

[Chairman: Mr. Ady]

[2:01 p.m.]

MR. CHAIRMAN: We'd like to call the meeting to order. We'd like to welcome the Hon. Nancy Betkowski and a member of her department, her deputy minister, Mr. LeBlanc. We're pleased to have them here today. Before we begin the proceedings of the meeting, are there any here who would like to read any recommendations into *Hansard* today? If not, we'll proceed.

We would welcome some opening comments from the minister, whatever she sees fit, after which we will go to questions from the members of the committee, each of them being allowed one question and two supplementaries and then go to the bottom of the list to come back up if they please. So, hon. minister, we would welcome your opening comments pertaining to those projects for which you receive funding in your department from the Heritage Savings Trust Fund.

MRS. BETKOWSKI: Mr. Chairman, thank you, and hello to members of the committee. It's nice to be back. The first time I appeared before this committee, I think I'd been in the ministry for two weeks. So I feel a little more informed on some of the issues, but if there are any questions I'm unable to answer today, I will certainly get a written response back through you to your committee.

The members of the committee have before them, hot off the press, the Alberta Cancer Board annual report for the period of April '88 to March 31, 1989, in which there was the allocation of \$2.8 million for the purposes of applied cancer research. I certainly ask for the committee's support for these programs and welcome any questions they may have to bring towards me.

MR. CHAIRMAN: Thank you. We'll recognize the Member for Lacombe, followed by the Member for Edmonton-Avonmore.

MR. MOORE: Thanks, Mr. Chairman. I'd just relaxed, thinking I was a long way down the list.

Mr. Chairman, to the minister. It's on the Alberta Family Life and Drug Abuse Foundation that we've announced. I'd like to get an idea from the minister, if I could, on the time line for this endowment. When is it going to be set up and established?

MRS. BETKOWSKI: Mr. Chairman, I'm assuming I can answer questions on that because it will affect the heritage fund in the future, but it's certainly not part of the capital projects division at this time. But I'll take the question. Presumably, you'll . . .

MR. CHAIRMAN: Fine, realizing that you perhaps are not obligated. But if you have some comments that might be helpful to the member, we'll proceed.

MRS. BETKOWSKI: Members will recall the ministerial statement which I presented to the Legislature on August 17, 1989, which outlined five general goals of the Alberta Family Life and Drug Abuse Foundation and a mechanism for consultation with Albertans as to how to get the best value from an endowment fund out of the heritage fund for the purposes of supporting family life initiatives in our province with an emphasis on but not solely restricted to the issue of substance abuse.

As a result, and as I outlined in the ministerial statement on that day, the Ministerial Health Policy Advisory Committee, which is chaired by the member of our Legislature for Lloyd-

minster, Mr. Cherry, is in fact right now out talking to groups throughout the province in both public meetings as well as private meetings to discuss with Albertans generally the kinds of initiatives they think would be important for the foundation. My proposed timing, as I outlined in the ministerial statement, was to return to the Legislature in the spring of 1990 with proposed legislation, and I have no reason to think that will be interrupted at this point.

MR. MOORE: Well, supplementary along the same line. I know this is a proposed expenditure of the heritage trust fund money in the future. The one thing I'd like to find out is: will the mandate of this foundation overlap with AADAC, which is sponsored from other funding?

MRS. BETKOWSKI: If you look at the draft legislation that was part of the package I presented with the ministerial statement, you'll find that one very important role of that foundation is to ensure that there not be an overlap, to in fact look at the ways we are dedicating funds to support families throughout the province. I believe a very important part of that foundation can be a review mechanism, if you like, for social policy, a means to look at some evaluations of that social policy. Hopefully that will be the kinds of things the committee will come back to us with.

AADAC is an agency of this province of which we can be extremely proud, and certainly it is recognized internationally for the kinds of work and efforts it has done with respect to the prevention and treatment programs for alcoholism and drug abuse. I view the foundation, at least from this point and as I said in the ministerial statement, as an innovator, a way of suggesting new kinds of programs that might be operationally proceeded with via AADAC or other government agencies. But certainly I don't see the foundation as becoming an operative arm or in any way conflicting with what AADAC is doing. AADAC should be left to do the job it does well, and the foundation can be a supporter, an innovator, a suggester of programs. AADAC might try to operationalize some of those programs, and then they would fold into AADAC. So there's a very complementary role between the two of them in terms of how I envisage it in the absence of the ministerial advisory report.

MR. MOORE: Well, put my name at the bottom of the list. My other questions are not related to this whatsoever, so I'll come in again in another train of thought.

MR. CHAIRMAN: Thank you.

The Member for Edmonton-Avonmore, followed by the Member for Ponoka-Rimbey.

MS M. LAING: Thank you. I'd like to also pursue the \$200 million endowment for the family life and drug abuse initiative. I guess I would ask the question as to why drug abuse was chosen as a specific target area. I recognize that 15 to 20 percent of families in Alberta indicate they have some difficulties in relation to drug abuse. But I would also note that one in 10 wives are battered; one in four girls and one in six boys are sexually abused, 50 percent by a family member; that the fourth major cause of death for children under the age of five is physical abuse, often at the hands of a family member. I'm wondering why drug abuse was seen as a more needy area when we have an ongoing problem of violence in the family that has

very severe repercussions for all of society too.

MRS. BETKOWSKI: Well, I think that's prejudging what may well come back in the form of the foundation, and I don't want to do that. It is called the Family Life and Drug Abuse Foundation. I believe there are some issues within the whole drug abuse area, certainly as you look at research being done North America-wide on drug abuse. There's virtually none looking at the predisposition of families towards substance abuse. I think that's one of the areas of research the foundation could serve well, areas that cover far broader than simply the specific drug abuse area.

I also note and I'll just repeat that it is family life and drug abuse. I think one of the tasks of the advisory committee – certainly I've asked them to meet with and discuss with groups in the province, including people within the public service of Alberta who are dealing with some of the problems you identify on a daily basis, to get a good sense of what we are doing and use the foundation as a way to target where we might go in order to deal with the problems that affect family life in our province. So that would be my perception of what the committee can come back with without prejudging what they might come back with.

MS M. LAING: Just for a point of clarification, because it's hard to know when you say family life and drug abuse whether you mean family life, period, full stop, and drug abuse, or family life and drug abuse as a direct linkage and that you're looking at family life in terms of the impact of drug abuse. Am I correct, then, in assuming that you are saying there will be a greater emphasis than maybe at first thought in terms of family life?

MRS. BETKOWSKI: I won't prejudge what that committee will do. All I will say is that I think there are issues, certainly those identified in the ministerial statement, that went far beyond simply the issue of drug abuse as a cause for strife in family life. I guess I would see it as two categories.

MS M. LAING: Okay. Now, you talk about working very closely with AADAC in terms of dealing with drug abuse. As you rightly say, it's a world-class program. Again this is, I guess, a prejudgment, but would you see the endowment fund being able to target funds or direct funds into AADAC if it was determined that they would be the best people to deliver the programs? Would there be program funds, or is it mainly research funds we're looking at here?

MRS. BETKOWSKI: I think I see it as not an operational program, not setting up a program, if you like, but certainly being part of piloting certain projects, looking at certain innovative ways of delivering programs and then getting out of it and passing it over, if you like, to the operational side of government through government departments. Because I think the endowment, if it's going to be used appropriately, will be the innovator in that sense, as opposed to the direct program deliverer.

MS M. LAING: Okay. Thank you.

MR. CHAIRMAN: The Member for Ponoka-Rimbey, followed by the Member for Westlock-Sturgeon.

MR. JONSON: Good afternoon, Mr. Chairman and Madam Minister. I'd like to pose a question or two with respect to the children's hospital situation. In 1988-89 there is zero allocation. However, last year, Madam Minister, you said there was a possibility that the children's hospital might be expanded. Has any decision been made with respect to this expansion?

MRS. BETKOWSKI: Yes. I'm assuming you're referring to the Alberta children's hospital in Calgary. In the General Revenue Fund funding in 1989-90 there was fiscal support for a total of 140 beds, 10 of which are opening in January of 1990. So yes, there is an expansion under way in the children's hospital in Calgary, but it is being done through the General Revenue Fund as opposed to the capital projects division, which was the original funder of the hospital.

MR. JONSON: Mr. Chairman, given that situation where all committee members, I think, are aware that there is planning under way for a Northern Alberta Children's hospital – not too long ago, I imagine, all members received the report of the planning committee or foundation. I forget the exact title of the group who are eagerly working on this project. However, has your department undertaken any – well, I don't mean anything by using the word – objective study of the need for such a free-standing hospital in Edmonton?

MRS. BETKOWSKI: I might get Mr. LeBlanc to supplement the answer with respect to historically. Certainly we take the view and believe that the issue – co-ordinated children's services in the Edmonton and northern Alberta region is something that is needed. The planning that's under way for the Northern Alberta Children's hospital is really an effort to co-ordinate some of those services. The whole issue of our aging population, the whole fact that the demographics are moving us towards a much older and more aged population, the fact that pediatric care is becoming much more focused towards outpatient as opposed to in-hospital treatment: several of those kinds of realities point to the need for co-ordinated youth/children's services. I think the Northern Alberta Children's hospital can be a model for a new institutional setting, if you like, which we haven't really contemplated.

