

**LEGISLATIVE ASSEMBLY OF ALBERTA**

Title: **Monday, April 25, 1988 2:30 p.m.**

Date: 88/04/25

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

[Mr. Speaker in the Chair]

**PRAYERS**

MR. SPEAKER: Let us pray.

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

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

Amen.

**head: INTRODUCTION OF VISITORS**

MR. HORSMAN: Mr. Speaker, I'm pleased to introduce to you and through you to members of the Assembly today, two distinguished visitors seated in your gallery. We're pleased to welcome to this Assembly the consul general of Norway, Mr. Odvar Mosnesset, and I would ask that he rise along with the honorary consul of Norway, Mr. Arne Johannessen. I would ask members of the Assembly to welcome them today.

MR. SPEAKER: The Member for Vermilion-Viking.

DR. WEST: Yes, Mr. Speaker. I would like to introduce to you and through you to the members of the Assembly, a visitor who is in your gallery who so nobly and ably represented the constituency of Vegreville for 15 years in this province. I would ask Mr. John Batiuk to stand and receive the warm welcome of this House.

**head: PRESENTING PETITIONS**

MR. MITCHELL: Mr. Speaker, I rise to present a petition on behalf of parents of Edmonton-Meadowlark and several schools in surrounding areas outlining their concerns about certain education policy initiatives being contemplated by this government today.

**head: TABLING RETURNS AND REPORTS**

DR. REID: Mr. Speaker, I wish to table some regulations pursuant to section 5 of the Electrical Protection Act. These include the adoption of part 1 of the 15th edition of the Canadian Electrical Code and some new members to the board of examiners.

**head: INTRODUCTION OF SPECIAL GUESTS**

MR. SHABEN: Mr. Speaker, we have in the members' gallery today a number of special guests from the People's Republic of China. They are here on an extensive mission that is in response to the major ministerial mission to the Asia/Pacific last year.

Individuals are here representing the ministry of petroleum

industry, the state planning committee, and two of the major oil fields in China. The major reason for the mission is to work with Alberta companies in order to obtain technology and equipment and information on enhancement of natural gas exploration and development and gas liquids.

The delegation is led by Madame Qi. I'd ask her to stand. Also in the delegation are Mr. Hao, Mr. Qiu, Mr. Yao, Mr. Guo, Madame Zhu, Mr. Shen, Mr. Zhang, Madame Weng, Miss Chen. Mr. Ding is the mission interpreter. Accompanying them from the Department of Economic Development and Trade are Simon Wan and Josephine Choi. I'd ask the entire group to stand and receive the welcome of the Assembly.

MR. SPEAKER: Member for Edmonton-Beverly, followed by the Member for Edmonton-Meadowlark.

MR. EWASIUK: Thank you, Mr. Speaker. It's a pleasure for me to introduce to you this afternoon and to members of the Assembly, 78 grades 5 and 6 students from the school of Fraser. It's located in the constituency of Edmonton-Beverly. The students are accompanied by their teachers Mrs. Irene Windrem, Mrs. Alice Kowalchuk, Mrs. Miriam McKone, and their parents Mrs. Alberta Monaco and Mrs. Scanga. They are seated in both the public and members' galleries. I'd ask them to rise and receive the welcome of the Assembly.

MR. MITCHELL: Thank you, Mr. Speaker. Today I have the pleasure of introducing grade 6 classes from two schools in my riding. I would like to make it very clear that I'm doing this in alphabetical order and that it reflects no question of priority, one over the other.

The first grade 6 class is from Elmwood public school. They are accompanied by their teacher Terry Lineker and by parents Mrs. Yakula, Mrs. Cox, and Mrs. Breakwell. I would ask that they rise in the gallery and receive the warm welcome of the Legislature.

It's also my pleasure to introduce the grade 6 class from Our Lady of the Prairies school. They are accompanied by their teacher Mr. Roger Ménage and also by another teacher Mr. Ben Steman. I would ask that they rise in the gallery and receive the welcome of the Legislature as well.

I also have the pleasure, Mr. Speaker, of introducing a number of parents who are here today in support of the petition which I just presented on their education concerns. They are -- and I think that some of them are in each gallery -- Lynda Hauca, Linda Craig and her daughter Catherine, Pat Gouchee, Linda Wilkins, Steve Eeles, Mrs. Schubert, and Mrs. Baaker. I would ask that they rise and receive the welcome of the Legislature as well.

MR. RUSSELL: Mr. Speaker, in the members' gallery today are the advisory committee chairman and chief executive officers of the educational consortia of Alberta. There are five consortia represented: the Big Country, Chinook, North Peace, Pembina, and Yellowhead regions. These Albertans are doing an incredible job on a voluntary basis of bringing postsecondary courses to smaller communities throughout rural Alberta, and I'd ask them to stand and be welcomed by the Assembly.

MR. SPEAKER: Edmonton-Kingsway.

MR. McEACHERN: Thank you, Mr. Speaker. It's my pleasure today to introduce to you and through you to all the members of

the Assembly, 11 students from the Coralwood junior academy. They are seated in the public gallery, and they are accompanied by Lorraine and Lorraine; that is, Lorraine Popik, the teacher, and Lorraine Sorokan, a parent. I would ask that they rise and receive the warm welcome of the Assembly.

MR. SPEAKER: Hon. members I'm sure would like to join me in welcoming back to the Chamber the Minister of Consumer and Corporate Affairs and wishing her well upon her recent marriage.

#### head: ORAL QUESTION PERIOD

MR. SPEAKER: Member for Edmonton-Highlands.

#### Labour Relations Code

MS BARRETT: Thank you, Mr. Speaker. Last Friday the Leader of the Opposition attempted to extract some answers from the Labour minister with respect to his Bill 22, which goes well beyond controlling secondary picketing. That's not support picketing. This morning the dean of the Faculty of Law at the University of Alberta said the following to our office:

The Dolphin Delivery decision speaks primarily to the issue of secondary picketing, but very significantly rules that primary picketing is a form of expression protected by the Charter of Rights and Freedoms.

My question is to the Premier. Will the Premier confirm that it's his government's intention, in fact, to end the sort of public pressure such as consumer boycotts which indeed actually helped resolve the Gainers dispute of one and a half years ago?

MR. GETTY: Mr. Speaker, I think it would be an excellent opportunity for the hon. member to raise her concerns when the Bill is dealt with. Perhaps she could convince the Legislature.

MS BARRETT: Well, Mr. Speaker, perhaps I'll try the Minister of Labour, who is at least willing to make some comments in the Assembly.

Mr. Speaker, last Friday the minister quoted -- carefully, I might add -- from the Dolphin decision. I'd like the minister to tell the Assembly where in the Dolphin decision any mention of consumer boycotts and a threat to take away the right of consumer boycotts was placed in that decision.

DR. REID: Mr. Speaker, last Friday the hon. Leader of the Opposition criticized me for not answering his first question. I have read his first question. It was in relation to section 81, and I said that that section did indeed represent the intent of the government. The wording in section 81 was developed in concert with the constitutional division of the Attorney General's department. I'm not a lawyer; I took their advice on the wording. If they have any second thoughts on that wording, then I presume I will get them from the department.

MS BARRETT: Supplementary question to the minister. Will the minister clarify this then? The implications of that Bill -- if it passes, and I hope it doesn't -- will be that any person, any Albertan, will lose their fundamental democratic right to attempt to persuade anybody in the province not to buy a particular product if the producer of that product is in a labour dispute. Is that what the minister really means by this Bill?

DR. REID: Mr. Speaker, I think the hon. member is confusing the difference between employees who have chosen to have a union and employers who are certified by that union and the rest of society.

MR. SPEAKER: Final supplementary.

MS BARRETT: Yes, it will be the final supplementary, Mr. Speaker. I learned how to read and write, just like the hon. minister did.

My question to the minister is this: in the name of protecting hard fought for, fundamental human rights covered by the Charter of Rights and the Constitution of this province, will the minister now refer that section, section 81, to the Supreme Court for a ruling prior to proceeding to second reading of this horrible Bill?

DR. REID: Mr. Speaker, the situation is that normally there are civil law remedies for people who attempt to interfere with the activity of individuals and employers. In the Labour Relations Code there is a specific exemption from those normal provisions for those who are taking part in a legal strike or lockout. To make sure that comes across right, there are provisions for exemptions from civil actions for those who are taking part in a legal strike or lockout. There are additional provisions in section 81 to make sure that those exemptions apply to the people for whom they are intended. In no way does the Labour Relations Act affect people who are not party to or people who do not have a primary interest in the dispute. Those are matters that are dealt with in other courts and in other legislation.

MR. TAYLOR: Mr. Speaker, my supplementary is to the Attorney General. Has the Attorney General been asked for a legal opinion as to whether or not he has to invoke the notwithstanding clause? Has he been asked for the opinion? I'm not asking for opinion.

MR. HORSMAN: Mr. Speaker, obviously the question is verging on being out of order, but that's not unusual coming from the leader of the Liberal Party.

If I had been asked, I wouldn't advise the hon. member. Legal opinion sought by departments of the government of this province from the Attorney General obviously are matters of solicitor/client privilege.

MR. SPEAKER: The citation under *Beauchesne* is still 360(1) in regard to that last question, nevertheless.

Second main question, Edmonton-Highlands.

MS BARRETT: Mr. Speaker, I'd like to designate this question to the Member for Edmonton-Calder.

#### Private Adoptions

MS MJOLSNESS: Mr. Speaker, my questions are to the Minister of Social Services. It's obvious that this government is pursuing the privatization of social services no matter what the cost. In Alberta in the area of adoption anyone or any group can enter the process of adopting children. There are presently no regulations which deal specifically with private adoptions. To the minister. Given that children could be placed at risk, why has the government taken such a laissez-faire attitude when it comes to the adoption of children in this province?

MRS. OSTERMAN: Mr. Speaker, the hon. member is certainly mixing apples and oranges when speaking about privatization and then bringing in the adoption scene. The hon. member will well remember that I have said in the House that in fact we will be bringing forward amendments that deal with the private adoption area.

MS MJOLSNESS: Supplementary to the minister. The problem is that nobody knows what those amendments are going to be.

In view of the fact that the department does not require private adoption agencies to perform a home study before a child is placed in the home, how can this minister guarantee that the needs of the child are being met?

MRS. OSTERMAN: Once again, Mr. Speaker, first of all, the hon. member will also remember that a committee traveled the province and elicited views from many individuals: those working in the adoption field and, of course, those who would have an interest because of their desire to adopt. That committee brought forward some recommendations. As well I have circulated some information among other people in the province who are interested, and those recommendations will be coming forward by way of legislation.

MS MJOLSNESS: Well, supplementary to the minister. Again, no one knows what those changes will be, and no one has been able to get ahold of any reports. In view of the fact that individuals in this province are charging fees at least as high as \$3, 100 in order to receive a baby, is the minister not concerned that a two-tier system of adoption has developed in this province, to the detriment of the child?

MRS. OSTERMAN: Mr. Speaker, if we were not concerned about the needs of the child being met, we wouldn't be proposing recommendations that will come forward to the Assembly by way of looking at the private adoption area.

MS MJOLSNESS: Final supplementary then. When the minister introduces these amendments, can she guarantee to this Assembly, in the best interests of the children, that the department will regain full responsibility for adoption and quit allowing our children to be treated as a commodity?

MRS. OSTERMAN: Mr. Speaker, I can assure the hon. member and all members in the Assembly that first and foremost our concern is that of the children.

MRS. HEWES: Mr. Speaker, supplementary. It looks as though this program is going ahead willy-nilly. Will the minister, then, assure the House that when this study is done, we will have standards, we will have monitoring, and we will have accountability for all of these commercial adoption agencies and procedures?

MRS. OSTERMAN: Mr. Speaker, it not a willy-nilly process when we consult with the public and all of those people who care deeply about the process of private adoption. I can assure the hon. member that we believe the best interests of the child will be met. She will have an opportunity to speak to that when the legislation comes to the House.

MR. SPEAKER: Member for Innisfail.

MR. PENGELLY: Mr. Speaker, over the past few years Alberta soils have been under severe stress from lack of moisture and other related erosion problems.

MR. SPEAKER: Forgive me, hon. member. I thought you were in on a supplementary. I'll come back later. Sorry; I apologize.

Member for Westlock-Sturgeon.

### **Beverage Container Legislation**

MR. TAYLOR: Mr. Speaker, my question today is to the Minister of the Environment. As you know, there's a new Beverage Container Act that's now scheduled to come in on July 1, 1988. Part of the Act states that any can of a capacity of more than 470 millilitres that is designed to be opened with a mechanical opening device is exempt from the provision of the Act and this regulation. It seems unfair to exclude from this Act all paper cartons, including Tetra Pak or paper products, which account for 80 percent of fruit juices and drink sales in Alberta. My question to the minister: is there a plan to eventually include all the cans of over 470 milliliters?

MR. KOWALSKI: Mr. Speaker, Alberta is the only jurisdiction anywhere in the world that has a Beverage Container Act. We've had that since early 1970s, and since that time we've brought in a number of containers into the beverage container system. We currently have a review under way with regulations that are pending, to come into effect on July 1, 1988. But there's a process that I've currently got under way with all, of the provincewide players, including the Bottle Depot Association and others in the province of Alberta who are discussing with me the possibility of additional products that would come in under the Beverage Container Act, and one of the those products is Tetra Pak. Whether or not Tetra Pak would come in as of July 1, 1988, or come in at a subsequent date is still something that's up for review.

MR. TAYLOR: Mr. Speaker, to the minister. Is the minister aware or does the minister not consider that the present regulations he's contemplating bringing in work to the prejudice of those who are using metal and glass containers, where they have to put up a deposit, whereas the cardboard containers get by without a deposit?

