

LEGISLATIVE ASSEMBLY OF ALBERTA

Title: **Friday, July 21, 1989 10:00 a.m.**
Date: 89/07/21

[The House met at 10 a.m.]

[Mr. Speaker in the Chair]

PRAYERS

MR. SPEAKER: Let us pray.

Each day in this place each one of us is expected to face the ongoing challenge of representing the concerns of all Albertans.

May God grant us strength and wisdom to carry out our responsibilities.

Amen.

head: **READING AND RECEIVING PETITIONS**

MR. McINNIS: Mr. Speaker, I move that the petition I presented yesterday signed by 6,100 Albertans now be read and received.

CLERK:

Petition to the Legislative Assembly of Alberta

The undersigned request legislation to delay all proposed pulp and other forestry developments in the province of Alberta until such time as:

1. a class environmental assessment that reports the cumulative impact of all existing and proposed forestry developments has been completed, and
2. full and complete environmental impact assessments, equivalent to the federal Environmental Assessment Review Process (SOR/84-467) including public hearings, have been completed for each proposed forestry development.

MR. MITCHELL: Mr. Speaker, I ask that the petition I presented yesterday be read and received, if that's in order.

CLERK:

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The undersigned request legislation to delay all proposed pulp and other forestry developments in the province of Alberta until such time as:

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2. full and complete environmental impact assessments, equivalent to the federal Environmental Assessment Review Process (SOR/84-467) including public hearings, have been completed for each proposed forestry development.

head: **NOTICES OF MOTIONS**

MR. McINNIS: Mr. Speaker, I rise under Standing Order 40 to provide notice in view of an incident which sent three people to hospital yesterday. I will move that

the Legislative Assembly appoint a special select committee to consider, hold public hearings, and make recommendations regarding regulations designating routes for hazard-

ous cargo in rural areas, safety standards relating to the construction of containers for hazardous cargo, training and safety procedures for operators who handle such cargo, and emergency safety procedures for dangerous occurrences involving the transport of hazardous cargo.

It's Motion 203 on the Order Paper.

head: **INTRODUCTION OF SPECIAL GUESTS**

MS M. LAING: Mr. Speaker, it gives me great pleasure today to introduce to you and through you to the members of this Assembly the son of the Member for Stony Plain, Chris Woloshyn, who is a grade 10 honours student in Spruce Grove. Would he please rise and receive the warm welcome of this Assembly.

MRS. OSTERMAN: Mr. Speaker, it gives me a great deal of pleasure this morning to introduce some representatives from the Alberta Weather Modification Co-op who are here to watch question period. I might say with a great deal of pride that for the most part they are from my constituency. As I call their names, I'd ask them to rise. First, we have Mr. Harold Howe, who is the chairman of the Weather Modification Co-op; Jim Christie, who is the former chairman of an advisory group that we had to this government on weather modification; Mr. Dick Page -- I would note that Dick and his family are recipients of a master farm family award -- and Mr. Jim Bishop, who has shown untiring efforts to promote this particular area. I'd like us to give them the traditional welcome of the House.

head: **ORAL QUESTION PERIOD****Code Inquiry Report**

MR. MARTIN: Mr. Speaker, to the Premier. In the Code inquiry clearly the former Consumer and Corporate Affairs minister -- the term that was used was "negligent" -- Frankly, this whole government was negligent, including the Premier of this province right now. I have a memorandum here dated November 18, 1985, more than two and a half years before the government finally pulled the licences of FIC/AIC. The Premier received a document from the then Treasurer Lou Hyndman which reported three important findings. Number one, the combined capital impairment of the companies was \$12.8 million after combined losses of the previous six months of \$13.6 million. Number two:

The situation may call for the suspension or cancellation of . . . the companies.

And finally, three:

It is possible that the regulators might have to invoke the provisions of The Act with respect to receivership and/or liquidation of the two companies.

Mr. Speaker, that's what the Premier knew back in 1985.

My question to the Premier, Mr. Speaker. How is it that in his sworn statement to the Code inquiry, the Premier said that he had no knowledge of the difficulties of FIC/AIC until February 1987?

MR. GETTY: Well, Mr. Speaker, the hon. members may want to relieve the Code report, but we've taken two years . . . [interjections]

MR. SPEAKER: Order.

MR. GETTY: Mr. Code has handled it, I think, in a very effective fashion in all details. The lawyers from both sides brought together all the evidence they felt they possibly could, including evidence from members of cabinet. As the members know, I asked the hon. Lieutenant Governor to release ministers from their normal oath of secrecy on cabinet matters. So, Mr. Speaker, I find it strange that the hon. Leader of the Opposition now wants to redo the Code report. We've handled all of the testimony in the report.

MR. MARTIN: Mr. Speaker, we were told day after day that they'd answer questions after the Code report came down. This has been a tragedy to a lot of little investors. It's going to cost the taxpayers . . .

MR. SPEAKER: The question is?

MR. MARTIN: . . . probably millions of dollars, Mr. Speaker. I want to ask the Premier again. Why is it, then, they said in the Code report that he didn't know anything about it in '87 when he clearly knew in 1985? Tell the people of the province.

MR. GETTY: Mr. Speaker, the hon. member can go through all the indignant poses that he wishes. All of the facts were presented to the Code inquiry, all of them. The hon. Leader of the Opposition is not able to run his own now. We've provided them with all the facts.

MS BARRETT: You said you'd answer. Liar.

MR. MARTIN: Mr. Speaker, another nonanswer.

MR. SPEAKER: Pardon me? Order please. Not you, hon. leader. Did the Chair hear "liar" called across this House?

MS BARRETT: Yes.

MR. SPEAKER: Would the member care to retract please.

MS BARRETT: Yes.

MR. SPEAKER: Would you stand up and do so, please.

MS BARRETT: He didn't tell the truth. He said he would answer . . .

MR. SPEAKER: Hon. member, please don't make it any worse than it is.

The Chair now recognizes the leader for the final supplementary.

MR. MARTIN: Mr. Speaker, this is a very serious matter, and I want the Premier to tell the truth to this Assembly. It has to be one or the other. Was he not telling the truth to the Code inquiry, or was it that he didn't bother to read the memo? Which was it? Tell the people here, because the eyes of Alberta and Canada are upon you.

MR. GETTY: Again, Mr. Speaker, I've just told the House. The hon. leader can twist himself in all kinds of contortions along with his House leader, but I've told the House that all of the testimony, the accurate testimony from our government was

made to Mr. Code.

MR. MARTIN: Mr. Speaker, it's a very sad day.

MR. SPEAKER: The second main question.

MR. MARTIN: Mr. Speaker, to the Attorney General. The Attorney General has reassured us in this House that the Cormie family and other Principal executives will be brought to justice without delay. In fact things seem to be going so well, he's sort of rejected any personal intervention on his part. But on Wednesday the Attorney General confidently told the Member for Edmonton-Strathcona, and I quote:

I can assure the hon. member that the police do know the whereabouts, maybe not from minute to minute but generally know the whereabouts, of all the players in this.

Well, yesterday, Mr. Speaker, the federal investigators apparently couldn't find Mr. Donald Cormie. Now, I want to ask the Attorney General this. I take it that he has been in touch with the federal investigators, which would be his job as Attorney General, and I want to know today if the federal investigators have been able to locate Mr. Donald Cormie.

MR. ROSTAD: Mr. Speaker, I don't have any idea where Mr. Cormie is today, as I'm sure the hon. Member for Edmonton-Norwood has no idea from moment to moment where his wife might be. The situation is that Mr. Cormie has been served or they are going to serve him with papers that have a returnable date for Monday. His solicitors have publicly stated they expect Mr. Cormie to be here today. Mr. Connie's location really is irrelevant to this whole matter until Monday, and if Mr. Cormie is not there Monday, a Canada-wide warrant would be put out for his arrest. A person who has been accused of something as serious as what is before discussion in this House and what is before the public right now in this very, very serious matter would be compromising his whole position of his proclaimed innocence if he didn't show up. I think we should wait until Monday to find out if, in fact he is then served with the document. Mr. Speaker, the Leader of the Opposition should try not to incite great public unrest for something that isn't there yet.*

MR. MARTIN: Mr. Speaker, this is one of the most appalling performances I've seen, and I've seen a lot. An answer like that -- I expected more from the Attorney General.

Now, Mr. Speaker, my question is to the Attorney General, because he made the statement that they knew where the players were. Now he says, "Well, I'm not sure." I want to ask him this question then: when was the last that he knew the whereabouts of Mr. Donald Cormie, because they are supposed to be having an investigation on it?

MR. ROSTAD: Mr. Speaker, first of all, it's irrelevant whether I know where Mr. Cormie is. I am not like the hon. Leader of the Opposition, who wants to have everybody under a magnifying glass, put a string on everybody. Centralized action is what they go for. Mr. Cormie was at his cottage before. Where he is right now, I don't know. I said before that the relevant time is Monday; again, we shall wait till Monday.

MR. MARTIN: Mr. Speaker, I want to know who's in charge here. You said on Monday you knew the whereabouts, the po-

*see page 943, right col., para. 11

lice knew, and you could check that any time. Now you don't seem to care, in answer to my point. My question is: has the Attorney General even been in touch with the federal investigators to find out what's going on?

MR. ROSTAD: Mr. Speaker, we care. We all care. This is a very, very serious matter. In fact, it's so serious that we've spent over \$25 million to try and get to the bottom of it. We are now planning our response, a very considered and reasonable response. The matter of where Mr. Cormie is in relation to this specific action, first of all, is not the responsibility of the Attorney General or any member here or any member in the Assembly. The law courts have processed paper which is to be served on him, and it's returnable on Monday. If Mr. Cormie does not show up Monday, which is the relevant time, there will be a Canada-wide warrant for his arrest. That will take place; that's the process of the law. It is not for the Attorney General and certainly not for the Leader of the Opposition to be so pompous as to think that you're going to have anybody at a specific time.

MR. FOX: Maybe he's at the bull sale in Red Deer.

MR. SPEAKER: Hon. Member for Vegreville, that's uncalled for as well.

Member for Edmonton-Glengarry, leader of the Liberals.

MR. DECORE: Mr. Speaker, yesterday when I addressed the issue of the discrepancy between the memo with the two-page summary that the Premier received in 1985 from the then Provincial Treasurer and the statement that he set out in his statutory declaration in 1987, I thought that the Premier would come forward and reconcile and explain why all of us are having difficulty understanding what appears to be two statements that are not in sync. We're not getting that information, and I'm dismayed that we continue to get thwarted and stonewalled on this issue. I'd like to put this question to the Premier. I'm going to, sir, allow the benefit of the doubt in saying that you probably didn't read the memo. On that basis, sir, do you feel that the regulators, that your deputy ministers, that your ministers owed you a duty to come forward and to explain that there was a very serious situation facing Alberta with respect to FIC and AIC?

MR. GETTY: Mr. Speaker, I have to repeat for the House that we have a very important matter . . . [interjections]

MR. SPEAKER: Hon. Member for Edmonton-Kingsway, order please. That's enough. [interjections] Excuse me a moment, hon. members. Just hold it. Thank you. A question is asked. The heckling can at least wait until the first sentence is out by whoever has asked the question rather than starting to natter away before the person even gets a chance to get going. As for Edmonton-Kingsway, that's another matter. Thank you.

Mr. Premier.

MR. GETTY: Mr. Speaker, as I've told the House on quite a few occasions, particularly this week, we have received a very important report on a very important matter, and the government will be making a review and assessment in a logical, reasoned way and then making a statement regarding it, a statement of our reaction and action that we plan. We've told the House that time after time. If the hon. members want to try and dissect the

report here in advance of that, I'm sorry, they are not going to be successful.

MR. DECORE: Mr. Speaker, I'd like to ask the Premier this question. In the course of time between the memo coming to you in 1985 and your statutory declaration or even the closure of FIC and AIC by the Provincial Treasurer, you made three ministerial appointments. Did you not ask the ministers that were leaving and those that were coming to discuss with you the major issues of that ministerial portfolio, the concerns, the problems that you should be informed of?

MR. GETTY: Mr. Speaker, even the hon. leader of the Liberal Party surely knows that discussions between the Premier and members of cabinet are not matters for public discussion.

MR. DECORE: Mr. Speaker, I'd like to put the question one more time because I think it's so important to the people of Alberta. Please reconcile the obvious discrepancy that exists in the Code report between you getting the memo in 1985 that clearly sets out the difficulty of FIC, knowing that you have a securities and a Royal Bank background, and the steps that you knew or should have taken. Why didn't somebody tell you what to do? Why didn't you do something? Please give us some guidance on this. I think the people of Alberta are entitled to know that.

MR. GETTY: Mr. Speaker, I appreciate the hon. member reviewing some of my background regarding the Royal Bank and the securities business. But I would only draw to his attention that there is no discrepancy except in his mind. There's certainly no discrepancy in Mr. Code's report.

MR. SPEAKER: The Member for Smoky River.

Training Initiatives for Tradespeople

MR. PASZKOWSKI: Thank you, Mr. Speaker. During this past week we've had a series of meetings with small business owners from northern Alberta. Basically, they addressed the needs of what small business really needs in our part of the province. Their concerns addressed trained staff to accommodate the needs of service of new developments in the forestry industry. My question is to the minister of career development. What efforts is your department taking to accommodate and enhance the skilled work force to accommodate the needs of the forestry industry in northern Alberta?

MRS. OSTERMAN: Mr. Speaker, the efforts that the hon. Member for Smoky River and, indeed, the Member for Grande Prairie have made in meeting with businesses and bringing this matter to my attention have been innumerable. I would say to the hon. member that I think it's well known that Alberta trained probably at least 25 percent of the journeymen in this country over the last number of years and, indeed, some of them left the province. It is our desire to not only enhance the apprenticeship program but to potentially look to some of those journeymen that are now in other places.

MR. PASZKOWSKI: Madam Minister, are we going to have to go out of province to accommodate the needs of the journeymen to accommodate the skills of the industry?

MRS. OSTERMAN: Well, Mr. Speaker, that's a good question. We have a number of journeymen in government that are certainly very skilled people, and we are going to make sure -- and I think I made that abundantly clear in the estimates -- that we would be taking on apprentices in government because, indeed, we have those skilled journeymen. However, there will be a shortage of journeymen. We have a red seal exam that journeymen in other provinces can write. Again, we are hopeful that some of those people will come back, because the journeymen are key in order to increase the numbers in our apprenticeship program.

