and we resolved the problem. I think the same principles may have to apply in medicine. It's unfortunate that we may have to wait until there's more than a knock at the door. I have to compliment the minister of health care and hospitals in dealing with the problem. I think we had that knock last year; all of a sudden we had to deal with a 3 percent reduction; we had to cap the expenditures in that area. And we responded to that by reducing the active hospital beds, by making the necessary transfers from one facility, or for one type of bed to the other. That was brought about by the support of the various hospital boards and directors. They did an excellent job.

But we have another problem, Mr. Speaker, and it's already been identified. The hospital system is a very inelastic system. It works on a budget that's developed one or two years, or three or five years at a time. We also have the area of community and occupational health, which again has to deal within a budgetary constraint. So it's very inelastic and has difficulty expanding and being flexible.

We have another system that again comes under criticism as being the generator of all of these costs, and that again is the physicians, in that they write the orders and initiate the tests. And that's a proper assessment. The difficulty is that that area is funded from a different pool that is very elastic and is able to expand. As a result, when there are pressures put on the thick system, those people who do not want to wait -- for whatever reasons -- will look to the other alternative. When they do, then there's an expansion that's very obvious in that other system.

When a hospital provides a procedure on an outpatient basis and we've talked about surgical procedures which not that many years ago took perhaps two to maybe 10 days of hospitalization and that are now being performed on a day care basis -- we should be saving a good deal of money. But the cost of the procedure is the same. What has changed is the hospital stay. Up until last year there was absolutely no pressure on the board to make any reductions and to maybe turn that money over to the other sector. The obvious thing to do was to fill that bed, because hospitals were funded on the basis of beds or their formulas. So we may very well have ended up with perhaps someone who should have been in an auxiliary hospital or somewhere else filling that bed. There would be absolutely no improvement or savings to the system. This is a major problem.

Mr. Speaker, if we're going to address the whole area of funding and incentives, then the proper incentives have to be in place, both for the boards and for all of those people that are

involved in the delivery of the health care system.

Again I compliment the minister who has initiated a special committee to look at the whole area of the utilization of our health care dollar. That has to include all areas, and it may very well be that there has to be some give-and-take from the hospital system and from the system that pays the physicians or for those services outside of hospital. We know that we spend as much if not more money in this province on our health system than they do elsewhere. I would suspect that perhaps we may spend as much money per person as they even do in the United States. So I think the dollars are there for the short term, Mr. Speaker. I think it's up to the people of this province and those people that are involved to sit down and take those very important and very serious steps to correct the difficulties that we have, but we cannot do that without the co-operation of all Albertans. They must fully recognize the importance of this initiative and perhaps understand the consequences.

I find it interesting that the Member for Edmonton-Centre said, "Well, we don't want a system like they have in England." I would just like to remind the member that that dual system was a consequence; it wasn't a plan. It was a consequence of the system that couldn't look after the needs of the people of that country, for they wanted to have a choice.

We heard earlier today that perhaps there were managerial people coming in from south of the border to set up systems in Alberta. I'm not surprised at that. I'm not surprised that they would look at an alternative and say, "Look at what's happened. There's going to be a need for people who don't want to wait, who don't want to deal with the system, and why shouldn't we go to Alberta and build a hospital and provide those services?" I would say that that's a better alternative, because they'll pay taxes, they'll hire people to operate that facility, and they'll contribute in a positive way. The other alternative, Mr. Speaker, is that those people will go south of the border, and those dollars for those services will flow to centres in the United States, whether it be the Mayo Clinic or Scripps or wherever, and that will not benefit the people of this province in any way. Those Albertans who have paid a premium for their health care will make demands and say: "I couldn't get into the system. It wasn't available; you couldn't afford the piece of equipment." I think those are some of the realities, Mr. Speaker, that we have to look at.

We have to be very careful when we start making plans as to how we're going to address some of the problems. It's been suggested that we cap. Well, that's fine. If we limit the number of physicians, we have to think of the 1,200 or more that are already in the system. Then we have to look at the other alternatives: what's going to happen to the work ethic and the number of hours and the other services and what kinds of demands will not be met. It's not a simple solution, Mr. Speaker, but it's a very important problem that we must all look at and give very serious consideration.