I don't think of it, frankly, in terms of a hospital per se. I see it as an opportunity to co-ordinate mental health services within our city and our region of northern Alberta, certainly an area of tertiary care for northern Alberta and a co-ordination of broad-based, dispersed pediatric care around our city. That co-ordination, I think, will serve the population well and ensure that we can deliver services to young people in a better way than we are able to do now.

MR. JONSON: One other question with respect to children's hospitals, although in a slightly different direction. The statistics we have, Mr. Chairman, seem to indicate that the highest rate of infant mortality in the province is among our native children. While I guess the question could be addressed to the minister with respect to her estimates at some time, I wonder if there is any particular focus within the children's hospital services and programs to address this particular problem?

MRS. BETKOWSKI: One of the things I'm hoping we might receive as a result of the Premier's Commission on Future Health Care for Albertans is the whole issue of setting some health targets within our health care system. I think if you look,

for example, at some of the health indicators – and you raised the issue of infant mortality. If we were to say that we wanted to improve the rate of infant mortality in our province, and we wanted to improve it for illustrative purposes by 10 percent, we would then look at where the highest incidences of infant mortality are, and clearly those are with the native population. In fact, if you look at native health indicators for many other issues, the native population clearly stands out as one that is in need of some focused programs. If we were to do it within a health target kind of parameter, we would move in on trying to assist pregnant native women with health, diet – those kinds of things – in the interests of a health indicator. In that sense you neutralize, if you like, simply picking a group out, and you do it within a context of an overall health indicator.

I see the Northern Alberta Children's hospital as a vehicle to do mental health programs, certainly. Northern Alberta naturally necessitates the issues of native health and how we can improve the native health status for young people. That is why I see the Northern Alberta Children's hospital as an opportunity we did not have before. Clearly, although it would be a tertiary care centre, it would also be a co-ordinator of services that we haven't traditionally thought of being involved within a hospital context.

MR. CHAIRMAN: Thank you.

Member for Westlock-Sturgeon.

MR. TAYLOR: Thank you. Madam Minister and M. le Député, to pursue the questions a bit that the Member for Ponoka-Rimbey brought up on the establishment of a Northern Alberta Children's hospital, the way I read or hear what you are saying is that it's going to be more of a co-ordination or institutional factor than an actual hospital in the way that southern Alberta's Alberta children's hospital is. It's going to be doing a lot of outreach activities. Will there not be an actual hospital? Are you saying there's not going to be a building called a hospital?

MRS. BETKOWSKI: There would certainly be a building, and that's part of the commitment. All I'm saying is that the use of the facility would go far beyond simply a hospital in the traditional sense that we think of one and, I think, even beyond perhaps some of the co-ordinated effort that's being delivered in Calgary as well. It's perhaps a dream, but I think the whole planning process gives us an opportunity to dream, where you could even bring in with any co-ordinated effort some of the initiatives that might come out of the Family Life and Drug Abuse Foundation. The Northern Alberta Children's hospital might be a mechanism for some of those kinds of programs to come into place, but certainly a hospital in the sense that it would be a building. But I believe it can show us what health centres for children can look like in the 21st century.

MR. CHAIRMAN: Hon. member, if I could just break in for a moment. The subject of a northern children's hospital: I guess we're stretching it a little far in that there is nothing to say that that would be built from heritage funds. In fact, in all likelihood it would not. I guess I've allowed the questions to go because there is some relationship to the children's hospital in Calgary, but I would ask members to bear that in mind and that the questions really should not centre on the Alberta children's hospital, because it's not a project funded under the Alberta Heritage Savings Trust Fund and so is not applicable in the

hearings today from the minister. So if you would bring your questions in another direction, hon. member.

MR. TAYLOR: Thank you, Mr. Chairman. I was just continuing along, and then I wanted to know just how much it was a figment of the Premier's imagination, how much flesh and blood they had put on it. Apparently it is still in the ethereal here and now and no location. It's like Damon Runyon's craps game. It's floating and [inaudible].

The second was with respect to cancer research. Are we facing a fair amount of money or categorizing for – I'm thinking in the farm or agriculture area. Two sides to cancer come up there. One is the handling of the chemicals. Are we researching to see whether our farm people are at any higher risk because of the handling of chemicals: pesticides, herbicides, and fertilizers? Then there is the second side. Is there any research being done on whether there is more carcinogenic material or more cancer resulting from grains and products, poultry and beef, raised with artificial chemicals – pesticides, herbicides, fertilizers, growth hormones – versus the normal? I just want to know to know if there is any being done in that area.

MRS. BETKOWSKI: I think my general answer to the question would have to be that the applied cancer research is just that. It is applied; it is clinical. The nature of cancer is such that the treatment is constantly advancing. What works one month may be an entirely different protocol the next two or three months, and that clinical application of therapy and research is what applied cancer research is all about. There may be – and I would have to check, or you might want to check with the minister responsible – within the Alberta foundation for medical research the more basic research in terms of carcinogens, but that's not the area that this research would be applied to. It's a very fair question. I don't have an answer with respect to the foundation for medical research.

MR. TAYLOR: The last supplemental, Mr. Chairman. I'm not positive if I'm right in line here, but my understanding of the medical centres and medical research is that the heritage trust fund is funding liver transplants and heart transplants and weird surgery. I'm out to lunch, am I, on that, because . . .

MRS. BETKOWSKI: I would never say that hon. Member for Westlock-Sturgeon was out to lunch, but I will say that those kinds of programs are not being funded under the heritage fund.

MR. TAYLOR: Well, I'm sorry. Seeing that I wasn't in the right, can I go on to my other question? [interjections] Because I didn't know whether that would involve actual brain transplants for the opposition.

Is there a co-ordinated body in cancer research between what this heritage trust fund is doing and our own universities and other universities?

MRS. BETKOWSKI: Yeah, that beast, if you like, is the Alberta Cancer Board. The Alberta Cancer Board has membership that is identified in the annual report I distributed to you today. Certainly they carry out the research at several institutions around the province including the Cross, the Tom Baker Cancer Centre, both of our universities, and the University of Alberta Faculty of Medicine and the U of C Faculty of Medicine. This is really the co-ordinator, and the applied research funds are really on the basis of clinical support for the research

going on.

This research fund does not fund research fellows in the way that the Alberta foundation for medical research is funding them. This is actually within the clinical environment and linking the changes in therapy to clinical research. The responsibility, if you like, for a nonoverlap of those funds for research rests with the Cancer Board. Certainly anybody applying for research funds under the heritage fund applied cancer research must identify whether they are getting funding from another research source elsewhere. Also, within the Cancer Board structure is an advisory committee which is the peer review, if you like, of the research projects proposed. That group sits and responds to the Alberta Cancer Board.

MR. TAYLOR: Thank you.

MR. CHAIRMAN: Thank you.

I recognize the Member for Edmonton-Centre, followed by the Member for Calgary-Fish Creek.

REV. ROBERTS: Thank you, Mr. Chairman. I've done some work in terms of past spending from the heritage fund for health purposes. It's been nearly \$600 million that's been spent out of a fund for health. Of that about 88 percent has been spent on hospital construction, and 75 percent of that alone has been for one facility, the Walter C. Mackenzie. So the remaining 12 percent of the \$600 million is for research. That doesn't include the \$200 million for Lionel McLeod's group.

MRS. BETKOWSKI: Three hundred million dollars.

REV. ROBERTS: Three hundred million dollars, I'm sorry. Right; \$200 million over here.

So I'm just thinking. It seems to represent a very skewed allocation of \$600 million out of the province's one heritage fund, to think that more than two-thirds of that has gone into one facility. I'd like to ask just one question about that and then two others about the research side of it. For the Walter C. Mackenzie - and then we talk some more about it being a deemed asset of the province, this \$400 million facility that I believe funding is still going into even though it's a minor amount.

MRS. BETKOWSKI: Not from the heritage fund.

REV. ROBERTS: Not from the heritage fund?

But as it's defined as a deemed asset, I'm just wondering if the minister has any ideas about it as a deemed asset in terms of it being recoverable or not. Certainly I don't think she'd have any plans to sell it off to American Medical International or any big group like that. I know she'd have some plans to turn it over to a public, nonprofit community board and not a provincial board. Since it represents such a large segment of the funds, is it really a deemed asset, and what does the minister see in terms of its future as a deemed asset and whether it's recoverable or not?

MRS. BETKOWSKI: I'm not an accountant, nor am I the Provincial Treasurer. With respect to the issue of the deemed assets, I think that's one that rightly should be addressed to the Provincial Treasurer and not to me. My interest is clearly the value of the resource that we have in the Walter C. Mackenzie Health Sciences Centre, certainly not just as a tertiary care

hospital but the housing of our Faculty of Medicine and the training of a lot of people and the application of research that's going on in our province.