MR. KOWALSKI: That's correct, Mr. Speaker; that prejudice currently exists. What has happened in the last recent years is that there's been a series of new technological breakthroughs with respect to the various types of packages and packaging that exists in North America. One of those new packages that has been invented is the Tetra Pak. Perhaps all the members may not be aware of exactly what a Tetra Pak is. It is that cardboardish type of container that a lot of fruit juices are in, and it has foil on the inside of the container.

We've always exempted certain types of cardboard containers under the Beverage Container Act. As an example, the containers that milk is included in have never been included, primarily because we found over the years that those kinds of containers do not litter the province of Alberta. Each year when we have litter week and we have the 4-H groups and the transportation-associated litter week activity, the number and the amounts of those types of product that are littering our highways are very, very small as a percentage, and of course the Beverage

Container Act is antilitter legislation. That's the purpose of the Beverage Container Act.

MR. TAYLOR: Mr. Speaker, it might be a personal opinion as to whether or not the cardboard is littering our highways, but there's no question of the fact that they are not biodegradable as of yet. Why is the minister allowing the cardboard container people off scot free and putting the regulations in for the metal and glass containers?

MR. KOWALSKI: Mr. Speaker, I repeat once again: the Beverage Container Act is one that we have in our province that's unique. It does not exist in any other jurisdiction in the world. We've now had it in the province of Alberta for nearly a decade and a half, and it has proven very, very successful in terms of antilitter legislation in our province. Essentially metal and glass containers and products that we would use in such consumer goods as pop and the like are returned. It has led over the years to Alberta being very clean environmentally with respect to this.

It has also led to an economic activity in our province. We currently have some 225 bottle depots in the province of Alberta, and we have very little litter along our highways. When they simply leave the province of Alberta and go to another jurisdiction in North American, they can see litter here, there, and everywhere. In our province that simply isn't the case. We continue to look at the cardboard container as a possible inclusion within the Beverage Container Act, but I want to point out once again that the Beverage Container Act is antilitter legislation. The fact of the matter is there is very little cardboard littering the highways in the province of Alberta.

MR. TAYLOR: Mr. Speaker, with our wind it probably all blows over to Saskatchewan.

Nevertheless, the fact of the matter is that he has given a break to the cardboard container in this. Could the minister tell the Legislature what percentage of beverages are sold in cardboard containers versus the beverages that are sold in glass and tin? Has he made that study?

MR. KOWALSKI: Well, yes, Mr. Speaker, we can tell you right now that in terms of pop, 100 percent of the pop sold in this province either goes in glass containers or metal containers. There is no soda pop whatsoever that would go under the Tetra Pak thing. Beer, as an example, would be sold 100 percent in either glass or metal containers. In terms of other products, I'll just quickly give several illustrative examples for the hon. member milk, virtually 100 percent sold in cardboard containers or plastic containers.

MR. TAYLOR: You're dodging the issue.

MR. KOWALSKI: There's very, very little milk today in the province of Alberta that would either go in tin containers or glass containers.

MR. SPEAKER: Thank you, hon. minister. We're not going to play ping-pong back and forth here throughout question period.

Supplementaries, Vermilion-Viking, followed by Edmonton-Kingsway.

DR. WEST: Yes, to the minister. There are literally thousands of chemical containers throughout the province of Alberta being

held by MDs and counties at the present time. Would the minister look at a program of refund, perhaps delivered through the companies themselves, in order to facilitate the collection and disposal of these dangerous items?

MR. KOWALSKI: Mr. Speaker, there are approximately 700,000 herbicide, insecticide, and pesticide containers that are stored throughout the province of Alberta right now. We've got approximately 105 collection systems. All members will recall that in August of 1986 I put a moratorium on the shredding and land filling of herbicide, pesticide, and insecticide containers. I indicated at that time that it was the government's wish that we would expand the recycling industry in the province of Alberta.

So we currently have that volume, some 700,000 containers, and one year hence from now if we don't find a solution to it, we'll have 1.4 million. I will be, hopefully, during 1988 coming up with a public announcement to see how we will have found a solution to this. We've had a major study under way here in the city of Edmonton with Applied Polymer Research, where we've provided Applied Polymer Research with a grant of \$80,000 to see if they could conclusively find a recycling alternative to the chemicals that are included in these herbicide, insecticide, pesticide containers. It seems that we simply don't have a safe technological alternative at the moment, but I'm hopeful that in 1988 we will.

MR. SPEAKER: Thank you.

Member for Edmonton-Glengarry.

MR. YOUNIE: Thank you. I'll try to get a little closer to the topic of the Beverage Container Act than the last question.

A number of beverages such as Nanton Water and other mineral waters are contained in glass containers and are not refundable. Could the minister announce whether or not those will be included in upcoming amendments?

MR. KOWALSKI: Mr. Speaker, surely the member knows, since it has been since December of 1987 when I did issue the regulations publicly, that those containers will be included under the new provision. That's been public information since December 1987, hon. member.

MR. SPEAKER: Member for Little Bow, Representative Party, followed by Innisfail, then Edmonton-Mill Woods.

### **Economic Strategy**

MR. R. SPEAKER: Mr. Speaker, my question is to the Premier. In my hand I hold the annual report, 1987, of the Public Utilities Board of Alberta. In this report is a list of the pricing commodities that are regulated by that board, for natural gas, electricity, and milk. What will be noted is that over the past 17 years the cost of those commodities have soared; for example, electricity some five times. Also, we have before us in this Legislature Bill 22, the Labour Relations Code, which sets out a section in that Act to ensure that compulsory arbitration boards consider "the general economic conditions in Alberta" when making awards, thereby restricting the incomes of certain working groups.

My question to the Premier is: would the Premier consider an amendment to the Public Utilities Act, putting into place that very same clause that would help in regulating the cost of these commodities to the consumers; that is, consideration of the eco-

conomic conditions in Alberta when the rates are set?

MR. GETTY: Mr. Speaker, it's something that I would discuss with the Attorney General and the Minister of Transportation and Utilities, both of whom deal frequently with the Public Utilities Board. I might point out that the fact that under the labour code the general economic conditions of the province are considered is not necessarily to restrict the level of arbitrations at all but may well be there to encourage considerable increase as well. [interjection] There is no reason that it would be looked on as a restrictive clause, and while the Member for Edmonton-Kingsway thinks it's a matter for laughing about and interrupting the House about, I think this matter is worth discussing with the members.

MR. R. SPEAKER: Mr. Speaker, I certainly appreciate the answer of the Premier. I believe it is, too, in terms of the concern of the costs by consumers across this province.

A supplementary question to the Premier: would the government also consider an amendment to the income tax legislation, the Alberta Income Tax Act, taking into consideration the same general statement of "the general economic conditions in Alberta" when considering an increase in income tax for Albertans?

MR. GETTY: Mr. Speaker, I fail to see how we'd work that into legislation. Obviously, the government, working with the Provincial Treasurer and the MLAs, must judge the level of income tax within the ability of people to pay and also as needed by the government to perform the services that the people of Alberta desire. But to somehow put into legislation some feature like that -- I find that less feasible. I'd think about it in case I'm missing something and talk to the hon. member about his idea and why he thinks it's feasible, Mr. Speaker.

MR. R. SPEAKER: Fair enough.

MR. TAYLOR: A supplemental, Mr. Speaker, to the Premier. While he's in the expansive mood for looking at change in the PUB, would he think of adopting the very liberal-minded resolution introduced by the Member for Red Deer-South last year of instituting a consumers' advocate for the Public Utilities Board?

MR. GETTY: Mr. Speaker, I thought the debate on that matter was very interesting, and I'm sure the government will from time to time consider that.

MR. SPEAKER: Athabasca-Lac La Biche.

MR. PIQUETTE: Same question.

MR. SPEAKER: Okay; thank you. The Member for Innisfail, followed by Edmonton-Mill Woods, Edmonton-Gold Bar.

### Soil Conservation

MR. PENGELLY: Thank you, Mr. Speaker. Over the last few years Alberta's soils have been under severe stress not only from the lack of rainfall but from other related erosion problems. My question to the Minister of Agriculture is: might the minister indicate to the House what concrete action the government is taking to alleviate this problem?

MR. ELZINGA: In response to the hon. member, Mr. Speaker, I can share with him that we are looking forward to the introduction by the hon. Member for Chinook of amendments to the Soil Conservation Act. In addition to that, we've got a number of specific programs related to soil conservation, plus it's noteworthy that we just recently celebrated throughout Alberta and Canada National Soil Conservation Week.

MR. PENGELLY: Supplementary, Mr. Speaker, to the minister. Could the minister indicate whether there are any new directions that government might be taking to alleviate this soil conservation problem?

MR. ELZINGA: Mr. Speaker, it was just a short while ago that we announced, in conjunction with the federal government, a \$4 million program whereby we would participate to a 50 percent level as it related to specific action on a provincewide basis dealing with soil conservation. In addition to that, the federal government recently announced a commitment for a three-year period of \$75 million, which we could access in the event that we cost shared. We are presently looking at accessing some of that fund as it relates to programs we presently have plus looking at the possibility of additional funds.

MR. PENGELLY: One further supplementary, Mr. Speaker. To some extent in the past the problem of soil conservation has been considered a southern problem. I wonder if the minister could indicate whether these programs and initiatives are designed for the entire province.

MR. ELZINGA: Yes, Mr. Speaker, they do involve our entire province.

MR. SPEAKER: Thank you.  
Vegreville.

MR. FOX: Thank you, Mr. Speaker. I'd like to know if the minister and his department are contemplating any program that would encourage farmers to take land presently under cultivation that is considered marginal for agricultural purposes back into natural grasses and pastures.

MR. ELZINGA: Mr. Speaker, we're examining a number of avenues at the present time as it relates to the broad topic of soil conservation, because we are very concerned about soil degradation. If the hon. member is making representation, we're happy to receive that.

MR. TAYLOR: Mr. Speaker, supplemental to the minister and possibly the Premier. Since the biggest degrader of soil in Alberta is the government itself, by taking it out of production and putting it into industrial use, when can we look forward to a land use Act that will stop or prohibit the taking of number 1 and number 2 farm soil out and putting it under industrial expansion?

MR. GETTY: Well, obviously, Mr. Speaker, the government would hardly be passing legislation to go against the public interest, and in the public interest there are times when it's necessary to use particular kinds of soil.

I must say, speaking of biodegradable matters, that I would be looking forward to seeing some biodegradable Liberals in this province.

### College Boards

MR. GIBEAULT: Mr. Speaker, my question today is to the Minister of Advanced Education. Last week we had the recent report of the Medicine Hat College Faculty Association voting nonconfidence in the president of that college. This follows the reports in Fort McMurray of the president there at Keyano College being fired or resigned, depending on whose side of the story you listen to, creating quite an uproar there. That follows a major scandal at Fairview College in recent months.

My question to the minister is simply this. Do these serious developments not suggest that the Colleges Act of this province should have a major review and particularly with provisions for enhancing the accountability of administrators to the representative groups within the college community?

MR. RUSSELL: No, it doesn't, Mr. Speaker. As the hon. member is aware, the colleges are self-governing and those kinds of matters are looked after by an appointed board which is autonomous.

What does concern me, however, is the fact that there seems to be a certain member of the opposition present at these faculty meetings before these events occur.

MR. GIBEAULT: Mr. Speaker, perhaps the minister is not as well informed as I am.

Let me ask him this, then, perhaps. Is he prepared, finally, with these recent developments to seriously look at the recommendations from the Alberta College-Institute Faculties Association to enhance the role and the authority of the academic councils within the college to try and avoid some of these crises of confidence and leadership that are currently taking place?

MR. RUSSELL: Well, Mr. Speaker, unlike many other jurisdictions the Alberta boards do have members of the teaching faculties represented at the board table, as well as the non-academic staff association, as well as a student representative. So the collegial model which has been developed I think is quite an outstanding one, in my view.

But the possible amendments to the Act, of course, are handled in two ways. Number one, they're invited from time to time by various interest groups; and number two, they're circulated ahead of their introduction by the department. So we intend to maintain that ongoing line of communication.

MR. GIBEAULT: Mr. Speaker, I wonder if the minister could take this opportunity to tell the House if he's going to withdraw those paternalistic amendments that he circulated recently among colleges and instead implement some of the recommendations for changes to the Colleges Act that have been proposed by college faculty groups and student groups.

MR. RUSSELL: Well, that question will be answered when the amendments are introduced, Mr. Speaker, and then the hon. member will have every opportunity to examine them and debate them.

MR. GIBEAULT: Let's hope it doesn't take as long as it takes to raise the minimum wage in this province.

Mr. Speaker, since many of the problems in the colleges are the result of this government's practice of appointing its party's friends to the boards of governors, I wonder if the minister would finally make some commitment to replace that shoddy

process with one that's open and fair and that takes into account people's experience and their expertise rather than their PC Party connections.

MR. RUSSELL: Mr. Speaker, I think the various members of the boards are appointed in a very good manner. The faculty representatives are chosen by the faculty associations; the support staff members are selected by the support staff associations; the student members are selected by the student unions; the members of the community are nominated by the appropriate MLAs from the regions in which the colleges are located. I don't know what could be fairer.

MR. SPEAKER: Calgary-Buffalo, supplementary.

MR. CHUMIR: Thank you, Mr. Speaker. I keep hearing about problems of faculty being punished by college boards for making comments critical of the college administration, including one incident currently at Lakeland College. I'm wondering whether the minister could tell this House what the government's position is with respect to this heavy-handed approach by boards appointed by them in order to deprive faculty of their rights to freedom of speech under the Canadian Charter of Rights.

MR. RUSSELL: Well, Mr. Speaker, I made the introductory comments at the beginning of this line of questioning that the colleges are autonomous, they are self-governing, the boards are fully responsible for the internal matters of their institutions, and we prefer to see it that way.

