

EVENING SITTING
COMMITTEE OF FINANCE

General Revenue Fund
Agriculture and Food
Vote 1

Subvote (AG01)

The Deputy Chair: — I'll ask the minister to introduce his officials.

Hon. Mr. Serby: — Thank you, Mr. Chair. This evening I have with me . . . to my immediate right is Mr. Gord Nystuen, who is the deputy minister. To his right is Ernie Spencer, who is the assistant deputy minister. To my immediate left is Susie Miller, who is the assistant deputy minister. Right behind me is Mr. Hal Cushon, who is director of policy and program development. And behind the deputy minister is Mr. Jack Zepp, who is the director of administrative services. And Mr. Ross Johnson, who is the manager of operational services. And seated in the back row is — way back row — is Louise Greenberg, who is director of inspection and regulation management, and Doug Matthies, who is the general manager of Saskatchewan Crop Insurance. That's our officials that are with me, Mr. Chair.

Mr. Boyd: — Thank you, Mr. Chair. Mr. Minister, welcome to you and your officials here this evening. We have a number of issues that we want to discuss with you tonight with regard to agriculture.

Certainly there are many things that are on the plates of farm families across this province, some of more immediate — and I mean right now — concern and certainly in terms of areas of interest in terms of farm policy now and into the future.

In the areas of immediate concern, and I mean right now concerns, that farmers have, I wanted to touch on a couple of areas dealing with a registration, temporary registration of farm chemicals, and in the whole area that we talked about a little bit the other day in question period related to the areas of strychnine poison for rodent control.

Mr. Minister, I expect and I imagine you are familiar with the problems associated with pulse crop production here in Saskatchewan. There are large numbers, growing numbers of acres of pulse crops in this province that producers have seeded and now are in the process of looking at their crops and looking at the possibilities for disease control, things of that nature.

One of the areas that comes to mind is in the area of crop protection products for lentils and chickpeas . . . are of tremendous importance right at the moment. Producers in many areas of the province have a very, very good crop coming on in terms of lentil production and chickpea production. However those crops are at risk as a result of ascochyta blight that is a very, very serious concern particularly as we experience showery-type rain conditions that are all across this province at the moment.

The last about 10 days or so we've experienced those kinds of

conditions — the type of condition, Mr. Chair, and Mr. Minister, that result in very quick and rapid growth of that blight, ascochyta, situation all across this province. We are getting many calls from producers all across Saskatchewan, particularly out of the east and southeast and east-central areas and directly south of Regina where they've had perhaps even more rainfall than other areas of the province.

One of the crop protection products that is of value is a product . . . and I think we can and should get into brand names although I'm a little bit reluctant, but it's the only name I know these products by. There is obviously the chemical name for them, but I'm not familiar right off the top of my head with them.

Bravo is a product that you may be familiar with. It has some . . . certainly a good product. However another one that we are getting a lot of calls on, Mr. Minister, Mr. Chair, is a product by the name of Quadris. It is a product that has had tremendous amount of promise in terms of a crop protection product for ascochyta blight. It's a product used primarily, I understand, at this point in the canola production, but has tremendous amount of promise for chickpeas, particularly some for lentils and other pulse crops.

Mr. Minister, I'm aware that there was some temporary registration last year of the product, or I'm told there was. I've not used the product myself, but I'm told there was some degree of temporary registration of that product last year. I'm also told that Manitoba may have registration or at least temporary registration again this year of that Quadris.

So, Mr. Minister, I wonder if you could . . . For the House and for farmers across this province who right now are looking at what kind of crop protection products they want to use in chickpeas, lentils, peas, other crops of that nature, whether or not you are looking at . . . and I say immediate needs because every day that a shower comes up somewhere in Saskatchewan, ascochyta starts ravaging chickpeas particularly. The window for application is very, very tight. We're looking at a few days only before you can have an infestation of ascochyta blight that takes your crop out entirely.

We had discussions earlier with the Saskatchewan Pulse Growers Association. I know that they have been in Ottawa recently lobbying for the registration of Quadris and other crop protection products for pulses. This is one though that we need to move on very, very quickly. You could see people in the field — I would dare say — by tomorrow morning if that product were made available and would be using it very, very extensively.

Mr. Minister, I wonder if you could fill us in and the farm people across this province on what steps are being taken for registration or temporary registration of that product.

Hon. Mr. Serby: — Thank you very much, Mr. Chair, and to the member. I very much appreciate this question because it has associated to it a great deal of urgency in terms of getting the registration. Just last weekend I had the opportunity to be in Vancouver at the invitation of a number of pulse growers and the pulse industry. We had a huge convention in Vancouver as

it relates to this industry. And I think, as you've accurately framed it, this is . . . the pulse industry in Saskatchewan will make a tremendous difference to our diversified needs in this province.

And there's a . . . for sure in the area from which I know that you farm in, because a number of people who were at the convention were people from your part of the region of Saskatchewan, and clearly they stated emphatically, as you have this afternoon, the importance of making sure that we have protection for the pulse industry and this pulse crop.

I want to say to you as well that here we are discussing to some degree the need for . . . or the impact that rainfall has on particular crops in this province, where at the same time we sure would like to see a lot more rain across the province in various different parts of it. But for sure as it relates to the pulse industry today and the pulse crops, we need to try and find a solution here.

I want to say to the member that last year when we made application for the Quadris, it was not approved, and so we didn't get the opportunity to test how the product would work last year because we couldn't get it registered. I should say to you that we have made that application now, and it's been before our friends in Ottawa for some time. And as I was just conferring, as you were speaking, with my officials, we were hoping that we would have by now received the registration so that we could advise the producers in your area of the province that they could begin to make the application.

So, like you, we wait minute by minute here, hoping that we're going to get the approval from the federal government immediately. To date we've not yet received it. As of today's end, we haven't received that kind of approval, but my hope is that that will happen in short order for us here in the province, hopefully as early as tomorrow morning.

Mr. Boyd: — Thank you, Mr. Minister. Mr. Chair, just to emphasize the point, every day that goes by puts more and more crop at risk in this area. So it's not a case of we can sit back and just assume that the federal government is going to do the right thing here. We have seen temporary registrations been granted in a number of areas over the years. I think back to times when there was grasshopper infestations, when there was flea beetle infestations, that type of thing. We've got temporary registration of those types of products.

Now I realize they're not exactly similar circumstances. Crop protection products are a little bit different than crop pest products, but nevertheless at that time the governments of the day acted very, very quickly.

I hope in your communication with the federal government you have made it very, very clear to them that time is of essence here. And we're not talking about hoping we'll see registration by the first week of August or the first week of September or anything like that. We want to see registration of this product as quickly as absolute possible — talking about today, tomorrow, the next day at the latest kind of thing.

That is an issue that is of tremendous importance. The pulse industry represents a growing . . . approaching a

billion-dollar-a-year industry to this province in terms of sales. And it's an area that has some tremendous promise for us.

Another area that I want to talk about in that whole debate about chemical registrations is the area of strychnine poison for rodent protection here in Saskatchewan. It's an area that is, again, of tremendous importance to farm families. While it may sound . . . and to those not acquainted with the subject, it may sound like kind of a frivolous thing, I assure you, Mr. Minister, it has tremendous impact on farm operations.

All you have to do is drop the wheel of a \$20,000 air seeder into it — \$20,000 would be an extremely modest cost of one, escalating to a \$200,000 one very, very quickly — drop the wheel and break that off in the middle of seeding time and you quickly realize the impact that it has on that farmer's seeding operation or loss in a whole number of ways.

And we are aware that the federal government . . . and in Alberta there has been a change in policy with regard to strychnine poisoning. I think I have the letter . . . I do have the letter from the Alberta government and from a number of municipalities in the Lloydminster area. They have been able to get together very, very quickly a registration of a more potent amount of strychnine within that poison, and it has resulted in action in Alberta.

And we wonder, Mr. Minister, what action has been taken in Saskatchewan with regard to this, what representations you have made to the federal government, and how soon we can expect a poison that has some increased control available to our farm families.

(19:15)

Hon. Mr. Serby: — Thank you, Mr. Chair. To the member, I just want to reinforce one more time before I go to the question on the strychnine as it relates to the pocket gopher, and say to the member that in relationship to the Quadris, we have been also not only working — and I forgot to mention this in my comments to you earlier — with the federal government, but we've also been working with the company to try and encourage them or help them in making sure that the federal government understands the importance of their approval on this particular issue.

So it's been a joint partnership here with the company that makes the chemical as well as with the federal government to try to get those approvals in place. And as I said to you, we understand very much the importance of protecting our pulse industry in Saskatchewan and have asked the federal government to act as quickly as they can on it.

In respect to the strychnine use for the squirrel and the pocket gopher and your analysis of how important it is to try and control the rodent is extremely essential here, not only for the seeding equipment, but today farmers are getting ready — particularly the cattlemen are getting ready — to go out there and make some of their hay. Today the investments that they have in haying equipment is extremely expensive, as you well know. And so we need to try and find a solution to this little animal that's become quite pesty all right, without any doubt, and it's created a great deal of havoc in that part of the

province.

What I have in front of me, and I will share with you and get a copy to you, is a number of municipalities across the province that we've been working with, we've been requesting access to the 2 per cent strychnine concentrate. And what Alberta has got permission to use is not an enhanced quality of the strychnine — they're still at the 2 per cent — and so the federal government's not prepared to move beyond that. But what the federal government is prepared to do is to make . . . or give approval for a fresher bait. And apparently the studies and analysis have shown is that the fresher bait will be far more potent as it relates to dealing with the rodent.

Now what we have not yet got approval from is that we do not yet have approval from the federal government on our request. We have done a couple of things in the preparation for them providing us with that kind of approval, and it's this. We've had the conversation with the municipalities to say that we're very interested in providing service to assist them with this area. And what also is required is that we need to have people who are certified to provide the bait to the municipalities. And so what we've been doing is talking with the municipalities about possibly using their employees who are currently in the field, their rat control officers, because we won't need to duplicate the workforce in order to get the appropriate bait out to the municipalities.

This of course will require a short training session which the federal regulations will require, and we'll make those opportunities available to the municipalities to get those people trained up in the way in which we need to have that happen.

Of course you should also know, and you probably do, that there is concern on the part of environmentalists regarding the application of this type of bait, both for domestic animals as well as, for sure, birds, hawks in particular, who might in fact eat the rodent after it's found lying dead on the fields, or in fact coyotes or fox who may in fact also consume some of the animals that in fact have had the bait. And so there's concern here from the environmentalist community about increasing the strength of the strychnine which, as I've already indicated, we're not in a position . . . the federal government won't approve.