MR. PASZKOWSKI: Madam Minister, do we have adequate facilities to properly train for the needs of the small business operators in the northern part of the province so that they can, indeed, adequately continue to service the growing needs that are developing?

MRS. OSTERMAN: Mr. Speaker, the small businesses that are in this area, particularly dealing with welders, millwrights, carpenters, and mechanics, have always played a key role in developing skilled workers in this province. I know that when the economy is flourishing to the extent that it is in Alberta, and it's very positive right now, many of those workers end up going to the larger companies. The hon. member, I know, will be thinking about the expansion that is proposed by Procter & Gamble in his area. While it is key to get additional journeymen here located in the province, I think it's also important for us to recognize that we have so many workers in this province who are desirous of getting that training, and I know the hon. Member for Athabasca-Lac La Biche has been keen on this.

I might mention that there are programs we are testing. One is in the Whitecourt Learning Centre, where we have people upgrading their education so that they may participate in the program. There are just incredible examples of women who will become heavy-duty mechanics. There is a native lady with eight children who is taking that upgrading and sees for herself a very bright future. That is because of the incredible opportunities now abundant in our economy.

MR. SPEAKER: Calgary-Mountain View, followed by Calgary-Buffalo, then Clover Bar.

Code Inquiry Report (continued)

MR. HAWKESWORTH: Thank you, Mr. Speaker. The Code report finds that prior to 1985, when the present Premier assumed the leadership of the government, the auditors from Consumer and Corporate Affairs were accurately describing the problems at FIC and AIC. The Treasurer, however, when he assumed responsibility insisted on his own department, the department of Treasury, redoing the same work, which caused another delay. Then, apparently not trusting the findings of his own department, he decided to have an outside appraisal of FIC and AIC. Mr. Speaker, in view of the public document, which is the Premier's sworn statement before the Code inquiry that the Provincial Treasurer did not inform the Premier that something would have to be done about those two companies until early in 1987, I'd like to ask the Provincial Treasurer why did he not tell the Premier what he was doing in regard to these two companies?

MR. JOHNSTON: Mr. Speaker, I guess over the course of the last three or four days we've taken the consistent position, as the Premier has taken again this morning, that we were not going to rehash the Code inquiry. The inquiry was put in place to hear the evidence, provide testimony, to give reasonable explanations, and I don't think it's incumbent on this Legislature to rehear Mr. Code. We've indicated already that we'll not be commenting further with respect to the Code comment.

MR. HAWKESWORTH: Mr. Speaker, the Provincial Treasurer's making all kinds of comments rejecting the Code report. People want to know: when the Treasurer in July of 1986 knew that a massive injection of capital was needed to keep the Principal companies from collapsing, why did he not tell the Premier?

MR. JOHNSTON: Well, Mr. Speaker, again, the member can look at the testimony; he can go through all the documents. Obviously they've had their researchers over there searching for the documents. In fact, as we've said before, we stand by our former answer.

MR. HAWKESWORTH: A shameful abdication of leadership, Mr. Speaker. Will the Provincial Treasurer . . .

MR. SPEAKER: Order please, hon. member. Do we have a question in that last statement? Thank you.

MR. HAWKESWORTH: Will the Provincial Treasurer stand in his place beside his boss and tell the people of Alberta why he did not pass on vital information to the Premier as soon as it became known to him?

MR. JOHNSTON: Well, again, Mr. Speaker, that is in fact the same question. The reasons, the process, have been spelled out in the Code inquiry, available now for public information. We'll be able to tell everyone. And we were asked those very questions in the Code inquiry and responded to them there, sir.

MR. SPEAKER: Calgary-Buffalo.

MR. HAWKESWORTH: Mr. Speaker . . .

MR. SPEAKER: Calgary-Buffalo, not Calgary-Mountain View. Thank you.

Responsibility for Financial Institutions

MR. CHUMIR: Thank you, Mr. Speaker. In February 1986, at the height of the crisis in our financial industry when a strong, experienced administrator should have been put in charge, the Premier appointed the Member for Peace River to be minister in charge of regulating financial institutions. The Member for Peace River himself advised Mr. Code that he knew little about the Alberta financial industry or its problems, that he considered himself to be a promoter rather than a regulator, that he was not given a reason for his appointment by the Premier, who told him that he'd only be there for a short time. Indeed, he was there only for three and a half months, while Albertans continued to be fleeced. I'm wondering whether the Premier would tell this House why he made the change and appointed the Member for Peace River to be Minister of Consumer and Corporate Affairs in February of 1986.

MR. GETTY: Mr. Speaker, as I've already told the House today -- and I'm sure you, sir, will not want us to repeat questions and answers in what is a relatively short question period -- my discussions with my ministers are obviously, and have been traditionally and always will be, a private matter between a Premier and his cabinet.

MR. CHUMIR: We're not asking for his private discussions. We want to know some of the reasons why he made certain moves. We also want to know whether the Premier spoke to the former Minister of Consumer and Corporate Affairs or any other person with respect to the problems that the financial industry was having, whether he informed himself before he made this important change in responsibility at that important time.

MR. GETTY: Mr. Speaker, the hon. member, giving us his best Perry Mason act, will just have to go on with the answer I've given him. He's asking the same question in a different manner, but the same answer applies.

MR. CHUMIR: I'd remind the Premier that he didn't testify before Mr. Code, and . . .

MR. SPEAKER: Order please. We're on the final supplementary. It's a supplementary question; there's no preamble. It's nothing else. And care is taken with regard to *Beauchesne* 411. Thank you. Calgary-Buffalo.

MR. CHUMIR: Does the Premier recognize how irresponsible it was for him to appoint the Member for Peace River to be in charge of regulating financial institutions at this crucial time, when he obviously had such poor qualifications for the job?

MR. GETTY: Again, Mr. Speaker, it's I guess typical of the hon. Member for Calgary-Buffalo to make those kinds of statements about another member of the Legislature. It's quite a sad thing to watch him do that about a member who is not here. He is, in fact, asking the same question again. I would only say this, Mr. Speaker: when he refers to not appearing before the Code inquiry, that was Mr. Code's decision. I was available.

MR. SPEAKER: Member for Clover Bar, followed by West Yellowhead.

Experimental Liming of Water Bodies

MR. GESELL: Thank you, Mr. Speaker. My question is addressed to the Minister of the Environment. The liming of Halfmoon Lake is an ongoing experimental project with the objective to improve the water quality in the lake. There is concern by the private partners who have financially contributed towards this project, the residents around the lake, that the project may be abandoned. Will the minister assure my constituents and the Assembly that this experimental project, a critical experimental project, will be completed?

MR. KLEIN: Well, Mr. Speaker, we can guarantee that it will be completed as an experiment, but relative to the commercial use of lime to control nutrients in lakes and other waterways, it's a matter that needs much more study. The department is recommending that at least three to five years' additional study be undertaken before we enter into commercial application of

this particular process.

MR. SPEAKER: Supplementary.

MR. GESELL: Thank you, Mr. Speaker. Will the minister give a preliminary indication at least on the basis of the two reports that have been issued by Dr. Ellie Prapas on this particular lake about the relative effectiveness of this technique?

MR. KLEIN: Mr. Speaker, there has been some evidence that indeed the liming process is effective in reducing nutrient concentrations, but the research at this time is inconclusive and it's for that reason that . . .

MR. SPEAKER: Order please. Excuse me, hon. member. Calgary-Mountain View, thank you very much. Perhaps you could adjourn for coffee outside. Thank you.

Minister of the Environment.

MR. KLEIN: It is for that reason, Mr. Speaker, that the department is recommending that further research be undertaken and that the individual mentioned by the hon. member be asked to provide a research plan that would involve about another three to five years of good, solid work.

Via Rail

MR. DOYLE: Mr. Speaker, it'll soon be impossible for Albertans to travel east by rail or for anyone living east of Alberta to come to our province on a passenger train. The looming cuts in Via Rail will only serve to further divide our country, a country originally brought together by railroad. Recent communications from the office of my MP, Mr. Clark, in Ottawa confirm that the final decision on implementing the cuts will be made in cabinet on Monday, July 24, and that will be the end to taking the train across our country. My first question is to the Minister of Economic Development and Trade. Now that the minister has repeatedly told us just how concerned he is about this situation, can he tell us if he plans to express his feelings to his federal cousins in Ottawa of the outrage that Albertans feel about a decision of this magnitude being made behind closed cabinet doors with an order in council, not allowing full parliamentary debate or public hearings? Will he officially oppose this conduct?

MR. ELZINGA: Mr. Speaker, I indicated to the hon. member, as I have done to other hon. members on a consistent basis, that we have made strong representations to the federal government indicating our opposition to the cuts in Via Rail service. In addition to that, what we have done is that we've put together a task force whereby we're asking for input from the municipal areas that are affected with the cutbacks so that we can continue that strong pressure on our federal counterparts plus examine alternatives in the event that there are cuts. I stress "in the event that there are," because it is somewhat hypothetical at this time because they are going through that examination process. We recognize that Via has had a substantial deficit. The federal government is wrestling with that, but we don't want to see cutbacks at the expense of what we consider a very important tourism industry within the province of Alberta. In addition to that, I have had extensive discussions with the Deputy Prime Minister, Mr. Mazankowski, and he has left me with the assur-

ance that they are going to do their utmost to make sure the interests of western Canada are protected.

MR. DOYLE: To the Minister of Tourism, Mr. Speaker. I suppose there is some small relief in having services to the Rocky Mountains and Vancouver maintained, but I would ask the minister if he can give us his assurance that the department will seriously consider reinstating rail service between Edmonton and Calgary, thus establishing a practical and efficient tourism loop through British Columbia and Alberta.

MR. SPARROW: Mr. Speaker, we've been quite involved, and tourism depends on rail service in western Canada. Just recently, on July 10, the four western ministers of tourism got together to discuss many other things besides Via Rail, and they're waiting with interest and want to have input into the changes that could come about because of the budget strain and changes that the federal government are making. One of the suggestions has been that that loop from Vancouver, Jasper, Edmonton, Calgary, Banff, Vancouver is a very natural tourist loop and should be considered in any changes. The mountaineer service that we as a government helped promote last year was one of the most successful legs of Via Rail, and it stands out very clearly that that's one that may be and should be expanded. I think the success of that, Mr. Speaker, speaks for itself because we're marketing a specific product. Part of the problem that Via has is that their system is so large across Canada that unless we market those different legs and different parts of it as specific products, that passenger increase won't be there.

MR. DOYLE: Mr. Speaker, back to the Minister of Economic Development and Trade. I'd like to ask the minister if he, the Premier, or anyone in this government has specific plans for helping the more than 1,000 Albertans, in fact 1,000 persons in Edmonton alone, who will very soon be unemployed due to these cuts in transcontinental rail service?

MR. ELZINGA: Mr. Speaker, the question is very hypothetical, as you can appreciate. We are naturally very concerned, and it's a consistent concern that this government has had as it relates to employment opportunity for Albertans. We take into account every aspect to ensure that Albertans do have employment opportunities. This is just one area I've indicated to the hon. member earlier that we are taking action in to ensure rail service, the employment of Albertans, and a number of other variables so that we can make sure that Via Rail does offer a consistent and comprehensive service to the province of Alberta.

MR. SPEAKER: Edmonton-Gold Bar.

Responsibility for Financial Institutions (continued)

MRS. HEWES: Thank you, Mr. Speaker. We know that the Premier changed ministers in Consumer and Corporate Affairs and other portfolios in February and May of '86 and moved the responsibility for the Principal Group to Treasury from Consumer and Corporate Affairs later in that year, in June. In his affidavit the Premier tells us that this was done without discussion with anyone and based on knowledge he'd gained from being on the boards of directors of public companies, including The Royal Bank, and further that matters related to financial

institutions should if possible be the responsibility of a single government department.

Now, I respect the Premier's comments earlier that discussions that he has with his ministers are private discussions, but here we have a case where the Premier appears to have made an important, substantive change in isolation, without discussing it or being informed of the problems of the department in advance. I find it very difficult to believe; in fact, bordering on irresponsible. To the Premier. Will the Premier please tell the House why he made this decision without what appears to be any discussion whatsoever with the ministers involved?

MR. GETTY: Mr. Speaker, my hon. friend has already led into her question by saying that she believes and respects that discussions between the Premier and members of his cabinet are not for public discussion and then asks for them. Frankly, the same reply I've given to another member today, the one who sits not far behind her, still applies.

MR. SPEAKER: Thank you.
Supplementary.

MRS. HEWES: Thank you, Mr. Speaker. Is the Premier then telling us that the problems being encountered by the Principal Group had nothing whatsoever to do with his decision to make the Treasurer responsible for financial institutions?

MR. GETTY: Mr. Speaker, again the answer applies. As a matter of fact, I notice the hon. member used the term "irresponsible." I've been meeting with some Albertans; I met with them yesterday. They were pointing out to me that both comical and irresponsible were the way the leaders of the opposition parties were as they rushed to get on television in front of each other without even having read the report. That the people of Alberta think was a joke, those two. [interjections]

MRS. HEWES: Mr. Speaker, if I could just get back to the subject at hand.

Mr. Speaker, to the Premier. There were four different ministers responsible for financial institutions after the Premier took office. Can the Premier explain to the House whether there was any information shared with any of those ministers about the serious problems of Principal Group before, as he has stated, February 1987?

MR. GETTY: Well, again, Mr. Speaker, the hon. Member for Edmonton-Gold Bar, my hon. friend I must say, is continuing to ask the same question. There is no other answer than the one I have given her.

MR. SPEAKER: Perhaps not all hon. members have their *Beauchesne* with them, but if they would be good enough to look up 411 in *Beauchesne*:

... further limitations ... [are] generally understood, although they may not seem to be understood this morning.

A question may not:

(1) ... [talk about] legal questions ... [and] interpretation of a statute.

(2) seek information about matters which are in their nature secret, such as decisions or proceedings of Cabinet ...

et cetera.

Perhaps we now could move on to Calgary-Fish Creek, fol-

lowed by Vegreville.

Insurance Coverage for In Vitro Fertilization

MR. PAYNE: Mr. Speaker, the question I ask today is directed to the Minister of Health on behalf of the thousands of couples in our province who have tragically been unable to conceive a child. Could the minister clarify for the Assembly today or possibly explain the government health care insurance policy position that denies any insurance assistance to infertile couples making use of in vitro fertilization clinics at a personal cost of many thousands of dollars?

MRS. BETKOWSKI: Mr. Speaker, the matter of in vitro fertilization and its coverage under the Alberta health care insurance plan is one that is definitely before us as a policy issue as a government. I commend the hon. member for raising the issue in the Assembly.