MR. SPEAKER: Member for Edmonton-Gold Bar, followed by Bow Valley, Edmonton-Avonmore.

### Public Health Appeal and Advisory Board

MRS. HEWES: Thank you, Mr. Speaker. My questions are to the Minister of Community and Occupational Health. Unlike other provinces Alberta since 1984 is not served by a provincial board of public health which would be responsible, among other things, for the Provincial Laboratory. That original board was replaced in '84 by the Public Health Appeal and Advisory Board, whose function it is to hear appeals and to respond to requests of the minister. He, incidentally, has made none that I can track down from their annual reports. This replacement action has deprived Albertans of the initiatives and the objective comments of a board able to monitor, collect statistics, project trends, advise the public and the government on required programs or legislation, and reflect changing public health needs.

SOME HON. MEMBERS: Question.

MRS. HEWES: Three sentences, Mr. Speaker.

Will the minister please explain why this government dictates that Alberta no longer has or requires a provincial board of public health?

MR. DINNING: Well, on the contrary, Mr. Speaker, we do have a provincial board of health in the name of the Public Health Appeal and Advisory Board. Serving as chairman is Dr. John Walker, and I value very greatly their ongoing, regular advice to me on matters relating to public health. They certainly serve all Albertans in their appealing certain decisions made by

various boards of health around this province. So yes, Albertans are well served and, in fact, protected by having such a Public Health Appeal and Advisory Board in place.

MRS. HEWES: Mr. Speaker, this board serves primarily only for appeals, and I think that's evident.

How on earth does the minister, then, plan to implement those preventive health schemes such as the reproductive health strategy, long-term care, home care, family planning, and so on without a provincial board that can initiate on its own?

MR. DINNING: Well, Mr. Speaker, as for the member's comment about appeals only, that in fact is not the case. I ask for advice from the Public Health Appeal and Advisory Board on a regular basis and receive it, and that's why the word "advisory" serves in the board's title.

As for advice on implementing important programs, whether they relate to preventive health, reproductive health, or long-term care, I rely on that board, as well as some 27 health units across this province, as well as local family and community support service agencies, local hospital boards, this government's departments of Hospitals and Medical Care, Community and Occupational Health, as well as other advisers and people throughout all of Alberta. So I have the good fortune to touch base with a number of those people on a regular basis, and they're providing excellent advice that will be helpful in implementing those programs.

MRS. HEWES: Well, Mr. Speaker, the minister should let his board know, because that's not what they're saying.

Mr. Speaker, now that the provincial labs have been reorganized, in spite of their resistance, what controls and penalties has this government put in place to ensure that all notifiable diseases are reported by doctors in commercial labs in order that someone -- the Provincial Lab or someone -- can analyze and comment on the trends?

MR. DINNING: As for what the Public Health Appeal and Advisory Board may or may not be saying to me or to this government, Mr. Speaker, if the hon. member has a comment from that board that I have not heard, I would naturally welcome her to stand up and say just that rather than through innuendo and indirect suggestions.

But as for notifiable diseases, the Public Health Act requires that local physicians contact the local medical officer of health and the provincial director of communicable diseases to inform those people of sexually transmitted diseases or others that affect the public health, and we are able to keep track of those diseases as a result of that requirement that they notify us. We can watch trends, but more importantly we can take corrective action to prevent the further spread of those diseases.

MR. SPEAKER: Final supplementary question.

MRS. HEWES: Yes, Mr. Speaker. Will the minister now make public the Wilt report of 1987 which preceded the dramatic changes in function in the provincial labs? The changes served no one, have led to resignations, unquestionably will lead to increased dollars on the taxpayers' backs.

MR. DINNING: Mr. Speaker, I'm satisfied that the reorganization we did in the Provincial Laboratory of Public Health by effectively creating a northern laboratory and a southern labora-

tory will ensure that all Albertans, not just those Albertans in Edmonton or in northern Alberta but those in Calgary and throughout all of southern Alberta, will have access to accurate and speedy services that can be provided by two laboratories of public health.

MR. WRIGHT: Does the minister seriously believe that the Provincial Laboratory, having now been reduced to the status of a department, in effect, of the Faculty of Medicine at the university, can successfully fulfill its function?

MR. DINNING: You bet I do, Mr. Speaker. I believe that by joining the excellent Faculty of Medicine at the University of Alberta with the northern laboratory and housing the southern laboratory in the Foothills hospital, that is an ideal marriage. It is an ideal way to bring together expertise, have it joined together so that it meets a number of purposes, not just one. And the synergy that's created by bringing those two operations together will ensure that all Albertans are served even better than in the days past.

### Oldman River Dam

MR. MUSGROVE: Mr. Speaker, my question is to the hon. Attorney General. Late last week -- Thursday I believe it was -- there was a court hearing on the licensing of the Oldman River dam. Has the minister had a chance to review the results of that court case?

MR. HORSMAN: Mr. Speaker, the judgment was rendered in the Court of Queen's Bench on an application brought by the Friends of the Oldman River Society against the government to quash the licence issued in support of the construction of the dam. The application was dismissed in the Court of Queen's Bench. That is not to say, however, that it would not still be subject to the appeal process which is available under the rules of the court. But in any event, at the present time the licence issued by the Department of the Environment has been upheld.

MR. MUSGROVE: Supplementary, Mr. Speaker, to the Minister of the Environment. Has this court hearing had any impact on the construction proceedings?

MR. KOWALSKI: No, Mr. Speaker. Construction has continued unabated on the Oldman River damsite, although the time element on the Minister of the Environment has certainly been disruptive of his schedule in recent months.

MR. MUSGROVE: Mr. Speaker, will the minister be giving any consideration to putting any more equipment on the construction of the dam?

MR. KOWALSKI: The schedule of construction for the Oldman River dam that was announced in 1986 by the government will continue to be maintained, Mr. Speaker, and it's our determination that the reservoir will be filled by the fall of 1991.

MR. MUSGROVE: Final supplementary, Mr. Speaker. Because of the drought in southern Alberta is the minister getting any pressure to fast-track the construction of the dam?

MR. KOWALSKI: As always with a major construction project of this type, Mr. Speaker, safety, proper construction, adequate

determination in following all of the procedures in terms of construction must be followed. They will be followed with respect to the Oldman River dam, and there will be no acceleration at the moment. That's not to say, however, that the government is not looking at other alternatives that it must and will undertake with respect to water preservation, conservation, and management in this province.

MR. SPEAKER: Member for Edmonton-Avonmore, followed by Calgary-Forest Lawn.

### Employee Wages and Benefits

MS LAING: Thank you, Mr. Speaker. To the Premier. Part-time workers are at the bottom of the list when it comes to fair and equitable treatment under employment standards. But even though nearly a third of women working part-time want full-time work, the Minister of Labour and the minister responsible for women's issues continue to suggest that more than anything else part-time work is a life-style choice for women. Will the Premier acknowledge that part-time work is more than a matter of life-style, and will he tell us what his commitment is to providing fairer treatment to those Alberta women forced by the shortage of full-time positions to work part-time?

MR. GETTY: Mr. Speaker, I agree that part-time work is not merely a matter of life-style choice, certainly. Also, I would confirm that the government certainly does everything possible to assist all members of our society who are involved in working.

MS LAING: Mr. Speaker, to the Minister of Labour. In view of the statement by the Minister of Labour on Monday last that his regulations would demonstrate the government's commitment to part-time workers, will the minister tell us if these regulations will ensure that part-time workers gain prorated access to all benefit plans offered by employers to full-time workers doing similar work?

DR. REID: Mr. Speaker, it is possible to prorate some benefits, as indeed we did with the private pensions Act, where one can prorate the pension that is gained according to the earnings or the number of hours worked. Where the difficulty arises is with some other benefits such as dental plans, where to prorate the benefit for a two-sided filling gets a bit ridiculous. That's why I can't give a commitment that all benefits would be prorated.

MS LAING: Mr. Speaker, in view of the fact that not only do part-time workers provide employers additional flexibility, they also receive lower hourly rates of pay, and that's not fair, will the regulations ensure equal pay between employees who perform similar work, regardless of how many hours of work they do in a week or a month?

DR. REID: Mr. Speaker, there are already provisions for equal pay for essentially similar work. That already exists.

MS LAING: That seems to apply between gender and not between part- and full-time workers.

In view of the fact that inequalities in vacation pay also exist between part-time and full-time employees of the same company, will the regulations require that part-time workers receive at least a prorated version of the full-time vacation benefits that

their full-time counterparts enjoy?

DR. REID: Mr. Speaker, in the Employment Standards Act there are certain minimum standards. They apply to those who have worked for less than five years or more than five years for the same employer. The difficulty is that in some instances part-time workers, being casual workers, are paid on the basis of 4 percent or 6 percent of their earnings. Those provisions are the same regardless of whether one is full-time or part-time.

MR. CHUMIR: A supplementary to the Provincial Treasurer, who seems to be getting off well this afternoon. This question reflects the problem of the working poor in our community, Mr. Speaker. I'm wondering whether the Provincial Treasurer could tell us when the government is going to take some initiatives to help the working poor, such as eliminating medicare premiums and reinstating some income tax help for low-income people making rental payments.

MR. JOHNSTON: Well, Mr. Speaker, I'm glad the member raised that question and gave me an opportunity to outline what this province has done with respect to responding to those people with low incomes in this province.

As the member knows, Mr. Speaker, this province has taken more than 500,000 Albertans off the tax rolls, allowing them to have a better opportunity to survive in this difficult economic time. Moreover, as the member well knows, this province has the lowest income tax of any province in Canada, with no sales tax. Now, a sales tax, as the member knows, is clearly regressive. This province maintains, as an element of its fiscal plan, no sales tax in this province, and that's important to those people with low incomes.

MR. SPEAKER: Question period has expired. Could we have unanimous consent to recognize any others who wish to get in on supplementaries?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed? Any additional supplementaries on this issue? Thank you.

The Chair has received indication of a point of order from Westlock-Sturgeon.

MR. TAYLOR: Mr. Speaker, it may be that my hearing aid wasn't working quite well, but I had understood that you faulted one of my questions according to 359(3), and if this was not the case, then therefore I don't have a point of order. But if you have done so, then I have a point of order. Could I check that out first?

MR. SPEAKER: The admonition was given to Westlock-Sturgeon under 360(1) and (2), and the subsection is dealing with:

A question may not:

- (1) ask a solution of a legal question... [in] the interpretation of a statute.

The questions as directed at that time were perilously close in that matter, but the question was not ruled out of order at the time, hon. member. So what's the point of order?

MR. TAYLOR: Okay; I'm sorry, then, Mr. Speaker. I've wasted your time and the time of the House. I thought you were calling me to order on the thing rather than warning me.

Thank you.

### ORDERS OF THE DAY

MR. SPEAKER: First, might we have unanimous consent of the House to vary procedure to return to Tabling Returns and Reports?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed? Carried unanimously.  
Edmonton-Highlands.

#### head: **TABLING RETURNS AND REPORTS** (*reversion*)

MS BARRETT: Thank you, Mr. Speaker, and thank you to members of the Assembly. I'd like to file with the Assembly three copies of the Dolphin Delivery case, as deliberated by the Supreme Court of Canada, for everybody's reference.

MR. SPEAKER: Might we revert briefly to the introduction of special guests?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed?  
Minister of Consumer and Corporate Affairs.

#### head: **INTRODUCTION OF SPECIAL GUESTS** (*reversion*)

MS McCOY: Mr. Speaker, I'm delighted to have with us in the members' gallery 23 schoolchildren from grade 8, the Calgary Christian school, who are from Calgary-West. With them are their teachers Kevin Francisco and Keith Wyenberg. I see that many of our young people are wearing red in celebration of the Flames and their magnificent efforts, notwithstanding that they are here to see what is in the air that is causing us such grief as a city. I would introduce them to you and through you to the members of the Legislative Assembly, and ask that they rise and receive the warm welcome of the Assembly.

#### head: **COMMITTEE OF SUPPLY**

[Mr. Gogo in the Chair]

MR. CHAIRMAN: Would the Committee of Supply please come to order to consider the estimates called by the government today.

#### **Department of Hospitals and Medical Care**

MR. CHAIRMAN: Would members indicating that they wish to make comments, ask questions, or propose amendments please indicate to the Chair?

Members of the committee, the estimates are found in the government estimates book, page 219. Responsibilities of the minister are found on the same page. The authority for the votes is found on the facing pages to the votes.

Before proceeding, hon. members, it has been raised with the Chair on Friday last that we apparently do not seem to be always consistent with Standing Order 62, so the Chair would remind hon. members that in putting questions or amendments, they will be consistent with that standing order and deal with the Department of Hospitals and Medical Care in the province of Alberta and the votes before the House and not perhaps Newfoundland or other jurisdictions.

Hon. Minister, the Hon. Marvin Moore, would you care to make some opening comments to the committee prior to the vote?

MR. M. MOORE: Thanks very much, Mr. Chairman. Members of the committee, the 1988/89 budget of the Department of Hospitals and Medical Care is a budget which reflects the very careful planning and health care policy development which has been going on over the time I've had the responsibility and the pleasure of serving as Minister of Hospitals and Medical Care. Today I want to reflect on those past two years, the progress we have made in various areas of the department, and also some insight in conclusion, of course, into the current budget and plans for the next fiscal year. Before doing that, however, I would like to take a moment to acknowledge some of the very fine work that's been carried out by a number of people.

First of all, a vote of thanks, Mr. Chairman, to the senior staff of my department, in fact all the staff of the Department of Hospitals and Medical Care, who've worked very hard over the course of the last year not only in developing the budget before you now but in making certain we were able to meet the targets that were put forward by this Assembly a year ago in our 1987-88 budget.