So the management of this whole piece has two fronts on it, of which we've made a decision to make the application, and we're waiting for the federal government now to provide us with the authority to proceed because we understand, as you've rightly pointed out, that there are several municipalities across the province, and they're not all concentrated only on the west side. Some of them are in the central part of the province, and some are in the southwest part of the province for sure, and in the northwest.

But we're hoping that we're going to get that kind of approval and the training program in place fairly quickly. There's a short window here, as you know. There are, I think, three breeding periods for the gopher, and certainly by the mid-July or from the middle of July to the end of July, we should have all of this bait in place and that will help us I think with the control of the rodent into the future.

Mr. Boyd: — Thank you, Mr. Chair, Mr. Minister. Mr. Minister, as you know, Alberta has done just that. They have that type of training program in place now for their pest control officers. I have the bulletin in front of me from the Department of Agriculture in Alberta, the county of Vermilion River, No. 22, their bulletin, and yes, they've implemented that type of training program.

And it's too bad that we hadn't got on this a little bit earlier; we would have had some of the control methods in place that they are using. And I certainly implore you and your department to move as quickly as possible to get in place what Alberta already does have in place to control this, this very significant pest.

And I know I noted with some degree of chagrin the other day when one of the columnists was talking about here in Saskatchewan about how insignificant of a problem it is. And I suppose if the only thing your feet touches is pavement and concrete, I suspect maybe it isn't that big of an issue to you. But I can assure you that if from time to time your feet touch dirt — your shoes touch dirt, your workboots, or your cowboy boots touch dirt — you will find that this is a very big issue in parts of this province. So I would certainly, as I say, implore you and your department to move as quickly as possible to get what Alberta already has in place.

Mr. Minister, I wanted to talk as well to you this evening about in the whole area of pulse production to keep with that particular theme for a moment. I noted with a great deal of concern, and I'm sure every pulse producer in Saskatchewan noted with a great deal of concern, an article in *The Western Producer* two weeks ago, perhaps three weeks ago, where the Americans are looking at using export enhancement programs, subsidy programs of all nature, to enter into pulse production. And that is of tremendous concern, and should be of tremendous concern, to all of us and policy-makers here in Saskatchewan, Western Canada, and Ottawa.

This represents a tremendous problem for us potentially. Not trying to be too alarmist here, Mr. Minister, but if we see the countries start into this game of heavily subsidizing pulse production, all of the efforts, a lot of the efforts at least, that we have made in terms of diversification in this province will be put at risk.

We have some 200-plus pulse production facilities contracting and cleaning and processing facilities here in Saskatchewan representing tremendous amount of investment. This is one of the areas of success that we have had in Saskatchewan in terms of diversifying our economy and diversifying away from a wheat mentality here in Saskatchewan.

And this is something that we have to very, very seriously take head-on, Mr. Minister. And I hope again you and your department are on top of this issue, as important as it is. If we put at risk that industry, what kind of production or what will producers look towards growing in the future? We're already dangerously close to seeing prices at a level where we are going to see curtailing of production here in Saskatchewan. Fourteen cents a pound lentils isn't the most attractive price in the world for a commodity that at one time commanded 25 and 30 cents a pound.

So, Mr. Minister, I want to emphasize to you the importance of that industry to Saskatchewan and the economy of Saskatchewan, and most importantly to the farm families of this province. That has been a success story that we cannot, and should not take lightly, and we have to do everything we can in lobbying, both in Washington and in Ottawa, to ensure that they understand how important this is to farmers of this province.

Hon. Mr. Serby: — Mr. Chair, to the member. I want to very much tie my comments with what you've just said because there is no question that in Saskatchewan today the future of the pulse industry will do a great deal to enhance the agricultural industry without any doubt. And there is a tremendous story that's being told today across the province of what the pulse industry has been able to already achieve in the part of the world from which you farm and come from.

And I want to share with you one more time that this past . . . last weekend I had the opportunity to attend the pulse convention in Vancouver, of which we had countries from around the world that are very much interested in our commodity. And at that convention, of course, there were people who are your neighbours who were at Vancouver . . . in Vancouver, and talked about how they've been able to turn their farming operations around and been able to make a difference, not only for their farm family but for the agricultural industry.

And what was most impressive from the discussions that I had with them — and these are young farmers, and I expect they're closer to your age than mine. That's why I suggest that they're younger producers. And these gentlemen talked about how in fact they weren't interested in any longer taking their commodities and shipping them abroad, but want to work at processing those commodities right here in Saskatchewan. And the aggressive position that they took with the people who are interested in our lentils, in my view, is the way of the future.

I want to also state, because not often do we get an opportunity to do things together in a harmonious fashion in the way in which that I think we could do more in this province, but I appreciate very much the opportunity that you and I had to present to the Standing Committee on Agriculture in Ottawa not more than two weeks ago, where not only did I talk about the importance of the federal government stepping up to the plate as it relates to the future of our grains industry, but I was very pleased to hear you as well talk about the impact that subsidies have on the grains industry in Canada. And so when you asked the question or make the comment tonight, it very much parallels the kind of presentation that we both made to the Standing Committee on Agriculture just not more than two weeks ago that I know that we'll be making across this province over the next several months.

We have, I expect, in the next two or three months the Prime Minister's task force on agriculture making its way to Saskatchewan. And I expect that at that occasion both you and I and farm producers and organizations in this province will make their way in front of the committee and will talk to the committee about the kinds of things that we're talking about tonight.

And that is that we need to make sure that the governments of the . . . the national governments of the US (United States) and

those in Europe do not get into the subsidy wars as it relates for sure to the pulse industry. Today the pulse industry could make its way nicely in the world markets and provide great opportunities for Saskatchewan producers but will be hampered in a tremendous fashion if in fact the national government in the US lumped them in with the other grains and oilseeds that they're currently subsidizing.

So our position will be very clear at the national level. Our position will be, next week when I'm at the ministers of agriculture meeting in Whitehorse along with the federal minister, we'll be telling them emphatically that they should be paying attention to what the national government in Ottawa or in Washington is saying, that in fact the large farm subsidies that the US are intending on moving down is detrimental to the Saskatchewan-Canadian grains industry, and that what should be happening for sure is that they should not be including the pulse industry into that category. Rather than increasing the subsidies for grains and oilseeds and pulse crops, they should be getting out.

Now my view is — and you've heard me on it on several occasions, and I say it again tonight — is that American producers are going to continue to be subsidized by American national governments, and our national government needs to step up to the plate in time here to try and make sure that our Canadian, Saskatchewan farmers are on an equal playing field.

(19:30)

Mr. Boyd: — Thank you, Mr. Minister. Well I can't say much more other than we certainly support you in your efforts in that area. This is an area that we don't need to get into any politics about at all. This is an area of too big of importance to our industry collectively here in Saskatchewan, the agriculture industry that is so important to this province.

We are world leaders in terms of production of those pulse crops. We have a tremendous growth potential here in Saskatchewan. The Pulse Growers Association tells me that they expect this industry to grow to a couple-billion-dollar-a-year industry in the not too distant future here in Saskatchewan. That would put it above almost all other areas of economic activity here in Saskatchewan.

And that has to be underscored to Ottawa and has to be underscored to people who will be possibly putting that industry at risk here in Saskatchewan. So all efforts, any efforts we would certainly be prepared to join in to support in that area, Mr. Minister. This is something that crops that are agronomically suited for our province. Many, many of the innovations that we will see at the Farm Progress Show here in the next few days from Draper headers to MacDon headers to all kinds of innovations in agriculture are directly as a result of the kind of pulse production that we have here in Saskatchewan.

So I would certainly want to emphasize that efforts are welcome and efforts are appreciated from your department, and we certainly anticipate a positive response from Ottawa with respect to this. Unfortunately I think they've kind of dropped the ball in a number of areas when it comes to protecting farm families here in this province and indeed Western Canada. But this is something that we can't underscore any more than we

have already here this evening.

Mr. Minister, I want to move to another area that's within your area of responsibility. I believe that we touch on from time to time, or we hear from producers from time to time, the province of Saskatchewan holds a tremendous amount of land within its jurisdiction, a tremendous amount of land that was once owned by the farmers of this province but now is owned by the Government of Saskatchewan through the land bank program of the '70s starting out at in excess of a million acres. I understand it's dropped back to approximately 750,000 acres.

I rarely see, Mr. Minister, any kind of communication in terms of . . . from your department about possible sell down of those acres. Are they regularly put up for sale to the people who are farming them today or are these acres regularly tendered? Again, as I said, I never . . . I don't recall seeing advertisements in this area. This is something that I know that obviously enter into the equation, leases and the expiry of leases and all of those kinds of things, terms of leases, but I'm sure just like any other land in Saskatchewan that we see from time to time changes — people deciding to exit the industry or enter the industry or make changes in their farming operation.

Mr. Minister, I would like to know what the government's position is with respect to land in their responsibility that was at one time under the land bank jurisdiction, whether you intend to look towards sell down of those lands. Are they regularly tendered? And can we expect changes in that area?

Hon. Mr. Serby: — Thank you, Mr. Chair. To the member, in the province now we have, as I'm looking through some of my notes, about 8 million acres today that are in our purview. And what we've been doing over time is gradually moving some of this land to either people who own it today through a proposal for purchase, or in fact when land becomes vacant along the way, what we're doing is putting these particular parcels of property for tender.

I say to the member that the number . . . the reduction of this farmland has been relatively low in terms of disposal over the last several years. It's interesting, I think, because those people who in fact today have leases, Crown leases, are quite satisfied with them. And so accordingly when you are in possession of this particular piece of property it tends to stay within the landholder for several years.

In fact, most recently I had someone from the part of the province that I live and farm in, say to me that they want to pass it on intergeneration, who . . . they've had it I think now, the leases I believe are around 33 or 35 years — cultivated land, 33 years. And their son is now getting involved in farming and of course want to just simply roll it over into their operation.

So individuals today who have access to the Crown land tend to like to hold on to it, which is not unlike I think what happens in the southwest side of the province where you have large range and pastureland tracts of course, and people have them today for grazing some of their livestock on. And the retaining of those properties are most valuable and useful for them because they run large, large lots of livestock on those properties. So the disposal of the properties has been very limited over time. But when they become vacant and we do tender it and where in fact

somebody wants to purchase a particular parcel of land, we get an independent appraisal on it and then offer it up to the individual for possible purchase.

Mr. Boyd: — Mr. Minister and Mr. Chair, are those lands . . . do the market value for the leases reflect what would we expect market values of land trading of similar nature, or are they indeed wrote down by the taxpayers of this province to some extent?

Hon. Mr. Serby: — Mr. Chair, it would be the appraised market value.

