

Legislative Assembly of Alberta

Title: **Wednesday, April 25, 1990 2:30 p.m.**
Date: 90/04/25

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

[Mr. Deputy Speaker in the Chair]

head: **Prayers**

MR. DEPUTY SPEAKER: Let us pray.

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

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

Amen.

head: **Presenting Petitions**

MR. DOYLE: Mr. Speaker, I wish to present a petition signed by about 500 concerned residents of Edson and area who ask that the ownership of St. John's hospital in Edson be democratically determined by the people of Edson and area and not arbitrarily, the way it was done.

head: **Notices of Motions**

MS M. LAING: Mr. Speaker, I give notice that at the end of question period I will be rising under Standing Order 40 to introduce the motion:

Be it resolved that the Legislative Assembly commend the city of Calgary for the establishment of a volunteer task force on community and family violence, and be it further resolved that the Speaker convey this resolution to His Worship Al Duerr, mayor of the city of Calgary.

head: **Introduction of Bills**

MR. DEPUTY SPEAKER: The hon. Member for Vegreville.

Bill 283 Interest Charge Review Board Act

MR. FOX: Thank you, Mr. Speaker. On behalf of my colleague the hon. Member for Edmonton-Strathcona, I request leave to introduce Bill 283, the Interest Charge Review Board Act.

This Bill seeks to provide a quick, simple, and fair review of interest rates charged on loans to determine whether the charges were fair and in accordance with the law and the agreement covering the loan. As well, there are provisions in the Bill to make sure that the people who were improperly charged this interest get every cent of it back, plus interest, from the financial institutions.

[Leave granted; Bill 283 read a first time]

head: **Tabling Returns and Reports**

MR. DEPUTY SPEAKER: The hon. Member for Smoky River.

MR. PASZKOWSKI: Thank you, Mr. Speaker. On behalf of Minister Oldring it's my pleasure to table the 1989 report for the Alberta Social Care Facilities Review Committee.

head: **Introduction of Special Guests**

MR. ANDERSON: Mr. Speaker, it's my very great privilege today to introduce to you and to all members of the Assembly someone who has given more than 40 years of her life to Alberta consumers, an environmentalist, one who has in fact written in our papers and commented on our radios, was a founding member of the consumers' association of Alberta. In this National Consumer Week I had the pleasure just a few minutes ago of giving her a special recognition certificate. Ethel Marliss is in your gallery, Mr. Speaker, and she is one I'm sure all members of the Assembly would want to congratulate and thank for her commitment to Albertans. I'd ask her to stand.

MR. DEPUTY SPEAKER: The hon. Minister of Advanced Education.

MR. GOGO: Thank you, Mr. Speaker. One of the honours members have in being a member of the House is the ability to introduce their predecessors who sat in the Assembly. I'm very honoured today, as I hope other members will be, to see sitting in your gallery the hon. Mr. Dick Gruenwald, who sat as the first-ever member for Lethbridge-West, 1971-75. He lived through that time that many of us only seem to talk about and remember: the great days when Alberta was coming of age under the former Premier of this province and we went through those great oil wars. I'd like the hon. Mr. Gruenwald to stand and receive the welcome of the members of the House.

MR. ROSTAD: Mr. Speaker, it's my pleasure today to introduce to you and through you to the members of the Assembly students from two schools in my constituency. First, the grade 6 class from the Round Hill school: 21 members accompanied by their teacher Dan Adrian. They're seated in the members' gallery, and I'd ask that they rise and receive the traditional welcome of the Assembly.

Also, I'd like to introduce 18 people: 14 grade 6 students from Bawlf school accompanied by parents Bonnie MacLeod and Cindy Norheim, bus driver Daryl Albers, and their teacher Mrs. Margaret Piró. They're also seated in the members' gallery, and I'd ask that they stand and receive the traditional welcome of the Assembly.

MR. EWASIUK: Mr. Speaker, it's a pleasure for me today to introduce to you and to members of the Assembly 63 students from Edmonton Belmont elementary school. I emphasize 63 to the Minister of Education, because they are going to be junior high school students next year. Joining the students are their teachers David Powley, Eleanor Greeves, Vicky Paziuk, and Elaine Mammen. One of the students has a special interest in being here today as his grandfather is our Sergeant-at-Arms. I would ask the students to rise and receive the welcome of the Assembly.

MR. DEPUTY SPEAKER: The hon. Member for Banff-Cochrane.

MR. EVANS: Thank you very much, Mr. Speaker. I'm very pleased to have the opportunity to introduce to you and through

you to the members of this Assembly students from my constituency, from the far eastern reaches of Banff-Cochrane constituency, on the west side of Calgary, some 17 students from the Chinook Winds Adventist academy. They are very enthusiastic and certainly bright young people, and I'm very pleased that they've had an opportunity to come up to Edmonton. They're accompanied by their teachers Mr. Loren Agrey and Mr. Lee Buckler, as well as Mr. Len Blain. I would ask them to all stand at this time and receive the warm traditional welcome of this Assembly.

MR. DEPUTY SPEAKER: The hon. Member for Vegreville.

MR. FOX: Thank you, Mr. Speaker. I'm pleased to introduce to you and to members of the Assembly a group of men and women from around Alberta involved in small business and agriculture who are here today to meet with various members of the Legislature to discuss their concerns about bank interest overcharges and seek some action on the issue. They're seated in the galleries accompanied by the borrowers' advocate, Mr. Larry Whaley, and his partners Dorothy Mandy and Gary Whaley. I'm ask them to please rise and accept the warm welcome of members of the Assembly.

head: Oral Question Period

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Highlands.

Smoky Lake Poultry Plant

MS BARRETT: Thank you, Mr. Speaker. Yesterday the Premier called into question the integrity of at least two councillors of the town of Smoky Lake. Those councillors attended a meeting that was also attended by the MLA for Redwater-Andrew where he presented himself to be the developer of the area, Harvest Gold subdivision, and lobbied council members to approve certain development on that land. Now, one of the councillors has stated on the record, and I have the videotape in which it's made very clear, "My impression is that he definitely lobbied Council and that definitely changed the vote." That is the quote from one of the councillors attending that meeting. My question today for the Deputy Premier is this: given the Premier's comments yesterday and the insinuations, will the Deputy Premier confirm that the government is saying that this councillor and the other one are not telling the truth?

MR. HORSMAN: Mr. Speaker, the hon. Acting Leader of the Opposition has referred to a quotation which I have not had the opportunity of seeing. She refers to impressions that may have been obtained by a member of the council in question, and I guess one person's impression is one person's impression. But other than that, I would of course have to take the matter as notice, because I am not able to respond further than that.

MS BARRETT: Well, Mr. Speaker, no wonder, seeing as how the Premier's secret investigation obviously wasn't even revealed to the Conservatives.

Let me make things clear then. The Member for Redwater-Andrew left this Assembly on April 9, walked out and talked to reporters. He said that he never attended a meeting with councillors and never talked to them about this development. But the fact is – and there's ample proof of this – that that

member did attend a meeting. It took place on Tuesday, March 13, at 4 o'clock in the town office of Smoky Lake, and councillors, more than one, say that they were lobbied by that member at that meeting. Now, I'd like to know this, if the Deputy Minister can answer it, and I'm not sure he can. How is it that this government's investigation, if indeed the Premier's investigation constitutes a government investigation, was so thorough, and how come it is that he says the evidence is so flimsy, when he hasn't even had the decency to consult with the town councillors in question?

MR. HORSMAN: Well, the hon. member has made this speech well knowing that I am not in a position to answer the allegations contained in her representations, and therefore I'm not going to respond any further except to say once again that she has referred to impressions which were obtained by a member of council. Well, impressions are one thing, and impressions can be gained by the conduct of any number of people in the course of meetings. Impressions can be obtained about how one conducts himself in this Assembly, but that is hardly, it would seem to me, hard evidence.

MS BARRETT: Well, Mr. Speaker, this from the Deputy Premier, the Deputy Premier whose own leader said just a few days ago, "Oh well, this is a government decision about conflict of interest rules." This Deputy Premier can't even stand up for his leader.

Finally, then, for a supplementary question: is the Deputy Premier basically confirming that he's following the Premier's footsteps: he's going to stonewall the issue and hope that it goes away instead of coming clean on what is apparently a conflict of interest?

MR. HORSMAN: Well, the hon. member has made another eloquent and somewhat strident speech on the subject. I can't say anything more than I've already said. I am not going to respond any further, just say this: the matter has been dealt with in the Assembly by the Premier. The member whose actions have been called into question . . .

REV. ROBERTS: Give Sinc Stevens a call.

MR. HORSMAN: The hon. Member for Edmonton-Centre, as is usual, wishes to constantly interrupt. I don't know who he's hoping to impress, but I don't think it's the members of the Assembly. The fact of the matter is that the hon. Acting Leader of the Opposition should save her indignation for a later time when it is possible for somebody, the Premier, to answer the question that she has posed today.

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Highlands.

MS BARRETT: Mr. Speaker, he basically answered yes. He is going to stonewall.

I'd like to designate the second question to the Member for Stony Plain.

MR. WOLOSHYN: Mr. Speaker, when I first raised the appearance of a conflict of interest involving the Member for Redwater-Andrew, I asked the Premier to investigate the matter and report back to the Legislature. Since then all sorts of facts have come to light, but there has been no real investigation and

no report. The Premier obviously believes that the best defence is an offence. What he doesn't seem to realize is that the facts have shot his offence full of holes. My question then: does the Deputy Premier realize that the government, by refusing to conduct an impartial inquiry into these allegations, is sullyng the reputation of all MLAs and especially the government MLAs?

MR. HORSMAN: Well, Mr. Speaker, the opposition are speaking from prepared texts, obviously prepared with the notion that the Premier would be in the Assembly today. I am not in a position, as I told the Acting Leader of the Opposition just a few moments ago, to respond any further to the allegations which have been repeated again today. But I would also suggest this: that if hon. members, as the Premier said in question period yesterday, have any material information – material information – to bring forward for his information or advice, he would welcome receiving it. We have been given today some information by the Acting Leader of the Opposition that some member of a council had an impression. Well, as I say, impressions are impressions.

MR. WOLOSHYN: Well, it appears that the Deputy Premier is well prepared to stonewall. One thing we know for sure is that there are no rules governing the business activities of MLAs in this province, and the government's saying that that's okay. Is the government of the opinion that it's business as usual, and it doesn't care if an MLA uses his position for personal gain?

MR. HORSMAN: The hon. members of the NDP continue this line of questioning for the purpose, obviously, of continuing to cast into doubt the integrity of a member of this Assembly who has come before the Assembly and advised the Assembly of the facts of the situation. I would say this to the hon. Member for Stony Plain . . .

MR. FOX: I want to see my lawyer.

MR. DEPUTY SPEAKER: Order please.

MR. HORSMAN: Well, we have three members of the opposition who continually interrupt: the Member for Edmonton-Highlands, the Member for Vegreville, the Member for Edmonton-Centre. They do not want to hear my response, and therefore I would just take a few moments, then, to let them settle down while I respond to the Member for Stony Plain.

It is true that members of this Assembly who are not members of Executive Council are free to conduct businesses. They are free to conduct legal practices; they are free to act as medical practitioners, to teach school. They are free, I would assume, as schoolteachers to act as bargaining agents for the ATA and go before school boards and negotiate on behalf of themselves and fellow teachers in the course of their conduct.

MS BARRETT: What does this have to do . . .

MR. HORSMAN: The hon. Member for Stony Plain said: is it true that members of this Assembly are free to engage in businesses? The answer to that question is yes. Members of this Assembly are entitled to carry out their ordinary business. They are not to be deprived of being in business whilst they are members of this Assembly unless they are members of Executive Council, where they are, of course, expected to devote full time to those responsibilities.

MR. WOLOSHYN: Mr. Speaker, this is different. This is very different. The MLA went to town council to get development approval for a project on land he said he owned. If that doesn't look like conflict, I don't know what does.

Won't the Deputy Premier admit that in the absence of proper guidelines, the only thing that will restore public confidence and the integrity of this government is an impartial, independent investigation?

MR. HORSMAN: Well, Mr. Speaker, the NDP have continued their scripted questions addressed to me as the Deputy Premier. I've indicated in my last response that members of the Assembly should be able to continue to carry out their normal business activities whilst they're Members of the Legislative Assembly. From all the information I have heard so far on this matter, it would appear that the hon. Member for Redwater-Andrew was carrying out his business activities as a licensed real estate agent and as a real estate developer and that he in no way used his position as a Member of the Legislative Assembly to influence the outcome of a decision of the council.

MS BARRETT: How do you know that?

MR. HORSMAN: From all the information that has been brought before this Assembly or provided to the Premier by way of information by anyone. It seems to me, Mr. Speaker, that it is important for us to recognize that it would be totally improper of members of this Assembly to continue to make allegations without substantiating that the member in question spoke and acted in his capacity as a Member of the Legislative Assembly in terms of any representations he made or that he in any way offered advice or assistance or denied advice or assistance in his capacity as a Member of the Legislative Assembly. No such allegations have yet been brought before this Assembly, and unless they are, there is absolutely no substance to the claim made by the Member for Stony Plain.

Pension Liability

MR. DECORE: Mr. Speaker, it's with interest that Albertans noted that yesterday the government of Ontario balanced its books, including a \$122 million payment towards the unfunded pension liability in Ontario. It's also interesting to note that British Columbia balanced their books. Our financial picture in Alberta goes from bad to worse. We have an accumulated debt of \$9 billion, an unfunded pension liability of about \$9 billion. The Provincial Treasurer has informed Albertans that the day of reckoning for that pension fund is close at hand. In 1984 the then Provincial Treasurer indicated that a special report, an actuarial comprehensive report, had been prepared and would be made public, and it would set out the pension liability details. My first question to the Treasurer is this: given that the then Treasurer, Mr. Hyndman, indicated that the special actuarial report would be made public, would the present Treasurer agree to make that report public immediately?

MR. JOHNSTON: Mr. Speaker, it is a matter of course that the government provides information on the outstanding liability every five years by statute. We have no intention of changing that policy.

MR. DECORE: Well, that's a convenient way of again stonewalling an issue of great importance to Alberta, Mr. Speaker.