I would also like to mention four members of the Assembly who have worked very hard on behalf of all Albertans with respect to health care matters. They are, first of all, the hon. Member for Cypress-Redcliff, Mr. Chairman, who is the chairman of the Health Facilities Review Committee and, together with some very astute people from throughout the province, has done an excellent job carrying out the operations of the Health Facilities Review Committee. I'd like to acknowledge the work done by the hon. Member for Drumheller and the hon. Member for Ponoka-Rimbey, who together have been acting in an advisory capacity to the Minister of Hospitals and Medical Care, developing a new policy with respect to ambulance services in Alberta, a report I expect we will be able to release within the next few weeks, certainly before the end of May. In addition to that, I'd like to acknowledge the work done by the hon. Member for Calgary-Glenmore on the report, which you have all seen by now, entitled A New Vision for Long Term Care -- Meeting the Need, and the work done by members of the long-term care committee which was chaired by the Member for Calgary-Glenmore over the course of the last year.

Finally, Mr. Chairman, I'd like to acknowledge the very able assistance provided by members of my office staff. My two assistants Alan Meech and Gladys Gammmon have worked above and beyond the call of duty, as have my secretary Cheryl and Krystyna and Laverne in my office as well. The policy advice and assistance given to me by Susan Green, whom many of you know, has been outstanding.

Before I move into my remarks, I'd like to thank as well members of the Assembly -- who oftentimes have a lot of concerns with respect to health care matters, the Alberta health care insurance plan problems, and so on -- for their patience and understanding in ensuring that we do get timely and accurate infor-

mation to their constituents with regard to whatever concerns they might have.

I'd like to begin my remarks, Mr. Chairman, by talking about the overall subject of health care costs and what we have been able to do and what we see in the future in terms of the health care insurance plan budget, the hospitals budget, budgets for nursing homes, auxiliary hospitals, and other parts of our 1988-89 budget. Let's go back to where we were in April of 1986. We had just come through a period of time where health care costs overall had risen at the rate of 15 percent a year for each of the five years preceding 1986. I recall having made projections to you at that time indicating that if health care costs continued to rise at that rate over the course of the period of time between now and the year 2000 and everything else rose at the rate of inflation, by the year 2000 we would be spending two-thirds of the total provincial budget on health care as opposed to the one-third it is now. Well, this year, Mr. Chairman, the health care budget in total, as is indicated by the Provincial Treasurer, is more than \$3.3 billion out of \$10.7 billion or almost one-third of the total expenditures of the government of Alberta, some \$4,000 for every family in our province.

That projection of two years ago about where we would be by the year 2000 was a pretty sobering thought to many of us, and I'm happy to be able to stand here today some two years later and say there's been a remarkable turnaround in terms of the escalation in health care costs. That turnaround has resulted in the 1987-88 budget for the year just completed that had us beginning with a zero increase in fact ending up the year, if members would care to consult the budget speech and the documents provided, with a \$30 million decrease from the previous fiscal year. And how was that done? Well, let's just have a look at where we were at two years ago.

At the beginning of 1986 we were facing rapidly escalating hospital and health care costs, declining provincial revenues because of the disastrous national energy program and other world energy pricing factors. We were, because of that again, looking at a much less than expected population growth. At the same time we were involved, because of earlier projections, in a major hospital construction program that had been planned for that growth, with two major hospitals, one in Edmonton and one in Calgary, the Peter Lougheed hospital and the Mill Woods Grey Nuns, having been planned for a population growth that simply didn't occur. We were being penalized at that time, Mr. Chairman, by the federal government under the Canada Health Act for allowing extra billing. We had a rapidly escalating seniors population which we needed to do better planning for, and we had medical doctors increasing in number in this province at the rate of 8 percent a year while our population increase that year was almost zero. So there was a need to lower our operating costs, reduce active treatment beds, increase long-term care beds and long-term care, to consolidate hospital programs right across the province, to end extra billing, and to find some ways to limit the growth of the health care insurance plan.

In addition to that, Mr. Chairman, we needed to create amongst our citizens an awareness of health care costs. That awareness, which I'm happy to say is in almost every family in our communities today, is so important to an understanding of where we're going in health care, and I'm so pleased there is an awareness today that didn't exist at all a couple of short years ago. So we developed a plan of action covering all areas: active treatment hospitals, long-term care, health care insurance, ambulance services, cost awareness, improved health care, wellness.

We looked first of all at active treatment hospitals, and I want to just describe the situation in Edmonton two years ago. We were faced with a partly completed hospital called the Mill Woods Grey Nuns hospital, which was going to be adding about 300 additional beds to our system. We had earlier made a decision that the Edmonton General hospital downtown should be converted to extended care beds, but for various reasons that had been turned around. So we went back to the drawing board, sat down with the Edmonton General hospital board and said, "What can we do?" Eventually we came up with a new plan that has seen us adding some 300 auxiliary beds, extended care beds, to the Edmonton General hospital downtown, which will open a year from now, and having the Grey Nuns take over the operation of the Mill Woods community hospital and open it -- and it will be open on May 5 -- as a full-service community hospital. That decision alone allows us to add some 300 auxiliary beds to the city of Edmonton's requirements, which are certainly there, and saves us millions of dollars in operating costs in active treatment beds, which might not have occurred otherwise.

At the same time we've been able to move with the Royal Alex hospital and planning for the future with a major emphasis on outpatient care and a reduction in the overall total number of active treatment beds that had previously been planned, and with a responsible decision, I believe, with respect to developing a Northern Alberta Children's hospital, which in the end result I believe will not only provide much more effective pediatric care for northern Alberta but should cost no more than the existing system of pediatric beds scattered throughout many hospitals.

In Calgary the situation is not unsimilar. We worked with the Calgary District Hospital Group -- very effective co-operation by that board -- in designing a program that would see their three hospitals, the Colonel Belcher, the Holy Cross, and the Rocky View, operating in such a manner as to reduce the duplication of programs, with things like pediatrics and obstetrics only being provided at one hospital instead of two, with a major move to provide new geriatric care and treatment facilities at the Colonel Belcher hospital, which will be a dramatic improvement not only for the veterans there but for other senior citizens in southern Alberta as well. We moved with the Calgary General hospital board to have them take over the Peter Lougheed hospital and operate the two hospitals as one hospital on two sites -- again, a substantial savings in operating costs because of the avoidance of duplication of programs.

In rural Alberta we've got hospital boards, who never before considered converting their existing active treatment beds into long-term care beds, looking very carefully at that. I will be opening this Friday at 3 o'clock in the afternoon the first rural hospital that's been converted from all active treatment beds into long-term care beds in the constituency of Little Bow at Carmangay. I'm so pleased we're able to have boards in this province -- and there are many of them in rural Alberta -- who are anxious to serve their senior citizens better by having additional long-term care beds and actually a reduction in active treatment beds.

I mentioned earlier the committee on long-term care and the report that's now before members. That's the most comprehensive and effective report I've ever seen on the long-term care system in this province. Even though we have one of the best systems in Canada, if not the best, there's still an additional need to improve our system. Before too many months go by, I hope to be back before the Legislature indicating that our government, perhaps with some changes, has accepted the pol-

icy directions that have been presented in that report: an emphasis on wellness for senior citizens, an emphasis on more non-institutional care, and an emphasis on making the seniors proud of their ability to make a better place for themselves in their community as opposed to just going into an institution.

Mr. Chairman, I want to talk a little bit about the health care insurance plan. A year ago I said that we would have to face the challenge of reducing the overall cost of the health care insurance plan by some \$60 million. There were many doubters about whether or not that could be done, because the increase in utilization of the plan had been going up by some 8 or 9 percent a year for the previous three or four years. While we removed a number of services from the plan that either were not medically required or were once in a lifetime or were on an annual or every two or three years' basis that we felt people could pay for, more importantly, I believe Albertans from one end of this province to the other recognized the need to contain expenditures and spent a lot of time thinking about their own health care and a lot of time thinking about how often they used the system. There was a remarkable reduction in one year in the utilization of the health care insurance plan. It went from an 8 percent increase down to about a 3 percent increase simply because people were thinking more about those costs.

I'm pleased to say today, Mr. Chairman, as the Provincial Treasurer's budget indicates, that the health care insurance plan for the fiscal year just ended will come in at about right on the budgeted amount, which was exactly the same as the previous fiscal year. Yes, we had some criticism for some changes we made in the health care insurance plan -- the removal of the provisions for tubal ligations, vasectomies, and IUD insertions. We listened, and I was pleased to announce three weeks ago that we had made a change and put those back into the plan, an announcement that simply could not have been made had the health care insurance plan still been escalating at its rate of previous years. Yes, overall there's been very good public response to our efforts to make sure that the health care insurance plan has avoided those very large increases of previous years.

Before going into the '88-89 budget, Mr. Chairman, I wanted to make some remarks in those areas, because I wanted all members to know how pleased I am with the co-operation we've had over the course of the last two years from hospital boards right across this province, from the professional groups, from doctors, nurses, registered nursing assistants, and other health care workers in the system. Their response to the need for constraint has been tremendous.

Now, let's have a look at the '88-89 budget. I'd first like to deal with the health care insurance plan. The total expenditure projected for the current fiscal year in the health care insurance plan is some \$948.2 million. That's the total expenditure and not the net expenditure after the health care insurance income is received from premiums and from the federal government. That's a 7.4 percent increase from the previous fiscal year. When added to the zero growth last year, that's less than a 4 percent increase over a period of two years in the health care insurance plan, less than 4 percent each year, and that's down from the previous five years where the health care budget for this province, as I mentioned earlier, was increasing at the rate of 15 percent each year. The increases were as follows: in basic health services, which is the largest part of the plan, 6.9 percent. About 3.5 percent of that relates to the agreement between ourselves and the Alberta Medical Association for increased fees, new procedures, and other items involving that negotiated process. There's another approximately 3.5 percent that is a

utilization increase and a population increase.

In Alberta Blue Cross -- and that's largely the services provided by the Department of Hospitals and Medical Care through the health care insurance plan to our seniors -- there's a 10 percent increase. Again, a large portion of that is made up by a population increase, because there is an increase of almost 3 percent in the numbers of senior citizens who will be coming into Blue Cross coverage under that program. The balance of the increased cost there is an increase in utilization costs that we need to more effectively deal with in years to come. Then there's a smaller amount, an increase of some 2.2 percent, in out-of-province hospital costs in the health care insurance plan.

So while we've done a pretty good job over the course of the last two years in containing the growth of the health care insurance plan, there is still much to be done to ensure that in future years the growth of the health care insurance plan does not exceed an original target that I talked about two years ago and again last year, of population increases plus inflation. In other words, I don't believe we can be in a position where our health care expenditures are growing at a rate faster than the rate of inflation plus our population increase.

Let's then look at the operation of active treatment hospitals, auxiliary hospitals, and nursing homes. The active treatment hospital budget, nursing home budget, and auxiliary hospital budget, as we announced in January, will be increased by 1.5 percent over last year's budget. In addition to that, of course, there will be a number of changes that relate to programs that have been improved along the way or new hospitals that are opening or the annualization of the costs of operating hospitals that were open part way through last year, only had partial budget last year, and require full funding this year. Those things, of course, will occur.

Then there's the question of what we do about the nurses' salary settlement of some 4 percent plus one increment for this year. I am pleased to advise that we have provided in our budget for an additional amount over and above the 1.5 percent, which will go to all hospitals, which will bring the nursing component of their budget from 1.5 percent up to 4 percent. That will leave the only shortfall in hospital budgets for nurses being the increment that will be provided to nurses who have over six years' experience, and I have asked hospital boards to advise me if they have any problems in finding funding within their budget to provide for that. The 1.5 percent on nurses' salaries plus the other 2.5 percent, for a total of 4 percent, will apply to all institutions; that is, active treatment hospitals, auxiliary hospitals, and nursing homes. We should remember as well that nursing homes received an increase last December in the per diem amount that's provided by the provincial government for their operations.

Now, if I could go into just a bit more detail with respect to the increase in the budget for active care hospitals, it's up 6.7 percent, from \$1,406 billion last year to about \$1.5 billion this year. I indicated there's some 1.5 percent across the board plus 4 percent on nurses' salaries. That averages out to an increase of about 2.2 percent for each hospital, but the budget shows an increase of 6.7 percent. I'll just pick out a few areas that are major ones so you can understand where those additional dollars are going: \$1.1 million additional will go into Air Ambulance; \$700,000 additional will go into interocular lens purchases. That's for the purchase of the lens that is provided in cataract operations for the private-sector clinics which are now doing that work and doing it obviously cheaper than utilizing the hospital system. For biosynthetic growth hormones, \$600,000. An

experimental program there was providing the drug up until about a year ago, and now we're having to budget for it in the departmental budget. There's some \$830,000 in the budget for AZT, a drug that is utilized for AIDS patients.

There is \$22 million of additional funding in this budget for the opening of the Peter Lougheed hospital in Calgary. There is \$13 million of additional money for the opening of the Grey Nuns Mill Woods hospital. That figure is smaller than it appears, because there's a transfer of a substantial portion of the existing Edmonton General budget over to the Mill Woods hospital. Then the Edmonton General, when it comes on stream a year from now as an auxiliary hospital, will have a budget, of course, attached to it. There's some \$8 million for the opening of the Lethbridge hospital, which will only fund part of a year of the expansion there. There's \$2.5 million for expansion of the operations of the Medicine Hat hospital, \$1.7 million for the Calgary children's hospital, \$3 million for the Leduc hospital. Mr. Chairman, there are smaller amounts at various other hospitals that either opened late last year and now need to be funded for a full year or were opening in the latter part of the current fiscal year. Those amounts, in total, are quite small as compared to the ones I've mentioned.

