

**LEGISLATIVE ASSEMBLY OF ALBERTA**

Title: **Thursday, April 7, 1988 8:00 p.m.**

Date: 88/04/07

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

head: **COMMITTEE OF SUPPLY**

[Mr. Gogo in the Chair]

MR. CHAIRMAN: Committee of Supply, please come to order. The government has called the Department of Community and Occupational Health: Hon. Jim Dinning, minister; Mr. Stan Nelson, chairman of AADAC; six votes to be presented for \$312 million-odd; page 75 of the government estimates book and page 27 of the elements book. All questions, please, to be directed through the Chair. The minister's responsibility is on page 75.

Before we go to opening comments, would the members who wish to put questions, suggestions, or amendments to these votes indicate to the Chair.

Hon. members, the rules of the House apply in committee. However, I have been informed that the rules of the House generally make provision for the people who must of necessity absorb medicines, particularly when they're applicable to good health. So with the consent of the committee, hon. members could perhaps use the medicine in front of them, if they wish, during the committee study.

head: **Department of  
Community and Occupational Health**

MR. CHAIRMAN: Hon. minister, Mr. Dinning, do you have any comments to make with your estimates?

MR. DINNING: Yes I do, Mr. Chairman.

Thank you, Mr. Chairman and colleagues in the Assembly. It's appropriate that I would have the honour of presenting the estimates of the department of health on what is known as World Health Day. This being April 7, 1988, it's World Health Day, and it's fitting as well that the theme of World Health Day this year is "health for all and all for health," because that theme speaks very well to the objectives and the underlying philosophy of the Department of Community and Occupational Health. Those objectives are basically threefold: one is the promotion of good health, the promotion of wellness, promotion of healthy life- and work-styles; second is the prevention of illness and enabling those who are ill to maximize their day-to-day independence; and third is the delivery of services and care in the community where people live and where people want to live and to reduce the need for institutional services that provide care for the sick.

It's appropriate, too, Mr. Chairman, that on World Health Day I would have the opportunity to provide members with a recently published document from our department entitled *Moving Into the Future For the Health of Albertans*. This is a document that I've provided to all members, and I would ask you to review the document. While you're chewing on that medicine that's in front of you, that round, juicy symbol of good health, I'd ask you to consider the contents of the document, the contents that clearly spell out my view:

Health is more than the absence of physical disease. Health is

the maintenance and improvement of mental and social well-being: at work, home or play. Good health is crucial to our ability to enjoy life and reach our potential. It is as much a family concern as an individual one; as much a community issue as a provincial one.

The document, Mr. Chairman, goes into a number of areas, including various health trends that we in Alberta are facing today: a shift in health strategies away from relying solely on institutional and clinical care and moving more towards a balance of health promotion, illness prevention, and community care. I suppose I say for the benefit of my colleague the hon. Member for Calgary-Elbow that this is not a proven field; there are few experts and even fewer proven methods. So it's something that's going to take an awful lot of ingenuity and creativity to put forward.

But the challenges and opportunities are there. They are spelled out in the paper, especially our young population that is aging only too fast, the challenge of changing and diverse family structures, the opportunities posed by new technology that seems to change day after day, and as well our spiraling health care costs and the spending that we face as a provider of health care. The paper talks about the people of Alberta and their views on health, their views on health risks, and their views that we must set targets for health improvement. It also talks of Albertans making more of an effort to improve their health and Albertans' desire to prepare for individual change and to do something to improve their own health. It talks about Albertans' need to find ways to turn the interest in health - and there is a great deal of interest in health - into firm intention and to turn intention into new, healthier habits.

The document on the last page talks about the future that we face in our health care system, the need that we have to strengthen our promotion, prevention, and community efforts, the need to learn more about the health needs of all Albertans, and the need to encourage Albertans to actively participate in shaping health policy in Alberta. It is a discussion paper, Mr. Chairman, that I hope will provoke debate in this Assembly and amongst all Albertans who are interested in any way about our health system in this province.

If I may, Mr. Chairman, before I get to the details of my estimates, I want to touch on two key events that occurred in the last year since I presented the estimates for 1987-88. I would say that one of the most important and significant events was the creation of a Premier's Commission on Future Health Care for Albertans under the able leadership and chairmanship of one of our former colleagues in this Assembly Mr. Lou Hyndman, a most honourable and gentlemanly gentleman. We are well served in that I believe this is one of the most important initiatives that this government will take in its four-year term of office. The Hyndman commission will establish a blueprint for Alberta's health system for many, many years to come.

I am particularly heartened, Mr. Chairman, by two references in their terms of reference. The first is

to examine changes in future health requirements as they relate to population trends, advances in active treatment and preventive health measures.

Along with a number of other items in that piece I'm heartened by the focus on prevention, but I'm even more heartened by item (c), which in full reads:

to examine incentives and mechanisms to maintain the quality and accessibility of health services; to encourage the most innovative, effective and economical use of health resources and to focus on the promotion of health and the prevention of disease.

I believe, Mr. Chairman, that the commission is a golden

opportunity for the hundreds of Albertans who have written to me and my colleagues with ideas on how we put more health into our health care system, how we reduce sickness and the dependence that sickness creates, and how we're going to focus our resources on creating a healthier environment for all Albertans. I'm eager and delighted to participate in the process, and I'm anxious to receive the commission's interim reports, which we'll expect on a time-to-time basis over the next 20-odd months.

The second highlight, Mr. Chairman, was the release of a discussion paper entitled *A New Vision for Long Term Care -- Meeting the Need*. It was prepared by a committee chaired by my friend and colleague and neighbouring MLA for Calgary-Glenmore, as well as my colleague the MLA for Highwood, as well as two other private-sector individuals, Mr. Tom Biggs of the Big Country health unit and Mr. Larry McDannold, who has been an active participant in our health system in this province. I've kidded my colleague for Calgary-Glenmore from time to time, suggesting to her that this is not a new vision, but all the same it is a vision. But it is something that's been going on in our province. It's been going on at the local health authorities, at our mutual Calgary Health Services, the Edmonton board of health, the Lethbridge health unit, the Barons-Eureka-Warner health unit, and all health units across this province for a long, long time.

Those health units aren't just saying, "Here's a vision"; they're doing it, and they're doing it in spades. I'm just delighted, because the themes that are outlined in the report reflect what is going on in those health units today, and I want to just touch on them: public education and health promotion programs, volunteerism, community-based programs and services, homemaker services, palliative care, client independence, day programs, respite care, health surveillance programs, and it goes on and on. But, Mr. Chairman, what's so great is that here we have a discussion paper that fully endorses those things that so many of our community care providers are already doing, and it charts a future for those providers which proposes even stronger support from this government in the days ahead.

I want to turn, Mr. Chairman, to the estimates of the department. I'm delighted to present estimates in votes 1 through 4 totaling \$271 million. As well, my colleague for Calgary-McCall, who serves as the chairman of the Alcohol and Drug Abuse Commission, will speak to vote 5, and I will make a few comments on vote 6, the Workers' Compensation Board.

If you look briefly, Mr. Chairman, at vote 1, you'll see almost a 7 percent reduction in our spending on administrative and support services. That shows our commitment to try to do more with less, to try to take those savings that are found on the administrative side and apply them to the delivery of services to people. Less administration, less bureaucracy: my colleague from Edmonton-Centre will appreciate and will see that we're going to apply those dollars to the delivery of services to people.

I would be remiss, Mr. Chairman, if I didn't pay a compliment but, more substantively, a sincere word of thanks to a lot of people within the Department of Community and Occupational Health who have worked so hard to live under and manage these reductions so as to provide better and more care and more service to Albertans. I am ably served by a new deputy minister who's come on board from AADAC, Mr. Jan Skirrow. I'm also served by Mr. Ken Pals, who serves as the Workers' Compensation Board chairman. But I'm also served by a dedicated staff of people within the department whose talents and resources appear to be limitless and who accept

incredible, if not unreasonable, demands and deadlines. I'm also incredibly well served by office staff members Carolyn Baikie, Joan Kruse, Sandy Leckie, Lana Chomchuk, and a good friend and colleague Nola Bietz. I am very well served by those people, Mr. Chairman, and my gratitude can't really be adequately expressed.

But, Mr. Chairman, also there are four councils that serve us: the Occupational Health and Safety Council under the chairmanship of Maureen Shaw, the Provincial Mental Health Advisory Council and the various regional councils under Mr. Al Maiani, the Suicide Prevention Provincial Advisory council under Bonnie Hutchison, and the Public Health Advisory and Appeal Board under John Walker. All of those provide me with excellent advice, and I am grateful for their efforts as well.

Finally, one of the key providers, especially as it relates to vote 2, Mr. Chairman, is the 27 health units in this province. I want to say just one word about all of them in one person's name, and that's John De Champlain. Mr. De Champlain is the chairman of the Health Unit Association of Alberta and is a friend but is a very strong and supportive colleague who is trying to do as all health units are trying to do, the best possible job for the true health of Albertans.

If I may, Mr. Chairman, I will speak to some of the highlights in vote 2, the first of which is found at element 2.2, which is Family and Community Services. Just to overview the Preventive Health Services, vote 2 speaks to the front-line provider of health services and prevention and promotion, particularly on the physical health side. I was pleased to announce today under family and community support services some new additions to the FCSS family. This FCSS program is a unique program in that it provides funding to over 240 communities throughout the province and allows those communities to develop programs that meet the health and social needs of their residents. As a result of the 1.5 percent increase in the budget we are able to invite the following communities to join FCSS: the municipal district of Cypress, the county of Paintearth, the towns of Beaumont, Castor, Coronation, Three Hills, Stony Plain, Valleyview, Cochrane, Smoky Lake, Bruderheim, Crossfield, Fox Creek, and Redcliff, as well as the villages of Blackie, Nampa, and Tilley, and the Heart Lake Indian Band.

