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| Alberta | 17e | 2e | Réplique au discours du budget | 9 mars 1973 | M. Neil S. Crawford | Ministre de la Santé et du Développement social | PC |

**Mr. Crawford:** Mr. Speaker, in addressing some remarks to the second budget of my colleague, the Provincial Treasurer, and the second budget of this government, I do want to begin in the rather traditional sense of offering the hon. Member for Edmonton Centre my congratulations on a budget which was certainly ably and well presented. Beyond that, knowing the amount of things that had to be considered in bringing it to the final form it was in at the time of presentation, I would also offer my congratulations on the success with which that budgetary process is serving the people of Alberta at the present time, and the very clear sense of direction and good priority setting that is evident in all that is done in regard to fiscal matters by the Provincial Treasurer and by this government.

There are other congratulations in order today too, Mr. Speaker. Other hon. members in their remarks referred to the appointment to a new portfolio of the hon. Member for Edson, Mr. Dowling, and I want to say to him that he has the congratulations -- as I have already conveyed to him privately -- of every one of his colleagues. And certainly he and the rest of us have been pleased to hear similar remarks of good will expressed by some hon. members opposite.

To the hon. Member for Calgary North Hill, as the new Minister of Telephones and utilities, I extend hearty congratulations on his appointment to the Executive Council. I do hope, now that his very considerable capabilities occupied to such a great extent by other matters, that I haven't lost the quality of advice I have teen accustomed to receive from him in regard to the hospital system and the health care facilities for the City of Calgary.

I have to remark, I suppose, that two hon. members of this House advise me from time to time on that matter in particular, and up to this point I have preferred the advice of the hon. Member for Calgary North Hill.

The hon. gentleman who has just spoken from his seat is the other gentleman I wanted to -- I meant without rising, Mr. Speaker -- offer some congratulations to. Some hon. members, as well as Speakers, are capable of thinking on their feet, and I notice how often the hon. gentlemen opposite think in another position entirely and speak accordingly. The hon. Member for Wetaskiwin-Leduc was, and is, a distinguished member of the House and I say, in all sincerity, that I do offer my own congratulations to him on his elevation as Leader of the Opposition. Now that I have finished the serious part of my comments I suppose I can make remarks like my hon. colleagues have made and indicate to him that in a sense one might regret that his job is made so difficult, considering all the circumstances at the present time. I don't really wish him any great measure of success, but I know he will carry out all his responsibilities with a great deal of character and apply himself to his responsibilities.

Mr. Speaker, I think one of the interesting things to reflect upon with regard to the last year and a half, that particular period since the time about a year ago when the government's first budget was brought in, is the manner in which our government has claimed to do and has in fact done, one thing that is relevant in particular to a budget debate, as compared with any other debate: that is the matter of priority setting, of selecting those areas in which, according to the feel that the government has of the special needs and requirements of the population, are the matters that must be dealt with ahead of others. Then, through the budgetary process of applying the necessary physical resources of the province to make the funds available to bring about the achievement of the goals in the priority-setting process.

I would just mention in passing that hon. members may have noticed that a year ago when the budget was brought down, five areas of mental health, handicapped persons -- in particular, children -- thirdly, the aged, and then the two areas of civil rights, and lastly, the family farm policy were enunciated as priorities by the government.

They have been made the subject of vigorous and aggressive programs that had seen carried out, commenced and put into motion by the government over the last year. Then, in order to see the process in its clearest light, because the first year of any administration of course is in a lot of ways the easiest, the priorities are relatively available or visible to them to identify at that time.

From then on I suppose the program becomes increasingly more difficult and we do find, as the hon. gentleman opposite found, in spite of how hard they might try, the priority setting process after a number of years and in their case decades, in office, is not as easy as it might have been at the beginning.

So you see, the second year of priority setting has moved into areas in which the government was doing important preparatory work in the first year and yet was not in a position to come forward and say to the people of Alberta, that along with the five priorities I have mentioned, the other ones, beginning to emerge, were also matters of great consequence to the province; ones that had to be dealt with and would in due course, themselves, become priorities.

I refer, Mr. Speaker, to the period starting about the middle of last summer -- and indeed reaching back into the spring of last year when the government had been in office less than one year -- when the people of Alberta would have begun to note that new priorities were emerging. These are the ones that are reflected in the budget following the Speech from the Throne that opened the session that we are now engaged in.

I refer to matters that relate, for example, to the taxation of crude oil reserves: the reference to natural gas policy in pricing in several ways in regard to the two-price system: in regard to the government's own attitude to export and the consequent effect on pricing, and to areas like the municipal provincial taxation arrangements, fiscal arrangements; new policies in regard to areas that are my prime concern, the local boards of health, hospitals and municipal public assistance along with provincial.

And in the capable hands of my colleague, the Minister of Municipal Affairs: the administration of a new plan in regard to property tax reduction, and the significance of that in making available to the average homeowner and to the renter in the Province of Alberta -- with the special revisions there are in respect to renters and the aged -- making available to them a portion of some of the resources of the province that have been recovered from the natural gas and oil industry, the resources that form our great, although depleting asset of petroleum and related products in the Province of Alberta.