The Treasurer has indicated that a special review group was set up to examine this horrible problem of the \$9 billion unfunded pension liability. He's also admitted that the day would soon come when there would be insufficient funds in the pension fund to look after the pension beneficiaries. Would the minister inform this House of the exact year that the moneys going out of the fund are greater than the moneys going into the pension fund?

MR. JOHNSTON: Well, Mr. Speaker, in no way has the government ever said that there is any threat or any risk with those people who are now receiving pensions. That, of course, is what the Member for Edmonton-Glengarry is doing: causing fears in the hearts of those people who are receiving pensions. I have to make it very clear time and time again that the government's commitment to ensure that those payments are made is very clear, is not retractable, and is not subject to any political debate. We're going to continue our commitment to match those payments. The payments to pensioners are not under any challenge right now, and it is wrong to suggest that there is any risk to their payments, any more than it's wrong to suggest that the pension plan cannot meet its commitments going out some 20 years ahead. So, Mr. Speaker, while there is concern on behalf of the government with respect to the unfunded liability – we've talked about that before, and the province has already indicated what its plans are, its strategy for dealing with it – it is unfair to suggest that we have indicated that the plan is not able to meet its commitments. That's just wrong. Let me make it very clear and underscore that the province wants to send a message directly to pensioners that we will continue our commitment and, in fact, as we have done over the past 15 years or so, continue to provide a COLA adjustment to the current pension benefits along the lines of inflationary pressures.

MR. DECORE: Mr. Speaker, the hon. Treasurer continues to sidestep this very serious issue by talking about risk. The law says clearly that the people of Alberta are obligated to pay these pension liabilities. But it is the fact that a \$9 billion pension liability exists, and somebody has to make good that pension liability. Now, the Treasurer previously indicated that a plan would be brought forward, a plan to deal with this unfunded pension liability. We are soon concluding the budget of our province. When will the Treasurer bring forward the details of the plan on dealing with this very serious problem?

MR. JOHNSTON: Well, again, Mr. Speaker, the member has failed to provide all the information. He finds it convenient to talk about the size of the liability – by the way, he's using the wrong statistic – but secondly, he fails to bring into consideration the fact that the plan does have assets close to \$4 billion to four and a half billion dollars. While there *is* an unfunded liability, which we have agreed to, we have made every effort possible to ensure that the current commitments are matched by the contributions. Of course, we are continuing to look at ways in which we can improve it.

We're in the process, Mr. Speaker, of doing a variety of things which deal with the question of pensions. But I will not answer to the Member for Edmonton-Glengarry; I answer to the members of my caucus.

MR. DEPUTY SPEAKER: The hon. Member for Bow Valley.

Fish Stocking

MR. MUSGROVE: Thank you, Mr. Speaker. My question *is* to the hon. Minister of Forestry, Lands and Wildlife. There's a shortage of trout for stocking lakes and ponds in Alberta mainly due to the virus that's been found in the Alberta fish hatchery. But now municipalities feel the importance of stocking ponds and lakes with trout for their tourism industry, so they are saying that they're prepared to pay for fingerlings for stocking their lakes. Private industry is prepared to raise and sell trout for stocking lakes. The problem is that they have to be biologically tested for viruses, and they're not able to get anyone with the expertise to test the trout. So I'm wondering if the department of forestry, public lands, and fish and wildlife would get involved in assisting private industry to test their fish for viruses.

MR. FJORDBOTTEN: Mr. Speaker, it is unfortunate that because of the IPN virus in some of our hatcheries we have had a problem with having enough fish to stock some of the lakes and ponds in Alberta. We've identified out of our normal stocking list some 70 lakes or ponds. Those water bodies were selected by our regional fisheries staff as ones that could be stocked by the private sector, or the commercial fish farmers. We have notified the municipalities in those areas that they could do that: be licensed to put fish into those particular areas. The hon. Member for Bow Valley is correct in that there are service clubs, municipalities, and towns that are prepared to pay for that fish, and in those particular water bodies we will.

With respect to additional water bodies that the local communities may wish to stock, we would deal with those on an individual basis, and if they bring the information forward, we'll have a look at it and see if we can be helpful.

MR. MUSGROVE: Well, with the problem with getting the fish biologically tested and the shortage of public expertise to do that, is it possible to contract out to private industry to get the biological testing done?

MR. FJORDBOTTEN: Mr. Speaker, I suppose it would be. It's fairly expensive to test fish, and one of the things we want to be absolutely sure of is that we do not put at risk our normal trout-bearing waters in this province by allowing fish of any kind to be stocked in an area that could cause a disease problem. It is fairly costly to do that testing, and within my department I don't have the staff to be able to do that. The other thing the hon. member suggests, that there may be an opportunity to look at the private sector to do that: we would still have to do that on an individual basis looking at individual water bodies in the province that are brought to our attention.

MR. DEPUTY SPEAKER: The hon. Member for Calgary-Mountain View.

Native Criminal Justice Inquiry

MR. HAWKESWORTH: Thank you, Mr. Speaker. This government has participated in setting up a task force to look at native people in the criminal justice system. Yet, incredibly, key people in that criminal justice system, people like RCMP officers at the community level and Crown prosecutors, people who could help us understand some of the problems and some of the solutions, are being told that they cannot appear before the task

force unless they, say only what the government wants them or tells them to say. The task force was handcuffed from the beginning, when this government refused to give it the power to subpoena evidence so the task force could call witnesses and hear from anyone they wanted to hear from. Now, Mr. Speaker, I'd like to ask a question of the Solicitor General. The Attorney General has sent out a directive to some of his staff. I'd like to ask the Solicitor General if he, too, has issued a similar instruction to any of his department staff to not appear before the task force.

MR. FOWLER: Mr. Speaker, the simple answer to the simple question is a categorical no. However, to expand on it, it is also my understanding, from inquiries and discussions with the Attorney General today, that the truth is that none of the prosecutors have been told they cannot, in fact, appear before this inquiry. Further, to the prosecutors, what will be wanted, of course, is an official position from the prosecution department of the Attorney General's department. However, we do expect and welcome individual prosecutors to bring forward their personal views to this inquiry as well.

With respect to the Royal Canadian Mounted Police, these people are guided by the policies of K Division headquarters, under the direction of Assistant Commissioner Gordon Greig, and I will be meeting with the assistant commissioner to further discuss what the RCMP input will be in this inquiry. Generally speaking, Mr. Speaker, we are encouraging all people to come forward so that we can get as broad an inquiry as possible conducted in order to get to the real issues of native justice and why there are a disproportionate number of them in jail.

MR. HAWKESWORTH: Mr. Speaker, the mandate of the task force is such that no individual, including individual prosecutors, can appear before the task force. Anyone appearing before the task force has to be representing organizations. So I find it quite preposterous that this government sets up what they want us to believe is a legitimate inquiry into an important issue and then frustrates the participation of its own departmental staff. To the Deputy Premier: can he tell us whether his government will attempt to restore public confidence in the task force by rescinding the order given by the Attorney General and amending the terms of reference so the task force can subpoena witnesses and do a real and complete investigation of these issues?

MR. ROSTAD: Mr. Speaker, the allegations are preposterous. The task force was established to review a number of studies and literature, to hear from all parties, and it was crafted together with the Indian and Metis representation for all of the native population. If the hon. member has a particular individual that wants to appear before that, I am assured by Justice Cawsey that they'll be delighted to hear from him.

MR. DEPUTY SPEAKER: Thank you.
The hon. Member for Calgary-McKnight.

Teacher Shortage

MRS. GAGNON: Thank you, Mr. Speaker. The Department of Education in its sixth estimate since December 1989 is now saying that there will be a shortage of 350 teachers in this

province by September 1990, this at a time when faculties of education have enrollment caps. Would the Minister of Education confirm that his own department officials are predicting a teacher shortage?

MR. DINNING: Mr. Speaker, I can confirm that I am concerned and all of my colleagues in government are concerned about the possibility of a future shortage sometime down the road. Right now, in fact, in some of the languages areas, especially French language, and in the sciences we are experiencing some shortages in specific disciplines. That concerns me, Mr. Speaker, so much so that the hon. Minister of Advanced Education and I met with representatives of the four faculties of education, the Alberta Teachers' Association, the School Trustees' Association, and the Conference of Alberta School Superintendents to ask for their help, for them to come back to us with recommendations on how we can eliminate the possibility of a teacher shortage. As well, the Council on Alberta Teaching Standards will be holding a conference on the future of teacher education later next month to address this specific issue. Naturally I welcome the hon. member's suggestions and recommendations on how we can ensure that all children in this province, when they go to school on September 1, 1990, or '95, are assured of a qualified teacher in front of them.

MRS. GAGNON: My second question, then, Mr. Speaker, will be addressed to the Minister of Advanced Education. Will you, sir, meet with the departments of education and ask them to lift the enrollment caps in the faculties of education?

MR. GOGO: Mr. Speaker, the hon. member is well aware that even members of the government can't have it both ways. We support, both in principle and financially, a board-governed system of postsecondary education, where the responsibilities for serving the community, including teacher training, lie with those boards of governors. That's why they're funded. I would certainly hope the hon. member is not advocating that we departmentalize all these institutions.

Having said that, the Minister of Education shared just a moment ago our joint concern with regard to teacher supply, particularly with regard to the French language. Now, I have been given some degree of assurance, Mr. Speaker, that the institutions are well aware of that shortage and are presently addressing it.

MR. DEPUTY SPEAKER: The hon. Member for Athabasca-Lac La Biche.

Economic Development of Northern Alberta

MR. CARDINAL: Thank you, Mr. Speaker. My question is to the hon. Minister of Education. I understand that recently the Alberta Teachers' Association passed a resolution calling for a moratorium on all pulp mill development in Alberta. This is ironic. I have just met with representatives from two school boards in my constituency advising me of serious financial difficulties because of a low industrial assessment base and the loss of young families due to unemployment in our area. My question is to the hon. minister. What action will the minister take to ensure that organizations such as the Alberta Teachers' Association understand that we need jobs for our youth and we need industries to provide the necessary tax assessment base so we can have quality education in all parts of Alberta?

MR. DINNING: Mr. Speaker, first of all, I welcome the teachers of Alberta expressing an interest and a concern for the environment in this province. I know all members of this Assembly welcome that concern, and I know the hon. member across the way shares that concern. But I share the concern of the hon. member, too, when I look at the tax base of the likes of the county of Athabasca, which has a higher than average mill rate and tax base far lower than the provincial average to pay for an average amount of expenditure per student in that part of the province. So that kind of sustainable economic development must proceed.

Mr. Speaker, I welcome the hon. member's question, and I would encourage him, just as I would encourage the Alberta Forestry Association or the Alberta Chamber of Resources or other important groups like that, to meet with and attend the annual general meeting of the Environmental and Outdoor Education Council of the Alberta Teachers' Association. It is vitally important that that group of teachers, and in fact all Albertans, understand that we need a healthy environment, but so, too, must we have a healthy economic environment. Without the two working together in unison – we must ensure that happens because when we do, then we will have a quality education system now and in the future.

MR. CARDINAL: Mr. Speaker, my final supplementary is: what assurance can the minister give this Assembly that the necessary environment-related curriculum will be initiated in schools in Alberta for our youth? In addition to that, I would suggest also that the minister develop some curriculum for some opposition members and Liberals who want to cancel thousands of jobs in northern Alberta.

MR. DINNING: Mr. Speaker, I refer to a document that we discussed during the course of the estimates of the Department of Education. It's a document that's been tabled in this Assembly, and it's prepared for the Council of Resource and Environment Ministers, a report of the National Task Force on Environment and Economy. I think it's important that all members hear this, because it says:

We believe that our children should have a better understanding of the environment so they can treat it with respect when they become decision makers in their own right. School curricula must be changed to enhance understanding of how the environment and the economy [how the two] affect [one another].

That, Mr. Speaker, is precisely what this government is doing. With the help of the likes of the Alberta Forestry Association, the Public Advisory Committee on Environmental Education of the Environment Council of Alberta, of various other organizations, we are ensuring that all of our students, from elementary school through to graduation, are receiving an environmental education, not separate and apart from science, not separate and apart from language arts. The whole theme of sustainable economic development is and must be woven into the fabric of that entire curriculum, Mr. Speaker.

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Belmont.

Welders' Safety

MR. SIGURDSON: Oh, thank you, Mr. Speaker. I was enjoying the verbose Minister of Education going on.

Mr. Speaker, my questions are for the minister of Occupational Health and Safety, and they concern the welding standards

again, because there's a lack of legislation in our province that deals with welding safety standards. There are no laws requiring specific protective equipment for specified welding techniques, there are no minimum air exchange standards in welding shops, and there's no requirement for isolating welders from other processes that produce dangerous chemicals. Because of this lack of legislation, this lack of regulation, welders are getting sick each and every day in our province. Now, I want to ask the minister if he is prepared to sit down with representatives from industry and from labour to discuss and develop acceptable legislation that will reduce the exposure that welders have to these very dangerous chemicals.

MR. TRYNCHY: Mr. Speaker, I welcome the question because I think it is a serious matter and one that should be resolved. I'd like to go back to the information that is available in a document that the government of Alberta invested some \$127,000 in and distributed widely throughout Alberta. This was done a few years ago. There were over a thousand copies of that distributed across Alberta. It's part of NAIT's certificate program in welding. It's used by the apprentice programs throughout the province. NAIT has made representation to the Alberta unions to use it, and I'm really interested in the comments. The information I received today is that the Alberta plumbers' and pipe fitters' union is going to meet and see if they can come up with better suggestions in regard to welding safety. As I said yesterday or the day before, my door's open. I'd welcome anybody and everybody that wants to meet with me in regard to safety for welders. I would sooner see us do it on a voluntary basis than to have legislation forcing people to do it. If the information is there, surely we can distribute it across the province to the welders to make sure they use it.

MR. SIGURDSON: Well, Mr. Speaker, let me tell you that if government produced a thousand of these copies – there are 10,000 welders in the province – that means that 9,000 are going without the information. And they're charging 172 bucks for a package to get this information out to those welders, who are in danger of breathing in those fumes.