I would like to close with that, and I would like to compliment again the Member for Red Deer-North for bringing this topic to our attention today. Thank you.

MR. ACTING DEPUTY SPEAKER: The Member for Edmonton-Centre.

REV. ROBERTS: Thank you, Mr. Speaker. It is indeed with some gratitude that I have the opportunity to speak on this motion, particularly after having heard the comments as elaborated by some members across the way. Because it does provide for

us a point of departure for a useful debate, this motion that the Legislative Assembly urge the government to investigate and consider initiatives that will promote preventive health care.

Because it is of urgent concern. It is the key to understanding health care today and to begin to plan and develop adequate health care systems not just for today but for our children and for the next generation of Albertans and Canadians.

Certainly I would love to debate at length, perhaps on another occasion, the work that the World Health Organization has done in this regard, debate it with the Member for Calgary-North West. It's the first time I'd heard someone take such a disparaging view of the work of the World Health Organization. Certainly their *alma-ata* declaration of 1979 clearly put before the people of the world and health providers, both in the Third World and in the developed world, the need for primary health care, at least some definition or some goal of what we'd like to develop in terms of healthy societies and healthy nations and healthy people. I didn't hear from other members what their goal would be in terms of developing a healthy society, however lofty or ideological. At least we should have some statement about what health is and what a healthy society would look like. The World Health Organization has at their *alma-ata* conference at least set that out pretty clearly.

I'm surprised to hear the Tory members across the way cast further aspersions upon this when in fact their own health minister in Ottawa, the Hon. Jake Epp, has done nothing but promote the work of the World Health Organization, and Health and Welfare Canada, together with the World Health Organization and the Canadian Public Health Association and others, has continued to take the initiatives that have come internationally to try to interpret them and translate them into the Canadian context.

As well, Mr. Speaker, this group over here, no matter how you want to talk about health care, they end up always talking about doctors. And doctors, it seems to be -- we know that they're the gatekeepers to the system and that without their signature not a whole lot can go on. But don't we realize that in this day and age over 80 percent of those who work in health care in fact are nurses, that nursing provides for us today wonderful opportunities for how to reform the health care system and how to develop key ways of health promotion? To listen to some of the work that the Alberta Association of Registered Nurses and some of the concerns of the United Nurses of Alberta and nurses in the public health sector . . . Nurses should be the real ones whose voices should be heard today on this debate. The nursing model provides far more of what could and should be going on here instead of a constant reference to doctors and the medical model and sickness and illness and all the rest.

But, Mr. Speaker, as I say, it's important to speak to this motion. But when you really look at the motion, as has been pointed out by the Member for Westlock-Sturgeon, the motion itself is still rather antediluvian at best. Look at it. It says that it's an other than government motions, for instance. I mean, why is it an other than government motions? For heaven's sake, it should be part and parcel of the Speech from the Throne. Then it's just urging the government to investigate. Well, my goodness, if we're in 1987, in the last month of this year, talking about urging the government to initiate some things in health promotion, Mr. Speaker, this is long, long overdue and should be assumed to have been done already -- and generations ago.

Then it says to "consider initiatives." It doesn't say: "Here is what we want to see done; here is a direct proposal right now

that must be considered by either the minister of hospitals or community health." It's such a soft language, and it leaves it so wide open that you really wonder . . .

Finally, Mr. Speaker, it does that great Tory trick of really slamming it, blaming it, shoving it to Albertans themselves. They're at fault, they're the ones to blame. It's individuals -- "discourage individuals from making [all those] unnecessary visits to medical practitioners" -- which are the root of all the problem. Isn't it just awful the way that those hypochondriacs, those people that we say we represent -- they're really a bunch of hypochondriacs -- just can't wait to get into a doctor's office and love to get that admission to the hospital? We really have to discourage them from doing that.

Mr. Speaker, if the hon. member from Red Deer had just put a period after "preventive health care" then we could have, I thought, had some enlightened discussion. But to add that whole last thing continues at least their ideological setup of the fact that it's the individual Albertans who are at the root of all of the problem.