As members would know from the comments I've just made with regard to the Edmonton-Mill Woods hospital, the Peter Lougheed hospital, the Lethbridge hospital, this has been a most difficult fiscal year for us to hold the budget of the Department of Hospitals and Medical Care for active treatment hospitals at an inflationary level, because we're opening new facilities. I don't foresee the same kind of problem over the next three or four years, because while we are expanding some facilities, the number of new facilities that will open with additional new beds is certainly small compared to what occurred in the current year.

If I could then just move, before concluding, to auxiliary hospitals and nursing homes. In the auxiliary hospital and nursing home side, there's some \$10.6 million in the budget for new construction and annualization of homes that operated for part of last year. Then there's another \$14.8 million for new programming in auxiliary hospitals and nursing homes.

Mr. Chairman, I'd like to conclude, then, with some comments about our capital program. We have been involved in a very ambitious capital project in this province over the course of about the last 10 years. There is hardly a community which deserves a hospital or an auxiliary hospital project in this province that hasn't benefited in some way from this project. We currently have in the department some 63 ongoing projects that had been approved in previous years that are under some form of design or construction. This year we will approve 12 new projects for design and construction in future years, plus 17 private-sector nursing home upgrading projects, many of which will get started during the current fiscal year and some may even be completed.

Mr. Chairman, the record of achievement in rebuilding the hospital, auxiliary hospital, and nursing home system in this province is second to none anywhere in the world. There is no jurisdiction anywhere in the world that has a better hospital, auxiliary hospital, and nursing home system than we currently have. We're nearing the end of that very ambitious project, and when it is completed, we will be able to boast the most efficient and effective and the best capital facilities anywhere on earth.

I'm so pleased to be able to be part of a government team that recognizes there's more than two centres in Alberta. Everybody doesn't live in Edmonton and Calgary; they live in many dozens of communities throughout our province. For us to be

able to move to provide health care facilities for them in the communities they live in is a commitment of this government that is not going to change.

Mr. Chairman, those are my opening comments that I think will give the members some food for thought with respect to the operations of the Department of Hospitals and Medical Care. I would be pleased to hear the comments of members, in whatever form they might be provided, that can be constructive in terms of our operations in the years ahead. If they do have some questions, I would be only too pleased to try to answer those as well.

Thank you very much.

MR. CHAIRMAN: Thank you, Mr. Minister. You've made reference in your opening comments to the Health Facilities Review Committee -- Mr. Hyland's the chairman -- the long-term care for seniors, Calgary-Glenmore, and the ambulance policy, the hon. Member for Drumheller. You, Mr. Minister, will decide, if questions are put to those people, whether you or they will answer, if that's satisfactory.

The hon. Member for Edmonton-Centre.

REV. ROBERTS: Thank you, Mr. Chairman. It's a kind of masochistic joy to once again try to put this Department of Hospitals and Medical Care and its budget through its annual legislative checkup. Despite rising political pressure -- blood pressure, as it might be -- and rising frustration from a number of key players in the health care system, I'm thankful that Standing Orders do not permit the minister to deinsure this annual checkup, even though the \$2.4 billion in the four votes before us today, even though for them we have such a paltry amount of information and only an hour and a half of brief time to debate these enormously complex and hence enormously expensive issues. The frustration tends to heighten when the minister himself remains such an enigma -- all the tough talk and the confrontative action which he seems to want to represent, and yet by his own admission last week I thought I heard him say he was just kind of like a Daddy Oilbucks who's just sitting back and writing out larger and larger cheques and it's the AMA and the hospital boards that make all the decisions.

So it's hard to know, Mr. Chairman, just where the direction is and where the power is and how it's being creatively and healthfully run. Because what I really get a sense of is that there's enough here to make one sick, and maybe that's the problem, that what we are developing more and more under this minister is a sick system, not a health system; that there are so many wounds and hurts and diseases within the system itself that are left undiagnosed and untreated that the sick system just spreads further and further. I'm convinced that no matter on what side of the House and in which political party we stand, we as politicians must learn to leave aside our narrow political interests and work harder to advance the health care system, one that is better co-ordinated, with more co-operation, more creativity, and also to instill within other players in the system the courage of letting go of a lot of the unnecessary baggage that we tend to bring to what we want out of our sick care system.

\$2,467 billion is still too much money to spend on a sick care system despite the fact that recent data I have seen shows that we in Alberta, despite the minister's fiscal neurosis, still have the lowest expenditure on health care as a percentage of our gross provincial product than any other province. We spend 6.4 percent of our gross provincial product on health care, and that's the lowest percentage of any province. Despite that, I agree

with the minister: we just can't let things be spent more and more and more on sick care. We in the New Democratic Party and in this caucus have for years been advocating ways to reduce spending in the sick system. Compulsory seat belt use, which this province put off for years, we now have, and that is improving our health care and lessening costs.

My first year in this Legislature I said very little, but we need to bring greater attention to better care for our elderly, both the frail elderly and the well elderly, and I am proud now to be one of the first MLAs in this Legislature to have actually said, "Yes, take my emergency department out of my local hospital, if in exchange for that we get better assessment care and treatment of our elderly in Edmonton." And that's a trade-off that I even politically was wanting to make despite the heat in my own constituency over that.

We in the New Democratic Party have said that we need an end to extra billing and restrained fee-for-service system; that no, we don't want Bill 14 reintroduced and a proliferation of private insurance and administrative costs around that. We have said we need a more thorough utilization review, not arbitrary across-the-board cuts; we need the budgetary diagnosis that comes from a utilization review, and we're pleased that the Watanabe group is doing that. We have said over and over and over again that we need better ambulance standards and a better ambulance system, ground and air well integrated in this province, and we're finally getting to that. I've said yes, let's help the doctors out and share in the medical malpractice insurance premiums that they pay so dearly for, and maybe that will help to reduce the rate of utilization.

We have said that we'd better take a look at AIDS in Alberta, and not just prevention of and education around AIDS but the care and treatment of AIDS patients. I think the minister did make one reference to AIDS today. It's the first time I've ever heard him mention that we have an AIDS problem that we need to look at and prepare to deal with, and I'm eagerly awaiting the Blair report to see what it would say about the care and treatment of AIDS patients. And yes, we've said we need to take a look at sexually transmitted diseases and teenage pregnancy as a way of reducing health care costs, and that is coming to pass.

But through it all, Mr. Chairman, I really want to make a plea, and again I didn't hear the minister talk about it: no matter what the budgetary debate or the policy development, what we really need to do as legislators and as people who are concerned about our health care system is to be close to the patients. I know this term "patient care" is an elusive one. We as New Democrats particularly want to ensure that we are close to the patients and to what the bedside view of the health care system is. I have had three friends this past year die in hospitals in this province, and in visiting many others whom I've known in various hospitals I am very thankful in some respects that I continue to want to develop that perspective of what it's like from the patient's side, from the bedside. I remember when I was training as a chaplain at the Massachusetts General Hospital, the thing they made us do for a week was to admit us as patients in a particular ward so we would know exactly what it was like to be in the hospital system from the bedside. That kind of empathy, empathy for patient care, should be a key requirement for any minister of hospitals or anyone in this Legislature who wants to vote on these four votes before us today.

In turning to vote 1, the Departmental Support Services, we have \$18 million, I believe, allocated. Certainly the support staff of the minister -- I don't know if they're in the gallery here today. But I see that they probably are a bit concerned that the

minister's own salary and benefits has risen, at least at the rate of inflation: 3.5 percent for the Minister's Salary and Benefits, and then his management staff only get a 1.8 percent increase to their salary and benefits. We intend to bring in an amendment later, Mr. Chairman, that will seek to reduce that salary and benefits of the minister to make it more equitable at least to the 1.8 percent that his staff is receiving.

I see that payments to MLAs are going up 80 percent to now \$45,000. Now, I hope we're going to have some scintillating questions in Oral Question Period as a result of that expenditure. I want members to know that I have been allocated a mere \$2,000 -- \$2,000 out of our budget -- for special projects related to health care and that despite that meagre amount I intend to do a whole lot with it, including a health care conference which is going to bring together some of the best minds to inform myself and our party and our caucus about the direction that health care needs to go over the next while. It's not the first time, though, Mr. Chairman, that I've -- I can remember once defeating a cabinet minister who had endless bucks to spend. So it's no matter; we'll take them on with this allocation as well.

I see the Deputy Minister's Office is up 15.7 percent. Now, there's an unusual thing. A 15.7 percent increase for the deputy minister and, as far as I'm aware, there's still no Deputy Minister of Hospitals and Medical Care. It seems like an odd vote. I know that I was thinking maybe Sir Humphrey from *Yes, Minister* would probably appreciate a posting there. I see that Alex McPherson has gone on to bigger and better things, but when are we ever going to get a deputy, and why does he need a 15.7 percent increase?

Policy Development: down again, 9.4 percent. I don't know if Don Junk is wishing he could have been with his group working with the Hyndman commission, or what they're in fact doing as a result of the Hyndman commission pulling the rug out from under policy development in the department.

Corporate Development: up 15.3 percent. Now, that's probably an important expenditure -- Terry Buck and company. I've heard lots of information from the inside, people saying that there's really quite a muddle going on within the department and the management and the structure of the department itself. I always have some sympathy. I thought, my goodness, the minister really is -- here is a chief executive officer of a \$2.5 billion corporation and it's important to have not just a lot of confusion but to have some sense of the management style, the direction, the orientation that the minister and his chief senior management people want to bring to this \$2.5 billion corporation before him. I'd appreciate some comments in that regard. It cannot be that the minister is as unpopular with his own departmental officials as he is with the doctors and nurses and thousands of Albertans across the provinces. It certainly cannot be that the good work of Policy Development, the utilization committee, and the long-term care committees can have the rug entirely pulled out from under them by the Hyndman-McPherson commission. But it does make one wonder what's going on for the officials in the department. It's not a sick department, Mr. Chairman, but it's certainly badly run down, and certainly a lot of high stress levels going on within and without.

With respect to vote 2 and the health care insurance plan -- and I was trying to listen very carefully to the web that the minister was weaving in terms of how we arrived at a 9.3 percent increase, and certainly, Mr. Chairman, we need all day to look at spending through the Alberta health care insurance plan. But again it seems that sickness is increasing in the province, that we're getting sicker and sicker by what this budget is telling us,

that we are basically sicker by 9.3 percent, and that we're overall more sick by about a 7 percent increase. It's very odd, very odd, because when you look at the demographics -- and we don't have the information here in the vote before us; we get it sort of after the fact in the Alberta health care insurance plan review the year after it's been spent. But according to the last report, I read in here that the numbers of people covered by the plan, the population increase in the province, is only up 1 percent, if that. And yet we see that the number of practitioners who are on fee for service in the province are up 3.4 percent; that lab pathologists and others are up 10.6 percent, way above the rate of the population; that payments to practitioners are up 5.4 percent.

Now, it's foolish to say from any data we have that we have 1,000 too many doctors who are practising in the province. But certainly the medical manpower issue is a key one that needs to be addressed. Mr. Minister, what is the number of physicians per 1,000 in Alberta, and what should they be? What is the number of beds per physician in the province, and what should it be? What are we aiming at? What is the number of physicians in the city as opposed to physicians in the rural areas, and what is our goal to get a better geographical distribution? What is the number of pediatricians and geriatricians practising in the province, and what is our goal to try to even out the number of practitioners, to put them to work in the areas where we most need them?

What, after all, is this budget based on? The increase of 9.3 percent I heard somewhat outlined in a threefold manner, but we still do not see before us what are the projections for each specialty. What are we going to pay out to the dermatologists and to the lab pathologists and to the cardiac specialists? We need more information for projection than just looking at this review plan after the fact if we're going to vote upon it here today, Mr. Chairman.

I see that vote 2.1.2, the claims department, is way up, and that's probably a good thing to do, some extra monitoring; that fixed assets are up 174 percent -- maybe it's a new computer system or something. But what's really going on here? Are we just on some sort of roller coaster of fee for service and just hope we can throw the brakes on when things get out of control, out of different specialties? Or what is the planning? What is the system? What is the comprehensive way in which the number of medical practitioners and others are being funded for this coming year?

Now, I know that the Young utilization review, which made its report in September of '85, identified 16 areas of concern in terms of utilization, and this is not even three years old yet, Mr. Chairman. That review committee spelled out among the 16 that physician supply was a major area of concern; that improved marketing on the part of physicians was a major area of concern; that minor surgery was taking off at a rate that was unusual; that consultation and referrals by physicians were much higher than they should be; that lab and diagnostic procedures were up 45 percent -- and we're downsizing the Provincial Lab: shame -- that high tech and new diagnostic procedures were way above what they should be. I know when I went through this myself... And if this minister's ever going to force my wife to sign the bill for the amniocentesis that she was forced to have and that we didn't think was necessary, an amniocentesis which costs the plan \$1,000 at least to determine whether it was going to be a genetically defective child or not, and even if it was, the only alternative was an abortion -- so what's going on here? What are we doing with diagnostic procedures like that? And

then we can't wait for the Member for Calgary-North West to talk about this.

Young also pointed out the extreme overuse of walk-in clinics and mediclinics that were just proliferating in this province, causing a duplication of services, particularly with emergency units that we have in hospitals, and letting some medical practitioners run all the way to the bank with the kinds of services they're providing in an unnecessary way through walk-in clinics.