I know, Mr. Chairman, that my colleagues will speak of the good news stories that emanate from FCSS funding. This additional funding will allow the FCSS good news stories to continue to flourish -- such programs as the community school liaison program in Grande Prairie, the Pregnancy Help group in St. Albert, the Homemaker Services throughout the province but particularly in Slave Lake, Loon Lake, Trout Lake, and Wabasca, the Edmonton Self Starters group, the job squad program in Bonnyville and St. Paul, the Medicine Hat family services program that provides family counseling services, as well as the Society for the Prevention of Child Abuse and Neglect in Lethbridge. I don't need to embellish on each of these programs. I only need to say that they are designed by local people; they meet local needs; they are delivered primarily by volunteers. Volunteers are the heart and soul of FCSS, and that little bit of funding goes an awful long way.

I want to focus on the prevention of communicable disease. This is something I had the pleasure of announcing earlier today: an almost doubling of our commitment to reproductive health services in Alberta. Through the health units we are providing funding for sexuality education and counseling in the community, providing in the community services and education counseling to students, to teachers, to parents, and to all mem-

bers of Alberta's numerous communities. Up till today, up till this fiscal year, 11 health units in the province delivered sexuality education and counseling programs, but our announcement today expanded that to all 27 health units, and we announced funding for new programs in 16 health units and new dollars to augment existing programs in seven health units.

On the clinical side, we announced funding to expand our existing base of clinical services in Edmonton and Calgary by providing additional dollars for new clinics for birth control counseling and screening for sexually transmitted diseases in Red Deer, Lethbridge, and Fort McMurray. This \$1.12 million increase, Mr. Chairman, means that we will be spending some \$2.4 million on reproductive health through the health units in the 1988-89 fiscal year. Our commitment is founded on our belief that Albertans young and old, armed with information and armed with knowledge on the alternatives, on the options, and the consequences -- with that information those Albertans will act in a healthy and responsible manner.

One other program we were able to fund this year, Mr. Chairman -- something that's of interest to all of my colleagues, but I responded to questions by the Member for Red Deer-South in the last sitting of the Legislature -- is the introduction of a Haemophilus influenza B vaccine for children aged 18 to 36 months. This is a new strain of vaccine that is being provided to children who are most susceptible to meningitis, and we believe the funding of this vaccine will go a long way to reducing that potentially fatal disease.

Mr. Chairman, all members are familiar with our program on AIDS and AIDS prevention, our program of education and caring which I announced last October. I would certainly ask hon. members to review that document; I believe all members received it. I'd certainly be willing to answer any questions on it.

Mr. Chairman, briefly on Home Care Services. This budget provides funding to continue our successful home care program delivered by our 27 health units. Some 25,000 Albertans were recipients of home care in the last fiscal year. Just out of interest, in October of 1987 there were nearly 15,000 people receiving home care throughout this province. About 13,000 of them were 65 years or older, and in fact some 605 Albertans were receiving palliative care services, home care services for those who wanted to die with dignity in their own homes. I'm proud of our government's commitment to home care, to preventing and delaying institutionalization and, equally importantly, to allowing for early discharge and rapid discharge of those who are in institutions, back to the community where they want to be, receiving home care services.

Mr. Chairman, I will move quickly to vote 3, which is Occupational Health and Safety Services, and I want to speak briefly to our activities there. A friend and colleague from the department, Dr. Herb Buchwald, is with us this evening. I want to say a special note of thanks to Dr. Buchwald for his services as acting deputy minister of the department from September 1 to early January. I thank him for that dedicated service that he provided in that task and in his ongoing task as managing director.

Two key priorities this year, Mr. Chairman. One is oil and gas; and I have a real concern about the fatalities and the accidents that are occurring in the oil and gas industry. I've told industry of my concern about the unacceptable rate of fatalities in the oil patch, especially some nine fatalities over a period of 60 days beginning January 20 and running through to March 20 of this year. Three were related to hydrogen sulfide, three related to overhead power lines, all of them preventable. I've not

only expressed my concern but said that we would be taking initiatives in the training and education area, in increasing our inspections, and looking at review and changes to our Occupational Health and Safety Act such that we would be looking at increased penalties for infractions under that Act, but also using key industry personnel, many of whom have taken early retirement, and tapping that pool of expertise, bringing them in to help us with our inspection and with our education, and using that talent that is anxious to help and to serve. The industry itself will be coming forward with a program, I believe, something that they promised to deliver to me by the end of this month -- sometime this spring; hopefully, the end of April -- that will be a comprehensive safety program that is action on the part of those who are responsible for taking action, and that is industry, employers, and employees themselves.

One other initiative that we'll be introducing by way of legislation, Mr. Chairman, is the workplace hazardous materials information system, better known as WHMIS, a tripartite process that has involved governments, workers, and employers in promoting a better understanding, a better, safer workplace for those who must handle chemicals and hazardous materials on the job. Through increased training, through better labeling of products, through information to workers and employers on how to handle that product safely, the workplace hazardous materials information system will be up and operating by November 1 of this year.

I'll turn briefly, Mr. Chairman, to vote 4, which is Mental Health Services. It's in this budget that, I believe, we reflect our commitment, particularly to community-based programs designed specifically to meet the needs of those who suffer from mental illness in this province. It's a scary disease. It's one that many Albertans and many of us in this Assembly don't really understand, and it's something that too many of our fellow Albertans are afraid to talk about, are afraid to come to grips with. It's funny; I had a town hall meeting in my constituency just a week ago and referred to a statistic that said that as many as one out of four Albertans during their lifetime will be afflicted with some kind of mental illness. So I suggested to the crowd, "Look around; one in four," and the way the crowd responded was with laughter, just like this room, and wonderment. But it's simply because it's a disease that is difficult to understand. It's scary, and somehow we've got to take that scare out of mental illness so that more Albertans will understand what it is, so more dollars will go to research, to the care of those who are mentally ill, in the community and where they need the help.

Our budget supports our suicide prevention program, the only one of its kind in this country. It provides for funding for our community clinics and for the services and the treatment those clinics offer. It provides for funding of nonprofit agencies that provide community residential programs and community day programs, and it provides for commitment to the various programs that a number of agencies, health units, hospital boards, FCSS-funded agencies provide in virtually every town and city on this province.

Mr. Chairman, I'm going to leave vote 5 to my colleague from Calgary-McCall, and I will speak during the debate of my estimates on the Workers' Compensation Board, except to say this: we released a paper last week, a discussion paper that is designed to bring the Workers' Compensation Board into the 1980s. It calls for organizational changes that are appropriate for a complex, large organization -- a large \$1.25 billion insurance corporation -- and it calls for a change in focus in the way the Workers' Compensation Board delivers services to employ-

ers and injured workers. It stresses rehabilitation and asks for a better balance between rehabilitation and compensation. It calls for a wage-loss method in determining compensation benefits. It calls for the organization to be a more service-driven organization, providing quality service to workers and to employers. It calls for an aggressive and proactive case management system that is driven by rehabilitation, and it calls for a simplification of the assessment system. It also announces a public review process under the chairmanship of Vern Millard, a most credible and sound-thinking Albertan who has an awful lot of experience in the public consultation process.

Mr. Chairman, I believe our budget speaks to our themes of prevention, of promotion: promoting good health and preventing illness. I ask all hon. members to endorse the budget as I have presented it tonight.

MR. CHAIRMAN: Hon. member Mr. Nelson, the chairman of the Alberta Alcohol and Drug Abuse Commission.

MR. NELSON: Thank you, Mr. Chairman. First of all, I welcome the opportunity, on behalf of the tremendous number of people who work at AADAC, to participate this evening on their behalf.

Certainly [inaudible], a quick word about the organization. Since I've had the opportunity to participate at AADAC, I've found that the people who work in the environment over there have been very, very capable, loyal, and knowledgeable with regards to their participation in substance abuses.

I must say, Mr. Chairman, that of course just after my appointment we lost to the minister our very capable chief executive officer, Jan Skirrow. But we think we've developed a tremendous potential within the organization, that with capable people the organization will continue to work and be a leader in its field of addictions: people like Len Blumenthal, Brian Kearns, Wayne Bazant, Howard Faulkner -- certainly they're very helpful and knowledgeable people -- and the person that helps me and guides me very well, Terry Lind. It certainly gives us the tremendous opportunities that are available in Alberta.

Alberta is very fortunate because AADAC is a leader in its field not only in Canada but in the world. Through the leadership of, certainly, the previous chairmen before me, Greg Stevens and John Gogo -- they have provided an environment through the funding that the government has provided to AADAC to lead in the addictions field in the world.

The minister a few moments ago was talking about health and wellness. Of course, this includes the community of addictions and substance abuse, because education and treatment -- and in particular education about substance abuse -- is one of the primary goals of AADAC, for without this education in the community I don't think we would achieve the results that they are able to do.

Mr. Chairman, I'm just going to take a few minutes here, because I know we want to get on with comments and questions from other members. AADAC has in the past focused its attention primarily in the area, as I've said, of education and treatment. They have been able to do this through the people who work in there -- their commitment to developing materials and education particularly, to allow for the many agencies to develop their programs with the assistance of AADAC, to enhance the ability of our communities to treat those who have become ill through the addiction of alcohol or drug abuse.

It's interesting to note that the national participation by the

federal government now is certainly going to enhance many of the programs that AADAC participates in and, of course, may allow us to focus attention in new areas and especially those of our youth and adolescents.

In addition to the people at AADAC that I think we should recognize, there are many people in our communities, concerned community leaders and business leaders who participate both in time, energy, and certainly with dollars to assist the many agencies that are in the communities. Without the commitment of those members of the Alcoholics Anonymous and Narcotics Anonymous groups to assist the many people who go through the initial treatment stages at AADAC and other agencies to help these people continue on their road to wellness, we would not achieve the many results that AADAC does achieve. Of course, the agencies which are working in the communities with much support from AADAC certainly are to be commended for their dedication and support to the community and to those people who need their assistance.