Whether there is a skewing with respect to the facility versus the research, it's difficult, I would suspect, to identify or break down the funding that goes into the Walter C. Mackenzie and identify strictly that which is operational and that which is research. So I think in fact the 12 percent on research could be affected by what is going on at the Walter C. Mackenzie Health Sciences Centre. Whether or not the facility should be turned over to a board other than a provincial board is something I certainly haven't contemplated. I certainly wouldn't be an advocate, if that's what the hon. member is suggesting, of turning it over to a private or community board, because that would certainly not be permitted under our legislation, as the hon. member is well aware.

REV. ROBERTS: Well, turning to the research side then, we do have allocations still for the applied cancer research, as we have the report today. And the applied part? Or is that exhausted now? Heart disease research? No, it's gone; it's gone.

MRS. BETKOWSKI: The \$2.8 million that's in here is applied cancer, and that exhausts, as you know, on March 31, 1990.

REV. ROBERTS: I just would like to make the point that it seems to me that medical and health research generally in the province seems to be very fragmented. We have this applied cancer research here, and then over in another department is the medical research allocation of \$300 million. We have nursing research with \$1 million. I've always wondered whether the government thinks nursing as opposed to medical is 300 to 1. There does seem to be some odd imbalance there.

We have the private cancer and other heart research people, and research, as the minister has alluded to, is already going on in hospitals. I just wonder whether there is a way in which, through the trust fund or through the minister's department, there can be a better look at how to rationalize and co-ordinate health research, whether it be medical or nursing or hospital based or in a community, and whether to have a centrally, in a sense, funded or overseen or co-ordinated health research council in the province that could help to better get a sense of what's going on and not leave it up to all these different allocations from different funding sources.

MRS. BETKOWSKI: The hon. member and I got into this issue somewhat during the review of the Health estimates during the Legislature sitting this past summer. Certainly my recommendation - and this is within the budgetary allocation that we are now - in terms of the future of applied cancer research would be that at least that \$2.8 million should be going into applied cancer research in the future.

The hon. member raises a very important question of policy, and it's one that certainly other ministries besides just the Department of Health have been reviewing. As a result, we've established a review by the ministries of Advanced Education, Health, and Technology, Research and Telecommunications, because of the heritage fund foundation being there, to look at the whole issue of health research and how we can be assured of getting the best value for our research dollars here in Alberta. That I expect to have early in the fiscal year of 1990.

REV. ROBERTS: Progress all over the place.

I haven't answered this myself, but I know there's been some complaint that there's still not enough dollars allocated for research. I'm told that in a sense there is what they call a 2 percent guideline, that at least 2 percent of health expenditures should be devoted to research as a bottom line, and that we in the province in fact are under that 2 percent, which I find hard to believe. I'm trying to add them all up myself. But when you add them all in together, I wonder if the minister knows whether that does come to 2 percent, whether she uses 2 percent as a planning guideline. Certainly we know that health research – I mean you could spend billions of dollars to find a cure for cancer or diabetes or whatever else and still not come up with anything; there need to be some guidelines. I wonder if 2 percent is it and where we're at in relation to that.

MRS. BETKOWSKI: I think that's part of what our policy review is. There has not been such a target figure that's been used within the Health mandate, but I agree with the hon. member that you can't simply look at the input side. You have to look at the evaluative capacity for that research, and I'm pleased that within the \$2.8 million that's allocated to applied cancer research under the heritage fund, about half of 1 percent – but nonetheless an important criterion – is an evaluative technique. So as we look at a health research policy, I think we have to be conscious not only of the dollars going in but the expectations coming out – within the freedom of research, which has to be there. I think, as well, an important feature is a long term, or at least that a research scientist coming into our province to do research have a sense of the term for that research to be applied, because they have to work within that kind of parameter.

So those and other issues are some that we're looking at within our health research review, and I hope to be able to report to the Assembly in the new year.

MR. CHAIRMAN: Member for Calgary-Fish Creek, followed by Member for Calgary-Forest Lawn.

MR. PAYNE: Thank you, Mr. Chairman. I'm sure the minister is aware that a number of the members of our committee toured the Walter C. Mackenzie Health Sciences Centre and the new lab complex joined to it. I believe it's called the Heritage Medical Research Centre. We made that tour October 16. I think I can speak for all the members of the committee who made the tour that it was an inspiring experience to take a day and watch the medical researchers and professionals in action and, of course, the space-age equipment that they are able to use so effectively in meeting their medical and surgical challenges. I think it's safe to say that it was an emotional experience for us.

One brief experience was particularly emotional for me and made a lasting impact on me, and it raises an ethical question which I trust the Chairman and the minister will regard as appropriate. As we walked through the neonatal clinic, we stopped to talk with a nurse who was standing beside a small – I'm not sure what you call those little baskets that these infants sleep in – clinical bassinet. I was, frankly, staggered to learn that this child that was successfully struggling for life had been born three months prematurely, was in fact in the 24th week as a fetus and now was a human being apparently struggling quite successfully to make it.

I debated at the time whether it was appropriate to ask what

appeared to me to be if not an ethical question at least a question that sooner or later will need to be asked. But I did turn, and I believe it was the president of the hospital that I asked the obvious question of: given that fetuses almost that age elsewhere in our system are being aborted, did he anticipate any ethical challenge in what I call a dilemma? Others may not call it a dilemma, of course. I was intrigued with his answer. He acknowledged that with the rapid advances that are now being made in fetal technology, it is an ethical question that will increasingly demand attention and response on the part of elected people and certainly medical professionals.

I apologize for the very long preamble, and I hope I have phrased it in a sensitive, balanced way. My interest is simply obtaining from the minister a comment as to whether, inasmuch as the Walter C. Mackenzie centre is funded through the heritage fund, she regards this embryonic ethical question, I guess I'll call it, as one that will merit consideration by her in her capacity as minister responsible for this facility funded by the fund.

MRS. BETKOWSKI: I just have to ask for a clarification on the question. Is the question with respect to keeping alive those fetuses which are born prematurely? Is that your question?

MR. PAYNE: I guess my question is: on the one hand, we appear to be mobilizing resources and professionals and a lot of commitment to keeping alive a child that was a 24-week-old fetus, whereas on the other hand, elsewhere in the system we are also committing resources and ability and commitment to terminate fetal life when it's about that same age. So it was that ethical dilemma, or possible dilemma, that I was curious about, as to whether it's being challenged. Because if I can accept at face value the comments of the Walter C. Mackenzie president, rapid advances are now being made in fetal science and fetal technology, so he anticipated it was going to be more of a dilemma, not less of a dilemma. I just wondered if it's one that the minister has heretofore given any consideration to or feels merits some further discussion at some point.

MRS. BETKOWSKI: Well, clearly it is an issue of ethics not only affecting the medical profession but, I think, affecting each one of us in terms of the responses that we seek for ourselves. I can advise the hon. member that there is a rule within the College of Physicians and Surgeons which prevents an abortion, which I believe the hon. member is referring to, in Alberta hospitals for an over 18-week pregnancy. I think with respect to resources being dedicated in our province for a legitimate medical procedure in the eyes of the Supreme Court of Canada, that's one that we are going to have to deal with within the present law, and anticipate that if – and I'm sure the federal government will come out, as they've indicated they will, with respect to changes in that law or at least a refinement of that law before the Christmas break of the Parliament. I think we have to ensure that we are meeting the requirements of the Canada Health Act with respect to legitimate medical procedures, and if that law is changed, then we will have to respond accordingly.

MR. PAYNE: Thank you, Mr. Chairman.

MR. CHAIRMAN: The Member for Calgary-Forest Lawn, followed by the Member for Edmonton-Meadowlark.

MR. PASHAK: Thank you, Mr. Chairman. I'd just like to begin with a point of clarification. I don't want to appear to be quibbling here, but it may have some implications for other questions. Did the minister say that there was no further funding from the Heritage Savings Trust Fund going into the Walter C. Mackenzie hospital? Because I think there's provision under the capital projects division of the Heritage Savings Trust Fund under public works. I think we voted \$1.6 million.

MRS. BETKOWSKI: The \$1.6 million is maintenance money out of Public Works, Supply and Services, not the heritage trust fund for this year.

MR. PASHAK: It's coming out of the capital projects division.

MRS. BETKOWSKI: No. The heritage fund capital projects division for '88-89?

MR. PASHAK: For '89-90. Okay, so we're looking at '88-89. Wasn't there funding in . . .

MRS. BETKOWSKI: I'm sorry, I was not looking at the same book.

MR. PASHAK: Not that it really matters, but the point is that I think there's still some money coming from the Heritage Savings Trust Fund into the Walter C. Mackenzie hospital complex. Is that not the case?

MRS. BETKOWSKI: We hit the total budget on the Walter C. Mackenzie of \$392 million, having budgeted for \$396 million out of the heritage fund, and that full allocation has been spent. Now, there may have been some allocation within the heritage fund this year, '88-89, but we are . . .

MR. PASHAK: There hasn't been a further allocation, I guess, is the minister's point.

MRS. BETKOWSKI: That's right. There is to be no more. That's it.

