

By Cynthia Martin

HON. GARY G. MAR QC (PC)

The Hon. Gary G. Mar QC (PC), MLA for Calgary Nose Creek, is Alberta's Minister of Health and Wellness. He was elected to his third term as Member of the Legislative Assembly in 2001, and was subsequently reappointed Minister of Health and Wellness. Since he was first elected to the Alberta Legislature in 1993, Mr. Mar has served as Minister of Community Development, Minister of Education and Minister of Environment. Mr. Mar is a member of the Agenda and Priorities Committee and the Standing Policy Committee on Health and Community Living.

As Minister of Community Development, he implemented the Alberta Seniors' Benefit, which directs government funding to senior citizens with financial need. As Minister of Education, he introduced *First Things First ... Our Children*, an initiative focusing on children and youth in education. As Minister of Environment, Mr. Mar served as co-chair of Climate Change Central, the public-private partnership formed in response to the international agreement on climate change. He also took action because of the public interest and formed a new provincial park in the Spray Valley to protect this mountainous part of Kananaskis Country.

Born in Calgary in 1962, he obtained his BComm (Finance) at the University of Calgary in 1984 and his Bachelor of Laws at the University of Alberta in 1987. Until 1992, he practised civil, criminal, corporate, commercial and real estate law in Calgary, contributing to the Annotated Rules of Court, and was appointed Queen's Council in 1994. Mr. Mar is a member of Calgary's Chinese community, serving as director of the Sein Lok Society for Chinese culture, and as vice president of the Chinatown Development Foundation that operates a low-income housing facility. He has also served as a volunteer with Calgary Legal Guidance, which provides legal services to low-income clients. He and his wife, Nancy, have three children.

We've heard that at these Ministers' meetings you occasionally break out in song ... what do you like to sing?

Elvis and country and western, although since I'm Chinese, it's more appropriate to call it country and Far Eastern.

How did your previous stints in education and environment prepare you for the health portfolio?

I have learned from every portfolio, and there are many health-related issues in education. I'd have to say that health issues are as complex as any I've dealt with. We are embarked on a precedent-setting pace of reform here in Alberta, and it is difficult—but if it were easy, it would have been done already.

An election prediction website noted, "Gary Mar is quite possibly the most popular cabinet minister in the eyes of the public. He's been the Premier's #1 clean-up hitter when things tend to go sour." Is this you?

It's difficult to know what someone might mean by that. Certainly, I've enjoyed the portfolios I've been assigned to. Like any government department, they have come with their own issues. In dealing with them, I've learned a lot, and hopefully contributed something positive and enduring in the process. As far as the Premier goes, I "serve at his pleasure," as the saying goes. It has been a privilege to be a cabinet member under his leadership.

Various committees were formed as part of your Premier's Advisory Council on Health and the Health Reform Implementation Team. How do you keep track of plans and outcomes, and dovetail recommendations into provincial initiatives?

The process for ensuring initiatives are coordinated is part of the normal business of the department, and our organization and processes reflect that. The Health Implementation Team acts as an overall monitor for the reform process, to ensure we stay on track and on schedule.

How do you incorporate the best of Romanow, Kirby and Mazankowski into your plans for the province and bring provincial initiatives into national plans? Are there too many health reports out there?

For any issue as complex and important as healthcare, it's important to have a variety of perspectives, so in that respect, we were interested in what other reports had to say. But there comes a time when you must act. We recognized the urgency for change, and our healthcare reforms were under way nine months before Senator Kirby's report was released, and ten months before Mr. Romanow's. We have always said Alberta was interested in any ideas others put forward that would complement our reforms, and we

continue to discuss proposals with my provincial and territorial colleagues. But we refuse to delay—the need for change is too urgent.

On the whole, Senator Kirby's report was encouraging. He recognized the issue of sustainability in healthcare and how critical it was to address it now. Mr. Romanow's report was a disappointment. He proposed new services without suggesting how we could continue to fund the ones we deliver now, and many of his recommendations merely echoed work Alberta is doing already.

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In addition to saying you were disappointed in the Romanow report, you said, "Alberta's responsibilities for healthcare are not for sale." What happens now since the provincial and territorial ministers met to craft a collaborative response?

In our December meeting, all provincial and territorial health ministers agreed on a set of priority areas for improved access and quality care. They include primary healthcare, wait times, community mental health, pharmaceuticals and aboriginal health. Improvements in these areas will make a real and tangible difference to patients. As we said at the time, this is all part of a process and we are moving ahead. The First Ministers met in February and discussed issues such as the federal government's proposal for a "medicare monitor," and obviously we will be watching for the results of that meeting with interest. In the meantime, my colleagues and I agree that one of the keys to real and effective change in the healthcare system is a commitment from the federal government to long-term, sustainable funding for its share of healthcare costs.

Ralph Klein is a consummate communicator and Alberta seems to put great emphasis on the power of direct communications. Is this also a belief you employ in the health portfolio?