I thought I would just sketch the first set of priorities and then the ones that have emerged since, for the purpose of saying something that is very important to me and this is that when the first priorities in the scale of things, in the sense of the drama of their introduction as new ideas, when that happens that the first priorities are not forgotten. We know you don't establish a priority in one year and then have it go away the next year and it's not a priority anymore; that doesn't happen. What happens is that those areas continue, which are of particular concern to me -- I mentioned mental health, handicapped persons and the aged, as well as others, social policies and public health policies in all the various areas -- and in the mind of the government -

as one will see from examining the budget and the Estimates. They continue to retain a high degree of priority on the part of the government, and there will not be any let-up in the endeavours that are made in all of those areas to make sure the people of Alberta are fully and adequately served.

Perhaps by way of some illustration -- and I know how unsatisfactory it is when we are discussing great principles to perhaps revert only to a few statistics -- but I want to show the extent to which some of the thrusts in the areas which were priorities a year ago have been maintained.

The long and short of it is that you will find that the Estimates of this year compared to the projected expenditure of last year in the two commissions that I am responsible for added to the Department of Health and Social Development come to some $439 million in this year as compared to some $387 million last year. The increase is being channelled, not only into the necessary growth that comes when any policy has to be maintained over a period of time, but into several new initiatives. In respect to some of those I want to make some remarks today.

I might say that the figures I have just given, which show an increase of just over $50 million, compare with the figures of a year ago in the Hospital Services Commission, the spending of some $237 million now anticipated to rise to $270 million, and in the area of the Department of Health and Social Development, a rise from about $149 million to $167 million.

As well, there are more funds being committed to this field through the Alberta Property Tax Reduction Plan itself because of a policy in regard to hospital requisitions and the financing of the local boards of health, and as well, the Alcoholism Commission which, dollar-wise, is a small amount and I don't believe was included in those figures.

Firstly, Mr. Speaker, I want to deal with a few matters that relate primarily to hospitals. I think it is true in most senses that we are not concerned so much that costs will grow, we expect that. But it is the rate of growth, the rate of escalation that is bound to be of concern to those who have responsibility for the program. Of course, the reason the people who have responsibility for the programs are concerned about the rate of growth is that they know there are needs to be met and if money is spent in a way that is not to the best effect, that means waste and then, of course, something that should be done is left undone. That is a misfortune which we try to avert in every way.

A further concern, of course, other than the fact that you want to make sure that what is applied to programs that are important is correctly applied, is that the rate of escalation itself has a direct bearing, because of the figures I have mentioned, on the policies the provincial government must have in regard to the raising of revenue. There isn't any responsible government -- as the hon. Member for Hanna-Oyen was saying a few minutes ago in his thoughtful speech and making the same remark in regard to municipal government -- there isn't any responsible government that wants to tax its people more than is necessary in the circumstances. What is necessary in the circumstances, interpreted to the best of the ability of that government, is to learn the true needs, preferences and priorities of the people themselves and to provide them to the best of the ability of the government, with the means to administer those programs.

Now the sort of thing that is familiar to the hon. members, the rate of escalation of costs in the Province of Alberta, for example, has so far exceeded the growth of the provincial product that there is a considerable gap. This is seen, to some extent, as a reflection of the desire of the population perhaps to spend more than was the case a decade or so ago on providing health and related services. The figure that is often given covers, say, a period of about five years. Over the most recent five years we have the growth rate in cost of hospital services and other health services at about 14 per cent a year, and the growth of the national product and the growth of the provincial product is, of course, much less than that. As long as the gap is there the normal growth of provincial revenues does not cover the escalated rate, and other sources have to be looked for. The question is, how long can that continue? And how long - and hon. members will know that this is a concern that has also been expressed at the national level -- will it be before some closer relationship between the growth of the economy and the growth of the cost of the health system are brought closer together?

So it becomes a major objective of the government not to reduce the cost of providing health services. With a growing population, a growing economy and inflation that's not possible. The question of concern will be to make sure that the rate of growth, if at all possible, the increase each year, is to some extent brought under control, and brought as close as possible to that other figure of the growth of the economy. Ideally, of course, it would be nice if governments could look to having all of their programs growing at about that rate.

The economic situation in Alberta in the past few years has been such that we have been able to stand this escalation of costs, but I have to say that except for the policies of the new government in regard to revenue from natural resources, it is extremely doubtful whether or not the type of escalation that we have witnessed would have been able to continue without substantial deficit financing for purposes of operating which shouldn't be done and isn't done by

this government. It just wouldn't have been possible, without the new policies of this government, to keep the casts within the province's ability to pay.

Now we have, for example, in Alberta for various reasons, the largest inventory of health facilities anywhere in the western world. This does not change the fact that hon. members find that there are unmet needs in their own communities, and I have found that people are not hesitant to come forward and say that there are unmet needs in their municipality, and to make those statements to members in the House and, of course, to me. Yet we have, you might say, the almost defensible position of being able to say that we have more of whatever it is that is asked for than anybody else has. So the upward pressure on expansion of facilities in Alberta does not have the same sort of justification in a lot of ways as it may in some other areas that do not have the same extent of facilities.