MR. PASHAK: Okay. In any event, then, there are a couple of concerns that arise out of Calgary, funding concerns that have to do both with the Alberta children's hospital and with the Tom Baker Cancer Centre. We visited both of those institutions. At the Alberta children's hospital, among other concerns, I think they feel they have a need for an expanded parking facility, and at the Tom Baker for maybe additional beds as well as additional research capability. What is the likely future of meeting those concerns? Would it be entirely through the General Revenue Fund, or do you see any possibility that in the future there could be an opportunity for further funding from the Alberta Heritage Savings Trust Fund?

MRS. BETKOWSKI: I'm not looking at what are the needs within the Calgary context, certainly with Tom Baker or the children's hospital, within the heritage fund. Now, that may change; your committee may look at some of those suggestions and say, in fact, if it started in the heritage fund, it should continue to be funded out of the heritage fund. I haven't made that kind of recommendation.

What I'm trying to assess is the need of those facilities. Tom Baker and the Foothills are looking at a joint parking structure.

I guess I'd have a problem if the heritage funds funded a parking structure, in the interests of health per se. With respect to the children's hospital, an expansion of the number of beds, which is under way, to take it to 146 and then beyond in a phase 2 development I see at this point, at any rate, coming out of the general capital fund allocations, not heritage fund allocations. That may be something your committee has a view on. I just haven't contemplated it coming out of heritage fund dollars.

MR. PASHAK: Your response to that question gives rise to a broad question of public policy, I suppose, which should have to do with the fact that . . . You know, in some respects we've been blessed by a tremendous amount of nonrenewable resource revenue coming into the provincial Treasury, and we've been able to build elaborate facilities across the province; not just hospitals but educational facilities. Now that we are in a bit of downturn, at least in the energy sector, we're having difficulty finding the operating dollars to make these facilities really perform as they were intended to perform.

You mentioned in your answer meeting the real needs, and you questioned the parking structure. I wondered if you are developing a large, comprehensive plan to look at the needs in light of our ability to finance the operating costs of health facilities in the province and relating that back to the demands that you might place on the Heritage Savings Trust Fund.

MRS. BETKOWSKI: Well, I certainly never envisaged the heritage fund as being an operational funder. I think it has given us an opportunity to build facilities in this province which are part of a marvelous infrastructure right across the province. But I think we can accept that we have that marvelous infrastructure. Certainly as I look at the future trends in health care, the issues of preventive health, of health promotional issues, we can look at how we can use our existing facilities better and work on our program side, the softer side, rather than the fixed asset side. I think, you know, in my capacity as minister and going around the province and seeing the infrastructure we have, the challenge is now to link those facilities to ensure that there is a network of services right across the province and that if you go into a 40-bed rural hospital, if need be you can feed into a regional hospital and then feed into a tertiary care hospital in the two large metro/urban centres. That is what I see as the challenge in the health care side: the networking, the bringing in of preventive measures to complement the incredible infrastructure we have in this province.

MR. CHAIRMAN: Thank you.

Member for Edmonton-Meadowlark, followed by the Member for Wainwright.

MR. MITCHELL: Thank you, Mr. Chairman. As the minister knows, because I've raised it before in the Legislature, I and many people in Alberta - and I know that she does as well - have an interest in SIDS, sudden infant death syndrome, research. My research into that area of research indicates that it is relatively poorly defined at this time in Alberta but, more generally, in Canada. In fact, someone with whom I'm working on this project contacted the federal medical research agency, and they confirmed the problem of really defining the objectives, the parameters, of SIDS research. They suggested that what would be appropriate at this time would be about a \$30,000 to \$35,000 expenditure on a scholarly forum to which experts from across the country, around the world, could be invited, where

papers would be offered on possible methodology for studying AIDS research, themes, areas to focus on, to begin to define where to go in this way.

It struck me that it would be a tremendous contribution on the part of Albertans, on the part of the Heritage Savings Trust Fund, to at the very least fund such an initial thought-provoking forum into this area of research.

I'm wondering whether the minister could indicate how she would see that kind of money best administered, whether a forum of that nature could be sponsored by her department with heritage trust fund money or whether it would be more appropriately sponsored by the Alberta foundation for medical research, or where in Alberta would we want to co-ordinate a forum of that nature with \$35,000 from the Heritage Savings Trust Fund.

MRS. BETKOWSKI: I guess it's a question I didn't anticipate today, and I'm not as well prepared for a response to it as I perhaps should be. Certainly if there were a proposal made to me and if the committee was going to recommend that heritage fund dollars be dedicated towards sudden infant death syndrome research, I would do my part to see how we could get the best value out of those resources. I would make that commitment to the hon. member if that's what comes about.

MR. MITCHELL: Thank you. Just for the record, Mr. Chairman, I will be making a recommendation that I hope will be supported by committee members in that regard, owing to the fact that one in 500 children in Canada, in Alberta, under the age of one year dies from sudden infant death syndrome. It is a major cause of death in children under the age of one.

My second question concerns the liver transplant program at the Walter C. Mackenzie Health Sciences Centre. I wonder whether the minister could indicate what her department's intention is for funding that program. As she knows, it's at a point now where they're wondering, and if her intention is not to fund it from ongoing program funds in the department, whether this would be a legitimate use of Heritage Savings Trust Fund money, to kick-start that program.

MRS. BETKOWSKI: The liver transplant program that's currently under way at the Walter C. Mackenzie is funding that the hospital itself has chosen to dedicate to the program. It's not an approved program, if you like, through the Department of Health. It comes back, I guess, to the question that the Member for Calgary-Fish Creek raised with respect to the ethical issues. We have to, I believe – and we have the opportunity and we have certainly had the historic practice of funding leading-edge research, leading-edge technology, in our province.

At the same time, we face the reality of funding the operating side of the health system, which perhaps is not as exciting in that sense or as leading-edge as certainly the whole issue of liver and heart and lung transplants is. It really becomes a question of balance. What is the dedication of resources? Should there be any? My answer would be: yes, there should. The question is: how much and how do you make the allocation? Do you make it in terms of the number of patients done, or do you set a cap on the level of funding, or do you seek external funds for the purposes of that kind of technology? Those are questions, certainly, with respect to whether or not the heritage fund might look at setting up some kind of fund for the purposes of that kind of research. That's something we're going to have to review on a policy basis and struggle with, frankly, on an ethical

basis.

I would appreciate the views of this committee with respect to where is the balance, how should the balance be struck, and how we might use the resources we have to ensure that Alberta is leading-edge at an appropriate level.

MR. MITCHELL: Thank you.

My third question concerns the tremendous amount of money, the tremendous commitment from the Heritage Savings Trust Fund and other sources of funding from this government for cancer research. Clearly, it's an area that deserves our attention and has received a great deal of it. But research into methods of overcoming it is only part of the problem, or part of the solution hopefully. When we were at the Tom Baker cancer clinic, we were told that in fact the only area of cancer in which – and I believe I'm at least paraphrasing this expert – we are losing or we are not making progress and we have not improved life expectancy is lung cancer. Of course, the cause of that is smoking, and it seems that if we don't take aggressive action – for example, and this is just a very small part of it, discontinuing smoking in this Legislative Assembly, which is leadership of course – if we don't begin to take aggressive, concrete action in that regard, we're in a sense squandering heritage trust fund money that's being spent to mop up the problem which we could solve in other ways.

I'm wondering whether the minister could indicate to us her commitment to lobby her colleagues or, in fact, maybe even be more aggressive than that to ensure that we're not wasting Heritage Savings Trust Fund research money into cancer by having her department promote an aggressive antismoking campaign, which would include among other things nonsmoking policies, not just voluntarily for departments but perhaps as a matter of course for all departments. In answering that question, I wonder whether she could indicate what the smoking policy is in her department.

MRS. BETKOWSKI: The smoking policy in my department is none.

MR. MITCHELL: No smoking?

MRS. BETKOWSKI: Uh huh.

MR. MITCHELL: That's great.

MRS. BETKOWSKI: I guess the issue with respect to life-style choices, the fact that the death rate in Alberta is 10 times as high from chronic disease as infectious disease, that we've made major advances in terms of bringing down the rate of death from infectious disease in our province, as in one-seventh what it was 50 years ago. But chronic disease, which includes heart, lung, even death from accidents like motor vehicle accidents, although not growing is a constant source, and it's 10 times the size of infectious disease, as I said.

I guess the question becomes how far you go with respect to saying, "You can't smoke," and what the impact of that will be on the number of people who present themselves with lung cancer. Closing off an environment where someone can smoke doesn't necessarily mean that the smoking is going to discontinue. It simply means that for the rest of us that sit in there it's going to be a far more pleasant atmosphere. I am a strong proponent of providing people with the kind of information they need to make some choices for themselves. I'm a strong

proponent of taking legislative action where it is appropriate to do so, but I also think there is a difference between saying "You can't" and making the choice for an individual to not do it.

Interestingly, the World Health Organization identified the issue of communication as the global health issue in the world today. To me, communication can also be a part of giving to people the knowledge that if they don't choose to eat properly and exercise regularly, they are going to be a victim of heart disorder at some later point in their life. There's very little mistaking between those linkages. So the question becomes: how far do you go? In my own department we feel pretty strongly about health messages. I have not taken the stance of saying that I know best for every other department, but I'm encouraged that many other departments of government have taken that stand.