Mr. Chairman, to deal with vote 5. The Administration cost, as identified, has been reduced by 2.1 percent. This has been a commitment over the last three or four years, to reduce Administration. It has been done in such a fashion that the administrative result and reduction has been done previously, to the extent that we are, I think, pretty lean and mean at the present time, and we're still examining ways to be efficient with the numbers of people that are there. I think the people who are there have to be commended for their diligence and their support.

The second area, of course, is Provincial Prevention and Education Services, where we have a further reduction of expenditures. Again, that's mostly from the administration area. It does not necessarily impact the services in the community. I should indicate, Mr. Chairman, that any commitment of AADAC is to continue the treatment services available to the communities. Nobody will be removed, or at least nobody will not be offered services. They may end up waiting a little longer, but certainly all those people requiring assistance through AADAC will get it.

The Field Services. Certainly there will be some concern. We will be reducing some of the community consultation after hours, and some of the discussion groups will not be able to get the same input after hours and what have you, as has been in the past.

As far as our Institutions are concerned, there will be some reduction there with regard to medical staff, and there will be no off-hour or weekend assessments available, but at the same time we'll certainly be able to look after those people who come to AADAC for assistance.

The Funded Agencies. The same amount of dollars will in fact be made available that have been in the past to the Funded Agencies through some efficiencies that have been developed within the organization.

So all in all, Mr. Chairman, I think that with the dedicated and capable staff who are at AADAC, the initiatives here will be met and the community of Alberta will certainly be well served.

I would like to just comment briefly on the initiative that has been taken in Grande Prairie. As was announced in the budget and in the throne speech, we will be commencing, at least, the addiction centre in Grande Prairie. This will represent a highly innovative approach to treatment, which presently does not exist in Alberta or anywhere in Canada. It will under one roof have an assessment and a wide variety of treatment services which will be available to clients according to their particular needs.

This is a new effort and certainly is going to be a successful effort and welcomed by the community.

I should also mention that we are participating in a credit program that's being developed for the addiction counselors through Nechi and Athabasca University. This will further enhance the ability of counselors to deal with addiction concerns that they deal with on a day-to-day basis. I should indicate, also, that Henwood, which some were concerned about, is open again on the weekends and will continue to be so.

We should also indicate that we've commenced a program in certain circumstances of tendering for service in certain communities, one in particular presently up in the northern part of the province, and we're going to make an effort to try to enhance the service in those communities by that method.

During the year, Mr. Chairman, there were a couple of initiatives that were well presented in the community. One was a play called *Zeke and the Indoor Plants*, and of course we have to thank the private donors who assisted in the financial aspects of that program, which was very well done in many of the schools in the province, and certainly the students who were involved and participated welcomed it. Of course, there is a new trial play now that has been developed by seniors and is acted out by seniors. I know that one of our good members, the Member for Highwood, has attended that, and certainly his comments back to me have been very positive.

So all in all, Mr. Chairman, I think that AADAC, in performing a tremendous service to the community by very dedicated professional people, will continue to present a quality service to Albertans. Certainly we look forward in the future to the ability of having to reinstitute certain types of promotional, educational, and awareness programs in the community to assist further our young people in developing their concerns about the addictions and substance abuse circumstances.

So I would just like to again congratulate all the members of AADAC for their tremendous loyalty, professionalism, and good work in the community. It's not always an easy job dealing with the problems out there in the area of health care, but they do an exemplary job, and I am sure their recognition will be further enhanced by the members of this Legislature.

Thank you, Mr. Chairman.

MR. CHAIRMAN: The hon. Member for Edmonton-Centre.

REV. ROBERTS: Thank you, Mr. Chairman. I have been eagerly awaiting the debate on the budget estimates for the Department of Community and Occupational Health. As I've said before, it's one of the departments and areas of public policy that I find most exciting, most vital, most important, to be dealt with in the most progressive kinds of ways. It is nice to see from time to time that the Progressive Conservative Party can be progressive as well as conservative. In fact, I want to commend the minister for his hard work and enthusiasm over the past year with a number of key initiatives and good, solid work in a number of different areas. However . . . [interjections] But I want to say how frustrated I am that the efforts of the good minister have not paid off in as large a measure as I and our caucus would have wished and that in the aggregate there is very little to show for all of the efforts in terms of the total votes before us -- a .5 percent increase from last year, Mr. Chairman.

I'm appreciative of the nice, glossy, colourful brochure. I promise I will keep it in my constituency office for folks, but here we see how the allocation of provincial health care expenditures for community health is a stunning 5 percent of total.

After this year's budget, Mr. Chairman, it is even going to be less, because as we know, the Department of Hospitals and Medical Care, the giant in the field, has become even larger, and the minister in the department before us has just been creeping along at a nice pace of a .5 percent increase.

So I am frustrated by that, and I really want to make some arguments tonight which I hope can press upon government the fact that a whole lot more needs to be done. I know there's been a whole lot of shake-ups in the department with the new deputy -- as has been referred to already -- getting into place. In the time after Dr. Orford's leaving there was, in fact, no deputy minister in either of the health departments. I hope Hospitals and Medical Care can get their act together. But we have a new deputy minister for here, and new members, I believe, on the Workers' Comp Board -- at least some changes there -- and a new chairman of AADAC, which we are going to talk about later. So a number of changes in personnel.

I am disappointed, though. The minister talks in glowing terms about the Hyndman commission. And I don't know if we can call it the Mirosh commission or the Member for Calgary-Glenmore's commission, but it seemed to me he really lost the struggle there in terms of any advocate for community health, any person who was really going to stand up and in some strong, articulate ways voice the needs of the health community. On the Hyndman commission I think there's a woman from Lethbridge who's a home economist; I hope she has a lot to say. On the Mirosh committee I know we have a Mr. Biggs, I believe. But you know, we need to have some key people, some strong advocates from this department who are going to be on those policy-formulating committees that are going around. I really feel that this department has been shortchanged by not having that kind of representation in those key areas.

I did smile when the minister talked about reducing the Departmental Support Services in order to deliver better services. I think the smile had more to do with the fact that I had really wished that the minister's own salary and benefits would have reduced similarly. I'm sure the 3.5 percent that he'll take home to his good family is going to go to good use, but it could also be decreased by the same amount that his department is, 7.5 percent, and that could be sent to good services too.

I am also a bit disappointed that I'm not getting the Update newsletter. I don't know if the department is still putting that out; I see Communications is really cut back. But it seemed like a good document, kept people informed of what was going on in the department and should still be sent around to others. And the Promoting Health calendar -- my goodness, what a great creative idea. It's right on my wall in my office. I look at it from time to time, and here it is, as the minister said, April 7, World Health Day. I forgot to mention that this week is National Health Week in Canada, and for that we need to be grateful to all the other provinces working together on some national strategies. I was going to put something on the Order Paper to get all-party support for these days, but I'm sure that would have been defeated as being redundant or something like that.

The overall disappointments though, as I've said, stem from the fact that the expectations are high, the need for innovation is high, the need for creativity is high, but what we get is a .5 percent increase. Let's have the dollars talk where the talk is talking. Obviously, there are programs which are being cut back, programs which are not able to go ahead because the dollars are just not there. Now, I know it must be hard to muscle your way around the cabinet table there with that Minister of Hospitals and Medical Care. He's certainly got his share. But there's got

to be more done from the community health side, because Albertans are ready for community health. Albertans want to have personal care, life-style modification, health promotion efforts, and home care and no longer this heavy reliance on institutional-based health care.

The minister promised we would see this happening this year, that he would get from other departments funding for his department; in fact, the priorities would show in the dollar figures. That just has not happened. We'll take you to the polls on it, Mr. Minister. I feel this is an area I want to take to the electorate and really say, "We're going to take these Tories on on community health issues." And if you're not ready for it, boy, you'd better look out. Because people are ready for it, we're prepared for it, and it sounds like cabinet and government here, other than the minister, are not ready for it. Even the Minister of Hospitals and Medical Care last year said that he was going to use money for lotteries to fund health promotion efforts. I don't know if the people were around when he said that. And where does the funding from lotteries go? It goes to high-tech equipment in institutional settings. So there's been losing out all around.

I'm going to go not from vote to vote but from the good, good news to the bad, bad news. I'm sure I should put the good news at the end so everyone would feel better, but we'll start with the good news, which is, as the minister has stated and which I heartily endorse, his program on AIDS: the caring and the education program, Alberta's program for AIDS, and the AIDS survey which has been done. These are actions and issues of which this government, its minister, and our New Democrat caucus are proud. This has shown some leadership that other provinces in Canada have not shown. I'm sure it has the support of the minister's department and cabinet -- I'm not sure about all the backbenchers -- in terms of care and treatment for people who are homosexual in this province. It is, in fact, only half the picture. The care, accommodation, and treatment side for people with AIDS is not at all articulated. We've been told time and time again that we're going to get that other half of the picture, and it's still not here.

[Mr. Musgreave in the Chair]

But in the half of the picture which looks so good, this education and caring side, there are still many, many areas that need improvement. The minister has talked about the role of the local health units. I know he's got the letters that we have from the Edmonton board of health saying -- you know, there's \$10,000 a year to health units, and the Edmonton board of health says that's just not enough, that if they're going to do a job that's going to integrate and be co-ordinated with the AIDS Network and other players in the prevention of AIDS in the community, they need, as the letter I got suggested, \$153,000 a year for health units' efforts. What they're getting is microscopic, and they need far, far more if they're going to take their rightful place in the AIDS prevention effort.

Nothing is said about the role of the Human Rights Commission. If we're going to talk about prevention and education for AIDS, we need to talk about some of their human rights. We've had many discussions about sexual orientation and homosexual rights, which this government obviously does not recognize, as other provinces do, and yet how can we talk about prevention and education around AIDS when the human rights of those who are infected are not recognized?

We're going to get this big campaign, this multimedia cam-

paign with a price tag of \$750,000, and we're told that it's going to reinforce concepts of loyalty and the family. Well, I wonder if they're going to import Bill Vander Zalm to come to Alberta and put on his wonderful, isn't-life-beautiful-in-the-50s picture of the family as a way to talk about the prevention of AIDS. If they do that, Mr. Chairman, the minister and this campaign are dead wrong.