Well, the Young committee offered recommendations for control. I don't know how many have been followed up, and perhaps the Watanabe committee will reinforce some of those. But I suggest that there are some other alternatives that really could have been taken action on much sooner, and we heard no evidence of them this afternoon. One is that instead of sitting back and writing larger and larger cheques, what about increasing salary service, not walk-in clinics but with community clinics, and having physicians on salary at a sort of first level into the system? What about looking at Malcolm Brown, the health care economist at the University of Calgary -- his way of having physicians work on a salary within the hospital system so that their interests merge with the interests of the hospital as a way to reduce their utilization of the hospital? Increasing the role of the Provincial Lab, and curtailing all this dumping by private commercial labs under the Alberta health care insurance plan?

We've suggested assisting physicians more with malpractice insurance, improving on the equity between specialists, and also helping with a look at pension plans for physicians. Why not? How about negotiating the schedule of benefits with caps on? The minister has just sort of avoided the issue of controlling billing numbers, and he said very little about, "Okay, you cardiologists, you can have this amount of money this year, and that's it." I know the AMA doesn't like it, but it's an area I'd like to see some harder negotiation on. Developing some incentives for the teams of health professionals to work both in the geography, like the circuit rider which the AMA is advocating -- I think it's a terrific idea -- and also by specialty; that there not just be one superspecialist but a team working together.

What about a single point of entry to active treatment care? Now, we've got it for long-term care, but it'd be interesting to see if there were primary care levels put in place with preventive medicine done by people on a salary, whether physicians or nurse practitioners, and that people would have to pass through this point of entry before they get into the more expensive system.

Bolster peer review by physicians and educate the consumer. And I do applaud the minister for "health care is everybody's business" -- though we still maintain it's everybody's right. The education of the consumer is an important area.

The *New England Journal of Medicine* in a recent article talks about the Mayo Clinic and how they focused on the quality of care after treatment as a way of reducing the return to the institution or the return to the doctor. So there are all kinds of things -- just nine areas here -- which would be ways to help reduce the rate of utilization.

Further, there's no policy from this government about the role of nonmedical practitioners. I don't understand why these people such as chiropractors, physiotherapists, and optometrists still remain on the plan if they're seen to be second-class citizens. Do you really want them, or don't you want them? What about adding new ones to them, like the psychologists or the midwives or the nurse practitioners? So the whole area of

nonmedical practitioners and their relationship with the plan and with government policy is, I think, begging.

Salaried health care teams such as that provided by the Boyle McCauley Health Centre and by other primary health care providers is an important and integral way to go, and if we haven't moved on it yet, we should be ashamed. We are not 9.3 percent sicker, Mr. Chairman. We just need better and healthier ways of reallocating the existing dollars before us, and we need it with these kinds of emphasis: not on sickness but on healthier ways of budgeting in planning, delivering, evaluating, and coordinating. And I'm convinced the costs would be even less.

In the acute care system -- and I really don't like the minister's designation of this as active treatment. I like to think that even those in the long-term care system get active treatment but that there are some in acute care hospitals and others in long-term hospitals, all receiving active treatment. But we have the \$1.5 billion for institutionalizing sickness. As we have seen this past year, and I warned the minister of it, there is a sickness in the relationship between government and this minister and the hospital sector that has reached critical proportions -- I think they call it code 1 in some hospitals -- with overt fights with hospitals boards, unnecessary bed closures, and a 21-day strike by 11,000 nurses in the province, which the minister made no reference to in his rosy-coloured picture of his relationship with hospitals.

We desperately need some healing in the system, some co-operation, some co-ordination. I think it's Don Phillipon -- well, I hear he's a bright ADM. He's got a tough task to bring a new spirit to the hospital sector, trying to work in some co-operative way instead of the minister's bullying style, which just doesn't work and which caused the nurses' strike.

I'm surprised that vote 3.1.5, Human Tissue and Blood Service, is down when we need a far more comprehensive policy around organ procurement and what the practitioners call the availability of spare parts. But certainly it's a key area where organ transplant and human tissue and blood services need to be looked at, and yet it's down.

We get the air ambulance service way up at 56 percent, but based on what? We're awaiting with eagerness the Schumacher-Jonson report, which I know is going to put it all together in a very well-linked and very integrated system where the emphasis is on the ground as well as the air. But we still have this anomaly that if you take a ground ambulance you pay out of pocket and if you take one of the province's air ambulances they pay for it. What sort of system is that?

Under Specific Programs -- the minister referred to a few of them. I'm glad to see he's finally funding AZT here, but which other ones are we looking at? What about palliative care programs, for instance, which need far more attention, both in terms of units in hospitals, teams working within hospitals, and palliative home care. Now, I've talked with Dr. Hayes, Dr. McDonald, and Mary McCabe, and the concern about the Coordinating Council on Palliative Care, and I think that's a way to go. We've got to do a lot more in palliative care as a specific program. If I were Minister of Hospitals and Medical Care, I'd look into what happened to Dr. Hayes at the General hospital, why this member of the Order of Canada is no longer there, and order a complete investigation of why she, in the way she's been leading in that field, has been not any longer employed there. As I said before, I still would like some concern expressed by the minister about AIDS in Alberta, the care and treatment, and to show some urgency, whether it's with the Blair report or what, for things that need to be done in terms of care and treat-

ment for AIDS patients.

But if vote 2 has a lot to do about medical practitioners, Mr. Chairman, vote 3 here has a lot to do about registered nurses. I always felt a pretty close affinity with nurses. They were always at the bedside, coping with patients' fears, talking with patients' families, and then always having to do the charting and the accounting, making sure of everything that goes into a patient and that comes out of a patient, and to do it 24 hours a day, seven days a week. Here they have the accuity rates going up, the risks in the workplace going up, the burnout rates among nurses going up, and then they hear the Minister of Hospitals and Medical Care saying, "Hey, listen; get tough with the nurses." So the AHA calls for a 3 percent cut in pay. Well, that was a sick thing to say, Mr. Chairman. It so solidified the registered nurses of this province that they were just not going to take it any more, and they demonstrated that by taking it to the streets. And if this minister didn't see that coming, then he doesn't deserve to be the Minister of Hospitals and Medical Care in this province.

All MLAs -- before you vote on this budget -- should read the briefs recently presented by the Alberta Association of Registered Nurses and the United Nurses of Alberta in terms of their look at the health care system which is so sick in so many respects: the AARN's plea for defining and funding nursing as nursing, not as nonnursing roles; the United Nurses of Alberta's plea for defining and funding bedside nursing and not nonbedside nursing, which is where a lot of the money goes. Do we have any assurance that if we pass vote 3 before us, a lot of these chronically unresolved nursing issues will ever be resolved with some health? It's just sick -- sick -- to let these things go on, to shove them off to the side, and to tell those women just to shut up or put up in the hospitals.

What about the issues of dangers and risks that nurses face in the workplace? What about the issues of basic staffing levels at all hours of the day: wards, units -- evenings, nights? What about the methods of delivering drugs and the dosages of drugs? What about the patient classification systems? Is it going to be medicus or what? Or what's it going to impact upon nursing? The issue of nursing time for charting, recording, computing, accounting, which takes them away from the bedside where they want to be; the issue of nursing patients who are inappropriately placed in beds often that they have no control over; the issue of the relationship of nurses with the doctors and with the nursing assistants; the issue of in-service training to get to know how to work all this new high technology and new equipment; the issue of how to get the time to deal with family and friends and with the patient's own emotions and fears; the issue of nursing's input into hospital construction and building and design. I mean, it's the nurses who work in the places, and yet they often have no say at all in how the units and wards are even built and designed. And what about the issue of nurses doing more of the assessment, more of the primary care before people get into hospitals, not to mention the shortage of nurses and nursing, which is just on the horizon?

Now, I believe we can resolve many of these issues. It's not just a matter of leaving it in a sick way, but we can develop with the nurses their voices of leadership, which must be heeded. There needs to be far more support for clinical nursing education toward a bachelor of science degree by the year 2000, and there need to be far more rights for nurses as professionals to bargain collectively at the negotiating table with government. I submit that to do these things would result not in more funding but in far better, far healthier reallocation of existing resources.

Now, with respect to a particular hospital, I understand, as the minister has said, there's a 2.2 percent increase. A lot of that's being eaten up by the Mill Woods and Peter Lougheed. I see that the Calgary District Hospital Group is already projecting a \$122 million deficit. It seems to me that the major political goal must be to work aggressively with boards and administrators to overcome the issues of territoriality and to work to co-ordinate, to consolidate, to regionalize programs with regional health councils, linking both institutional and community care and having boards that do that together in one particular catchment area. We don't need to have the budget broken down by whether it's a major, large urban hospital or a small rural hospital, but by region. What's the global amount of money that's going into northeast Alberta and all the health facilities there, and let them do the reallocation, let them do the linking, the integrating, and the delivery of the service and set up a kind of superboard in the cities, which can help to do that well. Now, I'd like to get into a debate between the minister's own former deputy and himself over this matter, but it seemed to me to be a far better way to allocate resources within a particular geographical catchment area, to have the funding go in that direction, for them to be able to allocate as best they see in the most integrated way.

Long-term care. We'll debate that, I'm sure, when we get further evidence from the Mirosh report as to what's going on there. Aside from how -- on votes 4.1, 4.3, and 4.4, it looks like the long-term care division's already in place with Vivien Lai getting a nice 45 percent increase in the department there. Certainly, we'll debate the recommendations from the long-term care committee, which I'd like to tout as the less-funded vision for long-term care. It wants to put everything under the family and the volunteer and make the user pay. I've got a pretty solid long-term care committee myself, and we're going to be responding to it in time.

Mental health. The minister made no reference at all to the care and treatment of mental illness and people who have mental disabilities and mental illness. Now, my Bill 221 is on the Order Paper. I'd certainly like to see when the new Mental Health Act is going to be out. When it is, we'll have a pretty solid debate over it, because a lot needs to be done in that whole desperate area for improving care and treatment for people with mental illness.

Capital construction we'll certainly get to in an upcoming vote, and there's a lot that needs to be talked about in terms of capital construction. I am glad to hear this minister say we're finally at the end of this capital spending spree on hospitals and facilities throughout the province. It's going to cost our children a lot of money to operate, as you know, and yet we continue to want, for very political purposes, to continue to build, and build, and build hospitals.

So the answer, Mr. Chairman, is not just to have good public health policy in this budget. We need to also bring to it strong, healthy public policy. By that I mean we don't just spend billions and billions of dollars on patching up people and sending them back into the battle; we need, as the Economic Council of Canada has said, healthy public policy which would promote, for instance, things like slower, safer, less-polluting cars, promote more prudent nutritious diet and less use of alcohol. We need to promote full employment in satisfying jobs in safe workplaces. We need to promote small-scale means of production and consumption, improved economic status of the poor, and to promote teaching folks how to live healthier lives and to live in healthier relationships. It is in the context of such

healthy public policy that we could come to some determination as to what this budget really needs to be. To bring such healthy public policy to bear on this budget, the Department of Hospitals and Medical Care would go a long way to healing much of the sickness which is currently in the system and to ensure that our health care dollar is spent in healthy ways for those Albertans who truly need the creative resources of other Albertans to effect the human care and the human healing that we all want to see highly evidenced before us.

Thank you, Mr. Chairman.

MR. CHAIRMAN: Hon. Member for Calgary-North West.

DR. CASSIN: Thank you, Mr. Chairman. I again take pleasure today to address the estimates of Hospitals and Medical Care. I would like to compliment the minister and his department on a very difficult job that they have had to deal with in the last 12 to 18 months, having to make the adjustments in dealing with a rapidly expanding system, budget deficits, and trying to deal with those very sensitive issues that so many of us take for granted and feel are unending -- that we're able to provide complete care for everyone under every circumstance. I think the department has tried to address those issues and have had a very difficult task. I'm pleased, as well, that the government has accomplished the goal that was established some years ago to provide facilities throughout Alberta -- not just in Edmonton and in Calgary but in rural Alberta, whether that be schools or hospitals -- the infrastructure that will support this province for many, many years to come. We are ready at this point in time now to deal with the delivery of services. I welcome that direction as well.

In dealing more specifically with the estimates, I do have a couple of questions. In vote 2.1.5, Information Resource Management, I notice that this has been reduced by some 17.1 percent. I guess I would like to know a little more about the function that was carried out by the department and those people responsible for 2.1.5.

I also question the increase in the Basic Health Services of \$28 million, or 9.2 percent, considering that there hasn't been a marked increase in our population during that period of time. I appreciate that the minister has indicated some of the improved services, but I have to look at what happened in 1986-87, when we decided that we would go along with the Canada Health Act to save some \$11 million a year in cost sharing, and in 1988-89 we have increased our expenditure by some \$28 million. We have to ask ourselves whether, in fact, that was a wise decision. However, that is behind us.

In vote 3 I have some concerns with votes 3.1.2, 3.1.3, and 3.1.4, which is a reduction of 8 percent in each of these areas: Extraordinary Maintenance, System Development, and Research Grants. It concerns me that we are reducing our expenditure in maintenance and in research. Certainly in difficult times we may be able to back off somewhat in maintenance, but we all recognize that if we're going to maintain our system, maintenance and day-to-day care is very important.

In vote 3.1.7 again I recognize that Air Ambulance is important. But even more important certainly is the ground ambulance, and I, like many other members here, look forward to the report. We recognize that we have the pieces in place, but those pieces, those rural hospitals and the other system, will only reach their full potential when we have the resources to move people to the larger centres and provide that backup support which is so vitally needed in this province. I'm looking

forward, as are many other members, to this report, a very important part of the whole medical service, which addresses the out-of-hospital requirements that in so many areas throughout North America are lacking.

I would also perhaps ask the minister just to cover some of the items again under 3.1.8, which is Specific Programs, which is another expenditure of some \$4 million.

I understand from the minister's remarks under 3.2, Major Urban Medical and Referral Centres, that the \$54 million pertains to some of the new facilities that we're opening up, and again that's an expenditure in capital and will not be an ongoing expense.