Now, I'm sure that members of the boilermakers' union and the plumbers and pipe fitters would love to come over and have a beer with the minister. They can do that any time, but what I'm asking is: is the minister prepared to sit down and develop legislation that will safeguard the lives of these workers who are exposed to these dangerous chemicals? Is he prepared to sit down and develop that legislation?

MR. TRYNCHY: Mr. Speaker, I'm not aware of anybody charging \$172 for this document. That document is done by the government of Alberta through NAIT and is distributed freely to all those involved.

If the hon. member suggests that I should meet with unions or somebody else, certainly I will, but I've had no proposal coming from them. As I said, I'm really pleased that they're giving some attention to the welding safety guidebook that we have and that they want to verify what's in here to make sure it's right and that they want to do their own study. So if they want to meet with me, by all means; my door is open, and I'd welcome them to my office.

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Meadowlark.

Al-Pac Project Report

MR. MITCHELL: Thank you, Mr. Speaker. Regardless of which projects are approved by this government for northern Alberta, regardless of which of the two Al-Pac proposals is accepted by this government, there is absolutely no need to delay the commencement of the baseline wildlife studies called for by the Al-Pac review panel. In fact, these kinds of baseline studies and proper assessments of forestry management agreements are fundamentally required and can, if we must meet the fear of this government, proceed even as these projects are allowed to proceed. To the Minister of the Environment: could he please give us a clear commitment as to when he is going to initiate the baseline studies called for by the Al-Pac review panel.

MR. KLEIN: Well, Mr. Speaker, the process has already begun. The Department of Forestry, Lands and Wildlife and officials from the Department of the Environment and other government departments are looking at the recommendations at this very moment to determine how we should proceed in the future. We've indicated to the Legislature that we will be undertaking a study of the fish on the lower reaches of the Athabasca River. We'll be studying all aspects of the recommendations contained in the Al-Pac report. The process has been commenced, and it's obviously going to take some time to complete. The recommendations are very extensive and in some cases very complex, and we want to make sure that we do it right so the hon. Member for Edmonton-Meadowlark can understand for once.

MR. MITCHELL: Will the minister please make a commitment here and now that there will be open public hearings, that there will be opportunity for public input, or is this process that he's outlining going to be like the Jaakko Pöyry process, which is going to be done behind closed doors so that the public of Alberta can't have any input?

MR. KLEIN: Mr. Speaker, the hon. member's question, not surprisingly, is very confusing. The recommendations contained in the Al-Pac report were the result, just in case the hon. member wasn't paying attention, of 27 days of public hearings, some 8,000 pages of evidence, hearings that stretched all the way from Edmonton to the Arctic Ocean, all the way up the Athabasca River, through Lake Athabasca, up the Slave River, through Great Slave Lake, all the way up the Mackenzie River. That was the public process. Now we will do an examination of the recommendations.

MR. DEPUTY SPEAKER: The hon. Member for Innisfail.

Interest Overcharges

MR. SEVERTSON: Thank you, Mr. Speaker. My question today is to the Minister of Consumer and Corporate Affairs. I've had lots of correspondence from farmers and businesspeople who feel that they've been overcharged interest on loans dating back pre-1981. One of the suggestions they have made to solve this problem is for the Alberta government to set up an interest charge review board. My question to the minister: has he considered doing such a thing?

MR. ANDERSON: Mr. Speaker, the hon. member has indicated an issue which was brought to my attention about a year ago, after I took over this portfolio. We had agreed at that point to look into the circumstances surrounding the alleged interest overcharges over the past year and to try and determine whether or not there is a common thread with respect to those cases which would allow us to recommend some process other than the individual court process, which individuals have a right to and are proceeding through. We have not concluded that examination because of the complexities involved. We are looking at circumstances which are seven, eight, nine years old and of national concern that are dealing with the chartered banks. We are still in the process of trying to ascertain whether or not there is, in fact, a common thread through which we could suggest some mediation or some involvement of the federal Farm Debt Review Board or whether or not those individuals will have to proceed, as have others in the country with similar issues, through the court process.

MR. SEVERTSON: My supplementary. Some of my constituents who have this problem have financial difficulties. Do they have to go to a lawyer, or is the department helping in any way on an individual case?

MR. ANDERSON: Mr. Speaker, I would ask any member of the Alberta public who feels they have information that could assist us with respect to this particular issue to take it to our Department of Consumer and Corporate Affairs office. We would assist with that investigation of the individual issue. Certainly if they want to proceed through the current process, they would need to go through the courts, as have other individuals. Once again, we are trying to determine whether or not these are cases with a common problem which can be defined in some other way or whether they're individual enough with individual enough dimensions that they would have to proceed through that process.

One more additional piece of information I should give to the House, Mr. Speaker, is that in terms of these cases, they are dealing primarily with federally regulated banks, so the ultimate regulatory responsibility lies with that federal jurisdiction. We will assist where we can, and we will try to complete this investigation. However, the time that it's taking with regards to finding files 10 years old, dealing with individuals in banking institutions in other places who may not still be in those positions is causing a complex investigation in this case.

MR. DEPUTY SPEAKER: The hon. Member for Edmonton-Avonmore.

Women's Issues

MS M. LAING: Thank you, Mr. Speaker. My question is to the minister responsible for women. The minister recently stated that this year's budget contains a 28 percent increase of funding to women's issues, including a 37 percent increase to the Women's Secretariat and a meagre 1.8 percent increase to the women's advisory council. There is a difference between these two organizations. The secretariat does pretty much what the government wants, while the advisory council advocates on

behalf of Alberta women. My question is: how does the minister justify the relatively huge increase to a government bureaucracy while the advocacy body receives a minimal increase? Does she not want to hear what Alberta women have to say through their advisory council?

MS McCOY: Mr. Speaker, I want to hear from all the people of Alberta, the women and the men and the children and time and time and time again. Of course, we'll have an opportunity next week to speak to these issues in my estimates. Nevertheless, let's not forget that much of the increase that went to the secretariat went for Stepping Stones. It went for a program of awareness in family violence. It went for other programs of that nature. That would account for the difference. We are talking about, nevertheless, a substantial difference in our total funding for programs in support of Alberta women. I never like to pass by an opportunity to say once again: \$130 million worth of funding in this fiscal year, which is a 14 percent increase over last and a 30 percent increase over two years ago, and we are in a deficit reduction budget. Now, I say that shows a great commitment to the women and all people of this province.

MR. DEPUTY SPEAKER: Order please. The time for question period has expired. Is there unanimous consent to complete this line of questioning?

HON. MEMBERS: Agreed.

MR. DEPUTY SPEAKER: Opposed? Carried.

MS M. LAING: Well, Mr. Speaker, I'm not sure the minister is committed to hearing what the women of Alberta want. The advisory council reflects and researches the views of women on many issues, including the licensing of midwives and instituting pay equity legislation, and it has played a vital role in providing recommendations to the minister, of which far too few have been implemented. The budget allocated to the women's council fails to meet the cost of living let alone recognize its increasing role as an advocate for women. Will the minister now commit to implementing the many recommendations of the advisory council which so far have been ignored and to adequately funding the advisory council?

MS McCOY: Oh, Mr. Speaker, it's a delight to be able to speak about the midwifery recommendations which the council has just brought forward. I believe the member opposite, in fact, is on record as supporting them, as are the Minister of Health and the Solicitor General and our member who is the Chair of the Professions and Occupations Bureau. We have received those recommendations with a great deal of support, and we have, in fact, put that item on the top. It's a priority item for the Professions and Occupations Bureau to study. There are a number of stakeholders to consult with around Alberta, and we will be proceeding in that direction.

MR. DEPUTY SPEAKER: Before proceeding to the next order of business, I would ask the Assembly if it would give its unanimous consent to revert to Tabling Returns and Reports.

HON. MEMBERS: Agreed.

MR. DEPUTY SPEAKER: Opposed?

head: **Tabling Returns and Reports** (reversion)

MR. TAYLOR: Mr. Speaker, I'd like to table four copies of a letter from the Attorney General's department to all chief Crown prosecu . . . prosecutors. [interjections] Sorry, I've been taking English lessons from the Minister of the Environment.

It states amongst other things that

I am of the view that it would be inappropriate for any single office or Crown Prosecutor to make submissions to the Task Force as this would certainly be seen as representing the Department and as I have said, it remains for the A/Deputy Attorney General to determine what, if any . . . [interjections]

MR. DEPUTY SPEAKER: Order please. The hon. member may table but he can't read the report.

head: **Motions under Standing Order 40**

MS M. LAING: Mr. Speaker, I rise under Standing Order 40. In view of the recent events which indicate an increasing incidence of the expression of hatred through violent acts throughout this province, acts of violence that cannot be ignored, I would move this motion and ask for unanimous consent.

MR. DEPUTY SPEAKER: Order please. The hon. Member for Edmonton-Avonmore is moving a motion pursuant to Standing Order 40. Under this procedure, the House is required to give its unanimous consent. All those in favour, please say aye.

HON. MEMBERS: Aye.

MR. DEPUTY SPEAKER: Opposed? Carried.

Moved by Ms Laing:

Be it resolved that the Legislative Assembly commend the city of Calgary for the establishment of a volunteer task force on community and family violence, and be it further resolved that the Speaker convey this resolution to His Worship Al Duerr, mayor of the city of Calgary.

MS M. LAING: Mr. Speaker, in speaking to the urgency of this motion, I would note recent incidents of racial violence, of the violence that occurs against women and children in their homes on an almost daily basis, and violence that occurs on our streets and our public places, violence that reveals the seriousness of this problem. It is incumbent upon all members of this Assembly to encourage and support local municipalities in their action to deal with this hatred, and it is incumbent on the provincial government to provide support in practical ways, including funding to deal with the underlying causes of this violence as a way to prevent it. I would, therefore, ask for unanimous consent for this motion.

MR. DEPUTY SPEAKER: The House has just given permission for the motion to be put. All those in favour of the motion proposed by the hon. Member for Edmonton-Avonmore, please say aye.

HON. MEMBERS: Aye.

MR. DEPUTY SPEAKER: Opposed, please say no. The motion is carried unanimously.

head: **Orders of the Day**

head: **Committee of Supply**

[Mr. Jonson in the Chair]

MR. DEPUTY CHAIRMAN: The committee will please come to order.

head: **Main Estimates 1990-91**

Health

MR. DEPUTY CHAIRMAN: I would invite the hon. minister to make opening remarks.

MRS. BETKOWSKI: Mr. Chairman, I appreciate the opportunity to make some opening remarks in an overview sense for the Department of Health. Before I do, however, I would like to welcome some senior representatives from many of the stakeholder groups across the province, including the Alberta Medical Association, the Alberta Long Term Care Association, the United Nurses of Alberta, the Alberta Association of Registered Nurses, the Alberta Hospital Association, and the College of Physicians and Surgeons.

I would also like to welcome members from the Department of Health, particularly my deputy minister, Mr. Rheal LeBlanc, and my assistant deputy minister of finance and administration, Aslam Bhatti, who spent a lot of hours on this budget as a department. I thank all officials here today as well as the 2,024 public servants in the Department of Health for their help and support in preparing this budget. Without them we couldn't run this health system.

Finally, my thanks to my private office staff, including Darrell Osbaldeston and Christine Braun, Elsie Warawa, Colleen Korean, Corinne Freughton, and Wendy Stiver. We have some pretty hairy days in our offices sometimes, but usually one of the seven of us has enough of a sense of humour to have a laugh. I thank them, for I couldn't do my job without them.

Mr. Chairman, the Premier's personal vision of an integrated health system reflecting a continuum of services was demonstrated in his decision to form a single ministry of Health responsible for that continuum, and that vision has contributed to a more co-ordinated government response to health issues. Since June 21 of last year, when I had the honour to present this government's estimates for the Health portfolio, many exciting initiatives have taken place. We have recently received the report of the Premier's Commission on Future Health Care for Albertans. The recommendations are far reaching in dealing with issues and topics well beyond the mandate of just the Department of Health. The Premier has requested that I as Minister of Health chair a task force of ministers with responsibilities for issues addressed by the commission's report to ensure that the full and thorough assessment of this report is carried out in a co-ordinated manner and that appropriate action plans are developed in the coming months and years. This and the recently released report of the Premier's Council on the Status of Persons with Disabilities serve to provide an exciting base for future development in the health policy of this province.

I'm pleased to be able to participate in the continuing efforts of this government to develop the healthy public policy through listening to the views of Albertans. It is a time where change is needed, and in dealing with an issue as important to Albertans as their continued health, carefully managed change is what is called for.

After 18 months in this exciting portfolio for the health system of this province, I've developed a set of principles I use when carrying out my role. First and most importantly, people are the focus of the health system. Alberta's most fundamental resource is its people. Health is critical to both individual Albertans and to the province as a whole. Health is more than just being not sick. It is a complete state of physical, mental, social, and spiritual well-being, and a resource to help people achieve their aims. Healthy Albertans are able to assure this province's social and economic prosperity. As the Provincial Treasurer stated in his March 22 budget, and I quote:

This government is committed to providing quality health care to Albertans. As we move into the 1990s, we must ensure that our health care system meets the changing needs of our citizens at a cost we can afford.

I have stated on many occasions that the health of Albertans is my only bottom line, and I believe that the 1990-91 budget demonstrates this government's goal to provide all Albertans with universal access to quality health services now and in the future.

As Minister of Health, I must deal with many challenges: issues that are deeply personal ones to all Albertans and ones which challenge personal beliefs. But I always focus my decisions on what I believe is the bottom line, and that is the health of Albertans. The most eloquent description of how public duty transcends our personal beliefs came from Everett Koop, the former Surgeon General of the United States. When criticized for his frank and open approach to the public health challenge of AIDS, he responded:

I am the Surgeon General of the heterosexuals and the homosexuals, of the young and the old, of the moral and the immoral, of the married and unmarried. I don't have the luxury of deciding which side I want to be on. I can tell you how to keep yourself alive no matter what you are. That's my job.

That is a bottom line, and it's a quote I keep on my desk to remind me of my responsibility to all Albertans.