We need to talk about high risk groups, we need to talk about homosexual men and women, we need to talk about prostitutes, we need to talk about condoms, for heaven's sake. The minister won't even utter the word "condoms." It's the only way to prevent AIDS, and let's get it straight. [interjections] It is; it is. If you don't have condoms -- I'm telling you, without the proper use of condoms around AIDS, the transmission will just continue to take off as it has, and you know it as well as any of us do. The minister last year did say that abstinence is the only way. Get thee to a nunnery. I mean, Mr. Chairman, this is just not the way to proceed, and the high-risk groups and people involved in the AIDS effort know it.

The report also says that mandatory testing is not supported at this time. Very nice words: at this time mandatory testing is not supported. I'd like to know from the minister what time mandatory testing would be supported and under what situations, because the position of our caucus and our party is that mandatory testing for AIDS would not be supported at any time. Nor would we support such a private, for-profit testing clinic as what I think still goes on in Calgary under that outfit which is using the fear of AIDS and people who may be testing positive for HIV and running all the way to the bank with the way they're charging for it. I thought Calgary Health Services and Calgary city council were trying to close it down, because government inaction from the province was so poor, but it still hasn't.

Why is this Minister of Community and Occupational Health having to fund AZT, Mr. Chairman? I do not know. It seems to me that people who have cancer get chemotherapy from the Department of Hospitals and Medical Care and that other treatment drugs come out of the Department of Hospitals and Medical Care. I'm glad there is AZT available, but it seems odd to me that this minister is paying for it out of his budget. I want assurances that no matter who's paying for it, it is covered by provincial dollars and not as in B.C. -- again that insidious example of people who have AIDS having to pay for AZT out of their own pocket.

Long-term care. Now, I guess I want to get more into the care and accommodation side, but the Mirosh report says nothing about the long-term care of people with AIDS. There's very little in the report about dental care or mental health care. All these are attendant aspects which are growing out of a comprehensive AIDS effort which is just not in the existing material.

Caros House, the Catholic Social Services alternative housing for people with AIDS, is getting some good support from Social Services and asking repeatedly for some support from Community and Occupational Health, for some nursing and medical component to that program. No response.

What about education among prostitutes in Alberta? Toronto has gotten some incredible programs for prostitutes being trained and taught about AIDS. As a high-risk group and as a high-risk carrier they need to be instructed; they need to be informed. Let's not smile and laugh about it. If you're going to take this effort seriously, you've got to look at all of the so-called players.

I must applaud the minister for the budgetary increase for

sexually transmitted diseases, and I think this shows some decisive action. I think it also shows just how superb Dr. Barbara Romanowski is in her work in this whole area. She's been underfunded for so long, and her day has finally come. This kind of funding is now flowing for STD work at clinics.

I don't know when to throw this in or to whom, but who has this silly regulation about not embalming people who have died of AIDS or other infectious diseases? I don't know if it's Consumer and Corporate Affairs or this minister, but obviously that law must be repealed -- it's ridiculous -- and the embalming of AIDS victims must be able to go on in this province as it does in every other province.

So you know, Mr. Chairman, they're on the right track, and the minister's done a lot of good work, but there are these many areas that need a great deal of improvement and attention. As I said, the care, accommodation, and treatment side is way behind and we need to get on to that before it's too late.

The other good news, as ministers talked about today and as we on this side of the House have been pressing for for some time, and the Member for Edmonton-Gold Bar better reproductive care. I don't know what it was that prompted such good action, maybe it was the In Trouble: A Way Out report by -- I thought it was Calgary Health Services, but it is a combination of them all, the Alberta community health system. With the staggering statistics about sexually transmitted diseases and teenage pregnancy in the province, and with such a poor showing from the reproductive care side in the health units, a whole lot needed to be done, and the quantum leap forward that we've just seen is, again, good news.

I was not sure if the minister has said, though, that pregnancy was a sexually transmitted disease. It sounded to me as though sexuality education and the prevention of pregnancy was funding for the sexually transmitted diseases, but obviously pregnancy is not a sexually transmitted disease. Where is this \$102 million coming from? Is that already in there in 2.3.3, or is that new money? Because if it's for reproductive care, it should not come under a vote which says "sexually transmitted diseases," for heaven's sake.

A lot continues to need to be done both in pre- and postnatal care, and certainly the health units have been wanting to improve those efforts. And I hope that with the sexuality counseling and the improvement in those areas pre- and postnatal care will improve as well. I do see that the summary of reproductive health services that is put out by the In Trouble: A Way Out report says that only two, both Calgary and Edmonton, have the full clinical services. Now I understand you're saying that there are four or five more and that the family planning, the sexuality education and consultation, will be moving from the -- it looks like 11 up. But obviously we need to increase them all, Mr. Minister. As you know, this chart showing what health units have what services is just not enough. With the effort, as I said today, we applaud you, and keep up the good work.

Mr. Chairman, I'm sorry; the good news ends there. We need to move to some of the more critical areas where there is some real trouble. Health Unit Grants, for instance. I'm not sure how it's been divided up in terms of what is the full component from all these different votes to health units, but it's down 3.8 percent last year, and it's only up marginally this year -- 1.5 percent. Down 3.8 last year, factor in inflation, and they're still way behind the eight ball, given all this flurry of activity and support which the minister says they're about to do.

What about speech pathology, for instance, and hearing impairment and audiology? We tried to talk about vision care to-

day and are getting nowhere there, but obviously the services to school-age children are being significantly reduced. The member for Red Deer should know that 60 percent of the services of speech pathology for students in the Red Deer area, to children there, have been reduced. The support staff have received all kinds of letters and complaints not only from parents but from the deliverers in the health units. There is just not enough money for this growing area of need which is speech pathology and audiology.

Dental Health. Now, I'd like the minister's clarification about this nice vote for dental health projects. There is a nice increase there, but we need a far more comprehensive system. I'm still amazed, and I will go on record talking about this fluoridation effort. There are still many, many communities in this province that are not drinking fluoridated water. For heaven's sake, we need to do a lot more both in the community and in the health units to improve the dental health of our children and adults.

The medical officers of health. Now here's an interesting area of concern, Mr. Chairman. For instance, the one at the Alberta West Central, as we're told, has just been relieved of his duties. It seems the board has said that it's due to fiscal constraint, that one of the ways of dealing with a restrictive budget is to get rid of their medical officer of health. Now, I don't know if the minister will, but we on this side of the House will certainly bring in an amendment to the Public Health Act which will make it mandatory for health units to get and have medical officers of health and keep them in there, doing the kinds of work they need to do, overseeing the various operations of the health units. Health units must not be able to cut back on the backs of the medical officers of health because of their budgetary constraints, as experienced by what the minister is not providing in funds. A whole array of other programs that are not mandatory -- family planning, nutrition, hereditary disease, other health promotion efforts, especially among seniors -- are all being cut back and offset because of needing to find funds for other mandatory programs. Yet these are key, essential, and needing-to-be-developed programs which are just not getting the funds.

What about foot care, for instance? We tried to talk about podiatry and foot care for the elderly. Once the elderly's feet and mobility go, then the rest of them goes. We need to have early detection of problems of the feet, and yet the foot care that's being provided by health units is very poor. The Victorian Order of Nurses has been trying to do more and more on that score here in Edmonton but is having to charge fees for it, and the number of seniors that are going to the Society for the Retired and Semi-Retired for foot care and the VON is dropping. The whole area needs a whole lot more investigation and work.

[Mr. Gogo in the Chair]

Multicultural efforts. How about the health care of groups of new Canadians that come from other cultures; the healthy city project that they're trying to get under way in Calgary; the injury control program of the Calgary health services, Calgary having one of the highest rates of accidents among children and needing to really get injury control programs under control.

Adult day care. A number who are concerned about adult day care programs that need some funding have made representations to the minister. I guess, Mr. Chairman, the whole part of the discussion is whether or not health units are going to

continue in their role of public health protection or whether, under this minister, they're going to go with a new mandate into the area of community health service delivery. If they're going to get away from public health protection -- and they could at least have that as part of their mandate -- but get into this whole new field of community health service delivery, they're going to need a whole lot more dollars than are being provided for in this budget.

FCSS. I'll move it up from bad news to good news, given the announcement today. But still, how for \$500,000 are all these communities going to be new members of the family of FCSS? With the variety of programs that exist in FCSS programs, such as after school care, home support, suicide distress lines, all coming under strain under existing funding -- so I don't know how you're going to expand the family. If it's more than \$500,000, please tell me, but they've got a lot of work to do. Municipalities with their 20 percent funding are already strained for more in various respects, as here in Edmonton. Doing more with less is a nice thing to talk about, but we want to do more with more, thank you very much. FCSS wants to do that as well.

The Provincial Lab. The minister nicely skipped over the Provincial Lab, cut 3 percent last year and a hold-the-line budget this year. Obviously the philosophical approach of the minister is to downsize the Provincial Lab or even do away with it. I've been in discussions with people over at the university, and they said they had a nice proposal to put it all under a kind of setup by statute and under a separate board, that it could have a nice life of its own under that kind of situation, as the WCB has, for instance. All kinds of creative proposals were going on before this minister came in and said, "No, we're just going to downsize the Provincial Lab," and the cutbacks in diagnostic services to hospitals and clinics and physicians are all using minimum rather than optimum standards now in quality control measures. It doesn't know whether the mandate is just for research or to do with service delivery. Is its mandate just to do the specimens that are difficult and expensive to do and leave the cheap ones for profit clinics to bill Alberta health care? Morale is low, and we'll find out under the Watanabe report just exactly what the utilization has been on Alberta health care from the labs.