Well, this orientation continues to be sad; an unhealthy approach to public policy. It's weak and it's tentative in its tone, and in the final analysis it's punitive for Albertans. We urgently need government priorities and policies and funding directives that implement health promotion in this province and not just have other than government motions that say that perhaps we should "urge the government to investigate" some of these ways.

Mr. Speaker, I'd like to think that the Minister of Hospitals and Medical Care and community health -- I mean, they know the rhetoric as well. They know the points that are made and so on. In fact, the glowing rhetoric which some of us heard at the Alberta Hospital Association last week from the Minister of Community and Occupational Health . . . They had this wonderful audience, and he said -- and I hope I can quote him correctly -- something like, "You know, as far as health care in Alberta goes, we will take a backseat to no one for our funding." [interjections] There you go, all right. "We'll take a backseat . . . We have the best health care system in the world. We know that we are the ones that really know how to run a health care system that particularly has an emphasis on health promotion."

[Mr. Deputy Speaker in the Chair]

Well, Mr. Speaker, let me tell you, they're going to have to start taking a backseat. And how it pains me. How it pains me to think that in that centralist province, that awful province of Ontario that doesn't have the oil and gas revenues that we have and so on, doesn't have the riches of being a government that has the highest revenue per capita like Alberta -- in that province of Ontario a woman who's the new Minister of Health announced on the same day a 6.9 percent increase for hospitals as well as 100 million new dollars for health promotion programs. Well, I would like to see the government's wallet, its pocket-book, be where its mouth is. Let's get a few hundred million dollars here in the province of Alberta if we're really going to stand by the rhetoric of this motion and some of the other remarks of various ministers.

Now, I know that neither minister of health currently has a deputy, and I'm sure that's going to cause some problems over there for how they can really develop those policies. They've really got some problems; maybe community health will get a deputy pretty soon. But the poor one for hospitals is going to have to take some . . . And further, I should add, Mr. Speaker,

as I was in Manitoba not long ago, an extra million dollars that the government there has provided for, and the programs that have come in that need to be evaluated in terms of what's going to get the funding to be implemented for health promotion efforts in that province really also are ones that we can look to with some pride and some anticipation.

But here we have in Alberta, in this Assembly, this member bringing forth a motion which says: "Well, you know -- jeez, it would be nice if we could urge the government to consider some initiatives." Totally inadequate, Mr. Speaker.

In fact, I have been interested in the response from some members across the way about some things I've heard out of the U.S., that in fact some insurance plans are actually asking patients to seek a second opinion, to see a second or third physician, particularly when it comes to surgery that a second opinion is asked to be part of the diagnosis. Now, is that unnecessary? I mean, we talk about anybody who sees a doctor more than once as abusing the system. But what is the rule in this province and in this situation for patients making visits to a number of health care providers, a number of doctors, to see just where their diagnosis really is, and that in fact a second opinion, if not a third, might be a very important aspect of the system and not be interpreted as being an unnecessary visit?

MR. DAY: Who said it was?

REV. ROBERTS: Just asking the question, hon. member.

Now, on this business of the patient signing the bill -- I know this has emanated out of Red Deer before, and no doubt it's part of where this is emanating from as well, this motion. I don't know where hon. members opposite get the view that we would not support that, that in fact as New Democrats we don't think that the cost of health care -- that the people should be aware of that. All we've said, and what we say over and over again, is that it's not just the patient that needs to know the cost of the health care; it's the provider as well. I've heard people at Foothills hospital and other doctors say, "Now, we can't deal with that kind of administrative heavy work; we couldn't even begin to find out what all the costs are that we are setting out." So I think if we went in turn to a system where a bill is signed, to bring the cost-consciousness to bear, that bill should be signed by the patient and by the provider together, and that should be front and centre as both partners in what it is to be using the public health care system. No problem there at all. But it seems to me that for the patient to sign the bill stems from the same orientation or ideology that it's the patient who's at fault and the patient who's the abuser.