First of all, I'd like to note that the Alberta Human Rights Commission is currently reviewing the matter, because several of the couples to whom the member refers have asked that the matter be reviewed in that context. The issue of new reproductive technologies has enormous consequences for us in a health, in a legal, and in an ethical sense across the nation. I was very pleased that the federal government took the initiative to establish a royal commission on new reproductive technologies, and certainly this will be factored into any of the policy issues. As I indicated, the issue is clearly whether or not a publicly funded insurance plan, as we have in this province, should provide those services. It's certainly something that we will have to review as a government once the Human Rights Commission reports.

MR. PAYNE: Mr. Speaker, while the minister is quite properly awaiting the results of the Human Rights Commission review, in the interim would she be prepared to consider covering the costs of those basic supplies and diagnostic procedures, such as blood tests, that are covered in virtually every other type of diagnostic work?

MRS. BETKOWSKI: Mr. Speaker, I would have to take that question on notice, because in fact there are some of the procedures with respect to this procedure which are covered under the health care plan within our existing health system. As to which are and which aren't, I would take the question as notice and respond to the hon. member.

MR. PAYNE: The final supplemental, Mr. Speaker. In a day when birth rates are dropping and abortion rates are climbing and the number of babies available for adoption falls far short of the demand, would the minister commit to the House to expedite her policy review and decision regarding insurance coverage for hospital-based procedures related to infertility?

MRS. BETKOWSKI: I will make that commitment, Mr. Speaker, but I think it's important to make the distinction . . .

MR. DECORE: Point of order.

MRS. BETKOWSKI: . . . of the policy issue which the hon. member has mentioned. The issue, as I've said, with respect to in vitro fertilization is the one of a publicly funded health insur-

ance plan covering the service. The issue of abortion is a very different issue in a legal sense, because the issue of abortion has been adjudicated by the Supreme Court of Canada, and our policy position in this province reflects that decision. The in vitro fertilization process has not been reviewed by the Supreme Court to deem it a legitimate medical service under the Canada Health Act, and therefore the two are very different in the legal sense. I think that's an important point to put on the record. Nonetheless, with respect to the question of dealing with it as expeditiously as possible, I will certainly commit to that.

MR. SPEAKER: Vegreville, and if there's time, Edmonton-Meadowlark.

Loans and Loan Guarantees to Peter Pocklington

MR. FOX: Thank you, Mr. Speaker. It's a sad day indeed when Albertans realize that they can't trust the government to tell the truth about their secret deals with the Don Cormies and Peter Pockingtons of the world. Now, on March 3, 1988, the Conservatives approved the \$67 million package of loans and loan guarantees to Mr. Pocklington to, and I quote:

develop two significant capital projects -- a hog slaughter plant in southern Alberta and an upgraded and modernized beef and pork processing plant in Edmonton.

Now, Mr. Speaker, the ministers have admitted more than one year later that this money was not to build, upgrade, or create anything, but was intended to cover Mr. Pocklington's high-risk debts at the Continental Bank and give him some general-purpose operating money. I'd like to ask the Minister of Economic Development: what is he going to say to the hog and beef producers of Alberta, the workers at Gainers, and the good people of Picture Butte, who believed that the taxpayers' money was going to be used to build and upgrade facilities and to create jobs in the province not just to bail out their good buddy, Peter Pocklington?

MR. ELZINGA: Mr. Speaker, we've seen on a consistent basis the innuendo that the hon. member deals in. We saw it consistently with the Code affair, whereby this government under the direction of our Premier brought forward the most extensive inquiry that could be possible, whereby all the facts were released. We've also seen, again, whereby the hon. member is attempting to twist the facts as it relates to our commitment to the food processing sector within the province and our commitment to the job creation aspect within this province. He indicated that there wasn't a commitment on our part to upgrade and build the facility. There is that commitment, and that is why we involved ourselves, not because of the individual concerned but because of the processing facilities that are required for the province of Alberta.

I can point, Mr. Speaker, and I have pointed to a number of other food processing companies within the province of Alberta that we have offered support to, and we're doing so on the basis of the increase in quality of life to the residents of this province and also so that we will have first-class facilities for our primary producers. If the hon. member isn't concerned -- and he shows an inconsistent concern for job creation and our farmers -- let him be honest about that and admit it. Our support is for the food processing sector and the individual primary producer.

MR. FOX: Mr. Speaker, people unfortunately expect incom-

petence from government, but they neither expect nor deserve dishonesty. I'd like to ask the minister: with him bragging about his new interest shielding program that reduces operating-loan interest to 14 percent for small business and farmers, how on earth does he justify giving operating loans to Peter Pocklington at 9.6 percent?

MR. ELZINGA: Mr. Speaker, again the hon. member conveniently forgets that we have a program in place in excess of \$2 billion whereby we guarantee interest rates at 9 percent for the farming population. [interjection]

MR. SPEAKER: Vegreville, you've asked the supplementary.

MR. ELZINGA: This loan is in excess of what we are giving to our primary producers, but the hon. member conveniently forgets. It's a program that has been accessed by in excess, I believe, of some 17,000 farmers in the province of Alberta at an interest rate of some 9 percentage points. But the hon. member conveniently forgets that, Mr. Speaker, and I think it's important that we remind hon. members opposite what we are doing for our primary producers, whereby there is a program in place in excess of \$2 billion for our primary producers in the province of Alberta.

MR. FOX: Mr. Speaker, Peter Pocklington is quoted as saying, in relation to brighter days ahead for Gainers: I have financially backstopped the company. He should be reminded whose money it is.

I'd like to ask the minister: just how long is it going to take this minister to realize that Albertans don't want you using their money to cover Mr. Pocklington's butt, and demand that that \$6 million be returned and used for some real job-creation projects in this province?

MR. ELZINGA: Mr. Speaker, it's as I indicated in dealing with the hon. member a few days ago. I recognize it's against the House rules to indicate how he is attempting to distort the facts. But I should indicate to him that we're going to continue to make sure that our primary producers have first-class food processing facilities within this province, because without those first-class food processing facilities, it means a net loss to them as it relates to their return.

MS BARRETT: Yeah, yeah, yeah; so what about the loan money?

MR. SPEAKER: Order.

MR. ELZINGA: Mr. Speaker. . .

MR. SPEAKER: Time for question period has expired.
Point of Order, Edmonton-Glengarry.

MR. DECORE: Mr. Speaker, I rise under *Beauchesne* 409(12) with respect to the questions that the hon. Member for Calgary-Fish Creek put to the Minister of Health. It's my understanding that the matters that we'll be dealing with today are matters involving the minister's portfolio. These matters could easily have been put to her during the course of those estimates. All

this did was take up time needed to put urgent questions to the opposite side with respect to the Code matter. In the past, Mr. Speaker, you've jumped up and ruled these questions out of order, and I wondered why it didn't happen today.

MR. PAYNE: Mr. Speaker, in that the hon. leader of the Liberals made reference to me in my participation in question period today, I would like to respond to his point of order and suggest to you that it is not a point of order under *Beauchesne* for two reasons. First of all, he implied that this is not an urgent matter. On behalf of thousands of infertile couples in Alberta I can assure that member that it is an urgent matter. Secondly, I'd like to respond to his suggestion that we delay the discussion to Committee of Supply. He's been here long enough to know that there's very limited public exposure to the debates that go on in supply. I want the discussion here, where it can be exposed to all our province.

MR. SPEAKER: In response to the purported point of order, the Chair would point out that the Chair has been watching to invoke the rule of anticipation, which is a different one than the one stated here by the hon. Member for Edmonton-Glengarry. The appropriate subsection would have been 410(11) rather than (12). The Chair was watching, and there was some concern with regard to the line of questioning. But in terms of the broad policy concerns, the broad issue, that was fine. In one of the supplementaries there was some concern about getting into the matter of financial aspects, which would indeed have been dealt with in terms of estimates of the Department of Health, to be heard later today, if the member is able to get in in terms of that discussion. So the Chair takes it as notice but felt that the Chair was in order to allow it to proceed in terms of the broad issue.

As to whether or not government members' participation in parliamentary question period is a matter of delaying or not, that's purely a subjective matter in terms of your own opinion or mine.

The Chair recognizes another point of order the Associate Minister of Family and Social Services.

MR. WEISS: Thank you, Mr. Speaker. I rise under Standing Order 23(i) where it clearly states that it "imputes false or unavowed motives to another member." I rise in deference to the remarks made by the hon. Member for Vegreville. Not having had the opportunity of *Hansard* or the Blues in front of me to review, he did say, and I believe it impugns all hon. members of the government: making deals with such likes as Cormies and others. I state emphatically that the full report of the Code inquiry by Mr. Code has been made public. It's there. It's an expense of some \$25 million. I think the government's position is clearly outlined within the report.

MR. MARTIN: This isn't a point of order, Mr. Speaker.

MR. WEISS: Mr. Speaker, I'd like the opportunity to exercise my right in this House by raising the point of order, and that's why I stand here. If other members are not prepared to listen, then I'll sit down until they are. [interjections]

MR. SPEAKER: No. Vegreville is not recognized.

Mr. Minister, proceed to the point of order, without response to any catcalls which may or may not occur, briefly.

MR. WEISS: There certainly is no connection whatsoever with the remarks that the hon. member has raised, Mr. Speaker, and I would certainly ask him to withdraw, because I certainly have not sat in the House as a member of government and been involved in any such deals. I wouldn't want that to be impugned that way.

MR. SPEAKER: The Member for Vegreville, speaking to the point of order.

MR. FOX: Well, I made my comment about the government, with respect, in the general sense, and I can appreciate the Associate Minister of Family and Social Service's frustration at, you know, not being involved in some of the secret deals that other members of government make with these guys. But it's a matter of public record that deals are made and they won't be discussed. The Minister of Agriculture said in the House: I will not share the details of any discussions that I've had with any processors in the province. You can check *Hansard*. There have been all kinds of secret deals, I submit, made between this government and Cormie and his buddies over the 10 years that resulted in this mess. But I appreciate your frustration, hon. minister.

MR. SPEAKER: The Chair will examine the Blues.

head: **MOTIONS UNDER STANDING ORDER 40**

MR. SPEAKER: Before Orders of the Day we have notice under Standing Order 40.

Mr. McInnis:

Be it resolved that the Legislative Assembly appoint a special select committee to consider, hold public hearings, and make recommendations regarding regulations designating routes for hazardous cargo in rural areas, safety standards relating to the construction of containers for hazardous cargo, training and safety procedures for operators who handle such cargo, and emergency safety procedures for dangerous occurrences involving the transport of hazardous cargo.

MR. McINNIS: Mr. Speaker, just speaking briefly to the urgency of debate. There were two further spills on Groat Road and another one on 111th Avenue yesterday of Oakite Car-baway, which is the trade name for methylene chloride, a more than somewhat toxic chemical. Three innocent people were sent to hospital, and the Edmonton board of health is currently searching for others who may have suffered harmful effects from exposure to this chemical. After this matter was raised in the Assembly earlier this session and the government was specifically warned that it's only a matter of time before people get hurt, there was a report issued citing a regulatory vacuum dealing with the fact that there are no standards in Alberta for containers that hazardous chemicals can be carried in. Well, Mr. Speaker, the regulatory vacuum has become a leadership vacuum. Nothing is being done by the government, and the urgency is that this motion calls for the Assembly to step into the vacuum created by the lack of government action and to set up a process where we're going to get some regulations in place, and therefore I seek unanimous consent to move to Motion 203. [interjection]

MR. SPEAKER: Hon. member, please refer to Standing Order 40. Only one person gets to speak to it to make the request to the House.

Those in favour of granting unanimous consent, please say aye.

SOME HON. MEMBERS: Aye.

MR. SPEAKER: Opposed, please say no.

SOME HON. MEMBERS: No.

MR. SPEAKER: The request fails.

The Chair would also point out that it is somewhat unusual to have a request on a motion come forward which is already on the Order Paper and already has been discussed to some degree. Perhaps a different degree of creativity could be brought to bear with respect to a request under Standing Order 40 in terms of the wording of the particular motion.

ORDERS OF THE DAY

head: **COMMITTEE OF SUPPLY**

[Mr. Jonson in the Chair]

MR. DEPUTY CHAIRMAN: I'd like to call the committee to order.

head: **Main Estimates 1989-90**

Health

MR. DEPUTY CHAIRMAN: This morning we are dealing with the estimates of the Department of Health. They commence on page 215 in the estimates book and page 89 in the elements book. Does the hon. minister have any opening remarks?

MRS. BETKOWSKI: Mr. Chairman, I would like to make some introductory remarks in an overview sense for the Department of Health and start out by saying that the fundamental purpose of our health care system is to provide all Albertans with universal access to quality health care and to provide support to initiatives to promote and maintain the health of Albertans. I believe that Alberta's Health estimates before you reflect this government's principles outlined in our social policy paper *Caring & Responsibility*. They demonstrate Alberta's continued commitment to provide an excellent health system and balance the necessity to desire to care for and support those with health needs with the need for responsible public management and ensuring the most effective use of the resources available to us. Albertans expect and deserve this kind of treatment.

Since being appointed Minister of Health last September, I have gained a tremendous appreciation for the complexities and intricacies of the health system we've created in our province, but also an appreciation of the great challenges that lie ahead for governments, for health providers, for individuals who access that health system. The demands are increasing rapidly, and I'm proud of the work this province is doing in developing a strategy for future care needs for the health of Albertans. In Alberta a very positive step was taken by the Premier with the formation of one single Department of Health. I'm honoured to be the

minister responsible for tabling the estimates of this new department, a single administrative body for a range of services both community and institutionally based.

Before going on to the trends that are appearing in the health care delivery system, I want to pay tribute to the many people who work in the health care system throughout our province and especially those who work in the Department of Health. This has been a difficult year in terms of bringing together two departments, and to every single one of those people I say thank you on behalf of Albertans for the job they're doing. I want to pay special tribute to my Deputy Minister, Mr. Rhéal LeBlanc, and his executive assistant, John Sproule; my own executive assistant, Daryl Osbaldeston; and administrative assistant, Christine Braun. Although I am the one who receives the public eye, there are a lot of people who work extremely hard on my behalf, and I thank them.

This department is seeing a number of trends that are appearing in health care delivery. There is clearly a greater emphasis on disease prevention and health promotion, there is a shift in the institutional sector toward the networking of services through geographic sharing and improvements in ambulance service, and there is certainly an increasing need to focus on the growing needs in the area of long-term care. We are meeting the challenges presented by these new trends.