And it brings home another truth also, and that is that when you have a widespread and very much expanded system throughout the province the cost of operating it is enormous, and the ability to bring it under control is less than it might have been otherwise.

Now, we have distribution facilities in the province, for example, based partly on historical factors and partly on other factors, say, transportation routes, and population developments in the sense that some areas lose population and other areas receive population. We have as a result of that, areas that were previously well-served, yet the population shrinks and now they are overserved, and still they are frustrated because they are not without some needs. And then we have areas where expansion has been rapid, and in spite of the high average inventory of facilities in the province it becomes necessary to move into those areas so they will be served, and thereby increase again the overall system and the cost of it.

So these are some of the factors and some of the difficulties that present themselves. The government policy is a two-fold approach. We like to see that -- and this relates to the Property Tax Reduction Plan and the new policy in regard to the financing of hospital and other similar services in the municipalities by the province.

We do have the objective of cost-control, control of the rate of escalation that has been the case in the past, but directly related to that is the policy established by the government some time ago, that the total services we are talking about in this case are not services to property which municipal governments are normally responsible for, but are in fact services to people in the social area and should not be charged against property, ideally. Therefore the general revenues of the province are the ones that are hopefully usable for the purpose of supporting this type of system.

Now that is one of the factors of the principal recommendations that have been adopted, what is known as the "Farran Report". I always refer to it as fair and equitable, and I think that it is.

Yes, that's my humble opinion. I recommend to the hon. gentleman the odd humble opinion. From time to time he would have much reason to have humble opinions.

Mr. Speaker, it may be of interest to members to know that the prairie Economic Council has instructed the health ministers of the three provinces and since then we have made, I think, the necessary moves that will result in more consultation with the fourth western province too. But having consulted with the ministers of the other two prairie provinces in regard to means of reducing the cost of health care delivery, active work and active study have been carried out in regard to this in the last few months. And included in the area of study are subjects such as the ratio of hospital beds to population. This is one of the indices that we looked at, and I want to say to hon. members that Alberta with its seven beds per thousand in the active treatment area of hospitals is the highest in the West, and that's ideal. Though this is a guideline which is probably not firm, it is the best judgment that can be made on that at the present time, comparing the seven beds per one thousand of population with the recommended ideal of approximately 4 to 4.5 beds per one thousand of population.

Now, one of the things that is raised, therefore, is that if you are going to have less emphasis on treatment in the sense of active hospital beds, the delivery of alternative methods of care becomes very relevant. I am perfectly aware that people frequently draw this to the attention of the hospitals and to government. But some hospitals are overtaxed as to their resources, and they have long waiting lists in some cases. And. though no case in the province ever came to my attention where emergencies were not dealt with within the existing system. There is still the frustration in particular in ... [Inaudible]... surgeries, where the waiting list is sometimes too long for the patient's comfort and convenience.

But with the high inventory of hospital beds that we have, our desire not to expand the now existing facilities is, of course, something I hope is understandable. But because of things like that, the question of alternate methods of care comes up. And we want to see it always, of course, as a reduction of areas where duplication occurs.

At the present time the Hospital Services Commission is working with my office in regard to the development of a five-year plan for the commission and a five-year budget for the commission. This is directed specifically without going into much detail in regard to it, to the hope, as I mentioned at the outset, that a de-escalation of costs will be possible if we plan over a sufficiently long period of time to show that some alternate services in various communities are going to be adequate to the needs of the patient and that, as a result of that ultimate service an additional expense of hospital or indeed hospital ward or hospital bed may not be required.

This, of course, is premised upon the assumption that the alternative methods that are considered are, in fact, more economical. I think there are some arguments to be made that some of the proposals in regard to visiting services, day care, day hospitals, outpatient types of services which are put forward as alternatives may not be as much more economical as we think. But it is our belief that they will prove to be economical enough so that when they are included in a five-year plan, we will be able to reduce what might otherwise be the need for construction of active treatment hospitals. And in the course of substituting some care which is not of the emergency nature or a critical nature with this other type of service, an actual cost saving can be made.

When I have discussed the ideas of alternatives, I mentioned the home-care program. At the present time this is not a shareable item with the federal government as hospital operation itself is, but some move in this direction is taking place at the present time in Alberta in the belief that even if it must be funded by the province, its cost will be so economical by comparison that it will be a worthwhile thing to undertake.

Another area that is very relevant to the question of hospital costs is the area of utilization. The manner in which hospitals are used is one of the things that contribute to the degree of dissatisfaction that sometimes does come up in regard to services provided in various communities.

Hospitals are complex. This is a result of their capability for diagnostic and treatment activity and the wealth of professional resources they provide. Complexity dictates that services must be co-ordinated and the resources properly utilized and these efforts must be integrated and made subject to the need for service in the community.