Now, also, I guess we'll get to see eventually what the minister's going to be doing with respect to limiting the number of physicians who can bill the plan or capping the amounts they can bill. I would again like to enter into a further debate with members opposite about what constitutes an add-on, what is going to be just another aspect of health delivery without capping the treatment side in some way, shape, or form. I think a lot needs to be done there, and it seems to me, Mr. Speaker, the sooner the better. In fact, we have to have some upper limits, and we have to set some caps, and we have to work within certain set boundaries.

Now, I have advocated and I would suggest again that what we should really do is to have doctors -- if we could get back to them for a minute -- be like the rest of us and be on a salary. It seems to me that would be an immanently useful way of getting at the utilization crisis. [interjections] All right; I knew we

could do that. And they're extolling the virtues of the American . . . You know, more doctors in the United States are on salary, percentagewise, than doctors who are on salary in Canada; in fact, it's the way to go. They see all kinds of benefits about pension that could be paid, sick leave, sabbatical leave, continuing education. It also helps to reduce the number of tests that they send and so on. There is much greater protection, much better work conditions, and it would be a way to curb utilization of the service and the cost to the plan. Fee for service and turnstile medicine is really at the root of some of the abuses in the system.

Well, that's enough of this. I promised I wouldn't talk about physicians. I didn't want to because we're really talking about health here and not illness. So what we need to do is not just urge the Minister of Community and Occupational Health but to have a distinct government policy which would provide core funding for the health line. Now, we in Edmonton here have this health line, which is a way for consumers or people out there to call up a number on the telephone and find out from them: what is this ailment about? It's just to provide some information about any kind of physical or mental ailment, and it's a way to provide direct information from them. Now, who's ever heard of the health line? It would seem to me to be an immanently practical way to get good health information out to the public. They just shouldn't have to stretch for dollars at the health line; it should have a very high profile and could be there for people to access easily. [interjection] That's right; that's right.

Then on life-style. Again, I'm surprised that -- and I did miss some comments, I think from the Member for Calgary-North West. We talked about the life-style changes and curbing some of the excesses of our life-style which cause physical problems. I still wonder about how healthy a public policy is of a province which spends however much they do on the Alberta Liquor Control Board -- I forget how many millions go there -- but at the same time accrues millions of dollars in taxes from the sale of alcohol. Now, it seems to me you can't have it both ways. I mean, are you wanting to increase sales and increase the consumption and get it out there, put a sin tax on it so you get more money into your coffers and then say, "Oh, by the way, here's AADAC, and we'll give you a little bit of money to deal with those abusers and those people who are excessive." I think healthy public policy would demand that we really look at how much consumption is tolerable, how much we're going to tax from it, as opposed to how much we are going to then give over to treatment facilities. I would think there should be a percentage that would go to AADAC, a percentage of what is accruing to the provincial coffers from the sale of alcohol.

AIDS. Mr. Speaker, it seems to me that the acquired immune deficiency syndrome and the HIV virus have taught us all a very strong lesson: that we are still in a day and age where treatment and cures are not the panacea for a certain illness, that in fact the only way to treat AIDS is through education and through prevention and through the modification of life-style, and that safe sex is the way that most centrally needs to be understood by people and taught to people in the schools and throughout their early childhood. It's a key life-style issue. You don't want to find a silver lining in these clouds, but it seems to me that the spread of AIDS has taught us again that we can't just rely on the medical side. To be healthy people, we have to rely on our own responsibility, on good, solid education, and on the modification of our behaviour.

So what I'd really like to talk about a bit more is the role of

nurses in all of this, Mr. Speaker, because again, as I said, it seems to me that if we were to allow the new deputy minister of hospitals and, say, the new deputy minister of community health to be nurses, I think we would see a lot of action, a lot of direct programs happening very, very quickly, in terms of what real health promotion programs are. I'm sure governments throughout Canada have gotten a lot of good votes out of specialized, high-tech health care, but what we need to look at -- and I don't know just how politically salable it is, but we'll find out in the next election because we're certainly going to campaign on primary health care. People need to have at a first level, at a general level, the ability to have health understood and diagnoses made so they don't have to go on to very expensive tertiary levels of care. In fact, we have not come out as strongly as we could for primary care.