Yes. This government has always prided itself on its commitment to communicating with Albertans. Our attitude is that communication is a conversation, and like any good conversation it requires at least as much listening as talking. We've done a lot of work in Alberta to make that conversation easier to happen. For example, we have our toll-free RITE line where anyone can phone any government department or staff member, free of charge, from anywhere in the province. Every department has a website for easy

public access to information. We also have our Alberta Connects e-mail service, where people can write to ask a question or simply comment on an issue. Our goal is to get a reply to the people who write within 72 hours of hearing from them.

Has Alberta evaluated the health effects of the Kyoto Accord?

Alberta has been very clear. We need to protect the environment and reduce greenhouse gas emissions, while at the same time protect our economy and the livelihoods of Albertans. Kyoto is not a public health issue. Kyoto only addresses greenhouse gas emissions, and does not address smog and other forms of air pollution that are usually associated with health effects. Our view is that Kyoto will likely do little to actually reduce overall global greenhouse gas emissions. In addition, depending on how it is implemented, the Kyoto Accord has the potential to cause significant harm to the economy. The fact is, one of the strongest correlations to good public health is economic prosperity. We continue to believe that a made-in-Canada plan for reducing greenhouse gas emissions is the better option.

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Some 3% of the health budget is spent on prevention and health promotion. What's your portfolio doing to increase the investment in health promotion and disease and injury prevention?

We support a wide variety of injury prevention and control initiatives. For example, our meningitis vaccination programs for adolescents and young children are setting the standard in Canada. Last year we invested more than \$2 million in the Alberta Community HIV Fund. This year we invested almost \$1.5 million in the Alberta Centre for Injury Control and Research. The centre is working with stakeholders provincially to develop a comprehensive Provincial Injury Control Strategy. There are suicide prevention coordinators now in place in most health regions.

The work is making a difference. For example, a recent seat belt observational survey shows improved seat belt wear rates in the rural population. Reaching our target of 95% seat belt compliance by 2009 will save approximately 305 lives and save another 1,830 people from preventable injuries. It will also reduce the economic burden on Alberta by an estimated \$475 million.

You've just started a major public awareness campaign through the Alberta Alcohol and Drug Abuse Commission on the dangers of tobacco use. Will a tobacco tax increase be directed to tobacco reduction? Are you looking at other emerging taxes such as the "fat-tax"?

As tobacco use has been identified as the leading avoidable cause of preventable death and disability in Canada, it's important to take action on this front, regardless of what is done in other areas. Increasing tobacco taxes has been shown to be an effective way of reducing tobacco use. At this point, the government has decided tobacco taxes will be dedicated to general revenue. All tax revenues go into the government's General Revenue Fund. The government uses the fund to support the programs and services it provides and to meet its priorities in all areas of spending. Healthcare funding increased by almost \$500 million this year and some of that increase came from increased tobacco tax revenue. Taxes on alcoholic beverages were also increased in the budget. As a government, we made a commitment to

helping Albertans improve their health. We will be setting wellness goals in other areas, including diet, exercise and alcohol and drug abuse.

Commentators have noted that if Alberta wants funds for healthcare, the first step is to have a provincial tax directed to funding – your thoughts?

We did increase healthcare premiums in Alberta this past year. This was recommended in the report from the Premier's Advisory Council. It was also the first increase in premiums since 1995. Costs have risen dramatically since then, and it is only fair and proper that premiums keep pace. One of the shibboleths about healthcare in Canada is that it is "free." Healthcare in Canada is not free; it is paid for by taxpayers. Some governments collect money for healthcare through payroll taxes and a variety of other means where the costs are hidden. In Alberta, we chose to collect healthcare premiums. They are a clear and open reminder of the cost of the healthcare system.

Very few men get asked how they balance working with having children – how do you serve the needs of your constituents and Albertans and yet be a hands on father to three children?

I try to attend as many functions with my family as possible, and they do enjoy those events. But if there's a hockey game or some music lessons or any other need they may have, my wife and kids are my first priority. They have first right of refusal.

If you could have three people over for dinner, who would you pick and why?

My children – on the assumption my wife was not available.

What's the one food item you always have in your kitchen?

Vegetables.

What books are you reading?

A John le Carré right now, and *Two-Gun Cohen* by Daniel Levy about a Jewish man from the East End of London who became a general in the Chinese Army. I just read Yann Martel's *Life of Pi* – it is fantastic. I have been giving copies of it to friends. It is the best fiction I have read in 15 years.

Gary Mar is also featured in the (Vol.2/No.2) issue of *ElectronicHealthcare* discussing the Alberta Wellnet initiative.

RMAO Registered Nurses' Association of Ontario **RPNAC-G** Registered Practical Nurses' Association of Ontario

Present

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Presented through the RMAO Centre for Professional Nursing Excellence
Supported by funding from the Government of Ontario
Ministry of Health and Long-Term Care

This profile made possible through an educational grant from Aramark Canada