In the first case, we are increasing support in the areas of health promotion and community care services and are recognizing the growing importance of preventative care . . .

MR. DEPUTY CHAIRMAN: Pardon me, hon. minister. I hesitate to interrupt, but could we have the agreement of the Assembly to briefly revert to introduction of guests.

HON. MEMBERS: Agreed.

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

MR. DEPUTY CHAIRMAN: Edmonton-Kingsway.

MR. McEACHERN: Thank you very much, Mr. Chairman, for this slight interruption. I did just get the notice at the last minute and the guests are about to leave, so I apologize to the minister.

It's my pleasure today to introduce to the Assembly through the Chairman 16 English as a Second Language students from the Alberta Vocational Centre, the Winnifred Stewart campus in my riding. They are accompanied by their teacher Ann Marie Labrie. I would ask that they rise and receive the warm welcome of the Assembly.

head: **COMMITTEE OF SUPPLY**

Health (*continued*)

MRS. BETKOWSKI: Mr. Chairman, as I was saying, we are dealing with the trends in the system in the following ways. First of all, we are clearly increasing support in this budget in the areas of health promotion and community care services, because we're recognizing the growing importance of preventative care in the future health of Albertans. As part of this increase, we've committed \$1 million to the development of a screening program for the early detection of breast cancer, and work on

this initiative has begun. Various stakeholder groups have met with the department officials, and an initial meeting of the advisory committee, bringing together all the players for the development of the program, recently met. The initiative is an extremely important one, and we have received positive support from the many health professionals involved.

Alberta Health has provided also an additional \$7.8 million to enhance speech pathology programs throughout the province. We've been working with the Department of Education and the health units and school boards involved to expand and enhance speech therapy services, particularly in the initial stages for school-age children.

We are clearly continuing our commitment to fight the spread of AIDS through public communication, which is the best way we can prevent the suffering caused by this horrible disease to not only the victims but families and friends. We're also committing an additional \$2 million for patient care services for persons with AIDS, and these funds will go to both the community and the institutional sectors and are in addition to the funding we have provided for the provision of AZT drugs, which is close to \$1 million per year, and funding for infection control in hospitals, which was announced in the context of the province's response to the nurses' concerns about safety in the workplace.

Under the leadership of our Premier, Alberta is developing the Family Life and Drug Abuse Foundation. This \$200 million endowment will allow us to aggressively explore some innovative ways to deal with the serious problems of drug abuse and the resultant effect on family life in this province. This initiative was commended by other western Premiers at the Western Premiers* Conference hosted by our Premier Getty, and this year's commitment of \$250,000 is a very important initiative to allow for consultation with Albertans and professionals to develop the structure and the terms of reference for the foundation to ensure that the efforts will be effective, worth while, and long-lasting and be a complement to the existing worthy programs that occur in this province.

We'll be continuing to provide support for AADAC. I'm pleased to see the executive director for AADAC here in the gallery and welcome him. I am proud that we've been able to enhance the funding to AADAC substantially this year with an overall increase of 18.9 percent and a 35 percent increase in prevention and education programs. New initiatives include adolescent prevention which will encourage healthy life-style choices by our young people, treatment programs which will enhance our ability as a province to meet the treatment needs of kids here in Alberta as opposed to them having to leave our province, and finally, planning funds for a northern addiction centre which is included in the budget.

Secondly, in terms of the challenges we are facing, clearly they are in the institutional sector as well. As a government we are very proud of the health care infrastructure that has been established over the last decade in Alberta. We can now begin, however, to concentrate on ensuring the full utilization of existing resources through the networking of services. This is starting to occur in a number of areas with the designated lithotripter units, for example, in northern and southern Alberta at the Misericordia and Holy Cross hospitals. Work is being done on a pilot project in northern Alberta hospitals with respect to laboratory services. In addition, the first magnetic resonance imaging unit to be used strictly for clinical purposes will be at the Foothills hospital and will be used in a networking sense across

the province as well.

We also need to ensure accessibility to our fine institutional infrastructure through the development of a new network and framework for emergency services in the province. Members will know of the excellent work that was done by the committee. The Member for Drumheller, in chairing the advisory committee, produced the report *New Dimensions in Emergency Health Services: An Alberta Solution*, and it's an excellent report. As a result, we are planning implementation of legislation, and that will be tabled during this session. A commitment of \$500,000 for initiating the first phases is included within this budget. In order for hospitals to continue their fine work in caring for those Albertans in need of treatment, we have enhanced funding to cover the costs of inflation and allow for enhancement and new programs.

To deal with the particular concerns of the nursing profession, we have committed \$6 million in the Department of Health budget to the first year of a four-year program for this purpose. The contribution the nursing profession makes to the health industry is immense, as well as the resulting impact on manpower costs within our institutions. During the recent labour unrest in British Columbia and Quebec, national attention has focused on nursing concerns, and other provinces have been pointing to Alberta for some of the innovative steps we are taking to address this important area. A nursing job enhancement advisory committee has been appointed, chaired by Mrs. Marlene Meyers. I expect to have a new senior nursing consultant in place in early fall.

Thirdly, with respect to the challenges, I'm particularly excited about the efforts we are taking and the initiatives we are taking with respect to the area of long-term care. The impact of an aging population is one of the most significant influencing factors on future health care costs not only in Alberta but in other areas as well. Our Premier expressed his commitment to those individuals who did so much to build this province and have chosen to retire here to bring them closer to family and friends. There's been extensive work in the area of long-term care in this province. The Committee on Long Term Care for Senior Citizens, chaired ably by the Member for Calgary-Glenmore, consulted widely throughout the province. The Mirosh report and its recommendations have been received positively by interest groups and service providers throughout the province.

The general principles that have emerged as a result of this extensive consultation indicate that Albertans want a system for a continuum of services that's responsible to the individual client's changing needs. Albertans want a system which emphasizes prevention and health promotion and supports people maintaining their independence as long as possible. Albertans support a multidisciplinary holistic system which acknowledges the contribution of families, informal care givers, and volunteers. Albertans support a system where accessibility is based on equity and allows choice and a system which promotes quality and cost-effective care. These are the principles we will be following. We've already begun to introduce many other recommendations outlined in the Mirosh report and committed \$9 million this year for implementing recommendations. It will continue to serve as a policy framework as we meet the challenges in this growing area.

The following are some of the specific initiatives that are being taken by Alberta this year and are part of the budget that's before you. Major increases in Home Care funding of \$5.7 mil-

lion are in addition to the \$6 million that was added to the Community Health budget specifically for home care last fall. This brings the total to \$47.2 million being spent in this important area. It will be targeted to heavy care and allow us to maintain clients in-home who otherwise might not have to be institutionalized. Other funds are being provided for the following purposes. We are increasing support in health promotion geared specifically toward seniors. We are providing support for day hospital initiatives. We are developing support and consultative services for long-term care and for Alzheimer and dementia patients and the special needs they demand. We're providing for oxygen and medical surgical supplies to allow nursing homes and auxiliary hospitals to take on heavier care patients. Finally, we will provide for the development of pilot projects such as geriatric rehabilitation teams at the Misericordia and Royal Alexandra hospitals and a quick response service operated by the Edmonton board of health. Many Albertans presently in long-term care institutions entered via the system of the emergency room in an acute care facility. I think we need to work to develop methods so that the senior breaking a hip can be discharged from an acute care to a home and not to another institution unless that care is absolutely necessary.

A patient classification system was recently introduced in Alberta to ensure that individuals are receiving the appropriate care by appropriately trained personnel. We reviewed the benefits to promote individuals to stay in their own communities and avoid unnecessary or premature institutionalization. This classification system is being looked at by many other jurisdictions, and I'm pleased to advise that the government of Ontario is sending a delegation to Alberta with the intent of instituting our patient classification model. I'm proud of the commitment the province, and particularly the Premier, has shown toward building for the future health needs of Alberta's seniors.

I would now like to review quickly the health expenditure estimates and bring to your attention certain highlights within each of the votes. The estimates for 1989-90 are approximately \$3.4 billion, reflecting an increase of 9.4 percent or \$295 million over the 1988-89 comparable estimates of approximately \$3.1 billion. The estimates presented before the House reflect a budgetary requirement of approximately \$3 billion. The difference between the expenditures of \$3.4 billion and the budgetary requirements of \$3 billion represent the revenues and the contributions by the federal government to the health care insurance fund. The \$3 billion estimate is reflected in seven specific votes.

Vote 1 is Departmental Support Services and reflects the costs of administration and support services provided to the various programs within Alberta Health. Central administration budget for Alberta Health has decreased by .7 percent over the previous fiscal year and represents less than 1 percent of the total estimates of Alberta Health. Of special interest within the Departmental Support Services is the establishment of a Mental Health Patient Advocate's Office and provision for the planning of funds for the Alberta Family Life and Drug Abuse Foundation. The Mental Health Patient Advocate's Office is being set up as part of the new legislation, the Mental Health Act, which was recently passed by this House. The main principles of this important legislation are to recognize and respect the rights of mental health patients, to improve measures for the promotion of the public, and to facilitate more efficient administration of the mental health program. The patient advocate's office is an integral part of the Mental Health Act and an important service

component toward addressing these principles. As I mentioned previously, the \$250,000 in the estimates before you will be utilized to obtain the opinions of Albertans and experts in the area of drug abuse before we establish and set the foundation in place in the budgetary sense.

Vote 2 is the Health Care Insurance Fund. This program reflects the costs of administration and this government's contribution toward the Health Care Insurance Fund. The Administrative Support before you provides for the registration of Albertans for health care insurance, the collection of premiums, and the payments to health care providers under the plan. The '89-90 estimates for Administrative Support reflect an increase of 11.3 percent or \$2.8 million. This increase is required for the collection of overdue premiums. That Alberta Health Care Insurance Fund provides for this government's insurance plan which covers the costs of medical services and a number of related health services. Our contribution as a province toward the insurance fund reflects the difference between the revenues collected from premiums and the federal government's contributions and the payments made to health care providers. The estimates reflect an increase of 2.5 percent, or approximately \$13 million, in provincial contribution to the fund. Of course, that is an estimate and not a cap.

The total expenditure for health care insurance is \$981 million. The provincial contribution is approximately \$526 million, or 55 percent of the total expenses of the fund. Premiums account for only 28 percent of the expenses incurred through the health care insurance plan. The premiums, as were announced during the budget address, will increase \$1.75 for a single contributor and \$3.50 for family contributors. The increase is the maximum increase in health care premiums.

I think it's important to note that approximately 250 senior citizens and their dependants are fully exempt from paying health care premiums. As well, 225,000 registrants are exempt from paying premiums based on income levels, and an additional 50,000 registrants only pay partial premiums based on their income levels. We've also revised our method of calculating taxable income to ensure that the federal tax reforms of 1988 do not impact on registrants who are currently receiving benefits under the premium subsidy program. The revision will provide 13,000 registrants with higher subsidies than they are currently receiving, and 7,000 additional registrants will receive a subsidy over those who are receiving it now.

Vote 3 is the Financial Assistance for Active Care. The program provides operating funds for active care facilities. The estimate provides for an increase of 11.1 percent, or \$170 million, over the '88-89 estimates of \$1.53 billion. This 11 percent represents a 5 percent general grant increase announced in December. The remaining 6.1 percent, or \$97 million, is being provided to maintain ongoing operations arising out of past commitments, increased activity levels, and new initiatives. Some of the new initiatives I indicated in my earlier comments for which funds are included are the nursing initiatives, the AIDS patient care services, and the emergency health services.

Vote 4 is Financial Assistance for Long-Term Care. The program makes provisions for institutional long-term care services delivered through auxiliary hospitals, multilevel care facilities, and nursing homes. As I outlined to you previously, my department is spending considerable time and effort to deliver long-term care services in a different and an even better way than we've been able to do in the past. The estimates for the program are being increased by 12.6 percent for \$44 million

over the '88-89 comparable estimates, and we have not only increased funding for these facilities but have also increased departmental staff to effectively plan for the new initiatives that are under way.

Vote 5 is the Community Health Services. The objective of these is, of course, to enhance the quality of independent living in the community through prevention programs, financial assistance to communities for local health services, for volunteer programs, and, very importantly, to monitor the general health state of Albertans. The local health services are provided through 27 health units, with offices and suboffices in 212 localities across our province. As well, programs are provided through two provincial laboratories of public health, two provincial vital statistics offices, two sexually-transmitted disease control regional offices, tuberculosis control regional offices, and the administration of family and community support services, which provides funding to 144 local jurisdictions.

The estimates before you reflect this government's emphasis on community health services, for health is as much a family concern as it is an individual one and as much a community issue as a provincial one. The 1989-90 estimates of \$236.3 million reflect an increase of 13.2 percent or \$27.5 million from the '88-89 estimates. A major portion of the \$27.5 million increase has been identified for home care services of \$14.4 million and for speech and audiology services of \$7.8 million. The increase in home care services of \$14.4 million reflects an increase of 44 percent or \$47.1 million over the estimates of last year. This substantial increase in funding for home care is keeping in line with this government's initiatives in providing Albertans, primarily seniors, with the ability to live independent lives in their own homes and communities. The \$7.8 million increase in speech and audiology service more than triples the '88-89 estimates of \$3.4 million.

I also want to highlight the increased funding for the Haemophilus B vaccine and for the early screening of breast cancer. An additional \$800,000 is provided in the budget for the Haemophilus B vaccine for immunizing children at the age of two months rather than 18 months. The commencement of this vaccine is estimated to reduce the disease and incidence by 80 to 90 percent rather than the 20 to 25 percent reduction of the disease when it was commenced at the later age of 18 months. Alberta Health will implement the program as soon as the vaccine is licensed.

Breast cancer is the leading cause of death among cancers in women. As I mentioned previously, the government is providing \$1 million to organize and implement a breast health program offering mammography and a health promotion and education program to women in Alberta. The program will be targeting its services to women in the 50- to 69-year-old category, where a 30 to 40 percent decrease in mortality rate has been documented where such a breast health program is implemented.

In the estimates presented to you, you will note that the funding for the prevention of sexually-transmitted disease has increased by 22.4 percent to \$5.4 million. In that budget, an additional \$800,000 for AIDS patient care services is also provided.

Vote 6, then, is Mental Health Services. The objective of mental health services programs is to maintain and improve the mental health of Albertans through inpatient treatment and rehabilitative services, as well as regional community mental health services for individuals and for families. These services are delivered through three extended health centres and clinics

operated by Alberta Health and through numerous programs provided by community agencies. The estimates before you provide for an increase of 4.8 percent or \$2.2 million for these services.