Again, it seemed to me that nurses are the ones that can help in that respect. In fact, I would think that women and the emergence of women in health care delivery is a very strong aspect of this as well. Think of our own mothers. It was our mothers, Mr. Speaker, who said, "Make sure you put on your hat," and "Take your vitamins." Our mothers and the women in our lives have often been those who have been the health promoters. So women, together with nurses, I think provide a whole reorientation of how we understand ourselves as healthy people, how to take care of ourselves as individuals and in the community.

Cardiac care is another interesting area. It's the second leading cause of death, I believe, in the province, heart disease. Yet I have read recently in this article entitled *The Battle for Your Heart* that there's been some decline in heart disease and in the amount spent on the treatment of heart disease. This woman, Elizabeth Brown, cited that credit should be given where credit is due, that in fact in the beginning, to reduce cardiac care and the spending on heart disease, coronary care units, paramedics, bypass surgery, and heart transplants together, all that very expensive stuff which has got to be there . . . But let's also bear in mind that it is responsible for 30 percent of the reduction of spending in cardiac disease whereas almost 70 percent of the reduction in spending on heart disease is due to a better understanding of blood pressure, people who quit smoking, and people who through diet lowered their cholesterol levels. That accounts for 70 percent of the reduction of spending in heart disease.

Now, I think that's a very key public policy decision for this government and for any government to say, "Okay, where are we going to put our money?" If we can realize a 70 percent rate of return from spending on prevention in terms of heart disease, then I think we should opt to spend in that area. If 25 to 30 percent of it is accountable because of high-tech surgery, then we have to realize that that's going to be a bottomless pit for spending. We're only going to receive certain results back from that.

Mention has been made as well about the elderly, who obviously are the greatest consumers of health care in the province. Again, it seems that health promotion efforts and the boards of health have put a lot of emphasis and care on the other end of the aid spectrum, the children and the babies and the young families, and well they should. But at the same time, Mr. Speaker, the elderly in our province often end up at doctors' offices and in hospitals and long-term care settings after a number of systems have broken down or after a number of factors have contributed to their finally having to present themselves to a doctor, when, in fact, if we were to take health promotion seriously among our elderly people, then all kinds of savings and all kinds of increases of health and well-being among the elderly

would accrue.

Mr. Speaker, we hear certain things as MLAs, and you try not to believe them, but I am told that, for instance, the health promotion director for the Edmonton board of health, which has been trying to get extra funding -- some new funding for health promotion efforts for elderly people in this city continues to get a low priority both within their own board and within their appeal to government for extra funds; in fact, it's at the lower rung of what they are able to do in terms of their own priorities and their own funding. I should think that, my goodness, it's an area where government could come in and say, "Listen, you're absolutely right, and here's some new money, some core funding for health promotion programs specifically designed and arranged to be directed toward the elderly in terms of their nutrition, their exercise, and so on."

Multiculturalism is another area, Mr. Speaker, where a lot could be done. It seems we talk about multiculturalism and culture and multiculturalism and so on. I would like to see if we could even have a few dollars just to have a multiculturalism health care conference and bring people who have come here to Alberta from different ethnic backgrounds, bring them together and say: "Okay, well, in your culture how did you manage your health? And in your culture, how did you manage your health?" No, instead we seem to always have to get them here and say, "Okay now, you're sick, so you go and see this western doctor, and you go into this western hospital." Admittedly in many respects they'd like to do that or they want to do that and it's efficacious to them do so. But at the same time, I think there are all kinds of hidden secrets and hidden benefits that people from other cultures could bring and could share, that we could become more healthy as people in a multicultural context and at least begin to open up some areas of questioning in there.