The responsibility for co-ordination of resources rests with the hospital board and the administrative staffs of the hospitals. In order to achieve and maintain optimum utilization of human resources in the hospitals, and of course, there are equipment and material resources, requires the co-operation of medical staff and other staff in the hospitals and this type of co-operation and integration of effort is the sort of thing that we are working towards through the work of the Alberta Hospital Services Commission in the dealings they have with individual boards.

Utilization controls aren't put forward simply as a negative process to contain costs. I mentioned at the outset that proper usage of the facility within the financial resources available is also important for the other reason that the public is going to the best served if the facility they have is being properly utilized. Some of the reasons why a patient who would perhaps have some need for an active bed may not be able to be admitted on a particular occasion, is because the bed is occupied by someone who really need not be there. And it is the patient who need not be there who is causing a wrong utilization of the hospital and barring someone else, even though in the total picture you may well find that your total beds are adequate for what the real needs are. And I suppose we should add that the process we go through in dealing with the boards should be concerned with under-utilization as much as over-utilization. In assistance to the board, the administrators and the medical staff to control utilization, organized medicine has, for a long time, advocated the concept of reviewing utilization of hospital facilities and services for the development and implementation of appropriate controls by the medical professions. Utilization reviews have been conducted on a voluntary basis for some time, and are aimed at providing an educational opportunity for medical staff, as well as the monitoring of the quality of care.

However, voluntary utilization reviews have not been outstandingly successful in continued use, and consequently it appears reasonable that the involvement of the Alberta Hospital Services Commission with individual boards in regard to utilization is necessary and should be on the increase. And I might say that hospitals appear to have the same view, and the medical profession, by and large, along with hospitals and boards, has no objection to developments in that direction. And indeed, from what I've been able to ascertain they seem to welcome that type of intelligent involvement in what is being achieved and what is being attempted in the hospitals.

In order to facilitate the task of medical practitioners and administrative staff in studying utilization, the commission is proposing to supply all hospitals, based on the previous years’ experience, with utilization indicators, including length of stay titles for diagnostic groupings, adjusted for age and sex, as well as length of stay tables for specific diagnoses and procedures, and the figures on the rates of admissions per 1,000 population for the district, and specifically in relation to selective diagnostic procedures.

Near the end of last year the Hospital Services Commission published a substantial regulation on the subject, and circulated it to the boards of various hospitals. We look forward to experiencing greater success in the control of utilization than we had in the past.

In speaking about alternatives to active treatment, I know that several other things come to hon. members' minds. It's necessary to consider that where day care, home care, or some visiting service or day hospital type of arrangement, and you do require extended care, the nursing home type of care, that itself -- although it may require the construction of new facilities from time to time if the population growth in a particular area warrants it -- is an effective saving and an effective means of reducing the overall cost of the system. Because the facility that is being added is one that can be operated at less per unit cost than if active hospital beds were used for that purpose.

I have many opinions on how many patients in active hospitals could be in auxiliaries, how many patients in auxiliary hospitals could be in nursing homes, how many patients in nursing homes could be in old folks homes, how many people in old folks homes could be at home, how many people in nursing homes could be looked after through day care, and so on and so forth. As the hon. Member for Drayton Valley was saying to me just the other day, the figure that related to one of the facilities -- I think it was in a nursing home in this particular district, which includes his area -- one-third of the patients probably could be discharged from it if there were a lower-cost type of facility for them to go to. That becomes a matter that does and must receive a great deal of attention on the part of the department and on the part of the commission.

The government, in connection with decisions taken following the Farran task force report, announced a policy of final dollar support for hospitals and this, of course, relates to the operating budgets of the hospital. The question of the capital budgets of the hospitals is under review by the government at the present time. The relationship of policy regarding operating costs, as it may apply to the question of the tearing of costs for capital purposes, is something that will be dealt with in the near future.

I won't mention in passing something I had a note to mention here in passing, I might, I suppose, just as well leave it unsaid, but there are only three provinces where 100 per cent of the funding for hospital construction is handled by the province. In all other cases there is some contribution by the municipalities. Maybe that is the type of area in which the municipalities would like to join with the hon. Member for Hanna-eyen and be entirely autonomous, who knows?

I suppose, in passing I would want to say to the hon. member -- I have mentioned already -- that I felt he gave a thoughtful speech. I know the feelings he expressed as to how municipal governments regard their ability to serve the people and their communities. There is no doubt that services of enormous value are contributed at a municipal level as well as at the volunteer level in most communities. I assure hon. members that I would be the last to underestimate the sense of responsibility and the sense of sincerity that is brought to that work by municipal councillors and others who do similar work.

The new policy in regard to the capital construction costs when it is announced, I hope, will cover a new policy which I think will be significant - and I see the hon. Member for Medicine Hat-Redcliff isn't here at the moment - but it is our hope that the new capital policy will cover the question of air conditioning in new construction and in major renovations.