MR. CHAIRMAN: Thank you.

The Member for Wainwright, followed by the Member for Redwater-Andrew.

MR. FISCHER: Thank you, Mr. Chairman. My question is concerning the applied heart research and heart disease research. Funding was provided over a six-year project to assist in the development of cardiac care programs, and these proven programs got moved to the General Revenue Fund. Then I notice that the investment for 1988-89 is zero. Are we not doing any more heart disease research programs now?

MRS. BETKOWSKI: The heart research is not part of the applied cancer research, the vote we're dealing with here. There is in fact heart research going on in Alberta, mainly through the Alberta foundation for medical research. In fact, in their '87-88 annual report – and you might want to raise this with the Minister of Technology, Research and Telecommunications when he appears before the committee – right now, through that foundation, there is a research project on a new method for determining the anti-arrhythmic drugs to be used on cardiac patients, a new approach on research to lowering cholesterol using lipoproteins, and a third research project on prolonged nitroglycerin therapy for heart attacks. Those three are under the Alberta Heritage Foundation for Medical Research capability, but there's no applied heart research in the applied cancer research fund, the vote we're dealing with right now.

MR. FISCHER: Thank you.

MRS. BETKOWSKI: I should also mention, just in the interests of our focus on heart disease, that the Department of Health is participating in a major heart health survey in the early 1990s – it'll be starting in the next couple of months – which will give us a baseline, if you like, a way from which perhaps we can set some targets on heart health in our province, involving both the active care side and the public health side, to promote healthy hearts. That's certainly a project which affects heart research in its own kind of research, if you like.

MR. CHAIRMAN: Member for Redwater-Andrew, followed by the Member for Calgary-Foothills.

MR. ZARUSKY: Thank you, Mr. Chairman. My questions will focus on the needs of seniors in rural Alberta.

We all know that one area identified as a future need is the need for long-term care for our aged population, as we're all

probably heading into a shift from the needs of the younger to the aging. Also, in February the Mirosh report focused on this need and recommended that these centres be looked at and be centred in all parts of the province, as the aged are centred all over. I know both opposition parties are against this happening; they want everything to happen in the cities. It's been mentioned all over. I know the Member for Westlock-Sturgeon is definitely against smaller centres getting facilities for the aged for long-term care. I think there is a need for it, with our seniors being able to live in their own communities and their own surroundings, because it always does work better. My question to the minister. Do you see a role for the heritage trust fund in meeting these needs?

MRS. BETKOWSKI: Certainly within our own budget under the General Revenue Fund we have very much focused on long-term care initiatives for seniors, not just on the institutional side but, as importantly, the need on the home care side and the community side. It's certainly a priority our government has recognized and certainly one our department has focused upon and will continue to as we move to more community-based services.

Interestingly, with respect to the institutional side, this may be one area where we can start to quantify how the community-based funding is taking the pressure off the institutional side. In my home city of Edmonton, I just need to look at the waiting list for long-term care, which existed a short seven months ago at near 800, having come down now to about 500 as we move into this community-based program and complement it with the institutional-based program. That is occurring throughout our province, the complement of the two.

Certainly there will always be those who will need the institutional setting, and that's a responsibility we must accept. But if I have a bias, my bias would be towards community-based services in the first instance, recognizing that we're going to need those institutions as well but hopefully as few as possible. Nonetheless, it has been a very key priority. Certainly on the capital side long-term care has been the priority as opposed to any acute care building in the province, and that will continue, I believe, for some time.

MR. ZARUSKY: A supplementary, Mr. Chairman. As I said before, I think there's a different need between city and rural. Have you got any figures on the rural needs, whether the waiting lists have been dropping and numbers are actually increasing?

MRS. BETKOWSKI: There are variances obviously across the province. There are also demographic variances across the province. In some communities you will have a very large over-75 population, some to a far less degree. There's an older population in the north of the province versus the south. Those kinds of realities are ones we have to factor into the planning for those kinds of facilities and do. I don't divide the rural and the urban focus on the needs of care for an individual. I think we have to simply be conscious of addressing, as they would in a hospital emergency department, the greatest needs first and use our resources in that way. I think when we look at the infrastructure for long-term care across our province, certainly it has developed in a major way over the last 10 years. The complement now which is provided with a single health mandate of community and institutional is, I believe, serving even better than we could in the past the needs of Albertans.

MR. ZARUSKY: Thank you.

MR. CHAIRMAN: The Member for Calgary-Foothills, followed by the Member for Lacombe.

MRS. BLACK: Thank you, Mr. Chairman. Welcome, Madam Minister. It's a pleasure to have you here today.

I guess my question is more along the general line. I was very pleased that in your opening comments you talked about wellness and preventative measures that are needed in our health system. I was looking at the capital projects division investments and the deemed assets, and it looks like over the years about 10 percent of our total capital investments has gone into health. I looked at our expenditures for last year, and it looks like roughly 15 percent of the expenditures went into health again.

After I visited the Alberta children's provincial hospital in Calgary and we went through the very . . . I think there were several clinics set up within the hospital that were dealing with diseases of the children, such things as juvenile diabetes, et cetera. It was an inpatient and outpatient clinic setting. Then shortly after that an announcement came out of Edmonton with regard to tissue transplants for pancreas for dealing with juvenile diabetics. I was wondering: do you have any special areas that you feel we should be expanding in our research and looking at that maybe relate to children? Children are always our future, and I think we have to look at the diseases that affect our future today to eliminate those diseases in the future. I'm wondering if you have any special projects you'd like to see the heritage trust fund take on in research or applied medicine.

MRS. BETKOWSKI: I didn't come here with an answer to that question, and I knew it was going to come at me. I think one of the things I could point out is that health has an insatiable appetite. That's not a criticism or a blame. That's in fact a compliment to the people that work in the health area and their desire to do better, to improve the system, to deal with the diseases that are coming and changing all the time. I don't know if you can place a higher value on one disease versus another or one age group versus another. I tend to think we need to rely on the advances that are being made right across the board and focus on those where we think we can have a difference. Certainly cancer research is one, the biggest killer of Albertans as a disease; heart, the same kind of thing.

Then the question becomes: where can we get the best value for our health resources? Perhaps we have an opportunity with the heritage fund to consider some innovative things that might be the best complement, if you like, to our health system. I don't have the name of what that thing is. I think we all need to look at the tremendous resources we dedicate to health in this province, at our desire to constantly improve our system, but also at the reality of what we can use and how we can get the best value out of that. I think the focus of this committee, as you review all the heritage projects, is to make those kinds of recommendations rather than for your Health Minister to come here with a shopping list, as tempting as that might be, to tell you how I think it should come.

MRS. BLACK: Thank you. As a supplementary, Mr. Chairman, you've mentioned the applied cancer research. How are we doing there? Are we making major inroads into cancer research? Are we winning the battle? I know we're losing it in some areas, but are we winning the battle anywhere?

MRS. BETKOWSKI: I had a very interesting meeting – and in fact I introduced within our Legislature the three physicians who came to evaluate the Alberta heritage fund applied cancer program under the chairmanship of Dr. Phil Gold, who is the chairman of the oncology department of the Faculty of Medicine at McGill University. He said to me that he was amazed at the kind of applied cancer research that's going on in Alberta. He said, "You know, I don't think people sometimes realize the kinds of benefits that are going on there." The one that will probably interest the hon. member, and certainly interested me, was a discovery by one physician. I should have his name and I don't, and that's really not fair. But it was some very basic research he was doing with respect to breast cancer. He found that some people who are given treatment for breast cancer and then come back in five years for the review – the five-year period is usually the period when you say, "Fine, you're over the hump." In fact, he was finding with his basic research a particular molecule which identified those people who were at high risk for not surviving that five-year period and in fact can now go back and start to focus on those who have that particular gene as a means to get into ending that breast cancer once and for all. That's the very basic molecular, through-the-microscope kind of research that's going on as a result of our applied cancer research, and it isn't something you would normally think would be part of applied research, which is always thought to be on the clinical side. But here was someone who was working with the important breast cancer program and came upon this, and it's now right through the whole medical fraternity as something that can be an identifier in a risker.

So when you ask me how we are doing, it seems that the more you learn, the more there is to learn. But certainly in the area of cancer research, I think we have to look at the advances that have been made in treatment, the fact that some cancers can be arrested and not return, and always be seeking that cure, however elusive it might be.

In terms of evaluation, this was a peer review, at least a medical review, by three eminent researchers in North America. Besides Dr. Gold, there was a Dr. Taub of Columbia University in New York and a Dr. Santos from Johns Hopkins in Maryland. Their evaluation of our research program was that it was extremely important and, in fact, recommended that it continue. So that is the forum, if you like, we are using to look ahead to what cancer research can be recommended through the heritage fund. As well, the whole health research review, which the three departments I mentioned earlier will be undertaking, is to ensure that research is co-ordinated and we're getting the best value for our research dollar.

MRS. BLACK: Thank you.

MR. CHAIRMAN: Member for Lacombe, followed by the Member for Westlock-Sturgeon.

MR. MOORE: Thank you, Mr. Chairman. I have two questions and they are related somewhat, so I'll ask them both at the same time because the answer will probably apply in some ways to both. It's regarding utilization of heritage fund dollars and future demands on heritage fund dollars.