I think it's important for me to stress that in my term as minister, for as long as I'm privileged to serve in this portfolio, the whole issue of mental health is one in which I take a very keen interest. I think that although Albertans are very tolerant people, for which I love them all, we are still of the view that it's okay to be physically ill but not okay to be mentally ill. I think there are many things the new Mental Health Act gives us as opportunities to co-ordinate the institutional and the community care services in a very important way. Within the general priority, then, of mental health services, I would highlight the issue of children's mental health services as a key priority I will be looking at within my term as minister. Within the next few months the mechanics of the new Mental Health Act legislation will be finalized and implemented, and an integral part will be the mental health review panels. We've included an additional \$600,000 for this purpose.

Finally, we have vote 7, which is the Alberta alcohol and drug abuse. As I mentioned briefly in my opening remarks, the funding for AADAC for 1989-90 has been increased by 18.9 percent or \$4.8 million over last year. Existing programs have been provided in an additional \$1.3 million and new initiatives of \$3.5 million. Emphasis for '89-90 has been in the funding for prevention and education programs, which increased by 37 percent, and for field services within the communities, which increased by 32.4 percent.

In implementing these initiatives, then, we as a government will use funding not only for the provision of services but as an incentive to promote the effective management and stewardship of our health system. We must develop a system which is accountable and based on outcomes, health objectives and health status indicators that programs are targeted toward. We will communicate with those involved in delivering and receiving health services in developing any new strategies. This is my goal as Minister of Health and the goal of this government. I look forward to the report of the Premier's Commission on Future Health Care for Albertans, which will set the framework for meeting the challenges of the future.

I look forward to the remarks by hon. members and will do my best to respond to any questions which are raised.

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

REV. ROBERTS: Thank you, Mr. Chairman and members of the committee. I have a number of comments I would like to make and begin by congratulating the minister on the appointment to the position she's held, I guess, about a year now. I guess I'd also like to get on record the comment I've made in other forums, that it's nice to see how one woman can do the job it used to take two men to do. In fact, it was my idea that the two departments be amalgamated into one. I mentioned that some time ago, and I probably would have agreed with the Premier at the time that this minister would probably be able to handle it all. In fact, we're noticing a trend across Canada, Mr. Chairman, that there are more and more health ministers who are women in a number of different provinces, and I think this is a trend which augurs well for the health of Canadians generally.

It is no doubt a huge department in terms of spending.

We're talking \$3 billion before us here -- \$3 billion -- in a very complex, very huge department and its bureaucracy. The minister has alluded already to a number of the complex issues which face the whole health care system, the very profound issues of life and death which are confronted in our health care system and which providers and politicians have to confront more fully. This minister is at the top in terms of this province. I want to tell her that I often say my prayers on her behalf and hope she takes heed to take care of her own health as well as the health of the system and others of us in the province. I too would like to thank my staff, Nancy Hanneman and Lorna Murray, for all the work they've done to help us in our shop.

Having said that, Mr. Chairman, I want members here to be on notice this morning that this whole budget document and budget process is to me completely unsatisfactory. As I've said, it's \$3 billion that we have to debate in less than an hour and a half. And in all my time -- I think it's the fourth time now in terms of estimates -- we've had Health estimates only in the two-hour interval of an afternoon or morning. We've never had an evening session, which provides a bit more time, and never had even more than one allocation of the time in Committee of Supply debate. I think that's just shameful, and I don't know what we need to do about it. But I think it does provide for a whole lot of hidden agendas to be going on here which don't meet the light of legislative day, and I think we're going to continue to pry away at a number of different issues in the other legislative means we have. But this process, I think, is very unsatisfactory. What I've just referred to this session as is a kind of putting the department through its annual checkup, and what I'm providing is perhaps a second opinion in terms of the health of the system and the spending therein. But I would like to underscore my comments and frame them with respect to a statement that was made by a cardiovascular surgeon at a conference in Red Deer recently. He made, I think, quite a profound statement, and I think it will support a lot of things I've said and things I want to continue to say about the health care system.

He said there have been three revolutions in the health care system in Canada -- three revolutions. The first revolution was how the whole system was revolutionized by the development of services; the whole proliferation of health services that we have has just been revolutionary. The second revolution was the New Democrat initiative of providing those services on a universal basis to Canadians at no cost to themselves.

Now, the third revolution, which we're are now into, and again which we as New Democrats want to lead the way on, is the revolution of measuring outcome of those services, looking exactly at what we're getting for what we're putting in. How is it meeting the needs which are actually there and real and being experienced? Are we in fact using the best ways of getting value for dollar in looking at outcome -- what is called outcome management or evaluation, however you want to look at it. But it needs to revolutionize the system as we have it, because many, many observers are saying that this is just a big black hole in which millions and billions of dollars are being spent and that there is very, very little sense of accountability or evaluation or measurement of really whether we're meeting the goals we want to meet through our health care system. In fact, it's a revolution that's begun to percolate in the Hyndman commission itself, where I've been impressed by a Mr. Sturgeon, one of the commissioners, who has made a comment more than once that if he had to run his business the way this government runs the health care system, they'd be in big trouble. Any busi-

ness person wants to know what the goals are, what the direction is, where the money's going, if they're meeting the needs, and having some measure of success in that, but in his time on the Hyndman commission he's seen how there is just a complete paucity of that sense of evaluation or of looking at the outcomes, and that a lot needs to be done to improve that.

My sense is -- and it's clear from us in the New Democrat caucus -- that what we're seeing time and time again is the way the Tories don't know how to manage the system which we have initiated. It's our baby, our child. We want to see it mature in healthy ways, but it seems like the Tories treat it like a spoiled child. They keep giving it this and giving it that and letting it go on its merry way. We want to see it mature not only in body but in mind and soul as well, and not just to fund its inefficiencies, not just to build it up and up and up and then say, "Oh, by the way, we can't afford it, so we're going to sell it all off," and privatize this and privatize that. That's their approach. That's obviously the sense we're getting both in this province and other provinces and the threat that our Canadian system is under both from the American and British experience.

So we need this second opinion, I think, very much more strongly than ever, Mr. Chairman. We as New Democrats are committed to the basic principles of medicare and hospitalization in this country, and we're going to work for reform from within it to work creatively and help the system to mature through the changes and not betray the birthright we as Canadians and Albertans have in our health care system.

I've been centrally influenced myself by the work of Wilson Parasiuk, who was the Health minister in Manitoba and I think had an incredible agenda for how health care reform could well have continued. He was right on the verge of bringing together all the players and doing some very imaginative and creative things to mature the system as we as New Democrats want to see it matured, and I'm going to live and work to see his reforms come to be.

So with that kind of underscoring and framing of my general remarks, I'd like to get into some specifics in going through the seven votes and the \$3 billion in the -- what do we have? -- 25 minutes here.

The first one, vote 1, of course, Minister's Office. I guess it's a bit of an unfair question, but I would like to put it to the minister, because I've heard it being raised in more than one case. It's the difficulty which some departments of health are having in terms of recruiting not only in their own office but throughout the system from a government side, recruiting officials for a department at wages which are not competitive with those in the health care industry, that in fact there's a kind of brain drain going on and all the people who have health science administration or have a good understanding and sense of how the system works are actually being picked up by hospitals here or medical associations there at \$150,000, \$200,000 or more a year, and it's often the fact that public departments of health are not able to compete on a salary basis, and so a lot of the good people are leaving. I was told once that Elinor Caplan, the Minister of Health in Ontario, was basically told by the chief executive officer of the Toronto General, who makes three or four times as much money as she does, to go and jump in the lake, because he had a lot more power in the system than she did as Minister of Health and he was able to use his influence and suasion much more than the minister. I think this is becoming more and more of an issue, and I just would like to hear if the minister has any response or is noticing any of that kind of issue arising

there.

With respect to the deputy minister, I think it's very clear that we on this side of the House are cognizant of the fact that this deputy minister has had a very bad record in terms of contracting out services to certain friends during his time in Ottawa. I was very disappointed that as one of the first announcements of this minister she should have reappointed this minister, and I think it was not a wise move. I don't know whether this 27 percent decrease in his office is a kind of punishment for that or what's going on. But I have heard from my spies who work over there that there's not the best morale in the department, that there are certain problems here and there, and that this top deputy is really not bringing things along as might be expected. And I'll also put this minister and this government on record that if we see CACI Canada Ltd. or Oskar Anderson at all around the offices of the Department of Health where their computer systems or communication systems are being improved, and getting any special contracts from this minister or this government, we're going to jump on it right away. We're monitoring that very closely.

The communications budget: I know it's just getting a .6 percent increase, but I would like to hear again from the minister. She mentioned about communication on the AIDS issue. I don't know what is the fate of the AIDS ads that were an issue a while ago, but I would like to ask in terms of the whole communication shop over there: what really is the overall plan? Where is this \$1.5 million going in terms of the kinds of messages this government is putting out with respect to health care? It's a lot of money. My goodness, if we had it, we'd put out some very important messages which I think Albertans need to hear. I'm very concerned in the terms of the communications director, what his status is, and where this shop is going.

The mental health advocate, as the minister mentioned, is set up for the first time here, and we're certainly monitoring that. I still think, as the Member for Edmonton-Gold Bar has stated as well, that there are better models for how a mental health advocate, that whole system could proceed, but we'll give it some time and evaluate it as we go along.

The drug abuse foundation. Well, I'm glad to hear some of the comments today about it. But I would really like this minister to table all pertinent information that she has with respect to this drug abuse foundation, because it's been unclear to me really what's going on here. I think some of us were speculating whether the Treasurer even knew about this before the Premier, in the grief around his son, announced the whole program. Where is the money from? Is it Heritage Savings Trust Fund? Two hundred million dollars; I mean, that is a lot of money. Two hundred million dollars is what it's going to cost this government to pay out the FIC and AIC noteholders. But we're talking \$200 million here. Is this \$250,000 the interest on that? Where is the funding coming from? How is it being set up financially? Who's doing the planning? What are we to expect? I'd like much, much more information with respect to this rather large allocation of public dollars.

I don't think, frankly, Mr. Chairman, that we in the New Democratic caucus are going to be supporting this setup of a separate foundation, which is set up I think unwisely insofar as it's separate from AADAC. I mean, we have AADAC in this province. It served us very well until this government two and three years ago began to whittle it back and cut back on it. I think AADAC is the best starting place and AADAC is where the funding should have gone. It should have been funneled

through that whole program and supported it much more -- not set up a whole separate big shop of this foundation to do goodness knows what it's going to do, with huge sums of money -- used the established reputation of people of AADAC and supported that program to the tune of \$50 million or \$100 million, if you wish; at least used that system we have in place.

Now, with respect to vote 2, the health care insurance division. Just off the top, and I'm sure this will come as no surprise to the minister, we really are going to have to say again that this health tax, this premium we have -- I think one of the few remaining provinces that still imposes a health tax on its citizens -- is patently unfair as a regressive kind of levy. And now we're seeing it's going to cost more money to recover premiums that haven't been paid in the past and so on plus, as we pointed out before, you have to increase premiums because the feds are cutting back on their contribution when you couldn't stand up to Ottawa and get the money that was due to us out of the EPF and so on. When is this province ever going to come to its senses and say the health care program is part of our duty and responsibility out of general revenues for the people of this province and do away with this ridiculous health tax which is nothing but an irritation and a blight upon our health care system in this province?

Now, I would say with respect to the health care insurance plan that despite the lack of any real information here in the budget books, I was pleased the minister tabled the statistical supplement on the health care insurance plan just this week. It does provide, I think, a lot of very good information, but mostly in terms of what's happened in the past. Mr. Chairman, we are here talking about this allocation for this fiscal year. So I would like the minister to maybe go through it and put down the column for 1989-90 and say what the projection is, where the funding's going to go for the various medical specialists, where she wants the services to be increased here or decreased there. I mean, here we're just given a sum of money thrown at the whole health care insurance division. I think if we're going to look with any degree of discernment, we need to have far more information about what kind of medical services we're going to be providing by whom and to whom, and again how we're going to evaluate that. What are the utilization measurements that we're using to put these dollars in place? I know we let the AMA allocate it as per their wants, and I'm not challenging that, but I'd just like to say that as legislators and funders we need to have a much better idea of where it's going in this full health care insurance division.

Now, the docs must be happy, particularly the cardiovascular surgeons, with their three-year agreement. But I notice, Mr. Chairman and members of the Assembly, that we have in the report that the number of practitioners in the province has gone up by 4.16 percent and the number of patients they're delivering services to has actually gone down. It's down to 571 Albertans per practitioner. The number of services per practitioner is down 2.17, and yet the payments have gone up 3.46. So I mean, here we have a document which tells us that in the past the trend has been that we have less patients, fewer services, but more doctors and more funds. Now, are Albertans sicker or are we not taking care of ourselves as individuals? Why do we need to have more doctors and give them more money to deliver less services on fewer people?

AN HON. MEMBER: More diagnostic tests.

REV. ROBERTS: More diagnoses. I'm sure they're finding a way.

I would like to ask this minister and get some comment about the very thorny issues of the supply side here with respect to physicians and practitioners, not only in terms of how many we need per thousand Albertans but where they're going to be at practice, what kind of practices we're going to be needing, and if we're going to still have more pediatricians and fewer geriatricians or more internists and fewer psychiatrists. What about the whole issue of fee for service versus salary? Does the minister have some initiatives that we should be taking in terms of salary for some physicians in some places? I know the docs hate it, but we're going to talk about capping at some point. Is there a problem with saying to this group of specialists: well, you get this sum of money for this year and allocate it among yourselves or we'll put a cap on it. Now I know, as I say, they're happy right now, but these are very lively issues which need to be more thoroughly debated and brought to bear before we can just willy-nilly vote in this supply this morning.

I'd like to also know if all the talk about prevention and health promotion -- doctors have spoken to me and said, "We don't get paid for that; we try to do it when we can in the annual visit," and so on. But is the minister going to take some way to, in fact, allocate some money away from some place and put it into some docs -- family medicine and others -- who are doing preventative health counseling and health promotion counseling with some of their clients and patients?

With respect to women's health, Mr. Chairman, it's very staggering again in this report on the health care insurance division to know that women are by far the greater users of the health care insurance division than are men. I think that's obvious during the reproductive years as well as during the senior years. I have a number of issues I'd like to raise with respect to women's health. We certainly appreciate the minister's support of choice. I think it's very odd, on this side of the House, to hear members, Tories, saying that we as New Democrats are against choice for Albertans when in fact, when it comes to women's health, we are very clear in terms of the fact that women need to have the choices which they deserve in order to direct their own health care and the health of their own bodies. It's nice to know this minister takes that view as well. But still a lot more needs to go on here in terms of really meeting the needs of women and their health and not just again to throw money at the doctors to provide their kinds of services.