Mr. Boyd: — Thank you. Is that for a sale, Mr. Minister, or is that for a lease as well?

Hon. Mr. Serby: — Mr. Chair, the leases are on productive value. And sales of the farmland is . . . or the sales of the land is on the market value.

Mr. Boyd: — Mr. Minister, I'm sure you and your department are aware that there are huge variations in the lease rates of farmland all across this province, from areas of the province where you can see land renting for \$50 an acre all the way down from there to considerably less.

So if we, as an example, Mr. Minister, if we saw land, very productive land in . . . my good friend and colleague, the member for Melfort-Tisdale, if we saw land in that area which may generate as much as \$50-an-acre-plus for rentals, would we expect that we would see the same value attached to any land bank land of a similar type in that area?

Hon. Mr. Serby: — Well that analysis, Mr. Chair, is how it would work. The productive value would be determined by the assessed rate of a particular region of the province. Once the assessment in that region is determined and the production value is determined, then the value of the property is associated to it.

Mr. Boyd: — Would you in your estimation then say that they would be relatively equal in terms of productive value as opposed to what value you can actually get for that land on the market?

Hon. Mr. Serby: — Mr. Chair, the variations would really be determined by the local markets and the kinds of demand that you might have for property in the particular region of the province. And accordingly, the values would be determined on that basis.

I can say to you that in the area that we farm in today, there is some land that is Crown land that currently is being used for pasture, some of it is being used as cultivated land. And the market value of those particular pieces of land would be based on the regional assessment and what the productive value of those properties would be.

Mr. Boyd: — I want to get, Mr. Minister, beyond productive values. I want to know specifically from you if land on the open market was cash renting for \$50 an acre, would we expect the quarter right beside it that would be owned by land bank to be renting for a similar monetary amount of \$50 an acre?

Nothing to do with productive value, but there are all kinds of influences on the market value, the price people are prepared to pay for the lease of land. So can we reasonably assume that that same thing would happen in this area?

Hon. Mr. Serby: — Mr. Chair, and to the member, as I explore more fully the way in which the land value is determined, clearly within the land bank properties that you talk about of the past, there is a formula that we use today to calculate what the value of that particular piece of property would be worth.

It would certainly be based on location and it would clearly be based . . . one of the other criteria the formula has in it is whether or not the individual who is making the application would be making the application based on a lesser amount of land property today.

We tend to provide these properties I think to individuals or farmers who are beginning in their operations, if they are. And then we would take into account the production of that particular piece of land over a period of time, and then determine our value of that particular property, based on that kind of analysis.

Mr. Boyd: — Thank you, Mr. Minister. Can we explore that formula a little bit this evening. Would it be based on . . . What kind of crops would we be looking at in an area, as I say, we'll take the Melfort-Tisdale area as an example. A very productive area of the province in terms of productive value, productive land, productive capability. So we would assign a crop insurance amount of production that we would expect. Is that how it's done? On a basket of crops, or on a single crop, how do we assume that? Are we looking at . . . included within that formula, are we looking at all kinds of things like carrying costs, are we looking at the opportunity to grow special crops? What kinds of things do we take into account in that formula when we assess what those productive values are?

Hon. Mr. Serby: — I think, Mr. Chair, to the member, as I explore with my officials the formula, we don't have the formula in front of us, so it's . . . we're trying to design the information from the formula and provide it to you.

And I'll just give you sort of a generic outline of the kinds of things that we would be looking at. We would be looking at things like the quality of the land. And then we'd be looking at the current market value of a basket of commodities. When you asked about whether or not it's based on a basket of commodities, it is.

But what I should do, Mr. Member, is provide for you the formula that we currently use, make it available for you so that you would have a full appreciation of the way in which that process is determined today. And I would undertake, Mr. Chair, to the member to have that available for you tomorrow.

Mr. Boyd: — Thank you, Mr. Minister. That will certainly be helpful to us.

Moving to another area of land ownership here in Saskatchewan. We, from time to time, all of us hear from people that might want to start farming operations, or take up operation here in Saskatchewan. We have within our province

land ownership laws that by all accounts I think represent some concern to us or should represent some concern to us. Probably more than anything, or one of the things that we are looking at and need to look at here in Saskatchewan is for more investment into our province. Land ownership regulations and law here in Saskatchewan is quite restrictive, and as a result of that maybe . . . I believe we are not seeing the kind of investment in land here in Saskatchewan that we might be able to see.

(19:45)

We hear from farmers that may like . . . may want to set up operations in Saskatchewan that the legislation is simply too restrictive to meet their needs. The legislation was put in place some time ago and I think needs review, Mr. Minister. Are you looking at that currently?

I think in the media in recent weeks you have said that you are. I think we need to move perhaps even quicker than you are prepared to in this area. Any amount of investment into the industry is welcome, as you know, and I'd like to know from you how soon we can expect legislative change.

Hon. Mr. Serby: — Mr. Chair, to the member, I just want to say to him that he is correct when he says that we have been examining this piece now for some time. And I too have been meeting with the Farm Land Security Board and a number of people across the province around this issue.

I should say to you as well that this matter has become a front and centre discussion for one of the committees of ACRE (Action Committee on the Rural Economy). And the recommendation that soon will be coming from the committee that has this particular piece of work in their area is that we should be making some adjustments to the farmland ownership . . . the farmland security ownership Act.

Now here the issue, as you can appreciate, is most sensitive and we have all kinds of opinions on this. And every time that we do a bit of discussion around it we tend to find half of the population is interested in changing the legislation and the other 50 per cent is quite comfortable leaving it where it is.

But it's my view that we need to make some adjustment or alteration to this piece of legislation. I'm looking at a sheet of paper that has on it the comparators of Saskatchewan, Manitoba, and Alberta in the way in which it's applied across these three provinces.

And at least what I would like to move us towards is to have some parity with the three provinces from which we continue to have crossover in terms of farming opportunity. The one that I think troubles most people is the Canadian investment of residents from across the country. And when we take a look at those, we see in Saskatchewan that restriction is about 320 acres where in Manitoba and Alberta there is no restriction today. And clearly I think what this message says to us is that we could easily have Canadian investment in our province. We have people to the west of us who are very much interested in acquiring of some of our properties in this province, will help us with growing, I think, some of even our livestock industry.

And so in sort of a long-answered way, our task here is certainly to review this legislation in greater detail. I had hoped that during this session we might have been able to do something around this. We have not been able to accomplish this, but my hope is that by the time we get to our next session that we might have for you a package that I think would reflect more fully the kinds of ownership requirements in this province that I think would be more suitable to the agricultural needs in our province.

Mr. Boyd: — Thank you, Mr. Minister. While I appreciate that you're working on the area and you're looking at the other provinces, and I can certainly understand the need to be cautious in terms of drafting something of this nature, and putting in place a piece of legislation requires a fair bit of effort and certainly research, I want to share with you that we've done that research for you. We have prepared, and now we are ready to move forward with a piece of private member's legislation that I think accomplishes what you are talking about and removes restrictions in those areas that are very, very restrictive for Canadians and investment from not only Canadians but outside of our jurisdiction, outside the jurisdiction of Canada.

So, Mr. Minister, while you're not in a position at this time to be able to move forward with legislation, we have a piece of legislation that we'll be introducing tomorrow, I believe, to help accomplish the goal that you suggested that you are prepared to look at. And I know that you don't have any further information on it other than what I am saying, but it'll be introduced tomorrow. We will, I believe, see a great deal of support for it.

Recently the Canadian Federation of Independent Business have surveyed their membership and have found that there is support for legislative change, so the groundwork is done for you is what I'm saying. You don't have to do anything more than just stand in your place and vote. And we will be prepared to move it along very, very quickly. We have said that with your support we can advance this piece of legislation. It's not something that is of a partisan nature, Mr. Minister, it's just doing the right thing in getting the job done for people who want to invest in Saskatchewan.

So I'm hopeful that upon review of that legislation in the next couple of days we can see a legislative change move forward. We still have time in this spring session for all of the debate to ensue for every member of the legislature — including the member from Moose Jaw over there who seems to be nodding his head in approval to our plan — that perhaps even the member from Regina back there is supportive of it.

So the work is done; we're prepared to introduce it; we hope we can gain your support in this area. It accomplishes I think exactly what you said, and so we will be seeking your approval and speedy passage of a piece of legislation in this area.

Mr. Minister, can we expect your support?

Hon. Mr. Serby: — Well, Mr. Chair, to the member, he certainly has my support in taking a look at the legislation that they're going to be crafting, or they've crafted, and will be introducing. I know that the member recognizes that on this side of the House, there's a great deal of enthusiasm by our members to look at this piece of legislation with a great deal of

interest.

And I know that what we can do here, given that I hear you saying that this will be a complementary piece of work, that you and I and members on your side of the House and ours will find the solution to this particular issue. And I know that we will.

And so what we'll need to do of course is compare the information that you'll be putting forward in your Bill, and will look at what we have done to date. We'll examine carefully with the interest groups across the province of whom we need to talk with I think yet one more time, and then I think we'll find the solution to this particular issue.

And clearly it's not about the disposal of property or disposal of pieces of property in Saskatchewan because that's an easy exercise for any one of us to undertake. Last year at this time, or just in January of last . . . two years ago now when farm organizations and groups were rallying here at the legislature, I had an occasion to speak with many farmers about this very particular issue.

And farmers were very clear with me, particularly those who were in their latter years of their farming careers say to me, why don't you just open up your Farm Land Security Act and dispose of property across the province in a significant fashion because they were very pleased, or would be very pleased, to sell off their farms.

And I've often said on many occasions that we could sell Saskatchewan off in about 20 minutes if we wanted to do that. This wouldn't be a very hard exercise. There are many, many countries of the world that would like to have access to our very valuable properties, and so we need to be very prudent in this exercise.

And I say to you that the working committee on ACRE where we have had a great deal of work done — and I am going to be following their lead, I want to say to you — and they're providing me with a recommendation in short order which I'll be bringing to my cabinet and caucus colleagues for a review and debate and that I know that you and I and members of your caucus will further explore what kinds of options we have. But without any doubt this solution . . . we need to find a solution to this that not only disposes with property in Saskatchewan but also addresses the need of building strong communities and enhancing the quality of life in rural Saskatchewan which is what, very much what ACRE is looking at.

When we get into discussing the farm land ownership Act, we need to be sure that it complements the kinds of vision that in particular the ACRE committee and the rural revitalization groups of men and women are talking about, because this is not only about the disposal of property. This is about trying to find solutions for an enriching rural Saskatchewan in a different way, and I know that you want to be a part of that. And I think this legislation should reflect that when we get to it.