Aids to Daily Living. What are you doing under Aids to Daily Living? Here we have, I feel, Mr. Chairman, one of the worst areas of hypocrisy and misleading information with respect to support for the disabled. Now, I know we love Rick Hansen and we're all behind Bill 1, the Premier's council on the disabled. But then the talk and the PR evaporates when you look at the fact that Aids to Daily Living has been cut almost 18 percent. Even in the budget speech they had the audacity to say that ADL and the extended health benefits are now reaching \$47 million. Well, they were \$47 million last year -- no net increase. In fact, extended health benefits, which are many benefits which go to seniors, is up and the ADL portion, which are many services going to physically handicapped people, is down 18 percent. What is going on over there? I mean, what about funding for electric wheelchairs? What about truly independent living for physically handicapped people? Are you just going to target them for this nice fifty-fifty cost-sharing approach that's going to say to them, "You know, you'd be lucky to get a job, and then when you do, you're going to have to pay for all these services." It's a nice way to encourage them to be independent in the community, isn't it, when you ding them and penalize them with this fifty-fifty percent cost-shared basis and then even cut back on

what's available by another 18 percent? In fact I don't even want your comments. I'm just disgusted by the approach to it and I feel it's one that is very, very misleading and very, very -- I don't know the word for it, it makes me so disgusted.

Then it's getting really from bad to worse, and I don't know how the minister had the gall to talk about home care programs. Home care as provided for in this budget gets an increase of 1.1 percent -- 1.1 percent. This, my dear minister, is your Achilles' heel, because if you don't do something to improve the quality of funding and the quality of services provided under home care, then you're going to have a big political mess on your hands. It's not only the caseloads that demand a 50 percent increase, but the community health nurses are demanding a 50 percent increase. The full development of this as a vital primary prevention/palliative care delivery system in the home demands at least a 50 percent increase under this budget and there is 1.1 percent.

Now, as I say, I know it's hard to deal with that other minister around the cabinet table for some funds. But just leave it the way it is, Mr. Minister. Just leave home care underfunded, undeveloped, and that's fine. We'll take you to the polls on that one too, because it is an area where everyone -- again, Albertans are ready for strong, strong home care support. To leave patients sitting in inappropriate settings, in expensive settings, at \$400 or \$500 a day when they could be in their own homes for \$40 to \$50 a day, and it's unavailable to do so because of the waiting lists and the case loads are so high, then something is fundamentally wrong with the approach of this department to home care.

Then, of course, we get to the biggest issue, which is whether the single point of entry to long-term care -- as pioneered by the Calgary-Foothills health units and some excellent assessors and some masterminds, people like Dr. Skelton and others -- whether this whole creative, necessary enterprise of the single point of entry will be lost from Community and Occupational Health and the health units and from home care and rather be given over to our good friend from Calgary-Glenmore and the Minister of Hospitals and Medical Care and Vivien Lai in the Department of Hospitals and Medical Care. Now, we're following this debate with some interest, I know, with representations and letters we've gotten from the Edmonton board of health and others, that there are many in this very key area of debate who want to strengthen the home care bias in the single entry model, and that without home care bias in that and home care assessors doing that the whole benefits of it may well be lost.

Now, I know it's a contentious issue, and we're waiting with bated breath to see how it's going to be resolved. But when you had only one person, Mr. Biggs, on the Mirosh committee and it was stacked with people from Hospitals and Medical Care, what do you expect when there's this big power play for who's going to get control over access to a huge system called long-term care? Much more needs to be done and much more representation from the home care side of single entry needs to be preserved.

It's then over to Mental Health Services, vote 4, again where so much needs to be done for community mental health services. Is it true that the community health service clinics are only open from 9 to 5, Monday to Friday, and not nights and not on the weekends, the times when mental distress and mental illness can most manifest themselves? Is it true that there was this special warrant for over a million dollars back in February that went to pay for psychiatric fees? Now, I'm not sure if that was just be-



cause they had more services or just that their fees have gone up, but obviously if you needed a special warrant in the middle of last year, I don't know how you're going to deal with this 8 percent increase this year. Obviously, Mr. Chairman, community mental health continues to be the poor, poor sister to the big mental institutions and the empire building that's going on in institutional mental health services.

Again, human rights. Where's the mental disability clause, that you're not able to discriminate on the grounds of mental disability. I mean, you get someone out of a mental hospital and try to get them a job and their employer's going to say, "No, you've had some history of mental illness; we're not going to hire you". So how can they pay for their rent? How can they pay for their housing? They can't get a job because this government won't change mental disability under the human rights. Hopefully, with my Bill 221, which I know you've read, which is the most progressive mental health legislation based on the Uniform Law Conference and the Drewry recommendations, there's going to be a whole lot of changes going on there.

The crying need of children, adolescents, for mental health services too, needs to be far more supported, far more coordinated. It will be interesting to hear soon the results of all these visits to Wisconsin, where the various funding mechanisms and the various ways of dealing with community mental health has been renowned and may well benefit us here in Alberta.

AADAC, We're saving the worst to last here for sure, Mr. Chairman, I am absolutely flabbergasted that with all this talk about health promotion, life-style changes, disease prevention, and so on, you have the stupidity to cut AADAC services in every vote on top of an 8 percent cut last year. Yet alcohol and drug abuse remains the number one cause of unnecessary disease, debilitation, and death. Alcohol and drug abuse is the number one cause of motor vehicle accidents, the number one cause of child and wife abuse, the number one cause of work loss and accidental death and injury, yet AADAC is being cut on the chopping block. Now, where is your health promotion rhetoric there? Then for the Premier to have the unmitigated gall to appoint the Member for Calgary-McCall, who stood up time and time again in the liberalization of liquor and the privatization of liquor in this province. I mean, it's not even AADAC policy to agree with this minister. It's obviously a conflict of interest and must resign . . .

MR. CHAIRMAN: Order please. The hon. Member for Calgary-McKnight,

MR. MUSGREAVE: Mr. Chairman, I just have two very quick comments or questions. The first is that I'm rather surprised to learn that we are still able to buy unpasteurized milk in Alberta, and we know that undulant fever is a cause of crippling in young children. I hope some member of the Legislature who has a rural background will raise that question with the minister.

What I'd like to talk about, though, and very briefly, is an issue the Member for Edmonton-Centre raised. That is the matter of fluoridation of public water supply. I introduced a private member's Bill back in about '75 or '76 to this Legislature and it had the distinct honour of being subjected to a standing vote. I convinced my colleagues we should stand and vote on the issue, but it was turned down. I wonder though, bearing in mind the desire by municipalities for autonomy and all it implies, if the minister, being a Calgarian, being a father of young children, would be able to use the influence of his office to try to per-

suade the medical officer of health in Calgary that he should try in turn to persuade the council of the city of Calgary to consider once again the matter of fluoridating the water supply for over 600,000 people. I think there's enough medical evidence to suggest that not only does it help the elderly; it helps the young, I think one of the regrets I have is so many people in the province of Alberta enjoy having fluoridated water -- many communities in Alberta don't need to have fluoridated water because it's naturally there, but it's always distressed me that the city of Calgary has not got this in our water supply, I would like to hear what the minister has to say as far as he is concerned about this particular issue.

Thank you,

MR. CHAIRMAN: Edmonton-Beverly,

MR. EWASIUK: Thank you, Mr. Chairman, It's also a pleasure for me to rise and address the very important Department of Occupational Health and Safety, I'd hoped to rise this evening and say to the minister, "A job well done," I'd hoped to say that. Quite frankly, last year's estimates and the kinds of comments the minister had made during the course of the year suggested to me -- or at least I thought -- that we were going to have some very progressive legislation, progressive moves in this department to really deal with health and safety, but more specifically with fatalities and injuries on the worksite. I must say that I am quite disappointed with what's in the estimates in 1988-89.

There is, of course, a total cut of 2.4 percent, but it's rather curious and interesting to see how the accounting has been manipulated over the years in this particular department. I note that we presumably have an increase this year of 8 percent in Worksite Services, but if you check back with your estimates of last year, we had a 6.5 decrease, so consequently we don't have an 8 percent increase this year.

In the total budget it looks like there is a merger of two areas, occupational health and services and research and education services. They have now been merged into Industry and Technical Services, and here we have a total cut of some 9.2 percent. These are areas which provide services and investigations on the worksites. They provide education and all the things that are relative to prevention of accidents on a worksite, yet these areas have been severely chopped by this minister in these estimates. I think it's unfortunate, because if we are serious about preventing accidents and fatalities on the worksite, we can't ignore the inspectors and the other people that facilitate safety on the worksite.

I want to read into the record a number of statistics that are available, and I am sure the minister has access to them. In fact, he did allude to them briefly in his presentation, particularly in the area of the oil patch, a major concern. I know the minister has a number of times acknowledged that in the House here and outside the House, Here's what's happening in the oil patch. In 1985 there were 17 fatalities, but there were 72,000 employees in the field in that particular area. In 1986 there was a drop down to 13 fatalities, but there was, of course, a drop in the number of employees to 70,000. In 1987 we again went up to 17 fatalities, and there were only 66,000 employees in the field. If you use another calculation on this, for every 10,000 employees there were 2.57 fatalities in the oil patch in 1987, I don't think that is an acceptable figure. I'm sure the minister agrees, yet what is being done about it?

Let's look at the fatalities in the province of Alberta

generally, including the oil patch. In 1983 there were 95 fatalities; in 1986, 132 -- again, I think, an unacceptable figure. The minister can check these out, because we got this type of information from the occupational health magazine, from the Alberta Bureau of Statistics, and of course from the WCB annual reports. Now, a number of conclusions can be drawn from these analyses of worksite fatalities in Alberta. The number of worksite fatalities accepted by the WCB has grown from 95 in 1983 to 182 in 1986, as I said earlier -- an increase of some 39 percent. During the same period, according to the Alberta Bureau of Statistics the work force grew by only 2.8 percent.

Another way of comparing the incidence of fatalities as the worksite has grown is to look at the number of fatalities per 10,000 Alberta employees. Between 1983 and 1986 this number grew by some 35 percent: a 35 percent increase in fatalities in that period of time. This situation, of course, as we all know, is much worse in the oil patch. For this we have to rely on fatalities reported in a magazine from the minister's office, and if there are other methods of determining what the numbers are, I'd appreciate receiving that.