Since our early days as a province, the Alberta government has clearly demonstrated its commitment to provide high-quality health services for its citizens. A complex health system has been developed over the years, reflecting a historic partnership between citizens, local communities, and all levels of government. The network of service providers now consists of a framework of health units and hospitals, community support services, mental hospitals, mental health extended care centres, community mental health clinics, community groups, individual practitioners, and volunteers. It is a system that is envied by others and cherished by us all.

Alberta's health system is among the finest in the world. We are all responsible for its future as our system now faces challenges which encourage movement towards even greater excellence. Our aging population, new ideas, and major advances in technology are creating opportunities to put in place innovative and effective solutions. The object is more effective health services, not necessarily just more health services.

This leads me to the second principle, and it's that of accountability. It is essential if we are to ensure that the generous yet limited resources we commit to health services are targeted to where they are most needed and that we ensure that we are

achieving better health for that commitment. We need to assess the need, target the resources, and evaluate our effectiveness.

A focus on outcome: the optimal health status of Albertans is critical in programs and services, and certainly outcome measures of health status are difficult to develop. It's not always easy to see how outcome can be measured, but it must be done. Some outcomes are long term, and there is a need to seek out additional outcome measures that can be seen and measured in the short run.

Alberta's health system is designed to ensure equality of access, but it has not yet achieved equality of health status. Poverty and lower levels of education have meant that some Albertans have poorer health status. Some geographical locations have poor access to service. We need to support those individuals or groups which are less able to be speaking for themselves or who have more difficulty accessing the variety of program delivery mechanisms that could assist them.

Funding approaches can be used to provide an incentive to altering the way that services are delivered. An example is the recently restructured approach to funding long-term care facilities, which encourages institutions to accommodate heavy care cases while persons with less intensive needs are looked after by community oriented programs. Other options to change funding mechanisms in the acute care sector are under review, with the participation of many of the stakeholders, and I hope that Alberta can take the lead in Canada in funding reform as we have demonstrated in long-term care.

I firmly believe there is a need to ensure that the method of allocating available resources is fair and equitable, that it responds to the growing importance of outpatient services and provides positive financial incentives for ambulatory care. Differences in resource requirements amongst patients due to diagnosis, severity of patient illness, and the complexity of the case need to be recognized. As I've stated on many occasions, the roles of the various institutions within the province in relation to the scope and range of services provided must be defined. Working groups are looking at all these issues.

Since its inception, the acute care funding project has involved close to 100 people, including hospital administrators, physicians, nurses, and my department staff, in the development of recommendations for changing the entire funding system. We have developed our impressive infrastructure in this province, which is a legacy for the future. We must now capitalize on that investment by ensuring that the utilization of existing resources is maximized. We're doing this in the area of ambulance services and in looking at specialized areas of regional delivery such as laboratory services.

We'll be examining closely recommendations from the Premier's commission regarding the government's structure for health services. We'll have to balance the need for co-ordination of services with the need to ensure that program identities are not swallowed in unnecessary administrative layers. We'll need to balance the need to centralize to ensure universal and comprehensive standards with the need to decentralize to ensure responsiveness to community needs.

I'm committed to ensuring future initiatives which will help us to ensure that the support we are committed to continue to provide to Albertans will be the most cost-effective. I can tell you that Alberta initiatives impress and are looked at closely by other provinces. The best approach, of course, would be to see illness prevented, but this requires a partnership of efforts.

This brings me to my third principle, which is that the concepts and principles of health promotion and disease

prevention must be relevant and important parts of health services. The ideal health system combines excellent treatment and care for those who are sick with a high standard of well-being for all people. Treatment for illness and disease will always be required. As we move into the future, we also need to ensure that there is a whole spectrum of health services, from promotion, prevention, and protection to acute care, rehab care, long-term care, and palliative services, whether in the community or in institutions. Health promotion cannot be regarded as a program separate from these health service components but must, in fact, be integral to all health service activity. We intend to support and foster personal choice and individual responsibility by embodying the principles of health promotion in all aspects of service delivery.

A number of factors affect the health status of Albertans, including socioeconomic variables, education, culture, genetics, environments – physical and work environments as well as social environments – in addition to the health system. An individual's health or ill health is determined by a combination of all these factors. A healthy economy is necessary to ensure that we have, to quote the Premier's commission: healthy Albertans living in a healthy province. That is why I as Minister of Health am proud of the efforts of our government to ensure a healthy economy in the future which will support our ability to sustain and support an excellent health system for Albertans.

Health promotion is a concept that means different things to different people. To some it means community development; to others it means major media campaigns. Some focus on health education. In my mind it is as much an attitude as a program to be delivered. Enabling people to take control of their lives is the World Health Organization definition for health promotion. The elements for this are people helping themselves and each other and developing supportive groups and communities.

As a government we have provided for mandatory seat belt use in Alberta, and I am grateful it has now been upheld by the courts. We are implementing no-smoking policies in our workplace. Indeed, our Assembly is now smoke free for the first time in its history. We are introducing under the administrative leadership of the public health division and the Alberta Cancer Board an early detection program of breast cancer screening for women in Alberta. The targeted AIDS awareness campaign has provided clear information to Albertans on the facts associated with this disease. Programs to provide information in our school system co-operatively undertaken by health professionals, educators, and parents will ensure that our kids have access to the facts they need to protect their health. Our support to the valuable work done by community agencies will be continued. A current awareness program is in place directed to seniors on the benefits of a healthy life-style and the options available to allow them to remain in their homes. The Solicitor General and I are looking at legislative sanctions under the Public Health Act for those who knowingly sell Lysol as a drinking substance for abuse. Its prevalence is far greater than one would expect, and I'm prepared to use the full force of the public health law as an instrument of healthy public policy.

Each of these is a significant initiative, and it is not just a matter of money. Promoting good health does not necessarily need to cost a lot of money. I realize that a financial commitment will be required, but this government will be targeting resources to specific measures to ensure accountable outcomes.

Although not impacting only my department, in light of the activities of last Sunday and many others, I'd like to state a fourth principle, and that is that I do not believe you can draw

a line between our health and our environment. Our health will suffer if we destroy our ecosystems and use up our resources. Environmental and resource sustainability are prerequisites for maintaining good health. We must, therefore, strive to ensure that our efforts to improve our economy provide protection for the health of Albertans, the health of our province, and that we foster the concept of sustainable development for our children and for our grandchildren.

That concept of sustainable development means much more than just government putting in place tough laws to deal with polluters or strict regulations governing natural resource industries. As with maintaining health, it means empowering individual Albertans to take responsibility, to make appropriate life-style choices to protect and conserve our precious natural heritage. It includes health units and hospitals acting as catalysts to ensure that the communities they represent are leaders with regard to this sustainable development, leaders in waste management practices, leaders in energy and water conservation programs, leaders in recycling initiatives. Those responsible for protecting the public health and those responsible for expanding our scientific knowledge base understand that environmental health, the effect of environmental factors on our personal health, must emerge as a special area of expertise and concern in today's society.

There's a need to ensure that a special emphasis on health occurs in the environmental impact assessment process, and representatives of municipalities and local boards of health will be called upon to play a very significant part in that process. In consultation with these groups, various departments of government, and a wide range of stakeholders, I've asked my department staff to begin work on an environmental health strategic plan. It's my hope that this plan will lay the foundation for a full and effective partnership between the Department of Health and my colleagues in Environment, Agriculture, Municipal Affairs, Energy, Economic Development and Trade, and Occupational Health and Safety as we work together at achieving our common goal, which is: "Healthy Albertans, living in a healthy Alberta."

There are many initiatives which focus on particular issues that are currently under way in Alberta Health. Alberta Health and Public Works, Supply and Services, in co-operation with the metropolitan and regional hospitals which operate licensed incinerators, are in the process of preparing plans for the safe handling and disposal of hospital biomedical waste through a system of regional centres. With respect to biomedical waste generated from other sources, the public health division of Alberta Health is preparing guidelines for the appropriate disposal of this waste. The review will include an examination of proposed changes to the existing waste management regulations under the Public Health Act.

I am very grateful to the Public Health Advisory and Appeal Board for taking on the recent extensive review of intensive livestock operations and providing me with a very useful set of recommendations. The recommendations are currently under review by several departments of government, and I anticipate making the report available to the interested stakeholder groups in the near future.

Health is far more than just caring for the ill, and our government is continuing to view health as part of a larger and comprehensive framework. I would now like to quickly provide comments from each of the votes presented for discussion this afternoon.

Under vote 1, Departmental Support Services. This vote reflects the costs of administration and support services provided to the various programs within the department. The budget reflects an increase of 5.5 percent, which equates to about \$1.2 million over the previous fiscal year. I note that this budget represents less than 1 percent of the total estimates for Alberta Health. The \$250,000 for the family life and drug abuse foundation is for continued planning for the establishment of the foundation.

Vote 2, Health Care Insurance. The total increase of \$40.9 million or 7.4 percent over the previous year's estimates consists of \$1.2 million or a 4.8 percent increase in Administrative Support, and \$39.6 million or a 7.5 percent increase in the Provincial Contribution to the Health Care Insurance Fund. The \$59.8 million increase, 7.6 percent, in expenditures for Basic Health Services is based on forecast increases in population, utilization of services, and price factors. As I indicated upon the release of the report of the Committee on Utilization of Medical Services, I intend to establish a permanent monitoring committee. That committee's mandate and membership will be announced within the next week. This increase in expenditures is offset partly by increases in health care premiums of \$3.25 a month for a single person and \$6.50 for a family. This reasonable increase in premiums allows Albertans to have a direct awareness and reminder of the costs of their health system. Low-income Albertans are protected, and approximately 500,000 Albertans pay only partial or no premiums.

Vote 3, Financial Assistance for Active Care. This program provides the operating funds for the active care facilities. The estimates provide for a significant increase of \$100 million or 5.9 percent over the previous year. One-half of this increase, or \$50 million, reflects the 3 percent general grant base rate adjustment. The remaining \$50 million is provided for general activity increases within the various facilities. This displays this government's continued commitment towards what many consider to be one of the finest acute care systems in the world.

Vote 4, Financial Assistance for Long-term Care. This program makes provisions for institutional long-term care services delivered through auxiliary hospitals, multilevel care facilities, and nursing homes. The estimates for this program are being increased by \$24.1 million or 6.1 percent, of which \$11.4 million reflects the 3 percent increase to grant base rates. The remaining \$12.7 million increase reflects activity increases such as the patient classification program, \$7 million, and \$5.7 million for specialized initiatives such as an early discharge program, enhanced supplies for nursing homes, and the single point of entry. Following the budget speech presented on March 22, I announced that effective July 1 residency charges for room and board will rise by \$2 a day. A \$2-per-day increase amounts to only 4 percent annually since 1987, and leaves Alberta seniors with the highest disposable income in the country.

Vote 5, Community Health Services. The objective of this vote is to enhance the quality of independent living in the community through the provision of funds to community agencies and health units for prevention programs and local health services, as well as to monitor the general health state of Albertans through the health units and provincial labs. In 1990-91 we've included \$2.5 million for new home care initiatives. Home care service programs are provided through various community agencies and health units. Since 1988-89 the budget for home care services has increased from \$32 million to \$51

million, an increase of \$19 million or close to 60 percent. These increases reflect our government's commitment to providing Albertans, primarily seniors, the ability to live independent lives in their own homes and communities.

Similarly, funding for the speech and audiology program has increased to a level of \$12 million, an increase of approximately 7 percent from 1989-90. The increase over the last two years has been approximately \$9 million.

As I indicated earlier, we will be implementing in conjunction with the Alberta Cancer Board an early detection of breast cancer screening program for women in Alberta. The Alberta screening and education program will be a very important part of health services for women and demonstrates the government's ongoing commitment to enhancing health promotion and illness prevention programs for Albertans. We plan to have centres operating in Edmonton and Calgary by October of 1990, and in the initial year we'll be targeting the program to the 50 to 59 age group. We hope to phase in the expansion of the program over the next few years.

The changes in provincial funding distribution between the north and south labs for the Provincial Lab reflect their expenditure bases and requirements based on actual expenditure. A study will be undertaken during the year to review services provided by not only provincial labs, but also private lab costs for routine and not so routine lab work as well as duplication of services between provincial and private labs, to mention but a few points. At the conclusion of this review, we'll be in a much better position to assess the funding levels required. In '89-90 the provincial labs received a budget increase of over \$1 million or 12 percent.

Much of the policy development in the provincial AIDS program has been completed so that administration costs have been able to be decreased, though the provincial commitment to program costs has been maintained.

Vote 6, Mental Health Services. The objective of this program is to maintain and improve the mental health of Albertans through inpatient treatment and rehabilitation services. It's also done through various regional community health services provided to families as well as individuals. These services are provided through three extended care centres and numerous clinics located throughout Alberta operated by Alberta Health, as well as by various programs provided by community agencies. The estimates for the program reflect an increase of \$2.7 million or 6 percent over the previous year's estimates. Of this amount, \$2 million has been earmarked to enhance the children's mental health program. The remaining \$700,000 reflects the costs of salary adjustments for a division that is very manpower intensive. In fact, two-thirds of the total \$49 million budget for mental health is for salaries and wages.

Vote 7, which is for the Alberta Alcohol and Drug Abuse Commission, will be addressed by the chairman, but before calling upon him I would like to simply close.

This budget has enhanced our health system in a time of increasing costs and increasing financial pressure. It is clear evidence of the high priority we place on the health of Albertans. It does not mean that everyone will receive everything they wanted, whether it be hospitals, nursing homes, or health units. That would not only be unreasonable, but it would be unrealistic. But it does mean that our health system will continue to move the focus away from treatment and more towards prevention and the promotion of good health. The steps that we have taken in regard to capital construction, health care insurance premiums, and long-term and preferred accom-

modation rates recognize the demands being placed on our health services. I believe they are part of an appropriate and a reasonable approach to addressing those increasing financial pressures. We will continue to move towards a system that is client focused and which provides a spectrum of care for all Albertans, care that ranges from health promotion and prevention to community based services to institutional acute and long-term care, care that always tries to treat each Albertan as an individual with individual needs, desires, and concerns.