I just want to read a story of a doctor. This happened in Toronto. Of course, it wouldn't happen here in Alberta. About 10 male doctors went into the hospital room of a woman -- members of the Assembly, you should listen to this -- who almost died during a late-term miscarriage. Two of the surgeons had saved the young woman's life the night before, but lost her baby. The first thing one of the surgeons said was, "Well, how's the lucky woman this morning?" The woman began to cry. The attending physician said, "It's clear time and time again that too many doctors overtreat women physically and undertreat them emotionally and socially."

I think we very much more clearly need to take a look at what's going on in terms of the medicalization and the hospitalization of women in very, very unnecessary and questionable ways.

What about the women's health recommendations from the women's advisory committee? It says nothing here about breast screening clinics, which -- I don't know where it's come from; I

guess out of right field. But the women's health recommendations are that there needs to be much more support for women's health and resource centres at Grace hospital in Calgary and others like it. There needs to be a co-ordinated

provincial directory which could list every existing clinic, office, support group and counselling service for women. There needs to be "an equitable fee for abortion," and not have a second doctor have to give us his opinion whether or not that abortion should proceed; sterilization procedures should be reinstated under the plan; contraceptive counselling of unwanted pregnancy services should be increased.

They don't say it here, but I'd ask about midwifery as an area of women's health. It doesn't say anything about breast screening clinics, and I'd just like to know from the minister because, in fact, I think a lot of Albertans are looking to this minister from her own experience as a woman in terms of really leading the way here with some very, very important concerns with respect to women's health. There's a whole field here that needs to be really taken up on with some leadership. I know my mother taught me more about health care than my father ever did. I think it's true that women have a way of really nurturing and developing health in people, particularly with respect to their own health. I think that men in fact would have a much better health care system if more women were to do more in the system, particularly with respect to their own better health.

Well, Mr. Chairman, I don't even have time to talk about drugs and generic drugs or dental health or other providers into this system and so on, but I would like to ask again about this outcome study. What is, for instance, Dr. Watanabe and the utilization committee doing? What about the medi-clinics, the private labs, and all the things that are generating utilization? I'm glad to see this practitioner information retrieval system at work now in the department. We need to retrieve a lot more information, it seems to me, about practitioners in order to make better judgments and discernments. The Auditor General has said we need to improve the Medical Practice Audit Committee, which the college has. It needs to have a lot more funding from the province in order to do audits on medical practice. As well, the minister needs to look much more clearly at how we gather health stats and demographic data in terms of what real needs have been met through just allocating all this money through the health care insurance division.

Vote 3, the hospital division. Well, Mr. Chairman, what can one say in five minutes about \$1.7 billion for heaven's sake? One point seven billion dollars. Again, I would say that it's unacceptable and unconscionable that we as members of this Committee of Supply should, at page 91, just say, yes . . .

MR. DEPUTY CHAIRMAN: Order please.

REV. ROBERTS: . . . we will allocate \$1.7 billion based on this information. I mean, it's a sham to think that that's all we have. And then further, we get the annual report of the department this year, and they've gutted, even in the report, schedules and information about where funding's going to hospitals. Now, my goodness; \$1.7 billion, and all we have is a few measly pages about where the money's going and how it's being allocated. I think that any legislator worth their salt would demand far more information or even hold up this vote to get far more information about how this \$1.7 billion is proceeding. I mean, we've had the fiasco with the Principal Group and this government's lousy management and regulators over that, the

whole Pocklington thing and so on. How can we possibly trust that this money's just going where we want it to go and being accounted for when we have such little information?

It's not just me, Mr. Chairman; it's the Auditor General as well. Again, he's concerning himself with past sins, but still we have no indication from this minister whether or not she's complied with the Auditor General's recommendations with respect to how this funding's going to hospitals in the province. He says very clearly that we need to improve information maintained on approved hospital programs, we need to prepare better plans for the development of EDP systems in hospitals, we need to obtain better information regarding hospital operations, and we need to support funding decisions with better documentation. Well, you know, don't take it from me. Listen to our own Auditor General, who serves us so well: we need to support it with far better documentation.

It's not just the fact that we have lousy administration here, lousy information coming, but I need to ask some very serious questions about what funding mechanisms are being used in the department to allocate dollars to the various hospitals. This is a major area of discussion and debate, and we're not going to have any time to look at whether it's based on a volume-driven funding system or case-mix indexes or patient classification systems. I hear they're bringing in the management information system, and that's probably good. What about the diagnostic related grouping mechanism, as they're using in the States, or prospective procedure schedules? There's a whole array of funding mechanisms for hospitals to make sure that they're spending our money wisely. What system are we using? Rather than either a global basis that we're just going to jack up by a certain percentage each year -- which is going to reward some hospitals' inefficiency and penalize other hospitals' efficiencies.

So, Mr. Chairman, we need to do a lot, lot more work in looking at how this \$1.7 billion is being allocated and on what basis and with what sense of evaluation.

But the biggest concern, of course, as the minister has already noted, is not just how the money gets there, it's how the nurses who are in the hospitals are actually able to continue their essential work in the hospital and not, as we're experiencing, have the nurses develop more and more burnout, more and more strike action, more and more dissatisfaction with what their experience is in the hospital sector. And it's no wonder, Mr. Chairman, because nurses have never been asked how to plan a hospital; nurses have never been asked how to design a hospital; nurses have not been brought into the decision-making processes in hospitals, particularly bedside nurses. You can have the Hyndman commissions all you want, but unless you sit down with the bedside nurses as represented by the United Nurses of Alberta . . . This brief of theirs to the Hyndman commission is, I think, the basic starting point for any discussion about nursing issues in hospitals in this province. Until the minister sits down and goes over this -- she might not agree with all of them; we can debate it. But this is the goods right here. It's not just going to mean a \$6.5 million job enhancement or putting a nurse on a hospital board. It's getting to the heart of the matter, which is right here in the UNA brief to the Hyndman commission. That's what we have to come to terms with if there's not going to be any further problems in the hospital sector.

Well, there's no time to discuss emergency service -- I'm glad the Act is soon coming -- or private clinics and all the rest. Let's move on to vote 4, long-term care. When is the Act coming? I still think there's a need for an associate minister here,

the area is of such importance. The over-reliance that the Mirosh committee has on volunteers I think is very dangerous. I would ask for the minister's support for pastoral care. In the long-term care sector -- for accreditation purposes long-term care institutions have to have pastoral care, but there's no funding from the department to finance that. So they take it out of parking lot or other revenues. But in terms of the kind of pastoral care which is ably provided in our long-term care system, I think funding is important for that.

The single point of entry and APPI -- I'm glad we have it. We've come a long way since my friend Dr. Skelton said we should have some pilot projects on single point of entry. I have the Price Waterhouse review of it, and I'd just like to know from the minister if the Price Waterhouse review is being complied with and some changes made, or when it's going to become a provincewide system. Patient classification's good. The Medicus system still has flaws in it, but let's get on with it. I still think Manitoba has a better system, that we have one set of personal care homes and get away from this nursing home auxiliary with two levels -- actually five or six different levels; let's call it what it is. As Sheila Weatherill says, the patient classification is a very progressive step, but there really does need to be more funding, and I think Sheila's got it right on there. Let's get rid of these private, for-profit nursing homes that make gold off the old of this province. We just can't do it anymore.

With respect to vote 5, home care, it's about time it's up. We argued it. Ray Martin said to me: "Listen, William. You know, as soon as the election comes along, they're going to jack it up anyway." And that's what happened. There still are some needs of those under 65 years old which are not being addressed and need to be.

Aids to daily living -- what in the world's going on here? Down 25 percent, penalizing those who I think have already been penalized in life. I think the whole sense of power mobility aids for handicapped people and others -- I know the need to tender out the devices by the department and maybe get a better price for them, but it's no excuse for why this is down so much.

FCSS, family community support services. Now, what hypocrisy, Mr. Chairman, that this government can talk about the family all at once, and yet when it comes to a community-based program which gets the biggest bang for the buck, in terms of FCSS, it gets no increase. In fact, it's being put more and more on the municipalities. I recommend that it in fact be taken out of this department, where it's getting buried, put over into Family and Social Services, and brought back to the 80-20 split with the municipalities that it deserves.

Now, I know time is running out here, but smoking -- now, come on. The minister didn't make any comment about smoking, and we know that smoking causes more damage to our health and more costs on our health care system than anything else. Now, I don't want to be the last province that's wearing seat belts to take this to issue. But certainly the tobacco industry is making this minister and other health ministers roll over and play dead, and I don't like to see it. I want to see her get much more aggressive with realizing that smoking is an addiction and that we need to get on with making some big inroads there. [interjections]

MR. DEPUTY CHAIRMAN: Order please.

REV. ROBERTS: Some comments about AIDS. I'm glad to see the Blair report has finally found its way into this recent document. I just got it yesterday; I haven't had time to go through it. One minute left. I'll see about the recent allocation, but it seems to me that if we can keep more people with AIDS in the community, that's where the better care is going to proceed, that's where the better dollars are to be saved, rather than putting them in institutions. So more than the \$400,000, I think, is very important with respect to AIDS care and treatment of people with AIDS in the community.

No time to say anything about mental health. We're going to get some time. I'm damned determined we're going to get some time to talk about mental health, and particularly children's mental health, which is an area of great need. I'm glad this minister has called it a priority. We've heard about other priorities in this government. We want to see some action and some action right away in the area of children's mental health.

For all of this, Mr. Chairman, I'm arguing we need a third revolution in health care. We need to look at outcomes; we need to look at health status; we need to look at how the dollars are going to provide the services we want to improve the health of Albertans. This \$2.9 billion allocation before us this morning is just typical of a system that has a voracious appetite for public sums, and I'm going to ensure that there is better stewardship, better value for dollar, better health for workers and providers, that this third revolution proceed, and that this minister not be merely, because of French allusion, the Marie Antoinette.

Thank you very much.

MR. DEPUTY CHAIRMAN: Edmonton-Gold Bar.

MRS. HEWES: Thanks, Mr. Chairman. May I add my congratulations to the Minister of Health in assuming this portfolio. I've always found this minister to be thorough, competent, and well-informed. More important, perhaps, I've found the minister to be open and sensitive to new ideas and with the courage to change, and I do appreciate those qualities.

[Mr. Moore in the Chair]

Mr. Chairman, I'm pleased that the portfolios of hospitals and community and occupational health have been combined into health care. I think that division was an unnatural and unfortunate one and added to costs of health care as well as to the confusion in the public's mind about how it was being administered. So I'm glad that's been done.

Mr. Chairman, like most of us, I'm waiting for the Hyndman report with great interest. I've seen their interim reports. I expect that part of the budget not including much in the way of innovation is because the minister, likewise, and her department are waiting for that report. Where is the utilization study? We all worry about that one. We desperately want to see it. I'm told the ambulance Bill is coming in. There's no sign of it as yet, but I would hope it will be here during this session.

I am pleased, Mr. Chairman, that the classification system has been completed, but I would draw the minister's attention to the fact that it is not of much use unless it is universally and consistently applied and unless all the choices and supports that are necessary are available. I mean, it's fine to classify and diagnose people, but it's not really much help if the services they need are not available to them and they can't have access to them. Mr. Chairman, I'd hoped to see some indicators of more

rationalization in the system before this. Perhaps the minister will tell me if that's simply awaiting the Hyndman.

Like my colleague the Member for Edmonton-Centre, I have to express my frustration with the budget process. I will, of course, repeat this when the estimates for Treasury are before us, but I find it to be so badly flawed that it's embarrassing to me. I don't know how one is expected to make decisions on a budget with the kind of information that is before us. I don't believe that the budget process does service to this particular subject. It gives us so little information. This is a huge budget in health care, almost \$3 billion, and there is really no way to determine from the figures before us whether we're getting value for our money. It doesn't tell me how many units of whatever service are needed. It doesn't tell me how many we used last year, how many we project for this year, why that's gone up or down, what they cost last year, what they're estimated to cost this year, whether or not the budget accommodates the needs of people. There is no move that I see, in total, to functional accounting that would give us some idea of what value we're getting.

Mr. Chairman, these comments are not spoken out of criticism for individual institutions. I believe this is a systemic problem and is the result, in this particular department, of unilateral planning and development, and that we have simply become accustomed to a budget process that really urgently needs an overhaul. I think it's time to drive a wedge into that procedure, and I would hope that this minister will take these comments into consideration and perhaps give us better information so that we can be of more support or offer better criticism.

Mr. Chairman, just one brief comment about Bill 5. I was alarmed at it coming in as it did. I understand the need for housekeeping since those departments have been combined, but I would hope that before we see it again, the minister will have considered some amendments and some excising of section 11 of that Bill. I believe it is much too open-ended, much too permissive, and has in fact alarmed Albertans at the potential that the Bill gives to any minister for action, activity related to facilities that belong to the people of Alberta. I know the explanation has been given that it only relates to certain facilities, but I think it's too permissive a piece of legislation.

Mr. Chairman, I have many, many questions about this budget, but I'll just go through it vote by vote and try to keep them to a minimum to give the minister a chance to respond. Relative to the contribution to the Health Care Insurance Fund, the Administrative Support is up 11 percent compared to the provincial contributions. That's indicative, it seems to me, of the growing bureaucratic costs to administer this particular program. Now, our party has talked repeatedly about the need to consider discontinuing health care premiums entirely. Currently only B.C. and Alberta collect premiums. Ontario just recently, of course, has followed the lead of Manitoba and Quebec by dropping this premium, which I consider to be a regressive tax, and has imposed instead a different system of employee-paid payroll tax, with a percentage based on the amount of payroll.

Mr. Chairman, I'd like to know if the minister is considering moving to that type of system, if that's a possibility, because I think it really needs to be rethought at this point in time. I think the same argument that was used in Ontario is valid in Alberta. The program is not only expensive to administer, it is becoming more so, and I think the increases in premium have become par-

ticularly difficult for low-income families, the working poor, to manage. We don't want to see them left without subsidized care. Currently the income subsidy level for a family is \$10,900 and \$5,000 of taxable income for singles; that's the subsidy level. Mr. Chairman, only 225,000 low-income Albertans receive the full subsidy. I believe the health care premiums have gone up too far. So I would like to know if the minister is considering any major changes, dropping the premiums, a change in the system.