In any event, the evidence suggests that there is a crisis in the oil patch. From 1986 to 1987 the number of oil patch fatalities increased from 13 to 17, an increase of 31 percent. This happened despite the fact that the Alberta Bureau of Statistics reported that employment in primary extractive industries decreased by 5.7 percent. Fatalities increased 31 percent; the number of people employed decreased by 5.7 percent. The number of fatalities per 10,000 employed in the oil patch went up by over 38 percent.

In last year's and previous estimates debates, I and my colleagues have outlined the cause of this crisis. And there is a crisis in the oil patch; I think that is quite obvious. Nine fatalities occurred in the oil patch between mid-November 1986 and mid-January of 1987. During that period the number of rigs drilling tripled over a short period as a direct consequence of the government's incentive programs instituted by the Department of Energy. The hon. Minister of Energy himself said in the House on March 18 of last year that the incentive activity programs and the \$1 billion royalty relief programs increased activity beyond the point of expectation. On the same day the Minister of Occupational Health and Safety said that we will . . . do our share to ensure that employers and employees act safely and responsibly on the jobsite. What has he done to do that? Nothing. We've continued to have increases in fatalities and accidents in the oil patch. Obviously, what he has done has not been enough. Of course again in 1987, the worst year in the oil patch that we have ever had: an increase of 31 percent fatalities.

We must be even more concerned than we have been before. The combination of incentives with royalty holidays on oil, which has decreased to three years at the beginning of the year, and the opportunity to export greater volumes of natural gas to the United States in our deregulated and soon to be continental market has provided us with the largest amount of activity in recent years. And I'm sure we can't be critical of that. I think we appreciate the fact that there is activity in the oil patch, but it seems to be the periods during which this is being done that is the problem, and this has to present new challenges to the minister. It is no secret that gas producers are now getting much less for their gas than they did two years ago, and it's no secret that the volume of gas we are shipping to the United States has increased while our sales revenues for gas have decreased.

It's also no secret that these and other developments have

meant that it's time for economizing in industry, a time when many hands are needed but the pay is not as attractive as it once was. I would venture to say that the average level of experience among rig hands and other workers is not what it used to be at one time, and the ability of the companies to maintain their equipment in shape as they once did also is not being met.

So these days the minister is facing an even greater challenge. What possibility is there for improvement, especially with regard to what this minister could do with his budget, through his department, or through the legislation he could bring forward? Well, in October last year the minister announced that this session he would be seeking amendments to increase maximum fines for employers implicated in the death of their employees to \$1 million from the present level at that time of \$15,000. And now I see that recently the minister backtracked on that claim and is not going to increase those fines that high. I think I was quoted at that time saying that I didn't think the minister was ever going to go through with his threat, and I can come back now and say "I told you so."

There is, however, a promise that I hope you will not back up on, and that is to toughen regulations in the work place. When he made this promise, the minister called the spate of oil patch fatalities unacceptable and appalling, and I certainly agree. I know that the minister has said many times in the House that he does not believe that more regulations is the answer. But we applaud his announcement, and we look forward to the changes, to the promises that he has made.

I hope, however, that the minister will consider setting aside some money in his year's budget to spur the creation of worksite safety committees. I think I talked about that last year, and I still think they're a very important component on the worksite. My colleague the Member for Edmonton-Belmont has made the suggestion on numerous occasions, and I think this caucus certainly supports it. There's precedence for this move in both Ontario and British Columbia, and perhaps we could see the inclusion of such a program under vote 3 of this budget perhaps under the work safety services.

Finally, to address the specifics of this budget under Occupational Health and Safety Services, we have unfortunately seen, as I said earlier, a 2.4 percent decrease in the budget for this area in the minister's department a move that I must say, frankly, is totally unrealistic when given the reality of the worksite safety in this province. The problems I have already outlined and the quote from the minister I read in the *paper* the other day. He said safety has to be a priority and we cannot pay lip service to it. Agreed. I think that's commendable, and I agree. Well, lip service seems to be what we are paying, however, because it certainly isn't more money in the budget. The cuts have come in areas where certainly more attention is required and needed. We've cut 4.9 in Education, 6.8 in Worksite Services in southern Alberta, 11 percent in Technical Services, a decrease of 15.3 percent in general Occupational Health services under vote 3.2.5.

Now, I know that my colleagues and other members here would like to speak on this point as well, but I have a final point I would like to make before I take my seat, and that is the point about the public consultant process the minister launched in the Workers' Compensation Board. I certainly have no problem. I think a study needed to be done or a review of the board activities was required. The preamble in the report suggests a change was needed, and I agree. There's no doubt in my mind that that was a requirement. Unfortunately, I wonder why the minister chose the Easter long weekend to hand down his report. We've

been waiting for it since November of last year. However, we do have it. I'm also disappointed that the minister disregarded the past practice of having a public review done by a select committee rather than the kind of chosen behind-doors, secretive internal process. That's the way this review was conducted.

The minister has on a number of occasions, publicly, privately, and other times, said: "Yes, there will be public hearings. Yes, the public will have an opportunity to have a say on the review of the Workers' Compensation Board." Well, I hope that's the case, but from reading the report, I see what we really have here is another patronage appointment, not a public hearing to be conducted but simply a matter to discuss the recommendations in the report. The minister is quoted in his letter to Mr. Millard, and he says:

It is my hope that public meetings will focus on the recommendations contained in the paper rather than act as a forum for expression of individual concerns.

What does he mean by that?

AN HON. MEMBER: Read on. Read on. Read it all.

MR. EWASIUK: No, I don't have the other information here. But that's very clear. [interjections] It's very clear that the minister does not want . . .

MR. CHAIRMAN: Order please. Order please.  
Edmonton-Beverly,

MR. EWASIUK: The public does not hear the so-called shareholders in the WCB express their thoughts and their needs, but rather he wants them to focus on what the report says -- the last intimation I have of that report. If I'm corrected, I certainly will withdraw that.

I have to then ask the question of the minister: does it mean that the only forum for individuals' concerns will remain on the steps of the Legislature? The only people who'll be able to have the opportunity to express their concerns to the minister is going to be through their activities on the steps of the Legislature rather than hopefully to the public hearings. What the minister really wants from the stakeholders is an agreement that the proposed recommendations will achieve appropriate benefits. He also has an agreement, and he also wants the stakeholders [inaudible] an agreement as to the method of implementing these recommendations. That's what you said in your report you want an agreement that we can recommend to accept those recommendations in the report. Is the minister certain that these consultants' recommendations should be treated as gospel and that he should only seek approval for them by means of implementing them? Again, that's the way I interpret the report, Mr. Minister, and if I'm wrong, please correct me.

In closing, Mr. Chairman, I would say to the minister that there are serious individual concerns about the operation of the WCB, and of course he knows that. I think many people know that. They come from individuals who have vast experience of the board and its operation, and their experience has rarely been a pleasant one. Many of the experiences that have had a long dealing with the board have not been pleasant. They know far more about the effects the board has had and how it must be changed than a hundred consultants, and I wonder again why private consultants were hired rather than a select committee used as in the past.

They are no longer individuals, Mr. Minister. Their concerns are no longer strictly their own. Injured workers in Al-

berta have found a beginning of a collective voice, and they have very good views of the big picture of the WCB, I hope that these voices will be included in your inquiries, in your public hearings, whether or not they agree or are ready to implement the minister's recommendations, I think we have to hear from those workers on your recommendations,

MR. CHAIRMAN: Hon. Member for Edmonton-Gold Bar,

MRS. HEWES: Thank you, Mr. Chairman. I'm pleased to speak to this estimate. I must say to the minister that I would have expected, with all the pushing and shoving we've done this year, that we might have had a little bit more meat in this whole department. I am disappointed. I think essentially there's very, very little change, and once again, I express my disappointment.

I don't like to think it's a conspiracy, Mr. Chairman, but every year we change titles. We change how things are recorded in the budgets, and you've got to be a Philadelphia lawyer to figure it out. There's little enough to begin with, but then we change all of the way things are recorded, so it makes it very difficult to find out just exactly what it is we're buying. And of course, there's never under any circumstances any indication of how many units of service, how many people are being served, and naturally the annual reports are several years behind. But yes, there's some good information.

Mr. Chairman, I just want to commend the minister. I think his timing is exquisite; he has marvelous timing. The announcements, the press releases about FCSS increase, I applaud, both the one to increase FCSS grants to new communities, which I think is a very good indicator of the government's commitment to the program, and also the increase to public health units for family planning counseling. It's something that I have asked for. In both cases, funds will go into communities who will assess the needs in their communities and create services that are most appropriate to their community needs. So I'm pleased about both of those.

Mr. Chairman, I'm also glad that at last we've got the workers' compensation report . . . Where is it? Are you sitting on it?

MR. CHUMIR: I don't think so. I didn't touch a thing.

MRS. HEWES: . . . shaping the future, I like to think that the minister, in fairness, has known, as most of us in this House have known, that we needed this and have needed it for a long time. We've needed it for some years. The minister made some attempts, or the department made some attempts, to redress some of the problems last year. Clearly, they weren't as effective as one would have hoped, and now finally, at last, we have the report, such as it is. At least we have it. We should have had it a long time ago, but finally we have it, and I'm thankful for that. I would like to ask the minister, Mr. Chairman, and hope he will respond to this . . .

MR. CHUMIR: Ask him for a copy of the report.

MRS. HEWES: Never mind; it doesn't matter. My colleague, I think, is sitting on it. It's probably a good thing for it. It's a good way to use it.

AN HON. MEMBER: At least it's going in the right direction.

MRS. HEWES: Yes.

The report, hopefully, and the discussion process will not hold up any necessary adjustments and changes that could *happen* immediately. I know the minister has already announced some immediate changes, and hopefully there will be some as we proceed with new information. I would also hope that the report will not in any way be an impediment to change and that the public input will not be restricted solely to what the report contains. Now, there have been some indicators of that in the press conferences, and I would hope for some reassurance from the minister that Mr. Millard, in his opening this up to the public, will in fact accept public comment on items of interest and of concern that are not, perhaps, contained immediately in the body of the report. As I say, Mr. Chairman, we have it. It's overdue. I don't want to be an "I told you so," but I told you so.