As our traditional industries are diversifying into more broadly based economies, our governments are in transition from the high spending of the '70s and early '80s to a more cautious and careful approach, and we are all having to be more creative and manage differently. We are all asking, "Is this the best possible use of the dollars available to us?" As a legislator I strongly believe that accountability, fiscal responsibility, and efficiency need to be demanded all the time, particularly in the public sector. It is getting the best value for our resources which is essential. This demand for effectiveness is not based on any dogmatic view that the public sector should or must spend less. It is the realistic understanding that resources are limited and that we have the responsibility to use those limited resources in the best possible way, so that new opportunities can be explored, new dreams be dared, and new frontiers explored by future generations of Albertans.

To quote a paragraph from the Rainbow Report:

We believe in people being the focus of the health system . . . in the inevitability and desirability of change, and in our ability to manage change to accomplish our purposes . . . in health decisions which are most effective and least intrusive . . . [and] in making the opportunity available to all Albertans to maximize their own health.

I would like to call on, if I may, the chairman of the Alberta Alcohol and Drug Abuse Commission before we answer questions from members.

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

MR. NELSON: Thank you, Mr. Chairman and Madam Minister. It is with great pleasure that I take this opportunity to address the estimates of the Alberta Alcohol and Drug Abuse Commission. You have before you vote 7 of Alberta Health, which contains the figures for the commission for 1991. On behalf of myself and the commission and certainly on behalf of the very excellent professional people who work with the commission, I would like to express my thanks to the Premier, the minister, and all members of this House for their support to AADAC during the past year. The increase in the commission's budget reflects the confidence the members and the government have in the commission as well as a commitment to quality services for Albertans.

Without addressing specific dollars, I would like to describe what we as Albertans get for those dollars we expend. I would like to start by suggesting that few of us in society are ever completely immune to the problem of substance abuse. Whether it is a difficulty that is experienced personally or a problem of a family member or friend, the abuse of alcohol and other drugs is an issue that most must at one time or another confront. Many who are troubled with substance abuse problems will at some point seek assistance. The specific type of help that they require will depend in large part on the nature of the particular difficulty they are experiencing. That is why AADAC is actively striving to provide a range of programs to

meet the needs of Albertans. AADAC treats Albertans as individuals by providing a full range of services that will deliver the best program for each individual.

If I might use the adolescent treatment as a specific example, Mr. Chairman, the commission has recently enhanced the variety of services available for adolescents in this province. Specifically, each of AADAC's 34 offices and clinics have access to a counselor who has specialized in the treatment of adolescents with addiction problems. The counselors are specially qualified in assessing adolescent addiction problems and in ensuring that each young client receives the treatment that is best suited to their individual needs. In addition, more intensive day treatment programs are available in Edmonton and Calgary. These programs include regular school programming and the provision of supportive family environments should alternative residential options be required. Once the teen leaves treatment, aftercare is also available. This extensive range of services works to ensure that the adolescent can gradually leave treatment, that they aren't lost in the system but that they can leave when they are ready. Our funded agencies, of which there are 30, also have access to adolescent treatment specialists. Adolescent treatment is just one range of services. It's one of the pet projects for myself and certainly to AADAC at the present time.

The commission also provides outpatient counseling in just over 30 locations throughout the province, operates two detoxification centres and two inpatient services. AADAC is also responsible for delivering two major programs in the province for impaired drivers. Mr. Chairman, AADAC also works closely with other groups who are involved with addictions treatment. For example, many clients are introduced to organizations such as Alcoholics Anonymous and Narcotics Anonymous if it appears that such groups can be of assistance. AADAC's offices and facilities are used by many of these groups for their regular meetings.

AADAC also has had a long-standing relationship with the medical community. Physicians are employed under contract to AADAC to support the medical needs of our clients. Many of AADAC's clients are referrals from physicians. The commission has also developed resources which can be of assistance to physicians in diagnosing and referring patients who may have a substance abuse problem.

It should be recognized, however, that AADAC is not strictly a treatment agency. AADAC believes strongly in the importance of health promotion. By helping individuals to adopt healthy life-styles today, the likelihood of costly problems developing later is greatly reduced, thus a saving to our health care system. With this perspective AADAC has developed a range of prevention programs and services that have been designed to increase awareness of addictions and to help individuals maintain a life-style that precludes the abuse of alcohol and other drugs. For example, staff in all of AADAC's rural offices and in specialized units in Edmonton and Calgary are available for consultation and to provide educational supports. These consultative services range from delivering informational presentations to community, professional, and school groups to assisting organizations in developing and delivering their own prevention programs, such as programs relating to employee assistance.

AADAC also produces an extensive array of educational materials for the home, schools, and the workplace. Some of these materials have been incorporated into the Alberta school curriculum. AADAC's materials are available to the public and are listed in a resource catalogue produced by the commission.

Many of you are familiar with AADAC's multifaceted prevention campaign targeted specifically at Alberta adolescents. The purpose of the campaign is to encourage young Albertans to adopt healthy life-styles that are not dependent on the use of substances. To convey this message, the campaign employs a variety of mediums, including television, radio, and print advertisements; educational materials; funding for community projects; educational theatre; and a magazine especially designed for young people called *Zoot Capri*, which, I might add, again received the highest award recently in a competition where it was entered. Through regular surveys of adolescents and their parents and other research, the effectiveness of the campaign has been systematically measured.

AADAC also operates a library in Edmonton that houses one of the largest collections in the province of books, periodicals, and other resources pertaining to addictions. This library is available and open to the public. Individuals that do not live or have access to the library in Edmonton can borrow the materials through interlibrary loan or by contacting the local AADAC offices.

To complete the range of AADAC's services, the training and professional development division of AADAC offers a variety of courses each year on addiction issues. The courses are intended to provide staff and others who either work in or are interested in addictions the opportunity to improve their knowledge and skills. Offerings are listed in a yearly calendar, and most courses are open to the public.

As you can see, AADAC provides an impressive range of services. In 1988-89, as a result of AADAC programs, over 265,000 Albertans received treatment or educational services related to addictions. Such delivery of services is indeed impressive.

Unfortunately, it is unlikely society will soon rid itself of the problems associated with substance abuse. As a consequence, Albertans will continue to need assistance in dealing with alcohol and other drug concerns as we move into the '90s. For close to four decades AADAC has been there to meet this need, and with the continued support of the government, the minister, and the Legislature, AADAC will continue to be there, constantly striving to refine existing programs and to develop new programs and services that are better able to respond to the challenges of substance abuse in Alberta. Mr. Chairman, AADAC has some of the finest addictions professionals found anywhere in the world. We in Alberta can be proud of their dedication to assist all Albertans to make the right choice a healthy one.

Thank you.

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

REV. ROBERTS: Well, thank you, Mr. Chairman. I'm pleased too; it seems to come around more quickly every year, doesn't it? But here we go again to try to put this Department of Health through what I like to call its annual checkup.

It's amazing. I always get so frustrated thinking that here we spend, as this government likes to point out, a third of its provincial budget on health care. A third of our expenditures are on health, and yet we have one-twentieth of the time in budget estimates to deal with the department. Certainly I feel a frustration, and I can see it in the face of others, that we just don't have the time to delve into very many of the issues which the minister has raised and which Albertans and our constituents are raising but which I'll try to get onto raising in the next 29

minutes or so. Because it is a complex and challenging portfolio, I want to congratulate the minister on making it through another year with her health intact and to assure her of the many commitments that I share with her: the commitment to having a priority on the person and the wholeness of persons in relationships and in their life; a commitment to not having to spend more but to spend more wisely is one that I'm very strongly committed to.

I would just point out that recently I read in the *Medical Post* . . . I've switched from reading the *New England Journal of Medicine* to reading the *Medical Post* these days, and you get some interesting information there. There was a poll they undertook about Canadians' views on health care spending. Apparently, of the people they polled in Alberta, I think it was about 14 percent that thought the government was spending more on health care, and that 14 percent was higher than any other province in Canada. So I think a number of our constituents are getting on to this fact that we don't need to spend more and more but spend more wisely.

As well, a commitment that we share and that I've tried to argue and raise in this Legislature numerous times is around the need for health status measurements and indicators, looking specifically at what outcome we're trying to achieve and how effectively we have achieved that outcome and how well the dollar is spent as a result.

So I'm pleased that we have a lot of common ground, and on behalf of Albertans we need to work together at these things. One of the things I'd like to point out today, however, is one of the many things we do not share. That is that I do not want to share what I sense to be a cautious, conservative approach from the minister to the implementation of many of the reviews and reports and analyses which are now before us. I'm getting frustrated that there's a lot happening, but it's still at a policy level and it needs to get down and to make the changes where it really counts and really matters. I'd like to itemize a number of those in my remarks today.

I spoke to a senior medical professional in the city just the other day about whether or not there's going to be this Northern Alberta Children's hospital, for instance. He said, "Well, you know, I'm just overwhelmed by the inertia on that question." I thought: well, you know, I know the minister and her people are doing a lot of things with reports and reviews, but certainly there is some inertia, a feeling of frustration that we're going to have to make some decisive actions, as risky as they might be, about how we're going to implement these strategies, and let's get on and do it. Albertans have had enough of just reviews and reports. We need to see what this minister's really made of in terms of where she's going to implement and how and make some decisions that might be risky, might be dangerous but need to be made sooner rather than later because people are getting frustrated.

In fact, I remember that a good counselor friend once pointed out to me how . . . "Come on, Roberts," they said. "Stop driving with one foot on the gas and one foot on the brake at the same time. Make up your mind. Are you going to go ahead, or are you going to slow down?" This kind of foot on the brake and the gas at the same time was not healthy for me and those around me, and I get some sense of that coming out of the department. Let's get on with it, particularly because people's lives are at stake and the quality of people's lives and health is at stake, and we need to make those difficult decisions, not just study them.

So it's impossible to deal with all the areas that I and my caucus, the New Democrats, are concerned about in the votes in the time available today. I think there will be time – I'd like to discuss other items like this ambulance Bill. I think: my goodness, when are we ever going to get the ambulance Act out and get the minimum standards and the funding and the setup for ambulances in this province which we've called for for four or five years now? As I've said, if the ambulances in this province went as slow as this legislation, most of the patients would be dead on arrival. We just don't need any more inertia around this, and let's get on with it. I thought it was going to be tabled at the beginning of the session, and it should have Royal Assent by now.

[Mr. Moore in the Chair]

The Hyndman report I think we'll discuss at later intervals as some of those items come up. Although it was interesting how I was home watching the Family Channel with my kids the other night, and there was an ad for a program that was coming up, and my goodness, it looked exactly like the graphic off the top of the Rainbow Report. It was for a program called *The Island of Nevawuz*; it's coming up next week. All of a sudden this thing got into this rainbow of colours, and I said: I wonder if those Hyndman people stole that from *The Island of Nevawuz*? I certainly hope that what they're describing is not a part of that island that never was but that maybe will be some day.

The Capital Fund. I note that the minister avoided some of the discussion around capital funding and certain freezes in that regard. I think we'll discuss that later. I hope she is here for that debate and that we're not just left with the Minister of Public Works, Supply and Services. A lot of issues there. The drug abuse foundation, AADAC, I'm going to talk about later.

We're just going to have to bring this department back, Mr. Chairman, and talk about mental health services and community health and so on; a number of inequities there that we just don't have time to get into today as we need to. In fact, I don't even want today to talk about the department in vote 1, despite many temptations to do so. I mean, it's taken this long . . . If I could beseech certain officials to get – even if there was an organizational chart – to know what division is in charge of what policy and area and who are the different people who are involved in the department in vote 1.

The one person I don't know that I have met – I think I might have at one point – who I would like to give some accolades to is Mr. Larry McLennan. This guy, I think, deserves a raise. He seems to be the minister. Many of the media come and say, "Well, I don't know where the minister is, but we always talk to Larry McLennan about what's going on, or try to." Certainly he's done a yeoman's job over the year and has had a lot on his plate. I'm sure officials in policy development, information technology, finance and administration are doing important work, but again I think my point today in this go-round is that the minister, I hope, is not a victim of the politics of over-bureaucratization, with so many advisers, reviewers, and analysts that they get lost in the complexities of it. Let's make some decisions. Let's speak out. Let's break out of the review mode and into the implementation mode and get on with it.

In the past year's estimate I've raised issues of professionals' roles, whether doctors or nurses and so on. The issues are on cost containment and the reallocation of funding for certain programs, outcome measurement, which we tried to talk about

last year, and health status. But with respect to votes 2 and 3 and hopefully 4, I would today talk more about what I'd like to see in terms of some decisive action.

Turning to vote 2, then, Health Care Insurance. I don't know whether I can take all the responsibility for the Watanabe report, but I do remember that at the time the previous minister was trying to deinsure certain medical services, I said: "Well, let's not just deinsure willy-nilly here. Let's have a utilization review and see what services are being used, what services aren't being used." I made that point in the House here; I made the point in certain media interviews. The next thing I know, the minister announced a utilization review of medical services. We had just had the one by Dr. Young a few years ago, but it was important to do an even better job, and so it's out. Hence the Watanabe report, and I like it; I very much like it. I think it really tells the tale. It appeals to me because it's an agenda for action. What I'd like today is the timetable for implementing the action as recommended in this report. I think it's a seminal work and has been largely overshadowed by the Hyndman report. I think that's been unfortunate, because this has a lot of very important recommendations and matters that we in the New Democrats have taken very seriously, to the point of thoroughly going through it and having a response to each and every recommendation: the ones we accept, the ones we have some problems with, and the ones we reject.

But you know, Mr. Chairman and members of the Committee of Supply, it's quite a document. It even in the introduction has some rather critical things to say. I mean, I thought I was a good opposition health critic, but here they're saying that, you know, we need to have a far better ongoing monitoring of utilization of medical services; that we don't need to do this just once every four or five years, but an ongoing monitoring of services; that we need to have a comprehensive communication strategy for public dialogue. It goes on to say that we need to have some goals and objectives for the health care system. Well, I mean, how can we vote \$600 million today when here, as they say, we need some better goals and objectives? We need better information on the health status of Albertans. We need to have a significant enhancement of health services evaluation and research. It says that we need increased support for ambulatory and noninstitutional care, and we need better information on manpower, supply, and planning.