I just wanted to say in regard to voluntary hospitals that I have observed the special needs of the voluntary hospitals. Many of them are operated by the Roman Catholic orders and a few are operated by other religious groups in the province. On the whole, although they are in the vast minority of hospitals in the province, they are still numerous and as a general class are referred to as voluntary hospitals as they are net usually, unless by contract, associated with the local district beard in the municipality.

I hope that our policy of final dollar support in the operating cost area will result in the voluntary hospitals being able to continue to make the sort of contribution they have over the years in the many communities where they have provided, in some cases, the only service for decades, and in the larger communities, where they have shared, along with municipal hospitals, valuable services to the public that their lot will be made somewhat easier. The voluntary hospitals and all of the good things that can be said in regard to their contribution over the years is something that will be maintained in Alberta and will not be lost.

On that point I would just add for explanation to hon. members who may not know the entire significance of that reference, the municipal hospitals are board hospitals that have had an access, over the years, to the municipal tax base for operating deficits which the voluntary hospitals have not had, unless they were able to make special arrangements by agreement with the municipality, and in some cases that was done.

Now, besides maintaining and adjusting to the best of our ability the hospital system as it is, the government is looking to providing some additional thrusts in the coming year, some of which have already been referred to. But I thought, when I said we had priorities of government as a whole, that were priorities last year and we have still not lost sight of those. They are still priorities this year. We know that every once in a while with the maintaining of a massive multimillion dollar system like the hospital system is, we still know that priorities are going to say to us, "In spite of the enormous cost of maintaining what you have, yes must go into new areas, and you must do things that are important because of the innovation required, because of a service that was not perhaps provided in a particular area in the past", and so on.

So we do have the need to expand. I have mentioned some of the needs before, but in our estimates this year the sum of $875,000, for example, is being provided to increase the inventory of auxiliary hospital beds in the City of Edmonton, 40 beds in the Aberhart Pavilion of the University Hospital and 10 to 20 similar beds in the Charles Camsell Hospital in Edmonton. And this is part of the necessary expansion of auxiliary hospital beds.

Recently announced and favourably referred to today in debate was our policy in regard to the Alberta Children's Provincial General Hospital in Calgary and the new programs there in regard to handicapped children. This coming fiscal year, coming that is under discussion, $.75 million will be made available for new programs there, and a long-term plan is being developed, along with the members of the board of that hospital, that will bring into effect other important developments for the children in that area of southern Alberta and the Children's Hospital.

Now it is of interest that with the graduation of the first students from the Faculty of Medicine at the University of Calgary -- with the particular interest in family practice expressed by them and by the government, as well as the need to maintain graduate programs that have been established at the University of Alberta -- additional sum again of $.75 million has been provided in support of graduate medical education. I think one could always note that the importance of providing superb short and long-term service for Albertans requiring that type of program, and we regard as important the involvement of Alberta people, that is Alberta graduates, in our services over the years to come. And as far as possible, I certainly want to see that Alberta people are supported in their studies and are used in Alberta to provide the services that are going to be required over the years.

There is something I don't know if I should mention or not. The hon. Member for Lethbridge East can smile at me now because one of the things that we thought was important was the new regional laundry in Lethbridge. There is over $.5 million available for that, and, of course, all the hon. member and I have got lately has been criticism for the matter in which the awarding of the tender occurred, and -- oh, the hon. Member for Lethbridge West is in the House too.

Yes, both of them said that. I suppose I got my directions mixed. I wasn't looking at the right chair, I thought you were out for a moment.

But I did want to say it is on something like this that you will find me cutting down on the side of local autonomy so strongly you won't be able to stand it, because the decision in that case of course, was one of the local board.

Now $426,000 is a figure that has been added to our estimates this year in support of renal dialysis programs. I had made statements in regard to that in the past.

Another $170,000 is being provided through this budget for specific research grants, and $100,000 for improving scanning equipment in hospitals with nuclear medicine departments.

We hope that travelling rehabilitation services to communities in northern Alberta can be provided and we are pursuing, as I have mentioned in my earlier remarks, new forms of care such as day hospital projects in Calgary and Edmonton in support of geriatric programs as well as an experiment in home care in a rural area in Alberta. I make reference to those in summation of this part of my address because we are specifically dealing with the areas that I wanted to highlight as being new areas that we are moving into.

The other areas of the province where additional facilities expect to come into operation this year -- I will mention a few -- are the new-Crest Nursing Home in Calgary now under construction which will have an 83 bed addition, as well as 100 beds at Cedar Villa and 100 beds at the Glamorgan Nursing Home in Calgary which should be under construction early in the year. Dr. Angus McGugan Nursing Home and the Southgate Nursing Home in Edmonton will be in operation in a few months time and will bring 450 nursing home beds to the inventory for the City of Edmonton. As well, there is the experimental nursing home combined with a senior citizens' lodge under construction at Blairmore.