One area is: when does the responsibility of the heritage trust fund for funding projects end and general revenue take over? You know, we establish something under the heritage trust fund and operate it, and then there are demands for an expansion here, an addition here, and taking another direction, which

under normal circumstances should be general revenue. I'd like to know from the minister if she sees us in any of these areas moving over to general revenue from the trust fund.

The other one – and it really is an area that comes under housing, but it does reflect on hospitals – is the utilization of senior citizens' lodges. We have them established across the province. Because there is a shortage of nursing home beds, we find there is a portion of these senior citizens' lodges being filled with nursing home patients with no place to move, so whether they intended to or not, they are becoming a nursing home facility in some wings of those operations.

I have on occasion brought this up, and I am bringing it up again to the minister here because the minister responsible for housing says, "Oh, that's a hospital problem" when we bring it to him and say, "Why can't we change these senior citizens' lodges into one wing being a nursing home facility while the other is a senior citizens' lodge, and utilize that building for what it's actually becoming and give the better treatment to those patients that are there?" We know it's hard to find funds for capital construction of nursing home beds – that's a battle all the time, Mr. Chairman – but I think without the amount of dollars required we could change that over and utilize those beds.

The other point that goes with it is this. Trends have changed, so we are not going to require those senior citizens' lodges to the degree we do now because of home care and that. By the time people need to leave their own homes, they are nursing home cases, so they are already by the senior citizens' lodge. The demand for that will decrease, so we should utilize these. I'd like to find if the minister would consider working with the housing people and using those beds to better advantage.

MR. CHAIRMAN: The minister probably just received at least two questions and maybe three wrapped in all that.

MR. MOORE: Well, I told you they were going to be interrelated, so we'll call it three.

MR. CHAIRMAN: Okay, thank you.

MRS. BETKOWSKI: First of all, we are working with the housing people with respect to the lodges, because in fact many of the people in our lodges can benefit from home care and not have to go on to the necessity of making the jump into the long-term care institutions. Because we are no longer basically talking about nursing home and auxiliary hospitals; we're talking about long-term care. There is a spectrum in there. But certainly our purpose in the lodges and our purpose with the home care program is to encourage independent living, and if we can take home care into our lodges and keep people there in their homes as independently as possible, I believe we'll be serving the system well.

In terms of conversion, I guess the question becomes: are there beds for conversion to nursing home or to long-term care within the lodge capability? The most recent numbers I've seen on lodges are that they have a pretty steady occupancy rate, and they are pretty highly occupied. So it may well be that conversion of beds there into a more institutional setting isn't a possibility. But I think we can look at what some facilities are looking at that were traditionally seen as simply residential, bringing in a nurse on a 24-hour basis and supplementing, if you like, the kind of care that can be delivered. The softening of those lines between all the categories is something I think we

need to review, because it's very disruptive to take somebody, an older person, out of their lodge and then out of their nursing home and then out of their auxiliary care into active care. Certainly our attempt is to try and raise the level of care in the institution to meet the needs of the individual as opposed to trying to fit individuals into institutions.

So those would be my general comments, but certainly we are working with the housing people to see what we can do to complement the needs across the province. You may want to raise the question as well – I don't know if the housing minister has been here in the capacity of the Alberta Home Mortgage Corporation, but that's one that . . .

The second point you made: was the heritage fund being used for operational funding? I view the heritage fund as the funder of innovative projects, and the responsibility of our health system generally is to fund the operational side through general revenue. Those facilities that were built under the heritage fund, like Walter C. Mackenzie and the Alberta children's hospital in Calgary – and this is for the Alberta children's hospital particularly – when they've needed an expansion of their project or whatever, that has been done out of the general revenue side instead of returning to the heritage fund, and that would be a model that I think would be appropriate to pursue in the future.

MR. CHAIRMAN: Thank you.

Member for Westlock-Sturgeon, followed by the Member for Edmonton-Centre.

MR. TAYLOR: I'd like to ask a question a bit on the research or on the exotic operation side. As the minister mentioned – and I think it's fairly well known not only here but in a good chunk of North America – there are just not the hospital and doctor facilities to do every exotic operation that comes along. I believe it was mentioned that in Ontario, and it's also in Oregon and California, you have to prioritize people coming in for the special operations. The suggestion was that those who were heavy smokers or drinkers were moved to the bottom of the list. In other words, if a great deal of the reason they were in the shape they were was that they had indulged themselves too well and too often and freely, they were moved down the list. This is along the line of ethics like the Member for Calgary-Fish Creek had mentioned. Is there any thought going, then, on prioritizing people who need exotic operations and we haven't got the facilities to do them all?

MRS. BETKOWSKI: The prioritizing of waiting lists is something that's done constantly and done by the medical profession. [interjection] I didn't hear the comment.

MR. TAYLOR: He wanted the Conservatives at the front of the list.

MRS. BETKOWSKI: Oh.

The decision on the order of that surgery being done is made by the medical team. In fact, there's a lot of priority rating that they do within that group. In other words, again, the principle of medical practice is to go to the area of the highest need first on a waiting list. Sometimes you can't do every single one of those operations that you want with that waiting list, so it necessitates the priority. That is done on the basis of a medical judgment.

Whether or not it should be done with respect to placing a value on the illness being suffered by the individual is something

I'm not very keenly supportive of, frankly. There have been suggestions made within the context of a universal health system, and I think we have to constantly remember that, that everybody has an equal right of access to treatment. Some would suggest that because it is an insurance fund in its own way, there should be more insurance principles applied. In other words, you would pay a higher premium if you were this risk and a different premium if you were another risk. That's something that's been bandied about. But I frankly believe that the best judgment, particularly when it comes to who has the greatest need for surgery, is one made by the medical doctor or the medical team.

MR. TAYLOR: [Inaudible] qualify as an ambassador or a diplomat.

The second is building on the hon. Member for Lacombe's questions, which I thought were very good and very appropriate for the rural areas. In view of your answer there and the recognition that people going into lodges or homes now very quickly qualify for medical care or nursing care – and in fact you're using the name "extended health facilities" now, I think, rather than the old "nursing home," which I think is very correct, and you should be complimented on it – how do you still justify doing some things like you are doing in Redwater-Andrew, putting a home in the middle of nowhere where no medical doctors are, no anything, just because the politician of the day gets votes there? I mean, this goes absolutely counter to what your own philosophy is and what the Member for Lacombe was trying to point out.

MR. CHAIRMAN: Hon. member, I don't think the question is pertinent to the funding under the Heritage Savings Trust Fund.

MR. TAYLOR: Well, point of order. You let the other two questions go. I was sitting here peaceful and quiet.

MR. CHAIRMAN: I have allowed a certain amount of latitude, but this one really stretches it, hon. member. Could you rephrase your question to bring it under the purview of the . . .

MR. TAYLOR: Why does the minister occasionally . . .

MR. CHAIRMAN: Point of order, hon. member.

MR. ZARUSKY: Mr. Chairman, I think it's an insult to the residents of Redwater-Andrew, and mainly the people at Thorhild, by denying them the services they should be getting as senior citizens.

REV. ROBERTS: Who's going to provide the service though?

MR. ZARUSKY: There are services in the area, and I think that's a low blow politically to say something like that.

MR. CHAIRMAN: Please continue with a question that's pertinent to . . .

MR. TAYLOR: What I'm trying to find out is: when the minister makes alterations in her policy, what criteria is she using to occasionally go out and approve one of these institutions where there are no doctors or there is no way of getting medical services to the people that are going into the institution?

MR. CHAIRMAN: Hon. member, hospitals per se are not funded from the Alberta Heritage Savings Trust Fund, and that's what we're here discussing today. Your question . . .

MR. TAYLOR: But the hon. Member for Lacombe went through that whole business of nursing homes and lodges and mentioned that if we're going to help in the homes, the people are going to need medical help by the time they get into a state institution. The hon. member across quite appropriately nodded and said, "Yes, that's great" – as a matter of fact, I thought they had it arranged – and said, "Yes, that's what we are looking into." All I'm asking is: what the hell is going on in Thorhild when that isn't going on, when they're building an institution where there are no medical facilities after the hon. minister said, "That's where we'd like to see them."

MR. CHAIRMAN: Hon. member, on that point, the lead part of the Member for Lacombe's question had to do with when would the minister see fit to discontinue, or recommend discontinuance, of funding from the Heritage Savings Trust Fund for projects that are already in place. He was more or less looking for a sunset clause and went on to enlarge on ways that perhaps we could reduce the draw on the fund, if I understood the question correctly.

Now, would you phrase a question that would fall within the purview of what we're here to discuss today?

MR. TAYLOR: Well, actually I think I've done all right so far. I'll just move on to another one, because other people have questions. I wanted to make the point that the minister was not doing what she said. That was all. If she wants to answer that, that's fine. But if you want to let it go, I'll go on to the third question.