These go to the root of the matter, and I think it's a sweeping indictment of what this government has done in health care and what it hasn't been doing if the report, under the chairmanship of Dr. Watanabe, can come back and say that these things aren't even in place. Now, we talk about stewardship. I think the government must get a failing grade in terms of stewardship here according to what I read out of this Watanabe report. It has enormous holes that it pokes throughout the system, yet we still intend to pour \$3 billion into health care without the kind of attention to accountability that I have a commitment to, and I think the minister does as well, that is clearly outlined here in the report. I must say that I was a bit disappointed that the minister didn't refer to the Watanabe report in her introductory remarks.

MRS. BETKOWSKI: I did.

REV. ROBERTS: I didn't hear that. I'm sorry.

But in terms of any overview – I mean, I've read her comments and [inaudible] and so on about some of the strategies. I know it must be on the agenda in the department. I just want

to know what the timetable is for the implementation of these recommendations. Because, you know, we New Democrats have a deep suspicion that Tories out there, whether it's at this level or at the federal level, when they want to withdraw transfer payments or have things like Meech Lake not calling for national objectives and social programs or whatever – that certain of the universal programs like health are left to really atrophy. We cannot allow that to happen either federally or provincially. I mean, sometimes you know that what they can't do through the front door, they want to do through the back door in terms of allowing a lot of the accountability just not to be there. So we get things like privatization or user fees or two-tier systems emerging because the system can't be managed. But it can be managed. Watanabe has pointed the way here.

So before we allocate another \$600 million this year, I'd like to know: who is on the monitoring committee? Now, I read that the minister is about to name people to the committee. It's vital; it's essential; it's been called for for four years. We need a monitoring committee. I want to know who's on it, and let's get some decision made around that question.

What about the categorization of services in the seven different categories? It needs to be done as soon as possible. Because, you know, the fee guide that we have and that the people at the AMA and the department have to deal with is so cumbersome. We need a better categorization of services. As soon as possible, it says.

Lab services are regionalized. What about diagnostic imaging services? I mean, there's a lot of money going into that. How can that be better rationalized? What about cholesterol monitoring? It points out again that it's a key, low-cost thing to do. Let's get cholesterol monitoring done before we spend more and more millions in heart surgery and the rest.

The relationship between income and medical use needs to be looked at, it says. Well, thank goodness. I mean, it's about time. We in the New Democrats have argued time and time again that people with low incomes have low health care status or don't know how to access this wonderful system of ours. Well, let's not just talk about it. Let's do something about that kind of relationship that exists.

As well, it says that we need to examine the relationship between physician supply and health usage. I don't know why it goes on to say that we don't need any action on physician supply. I would disagree with it at that point. But certainly there's a lot of discussion. If the number of physicians in the province increases over the rate of population, are we just going to keep putting more money in when the population might not warrant it? That's another big debate though.

A communications and community advisory committee and biannual conferences: I think it's a great idea. Are we going to get any action on this? Is there going to be any recommendation, say, if we support this? Is it going to start next year or what?

Then a task force on practitioner payment. Now, we've had this discussion, and I think it's a useful and a fruitful discussion. Is the minister committed to looking at alternative models of practitioner payment? I know Elinor Caplan is; other people throughout the country are. Watanabe says, "Let's have a task force on it." Okay. Before we allocate \$600 million, let's see if there aren't some better ways the physicians can be remunerated more humanly and that the system can function even more effectively.

Incentives for least cost care. Okay. What about diabetics? What about home care for people under 65? What about the

early postpartum discharge program from the hospital? A whole range of least cost initiatives need to take place. I want to know: are we spending money here that could be saved if there were some other services that are at a lower cost and aren't just, to use those nasty words the minister used last week, seen as an add-on? I mean, I don't want them to be an add-on. She doesn't want them to be an add-on. They don't need to be. Let's creatively look at those least cost cares.

Health status targets. Now, page 58 of this report, Mr. Chairman, I think is brilliant. It sets out all of the kinds of health status targets that I'd like to be involved with in this province and certain goals and objectives for the whole health care system. I think this needs to be on every MLA's desk and in their offices and in the constituency offices and sent out to their constituents. It's a very brilliant piece on goals, objectives, and health status targets, and let's get on and do it. Before we just willy-nilly vote for \$600 million to go through the insurance care division, let's have these goals more firmly articulated and worked at and see how they're going to be implemented. Not to mention walk-in clinics, mediclinics, and community health centres, which we'll talk about next week when my Bill comes up.

So the minister says, "Yes, we're working on it." I just again would like to say: where is the timetable? The only timetable we've gotten is the timetable to raise health care premiums. Now, with the holes that this report pokes through the health care insurance plan, how can you possibly justify turning around and jacking up health care premiums for people when there's this little accountability, when it needs basic reform? It has little goals and directions, and then you turn around and say: "Well, yeah, we do have a timetable. We're going to increase premiums, be one of two provinces: you know, Getty and Vander Zalm. We're going to increase health care premiums." Well, I think it's just unacceptable. Obviously, it's part of the government's self-destruction mode. I would rather – in fact, I'm glad Boomer is here – pay a road tax for nice paved roads. You pave a road and say, "We have an appreciation for the transportation corridors in this province." But when it comes to health, there are a lot of potholes, there are a lot of collisions going on, there's not a lot of good markings and sometimes you don't know quite where you're going, but we're going to jack up the health care premiums nonetheless. I think it's just not acceptable.

A bunch of other things. I can't get into, can I, the relative value guide and the government's view on that? Accidents and injury: certainly Dr. Francescutti is doing marvelous work over there and needs to be very much more supported. Organ donation: this is organ donors' week, and despite this flurry of whatever happened with the liver transplant program and who didn't communicate with whom there, I think we need to even look at the whole area of procurement. As I'm on record saying, we need to look at not just how we're going to fund 20 liver transplants but where you are going to get the 20 livers to do the transplanting with.

Rural doctors. Now, I know we still have some rural MLAs here in the Assembly, and my goodness, if they've ever seen the AMA's report on rural physicians and their recommendations . . . I mean, this is first-class stuff. I think that any rural MLA better look at the task force on rural medical care and begin, with the Minister of Health, despite a capital freeze on some buildings, to look at how you can better attract – what needs to happen to get some doctors, nurses, rehab people. I think this is great. I want to know what the government is doing

to implement it. We've got certain initiatives, but they need to be improved upon.

Blue Cross is up 6.6 percent. Again, where is this agreement with the Pharmaceutical Association, Blue Cross, and government? I thought that a best available pricing system was the least cost, the most efficient way to go. But, again, where is it? What are they going to do about doctors continuing to be given freebies by these pharmaceutical companies? It's going to drive up costs and the whole use of generic drugs and the rest.

A big area – I don't have time to talk about it more here now, particularly also Extended Health Benefits. I think there could be some nice revisions there for seniors. It raises the whole area of dentistry. Again, maybe this is an area that needs to be reviewed and looked at: oral health and dental care. I don't know why our teeth somehow are seen to be outside of our body in terms of a universal health care system. But there's a lot that needs to be done in that to increase benefits for seniors, for people on social assistance, in terms of current programs, not to mention what more can be done for people who can ill afford the high cost of dental care in the province.

So let's move on then to vote 3, and now you've got me in the acute care hospital division. This is \$1.8 billion now. It's not just \$600 million; this is \$1.8 billion. Again, the schedule and tables about what each hospital is receiving were omitted from last year's annual report, though I'd hoped that that could have been ameliorated. Another pet peeve of mine is that we're not talking about active treatment hospitals here. I think these should be called acute care facilities. If you call them active treatment, it sounds like other hospitals are passive treatment. Every hospital, whether it's long-term care, a nursing home – everything should be involved with actively treating the patient. This is the acuity part, the high acuity, and we get to the acute care funding project, which I think is a very important area.

I'm glad the minister has just provided me some information about the acute care funding project, but I think this is a real acid test here. I've been concerned about what methods hospital funding has taken since – well, I guess it was the volume driven funding pilot days down at Foothills and Drumheller and that back in 1985 and '86 or so. I know it gets very complex and complicated for us lowly members of the Assembly in terms of diagnostic related groupings, case mix indexes, severity of illness, input or output, and all the rest. I just want to make again the plea to the minister that there is a lot of need to get on with some implementation here.

Clearly, the current funding system is inadequate and inefficient and doesn't do the trick. Now, whether Tom Mackenzie and the people from Queen's University have got the right answer here – I mean, he certainly has his critics, and I think we need to raise a critical debate about there being some better methods of hospital funding. I will not fault the minister if, after adequate disclosure and debate, she decides to go with it, but I will fault her for trying to deal with it covertly or inappropriately or in through the back door. I think we have to let people know what's going on, what the implications are for a lot of the rural hospitals, for some of the teaching hospitals. There are going to be some real shifts here and some real changes. In fact, I'd submit that it's going to be one of the biggest tests of this minister's political, managerial, and human relations skills to implement it. I do wish her well, but so far, until earlier today, I've not been impressed with the kind of information that's on the table or the debate around it that's going to deal with the implications that provide for more than a plus or minus 2 percent formula.

Another issue in the larger sense with this hospital budget is the MIS, the Management Information System. Again, members of the Assembly, I can't foresee us wanting to allocate another \$1.8 billion here without ensuring that the information we have about what that's doing is adequate. Now, I'm glad the Wetaskiwin General has been the pilot and we can get on with it. I'd like to know what other hospitals are on it, whether it's this or some other information system. Clearly, it's a way of accounting for the dollars that are spent in terms of the procedures and so on. It's a key measure. It needs to be in there. Let's get on with it. I mean, can we hold up the budget until every hospital is on an MIS or an equivalent? It should have been done years ago. Again, bugs in the system. I want to ensure, as other critics of it are concerned, that it doesn't just measure tangible things. What about the intangible things like the amount of time a nurse spends holding a hand or talking to the family, not just the number of bedpans and meal trays that are handed out? So there are some issues in it, but I think it's a strong accounting measure and needs to be implemented throughout the province ASAP.

Nurses. Now, again, I'm sorry; I've tried to ask the minister what her estimate of the nurses' settlement is. I've got a figure of about \$73 million that it's going to cost hospitals this year to pay for that nurses' settlement. If they've only got \$100 million of new money this year and some of them have already got deficits or others have equipment to replace and all the rest, I don't know how they're going to deal with the \$73 million for the nurses' settlement. What's going to happen? Is it a special warrant, is it closed beds, or what? Now, I'm glad to see Sharon Snell in as the nursing consultant to the department. Again, I have questions about the role of RNs – whether it's degree or diploma nurses – RNAs, the whole issue with registered psychiatric nurses, and the whole array of nursing skills. Again, I'd like to think that team nursing is a good approach, but there are ways to have a better look at what nurses do and how they're paid for it. I'm told there are still 600 positions . . . Well, we're short of nurses in the province, 600 currently. I don't know if the minister has a figure on that. But what are we going to do to develop nursing as a full-time profession, something that's not either part-time or overtime but that's full-time, and also look at nursing abuse, the nurses who are slapped, kicked, punched, and assaulted in the hospitals? What are we doing about it? We can be doing some things. We need to take corrective action to protect and promote the role of nurses in the system.

A number of other acute care hospital issues I'd just like to touch on. I haven't done any good work and I don't know if the minister can enlighten me, but it's the whole area of how you measure the depreciation of assets in hospitals or the replacement policy, at what point in a hospital either equipment, a wing, a unit, or whatever needs to be replaced. I know that's a big one, but it's hard for me to get a handle on.

The Glenrose hospital. It'll be interesting to see the new Glenrose, the rehab centre, up and developing its programs. I know the minister probably has had the representation I've had about the autism clinic and the need for some core funding for people with autism in the province, and that's a bit of a hole there.

Maybe I will let other members talk about emergency services in Calgary and what's going to be the shakedown on that one. You know, we like to hear all this talk about win-win situations. I think any way the minister moves on this is a no-win situation. It's a really tough one. I mean, if she closes two of them down,

she's going to have people like me saying, "Well, why did you spend the millions and millions of dollars to build them in the first place?" But if you're going to get better efficiency in the services, then you're going to deny service for other people. So it's a very thorny situation but one of those areas where decisive action and decision-making needs to take place, and the longer it goes on, I think, the worse it will get.

The Royal Alexandra hospital. Again, I'll maybe talk about this under the capital vote, but certainly its emergency service, 70,000 emergency admissions a year for a place that was designed for 30,000, just makes no sense. I thought of it during . . . I don't know if the minister saw *Jesus of Montreal*. It was a great film. They go into this emergency room that even Jesus of Montreal can't get health care at. It reminded me of the Royal Alex so much. Now, I know she has all the doctors in Edmonton-Glenora from the Alex. I have all the nurses in Edmonton-Centre. Both ways they're getting very frustrated, and there's a lot of grumbling about what isn't happening at the Royal Alex.

I'd like to really make a pitch for emergency 24-hour-a-day care for those in a mental health crisis. I think that's a very important issue and one that can be met by providing a low-cost, 24-hour emergency psychiatric service in the cities or wherever. I'd like to put in a representation for that, not to mention the assessing and deploying of new technology. Now, this is going to be next to AIDS and the elderly, of course. I think medical technology is one of the big-buck items. But again, you know, even on this, she who hesitates is lost. I think we have to make some decisions about how we're going to assess technology and deploy it, who's going to have use of it, and at what cost that isn't going to bankrupt the system.

Well, in the five minutes left I can talk about AIDS, long-term care, and children's health. AIDS – I don't know. I get frustrated. I know people do. Again, I don't like to say it's all talk and no action. There have been some very positive things that have gone on, but I think a number of people I talk to still say there's a lack of a coherent provincial AIDS strategy. On the prevention education side, I think an issue like the needle exchange issue points out that there still isn't a coherent prevention education policy out there. On the care and accommodation side, the long-term care needs for people who are living with AIDS is vital, yet it seems dollars may trickle in near the end of the fiscal year to help people dealing with those who are living with AIDS. The whole area of hospice and palliative care: what about people who are dying? I would submit that in the last years, months, and days of their lives, people who are dying deserve to have the best of human care and we can do much more in terms of hospice and palliative care, and we aren't.

I will just have to leave long-term care. I know the single point of entry is going. I'd like to know who's all on it and the patient classification system, other important measures of what's going on there. There's lots of progress, but again, before we vote the dollars, I'd like to see if it can't be more universally implemented sooner than later.