Mr. Boyd: — Thank you, Mr. Minister. So we'll be anticipating with a great deal of thought and a great deal of anticipation your eager support for the piece of legislation that we'll be introducing.

I note that the member for Saskatoon Southeast is an enthusiastic supporter of moving in this area and with her support and continued support in this area, you can take all the credit on it. We don't want any of it. We are prepared to move and get the job done in this area, in this session, Mr. Minister.

So with the member from Moose Jaw's enthusiastic support, we will be able to get this done as well. I know the considerable amount of influence he has in his caucus, and it will be with members like him and the member from Southeast that we will gain your support, I would hope, in this effort.

Mr. Minister, I want to talk a little bit . . . I want to discuss a little bit with you a very serious situation that we have here in Saskatchewan, and that's an area of drought that we have across this province, although it is, I think, shrinking a little bit in size as a result of recent rains. There are still many, many areas of this province that have drought-like conditions both for our livestock producers, a very important sector of our economy, and for the grains and oilseeds and specialty crops sectors as well. And perhaps we can move to that area of discussion this evening. The Crop Insurance department, I understand, is quite busy assessing reseeding claims and establishment benefits and all of those kinds of things. I'm told offices are very, very busy writing off crops right now. And that's something that we need all be concerned about, Mr. Minister.

What amount of acreage have we at risk here in Saskatchewan? What amount of acreage has been written off to this point? And have you made in your department, the Crop Insurance department, any assessment of the potential liability that Crop Insurance has in this area?

Hon. Mr. Serby: — Mr. Chair, to the member. I just want to say, first of all that he's identified in my view quite accurately that across the province today we had some situations that were very difficult for us over the last month or so as the crops are coming up and as farmers, particularly ranchers, prepare to cut their hay and clearly the amount of hay land or pasture land that is going to be grazeable through the course of the next several months.

We've had a long discussion over the last two or three weeks. In particular closer to just the last two days, we've had a long conversation and discussion with stockgrowers and livestock associations across the province about what it is that we might be able to do in the province. And so as their recommendation has taken us, clearly there is going to be some need for us to, I think, convert some of the current crop land into grazing. And also I think for us to look at maybe extending the deadline for reseeding into the middle of July so that those producers who want to cut or reseed some of their properties . . . or some of their farmland for forage into the future is what we're thinking of doing.

Now specific to your question about the number of acres today, now there are 1,829 claims that we've had to date. And these claims have come, as I look at the sheet, from across the province. From places like Tisdale . . . or Turtleford I mean, Preeceville, Tisdale to Moose Jaw, Davidson, and Swift Current. So there's a number of communities, core areas across the province that have been affected. So there are 1,829 claims.

(20:00)

Now last year at this time we had 2,507 claims at this very same period. And I'm looking at exactly the same areas of the province. So we had more claims last year than we did this year.

Now in the year 1999 we had, on the same communities, 3,265 claims over the same period. And then in . . . this would be 1998, and the number of claims that we would have had in 1998 were 6,095 over the same period of time. So this period of time in 1998, of course, there was far more urgency in the province as it relates to moisture, as compared to this year.

So over the same period of time, last year versus this year as a comparator, our claims are down by about 700.

Mr. Boyd: — Thank you, Mr. Minister. In a situation of drought there are a lot of information that we should be passing on to farmers with respect to the production of grains and oilseed and specialty crops here in this province.

I wonder if you could explain for us what the procedure is and how farmers . . . what their role in terms of notifying you about the writing-off of a particular crop is. I understand, Mr. Minister, that the procedure is — and I would like for you to confirm this if this is indeed correct — that if you see a crop . . . if you feel that your crop isn't going to be a viable crop that you just simply don't . . . are in a situation where you're in a drought situation and the crop is not going to make it, you contact the Crop Insurance office in your area, or Melville for that matter, and from there they send out a crop insurance adjuster who looks the crop over, does a count of the amount of material that is growing, the amount of crop that actually broke surface and is apt to form the basis of crop development.

From there the farmer has the option, they can be put into a choice category, or simply write it off at that point. If they're put into a choice category, the farmer can look to establishment or re-establishment or reseeding benefit of \$20 an acre. The Crop Insurance department at that point either says that this crop has to be reseeded because there's adequate moisture for germination, or if there isn't adequate moisture for germination it's the farmer's decision at that point.

And the dates for this are very, very close. I understand it's June 20, Mr. Minister, so we've only got tomorrow. Many farmers would be in that situation, so I think, Mr. Minister, that we have a responsibility here this evening to make sure that farmers are aware of their role, their responsibility in writing a crop off to benefit from the establishment or reseeding benefit. Is that correct?

Hon. Mr. Serby: — Mr. Chair, to the member, the way in which you have described the program working is the way in which it in fact does work.

We've had now of these 1,829 claimants that I've talked about, we've had our crop insurance people visit these sites, and of course the issue here of course is the determination of the term establishment. The crop that's currently in the ground and that's coming up, does it have the best chance in terms of determining the full yield, or do we want to look at — this would be the

producer's decision — about reseeding it? And does the reseeded crop then have the better opportunity of meeting the full yield loss? And so currently that's the kind of work that's being undertaken.

My understanding is that these 1,829 claimants are what we've received to date. We expect, my crop insurance officials tell me that we expect that there will likely be more claims than we have currently. And it will be the re-establishment issue that we will be examining over the next short while here.

Mr. Boyd: — Mr. Minister, let's be very clear with farmers across this province.

Their responsibility then is to notify Crop Insurance prior to June 20 or on June 20. At that point, they will have an adjuster come out and have a look at their crop as quickly as possible. Then they will have the opportunity, if there is sufficient moisture, to reseed that crop. If there isn't, they're eligible for \$20 an acre and the reseeding benefit. At that point, then they have a very, very tight window to plough down or chem kill, chem fallow that failed crop. And from there then that crop would qualify for summerfallow coverage next year.

Is that indeed correct, Mr. Minister?

Hon. Mr. Serby: — Mr. Deputy Chair, to the . . . Deputy Deputy Chair, just to say to the member that the process in which the examination of the crop is carried out and the way in which the member described it is accurate.

What is important here though is that there is a variation in terms of what the payout is, depending on the type of crop that you would be looking at. So if you're looking at cereals, flax or coriander or mustard, that is the \$20 an acre which you talked about. In fact if it's a . . . and canola and sunflower is at \$25 an acre. And then of course when you look at the pulse, fababean, field peas, dry beans, and all classes of lentils and chickpeas, it's \$30. And then the winterkill is the \$20. So there is a different rate in which there would be recognition if there needs to be a payout.

Now we should also emphasize that on each of the circumstances that we're talking about, it would be on a case-by-case basis. And so as the adjusters make their way to the producers, they would then get into a discussion around whether or not there's still opportune time to reseed. And in some instances here, as you'll be familiar, it may be too late to proceed with the reseed so it would then require a decision around the payment.

Mr. Boyd: — Thank you, Mr. Minister. That's I think helpful and I hope that has adequately explained to farmers who have . . . are making those decisions every day now. As farmers are looking over their crop production, they have a very, very important decision if they feel that their crop isn't in a position to be a viable crop.

Even though that reseeding benefit will not in a lot of cases make up — recover the cost that they have had to expend to this point — it is indeed somewhat of a help and is an important feature of the crop insurance package that's available to them.

Mr. Minister, the other area that we talked about in terms of a drought and what kind of impact it has on people here in Saskatchewan, producers of livestock, is the other area, and that's the one I want to touch on now with you if I could.

Mr. Minister, livestock production has been a feature of Saskatchewan for a very, very long time. Livestock producers know that we are going to be impacted from time to time with drought conditions, and we are certainly experiencing that now in areas of our province. In Alberta recently they have put in place a livestock program to help with the drought that they are impacted by there. The last time we spoke, Mr. Minister, you talked that you . . . you mentioned that you were discussing with producer organizations, livestock organizations, a program for this province. How soon can we expect a program to be announced, and are you prepared to share any of the details of that program now, or what kind of features that you expect to be included in a program for livestock producers?

Hon. Mr. Serby: — Mr. Deputy Chair, to the member, I want to say to you that we've had considerable discussions over the last several weeks about how we might be able to address the situation as it relates to hay and pasture across the province, and water. A number of members on your side of the House have talked to me personally about some of the situations in their part of the province. And I have also undertaken to have discussions with stock growers and livestock associations across the province to hear from them as to the kinds of issues and difficulties that they're facing in the livestock industry.

Clearly, one of the concerns that I have and I'm sure that the livestock . . . and I'm not sure, but the livestock industry has expressed with me, is that we want to try and retain and grow the livestock industry in Saskatchewan. And one of the ways that we need to do that of course is to try and protect the numbers of livestock that we have in the province today, and so we need to try to find some solution.

Clearly the last week and a half or 10 days with the moisture levels that we've had across the province have helped us a bit. And clearly if we were to get a bit more rainfall, which we're hoping will happen in spite of what's happening with the chickpeas that we talked about earlier, it would be most helpful for the hay and the pasture.

So what I've been looking at generically . . . one of the questions that I've raised is whether or not we should be involved in providing some kinds of transportation assistance for livestock producers in the province, either for hay and/or for the transportation of the livestock themselves.

There was a point in time where in this province we were involved in an exercise of that kind, I think it was in 1988, and that there was some financing that was provided for the transportation of livestock and/or hay.

I want to report to you that the uptake by the cattle associations across the province for putting money into that kind of a venture was not well received. Producers across the province have said to me that the people who would most benefit from that kind of a program would be the trucking industry, and that it would not be most helpful for them.

Secondly, what livestock producers have said to me is that on a regular basis, on an annual basis, the kinds of decisions that they make about the management of their livestock herds, they include in their budgeting process either the purchase of hay and/or the transportation of livestock. Because it's not uncommon today to have people moving livestock large distances.

And clearly, I know today in the part of the province that I live, not only do we have Saskatchewan livestock that is from the western side of the province that is in our area, but we also have livestock from Alberta that's in our part of the province. Partly because we have some land . . . we have farmland that's rich in both hay and pasture.

I can say to you as well that last week I had a conversation with my colleagues from Alberta and Manitoba, and we have livestock today from the southwest part of the province, it's not only in Saskatchewan but it's already in Manitoba.

So the issue that they've raised with me is how is it that we would compensate various different producers today, when in fact this is part of doing their business every day. And so that issue for us is one that we'll be reporting on more fully, but that's the kind of response that we've had on the transportation piece.

What farmers have said to us though is that the deferral on the sale of the livestock . . . the tax deferral program, as it applies to the drought, would be most useful, and that we should be thinking about implementing that over a period of a couple of years. And so we're exploring that in some detail today to see what kinds of options would be available through the crop . . . or with the federal government.