[Mr. Musgreave in the Chair]

I'd like to perhaps deal with some other areas that have been raised. I know that the Member for Edmonton-Centre commented on some of the problems and some of the areas where we are dealing with perhaps inappropriate use of our dollars. I found it very interesting, and perhaps we should take note, that the College of Physicians and Surgeons introduced a triplicate prescription program back two or three years ago.

It was interesting, in analyzing those reports, that there were some 3,500 Albertans who were seeing more than three physicians at any one time. I think it's important to note that not only does that affect the issuing of medications, but each time they would see a physician, they would also charge a fee to the system that the rest of us are paying for. I would wonder how many of those people may be even seeing more physicians, using more than one card. We are very generous from the standpoint of providing support for certain groups in our population, providing them with health cards, providing them with accommodations, allowing them perhaps to obtain drugs which they again sell on the street for a profit or perhaps to support a different type of life-style which in itself generates more cost to the system. I wonder how many of our young people who are out on the streets in the evening are living in subsidized housing, living off and trying to support a habit which now will not be easily accommodated through prescriptions but they will have to go to the illicit drug market.

Another spin-off of this exercise is that we found there was a decrease of some 39.5 percent in the prescriptions of these controlled drugs to our elderly. I think that's a concern that we all have, from the standpoint of the medications that we provide to our elderly, and that there have to be other alternatives and much better solutions which we should work towards collectively.

Again, this morning I had a very interesting meeting with one of my other colleagues with a group of people representing the hospice group in Calgary, who are, again, advocates of many years of palliative care. This is certainly interesting. Like special education and some of those other areas, when we get into difficulties, it's these special programs that are affected. They help all systems, they help all of us, but they belong to no established system, such as a hospital or such as community care. They fall in between. Certainly the hospice and the palliative care program are something that's part and parcel of the new directives for social service in Caring & Responsibility. If we're going to address those problems, then we must certainly address the whole question of palliative care in a hospice and support those people and their initiatives. Because certainly as a physician and someone who's been involved with providing care, the care that can be delivered by family and by volunteers

and those people who truly care cannot be replaced. I think this is a very important endeavour, and I would like to certainly support my colleague from Calgary-Foothills, who introduced her Bill last year and had the palliative care Bill passed. I would like to think that in 1988, '89, and '90 we will see the effects and the rewards of that effort.

I also support the idea of regionalization. I think we've got some good examples. The northern Alberta and southern Alberta provincial labs have been supported by both centres, are doing an excellent job. I do feel that it's helpful to utilize the people within various areas and to provide more autonomy. I have no problem with the idea of regional districts, whether that be the northeast or the northwest or the southern part of the province. I would even suggest that perhaps our University hospitals should be under one board, because they're going to be providing services that we cannot duplicate, and there has to be some rationalization for those services. I would certainly support that directive.

I would also welcome the direction taken by our Premier in developing the Premier's Commission on Future Health Care for Albertans. I think we've gone through an evolution over the last 20 to 25 years, and it's time now that we look at our system. With that evolution there are certain inherent committees and boards and perhaps bureaucracies or groups that were absorbed. I think now it's time to look at what we have and try and develop a system that's going to give us value for our expenditure and provide good care for all Albertans into the next century.

Mr. Chairman, I also appreciate the report A New Vision for Long Term Care. Again it fits in with the hospice program, and I like to think that that will play an important role and be recognized again in the Premier's Commission on Future Health Care for Albertans.

I also support the utilization committee under Dr. Moe Watanabe. I think they will do an excellent job. It's interesting talking to the people from the hospice group. They say, "We don't want to put our people in hospitals or institutions because we have built in certain procedures and certain steps." There are certain laboratory procedures that have to be done automatically when someone goes into hospital. There are certain rules and regulations as to when one has to be in or they can leave. There are certain regulations as to when meals are served. The flexibility is not there.

I find it difficult -- perhaps the members opposite sometimes have difficulty in recognizing how important it is to let the small groups participate and provide care as opposed to having one large group and more centralization, although I understand that there's some give and take in that area as well.

I would like to perhaps conclude by dealing with some of the comments of the minister and congratulating those people involved, the various hospital boards in both Calgary and Edmonton, in trying to recognize the need that we had with shortages in various beds. I think district 93 and the Calgary General hospital and the Foothills for the first time in many years sat down to work out a solution that would be best for the people of the city of Calgary. And the same thing applies for the city of Edmonton. They knew we had a problem with beds. We couldn't open up all of the beds, and they were prepared to sit down and to bargain and to work something out that was workable. They are to be commended for that support.

The Member for Edmonton-Centre raised another point which I feel I have to address. I certainly hadn't intended to bring it up, but the member did talk about walk-in clinics. He knows that I have more than a passing interest in the develop-

ment of the clinics. I would have to say that they're doing something right, because this year there'll probably be one million Albertans who at one time or another will have visited and have been seen in one of the walk-in clinics in the province of Alberta. The Member for Edmonton-Centre talks about the cost. It's always interesting -- we talk about providing costs in an institution or not for profit -- that they can do it for less money, and that always puzzles me. They seem to forget that the capital cost and the business tax and all of those other costs that are associated with operating a business are excluded when we start talking about those facilities and services that are provided by government.

Now, evenings and weekends, which is a time when the majority of people, particularly if we've got mother and dad both working, are looking for a physician or for someone to look after themselves or, more often, their child, it provides that service for 80 percent of what it would cost in the way of fee for service for a doctor in a hospital. Yet out of that 80 percent the doctor has to pay the nurse; he has to pay the insurance; he has to pay the rent. He has to pay all of those costs that go into operating a business for some 80 percent less than the doctors who work in the hospital outpatient department. So I don't know how the member concludes that this is a more expensive way of dealing with the public and dealing with concerns. I have a great deal of difficulty trying to follow how they come to their conclusions in this area.

It's like a couple of weeks ago, when it was felt: "Well hey, why not go ahead with this program? Because the federal government are going to pay part of it." Well, someone should point out to the members opposite that the federal government obtains their funds the same way as we obtain our funds: from the public. We all have to pay taxes. We pay federal taxes; we pay provincial taxes. And I think it's important that members opposite recognize that, and the province of Alberta is one of the major contributors to the tax base of this country.

Mr. Chairman, I could perhaps deal with some other issues, but I know that other members of the House who would like the opportunity to also address these estimates.

Thank you.

MR. DEPUTY CHAIRMAN: The Member for Calgary-Mountain View.

MR. HAWKESWORTH: Thank you, Mr. Chairman. I'd like to say to the minister at the outset that there are a lot of people in this province who are surprised about the way decisions are being made as they affect this particular department. For example, I think all of us were when we heard the budget speech made and the announcements surrounding the new budget that was presented to this Legislature. We heard there was going to be 7.5 percent for hospitals or something in that order in this year's budget. I think a lot of people in the province thought: "Well, that seems fair. It makes up for some lost ground in previous years. It responds to the settlement with the nurses. It indicates some kind of renewed commitment by the province towards this particular department."

So I think it was a major surprise to a lot of people to be informed over the weekend, as an example, that the Calgary District Hospital Group is predicting something in the order of a \$4.2 million budget shortfall. So the question is: how can that be, if there's going to be a 7.5 percent increase in this minister's budget for this coming year? But what this particular hospital district found out was that their increase in operating grants is

only going to be somewhere in the order of 2.2 percent. So how did we get from 7.5 percent for this department down to a 2.2 percent operating grant for this particular hospital district? Well, I guess it has a lot to do with smoke and mirrors, or it depends what kinds of statistics you want to refer to when you make these announcements.

But when it comes right down to it, it's creating a great deal of concern and uncertainty for these particular hospitals. How can you, one month into a fiscal year, find out that you're going to be given a \$4.2 million budget shortfall? Does anybody in the department meet with these administrators and boards ahead of time and say, "You know, you should be looking at various contingencies," and give people advance warning? I find out that at the Calgary General hospital in Calgary-Mountain View they haven't even been advised yet of what their allocation is going to be for this present fiscal year. They're already one month into this fiscal year without any idea of whether any particular programs that have been negotiated in the past have to be cut. Certain agreements were made there, as well, to rationalize services, and that process is ongoing. But there was, I think, some understanding about the money being in place to implement that.

If they have to make do with a 2.2 percent increase in their global budget just to take care of the status quo, Mr. Chairman, that doesn't even pay for the cost of implementing the nurses' settlement. Now, the nurses' settlement -- as important as nurses are to the operation of hospitals, they are not the only staff that hospitals employ. Negotiations are presently going on with those other workers. We've made some settlement, and it sets a benchmark for the kinds of negotiations that are going on and which would be settled with the other staff in the hospitals in this province. Now, if those boards settle at a level of somewhere in the order of 4 percent for salaries and benefits, where will the additional money be coming from to implement that? Or is it the intention of this minister and the department that those hospital boards will have to make do with the global amount of money that they're being provided and fund those increases under their present global budgets, which means further staff reductions and possible cuts in programs and bed closures?

Now, if that's the scenario, Mr. Chairman, that is a long ways away from the glowing, rosy picture that we were told about not too many weeks ago, when a 7.5 percent increase was bragged about in terms of this present budget that we're debating in the Legislature this spring. It doesn't take into account any kind of inflation in the area of supplies, which in some components -- for example, insurance which hospitals are having to pay -- are going out of the roof. So when one hospital district is told that all they're going to get is a 2.2 percent increase in their global budget, it creates a great deal of concern and uncertainty. Quite frankly, Mr. Chairman, you know, that district in particular, they have sat down; they've co-operated with the department. The minister or the department gave them some direction to rationalize services.

I know there's a lot of controversy within the city itself of that rationalization process and the future of some of those facilities; the Holy Cross and the Colonel Belcher, as an example. But in order to implement that plan, there was to be some money put on the table to help them do that. Now they find that with this kind of announced or proposed increase of 2.2 percent, the question is: is this implementation money going to be in addition to that? Will there be any enrichment dollars to help meet the increases in the nurses' settlement? And what

about the future of the other hospital negotiations with other workers and the likely increase of 4 percent there? Where can hospitals go to get some direction and some information from this department as to how they're to implement this? You know, it just is no way to do any kind of rational planning. It's no way to do any kind of rational administration of our health care institutions. It puts everybody in an extremely difficult position and creates just a lot of tension, frustration, and anger. Morale in the hospitals declines. I don't know whether that's the intention of the minister, but it certainly is the result of the direction that he's taking.

So the first question has to be: who's making policy over there? It seems to be made on the fly. I don't know how the senior administration in the department learn about a lot of these announcements. Perhaps they're a part of it. Perhaps they learn about them by listening to the radio just like everybody else, but it seems to me that there need to be some clear signals being sent out to the hospitals in this province which are much different than the kinds of signals that they're getting now, which seem to me to be creating a lot of frustration and uncertainty.

As well, Mr. Chairman, we've got the new Premier's council or committee or commission or something who are going to go all over the province, and they're going to hear about what's wrong with the hospitals in this province. Well, if this government doesn't know what's wrong with the health care in this province by now, they sure aren't listening, because obviously the Member for Edmonton-Centre's already made plenty of good suggestions that could easily be reviewed and implemented. But we know what this commission does: it effectively puts any change to the system on the back burner, because now we've got to wait two years or more for these people to go across the province. They're studying it, and they, you know, sort of stroke their chin and look and listen carefully and take everything into due consideration. Everything that comes up in the way of controversy in the next year or two, the government can always say, "Well, we're looking at it" Then there'll be a report issued. "Well, we can't move on the report because their recommendations are under consideration." And how long that process is going to take is anybody's guess.

Meanwhile, the system could be falling into more and more chaos and frustration and lack of direction. Problems will be mounting in their complexity, requiring some kind of attention, and this government is just sitting on the sidelines allowing this whole process and the whole system to unravel, when what we really need, Mr. Chairman, is leadership. So I'd certainly like to have the minister tell us what he proposes to do about the health care system in the interim while we're waiting for the Hyndman report to be prepared and presented.

Now, Mr. Chairman, this is also reflected in the minister's decision to reinstate reimbursement for certain sterilization procedures. While we welcome that decision, it obviously underscores that it was the wrong decision to cut them out in the first place. Simply restoring it is the admission by the minister that he made a mistake in the first place, and I'm always glad to see when a minister admits that a mistake was made. I mean, I don't think that's wrong. In fact, I think that indicates some health in the system when the minister can do that. So I don't criticize him for saying that he made a mistake. That's good. In fact, I commend him.

AN HON. MEMBER: He never said he made a mistake.

MR. HAWKESWORTH: Well, he should admit it, but obvi-

ously his actions speak louder than the actual words. But it raises certain difficulties.

For example, there's a gentleman who has brought to me his particular difficulty. When he was aware that voluntary sterilization procedures would be terminated as of August 1, 1987, he did what he felt was a responsible thing to do in terms of his family planning with his wife; that was to arrange to have a vasectomy done prior to this deadline. He arranged an appointment at a clinic in Calgary prior to this deadline. Now, for various reasons that procedure could not be done on June 19, and his doctor suggested that he have the procedure done in a hospital under a general anesthetic, which could only take place for him, in his instance, on November 6, 1987. So he missed the deadline, and he had to pay for it out of his own pocket. However, what we find is that those people who undertook this responsibility between August 1, 1987, and April 7, 1988, can no longer have that procedure reimbursed; whereas if they were able to have it before or after, they were. Now, it's an anomaly; it's clearly an injustice. It was okay up to a certain time, okay after a certain time. Why doesn't the minister simply say that those who had it undertaken in that period should just simply submit those bills and they will be reimbursed for having that procedure undertaken? It's the only fair procedure, I believe, for him to take. It was an error in judgment in the first place, and individual Albertans shouldn't be required to pay for that, in my opinion.