If I can just talk about children's health, because I think again there's been so much discussion, debate, and now delay on the issue of how to meet children's health care, particularly in Edmonton and northern Alberta. We in the New Democrats have had a very important symposium on the matter, and I think our caucus's proposal has been getting good reviews, frankly, from a number of different people. What we're saying is to network the system. We don't need to build brand-new facilities

necessarily; we can network much better what are the existing services. So again I'd like to ask the minister: what is the government's position? We've had enough of the politics of paralysis around us for four or five years. Point blank, is the Getty government going to build a \$106 million, 220-bed Northern Alberta Children's hospital at the University of Alberta site by 1994 and close all the other pediatric beds in all the other hospitals? Yes or no. If the answer's yes, I think you're making a costly and regressive mistake, not unredeemable, but a mistake. If no, then what? You could certainly steal our proposal and find ways to network the system much better at a lower cost and, I would submit, higher quality for kids. But let's do something. We cannot let the health of our children languish in the limbo of indecision and inaction, particularly on the mental health side for children.

Services for children, adolescents: everybody wants to do things; the Mis, the Grey Nuns, the Royal Alex, Glenrose, Canadian Mental Health have all kinds of proposals. The \$2 million allocated this year isn't enough. We've got good programs with the handicapped children's services. Why can't we have that as a model for services for children in mental health areas? That's going to look at outpatient clinical services not just in the city but in the rural areas, not just in the community but in the schools. A lot needs to go on there. I mean, our kids are getting afflicted by all kinds of anxieties, all kinds of mental health problems, and again we're sitting around quibbling about whether or not to build a children's hospital.

[Mr. Jonson in the Chair]

I think the days of quibbling are over. Let's just have some action. Let's just get on with what needs to be done particularly . . . [The member's speaking time expired]

MR. DEPUTY CHAIRMAN: The Member for Edmonton-Gold Bar.

MRS. HEWES: Thank you, Mr. Chairman. First of all, may I thank the minister for her very comprehensive statement – it was very helpful information – and for the hard work the minister continues to do in this complex portfolio. I believe it has been a great advantage to have the departments amalgamated. I think we have realized some progress as a result of that, and I was particularly pleased with her comments about the initiatives she and her department are taking with other departments of the government. That is something that has long concerned me, and it's good to hear we're working more and more closely in collaboration with Environment, Agriculture, Education, social services, economic development; you name it. Health should be an indigenous part of all of them, so I'm pleased to hear that.

However, this budget, the same as other budgets, reveals very little. We are all aware that decisions are being made in health care. They seem to me to be made unilaterally. The minister has reported that this budget increase of 6.1 percent demonstrates the government's commitment to maintaining Alberta's health system as the finest in the country. She has again attested to that this afternoon. Curiously, Mr. Chairman, I see the budget as not one with many new and creative ideas but perhaps more of a hold-the-line. I don't think there are many indicators here of investments in prevention promotion, a rationalization of rural and urban care systems, a rationalization of acute and extended, addressing the continuing critical situation in mental illness, whether people are in crisis or in need of rehabilitation.

So I believe there are still many indicators that this budget does not give us any really new direction, nor does it give us much comfort in the idea of measurements of progress as we try to set objectives and find out whether or not the systems we're putting in place are working. On the contrary, we still have indicators that show it's not working, such as the waiting lists in all major urban hospitals throughout the province, some as high as 1,200 people waiting. We know the effect that has on individuals, not only on their health and the circumstances requiring them to enter hospital but upon the general anxiety they and their families are faced with and the resulting increase in the levels of acuity and the length of stay in our acute care hospitals.

Mr. Chairman, hospital bed closures are not cost effective. We know that, and I think we must point ourselves in a direction to turn that around and turn it around quickly. Past government reports, the Watanabe report and the Hyndman Rainbow, have seemed to me to assume that users and givers of health care are the ones that are responsible for the rising costs, but I believe the culprit is the upside down system created by a government with an edifice complex. I'm glad to see that some of this emphasis is now changing, but it is happening too slowly to please me. What we've ended up with throughout Alberta is a system that is not rational.

Mr. Chairman, newly established technology that has proved its worth in cardiovascular surgery cannot be capitalized on because we have insufficient units and, again, long waiting lists. Diabetic-related illnesses that are preventable by better individual home controls and supplies are using up acute care beds unnecessarily. We all know the circumstances in our urban areas, where acute care beds are still being held by people who would be much better off and could be better cared for, socially as well as physically, in an auxiliary hospital or a nursing home. Home care increases in my view are insufficient to relieve the situation in both acute and extended and are not yet providing anything close to a consistent service throughout our province. I see those flaws in the budget as being indicators that we're not moving in new directions.

I just want to mention briefly the Hyndman report. It has many things in it that I think are important, and good recommendations and also some that create fear in me and will have the potential of moving the province toward an Americanized system. I would like to ask the minister if she can give us some idea when the recommendations of the analysis of that report are coming to the Legislature. I see decisions being made daily that may or may not be compatible with the results of that analysis. I think we need to know, too, if the analysis will give us the price tag. The study cost us over \$4 million; hopefully we'll have some idea from the analysis of the cost of implementing the recommendations.

Mr. Chairman, I have spoken publicly about my dismay about such things as the video. For the record, I'd just like to know what on earth it cost. The report does not deal comprehensively, in my view, with either poverty and illness or mental illness. I think those are two items that are absent, with regret, and I believe that's a great flaw in the Hyndman report.

Mr. Chairman, I'll try not to repeat the questions of the Member for Edmonton-Centre, but where is the ambulance Bill? What is the delay? Are we going to see it? Another question I have for the minister, Mr. Chairman, relates to generic drugs. The average prescription in Alberta costs \$24.40; that's the highest in Canada. The Auditor General has reported that savings of up to \$4 million a year would occur if generic drugs were dispensed to Blue Cross and social assistance recipients.

The Auditor General's report is quite conclusive. He suggests that the current agreement with the Pharmaceutical Association says that generic drugs should be dispensed where possible, unless the doctor specifies a brand name. We have called on the government to give the agreement more teeth in the form of a direct requirement that they must be supplied unless otherwise specified.

Mr. Chairman, currently only 5 percent of Alberta's prescriptions are generically dispensed, compared with 25 to 70 percent in other provinces. I'd like to ask the minister: if in fact negotiations between Blue Cross and the Pharmaceutical Association have been completed with respect to future contracts that would include generic drugs, dispensing fees, and overhead fees, will the minister act to increase the portion of Alberta's prescriptions that are generically dispensed beyond the meagre 5 percent?

Another question in general, Mr. Chairman, relates to mental health. In our rural communities there is a serious shortage of therapists, an increased demand. I know the minister has spoken to an increase in the budget, but it doesn't appear to me that this will begin to pick up the requirement. In Red Deer alone the demand has increased twofold in the last three years. There are four positions left in the centre part of the province. On a recent trip to Fairview/Spirit River, I learned through the school system, through municipal councillors, through the public health unit of their increasing difficulties, that they simply cannot meet the demand and are seriously worried about the need for therapists.

Mr. Chairman, if I can go to the votes. In vote 1, the increase in policy development, perhaps the minister will answer whether or not this increase is related to the Hyndman recommendations, and if so, how. In the Mental Health Patient Advocate's office, it's interesting to me that to determine the number of involuntary patients, I would have thought that was a figure that was immediately available. It seems to me there should be no mystery there. I would like to ask the minister if the advocate has made a report and if that report will be tabled in our House, and if the minister has been giving any consideration to the mental health advocate having the mandate to deal with other than involuntary patients who may in fact need his support and advice.

In 1.0.9, the Family Life and Drug Abuse Foundation, Mr. Chairman, my questions are: when does the Minister of Health or the chairman of AADAC – I'm not sure who's dealing with it – plan to table and respond to the report? What are the terms of this foundation, and when are we going to see it in operation? Have we decided how we will keep the foundation from competing with and duplicating the services we have so much respect for and appreciate that are given by AADAC? We need to know, Madam Minister: is the foundation going to be in the business of giving money out to established programs and agencies? Is it going to be initiating in funding research? Is it going to be starting new programs? Albertans are waiting for that information right now.

If I can go on to vote 2, I'd like to know, Mr. Chairman, if the minister is reviewing health care insurance regarding the possibility of insuring other procedures not presently in the plan, such as home care and promotional health procedures as well as those that are corrective. I believe that's something we in our long-range thinking have got to begin to deal with now, because if we are talking seriously about promotion of wellness and prevention of illness, we have to provide for that in our health care insurance.

Mr. Chairman, just briefly on the increase in premiums, I'd like to ask the minister if there is any empirical data, any hard data, to prove that increasing premium fees would result in Albertans using health services less frequently or more appropriately, or if there's any data that shows it does increase their awareness and understanding of the cost of medical services. I have long described health care premiums as a regressive tax. I know the reply is that the funds accruing to the government from health care premiums are spent in health care, but I believe it's simply another pocket. I think this is a regressive tax and is particularly difficult for people who are on low and fixed incomes. Mr. Chairman, will the minister answer whether or not we'll now increase the minimum income limits for contributions, which are at \$3,500 for singles and \$6,000 for families? I'd like to know if there's any intent to change this. I'd like to know, too, whether the minister has considered how the premium increases along with the GST and the general hike in prices will affect the working poor. Was that studied before this increase was implemented? I'd like to know as well whether or not the implications of the premium increase and the GST have been studied relative to the institutions of the province. What plan, if any, does the minister have in consultation with municipalities and the Alberta hospital institutions which are going to feel the impact of these higher premiums and certainly the impact of the GST.

Mr. Chairman, going on to vote 3, Financial Assistance for Active Care, I thank the minister for giving me the copy of this report on acute care funding. I will read it with interest. I've skimmed it already, and it appears to me we're moving in a good direction there. Hopefully, that will again rationalize some of the discrepancies that have been made evident to me in how acute care institutions have been funded in the past. So I'm pleased to have that report.

Let me see my questions. Yes. Mr. Chairman, the increase of 6.2 percent was in fact welcomed, but again the costs to hospitals through some of the settlements have gone up and perhaps the minister has some plans to assist hospitals further as they attempt to meet these impending costs. The rates for private and semiprivate hospital rooms have also increased. The criticism I have here is that only 50 percent of the revenue will go to hospitals, the rest, I understand, accruing to the government. The AHA contends that the increased revenues should be going to health care facilities to help them keep pace with inflation and increased demand. It seems to me there's a kind of irony here with the notion of premiums and the notion of these increases that go to the general revenue of the province as opposed to going to health care. The minister insists that health care premiums all go into health care. Why don't the moneys accruing from increases to costs for private rooms also go into health care?

Mr. Chairman, fund-raising campaigns. I'm deeply concerned, as are Albertans across the province, about the increasing incidence of major hospitals and health care institutions setting up foundations to raise money. I know most of these foundations talk, and very properly, about the need to supply special services for their institutions, and the minister has in fact commended this kind of activity. Mr. Chairman, I think this is a very dangerous business to get into. I believe it chips away at the integrity of our health care. I think it sets one hospital, one institution, in competition with another. I think it will lead to a situation where, depending on the kind of patient you've had, you'll have hospitals with a better capacity to serve than other hospitals, and I don't think that's the intent in our health care

development or the minister's intent. So I think we really need to have a very firm and clear policy on this increasing incidence of hospitals and other health care . . . Even extended care institutions are now in the business of raising money. I think it's just a question of time before that will be used to subsidize operating expenses, and then we will have two levels of hospitals, have and have not, in our province.

Mr. Chairman, perhaps the minister would also comment on the emergency ward problem in Calgary. I understand there was to be a decision about now, or perhaps a little before now, and as yet we haven't had it. It's going to be another couple of months. It's created a lot of anxiety and worry among Calgary residents and health care personnel. Perhaps the minister can explain what the delay is and allay some of those fears.

In acute care, the minister has not mentioned for some time – and I haven't asked any questions recently about hospital and medical waste disposal. Now, I know this doesn't just apply to acute care hospitals, but it is a problem that's continuing. We were assured last year that there was a study going on and it was all going to be dealt with. Is there a regional system in place? Does it conform to all the regulations? Is it in fact working?

Mr. Chairman, there is in fact a continuing underutilization of hospital bed space in some of our smaller communities, especially for hospitals under 40 beds. What is the current state of the art there? How are we going to improve the use of these hospital facilities? I also would like to know if the minister has developed a plan in consultation with local communities, medical associations, nursing associations, and universities to address the severe shortage of health care practitioners in rural areas. I think we need to reassure people in our more remote, more isolated parts of the province in particular how they will get and access care. The minister has spoken about access as well as status, and I think we need to give them some direct answers in this regard.

In vote 4, long-term care, perhaps the minister could provide some details about 4.1.2, where specific programs have increased, and whether or not that includes day hospitals, day care, and any particular part of home care.

Mr. Chairman – let me see – in 4.5, the single point of entry system, can we have some more details about the amount of funding here and precisely which model is going to be followed as to how the single point of entry will be managed and administered and how it will administer home care programs?

Mr. Chairman, the recommendations of the Senior Citizens Advisory Council. A number of them I think have been very important ones and are recommendations to the Department of Health. Perhaps the minister would comment on some of those and the response of the department to those recommendations. I think they are excellent ones. The one in particular that got to me was about mental health services for the elderly being co-ordinated with other services. I think this has been something that's been neglected for many years, and I would hope we can deal with it. I would also like to know if an evaluation has been done on the health units' pilot projects in senior wellness, if they have in fact been evaluated as we move to expand them to other areas.

Also, will the minister consider an expansion of the home care program to provide social, nonmedical services: counseling, homemaker, and chore services, and personal care help. As the council for the elderly points out, I think it's the lack of social support that often places an older person at risk and in need of institutionalization. Also, will the minister consider increased provincial support for specialized geriatric assessment and rehab

services, particularly in the acute care system, so that we can have rehabilitation and discharge and the use of quick response teams, which the Member for Edmonton-Centre mentioned.