The other is that I think we can do some things around the crop insurance. The conversation that we just finished having, there may be some things that we can do as it relates to reseeded. And some of that reseeded could be using for green feed, particularly in those parts of the provinces where there may be sufficient moisture for that to occur. And so I'm giving consideration to that area.

(20:15)

I think that there may be some avenues for us to explore as it relates to an early leverage on CFIP (Canadian Farm Income Program) so that farmers might be able to access some of the CFIP dollars in advance of the December timeline. So if we could encourage the federal government to look at that, that would be most helpful.

I think the other piece that livestock producers were very emphatic about in our conversation with them as late as yesterday morning, is that we need to find some long-term solutions as it relates to water because we'll have this situation again in the future.

Now I've had a conversation with my friends in Ottawa, and the PFRA (Prairie Farm Rehabilitation Administration) program that supports water projects is out of money. And the reality is that in order for us to provide long-term solutions as it relates to sufficient, adequate water for cattle producers, particularly in

the south-west part of the province, we need to see the federal government add more money into the pool that PFRA provides.

So what I'll be doing in my discussions with the federal government in our meetings next week will be raising this very issue that you've raised with me today, to see if we can grow that pool of financing in the PFRA's side for long-term solutions as it relates to water.

Those are some of the things, Mr. Member, that we've been doing, some of the people that we've been talking to, and some of the directions that we're getting. I'm expecting by the week's end — not expecting, but by the week's end — I'll be making a definitive announcement on what our approach will be.

Mr. Boyd: — Thank you. I certainly, Mr. Chair, and Mr. Minister, appreciate your comments that we can expect by the end of this week a decision and an announcement of what that decision will be from you and your department. Is that correct?

Hon. Mr. Serby: — Mr. Chair, to the member, that's correct.

Mr. Boyd: — What areas are you . . . you're looking at then water well drilling, I assume; you're looking at dugout construction; you're looking at perhaps direct assistance then — can we assume that? Are you looking at feed transportation? And are you looking at the movement of cattle as well? Are those the areas that we are talking about here, Mr. Minister?

Hon. Mr. Serby: — That's right, Mr. Chair, to the member. As I've highlighted that I've looked at five or six different areas. We've looked at the transportation of livestock and feed. We've looked at tax deferral as an option. We've looked at what we might do through crop insurance as some options. We've looked at how we might be able to engage a earlier cash injection to the CFIP program.

And we're also talking with the federal government about traditional funding for the PFRA water program. We have, certainly, some of our own expertise in Sask Water. We partner with PFRA in some of our joint work, but the actual financing for infrastructure for farm communities and producers is really done, the financing is done through PFRA.

That fund, as I've indicated, is now out of money. But I think that the way in which the PFRA funding works is that various different regions are allocated sums of money, and so there may be some room today to move some of that money around in that pot. And so we'll be looking at that as yet another option. So those are some of the issues.

One other issue is that if there is Crown lands that are available, or possibly . . . well Crown lands that are available, we might be able to . . . we're looking at whether or not we could make some of those properties, lands available on a short-term basis to assist those producers who need grazing land.

Mr. Boyd: — Thank you, Mr. Minister. Alberta's response to this problem has been a direct assistance program, a per acre payment. Is this something that producers in Saskatchewan can anticipate?

Hon. Mr. Serby: — Well Mr. Chair, Alberta's in its second

year of a very difficult situation. I think when you examine the kinds of drought that Alberta experienced last year, and the provincial government in Alberta did come to the aid of livestock producers last year and made a contribution, I think of in around . . . was it \$4 an acre, I believe, is what they made.

And then this year, of course, this year started out in a very similar fashion right up until the middle of June where their situation didn't improve at all, and so they're in a two-year drought cycle now. It was interesting that Minister McClellan said to me just the other day that right after she put her money in, it started to rain in Alberta. So I'm hoping that she'd put enough in there that some of that will make its way, some of that rain will make its way to Saskatchewan. But their situation was far more drastic, as you could appreciate, now being into their second year of drought.

Mr. Boyd: — Thank you, Mr. Minister. So to answer the question that I asked you: can people in the livestock area of our province that are experiencing droughts . . . drought expect a program of similar nature to what Alberta has or not of similar nature?

Hon. Mr. Serby: — Well, Mr. Chair, to the member, it's not my intent to make a cash payment to farmers in this . . . in the province, if that's the direct question. So I can say to you definitively tonight that an acreage payment in this province, we wouldn't be making. But all of the other areas that I've highlighted that I'd be exploring tonight are certainly options.

Mr. Boyd: — Thank you, Mr. Chair. Mr. Minister, that presents some concern, I'm sure, to ranchers and farmers here in Saskatchewan because available feed supplies are going to become a very, very important commodity and expensive commodity. And if a rancher from Maple Creek is going to be competing with a rancher from Medicine Hat for those same feed supplies and a rancher from Medicine Hat has considerable resources now as a result of Alberta's program at his disposal, his or her disposal, is that not going to create a very, very difficult situation for the farmer/rancher from our side of the border?

Hon. Mr. Serby: — Well, Mr. Chair, to the member, I know that we're competing with the payout that was made to livestock producers in Alberta. But I also want to share with you and reiterate one more time that my discussion, our discussion, with cattle producers across the province we had as late as yesterday morning. And what livestock producers were saying to us, Mr. Chair, quite explicitly, was that they weren't looking for a cash injection. That the cash injection is not what they were looking for and that in fact we should be looking at, in particular, the tax deferral piece as the lead option.

So I say to the member opposite that as much as it may create some disparity in terms of our Saskatchewan agricultural producer, there will be a problem if we were to proceed down this path in terms of precedent as well as equity. So at this point in time I'm going to be following the lead, by and large, of the livestock producers.

Mr. Boyd: — Thank you, Mr. Minister. Well on behalf of livestock producers here in Saskatchewan, I can say to you that we will be looking forward to your announcement later this

week with a great deal of anticipation. And we hope that we will be seeing all of those areas addressed that we talked about from concerns in terms of water and water development, feed and feed assistance, and transportation, and those areas that are of importance to the livestock producers here in Saskatchewan. So I'm anticipating very, very positive results from your announcement later this week, and we'll be, I'm sure, wanting to discuss those results with you at some time here in the future.

Mr. Minister, I want to take this opportunity this evening to thank you and your officials for your assistance and for your answers this evening to the inquiries that we've had.

I understand, Mr. Chair, now that we'll be moving to reporting progress and we'll be looking forward to discussing the very important subject of agriculture in the not too distant future with you once again, Mr. Minister.

Hon. Mr. Lautermilch: — Mr. Chairman, I move the committee report progress.

General Revenue Fund Health Vote 32

Subvote (HE01)

The Deputy Chair: — I'll ask the minister to introduce his officials.

Hon. Mr. Nilson: — Thank you, Mr. Deputy Chair. I'm pleased to have with me tonight Glenda Yeates, who is the deputy minister, to my left, and to her left Duncan Fisher, who is the assistant deputy minister. And then behind Glenda is Rod Wiley, the executive director of finance and management services.

And right behind me is Steven Pillar, who is the associate deputy minister, and to my right is Lawrence Krahn, assistant deputy minister. And behind him is Bert Linklater, executive director of district management services.

Mr. Gantefoer: — Thank you, Mr. Speaker. Good evening, Minister, and officials. Welcome to . . . I believe this is the fourth in the series of Health estimates that we have before us in this legislative session, and I again welcome the opportunity for us to explore a number of topics.

Minister, as you may recall on our last session we were talking a lot about personnel issues and training issues.

We talked about the College of Nursing and the SIAST (Saskatchewan Institute of Applied Science and Technology) programs and those issues, and I want to continue briefly on that direction if I may.

Mr. Minister, we talked about the great concern about some of the demographics and the need that we are going to have for increased medical personnel and medical professionals not only in our province but really across North America as that same baby-boom bulge is going through the system.

And I think that we pointed out and talked about the fact that

there were decisions made in the early '90s in terms of the belief that we were not going to require as many medical professionals, particularly in nursing and medicine and those areas. And there was actually across this country some restriction and reduction in the number of training seats by governments of every stripe across the country.

And I think that we can look now and we look and reflect on some of the demographic studies that have been done by people like Dr. Foot, etc., that are saying that the principle of this baby-boom bulge is going to move one year at a time through the system, and it's going to be a reality that we're going to have to face very soon . . . is true.

And so, Mr. Minister, we said that there is going to be some real challenges and difficulties because as these impact not only in our jurisdiction but in neighbouring jurisdictions across North America, these shortages are being experienced everywhere, and we've seen in very recent times two phenomena coming together.

There is a demographic phenomenon where we are getting short of medical personnel given the increased demands that there is going to be an aging population. And we've also seen for the first time in some while where governments are reinvesting if you like or increasing their investment in health care across the jurisdictions as well. And so we are seeing the beginning of expansion of programs in some jurisdictions, and so we are seeing a great deal of competition for qualified instructors in colleges of nursing, instructors in colleges of medicine, instructors in SIAST and the training institutions as they are trying to meet this challenge in this reality. Many jurisdictions are expanding their training seats and so there is a great deal of competition now for medical people at the training level. At the same time there's expansion of programs in institutions, and so there's competition at that level as well.

(20:30)

So we're really sort of getting in . . . the point I'm trying to make is we're indeed getting into a very difficult and strategically challenging position in terms of meeting these needs.

And I talked about last time about the fact that the SRNA (Saskatchewan Registered Nurses' Association), and different institutions are projecting that we need more people. You had indicated that you'd done some studies and agree that we need to have more people and that the department is endeavouring to move forward in terms of increasing training seats, especially in the College of Nursing, and that you doubled the training seats in technology and those areas and perhaps more needs to be done.

Tonight I'd like to focus in this venue on the College of Medicine at the University of Saskatchewan in Saskatoon. And I think, Minister, that you're aware that the college has had, I think it's fair to say, challenges not only in this most recent past, but over a number of years.

There have been a number of difficulties that they've had, decisions that they've made that maybe in retrospect were not as wise as we would have hoped where programs that they had

outreaching to the Regina area in terms of residency programs and things of that nature were reduced, and there was much more of an entrenchment, if you like, around the Saskatoon site. And so some of those things have created difficulties in the College of Medicine and those sorts of issues are there.

There's been a number of studies done, the Noseworthy study, and most recently the Glynn study on operating procedures and things of that nature. And there has been a heightened awareness of the challenges of the College of Medicine, and what the College of Medicine is facing.

And I would like to ask you first of all, Minister, is how do you see the College of Medicine and its role in the health field in Saskatchewan? Is it an integral part of our future as a province and its delivery of health care services in this province? Is there some modifications that are going to happen? Where do you see the College of Medicine fitting into the big picture in the health services program delivery in this province?