I'd like to bring another concern to the minister's attention that has been brought up with me privately by a person in Calgary. There are many Albertans, Mr. Chairman, who are suffering from leukemia. Some of them are children. I am told by this individual that many of them can get a remission of that disease by having bone marrow transplants done. But in order to have a bone marrow transplant done, they have to be matched with a compatible donor who may be somewhere across Canada; they might be in the United States; they might be overseas. These potential donors might never be found, because they've not had the proper blood tests done, and they may not be part of a bone marrow registry. Now, I'd like the minister, if he could, to tell us whether he's aware of this problem and whether the Alberta government might be undertaking support to help the growth of Alberta bone marrow registries or whether they're helping in the development of a comprehensive Canada-wide registry.

I'm told, for example, that at the Calgary Red Cross -- and I take it that this program is being carried out by the Red Cross across Canada and that the branches are being financed through the national body -- as many as 100 people have been specifically tested for bone marrow transplants and that there are close to another 500 people who would like to be donors, but they have to sit on a waiting list for this HLA testing. Again, I am told that there are some delays to have HLA testing done through the lab at the Foothills hospital, and because of this delay, potentially there may be some donors available for people suffering leukemia. I'm just wondering if some funds could be made available in a special way to assist in resolving this apparent logjam.

Apparently -- again, the minister may wish to correct my information if it's incorrect or if it's under investigation, he could come back later and provide us some updated information -- people who have agreed to be donors for platelets, which I understand can be used to help clot blood, so I presume for hemophiliac recipients, have already been tested for this HLA blood test. There are apparently 25,000 people registered with

the Red Cross across Canada who have been tested to give platelets, but they've never been approached to be potential donors for the bone marrow transplant program. It would seem on the surface to be relatively easy and relatively quick, with not a great deal of money needed, to set up a system whereby these 25,000 people might be approached and asked to put their names on the bone marrow donor list.

So I'm just wondering, as part of this overall pool of people out there, whether this Alberta government is working with other provincial governments and the federal government to provide funding to approach those people and set up that kind of a registry across the country. Before I leave that, would this minister consider providing funds or making a contribution in order to allow that group of 25,000 people to be approached in a comprehensive way in order to see whether they'd be part of a bone marrow registry?

I understand also that some people have begun to access American or United Kingdom bone marrow registries, but in order to do that, they are being asked to pay money. Some registries charge, I gather, \$800 just to begin the access to their registry. Would the minister say whether his department would be willing to pay those costs under the medicare system for Albertans who could make use of such a registry?

Finally, Mr. Chairman, I just want to ask the minister about his department in terms of the Auditor General's report. There are a number of interesting observations that were made as a part of that report, including the procedures for monitoring and controlling payments to medical practitioners. Some procedures recovered \$400,000 in overpayments, but I'm wondering if the minister could give us an update in terms of recommendation 22 which the Auditor General made, in that it's recommended that this department

improve its system for supporting the work of the Medical Practice Audit Committee of the College of Physicians and Surgeons and obtain information from the Committee and the Registrar of the College regarding the disposition of each review of the services provided by medical practitioners.

It was also interesting, Mr. Chairman, given the discussion already this afternoon about walk-in clinics, that the Auditor General has looked at this area and has observed that

it is possible for practitioners working in walk-in centres to bill for their services through the centre's practitioner number and through their own practitioner number. This could result in duplicate billings or in claims for services at a rate higher than is allowed by the Medical Benefits Regulation. Furthermore, if practitioners use a centre's practitioner number, the Department's monitoring system cannot accurately determine the extent of services provided and billed by individual practitioners.

Well, you know, we heard just a few minutes ago a long litany of the additional expenses these walk-in clinics undertake, and it just gives me some concern hearing that on one hand and then, on the other, seeing this written in the Auditor General's annual report. So I'd like to have the minister make some statement about this. What is being done to correct this potential problem and to allay the concerns which have been raised by the Auditor General?

As well, I was quite concerned to read the Auditor General making the observation that there are quite large variations in the kinds of monthly reports that nursing homes submit to the department. This is what the Auditor General says:

The audit examination revealed that costs and levels of service reported vary significantly between nursing homes.

"The reasons for the variations often remain unknown," the Auditor General states a little later in that same paragraph.

Well, this causes me concern, Mr. Chairman, given the large amounts of dollars that are being asked for under these votes for long-term care. Is the minister satisfied that this concern of the Auditor General has been laid to rest? Because we are providing a considerable amount of dollars to this department.

[Mr. Gogo in the Chair]

The Auditor General goes on to observe that all these systems

could be further improved if...

a formalized policy was established which defined the frequency and purpose of review-visits to nursing homes by the Department's Provincial Programs Branch. This policy should cover how often and in what special circumstances visits are to occur, the nature and extent of the reviews, documentation standards, and senior management involvement in reviewing the work performed, particularly where it is performed by staff consultants.

Well, Mr. Chairman, I find it interesting that when the minister answers or responds to questions in question period, he stands up to talk about the work done by the Health Facilities Review Committee, but I have yet to hear him talk about the visits undertaken by the department's provincial programs branch. Given this gap identified by the Auditor General, it would seem prudent...

MR. CHAIRMAN: Excuse me, hon. member. Could we have order in the committee, please?

Calgary-Mountain View.

MR. HAWKESWORTH: Thank you, Mr. Chairman. Given this observation made by the Auditor General, it would seem prudent for the minister at some point to tell us whether a formalized policy is being established or not. In particular, I think what amounts to me to be a very key recommendation of the Auditor General, the 24th in his report it is recommended that this department

improve its procedures for monitoring the activities of nursing homes and for determining whether value is being obtained for the funding provided.

To know that we are being asked to provide funding here under these votes when the Auditor General is concerned that value may not be obtained for the funding being provided is certainly cause for considerable concern and, I believe, warrants the minister's special comments in response.

Thank you, Mr. Chairman.

MR. CHAIRMAN: Hon. Member for Chinook.

MRS. McCLELLAN: Thank you, Mr. Chairman. My remarks will be brief, firstly, out of courtesy to other members that may wish to speak and, secondly, because the Member for Calgary-North West has covered some of the comments I wanted to make: concerns in research dollars, the importance of the air ambulance, and the importance of outpatient clinics to the working family.

I would like to commend the minister and his department and the administration and the health care providers in our province for the initiatives they have taken to continue to provide excellent health care in our province during tough economic times. I would like to give a particular vote of thanks to the minister for his support of rural hospitals. I would like to express my concern about comments I hear on occasion in this House on per-

haps the lesser value of rural hospitals. They are very much cherished by the people in the rural communities who, in turn, very much appreciate the fine urban centres when they are required. I did note that the 21 larger hospitals do take 78 percent of the operating budget. Certainly the smaller hospitals operate on the basis of providing services that are not as highly technical and do operate a scaled-down administrative operation.

A question I would raise with the minister is the decision by some hospitals to use RNs exclusively. Indications from constituents who have spent time in hospitals feel that RNAs are a very important part of that system and can provide very good, sound bedside nursing care and should be retained, and I would like his comment on that.

I did notice that the number of active treatment, acute care hospitals has gone from 128 last year to 123 this year. Obviously, some had to close, but could the minister indicate if any of these closures were in psychiatric hospitals or nursing homes?

Mr. Minister, I guess I, as are many other Albertans, am concerned about the rising cost of health care in this province, but I am convinced that the Premier's Commission on Future Health Care for Albertans will recommend a course of action that will ensure our health care system continues to be the best in Canada well into the next century. I would also like to comment on the very fine report headed by the Member for Calgary-Glenmore, A New Vision for Long Term Care -- Meeting the Need. I think this again will ensure that we continue to improve what is already one of the most effective systems of long-term health care in Canada, and I would like to assure the minister that we very much believe in public participation in these reports.

Thank you.

MR. CHAIRMAN: Hon. Member for Edmonton-Strathcona.

MR. WRIGHT: Thank you, Mr. Chairman. Our side is always accused of not bothering about costs, so my discourse will be entirely about costs and some observations on the possibility of reducing costs while maintaining service. The minister's department is the only one that has a very large hole at the end, that is open-ended in the costs, which you cannot well predict because we are committed to our health care system. Of course, we stand by that commitment but on a fee-for-service basis. It entirely depends on the number of services that are rendered. There is no limit on that under the present system.

My first point is one that I think I may have made before but is to ask the minister what progress has been made and whether he indeed has even the time to embark on the type of inquiry to examine the possibility of a radical rearrangement of the basis of payment for physicians on a capitation system, in which each patient is allotted to his family physician. He or she can change the doctor at any time, of course, but at any time there is only one physician you are allotted to. There is a dollar that is on your head, being your share of the medicare dollar for ordinary patients in the province per annum. The doctor is paid simply the number of his patients times the dollar on each patient's head, which is the same, and that is the reward he gets, irrespective of the number of services rendered. That is elegant in its concept because there is no great inducement to render unnecessary services. On the other hand, the doctor cannot neglect his patients; otherwise the patient will go elsewhere.

I picked up, when another hon. member was speaking, the additional point that it would reduce the incidence of double doctoring, because the person wanting to double doctor would

have to embark on the more difficult course of getting prescriptions from consultants who would be outside the capitation scheme. But then even for consultants, or specialists, there could be a type of capitation in that there would be block funding for the discipline as it were. Now, I know this works in the United States as being the resort that the large insurance companies are turning to. The minister probably knows more about the effect of that than I do. Or is this all being left to the Hyndman commission to come up with a recommendation? Is it even within the terms of reference for the Hyndman commission?

The second point in the plan for reducing costs is to require the medical establishment and the medical schools to put a greater investment on the maintenance of health instead of simply the detection and cure of disease. A son of mine is going through medical school, and he says that the courses on diet are a joke, that they have to pass them but no emphasis is set on diet or indeed generally on the maintenance of good health. Yet that is the key to reducing medical costs in the end, whether it is advice on keeping your body fit or on diet, which is neglected as a tool for maintaining good health, in the opinion of the doctors.

The third area is something that I believe is very much before the mind of the minister, and that is having people who are not physicians perform many of the services which are presently performed by physicians. There is no earthly reason, in my respectful view, Mr. Chairman, why midwives cannot be licensed in Alberta. The record is very good for well-trained midwives in applying their craft; it's good psychologically as well as physically. There is a great amount of discrimination against doctors who are nonconformist in their views of medicine amongst the medical establishment. I don't know the extent to which government can intervene there, but there are ways, I think, that this could be looked at. Perhaps the Hyndman commission is doing that.

Then beyond that there are the accepted nonmedical disciplines which take care of our health, such as optometrists and podiatrists and psychologists and chiropractors and naturopaths. I'm sure the minister has thought greatly about this. I agree that these are not covered by the Canada health care, and therefore we don't have to insure them under our Act to qualify for full acceptance from Ottawa. But on the other hand, is it not a false economy to economize on funding them? The charges that an optometrist makes are considerably less to the system than an ophthalmologist makes, yet for most purposes their services are as good or better. They can spend more time, I find, and do a good job. If there is some kind of eye disease, of course, then an ophthalmologist is presumably the one to be resorted to, but it is part of the discipline of being an optometrist that in such cases the patient is referred on.

Nurse practitioners are surely an area, Mr. Chairman, where we can make progress. They are much cheaper to fund. They have time to treat patients in a way that doctors don't. It's a very rare doctor that does anything but prescribe the right pill or medicine for an ailment. But nurses have the time to administer topical treatment, to dress wounds, to use much simpler ointments - not drugs, but to treat skin conditions, for example, topically instead of with expensive drugs - and get better results again and again. The ordinary regime for the medical practitioner is prescription of drugs. One hopes that he or she will get it right; even that doesn't happen. There's massive over-prescribing or wrong prescribing of antibiotics for viral sicknesses, for example, because the public has come to expect that. If the doctor says, "Well, take garlic," or "Put aloe vera on your

wound," or something of that sort, he or she is regarded as a quack, and there's nothing in the system that mitigates against that.

So the next area is in drugs themselves, a major part of the cost. There is no scheme that I am aware of that is in the system itself for the examination of the cost-effectiveness of so many high-priced drugs. The doctor apparently seems to have no compunction in prescribing very high cost drugs, simply because they are the latest thing or they're trendy or he just doesn't spend the time to check them out, when there are cheaper alternatives. What provisions, if any, are there within the system to get cost effectiveness in the prescription of drugs by physicians? Or are we entirely at their mercy? I'm not even talking about generic substitution; that's another ball game altogether with other problems. But there must be something that can be done to require that. There must be something that could be done, so big is the expenditure in health care systems in Canada on drugs now, to co-operate with government manufacture and dispensary of drugs. Is that not a possibility? I gather it was mooted once in western Canada. What happened there?

Lastly, I would suggest that since the drug companies are in very large measure supplied with their money by the public health care systems of this country, the public health care systems as represented by the government should themselves take steps to make sure their money is being spent effectively. I would say that a setup in which 15 percent of the income is used for advertising is unsatisfactory.

Thank you, Mr. Chairman.

MR. M. MOORE: Mr. Chairman, I want to thank all hon. members for their contributions and indicate that I will try to respond

in writing to their questions if the committee does not deliberate again with respect to this department. The exception might be those questions asked regarding the Auditor General's report dealing with last year's budget, and I will be before the Public Accounts Committee, where I could deal with those matters.

Mr. Chairman, again thanks to all members for their participation.

MR. CHAIRMAN: Under Standing Order 60 the committee must rise and report no later than the normal adjournment hour.

Government House Leader.

MR. YOUNG: Mr. Chairman, I move the committee rise, report progress, and beg leave to sit again.

[Motion carried]

[Mr. Speaker in the Chair]

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

MR. SPEAKER: Does the Assembly agree with the report and the request for leave to sit again?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed? Motion carried.

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