Would the minister share with us – and I think I might have given her a little hell in that other question; this time I'm going to compliment her. I like the idea. The minister said they were thinking in the future of the heritage trust fund not so much of funding institutions but funding programs more. I thought the minister was right on there, and it was very progressive, something we in the Liberal Party could have said. Therefore, I wanted to know if she wanted to share with the committee just a bit of her dreams on what programs she might be thinking about: geriatrics, native children, and a few others. You did mention programs; did you have some ideas what programs might be coming or what you're thinking about?

MRS. BETKOWSKI: Now it's the hon. member that's mixing up what I said, so I'd better clarify it.

First of all, my view of the heritage fund is that the heritage fund is not a program funder. The heritage fund is an innovator funder, like the Walter C. Mackenzie Health Sciences Centre, like research. I think those are appropriate expenditures of funds under the heritage fund.

What I was referring to with respect to institutional versus program was that within the province of Alberta we have a marvellous infrastructure of facilities. The challenge now is to get those facilities working together within a network and to focus on the softer or the program side in terms of our expansion of resources given the institutional structure. So they were two different things, the heritage fund and the operating fund. I don't envisage the heritage fund being a program funder per se. I think that's the responsibility of the health system.

MR. CHAIRMAN: Thank you.

We'll recognize the Member for Edmonton-Centre, followed by the Member for Calgary-Fish Creek.

REV. ROBERTS: Thank you, Mr. Chairman.

I'd just like to maybe pursue a few more ideas or proposals along the line of what the fund conceivably could be funding.

One has to do with the whole area, as the minister's quite aware, of medical technology and equipment. It's certainly up there with AIDS and an aging population as being one of the real conundrums both in terms of use and cost in the health system. It would seem to me, in earlier discussion, that in terms of the heritage fund one of the criteria where trust fund dollars kick in is when it has a long-term benefit to the province; I guess like another MRI or more lithotripters, whatever could be seen as operational. But they also could be seen as a kind of investment in long-term health care needs, which are so extravagant, that could be over and above the capability of the General Revenue Fund.

So I guess my question in coming down to that: would the minister see fit a proposal for, say, an endowment fund from which dollars could be used to both screen and purchase equipment that would be necessary in the health field, and to do it through the trust fund rather than the Lottery Fund as well? It's a lot there, but you know what I mean.

MRS. BETKOWSKI: I think it is something the committee may wish to pursue. When you look at technology advances in health care, as opposed to other industry, technology is a very expensive commodity within the health industry. I guess my caution would be that if the structure were contemplated to simply be a separate entity – a board, a council, whatever – to make the decisions, we again not just look at the input side. Alberta will have two MRIs and has two lithotripters. Is that of itself an indicator of health status or dedication to health resources? If that was to be a recommendation of this committee, I think an important caution would be: how do we encourage the networking of services so we don't have an MRI in every hospital, which we certainly can't possibly afford, and leave room for new technology that will come along and must be dealt with on a regional basis? I think it's one of the areas that could very usefully be explored by this committee.

REV. ROBERTS: All right.

Another one that the minister's aware of because of my private member's Bill, I think picking up on almost everything she's said already, would have to do with the establishment of a primary health care trust fund. I know I've been pre-empted by the Premier taking \$200 million for drug abuse, but would it not still be a valid and reasonable use of trust fund dollars to set up a fund which would help to innovate and to network and to pick up, I'm sure, on recommendations from the Hyndman commission: to move in the area where funding doesn't normally go in the health care system because it's so driven by tertiary care and expensive things; to use funding to drive low-cost community-oriented projects; ideas, ways to help network; ways to help address a whole lot of community and primary health care needs out of a separate fund? You know, whether it's through FCSS or the health units or heaven knows where, it would be just a gold mine for all kinds of people out there who are starving not for good ideas but for the funding to implement a lot of these things which would help to network and to emphasize the preventative nature of things. Wouldn't that be a good idea?

MRS. BETKOWSKI: I'm sure the hon. member can gain and garner support for his concept with other members of the committee and doesn't really need my endorsement.

REV. ROBERTS: It would be nice to have.

MR. CHAIRMAN: You have one supplementary left.

REV. ROBERTS: Well, if she's not going to bite anymore on that one . . . This, I guess, will be a bit of a grab bag. There's one other thing, having to do with applied cancer research. I take it that they're having to move into certain floors in the medical research building there in Calgary and that they're in fact needing space to do some of this research. I guess it's going to get back to some of the things we've talked about before in terms of collaborating in this way, together with this report that I haven't read. Is there a need for not just funding to go to the projects but to have places and equipment and staff with which to do some of the research programs that are lacking? Or are they going to be well satisfied with the medical research building in Calgary?

MRS. BETKOWSKI: I think that's a question I can't really answer today, and it certainly would be one we'd have to look at in our overall review. Certainly the applied cancer research, though, as you know, goes to support people who can work on a team to deliver the clinical research. Whether there is in fact a shortage of space I think has to be addressed within the overall context of the health research policy, and it's one I'll look into. I'm not as aware of it as perhaps I should be.

MR. CHAIRMAN: Thank you.

Member for Calgary-Fish Creek, followed by the Member for Edmonton-Meadowlark.

MR. PAYNE: Thank you, Mr. Chairman. I have a brief aside, an even briefer preamble, and then a briefly stated question. The aside is that I'd like to remind the Member for Edmonton-Meadowlark that I did have a motion before the Assembly, which didn't get high enough on the Order Paper, with respect to smoking in the Assembly. I will be reintroducing it. I trust I can count on his support. That's the aside.

The preamble is: thanks to the minister for an excellent annual report on the research initiative program, just an excellent report. I think it makes it very easy for us as members and as MLAs to get a fairly comprehensive understanding of the program.

I was interested, Mr. Chairman, in the chairman Mr. Davis's letter to the minister on page 2 of the annual report in which he refers to:

the generous assistance received from scientists in Canada and the United States in carrying out the assessment and rating of the research proposals.

I'm heartened by that, and my question to the minister: is that a two-way street? That is to say, do our research scientists get involved in assessing research proposals from elsewhere in Canada and from the United States?

MRS. BETKOWSKI: I don't know the answer to that question, but I'd be happy to check it for the hon. member, because certainly in that assessment we have to be aware of what's going on North America-wide so there's not a duplication of research.

MR. PAYNE: Exactly. And that takes me to my first sup,

which I guess is just a corollary. What mechanism or procedure is in place to facilitate the continental or even global sharing of research findings? You know, I'd be very distressed to learn that there were high-priced wheels being reinvented in 14 jurisdictions.

MRS. BETKOWSKI: There are really combined efforts in terms of the assessment of research. On the assessment team that does the project review, as I indicated earlier to the Member for Edmonton-Centre, there is the question of: what other research funding are you getting as a scientist? But also, I believe a member of the Alberta foundation for medical research sits on the assessment team for the applied cancer research as we attempt to make sure we're getting the best value for those research dollars. National Health and Welfare is also a participant in terms of that evaluation.

This is really a key area because, as you know, within the research field things are happening so rapidly. I realized this when I met with a researcher at the Pasteur Institute in France when I was looking at some of the community programs in Europe. He was in AIDS research. He said that as much of his time goes towards his own basic research as goes to keeping up to date with what is going on by others. That becomes a very important part of the evaluation.

MR. PAYNE: As the minister knows, they go hand in hand.

MRS. BETKOWSKI: Yes.

MR. PAYNE: My final supplementary relates to page 8 of the annual report. I'm wondering if the minister could clarify why the number of requests received for clinical trials is so much fewer than the number of requests received by the cancer research initiative program.

MRS. BETKOWSKI: I don't know.

MR. PAYNE: I'd be happy to get that information on a subsequent occasion.

MRS. BETKOWSKI: I will get the answer back to you, Mr. Chairman, to the committee.

MR. PAYNE: I would hope that's not indicative of the longer term trend, because obviously we would want to see the clinical side of these research investment dollars keeping pace with the research initiatives.

MR. CHAIRMAN: Thank you.

Member for Edmonton-Meadowlark, followed by the Member for Edmonton-Avonmore.

MR. MITCHELL: Mr. Chairman, I would like to follow up on the discussion earlier today with respect to the administration of the family and drug abuse foundation. This is exactly on topic, I'm telling you. The minister stated in answer to an earlier inquiry about that program, in answer to the concern that it would be a duplication of the AADAC initiative, that there was a clear distinction in her mind between innovation and application and that the foundation would innovate ideas and AADAC is a group that would apply those ideas. I guess there are plenty of examples in her own area where innovation and application are consciously put together. Look at the Tom Baker cancer

clinic. Look at the Walter C. Mackenzie Health Sciences Centre, where great strides are made in that area of health care because you have the research being done by the practical practitioners. I guess I would have a question therefore. Is the minister actually saying that AADAC is not capable of innovating, has not innovated, and needs to be supported? Or is the minister simply in the predicament of having to defend an idea that coursed through the Premier's mind and became policy?

MRS. BETKOWSKI: Certainly it's not my view, Mr. Chairman, that AADAC is not capable of innovating. I simply think that AADAC needs some help, as do other agencies in government, with respect to identifying what predisposes substance abuse, what predisposes sexual abuse or family violence in any of its forms. I simply see that AADAC, for the purposes of the discussion, is an operative arm. But I think many agencies need the help of a social policy review, if you like, which I think the foundation could be. I say all of this not wishing to prejudge what the advisory committee may recommend.