Hon. Mr. Nilson: — Mr. Chair, I'd like to thank the member for the opportunity to talk about this particular issue because it's very clear that the College of Medicine is a very integral part of how we provide health care in Saskatchewan. The medical school obviously trains the medical practitioners, many of whom become part of the system, but it's also a place where many of the specialties operate in conjunction with the medical school so that we can have those specialties in Saskatchewan.

One of the things that we do know is that the medical school is continually re-evaluating their place and their role in the health system as we examine the health system. And one of the specific tasks that they are about, is looking at, well, what are the special roles that they can play as a College of Medicine in the Canadian scene and what areas can they be experts at. And there's no question that the opportunities are there for expertise around rural medicine, around providing the Aboriginal population with good medical care, and with a lot of the issues around the primary care model and the integration of physicians into that model.

We have also some very good specialties that will continue, but one of the things that we do know, given the size of our province and the size of the medical school, is that we can't be sort of the best in every specialty and that we have to work co-operatively with some of the other neighbouring medical schools to make sure that we provide the broad training that will be necessary to gain the full range of specialists.

But I think the simple answer is that the medical school is very much a part of how we organize health care in this province and it has to be something that everybody in the province feels ownership in and feels a part of. And one of the tasks that we have is to figure out how we do that in the coming decades.

Mr. Gantfoer: — Thank you, Mr. Minister. Mr. Minister, do you contemplate a situation where we wouldn't have a College of Medicine?

Hon. Mr. Nilson: — I think the simple answer is no.

Mr. Gantfoer: — Thank you, Minister. I'm sure that you know of Dr. Roger Pierson at the College of Medicine. Dr.

Pierson is an internationally renowned instructor at the college, and medical researcher. Dr. Pierson has been speaking out as of recent about expressing some pretty grave concerns that he has about the future of the College of Medicine, and he wrote in a viewpoint article at the campus news on March 23 of this year, and his heading on the article is "Fund the College of Medicine properly or close it." And I think that he goes on in his article to really make the case that there has been a chronic underfunding and a mismatch between the need for resources over the years and the college's ability to function in the future.

In his article he goes on, and I won't attempt to quote the whole article because it's very comprehensive, but he is expressing his concern that the College of Medicine is getting into an impossible situation, is going to struggle to meet an impossible challenge, and that we are going to sooner or later run into the situation where it is simply not sustainable. And he expresses a great deal of concern in articles I've read quoting him, that have said that this crunch may come as early as this fall in the accreditation process.

Mr. Minister, I think most people in this province, and I, certainly agree with you when you say you cannot contemplate a situation where there is no College of Medicine in the province of Saskatchewan. To me, that is simply unthinkable, and yet here you have one of the leading researchers and instructors at the College of Medicine that are basically saying, unless something is done and something very significantly in the very near future, we are indeed facing the real possibility, in this gentleman's esteemed opinion, that we're going to lose it.

He says, and I quote:

Let me connect the dots for you. We are attempting to run a College of Medicine on a shoestring budget in rundown facilities following decades of underfunding and cutbacks in an intensely competitive environment against provinces who want to be leaders in the academic, clinical, and biomedical research game. If we are to be successful in convincing the provincial government that the medical college is worth saving and receiving the financial resources to run a first-class College of Medicine.

And, Minister, I would like you to comment on Dr. Pierson's warnings, if you like, in light of your pretty strong commitment that I heard a moment ago that you don't conceive of a situation where there is no College of Medicine.

Hon. Mr. Nilson: — Mr. Deputy Chair, I appreciate the question and the ability to comment about this particular issue. One of the things that we know is that it's not only money that's needed in this particular situation.

Just to give you a bit of an indication, over the ... since 1994-95 there's been about a 50 per cent increase in the amount of income that's gone to support sort of the academic side of the school, about 7 per cent a year. Right now in this year's budget there's about \$21.6 million that goes 12.5 for academic teaching and service for the faculty and about just over 9 million to support 210 resident training positions for post-graduate medical students.

And so the budget that comes from Saskatchewan Health

represents about 25 per cent of the cost of the college. But even given the fact that there has been more money going each year into the college, there are many needs. One of the things that is happening right now is that, as you mentioned, the Glynn report and other reports have asked many questions about the role of the College of Medicine and how it fits in with the university.

And so we are working together with the University of Saskatchewan and the Department of Post-Secondary Education to have further discussions about how the College of Medicine can become a valuable asset in our health system over the coming years. And it doesn't only involve more money; it also involves some very serious discussion about the role of the school and what kinds of services and education it will provide over the long term.

A key partner in this discussion as well is the Saskatoon Health District because there are many of the services that they provide that are integrated together with the College of Medicine. So it's a complicated situation that requires careful thought and discussion and that's what's happening right now.

Mr. Gantefer: — Thank you, Mr. Minister. Mr. Minister, I do appreciate that the situation has a certain level of complexity to it. However I think that what we're doing is we're doing studies. And we've done Noseworthy, and we did Glynn, and all the rest of it. And we've got an advisory panel that's made up as a result of the Noseworthy report that is beginning to discuss these issues.

And the problem is, is that that's fine and dandy to take this consultative process in an ideal world. But what we're in right now is a very competitive world in the medical field. And every day we're seeing or we're hearing stories — maybe not every day, but virtually every week — we hear stories where people are being offered very, very attractive packages in other jurisdictions because, as outlined before and you agreed at our last meeting, that this competitive force is going on internationally.

And so it's not as if we're sitting here sort of with walls around us and that we've got all the time in the world to sort of consult and study and think about what we're going to do. We're in an extremely competitive environment and the pressures to pick away at our brightest and best and go to other jurisdictions are sitting there looking us right in the face.

You know, recently Dr. David Popkin is leaving his position as the dean of the college. And he wrote in the College of Medicine alumni review in March 2001. And again I won't go into all the points that he was making, but in his article he sort of traced his experience in the College of Medicine and some of the challenge and difficulties that the college has endured over the years.

And again he uses a word in this report, or in his paper, in this alumni association periodical, where he says, chronic underfunding of the college and its failure to meet many competing expectations, etc. Those kinds of words are used quite extensively in his report about the problems of the College of Medicine.

And I understand clearly that funding is not the only answer.

There are other components to this whole issue as well. And I want to talk to them as well. But I think that clearly in the very near future — and I'm not talking months or years, I'm talking days and weeks — but there has to be a clear commitment by this province to the College of Medicine that we say clearly and unequivocally that we're going to put the resources in place that are going to make a vibrant, dynamic College of Medicine, albeit that it can't be all things to all people and it can't have every specialty trained and all the rest of it. I understand that and I think that just makes sense.

Mr. Minister, as you know, the people that will work as instructors and professionals in a College of Medicine sort of are different people from the normal medical world, if you like, because they have a different set of priorities.

First and foremost, I think, they are teachers. First and foremost, I think I should say before that even, that they are excellent and they aspire to an excellence in their profession and strive for an excellence in a search for knowledge that is unprecedented.

(20:45)

And then second of all, in order to build on that excellence, they need to do research; that a research component of their profession and what they want to do in their job satisfaction is extremely important.

The next thing they want to do is pass on that knowledge, and so they're teachers. And a teaching component is part of that whole exercise, and of course a part of the whole teaching component is you have to have clinical opportunities in order to pass that knowledge on to your students.

And so there is that three-pronged, if you like, balance to what their careers are and what their priorities are. And, Mr. Minister, if we don't properly deal with all three of those components, we're going to be in difficulty.

And it isn't just money — you're absolutely right. It has to deal with all of those components. And you can't have them being satisfied if all of their time is spent in teaching, not only to the College of Medicine students but College of Arts and Science and other science programs as well. You can't have that balance if they're being overloaded with teaching requirements because of the fiscal realities of the university needing to get the teaching job done.

We're not going to be able to have job satisfaction for them if they don't have the ability to have proper research facilities in conjunction with their work. And that isn't in some Atco trailer stuck in a back lot. It means something decent in this competitive world of medical research that not only requires the funding for the research but requires the funding for the physical floor space and the equipment that goes with it.

And finally one of the problems in the Glynn report was talking about that in terms of allocation of O.R. (operating room) time, etc., between the College of Medicine and the Saskatoon District Health. And you know there's a lot of tensions and strife there as that whole adjustment is happening. We've got to adjust that as well.

So, Minister, what I would like to ask you tonight is what is your plan to not only just deal with funding, not just have more studies, but what is the comprehensive plan that's going to send a positive message to the College of Medicine and the people that are in it that are saying to them clearly and unequivocally from this province of Saskatchewan, that you're an integral and an absolutely critical part of the health care process in this province, and we're going to have the resources available to you to make sure that happens — not years from now, but tomorrow?

Hon. Mr. Nilson: — Thank you, Mr. Chair. The member has quoted from Dr. Popkin's report. And I guess I would respond to part of what he's asked me by quoting Dr. Popkin. And he talks a bit about the Kerr White report in 1989 and the Noseworthy report in 1999. And basically he says that both of those groups of people were impressed by the quality of the faculty, students, and graduates. And Dr. Noseworthy concluded:

The College of Medicine is an enormous attribute to the province of Saskatchewan and its people, their health, and health care.

And then Dr. Popkin continues in his article:

Saskatchewan Health responded to the Noseworthy recommendations by injecting a significant amount of new funding to support the recruitment and retention of clinical full-time faculty in our clinical departments.

So that was the responding to the Noseworthy report that there was sufficient cash injected to assist some of those things.

But practically what has been happening — and I think is happening right now in the sense of, yes this is an important question, one that is something that has to be dealt with in a timely fashion — about a month ago the boards of the Saskatoon District Health and of the University of Saskatchewan met together to talk specifically about this problem, the whole program, and about the college and about how to put together a framework agreement where they can work together as a district and as the college. We also know that the college has to continue to expand its connections to all of the districts to work with the Department of Health which they are doing.

What we see is a willingness on the part of the university, on the part of the college, on the part of the Saskatoon district, and of all of the people to come and work together to use the resources that they have, identify where they need more resources, and basically develop a new vision for the school. And they have many, many capable people who are doing very good jobs, but they're working together to try to develop this sense of going and providing for what we need in the province.

I think very clearly the Department of Health, the Government of Saskatchewan, has included this whole area in our discussion about what the vision for the health system in the province will be. And that's part of what's under discussion now as we have the Standing Committee on Health Care respond to what Mr. Fyke suggests. It's also the kind of discussion that we're in with communities across the provinces. How does the College of

Medicine assist in providing health care in Melfort, or Moosomin, or Tisdale, or whatever other part of the province.