Mr. Chairman, I wonder what the government is doing to encourage, if not enforce, the development of shared beds, respite beds, and what the minister's current firm policies are regarding funding for palliative care and the placement of palliative care throughout the province. As well, I think the government itself did an excellent review of day hospital programs some years back, yet we have not seen that pursued in a way that I believe would be of tremendous assistance to seniors and disabled and their families in our communities.

Going on to vote 5, Mr. Chairman, the 8.5 percent decrease for AIDS education and prevention. The minister has explained in the House that because the education program is now in place, this really doesn't indicate a decrease in programs, but there's still a number of questions we need answers to. I'd like to know what the delay is. Is it just a delay, or is it that we are not going to get a needle exchange program? If we are going to get one, when and where will it start? I think the native population has been recognized by health care officials to be at high risk for contracting the virus. I'd like to know what portion of this subprogram funding can be directed to our native communities to provide them the information and protection they need. Has the department been in consultation with native associations to develop the education and awareness programs that would reflect their particular culture and values? I wonder if the minister has changed her position regarding establishing an AIDS hospice, which we probably require now, and certainly we should be in the planning stages for it.

Mr. Chairman, there is an increase in Aids to Daily Living, 9.5 percent, and I would like to ask if this increase reflects the minister's promise to include the supplies needed for the treatment of diabetes.

Vote 5.6.1, Home Care Services, is up 8.2 percent. However, Mr. Chairman, there are some rather disturbing facts coming to light about this increase. I've had a report from Operation Friendship in the city of Edmonton indicating that in fact the amount allowed, the fees paid to the contractors, both profit and nonprofit, don't even provide a full-time minimum wage level of earnings for the individuals. It's \$11 to \$12 per hour of contract time paid to the agency, and that must cover all overheads including staff wages and so on. The home care worker is thus left with an approximate wage of \$5 an hour, little or no benefits, no compensation for travel, and very little training. The result is that in spite of our brave statements and noble objectives about home care, our community agencies in some cases can't afford to provide it, and I think we need to look carefully at the reports from such agents as Operation Friendship that attest to just that. I want to know if the increase that's been spoken to will allow for a more generous fee for contractors, how it will break down in real dollars.

Finally, of course, on home care, the inevitable question: will the minister now change the home care regulations so it's not restricted to Albertans over 65, the terminally ill, and the physically disabled? It's a continuing problem. Families are breaking up over this, Mr. Chairman. We've all experienced problems with it in our constituencies. I think it's time that we took a position on it to help Albertans who are suffering in this particular instance and could be cared for at home.

I'd also like to ask the minister if we can now make the necessary changes so that Meals on Wheels is a service that shall

be provided, not one that may be provided, through home care.

Mr. Chairman, the questions in 5.6.2 – how's my time?

AN HON. MEMBER: It's good.

MRS. HEWES: Good? Thank you.

I would like to ask the minister what plans the department has to establish public health monitoring in the areas of the province that are experiencing or anticipating major industrial expansion, such as some of our northern communities. You spoke earlier about the initiatives, working in collaboration with other departments, and I'd like more details on that.

I'd also like to speak briefly to 5.6.4, Speech and Audiology Services. These are up, Mr. Chairman, but unfortunately the shift of responsibility for speech therapy from Education to Health in my view has not worked out as it was intended and has, in fact, deprived many children and families of the services they desperately need. The Edmonton board of health has maintained that the reasons for cuts in service are related to new bureaucratic kinks that haven't been worked out of the system and the shortage of pathologists, many of whom left when the transfer occurred.

The minister gave assurances last session that the changes would improve the efficiency and provide consistency across the province. However, there has been a demonstrable drop in treatment sessions compared to last year. A superintendent of school services reports that 73 students in 13 schools received direct treatment from September to December '89 compared with 384 students in 29 schools during the previous year. I'd like the minister to explain how we can justify a transfer that would result in increased efficiency when an Edmonton Catholic school board administrative report shows that the services for children have in fact been cut in half. This shift, Mr. Chairman, I submit was made without proper transition plans, and we did not understand what the consequences were going to be and whether or not we can catch up in a year or so. We have set out on a limb a number of youngsters and their families in this particular year. I want to know if the minister is going to offer any kind of compensation or extra sessions for those children who have been handicapped by this transfer, and perhaps we could have an up-to-date report on what is happening in that area.

Mr. Chairman, we've also been pleased with the Premier's Council on the Status of Persons with Disabilities report, and it recommends some specific actions for enhancing mental health services. I'd like to know if the department intends to act on the council's recommendation and, if so, when and what the department's doing to ensure that the link between institutions and community support services is well developed so ill people can make that transition from the institution back to the community.

MRS. BETKOWSKI: Mr. Chairman, just because the hon. Member for Edmonton-Centre is so good at analogies: I guess I'm about the only person in Alberta who has my annual medical examination in front of the entire Legislative Assembly.

I'm glad to know that he read the Watanabe report and read it so well, and I'm glad he liked the stuff that was in it. Frankly, I think with the combined resource we now have with Dr. Watanabe's report and the Premier's commission, we have not only transitional support but also the framework for a vision for health. The hon. member talked about what actions have been taken, and I think he outlined several of them, as did I. There will be actions taken this year with respect to acute care funding

changes to hospitals. Equity adjustments to nursing homes as a result of the different case-mix ratios will be taken this year. It's my intention to bring the ambulance Act back this spring for ratification by the Legislature.

And what's been going on in the meantime? Well, as much as we might want to talk about action and doing it quickly, I am one who believes very much in talking to Albertans generally. As well, specific stakeholder groups are a very important part of the environment that we've created in health in this province, because frankly we have an environment for dealing with change in Alberta which I believe is not duplicated anywhere else in Canada. Certainly, as I talk to my colleagues from the other provinces, the support we have from all health professionals and all Albertans to support the changes, that are well-thought-through changes which don't cause Albertans to become frightened that they may be losing something, is a process that I respect. I will take the condemnation of the Member for Edmonton-Centre if it is in the interests of providing the best possible plan as opposed to the speediest one. Nonetheless, I can tell him that we have taken some decisions with respect to capital funding that were difficult; no question. I'd like to just touch on them a bit later.

The children's mental health initiative will see us hiring, as I indicated, an additional 27 therapists around the province, which I think is a very important use of those resources. I would be delighted to give the names of the members of the permanent monitoring committee, which was of course the premier recommendation of the utilization study, except there's one group that hasn't given me the name yet. I can tell the hon. member that the chairman will be Mr. Ralph Coombs, the retiring CEO of the Foothills hospital in Calgary. There will be two members from the AMA and the college; as well, a consumer advocate, and the Alberta Hospital Association will also have someone on. From the Department of Health the nursing consultant will be part of that committee because, of course, she was part of the utilization committee as well.

With respect to diabetes, I know it's one that we all feel is certainly a model disease, if you like, for which prevention and out-of-institution monitoring and care can take place. When I met, hon. members, with the people from the Diabetes Association here, when they came to meet us on the steps of the Legislature, I had indicated to them that the cost for adding the glucose monitoring would be a substantial amount. I can tell the hon. members that I met last week in Calgary with the Diabetes Association, and we are looking at a program with them that they have suggested which would be far more cost efficient than the original number I gave, and I'm hopeful we can do something within this fiscal year.

Why premiums? How come they're going up? Well, if the hon. Member for Edmonton-Centre had read the report as well as I thought he did, he would see that in fact utilization is going up and going up substantially. There was a bit of a drop-off in '89 that we attribute primarily to a work stoppage of about three weeks, because the utilization we're now recording is back up to the traditional higher levels. And yes, I do believe that the link between paying a premium and awareness of the cost of the health system does exist. The hon. members and I will probably never agree on that point.

On the nursing profession, I am shocked and appalled to hear the hon. Member for Edmonton-Centre again repeat his statement that I should give him a number for the cost of a nonratified labour negotiation. I'm not going to do that. I'm going to wait for the nurses to ratify the agreement and follow

up on it once that is presented to me, because of course it hasn't been.

The job enhancement committee is taking some very major actions. We have funded, under the job enhancement \$2 million which was allocated for each year, several projects in hospitals. We didn't do the full \$2 million allocation in the '89 year because the projects in the view of the committee were not all as focused on some of the issues of job retention and work satisfaction in the workplace as they needed to be. However, there was funding which will be netted into. In other words, if they were short of the \$2 million last year, which they were, nonetheless those dollars will be dedicated to job enhancement throughout the four-year mandate of that committee.

I wanted to just touch on capital, because I gave quite a substantial review in the Legislature yesterday with respect to capital. The hon. member mentioned the Royal Alexandra hospital. I think it's important that we take a pause with respect to capital, that we take a pause with respect to the 69 projects which are committed to by the province, including the Northern Alberta Children's hospital, a concept which is certainly supported by this province and is one of the commitments. None of those commitments will be broken; the question is timing. I think it's an important hiatus that this year has created to review those capital plans and to review which of those projects are most needed as we look ahead. I make no apology for that delay, although I know it has caused some real concern in several parts of the province. I believe the wait is worth it. Certainly, with the priority focus on the operating side, which is where I believe it should be in a time of tight dollars, I think operating as opposed to a first priority on capital is appropriate.

The hon. member took a shot with respect to not being able to know the schema of organization for the Department of Health. I have a brochure here which I would be delighted to send to the hon. member so that he knows who he's talking about and to whom in the Department of Health.

On home care. Both members have certainly touched upon this. As I look at the whole health spectrum and the need for resources that are freed up as a result of the reviews we're doing, I would put the first priority on those resources into the home care side. I am hopeful that we can do something in the under-65 age group in this fiscal year with the resources we have. Clearly it's an area where we can be keeping people out of institutions for as long as possible, including the opportunity for people being prepared in the community and treated within the acute care structure and then getting them out as early as possible from the institutions and again onto the home care side. I think it's a move that's long overdue in our province, and I applaud both hon. members and thank them for their support in that regard.

The Premier's commission. I guess my question to the hon. Member for Edmonton-Gold Bar is to ask what decisions have been made that are inconsistent with the commission. Because in my view, with the commission's vision in place, even though it may not appear that there are specific actions directly linked to the commission, it starts to focus how we respond to those day-to-day operations. I feel that the way we are moving in health and the decisions we're making are very much consistent with the report. I don't agree with the hon. member that mental health has not been covered. I think it is covered in a broader way with respect to the discussion on community, the discussion on prevention, and the discussion on regional services. Certainly, in my view, mental health, being part of the health spectrum, is an area where we could do more. Certainly the support for

mental health clinics and the privacy which those clinics afford to Albertans is an important part of our infrastructure.

The hon. Member for Edmonton-Gold Bar also made the statement that the decisions were being made unilaterally in health, and it's a perception that not only the Member for Edmonton-Gold Bar has but even some who should have a little better understanding of the kinds of mechanisms we have put in place to do things like the acute care funding study. It's no longer possible to have decisions made in health that are isolated decisions, that don't bring in the stakeholder groups, and frankly which sort of disrupt the traditional consultative method that has been used. It's why I'm an advocate for bringing the nursing consultant in on acute care funding and other examples of looking at consultative mechanisms which are not made unilaterally, which are not top-down, but which are, in fact, based from the community support level right up. I think if you look at the decisions that were made with respect to emergency funding or emergency programming in Calgary, the input from the community is and has been a very essential part of that process, because you cannot simply alter your system and not expect that there will be concerns by Albertans.

I wanted to discuss rural health practitioners. When we met last – and certainly the Member for Edmonton-Strathcona has been consistently very interested in the whole issue of refugee physicians. We've had a good deal of discussion on it. Until the Human Rights Commission made their judgment with respect to the process – I think it was an important judgment that had to be made, and we had to wait for that judgment to be made. As a result, the whole issue of physicians not trained in Alberta or Canada has been settled from the point of view of the fairness of the system. Obviously that new fairness model is creating a good deal of stress rurally in terms of its impact on the distribution of physicians. I have in place a committee of the two deans of medicine, the Rural Health Association, AMA, and the college incorporating the recommendations of the Alberta Medical Association on rural health practitioners. I hope to be able to make some changes in that this summer.

Vote 4.1.2, day hospitals, day care. Yes, there are funds specifically allocated, and I would be pleased to document those for the hon. member between votes 4 and 5 with respect to the Mirosh initiatives and home care targeted expansion.

I want to chat just briefly about the prevention of HIV and the two-year Edmonton pilot project which has been presented to the federal government and for which the federal government has asked endorsement. Alberta has endorsed the program in principle, and I think it's important to note that the project has many objectives, including the increased awareness of HIV and its consequences with the respect to the injection drug users, increased knowledge of HIV transmission through injection drug users, the provision of skills to allow injection drug users to follow safer injection and sexual practices, and finally facilitating access to community support services and preventive models. It's an opportunity to get to a group of people who have been very tough to reach. The province has certainly endorsed it and is supportive of it.

Speech and audiology. I wanted to talk just briefly about the move from Education to Health. I still believe it's the right move, and that's from both the perspective of a Minister of Education formerly and a Minister of Health. Although in certain areas of the province some of the service may have been reduced, it is now available to every Alberta child. That was not the case in the education system, because there were some school boards that chose not to deliver speech pathology

services. In Edmonton specifically I think the hon. member would benefit from an update from the board of health, because in fact they've been able to gather more speech audiologists than they had thought they would. I think it's important not to just look at schools which may have changed programs but to look at the program in the Edmonton area delivered by the board of health, because of course it's a different model, and it may well be that on some school sites there's a different program. We have, obviously, a year of transition. I'm well aware of that, and I'm frankly pleased and a bit surprised that we are as far along as we are right now. Hopefully by September of '90 we will have a full component for speech therapy services available to all kids across this province and adults and preschool-age kids, because it's not an affliction that's just restricted to school-age children.

Mr. Chairman, I think that covers it. There were some specific questions raised to which I will respond in detail to the hon. members, but I thank you for the time of the House.

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

[Motion carried]

[Mr. Deputy Speaker in the Chair]

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

MR. DEPUTY SPEAKER: Does the Assembly concur in the report?

HON. MEMBERS: Agreed.

MR. DEPUTY SPEAKER: Opposed? Carried.
The hon. Deputy Government House Leader.

MR. GOGO: Mr. Speaker, the business of the government tomorrow evening will be the Department of Recreation and Parks in Committee of Supply.

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