Mr. Chairman, I'm also pleased and want to commend the minister and the minister responsible for women's issues on the announcement that there will be a new strategy on reproductive health. We all await with interest details of that and how it will be dealt with and applied. Perhaps the minister could tell us where in his budget, in his estimates, there is any information about that, and in which of these categories I may look for it next year.

Mr. Chairman, what's missing? Well, like the Member for Edmonton-Centre, I find that this whole series of estimates is still somewhat deficient in the whole notion of prevention. I want to think that this government, in what is the end of the 20th century, has a commitment to prevention, that we understand it, that we understand it as being cost-effective in economic terms and human terms, and I want to see a real commitment to it. The minister's first remarks address this, but the budget really, in my estimation, doesn't reflect it in the way that I would have hoped.

The minister has not talked with us about research. I expect it's contained in many places in the estimates. But, Mr. Chairman, one of the anomalies is that in preventive health care, or preventive care, we have very little empirical data. It's an unfortunate fact, and I would hope that the minister and his department will address themselves to that. Because if we are, in fact going to put more and more resources into prevention, we need to set up mechanisms at the outset of these programs; for instance, the WCB report the FCSS investment of new dollars -- a golden opportunity to start some research when we are starting new FCSS programs on what, in fact, works and produces effective preventive health, preventive social services in our communities. So I would welcome some comments from the minister in that regard.

The end of the compliments. Mr. Chairman, if I can go to the budget step by step: Family and Community Services in vote 2 -- again, a very modest increase, 1.5 percent. Last year, I note, it was down 3.2. There was an infusion of money the year before. I have said, and I will say again, that was catch-up, and that's all it was. That was catch-up that had accrued, a deficit that had accrued over many years, and I appreciated the fact that it was put in, but it was not in the sense of new money for increased services to people in our communities. This is one of the most cost-effective programs that we have in this government. It parlays dollars through volunteer capacities and private nonprofit agencies into 10-, 20-, 30-fold. As I said, I commend the minister for putting new programs into place, but I think we still are not really using that program as effectively as we might well do. I am disappointed to see that the amount this year still leaves us behind where we were in '86. That doesn't to me, compute with what's happening in the reality in our

communities.

Prevention of Communicable Disease. I commend the work that's being done in AIDS education. The minister didn't talk about the relationship between his department and the Ministry of Education. I anticipate that it's there and that we will study carefully the methodology that is used by AADAC so successfully and the methodology that is now being employed by the AMA to provoke Albertans to think about health care and new ways of supporting health care in AIDS education. I think they have both been very effective kinds of communication methodologies.

Mr. Chairman, I also want to re-emphasize the need for the ministry to discuss palliative care, long-term care, housing for AIDS victims, housing for people who are not in need of medical treatment but who need a modest amount of support in our communities and find themselves, unfortunately, unwelcome in many of the housing support services that presently are in existence. Perhaps the minister could comment on that in his answers to me.

The Provincial Lab, Mr. Chairman, I've spoken about at length at other times. I deplore the changes in that program. I do not believe that it will serve to be cost-effective. I don't believe that it will serve Albertans well. I think an error has been made, and I expect at some point in time we'll see some changes in that one.

Home Care Services. I'm frankly appalled. Why? What are we doing here? All the information, all of the comments that come out the Mirosh report -- everything talks about it. Where are the resources? Where is the commitment to home care? If it is going to work -- we know all we need to know now; why aren't we putting more energy into it? I simply do not understand. This is a way to save people and save money, and I don't understand why we have not been able to put more resources into that particular program. The effective organizations are in place in our communities. They're ready and willing to do it. I really believe that we can put an immense amount of pressure into those organizations that exist, and I think they will absorb it and will provide us with returns.

Mr. Chairman, Independent Living Benefits, ADL. Perhaps the minister will tell us if there are fewer people. What has in fact happened here? Once again, the budget documents are deficient. Are we talking fewer people or are we squeezing more people with fewer dollars? What is it? Because this doesn't look right. Either we are giving the same amount of people less or more people much less, or there are fewer people. Now, it's got to be one of those three. What on earth is happening there? It's a very strange budget item to anyone who looks at it.

[Mr. Musgreave in the Chair]

Mr. Chairman, if I can turn to vote 3, Occupational Health and Safety Services -- down again. I was interested in the minister's earlier comments some weeks back. I would hope that he hasn't lost his clout or lost his nerve. I would hope that he is going to put in place more effective monitoring and higher penalties for infractions. I would hope that we can look forward to that. I think they have to be accommodating to the industry, but I expect some creativity from the minister in regard to Occupational Health and Safety Services.

Mr. Chairman, if I can turn to mental health, the next vote. This is one that is very close to my heart. Frankly, Mental Health Services -- this is exclusive of the two acute care hospitals of course -- have suffered through seven years of budget

cuts: seven years. Now, is it because fewer people are suffering? No, it certainly isn't that. The evidence is not there. But we have experienced in mental health services in this province seven subsequent years of budget cuts. It is unsupportable, as far as I'm concerned. Mr. Chairman, the program of Community Mental Health Services is badly in need of an infusion.

Mr. Chairman, I've been very interested to receive a report from the Alberta Hospital, Edmonton board of directors. It was prepared by the staff for the board and endorsed by the board. It's a most interesting document, released in November of last year. I haven't heard anything about it, and perhaps the minister will tell us where this report is in his studies, because it is very revealing. It has some excellent ideas in it, and it tells us exactly what is not happening in mental health. It addresses in, I think, a very objective way, what the problems are: the problems of screening and referral in our communities, the problems of referring people back into our communities when they have passed the point of needing acute care treatment and then they find themselves adrift, the problems of little or no follow-up.

Mr. Chairman, the minister himself commented on the incidence of mental illness. It is not going down. There is no question about that. There is no evidence to suggest it is. He commented about the Dane county, Wisconsin experience, which is supposedly a model and a good one, where 83 percent of the funds, of the resources, go into the community, and 17 percent go into institutional care. In Alberta -- if you care to know -- 85 percent goes into institutional care, only 15 percent into our community services. Now, either Dane county is on the wrong track and we're on the right one, or the reverse is true. But the incontrovertible fact remains: we are not putting our energy into community care for persons who have experienced mental health problems, and we are not putting our energy into prevention. It is simply not happening. We have had seven years of reductions. I believe, Mr. Chairman, that it is inexcusable; I think it's intolerable from the community.

The Alberta Hospital report I would be interested to know, because they're suggesting that the entire mental health services be combined into one department of the government. They're saying that a lot of the problems come from the separation between departments. We have talked about that before in this House. I don't have any idea what the intentions of the government or this department are in regard to that. I'm not convinced that two departments make that much difference. I am convinced that collectively we are not doing enough in this particular field of practice and that it is not working and that Alberta residents are not well served.

Mr. Chairman, let me just comment briefly on the Mirosh report. Once again, as in the workers' compensation report, I'm very glad we have it. I am glad that finally we have a document, we have it written down. We have recommendations that we can address our minds to and our communities and those agencies that serve people in extended care in our communities can do the same. I'm very pleased that we have it.

We have a little bit of a struggle, it seems, as to who gets the new department. Should it be in Hospitals and Medical Care? Should it be in Community and Occupational Health? Who's going to get it? Where does it properly belong? We have a little bit of a struggle in that. The community waits with interest to find out what's going to happen with it.

In the meantime there are no new resources in the minister's budget. As far as I can tell, there are no new resources to accommodate what the Mirosh report is saying is necessary. There's nothing. The report carries no budget with it. The re-

port still suggests considerable emphasis on institutional and medical models. It suggests in recommendation 2.2 that FCSS might consider reassessing their priorities. Well, where, pray, are they to get the money? If we're going to put more funds into seniors, into social support programs, what's going to go wanting in our communities? I believe that's unrealistic when you think about how communities are pressed to use that money.

The report further disappoints me in that it does not address the psychiatric needs of the elderly. I commend this government for opening and determining that we need the Alzheimer's centre. I'm pleased to hear that. But this report does not really address the psychiatric needs of the elderly as they exist in homes, in home care. There is no psychiatric service in our home care services, and the report does not address that. I think that is a missing part of the document that I hope will be redressed when there has been some community input.

Mr. Chairman, just to wind up, I do want to comment briefly on AADAC. I regret that once again there are no new funds here. I think that's most unfortunate. This is a program -- again, are there fewer alcoholics? Are there fewer problems in our communities? The evidence says no, that's not the case, that it's still on the increase. I think it's been a very effective and successful program as far as it goes, and I would have hoped that the government would be committed to continuation and increasing their support to it.

Mr. Chairman, what's still missing? Well, there's really nothing in the budget that addresses native health care. Perhaps the minister will tell us where that is. It may be there -- maybe buried someplace and I haven't been able to find it -- including native children's health and native mental health. None of those really appear to be directly addressed in the budget. There is little in it that separates out women's health care. The women's advisory council had some good recommendations about women's health clinics. This is becoming more and more evident. The government moves in the right direction to reintroduce insurance, family planning, and contraception, and the minister moves in the right direction to place family planning into public health clinics, but no real commentary about prevention in women's health care, particularly in rural areas where it's more difficult for women to access it.

Mr. Chairman, finally, if we believe in prevention, I would have hoped for more from the department. I try to commend where I believe it is due, and I'm pleased that there have been some moves. But in my view, prevention is one of the most cost-effective methodologies we have at our fingertips. I have thought, with all of the talk, that we were moving in that direction. The budget does not really bear that out. I regret to say that, but I am disappointed by it. And frankly, as an Albertan representing my constituency, I would have hoped for a great deal more.

MR. DINNING: Mr. Chairman, I want to have an opportunity to respond to some of the concerns and comments made by hon. members this evening, and as the evening draws to a conclusion, I can't comment on everything that's been said. Perhaps we'll have an opportunity if or when the estimates of the department are called again.