Now every once in a while when I get talking to my colleagues about the cost of providing health and hospital services generally and I talk about the large inventory of hospital beds that we have in Alberta, somebody will say, "well, that's fine; we have get a large inventory but how is it that you building more?" I though I would perhaps give you the answer. I have to give them on occasion and that is sometimes it's necessary to make an addition of that type of facility in spite of the ratio because we will have in Alberta areas that have never been served. Because of that we find additions are made. I refer in particular, for example, to the 32 new beds constructed for Redwater. Jasper was increased by 10 beds, and very important, 28 beds at High Level which had no facilities between there and Fort Vermilion which was a very old facility. This is an extremely important addition considering the population and economic activity in that community at the present time. As well, coming back to the City of Edmonton, the Grandview auxiliary Hospital, with its 200 beds, will soon be available to take some of the pressure off the existing system in Edmonton.

Now I wanted to say a few words in regard to the Alcoholism and Drug Abuse Commission because last year, if I remember correctly, I indicated that this was an area where we had placed other priorities ahead of it. We had said in regard to mental health and services to the handicapped that with the commitments we had there and with respect to the aged we had not had time to do a full and proper assessment in the area of alcoholism and drug abuse, despite the fact - admittedly despite the foot -- of its very, very considerable importance. So when you take something of very, very considerable importance and put it alongside something of overwhelming importance, of course you have to opt for the one of overwhelming importance. But I wanted to point out to hon. members that in this year's budget we are looking to an increase of over 30 per cent for the programs of the Alcoholism and Drug Abuse Commission than was the case in the last budget. That is a recognition of the need for a much greater effort in this field than has been the case for a long time.

In mentioning the Alcoholism Commission, hon. members will perhaps be aware of the setting up of the detoxification recovery centres in Calgary and Edmonton. Also the expansion of existing programs, the restructuring of the commission and the new approaches I announced in December for handling the regions throughout the province in regard to former budgeting, administrative controls, research and other ways in which the commission could be made effective from the point at which it does its research and collects its data, right through to where it is actually helping the people who need it. These steps are going to be possible of the leadership of the first full-time chairman of the commission. I think that the necessary degree of leadership is there also the necessary budgeting in order to carry out the programs.

I thought I would like to mention and just put on the record that prior to the appointment this month of the first full-time chairman of the Alcoholism and Drug Abuse Commission, all of the duties, other than staff duties, but the duties of heading up the organization and leading the administration had been in the hands of volunteers and citizens of Alberta. Originally it was a 12 man commission. Maybe you should hear from me the amount of work that they had to do, because of the absence of full-time management and a full-time chairman of the commission was really commendable. We had people from various parts of the province serving on that commission. The size of the commission has been deliberately reduced now. We propose eight members plus the full-time chairman who is also a member of the commission pursuant to the Act.

During a particularly difficult period of time, much longer than I promised the gentleman it would be, I had the very able services of a distinguished Edmonton doctor, Dr. Don Rees who was acting chairman of the commission. I told him it would only be for a few months, and then left him holding the responsibilities for somewhat longer than that, I thought that if the record of the House would convey my appreciation to him, it is something I would very much like to have done. His work was extremely valuable to the people of Alberta.

Now, Mr. Speaker, in regard to the department itself, the Department of Health and Social Development, I hope hon. members have noticed the new way in which the Estimates of Expenditures are presented, primarily under Appropriations from about 2509 or 2510 through to the next page. These do something which I think it is the duty of the government to do. That is to give a full understanding both to the House and to the public of exactly what is going on in the expenditure of the very, very large items of public assistance. I think I am right in saying that up until last year Appropriation No. 2512 carried, massed together a large variety of types of assistance. I had many questions from people, over and over again, as to why it is that the costs of welfare go up. Part of the difficulty has always been that the critic has a certain stereotype in mind. When he asks, "Why is the cost of welfare going up?" he is really saying, "Why is it that some person who will not occupy himself gainfully, some person who will not work, is getting such a big piece of my tax dollar, and why does it go up every year?" Then I would come back to him and say, "We have looked at the figures. We know that the type of person you speak of is only about 15 per cent of our roll in the granting of assistance, and the mass of the majority of the 85 per cent are people you would want to help because if you saw them you would know they are in need."

I speak of the 85 per cent of recipients who fall under the various classifications of the aged who are also in need. There are some aged, of course, who are not in need. On the whole though, they have teen a group of people in Alberta and in other parts of Canada who have been trapped by inflationary pressures and by rapidly-changing times to the extent that an unfortunately high percentage of aged people are in need in some way. So they form a group of those who receive assistance. The hon. members, all of them, would rise up together at once and say, "Why not? Certainly that is what we want to do."

Large numbers of people who also receive assistance are unable to work. They are disabled in some way. I have seen files. For example, I was curious when I first became minister to look at the lists that come from the computer giving them the numbers under various classifications who are receiving monies in certain ranges of payment. I found there was a certain range that was in excess of $700 a month, and I thought, by golly, I'm sure going to find out about that. So I picked one out and I asked the department to bring me a report on this particular one that was receiving a lot of money. They brought it back and it said, "Yes, this lady in Calgary is a paraplegic. She is in a wheel chair at home. She still locks after her seven children there and gives them the mothering and guidance that they need. But she needs help in the house to do it." And there are cases like that. They make up some of those cases where people do come to you say, "Where is all the money going?" As I have said, and I know I'm being fair to all hon. members on both sides of the House, not only isn't there a member of this House who wouldn't endorse that type of support, but there probably isn't a single Albertan who wouldn't endorse that type of support.