I suppose it's going to be seen as frivolous by some, but I think I also have to say, Mr. Speaker, that there is an element and dimension of spirituality and faith which enters into the healing processes and an understanding of oneself as a healthy person. Again, how much of our being healthy or being sick is of a scientific nature? Good old René Descartes and the whole scientific revolution breaking us all down into little experiments and little parts is, I think, often responsible for a western way of looking at ourselves as pure automatons or purely as a mechanical object when, in fact, it seemed to me that -- I'm not talking about faith healing here or anything, but certainly there is a dimension in which pastoral care and the faith and spirituality of certain people and being able to develop and live out of that kind of dimension of their lives would really help to promote health and well-being and reduce illness.

I don't know how to talk about that in public policy terms. Maybe we could talk about it in terms of mental health and understanding that mental health, though perhaps at some chronic level such as schizophrenia and others cannot be prevented, but certainly there is a lot of prevention that could go on for people who are the worried well, who often present themselves in the mental health field and could use some counseling, some help from psychologists or pastoral care people or others, to be able to deal with some of the real crises of people's lives and to be able to deal with them in a preventive way so that they don't have to finally present themselves as suicidal or depressed or other worried well people who end up in our mental health system.

So, Mr. Speaker, all I've really wanted to say is a certain critique of the current situation as I see it from across the way and the weakness with which this motion presents itself. Be-

cause what we really need, and what we needed yesterday and the year before last, is a real new infusion of government initiatives commensurate with new funding for health promotion efforts, not just to force health units to battle internally with how they are going to deal with a shrinking budget or a shrinking dollar, but realizing that it's going to take some extra money right now, but we're going to reorient this system, we're going to re-fund the system, and it's going to be in the direction of wellness and of health for all. This is long overdue, and until it is done, we're not going to get very far. It's going to all be seen as an add-on.

Frankly, Mr. Speaker, I feel that this government is going to just fall into a quagmire of its own misunderstanding of this issue. It really is going to have to fall upon another government in this province and another political party which has another way of approaching health care to really change it and to really bring it to where it should be for a healthy Alberta.

Thank you, Mr. Speaker.

DR. BUCK: Mr. Speaker, I'd just very briefly like to make a few comments. I found it really quite interesting listening to the hon. Member for Edmonton-Centre because I've seen that great socialist health system in the U.K. I think it would be appropriate if we just went back about 20 years when we were discussing in this Assembly the proposed federal medicare program. At that time I was an opponent of going to the federal program because in Alberta at that time, in the late '60s, we had the best health care system in the world, with a government that cared, a government that set up senior citizens' housing, set up senior citizens' units -- the first in North America and the first system that worked so well and showed concern for the elderly.

Mr. Speaker, what has happened since 1968, 1969?

ANHON. MEMBER: The Tories got elected.

DR. BUCK: The Tories got elected. Right. But it wasn't the Tories that brought the universal medicare program to Canada. It was the Lib/socialist alliance that brought that program into place. If we're so proud of that system, then why are we going broke? I think we have to look at what has happened in England, where you have lineups, where you have people who are not receiving the care that we do in North America. Now, I certainly do not agree with the American system, but we had the opportunity in Canada, and we blew it.

Now, I'd like to say to my learned socialist friends that if you really want to develop a two-tiered medical system, just keep going with the socialized system we have here, because that is exactly what is happening in England. I have relatives over there that are in the medical system and in the dental system, and over there you really do have the two-tiered system. You have the state system, and then you have people who can afford to buy insurance above and beyond that. They are not happy with standing in lineups. They are not happy with getting inadequate medical care in many instances. So then you really do have a system for the rich and a system for the poor.

MR. STRONG: You can blame that on the Conservative government too.

DR. BUCK: I don't care who you blame it on, but I am a taxpayer, and I'm concerned about where we're heading.

Now, I don't agree entirely with the wording of this resolution, because I certainly am willing to support the consideration

and initiatives to promote preventative health. It seems that whenever budgets get tight, the first thing we do is get rid of research and prevention. Now, that certainly is not very far-sighted, so I congratulate the member for showing the concerns about that.