The hon. Member for Calgary-Foothills is a member of that advisory committee and, I think, is certainly listening to the discussions here today in terms of how we might get the best value for those dedicated resources out of the heritage fund. I think it's a unique and a very wonderful opportunity we have.

MR. MITCHELL: It just seems to be so inconsistent with the reality of Conservative politics, Mr. Chairman, that a Conservative government would be advocating duplication of bureaucracy when in fact what we should be doing now is looking to streamline bureaucracy. I for one believe that AADAC could well handle that function.

On to my second question. It has been pointed out earlier today that very little money is allocated to nursing research. In the context of preventive health care, long-term care, and palliative care, the role of nursing I believe requires greater attention by the health care administration of this province and of this country. In fact, I believe that nursing hasn't been given the kind of respect and stature it deserves within the medical professional community. I'm wondering whether the minister could comment on her perceived demand for enhanced funding of nursing research so we can see the potential of nursing and nursing professionals fully developed within this province.

MRS. BETKOWSKI: I think the issues within nursing go far beyond the needs just of research. Certainly the initiative we have undertaken over a four-year period of close to \$30 million specifically for nursing initiatives is one I am a very strong proponent of. Within the job enhancement committee, which is chaired by Marlene Meyers, the director of nursing for the Calgary General hospital, I think we will see, with their report back to us, some important initiatives that we might be able to undertake within the nursing profession to enhance the whole issue of retention, of keeping nurses within the profession, and of ensuring that nurses feel as vital a part of the health delivery system as in fact they are. I think the whole issue of how we can use our funding system to enhance and improve the quality of the nursing environment is one of the issues that committee is looking at carefully.

There may well be a need for more nursing research within the structure of the health system. When I talk about the health research overview that we're doing with the three departments, certainly the nursing research fund is part of that. As well, targeted research by the Department of Health into areas that

we see need some research capabilities is one where it would not be left to academic freedom, if you like, but would rather be "Let's get in there and do some review or some research on this particular issue," whatever it may be. So within that context I think the nursing issues are far broader than simply the issue of research.

MR. MITCHELL: My third question, Mr. Chairman, relates to the air ambulance and ground ambulance program. I think it goes without saying that a great deal of the pressure for constructing hospitals which we can't staff, which are underutilized, which are really inappropriate in certain regions, could be reduced if we focused instead upon the building of emergency health care facilities in some of these areas and supplemented that initiative with the best air ambulance/ground ambulance system in the world. I was struck to learn when we visited the Walter C. Mackenzie Health Sciences Centre that they don't even have a helicopter landing pad at that facility, which would be a tremendous . . .

MR. MOORE: Point of order, Mr. Chairman.

MR. CHAIRMAN: Point of order.

MR. MOORE: [Inaudible] the general hospital. It has nothing to do with the heritage trust fund. I know the hon. Member for Edmonton-Meadowlark has great difficulty in distinguishing between heritage trust fund and general revenue areas, and he continues to show that problem. Hopefully, before these sessions get over, he'll understand the difference.

MR. MITCHELL: I guess the Member for Edmonton-Meadowlark has the imagination to understand that it could be used for anything that this committee and its members could imagine it to be used for, for the good of Albertans. I find it very offensive, Mr. Chairman, that that particular member continues to cut us off when we allow him to pursue the thoughts he has about this important area regardless of what those thoughts may be. My concern is . . .

MR. CHAIRMAN: You will bring your question on in relation to the fund?

MR. MITCHELL: Would the minister see some use of Heritage Savings Trust Fund money to research air ambulance, ground ambulance requirements in this province, to do a demonstration project to determine how that might contribute to better allocation of health care funds in this province?

MRS. BETKOWSKI: Well, number one, we are funding an air ambulance service in this province, and we are in fact reviewing the whole issue of ground/air ambulance as part of the consultation with Albertans subsequent to my tabling the Ambulance Services Act in the Legislature in the summer. That work is continuing. I take some issue with the hon. member saying, "You can't staff the facilities we have." Interestingly, we're starting to see that many of our young graduates from our medical schools are, in fact, choosing rural practice, and I think that's a compliment to our faculties of medicine. They've looked at what's occurred, certainly not just in Alberta where the preferred practice and certainly the specialized practice is primarily within the large urban centres. So we are starting to see a shift away from that, and I hope to be making public some

figures in that regard in the near future.

But on the issue of ambulance service, certainly my view, given the reality of health dollars and the fact that we have to use them in the best way possible, is that the first step, at least, is to ensure a standard of service right across the province. Right now, as I indicated when I tabled the Bill, that does not exist. That would certainly be the first focus as we look to improving ambulance service across the province. If the hon. member wants to suggest the use of heritage fund resources for that, I will leave that to him to present to his committee.

MR. CHAIRMAN: Thank you.

The Member for Edmonton-Avonmore.

MS M. LAING: Thank you. I'd like to kind of open up some new areas of exploration. It seems to me that the research we've talked about for the most part has been cancer and heart transplants and that kind of research. A lot of money is going into that area, which is also very costly in terms of high tech.

I'd like to look at another area which is not quite as high-tech based, and that is the whole area of the social context in which ill health occurs. Poverty is held to be a major risk to health. Certainly when we look at low birth weights, it's not so much the native mother but the poor mother. When we look at death in our research, again we're not, as far as I can tell, focusing on mental health as an aspect of total health care, and the issue of suicide as a cause of death in some age groups is very significant. I'm wondering, then, if there could be a refocusing of the research towards the economic, social, and psychological aspects of health, and not see health in terms of a disease model, where you have a diseased heart, but in a much more holistic way.

MRS. BETKOWSKI: That's really one of the other areas of health research that is part of the overall review of health research, because what I neglected to mention was that the Provincial Mental Health Advisory Council funds, through the province's funds, about \$750,000 of research into mental health issues. As well, the hon. member is aware that Alberta, I believe, is the only province with a Provincial Suicidologist, who is certainly looking at those issues which – you are right – perhaps don't get the kind of focus which other research initiatives do but in fact are exceedingly important to how we might improve the health status for all Albertans. So I think it's an important part of our overall review.

I think another very legitimate research goal, as mundane as it may sound, is the whole issue of the administration of a health service and the structuring of evaluative techniques to ensure that we are in fact getting the best value from our health resources. That is a research goal which I see as a more targeted one that certainly the Department of Health is interested in but is an extremely legitimate and needed one too.

MS M. LAING: I guess, because I see health as the whole person, even that we have a mental health advisory council separate from a health advisory council is a mistake, because it creates a false dichotomy. In fact, I think that even if we look at things like cancer or heart disease – and I spoke to the doctor in Calgary about this – some people suffering from one form of cancer survive and others die. Maybe what we're not taking into account is the psychological/sociological aspect of that disease.

I guess I would just encourage a more holistic, less high-tech approach to health care. The tons of money we spend on high tech . . . I guess maybe if we had less poor people, particularly

for children – I think the biggest saving thing in regard to the neonatal care that we need for low birth weight children is well-fed mothers. I guess that's just a comment.

MR. CHAIRMAN: I presume, hon. member, minister, that we didn't get a question from that; we got a comment. We'll accept that. If the hon. member will forgo her second supplementary to allow us to adjourn our meeting on time, I would like to take a moment to thank the minister and her deputy for being here with us today and for the fact that she allowed us to perhaps ask questions that were not totally fair. However, we did gain a broad insight as to some of the other things that go on in her department. Again, thank you for your forthrightness and for appearing before the committee today.

I do have one order of business prior to entertaining a motion for adjournment. I've received a note asking if we would revert to recommendations for a moment. I would entertain that for members who have recommendations.

Member for Ponoka-Rimbey.

MR. JONSON: Yes. I'd like, Mr. Chairman, to read the following recommendation into the record. By way of explanation, I had my hand up when you called for them earlier, but I didn't want to interrupt your introduction of the minister.

It is recommended that consideration be given to establishing an interactive world-class Alberta science centre designed to positively impact education, tourism, scientific research, and economic development.

MR. PASHAK: Can we introduce new business, Mr. Chairman?

MR. CHAIRMAN: Well, not really. Our hour is spent, and I believe we would need to entertain a motion for adjournment at this time.

MR. MITCHELL: Well, I have a motion, if I could put it on the – I'd like to move . . .

MR. CHAIRMAN: Hon. member, could you wait until the meeting tomorrow in view of the hour? We are destined to adjourn at 4 o'clock, and I believe we have to entertain a motion for adjournment.

Member for Calgary-Foothills.

MRS. BLACK: Mr. Chairman, I so move we adjourn.

MR. MITCHELL: Can I move that we extend the meeting for two minutes so I can make my motion?

MR. CHAIRMAN: I'm not sure that's in order. The meeting was called from 2 until 4, and I believe that under those conditions we're obliged to accept a motion for adjournment.

MRS. BLACK: And I so moved.

MR. CHAIRMAN: Thank you. I will accept the motion from the Member for Calgary-Foothills.

[The committee adjourned at 4:01 p.m.]