I have expressed the view that it is the duty of the government, as we are the ones who are presenting the budget, to be able to tell the House and tell the people what the true explanations of some of those categories are, and hon. members will find them on pages 137 and 138.

Because they were done differently last year, the comparative figures for last year have been taken from what was previously one large appropriation, but the breakdown and the comparison is accurate. The various figures that are shown for last year in these Estimates appeared all together as one large figure, I believe of over $70 million in Appropriation 2512 last year. But the comparisons we have now, starting with No. 2512, we have Public Assistance to the Aged, up 17.3 per cent at $6.5 million from $5.5 forecast for last year. And over the page to No. 2513, Public Assistance, persons with dependent children, providing for financial assistance to people with dependent children who are in need. And a large number of the people who are on the rolls of the province, and I've explained this many times, are persons who are in need, and therefore in receipt of assistance, are children.

And, of course, it is in the interests of the public, apart from the interests of humanity itself, to make sure that reasonable support is provided. Without reasonable support, without any waste, of course, of public resources, that is our responsibility in the department to have programs which operate so that the people who need and deserve the support are the ones who, in fact, get it. So public assistance, persons with dependent children are up 14.5 per cent to nearly $37 million from just over $32 million. Then we have No. 2514 - those are cases such as the one I have just mentioned of the lady in Calgary in the wheel chair -- up 11.5 per cent to some $17.25 million from just over $15.5 million.

There are others there, the assistance to unemployed employab1es, which are the accustomed target of people who criticize the whole welfare system. Assistance to unemployed employable is the only other one I'll refer to specifically. All the figures are there, down approximately ten per cent to just over $9 million from last year's estimate which was in excess of $10 million. Now I'm not saying that the reason the unemployed emp1oyables are down is any other than the changes in the economy to some extent, and to a large extent changes in federal laws in regard to unemployment insurance. The income of a lot of those people would new come from there. But we have been able along with that policy to project a decrease in that area, something that I think would be welcome to many people.

Now coming into the other areas -- the importance that I felt should be attached to the way in which the Estimates were put forward and the more accurate explanation, I think, than has been available before, of what is actually being done in those expenditures. I want to spend just a few more minutes on programs in the department where the thrust of what is being done is meant to break some new ground and create something that we hope leads to better program services, more efficient services, and services in accordance with the priorities outlined in the areas that I have discussed, including mental health.

The first one I want to refer to, the Home Care Project in Edmonton, is a program under the Preventive service provisions of The Preventive social service Act. In Edmonton a proposal has come forward for the implementation of a home care project, unique in that it combines the talents and resources of the city's Social Service Department and the Board of Health. In part, its objective is to facilitate care at home to people who otherwise would have to be institutionalized, thereby gaining a more appropriate utilization of other institutional facilities.

In the study referred to in the Edmonton proposal, it was determined that just under 20 per cent of a random sampling of patients discharged from hospitals qualified as likely candidates for home care. One third of these patients might have had their admissions averted if the plan had been in operation, and an additional 28 per cent could have been discharged an average of one to three days earlier. And that is a very interesting set of statistics. I acknowledge at the present time, as I give them to you, that only a small study has been done, but it points in the direction that we feel has some reasonable prospects for success in finding alternatives that are more cost effective than has been the case previously.

The service that I just mentioned will include social work, medical supervision, homemaker services, meals-on-wheels, drugs and dressings, and transportation. Approximately $100,000 has been set aside to begin this program.

In the home care area of Mental Health and Services for the Handicapped, the approved home program operated by Alberta Hospital, Edmonton, and financed by social development services, will be extended. This pilot project has demonstrated its effectiveness in preventing admissions and re-admissions, and secondly, by permitting patients to be discharged much earlier than would be possible without the program.

At the end of February, 1973, 210 people were served by the approved home program at an average cost of $160 per month. The hon. members will know that that is a great deal below the cost of institutional care. And those are patients who might otherwise have occupied space in an institution. Total expenditures were in the vicinity of $.5 million per year at the present rates.

The new approved provincial home program for Mental Health and Services for the Handicapped is in the final drafting stage for implementation later this year. This program will provide treatment services to Alberta Hospitals, Edmonton, and Ponoka, Alberta School Hospital, Red Deer, and Deerhome, Red Deer. The program is designed to act as a substitute to institutional placement, as well as an aid in returning the patient to a useful life in the community.

I think I have said before that it's not just a question of locking at and bringing the cost down by having a person outside an institution. It's for his personal enjoyment of life. Fortunately, the same result in that sense can be achieved as well as being more cost effective in that life outside institution is more meaningful and more full in every sense.

Mr. Speaker, an additional $670,000 has been budgeted in the Social Development Services Program to finance the extension I have just referred to. Staff support will be provided to the Division of Mental Health and the Division of Services for the Handicapped.