There are other health care insurance issues that I'd just like to question for a moment or two. Mr. Chairman, the lack of coverage for refugees is a continuing embarrassment to Albertans. We're the only Canadian province that denies medical coverage to refugee applicants. I know this has been stated to be under consideration and under review over the past few years, but the review has been going on for close to a year now, and surely we should be at the point of a decision. I believe the delay is, on humanitarian grounds alone, inexcusable, and I think we should immediately extend coverage to refugees. It seems to me that we have a history in this province of being compassionate and caring, and somehow or other I want to see that put into action. Making people who are already at an immense disadvantage go through bureaucratic hopes to get any health care, just to save minor costs to the department, I think is inexcusable.

Mr. Chairman, perhaps the minister would respond to a few other items that I believe need to be reconsidered relative to health care insurance. One of them is the continuing difficulty those individuals and families who have members suffering from bulimia express to me. They are unable to get in-patient treatment in Alberta, and when treatment can be found outside of the province, they are not able to get insurance for it. I think this is now a disorder that can be treated, and there is increasing information that it can be treated well. I believe it should be on our list. In vitro fertilization has been discussed in question period this morning.

Another one that needs attention: yesterday I had a call from a very well-known Edmonton artist who unfortunately suffers with muscular dystrophy. She informs me she is able to stay functional and maintain an income as long as she can maintain physiotherapy treatments which she, because of her particular condition, must have in a hospital. The present insurance scheme has disallowed her continuing treatments in hospital. She is only allowed up to 20, I think, per year in a private clinic, and the private clinics do not have the equipment necessary for her kind of care. However, Mr. Chairman, if that particular individual stops making an income and goes on social assistance, she can get the help. Now, this doesn't make any sense to me at all economically nor does it advantage the individual in any way. It's that kind of question about the insurance system that comes to constituencies constantly. The problem with dentists in their compensation for work on social assistance patients and indigents I think has never been totally resolved. The dental assistance legislation has never been resolved. I believe there is need for a review of how decisions are made about what procedure is in and what procedure is out and to what extent in our insurance system.

Mr. Chairman, in vote 3, Financial Assistance for Active Care, this vote is up 11.1 percent, and System Development is up by 72 percent. Perhaps the minister would tell us what, in fact, that consists of. Again this absence of detailed information makes it very difficult for comments, positive or negative.

Mr. Chairman, I believe the budget still doesn't reflect the problems that we experience in Alberta between utilization in urban and rural centres. I think this simply has not been addressed. We haven't been able to make any rationalization, that I can see, about the circumstances where urban centres are over-utilized, are having to put people on extensive waiting lists, while rural centres are underutilized and experiencing difficulties getting the kind of professional assistance they need. The budget simply doesn't, in its statements here, address those particular problems.

Mr. Chairman, we are, all of us, beset with the kind of human tragedies that occur when people cannot get care in urban hospitals. I believe they think they have a right to it, if we have a universal health care system. We are still experiencing bed closures that are particularly disquieting during the summer months. We find that some of these closures are due to lack of funding, some are due to lack of the capacity to hire or find trained and experienced health care professionals, especially in ICU nurses. I think the circumstances are of an emergent nature, and I would hope the minister would tell us what is planned ahead for us.

I would also like the minister, if she would, to comment on the difference in the per diem costs to active care hospitals. In the rurals -- I don't have current figures, and I apologize; mine are '87-88 -- \$316 for nonurban hospitals, compared to Royal Alexandra at \$404, Charles Camshell at \$380. Then we have the University hospital at \$693 per diem. The disparity between the per diem rates allowed to hospital A versus hospital B are something I don't understand. I do have some sense of why they would not be at par. Those are very wide discrepancies, and perhaps the minister would comment on that, since we are constantly besieged in the public with news reports and items about people unable to get into hospitals and the hospitals' response being, "We have insufficient funding to stay open."

Mr. Chairman, I have spoken publicly about what I consider to be a shocking problem of hospital incinerators, both in new hospitals being built with inadequate incinerators to comply with our very own environmental regulations and also the continuing problem of hospitals throughout the province that are not equipped to deal with medical and pathological waste. This problem of course extends not only to hospital but to a number of other health care institutions: to public labs, private labs, veterinary centres, medicentres, a wide range of community activities. I know there has been a study going on. I want to see that study. I hope that the study will be made public. The public has many questions about that, and I believe they need to be answered and answered quickly.

Mr. Chairman, once again I hope the minister will respond to the urgent situation where elective surgery has to be postponed or canceled during the summer months. That results, of course, in the backup. Elective surgery becomes emergency surgery and requires immediate care. It also requires more postoperative intensive care, and we're simply not getting the services prepared for it.

Mr. Chairman, let me go on to rural-based hospitals, up 10.5 percent. They continue to be underutilized simply because they cannot get the professional and support staff. I believe there's an expectation in rural centres, rural communities, that that hospital is able to do certain procedures, when that may not in fact be true. It of course raises and begs the question once again of the ambulance system which we have waited for for much too long. Let me just mention the current reports of serious struc-

tural problems due to design and site location in three rural hospitals. This to me points out a lack of comprehensive site planning and construction planning. I understand that there are throughout the province another 17 hospitals built to that prototype, and I would like to know whether the public works study is investigating the stability of all of them. It is curious to me why the minister at the time did not heed the concerns and comments from Turner Valley, including comments from the mayor, I understand, who already knew that the site was improper for that kind of structure and that there was ample evidence that it would not work from another health care facility in the area.

Vote 4. Administration has gone up very dramatically, and I'm not sure I understand why. The throne speech announced 1,500 new long-term beds created through it, and while I welcome these, I would hope that long-term bed construction, wherever it is, is done within the context of total long-term care, again not as a unilateral planning simply to respond to what is considered to be an immediate need, but will it respond over time to the needs in the future? I'm grateful for the notion that we're going to have added equipment and oxygen in nursing homes and increased staff, hopefully, and upgraded programs in these institutions as well. I'm not sure I understand whether the funding in this budget is in any way enough to cover the demonstrable needs that we are finding in this whole field of practice, and I would very much like to hear the minister give more details on this one.

Mr. Chairman, vote 5, Community Health Services. Family and Community Services: well, I simply have difficulty comprehending what FCSS is still doing in the health care budget. I believe it should be moved, and of course I've long been a great supporter of this particular program. I think it gives us a very effective service and a very cheap service. It mobilizes community voluntary activity and makes excellent use of it, and I do not comprehend why the government persists in letting it simply drift along. I believe an infusion of more resources is absolutely essential, whichever ministry it's contained in. I don't see it except in the case of home care, which of course continues to be an anomaly. I don't see why it is in this particular budget at all. I think it should be moved, but the fact of the matter is that it is there and the amount of money allocated to it is disgraceful. I have never heard a satisfactory explanation about the lack of substantial increases in funding in this program. I've never heard an explanation that makes any sense to me whatsoever. This kind of funding allows for no new initiatives, no creative endeavours on the part of communities that will save lives, save money, provide a healthy and safe community; no acknowledgment in this budget of the value of FCSS to our many communities. Mr. Chairman, FCSS has a solid and proven track record, and I think the government is guilty of nickel and diming this particular program. I believe that does a disservice to Alberta communities, and I hope it will be reconsidered.

I know the province has allocated \$2 million to help AIDS victims, and I'm grateful for that. As yet there are no details, and perhaps the minister will fill us in on how services are going to be set up. There is no particular mention of the service or dollars allocated for an AIDS hospice, and I think there is demonstrable need for it. The numbers of AIDS patients and HIV positive individuals climb in our province. I believe we are, by refusing funding for a hospice, simply ignoring an inevitable need. I would like to see the province take some leadership here. Perhaps the minister would also comment on the TB

outbreak in the native population and give us an update on care, treatment, and prevention programs that may be under way there.

Mr. Chairman, just let me comment about the Provincial Lab, the public health lab. I deplore the change in legislation that has really effectively done away with the Provincial Board of Health. I would like the minister to give some consideration to reinstating that board as a provincial board of health and not simply as an appeal board. I know it exists, but its mandate has been changed and truncated. I'd also like the minister to tell me under what legislation the public health labs of the province now exist. I haven't been able to determine in my research precisely where public health labs are lodged, if there is any -- they don't have their own legislation anymore, and they're not in public health, so I haven't been able to determine exactly where they are. The lab for northern Alberta is getting 3.8 percent compared to 22 percent in the south. I'm not sure I understand why. Basically, Mr. Chairman, I'd like the minister to explain to the House what the long-range plans are for the Provincial Laboratory of Public Health.

REV. ROBERTS: Put it out of business.

MRS. HEWES: It appears, as the Member for Edmonton-Centre whispers, that it's being put out of business. Now, I don't want to believe that, because I think this is a very important and valuable service and an objective service to the citizens of Alberta. There are indicators that support for it has diminished over time. The whole process has been downgraded. It's been split in half. There have been studies done, and we have no results of them. We need to know the long-range plans for this most important and objective service that the citizens of Alberta have a right to.

Why on earth would Aids to Daily Living be down 25 percent? These are people already handicapped, and I think they have every reason to expect that support will continue to allow them to function as contributors to our society. I wonder if the government made any effort to consult with the disabled community in the Premier's commission on these cuts before they were made, because these are most vulnerable consumers.

Home Care Services up 44 percent. Yes, that's a good increase and long overdue, but I think there are gaps in this service that you could drive a truck through. I believe the service is not consistent through the province. It's not consistently operated or provided. I want to know what the minister's long-term plans are for home care and how we will make it a comprehensive and consistent service throughout Alberta. No one denies the importance of this very valuable service. We're collecting far more data now on how useful it is, how it can save people, keep them at home, make it possible for them to enjoy their lives at home with a minimum of support, and help keep them out of institutions and, incidentally, save money. We don't have any consistent plans developed that would offer the service straight across the province in a universal fashion.

[Mr. Jonson in the Chair]

Even worse, we've got the difficulties that we're encountering with Meals on Wheels. Home care legislation specifies only that Meals on Wheels may be provided, and I would like to ask the minister to consider amending that legislation to require that it shall be provided. I think there's a myth being propagated

here, Mr. Chairman, that Meals on Wheels is an ongoing service and part of home care. That's just nonsense. It's there in some communities and not there in others. Some communities are losing their Meals on Wheels. They don't know how they're going to be able to continue. Some are having to put the price up to already pressed seniors. It's a shameful situation, and it simply has not been addressed either by the minister or in this budget. I think we need to have a clear statement from the minister about Meals on Wheels and about home care.

Mr. Chairman, my time is getting a little pressed, and I have dozens more questions about this major budget. The transfer of the speech therapy program from Education to Health I think is an unfortunate one. I think it was done pre-emptorily. I've seen all of the written statements about the reasons for it, but I'm at a loss to understand why, in order to develop a program that would serve all Albertans -- and I appreciate that, rural as well as urban -- we made it far more difficult for people in urban centres to get the program through the school system. I think that over time will cost us money. I think it's a regressive step, and I don't know why this province rushed headlong into it in the way they did. I would hope the minister would reconsider. I think it's a terribly important program to be part of the education system. If we want it to be part of the health care system as well, so be it, but I don't believe it should be divided.

Mr. Chairman, Mental Health Services: General Administration again up an enormous amount. Community health services up 3.9 percent: it's not enough. We know the circumstances that people are living in. We know the difficulties that are caused in our society when people have insufficient support in their communities and the numbers of times people must go back into hospital because the support services are simply non-existent or too few, too inaccessible in our communities.

Mr. Chairman, the Member for Edmonton-Centre has spoken about children's mental health. The minister says this is a priority. It's simply absent. It is, I would think, close to scandalous, so I expect we should see something very quickly in a statement from the ministry as to what is intended in this particular instance. The \$250,000 for a study of what's needed for the new services, the new endowment fund for drug and alcohol abuse: I wonder if the minister would tell us what time lines there are on that and when we might anticipate seeing the report from it.

Mr. Chairman, overall I find the budget deficient in a number of places. I'd just like to mention them, and perhaps the minister will give us an update. The RNA bridging program, supposedly under review -- psychiatric nurses, special needs children, palliative care, pastoral care, immigrant women, children's mental health, women's health clinics, and so on.

MR. TANNAS: Mr. Chairman, first of all, I'd like to congratulate the hon. minister on her reappointment and would make the observation that she provides ample evidence that powerful forces come in petite packages.

At the outset I would suggest that the health insurance fees are modest in this province, to say the least. I would daresay that most of us here pay more to insure our family cars than we do our own family's health care. I wish to make a few comments, Mr. Chairman, and ask a few questions, particularly as it's related to health care delivery in the rural area.

I'm anxious that the Glengarry dictum not gain any more credence than it deserves. The majority of my constituents are at least 15 or more miles from the nearest hospital. Indeed,

many of them are 30, 40, and up to 50 miles away from the nearest hospital. A quick look at the estimates would suggest that of the more than 100 hospitals in this province, 20 of the large urban hospitals take 80 percent of the hospital support budget. Surely to goodness people in rural Alberta should not have any more cutbacks there. I would ask that the hon. minister give a breakdown, if she could, on the relative cost of a rural active care bed, vis-a-vis the cost of an urban care bed. [interjection] No, I'm taking into account, of course, that in the urban hospitals there are some very special costs like the special operating rooms, intensive care, high cost services, technological services that are better provided in a centralized system.

Mr. Chairman, The Member for Edmonton-Centre asked for a five-year freeze and asked for a complete review of all hospitals in terms of use and future needs. I spoke to the hon. minister in May and received from her at that time an explanation that her department was indeed going on with a full review of population, age patterns, usage, current supply of beds, prospective needs, and so she anticipated the hon. member's request.

The hon. Member for Edmonton-Centre also suggested that hospital kitchens for Meals on Wheels be utilized, and I'd commend him for this idea which was anticipated by at least the High River hospital many, many years ago, perhaps a decade ago.

Mr. Chairman, I wanted to address some questions to the hon. Minister of Health regarding matters that are important to my constituency. As you may know, there is a high utilization factor in both the hospitals in Highwood, namely the High River General and the Oilfields General. Both deliver active care and long-term care. So well utilized are they, Mr. Chairman, that both have documented requests for expansion, and I was wondering if the minister could tell us whether the review has reached a stage whereby she might suggest tentative construction dates, whether they be 1989, '90, or even '91. Further, I would ask the minister to see if she would be prepared to give a commitment to an early resolution to the capital upgrading project at the very overcrowded High River General and auxiliary hospital.