One of the interesting statistics that Dr. Popkin does set out in this report is that there are, he says as of March, they're 1,544 permanent positions licensed to practice medicine in Saskatchewan. Of those, 516 received their MD (Doctor of Medicine) degree at the University of Saskatchewan, many of the others received some or all of their post-graduate medical education at the university.

I guess the important thing is that that school has been a very integral part of the health system in Saskatchewan for almost 50 years and our goal clearly is that it will continue for the next 50 or 100 years or however long that we're here in this province because it is a very key part to how we provide health care in the province.

Some Hon. Members: Hear, hear!

Mr. Gantefoer: — Thank you, Mr. Minister. Well it's always important to understand that the College of Medicine is indeed an integral part, and that the people at the college are indeed looking back on their history with a great deal of pride, and rightfully so. There are indeed a third of the family physicians that are practising in Saskatchewan were graduates or are graduates of the Saskatchewan College of Medicine. And I think across this province people are very much appreciative of our graduates. People across this country see our graduates in positions of leadership as well.

But, Mr. Speaker, I would like to, you know, continue the quotes that the minister is using from the very same article. And he says, and I quote:

As we gaze into the future through the eyes of Janus we may see an uncertain future for the College of Medicine, yet one full of promise. The federal government has made a renewed commitment to fund health research. Our provincial government is now more active in supporting health research than in the past, but has yet to make the kind of commitment that will be required for a College of Medicine to meet the expectation of the university and the public it serves.

And so, Minister, I certainly challenge you today to make that kind of a commitment because I think that this is what is needed. And when I talk about what's needed, Mr. Minister, it's certainly a multi-faceted commitment. We need the commitment from the department and I think you have the commitment in terms of a philosophical sense to doing what's necessary to see to it that the College of Medicine receives the necessary support from the provincial Department of Health, so it can succeed.

But there's other components to the piece, and I am sure that the Minister responsible for Post-Secondary Education will also work with you in terms of meeting those other requirements.

Minister, you're well aware is that the Canadian light beam project that is occurring in Saskatoon currently is a huge scientific undertaking, and it has incredible promise for medical research. But you know, Mr. Minister, sometimes I really do

fear that what we're going to really need further to that campus is not research facilities but a hotel sitting next to the light beam source so that the visiting technicians have got some place to stay when they come and do their experiments and then leave town.

And as great as the promise of the light beam is, it'll only be a wasted and only a half-fulfilled promise if we don't make sure that the research component is properly taken advantage of. And I recognize, Minister, that the Department of Health is not the only person or individuals that are responsible for it; it's a commitment on behalf of this whole province.

But what we're going to need to do is to look at how are we going to attract people and use the advantage of the fact that the light beam is in Saskatoon as a method of actually recruiting people to come and practise at the College of Medicine, and you can't do that if you don't have the research facilities.

And so when you go and you tour around the College of Medicine campus and the facilities that they have — and I'm sure you have done that; I have spent a day there — and you find that very often the laboratory research facilities are very lacking, and they'll tell you that.

And so the university administration has come up with a proposal for an integrated health sciences facility that has the promise of potentially providing for not only the classroom space but the research space, not only for the College of Medicine, but for the College of Nursing, the College of Kinesiology, and the medical colleges.

And we've gone on record, Mr. Minister, as saying that we're fully in support of that kind of a commitment on behalf of the people of this province to the College of Medicine and to the College of Nursing and to all of the medical colleges at the University of Saskatchewan. Minister, I believe that that's the kind of signal that needs to be clearly given to the people at the University of Saskatchewan and all the medical colleges. And so I'll ask you very simply and very directly: what is your level of support for the integrated health sciences facility project that's being proposed by the University of Saskatchewan?

Hon. Mr. Nilson: — Thank you, Mr. Deputy Chair. Before I go to that specific question, I'd like to point out how the funding to the College of Medicine takes place right now.

The Department of Health directly supports medical education and clinical services at the College of Medicine through the clinical services fund. This accounts for approximately 27 per cent of the college's budget. Health also funds the college indirectly through fee-for-service clinical earnings of faculty members, accounting for another 20 per cent. Including research grants, Health funds approximately 50 per cent of the college's total revenue. The Department of Post-Secondary Education and Skills Training funds another 22 per cent. So basically between the two departments, the province funds about 75 per cent of the college's total operations with the remaining 25 per cent coming from research grants, trust accounts, and other special purpose accounts.

So obviously there's very solid support from the provincial government for the college and its operations from Department

of Health and from the Department of Post-Secondary Education.

Now I understand that the university has brought forward a preliminary proposal for a new health sciences building and we support this in principle. Bringing together the health sciences and creating an environment to support a team approach necessary in health care delivery today is a very worthwhile objective, and it also would have as an added benefit the whole enhancing of the research capacity, as you've stated.

I understand that the Post-Secondary Education and Skills Training officials have been discussing the concept with the university and the university has been asked to develop a comprehensive academic plan and explore funding support from the federal government for a health science research infrastructure. This work is very closely related with the Health Sciences Advisory Council which is exploring the development of an academic health sciences centre in Saskatoon.

This will be a very costly initiative and will have to be prioritized by the university and by the government in the context of all of the capital and financing pressures on government. The total cost of the project at this point is estimated to be somewhere between 120 and \$170 million.

But I guess what I would emphasize is that we support this in principle. It fits with the long-term plan for the province, for the health system, and the work is going ahead with Post-Secondary Education and Skills Training and the university officials.

(21:00)

Mr. Gantefoer: — Thank you, Mr. Minister. Minister, I am very pleased to hear your comments in terms of your support on behalf of the Department of Health and your government, and I expect Post-Secondary Education as well, because, as you point out, a very significant part of the budget of the colleges are coming from both of those sources.

And so I am pleased to hear your commitment to this and I think that that is exactly the kind of message that we shouldn't have to kind of drag out of you in terms of making the commitment. But that is a very important signal that needs to be sent across this province that this . . . that the colleges, the Health Sciences Colleges at the University of Saskatchewan and particularly the College of Medicine, have got a future here because there's a commitment on behalf of a multi-level sort of support and really a non-partisan support for this concept that we have to move forward.

And I think that, Minister, as you know, that the College of Medicine is having some challenge right now in attracting someone to the position . . . to fill dean, and that has actually been delayed in terms of the whole search. But I think those are the kinds of signals that have to be sent out strongly and loudly and forcibly that will potentially be very attractive to a candidate who would be considered for the position of dean of the College of Medicine, that there is going to be this kind of commitment and that he is going to come into an improving environment instead of one that seems to be very, very difficult. And all the reports from Noseworthy to Glynn and on down

have said that the environment is not all that healthy. So it isn't the kind of environment someone wants to get into but certainly if they can hear that there's going to be a renewal and a renaissance of the College of Medicine and the integrated health sciences facilities that that is an important message and I thank you for it.

Minister, I'm going to now turn it over to my colleague, the member from Weyburn-Big Muddy to ask some questions on another topic.

Hon. Mr. Nilson: — First, before we move on to another topic, I'd just like to say that what I've said to you tonight I have said directly to Dr. MacKinnon at the university and to the officials, and we've been working with them and I know that my colleague from Post-Secondary Education has been working there as well. And I know that when the new dean is recruited, she will be very happy to work with the new vision that we have for the college. So thank you.

Ms. Bakken: — Welcome, Minister, and welcome to your officials.

First of all, Mr. Minister, I would like to ask you a question regarding a certain case that you've been in contact with and informed of. I believe you're familiar with the case of Mr. Jim Jackson and his sister Eileen Jackson and their request for someone to take responsibility and also for Saskatchewan Health to reimburse the family for the constant care that they had to pay for.

Mr. Minister, I'd just like to refresh your memory. I'll read a portion of a letter that Eileen Jackson wrote to yourself in March of this year, and I'm reading from her letter:

As a taxpayer contributing to a publicly-funded, publicly-administered health system, I find it highly illogical that Saskatchewan Health is not prepared to pay for \$11 an hour attendant care for Jim, but is prepared to pay for costly legal fees to Balfour Moss law firm to deny my brother the necessary constant care that he required.

If Jim had received constant care following his first surgery on December 2, 1998, he would not have had to have a second surgery and the lengthy recovery period that followed.

I hired Total Care Nursing on December 7th, 1998 when Jim was a patient in the Pasqua Hospital facing his second surgery within one week because of negligent supervision.

Upon discharge to the Hammond unit of Pioneer Village which did not provide constant care, I understandably continued with the services of Total Care Nursing as I was not about to see Jim placed in another unsafe situation where he was at high risk of re-injuring his ankle causing permanent damage.

And now I'd like to read from a letter from Dr. Kendal of May 15 . . . or pardon me, of November 7, 2000. And I'm reading from Dr. Kendal's letter:

I have read very carefully the letter from the Associate

Minister of Health dated September 7, 2000, which was directly copied to you. I interpret Ms. Junor's letter to say that if one-on-one care for any patient in a hospital is ordered by a physician, it will be provided. If this claim is valid, it remains unclear to me if a physician can issue such an order with an expectation that it will be honoured, even when it seems clear that such care could safely be provided outside a hospital environment.

For the benefit of future patients who may find themselves in the unique circumstances that your brother faced, I believe this policy needs to be clarified. I have written to Judy Junor asking that she accept responsibility for clarification of this policy, and for possible modification of current policy.

I have copied this correspondence to the Regina Health District and also to the Saskatchewan Association of Health Organizations, so the policy clarification may be disseminated system-wide.

Mr. Minister, has this policy been clarified and the policy changed to reflect the same?

Hon. Mr. Nilson: — The department has discussed this with the Regina Health District officials, and the policy has been clarified.

Basically Saskatchewan Health has no program to compensate individuals for private nursing services that they hire in situations where they are advised that it will not be paid for by Saskatchewan Health or by the district. And there is also no policy that requires the health districts to pay for such private services when families hire people.

So Saskatchewan Health has told us that . . . Ms. Jackson . . . they will not be paying the payment for the private nursing services that they contracted. And my understanding is that the Regina district does not plan to pay for it either.

The whole issue has been discussed thoroughly with Ms. Jackson and I've talked to her myself about it and basically said we will not be paying for the services.

Ms. Bakken: — Thank you, Mr. Minister. Mr. Minister, the Hammond unit where Mr. Jackson resided had 13 residents with a staff of two special care aides during the day and one special care aide during the evening, making it impossible to provide Mr. Jackson the constant care he required. The family of Mr. Jackson feels very frustrated because of the lack of responsibility by the minister and by the Department of Health.

Mr. Minister, my question to you is how is the Hammond unit staff going to provide Mr. Jackson the constant care he required.