But I do support my socialist fiends when they blame the patients for the over utilization. It is doctors that put patients in hospitals. [interjection] But at the same time the socialists cheer that, there is something to be said for a little bit more participation by the patient. I will illustrate my own instance. I wrecked my back. Hon. doctor, I do believe in chiropractors, because if they stick with chiropractic, they can help your back. My chiropractor was away, so I went to another one of his colleagues. I walked in, I gave him my card, and he says, "That'll be \$20." Fine. I paid the \$20. So he said, "If your chiropractor isn't back by Monday, drop in and see me again." Well, my chiropractor doesn't charge me the \$20. It's amazing how my back got better, and I didn't need that second treatment, because there was \$20 involved. Now, I can afford to pay the \$20. But human nature is such that if you're asked to participate, then you suddenly get a little bit better.

Now, I know the socialists don't like that system, because they say that you're deterring those people from getting adequate medical care. I don't think anybody in this province is ever turned down. I have never turned a patient down. I don't know too many doctors in this province that have ever turned a patient down because they didn't have the money in their pocket. But I am really concerned, members of this Assembly. How much longer can the taxpayer keep carrying the load? Now, I hear the socialists say that they're going to just juggle things around. If we're going to provide more care, we're going to have to do a lot of juggling. I've listened very attentively in this Assembly in the last two years. We have a big deficit now, but according to the socialists we can keep spending more and more and more on money programs, and you can't do that and balance the budget.

It's really quite interesting. To make ourselves look good, we compare ourselves to Ontario. When Ontario maybe makes us look a little poorer, then we say: "Well, look; Ontario's got a 6.9 percent increase in health care." But don't forget that Ontario and central Canada were the people, the governments of the day, that have taken so many billions of dollars out of Albertans' pockets. That's why now they've got a resurgence in their economy. They can afford to raise it, but we have had to lower it, and for that the people of Alberta thank the NDP and the Liberals. We thank them for that disfavour they did us.

So, Mr. Speaker, Conservatives are not all good and all bad; socialists are not all good and all bad. But we are the protectors of the taxpayers' dollar. So we want more care. We want to re-juggle it, and we have to be able to pay. So if the people of Alberta are willing to pay, then the services will be increased. But you can't have both sides of the street, hon. Member for Edmonton-Centre. You can't have both sides.

Mr. Speaker, it's interesting to hear the hon. member talk

about putting doctors on salaries. Fine. They have that in Russia. You know, they have that in some of the socialist and Communist countries. I think the people of North America have been well served by the professions on a fee for service basis. I know, working with people who are on salaries, that they do not put in the hours, they do not put in the time like the people in the private sector. I work a five and a half day week . . .

AN HON. MEMBER: Where?

DR. BUCK: When I'm not in this place. There are people that it makes it very expensive for them to have their dentistry done if they have to take time off work. That's why I work till noon Saturday. Now, I know many doctors that do that, but I also know that if I was on a salary, you'd have to have a pretty bad toothache if I was a sole provider of services under a government program. Then I would call the hon. reverend from Edmonton-Centre and say: "My constituent has this toothache. Are you going to look after it?" Or if his appendix had to be operated -- you know. I just want to say that you can't have both sides of the street.

Mr. Speaker, I think it is time that we do strike a legislative committee to review the medicare program in this province. I am challenging the government to do that because I think it is time we reviewed the entire thing: what people's desires are, what they want, and what they're willing to pay for. With those few words I feel I've roasted the Conservatives sufficiently and the socialists sufficiently. I would like to have a vote, Mr. Speaker.

MR. DROBOT: Mr. Speaker, I rise to give my full support to this motion. I would like to make some comments, but in view of the time, I move that the question be called.

MR. DEPUTY SPEAKER: May the hon. Member for Red Deer-North conclude the debate?

HON. MEMBERS: Agreed.

MR. DAY: Thank you, Mr. Speaker. Having appreciated the various input from around the House today and recognizing that all people have said things which can be valuable and the government can consider the initiatives, I agree with the question to be called at this time.

[Motion carried]

MR. KOWALSKI: Mr. Speaker, the House will adjourn very shortly, and I just would advise that we will be reconvening tomorrow afternoon at 2:30, and the order of business will be dealing with Motion 19.

[At 5:28 p.m. the House adjourned to Wednesday at 2:30 p.m.]