The hon. minister is to be congratulated on initiatives in home care, an excellent program. As we know, in sparsely populated parts of Alberta it's difficult to effectively offer this support, so it must be given by the rural hospitals and their long-term care facilities. So I ask the hon. minister that she not lessen her support for rural health care delivery.

With that, I would indicate that I have a sore throat and would ask that the hon. Member for Calgary-Glenmore finish my requests.

MR. DEPUTY CHAIRMAN: Edmonton-Avonmore. [interjection] I'm sorry. Minister?

MRS. BETKOWSKI: Mr. Chairman, I thought you were looking at the Glenmore person instead of me. I would like to speak, if I may.

MR. DEPUTY CHAIRMAN: Madam Minister, please proceed.

MRS. BETKOWSKI: I think I should start to respond to some of the remarks that have been made by members in the House, and I'll do them in the order in which I received them.

First of all, the Member for Edmonton-Centre. I appreciate his interest in my health. I will do my best to be an example to

the people of this province, and certainly I am very pleased to serve them in this portfolio. I appreciate especially his very strong endorsement of our approach to the health care needs. Particularly as we focus toward the 21st century, the whole issue of accountability and how to build it into the health care system is one of the biggest issues facing certainly the Canadian universal care system but as well all systems within the western world. It is so important, in fact, that I have placed the issue of accountability and effectiveness in the health care system as the issue that I wish to address at the provincial ministers' health meeting in Quebec City in September, just because I think Alberta is moving in some ways that we are starting to figure out some of the ways that we can make our system more accountable.

The member asked for a specific indication of what model was being used, whether it would be this model or that model, whether it would be placed in classification, how was that going to be built into the system. I can't give him that, nor do I think that would serve the system. I think what we are finding in certainly the active care treatment side, as we are identifying in the long-term side, is that we have to build our systems to focus on individuals and the care being provided to individuals. The flexibility has to be given to the institution and the according support for the level of care which is provided. If you look at the long-term care in some other provinces, the member talked about softening the lines, if you like, between nursing home and auxiliary care. That is exactly what is in fact occurring in this province. And the disruptiveness of taking someone out of a nursing home because they can't have oxygen and moving them into auxiliary care is no longer going to be the reality.

Add into that, in the long-term care, the addition of home care and the realization that, for example, in the case of Edmonton, the city that the three health interests in the parties represent, the effect of home care on the waiting lists in Edmonton -- we're now seeing an excess of nursing home beds and a drastic reduction in the waiting lists for long-term care. As we move through home care coming into that system, kind of being the mercury around all of the institutions, I am watching very carefully whether, in fact, we need to build more long-term care beds in this city even though they are part of this budget.

So I want to give a message to those many dedicated health care providers in the Edmonton metro area who are working on plans for expansion to meet the 150-bed budgeted allocation to wait and to hold off until we examine it in the fall period to see whether or not we need those beds. Because with the reductions that have occurred in the long-term care areas over the last six months, I think we have to be very careful as to when and how we make that decision. So hold off is what I'm telling those providers right at the moment.

I have to give a shot at the Member for Edmonton-Centre when he quotes Bill Sturgeon in this Legislature. I'm sure Mr. Sturgeon will be delighted, as a very important member of the health commission. And the support for free enterprise espoused by my hon. colleague from Edmonton-Centre: presumably, he's not advocating a health care system for profit. I don't suppose he would have gone that far, but it was an interesting comment.

If we get into vote 1, certainly I think we are seeing the competitiveness of the salaries and the ability of some of the institutions to provide higher salary levels than we are able to provide within the public sector, and I appreciate the member for raising the issue. Certainly I want to give a mark of commendation, and very strong commendation, to the senior management

within the Health department, without whose help we couldn't be running this system as well as we are, and to thank them for their work. But nonetheless the competitive feature is certainly there, and I will always be their advocate to ensure that we have the highest quality professionals advising us in the public service.

With respect to the deputy minister, I would simply say that if the hon. member has any proof of wrongdoing by my deputy minister, it is incumbent upon him to lay it before this House, having laid the innuendo before this House. I spoke in terms of my deputy minister and my confidence in his ability to run an enormous system, and I think the hon. member ought to reconsider what he said.

With respect to the communications program and certainly the AIDS ads, which are but one part of the communications program in the Department of Health, what we're seeing is that the message cannot simply be to particular groups. There is a health choice and a life-style message to seniors, to young sexually active people. There's a health message and a choosing of healthy life-styles that needs to go to all of us. So I guess what I would say to the hon. member is that building that communication plan and that communication strategy is taking some time, but I believe that some of the consistency amongst the messages to all our interest groups is what we are aiming to do. With respect to the AIDS message, I can say that it is my intent to make the message far clearer but consider as well that there may be specific groups to whom a particular message should be given, and it may not be within an overall health message of the department. I think the issue of the facts, how to deal with the facts, particularly about AIDS, is an important part of our communication process.

Several members have spoken about the drug abuse foundation, and certainly the \$250,000 is not part of the endowment fund. The \$250,000 is the budgeted amount to look at how we can perhaps not only focus on the reality of the effect of substance abuse, but we can start getting into research not being done elsewhere in the world with respect to the risk and those individuals who are at risk and how to identify those risks within families, within school settings. I will have more to say about the foundation when the Act comes into this session, but certainly its focus on prevention, treatment, and research would not be intended to replace in any way the work that AADAC is doing. AADAC would be an operative arm; the foundation becomes the innovative, the new approach to some of the things we might be considering.

Health premiums. No, I don't have under way any plans to remove health care premiums. I believe they are a very important way for Albertans to contribute directly to the delivery of health care services in this province. They are not a tax because they are not folded into general revenue. Income from premiums goes directly to support health care services in this province, and I am not an advocate of removing them and building it into the tax system and thus adding about 7 or 8 tax points to our basic tax for personal income tax. Nonetheless, there may be suggestions through the Premier's commission. They may address the issue, but at the moment I don't intend to.

Utilization. We've had a good deal of and important discussion about utilization in the health care field. I think there are several things that need to be highlighted. First and foremost is the Dr. Watanabe study which is going on, and when we talk and look at the supplement, for example, which shows pathology services going up in a major way, that is one of the areas

amongst several where we have seen real increases in health care utilization. Part of the reason is that individuals want a more thorough review of their health needs done, and that simply increases the laboratory costs. If we look at that, then, in the context of liability, if that kind of assessment isn't made of an individual's health needs -- the whole issue of liability and perhaps doing more testing than needs to be done from a pathology protocol model is the issue which I think needs to be addressed not just in pathology but in several other areas as well.

I have met and discussed with Dr. Watanabe, on several occasions actually, the excellent work which his committee is doing where there is a peer review of physician protocol and physician practice. I expect his report at the end of September, and after reviewing it, it will be certainly my intent to make that report public. I think it will give us some very good and very technical kinds of things we can do to ensure that we are monitoring the utilization increases throughout the whole system. So it, in addition to the future health needs of Albertans study, is going to give us a very comprehensive package to look at.

As I've said from the beginning, it's not my intention not to do certain things that need to be done -- and I want to talk about the Provincial Lab -- but to look to the context that those two reports are going to provide for us. I think we will be very well served by both of them.

Reproductive health strategy. The member was right to call me on it, because I'm working with several other departments in that whole reproductive health strategy, as was committed under the minister responsible for women's issues. I don't deem breast screening to be a women's issue; I deem it to be a preventive health issue. So when I talk about breast screening, it's not an isolated part of the response in the reproductive health strategy; it's quite a separate one, albeit it certainly is affecting women's health.

On vote 3 and the questions raised by the change which has occurred in providing the actual, or at least an estimate, in the current year of the health dollars going to acute care facilities, the difficulty with providing the figures is that they change throughout the year, because there are reviews of programs going on, and they are not going to be actual dollars that are given. Certainly all facilities have been advised of the base budget within which they can be expected to operate, but these are not necessarily static in terms of what's there over and above the 5 percent. I will certainly provide the hon. member with any historic data which would be actual figures, and I will do my best to provide him with particular hospital requests which he may have. I want to be sure that I am providing the House as much information as I can as the minister and regret that it's not as much as was in the past. I will find out the full extent of the reasons for that.

The hon. member is right to point out the issue of home care and those under 65. I think it's important that we move to provide a comprehensive seniors' program in the first instance and move then to those under 65. I will move at the long-term care issue in a very systematic way, and there will be a game plan each year.

Clearly, within vote 4 now and with respect to the 54 percent increase under subprogram 4.1, the Program Support increases consist of the following. There is certainly increased activity in the Specific Programs funding, such as psychogeriatric consultation; there's a \$400,000 increase. Adult day care: \$490,000. Oxygen therapy, which I referred to earlier: \$1,060. Nurses'

job enhancement, the whole issue of training, geriatric care, and intensive care: as we announced in the nursing strategy, that is also part of that program enhancement, and the infection control. So that accounts primarily for the 54 percent increase in that area. I should say, too, to the hon. members that I will provide in writing responses to the questions which I am unable to get to in the time that I've got for me today.

To the hon. Member for Edmonton-Gold Bar. I thank her, too, for her comments. Certainly the courage to change is something that is a challenge to us all, and I will do my best to change what I am able to change.

We talked about ambulance utilization. The committee which I paid tribute to in my opening remarks has resulted in legislation which will be forthcoming to the House. That legislation will address a system by which standards of care can be implemented throughout the province. The committee has recommended a basic life support as the standard and also the realization that there could be some areas of the province which simply cannot meet that kind of standard. All of those issues will be addressed in the legislation. The \$500,000 is a start to get out and to consult with communities that will continue to locally manage the ambulance care system. But I will look forward to the discussion that will normally ensue in the House on the legislation. I also would like to pay tribute to the hon. member for the dedication she has had in consistently outlining the importance of ambulance care service. It certainly is a key issue in access to an appropriate level of care and a key issue in ensuring that we can network the marvelous infrastructure we have around this province to bring people to care.

I've made some remarks about the accountability system, but I would refer then to the Watanabe report.

Medical coverage for refugees. As the hon. member is aware, the Alberta Health Care Insurance Act does not permit coverage to non-Canadians, and the whole issue of an amendment to that legislation is one that I did say I would take under advisement. I do have it, and the pressures of my time have not allowed me to get the full extent of discussion within my own government caucus as I would like, and certainly at the end of the session I hope to have a chance to address the issue and respond accordingly in the period which follows.

Laboratory services. The hon. member raised the very important question, and it's one in looking at how to get the best value out of the resources we have. The issue of laboratory services is a very big one. The utilization committee did an interim report on laboratory services and the role for hospital-based laboratory services, private lab services, and the Provincial Lab. Generally speaking, the approach that we hope to take is to strengthen the hospital-based referral and consultation amongst hospitals so that small hospitals can use the resources of large hospitals for the inpatient laboratory services. Private laboratories have a very important role and can be directed primarily towards serving nonhospital patients; that is, patients that are under care of a doctor's office.

The provincial laboratories, then, would be limited, in a perfect model, to supporting the public health system, including AIDS testing, all of the issues within public health, as well as the specialized nonroutine microbiology testing services that would be referred from other hospitals. We believe there is a rationalization and not an expectation that everyone will do everything but a sense of this is your area, this is your area, and this is yours. I believe the system -- if we work through some pilots in this fiscal year, which we are doing in consultation with all of

those players, we will have a rationalization within that laboratory service which will serve all Albertans and the health care system in particular.

The member mentioned the issue of bulimia. There is no provision within hospital global budgets to provide a specific grant as a portion of that global budget to the disease of bulimia. Nonetheless, those patients with this disease who are under psychiatric care of a hospital are being cared for within our acute care setting. Certainly any Albertan who is referred out to a medical facility by a medical practitioner would have it covered under the Alberta health care insurance plan. If the member has a specific, I would be happy to review the matter for her.

The other one the member raised was the physiotherapy in a hospital, and I would hope that given the specific nature of the complaint that was made to the member, I could have some details on it. Certainly physiotherapy as a nonrequired service under the Canada Health Act is covered in Alberta in a way that a lot of other provinces do not cover it. It covers up to a certain level of expense, and then others are the responsibility of an individual. Nonetheless, for the medical model that was expressed by the hon. member, I would hope she would provide me with some of the details on the issue.

Why the differences in per diem? I will have to give that explanation in writing. Clearly it's with respect to the magnitude of programs. The discrepancy is very wide. I would be happy to provide a more detailed response almost in the format of a return to the House, but I take your question as notice to give a sense of why that per diem is so different. It really relates to the question that the Highwood member asked: that rural hospital expenses and the cost of the actual service being delivered in that hospital versus one in an urban hospital is a very different level of service. I think as we look to the 21st century, we are seeing that people that are in active care are going to be increasingly and increasingly sicker and sicker and sicker. Because of the capability on outpatient care we don't need to hospitalize people. So that is a whole change that's moving through that health system and one that, I believe, our acute care funding model has to start to address. So with those comments, I will say that that work is under way in the department.

I will stop there, Mr. Chairman.

MR. HORSMAN: Mr. Chairman, I move that the committee rise and report and request leave to sit again.

[Motion carried]

[Mr. Speaker in the Chair]

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

MR. SPEAKER: Having heard the motion, does the Assembly agree?

HON. MEMBERS: Agreed.

MR. SPEAKER: Opposed? Carried. Thank you.

MR. ROSTAD: Mr. Speaker, I'd like to rise on a point of order. In my responses to the questions raised by the Leader of the Opposition earlier today, in one of my answers I referred to not

knowing where Mr. Cormie might be as the hon. leader may not have known where his wife might be. That was an inappropriate choice of words, upon reflecting on it. We could impute, although we shouldn't, ill motives to that. I want to apologize to the hon. member and assure that there was no imputation meant to that and would like to correct that.*

Thank you.

MR. MARTIN: Mr. Speaker, to the Attorney General. I didn't take it in any other way than in the spirit he intended. I told him that personally, but I do appreciate the gesture. It's a very nice gesture on the part of the Attorney General.

Thank you.

MR. SPEAKER: I wonder if I might beg the indulgence of the House for a moment. Would you go get your colleague? Here we are. Good. Today is the last working day for Page Diep Do, and I hope that members will join me in wishing her well in whatever she does and thanking her for her help in the Assembly. [applause]

MR. HORSMAN: Mr. Speaker, by way of information, which has already been supplied to the House leaders of the other parties, Committee of Supply on Monday will consist of Tourism in the afternoon and Family and Social Services in the evening.

[At 12:59 p.m. the House adjourned to Monday at 2:30 p.m.]

*see page 922, right col., para. 5