We have mentioned in the Speech from the Throne, speech therapy, $112,000 has been allocated to develop speech therapy programs throughout health units in Alberta. These services will concentrate on areas currently not served by speech therapists. It's a very important service, and in the areas where it does not exist it has consistently created a hardship on the people in those communities. The only way it could be obtained was to make expensive and all too infrequent visits to Calgary or Edmonton, primarily to Edmonton. So this is a piece of work that we are doing together with the local boards of health units. It is our intention to fund the health units to allow them to retain the services of at least half of the first graduating class on speech therapy in the Province of Alberta. Once again, this is an area where I say half of the class -- those are the ones who are available to us. They are not that numerous, it's a small class, but it includes about seven young Alberta-trained people who will be moving directly into health service programs in the province, and having received their training here they will be going ahead to provide the services in an area where there has been such a lack.

Services provided on a community basis as close as possible to the people in need, such a speech therapy program, will provide the early detection and treatment, the alternative to higher cost of care that comes later in the life of the child. The sum of $150,000 has been allocated to develop and operate a mobile dental clinic primarily focused on the needs of northern residents in the province.

It is suggested that in the under-serviced areas, this requirement of service is essential, and the direction of the early efforts toward school children is something that I know will receive the full accord and support of all hon. members. Services representing preventative thrusts in their nature, of course, are a lower cost alternative and in the end a more effective alternative to later expenditures in life when the difficulties are harder to cure, apart from the unhappiness of the child and the family that persists as long as the handicap persists.

A sum of $225,000 has been allotted, Mr. Speaker, for increased staffing of health units to provide health unit nursing services to the handicapped and discharged mental hospital patients. I feel that this will provide an important link between the health unit service and the mental health service being developed on a community basis in the province. It is the desire of the government to provide sufficient services within the community to avoid admission or re-admission to high cost intensive care facilities. I have spoken on that principle before.

In passing, I will refer again, Mr. Speaker -- I haven't referred to it previously in these remarks, but I have previously publicly referred to it -- to the community resource centre in Medicine Hat, which is a pilot project. It was conceived in large measure by citizens there and is probably a unique brand of experiment in the area of community health clinics anywhere in Canada. In referring to it, and the government's commitment to fund and evaluate this over a three year study period, I just wanted to say what an effective operation I felt it was to have had the advantage of meeting with the people who, in the community of Medicine Hat, conceived the idea and brought forward the plan in really quite considerable detail for discussion, and then after, following the government's approval of it, those interested citizens are primarily the ones who will be undertaking the continued volunteer involvement in that program. I've said before that the work that is done on a volunteer level in these areas and in others is something that I sometimes think governments can't express enough appreciation for, and in this case it was certainly admirably done.

The hon. Member for Whitecourt got me interested in another type of alternate care. There were needs for medical services in the area of Fox Creek that were not being met. The population density and the total population did not warrant the construction of a hospital. Our discussions then revolved around the possibilities of something like I've been talking about to hon. members this afternoon, and that is, what can we provide that's cost effective, that's a good alternative as far as the cost is concerned, but will still provide fully-adequate services for the people who are requiring them there. As a result, we have arranged for the introduction of a nursing station to Fox Creek at a capital cost of approximately $65,000. The government is providing, in addition, a sum in excess of $30,000 for operating costs during the fiscal year 1973-74. This is the type of development the government is going to keep its eye on for its adequacy, which we do believe in. We believe it will be adequate and will serve the community well. We are going to keep our eye on that one in order to see if the same type of alternative might not be used in other cases too.

Mr. Speaker, I know that the length of a speech is often a matter of opinion. In my opinion this one is getting long. I would like to, not apologize to hon. members for speaking so long, but perhaps at least commiserate with them briefly just before I sit down by saying that I know it has been a long speech but I just want to offer one word of encouragement. That is, there is more here that I was going to say, but I will not do that now. We will find other ways of dealing with what should be, said in some of the other areas. I do that solely as a result of consulting my watch which is on the desk in front of me. I can't let the opportunity go by to tell the hon. members in closing a story that my old boss, Mr. Diefenbaker, used to tell, and it was always one I enjoyed very much.

It's the story about the speaker who arrived at a meeting and went on, and on and on -- I don't know which hon. member he was trying to emulate, but he got to the point where the speech was far too long. It was so long then even he started to realize it was too long. Of course, this was long after everybody else had come to the same conclusion. He finally gave his apology, once again, two or three times. He was one of these speakers who, when he neared the end of his remarks, would say, "And in conclusion" at regular 15 minute intervals.

The excuse he gave was that he had forgotten his watch and that his custom was to take his watch, so that he wouldn't abuse the people with the length of his speech, and place it on the desk where he could see it. But he said, "You know, as I have explained, having forgotten my watch today, I just thought I would give you that little word of apology". And at that point the fellow in the front row said in a loud, clear voice, "If only you had turned around, there's a calendar right on the wall behind you".

So, Mr. Speaker, before it becomes Monday, with me still speaking, I want to thank the hon. members for their attention and thank you, Mr. Speaker.