I want to comment on two areas in particular -- three, actually -- the first relating to the long-term care report. It's a concern that was raised by the Member for Edmonton-Gold Bar and the Member for Edmonton-Centre. It relates to what I'd call a paranoia on their part and on others' part as well as to who

ought to be responsible for implementing the guts of what's in this report. What I've been trying to tell members of the Assembly and others outside of this Assembly, including the health units, and as recently as March 25 at the Health Unit Association issues conference -- I said: "Don't get hung up on who's going to do it. Get hung up on what should be done, because that's what's outlined in this report." That's the importance of this report. It's all the themes that I addressed in my opening remarks, and right now the heart and soul of what is in here is being done in the community. It's being done by the 27 health units. It's being done by the 240 family and community support service municipalities. It's being done in the community. "So continue to do that work," I've said to the community providers. "Continue to showcase your success and the results. The responsibilities will become very, very obvious and very clear."

But I've also said that whoever does it has got to keep in mind two things. One is that seniors, the people who this report is focused on, want to be independent. They want to be healthy. They want to live in their community in a home of their choice, whether it's a house, apartment or a lodge, and that has got to be the first, the foremost, fundamental objective of any organization that takes on responsibility for this.

Secondly, whoever takes on the responsibility must respect and reflect unique community needs, unique community ability to deliver a service. It can't be a made-in-Edmonton -- God forbid -- solution. It's got to be a made-in-Cardston solution, it's got to be a made-in-Hanna solution, and it's got to be a made-in-Calgary and a made-in-Innisfail solution. That's the approach that's got to be taken, not dictated from above, dictated from one particular person or government department. Anything we put in place has got to facilitate those unique community needs, locally identified and locally delivered.

The other issue, Mr. Chairman, that I want to address is the Workers' Compensation Board. This was raised by hon. members in the opposition, and I'll use the word again: paranoia. It is the concern that somehow we've got something to hide here, that somehow we're not revealing, baring all. Well, Mr. Chairman, I don't think there has been a government report produced in my time in government that has been as honest, as forthcoming, and as revealing and has bared its soul the way this report bares its soul on the Workers' Compensation Board.

Clearly there are deficiencies in the organization and the operation, but let me take this opportunity to say that there are an awful lot of dedicated, committed people who work for the Workers' Compensation Board who want change, who can see change coming and are as anxious to see change coming and happen as injured workers and employers are. The notion that this is something that's just going to be shelved and isn't going to happen, let's put a stop to that right now. Because change is going to happen. It must happen. I don't think there's any disagreement in this Assembly that this must be the case.

The review process. It's typical New Democratic Party research that uses selective information and fails miserably to give all and tell the whole story. It's a typical way to argue for the socialists. They only tell half the story and therefore half the truths. Let me read a paragraph from a letter that I have sent to Mr. Millard asking him to take on these responsibilities. They are three sentences, Mr. Chairman. The Member for Edmonton-Beverly chose to read only one of them in his typical style. I'll quote from the letter:

It is my hope that public meetings will focus on the recommendations contained in the paper rather than act as a forum for the expression of individual concerns. I feel the changes that are being recommended will resolve many of the concerns of both

workers and employers.

And I ask the Member for Edmonton-Beverly to listen extra specially hard to the next sentence.

You will of course have the authority to review any matters which arise and to make any recommendations you deem appropriate.

Now, Mr. Chairman, we have laid out in this paper our view of the way the Workers' Compensation Board should operate in the days ahead. We think we've hit the mark. We think we've addressed the important issues. But we're saying to Mr. Millard, "There are others that will come up in your review process, and we welcome your comment on them, and we welcome your recommendations on them."

Mr. Chairman, I've also made it clear that the meetings are to be public meetings. Here you've got Mr. Vera Millard, 37 years associated with the Alberta Energy Resources Conservation Board, a man who comes with no bias, no allegiances to one party or one group, a man whose ability to undertake a public consultation process is second to none and is above question in this province, a man who comes with an unbiased, fresh, unencumbered view of Workers' Compensation. With the experience he's got, I've asked Mr. Millard to design a fair and open public consultation process, and I expect to receive from him within the next two weeks the details of that process, such that it can begin before the end of April. I don't think there's any question of the man's abilities or his commitment to the task. I think that Albertans are well served, are very fortunate to have a man of Mr. Millard's credentials to take this report out and hear public input and to come back with recommendations on the report itself and on any other matters that he deems appropriate.

Mr. Chairman, there are a number of other comments. I want to refer to one that you asked as the MLA for Calgary-McKnight. It's the subject of fluoridation of water. I can say quite briefly that I am a supporter of fluoridation of water and have in the past and will continue in the future to encourage local elected officials in Calgary to put fluoridation on the ballot and to argue and work hard towards its successful implementation very soon in the city of Calgary.

I know that my colleague the Member for Calgary-McCall and chairman of the Alcohol and Drug Abuse Commission has some comments. I would leave my comments there, and hopefully we can get into these and other matters in future review of our estimates.

MRS. MIROSH: Mr. Chairman, I just wanted to make a few comments with regard to the long-term care report and because of the opposition members alluding to it, I wanted to make sure that they read this thoroughly and address the issue of seniors in a growing population of seniors in the year 2030. This report talks about the recommendations that build up to that time frame.

When we're talking about planning a budget for home care and talking about a co-ordinated system, we have to look at this, the recommendations, over a specific time frame. We can't just keep throwing money into the system and develop these recommendations overnight. The single-point-of entry system, which is piloted in Calgary right now, has already proven to be an effective system, where you have one phone number where seniors can call in and have their needs and their care addressed. We have the FCSS programs funding homemaker services and handyman services. A lot of seniors are not aware of these programs that are already in place, and I think, Mr. Chairman, that when the minister is planning his budget it is something that

will progress as the growth of seniors occurs. We're only looking at a 1 percent increase over the next decade, so we have that time frame to put into place a co-ordinated system. I know there are a lot of programs that do exist, but that co-ordination has to be there. It doesn't take a lot of money. I think we have to really evaluate the volunteers and the role that volunteers play in this whole system, look at adopt-a-grandparent programs, at seniors caring for seniors, and families taking a responsibility. This doesn't need a lot of money. It just needs some directive. Again I address the single-point-of-entry system, which this book refers to. It is a very necessary component in the delivery of the long-term care service.

Just one more thing. The deinstitutionalization of our seniors is very vital. They want to be at home, and they want to remain at home for as long as possible. Seniors have even indicated that they're willing to pay for those extra services if money is not available to them. I think that when we look at these programs and look at deinstitutionalizing our seniors, we have to be very careful and evaluate those seniors in institutions and how we can get them out and look at discharge planning.

I'd like to go on with regard to this paper, but in view of the hour I wanted to make my comments very brief. Just in closing, this is a discussion paper, and if there are some components missing in our recommendations, I invite members opposite to submit briefs to our committee. We'll examine your briefs as we do anybody else's.

Thank you very much, Mr. Chairman.

MR. DEPUTY CHAIRMAN: The hon. Member for Calgary-McCall.

MR. NELSON: Thank you, Mr. Chairman. Just a couple of comments. First of all, I appreciate the positive comments made by members who have commented with regard to the role that AADAC plays in our community. A lot has been said tonight with regard to AIDS, and I should mention that AADAC is a leader in education programming for AIDS in the province. This is certainly -- considering the major client group, with IV drug users that are of course at very high risk of contracting the disease -- to educate the staff at AADAC with regard to that.

I should also mention -- and I certainly don't want to leave my honourable friend here, the Commie Member for Edmonton-Centre . . .

MR. McEACHERN: You don't have any Commie friends, remember?

MR. NELSON: You're right; I don't have.

Mr. Chairman, AADAC is the best funded of any addiction agency in Canada by far, and it is my belief that because it is a well-funded agency -- and yes, there are circumstances that we've all had to look at as the years have gone by recently. Because of economic difficulties the agency has certainly had funding reduced, but I want to reiterate that AADAC is the best funded agency, especially on a per capita basis, anywhere in this country. That is why they provide such an excellent service for Albertans and other people.

Also, I can't let my gay friend over here off the hook, but the liberalization and the education and treatment of alcoholism is not the same issue, and I want that understood. It is not the same issue, and we're not going to consider -- the people in the province, generally speaking, are responsible for themselves, and we want them to be responsible for themselves. The difficulty in many of the circumstances, Mr. Chairman, is that the laws of the land don't necessarily reflect the abuse of alcohol or the abuse of drugs. Maybe we need to focus more attention on the development of more stringent laws, especially where the criminal aspect is concerned, for our courts to deal with the issues relating to drunk driving and abuse to females or other people by people under the influence of drugs or alcohol. To suggest, as I believe the member may have, that I support alcoholism or drug taking is not only stupid but it's irresponsible. Mind you, most of his statements are irresponsible anyway, and considering where the comments come from, it is understandable.

I'd just like to comment on his suggestion that I step down. Mr. Chairman, I wouldn't give the member the satisfaction, not while I, unlike him, will be able to go out and assist young Albertans, to educate and facilitate them with the tools they need to complete their wellness in the community. I don't think we need to blame government for people's sins. There are other situations that we can deal with people's sins. I think that instead of always playing politics we need to concern ourselves with the wellness of our individuals in the community. AADAC certainly does that very well, and I am going to make every effort that I can to ensure that that continues in the community. That is the obligation of AADAC and all members of this Assembly.

So the Member for Edmonton-Centre should be a little more considerate for those people, not only working for AADAC but members of this Assembly, who are making an effort to better the wellness and the positive things that are happening in our community.

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

[Motion carried]

[Mr. Deputy Speaker in the Chair]

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

MR. DEPUTY SPEAKER: Having heard the report and the request for leave to sit again, all those in favour, please say aye.

HON. MEMBERS: Aye.

MR. DEPUTY SPEAKER: Opposed, if any. Carried.

[At 10:16 p.m. the House adjourned to Friday at 10 a.m.]