Hon. Mr. Nilson: — We've been advised by the Regina Health District staff that Jim Jackson was admitted to the Hammond unit at Pioneer Village after it was determined that he no longer required care in an acute care setting. And the health district staff also has advised us that their staff assessed that the Hammond unit staff could appropriately meet Mr. Jackson's needs and that if it had been necessary to use any kind of a

physical restraint as part of a care plan, professional management and supervision of Mr. Jackson while he was in the restraint would have been implemented based on provincial guidelines.

The district staff also advises that their staff, both verbally and in writing, communicated to the Jackson family that the district would not be responsible for covering the additional costs of private nursing care should the Jacksons choose to hire such care, but rather that the family would be responsible for such costs.

So this was what we've been advised.

Ms. Bakken: — Mr. Minister, I would just like to quote from Mr. Erskine Sanderford, CMHA's (Canadian Mental Health Association) director, a letter dated May 1 to Pat Atkinson who was then Minister of Health which states:

Our association believes it is totally inappropriate to consider restraining mental health customers. This can lead to a great deal of fear on the person's part and be counterproductive to care. We do not believe that any standard of care, which considers restraint applicable in these situations, is adequate or even modern and up to date.

Mr. Minister, the family felt that they had no option but to hire private care because it was not . . . because constant care was not being provided to Mr. Jackson. My question to you, Mr. Minister, is why has Saskatchewan Health refused to reimburse the Jackson family for approximately \$36,000 paid to Total Care Nursing Services for necessary constant care for their late brother, Mr. Jim Jackson, when this care was not available to them at the Pioneer Village which Mr. Jackson was moved to after being hospitalized?

Hon. Mr. Nilson: — The professionals who work for the Regina Health District assessed this patient and in their professional capacity made the decision that there was not a requirement for the private nursing staff. They told the Jacksons very clearly that if they wished to hire private nursing staff, they could do that, but they would have to pay for it themselves. They told them that verbally; they told them that in writing. And when the Jacksons did hire the staff, then the staff was allowed to be there — there wasn't a problem with that. But it was very clear from the district that these extra people would not be paid for and that's still the position of Saskatchewan Health.

Ms. Bakken: — Thank you, Mr. Minister. I would hope that you would look into this issue further yourself and verify whether this money should be paid to the Jackson family. This family is very frustrated and certainly are not willing to see this issue die. So I would hope that you would look into this further.

I'd like to move on to another issue, Mr. Minister. I would like to ask you who commissioned the Omni plan for long-term care? And what was the purpose of this report?

Hon. Mr. Nilson: — The Omni plan that you ask about was a study that was commissioned by four health districts, Battleford, Swift Current, South Central which is Weyburn area, North Central which is the Melfort area, along with

Saskatchewan Property Management Corporation and Saskatchewan Health. Saskatchewan Health paid for the overall costs of the plan. The goal of the Omni plan was to assess the facilities in each of those four districts which were . . . had some ownership by SPMC (Saskatchewan Property Management Corporation) and basically the plan was to look at the long-term requirements of each of those areas. As the member would know we have announced the projects both in the . . . in Weyburn and in Melfort and those projects come out of the consultation with the local health districts and with SPMC and with the Department of Health.

Ms. Bakken: — Mr. Minister, in light of this study, what is the minister's plans for Souris Valley hospital in Weyburn? I'm talking about the structure.

Hon. Mr. Nilson: — I'll give you a brief answer but you may wish to continue the questions of the minister of Saskatchewan Property Management Corporation because they own the Souris Valley structure. They have had or are continuing to have discussions with the community around other uses for this building. They have a formal process that they also will enter into when they deal with structures that no longer are being used for their original use, and I assume that at some point that process will start as well. But at this point, parts of it are still being used for some of the long-term care until the new long-term care facility is built in Weyburn. But as to the actual future of the structure, I think those questions would be more properly made of the Minister of SPMC.

(21:15)

Ms. Bakken: — Mr. Minister, could you provide for me the reasoning for moving out of Souris Valley Hospital and building a new structure in Weyburn.

Hon. Mr. Nilson: — I think the simple answer to that is cost. When they looked at all of the long-term costs of trying to do renovations versus a new structure which was specifically built for the purposes that were required, the change was made by the committee working on this to go with a new facility because there were so many advantages to that.

Ms. Bakken: — Thank you, Mr. Minister. Well so that you're aware, if you're not already aware, there is great concern in the community of Weyburn about the closing of Souris Valley and how it's going to be utilized. The building of a new facility which is going to cost somewhere between 17 to \$20 million. And what we are going to have when this building is completed is a reduction of beds. Where we once had 300 beds in Souris Valley, we are now going to have 135 beds. It's obviously going to mean a reduction in staff, which is very concerning to me because of the economic well-being of the individual workers as well as the economics for Weyburn and the surrounding area. It is also the plan to go to the Edam model which provides a totally different level of care for residents of Souris Valley.

I have met with the staff on numerous occasions, and they are very unhappy with this level of care that's going to be provided and find and believe that it is most inadequate for the residents that are housed in Souris Valley in Weyburn. I would like you to comment on the Edam model and how you see it being

incorporated into Souris Valley in Weyburn.

Hon. Mr. Nilson: — The plans, as they are set out as far as the new building is concerned, do not dictate that it will go by the Edam model, or any specific model. There are options. The building will be structured in a way so that some of those kinds of decisions can be made as the project proceeds.

I think the important point to note is that there are many people who have worked very hard at this project in the Weyburn area, and ultimately have come to the conclusion that the best way to provide for the long-term care is with a new facility.

And we know that there has been some discussion in the community, but ultimately the best use of the finances as the local district board working together with the department has determined is to build this new facility, and that is what we have announced. And I saw that there are many people who are quite happy that we would proceed this way when I was down there for the official announcement.

Ms. Bakken: — Thank you, Mr. Minister. Well, Mr. Minister, I would disagree with you that the model that will be used within Souris Valley can be determined as it goes along. Because the Edam model is built in such a way that it is in modules which are separate housing units. And once those are built and in place, there will be no option as to the type of care that is provided to the residents that will be in the new housing unit.

And also I think that what should be of grave concern to this government is the job loss that is going to be incurred by going to this new model. It is my understanding that there will be a requirement of 1.5 FTEs (full-time equivalents) per module, and that is going to mean a great reduction in the amount of jobs in Weyburn, and also the level, the professionalism of the person required to fill those jobs.

So I think it should be a huge concern to this government in light of the fact that we are losing jobs in many areas of our economy, and especially in the health care field.

I'll move on now, Mr. Minister, to another issue. My understanding is that this government is committed to providing adequate accessible health care no matter where we live in the province of Saskatchewan.

And so, Mr. Minister, in light of this fact, I would like to talk to you about an issue that occurred in my constituency recently where a man was injured in a farm accident. His wife called 911. He received central dispatch. Central dispatch relayed incorrect information. The people were en route to meet the ambulance. They required the use of cell service which was not available to them.

When they reached the hospital the doctor had left in the ambulance, but upon the doctor coming back to the hospital was able to keep this person alive, and without the doctor's care and attendance on the way to Regina hospital this person would not be alive today.

Mr. Minister, we have inadequate health service . . . or cell service. We have a central dispatch which is not working properly in many cases. And we also are now moving towards

reduction of health care services in rural Saskatchewan. And as we lose health care services and facilities we are going to lose even more doctors in rural Saskatchewan.

What are you as Minister of Health doing in order to stop these inadequacies in rural Saskatchewan and provide adequate service to our residents?

Hon. Mr. Nilson: — The specific case that you talk about, we don't have any information about that particular case. But I think your question really relates to the plans that we will have for providing health care throughout the province.

What we know is that we had an extensive study done of the emergency medical services last year and that study is now included in the discussion around the Fyke report. So we are looking at exactly the questions that you've raised about what will be the emergency services available? What will be the trauma services that are available? And how do all of these different pieces fit together?

Clearly what we're talking about is improving these services, not in any way diminishing them. And what we know is that many communities have said to us, we like the way our local emergency services are organized and how they connect with some of our regional and local facilities.

And so we're listening very carefully as we go to each part of the province. There are different solutions in different parts of the province. Our goal is to build on what local people have already to develop a better system. We also know if going back to my previous role as minister for SaskTel that the digital coverage in this province is probably as widespread as in any province in the country. Part of it has to do with our geography and no natural barriers, but there also is the goal to continue to expand the coverage for the province. And all of these things take resources and allocation of those resources in the places where there's the highest use, and that is continuing. But clearly the goal is to provide good medical services, emergency services right across the province and a system that deals with the kinds of incidents that you talked about.

Ms. Bakken: — Mr. Minister, I heard you mention that it is the government's objective to provide cell service, adequate cell service where there is the highest use.

I would like to say to you that where we need cell service the most is in the remote areas of rural Saskatchewan because they are the people that do not have health care at their fingertips. They are the ones that rely on this service the most. And so I would hope that it would be this government's commitment — which I believe that they have been committed to for several years but have not fulfilled their commitment — to provide adequate cell service in remote areas of Saskatchewan to give some security to those people that do not have the services that we enjoy in urban Saskatchewan.

These are the same areas that lost their health services or had them greatly reduced when 52 hospitals were closed some years ago. And so I would hope that this government would take that into consideration when they're looking at where they're going to provide an upgrading of cell service.

Mr. Minister, just further on the whole issue of the EMS (emergency medical services) report. It is my understanding and from reading the Fyke report, that Mr. Fyke has endorsed the EMS report. And if this government is going to carry forward with that, his objective was to take away local control and to move the control to centralization.

Is that the view of this minister, and is that your plan to introduce central control and take control away from local constituencies?

Hon. Mr. Nilson: — I think the answer to the member's question is that the department and Mr. Fyke for that matter support the thrust of the EMS report which is to have a better, broader service that works in a coordinated fashion with the good things that are already there and brings up the standards right across the province.

And so I think the answer to your question is that we are going to work to build a better system, but we're going to listen carefully to what the local communities have to say. And so those parts of any kind of report that talk about stepping in and taking over different parts, that's not what the plan is. But we are listening carefully because in certain parts of the province the coordination directly into the health district works well. Other parts, contracting works well, and we want to build on the things that are working.

Ms. Bakken: — Mr. Minister, I am glad to hear that because there is great concern in rural areas that the hard work and many dollars that they have raised to support their local ambulance services are going to be lost. There's a great deal of mistrust because of what happened when hospitals were closed and local dollars were taken from local communities, and people are very concerned that this is going to happen again.

And I agree with you that in some areas there is need for improvement, but in many of the areas they have a very well run and well equipped ambulance service, and I would hope that your government would continue to take that into account and let these local communities retain local control and run their own ambulance service.

Mr. Minister, I would now like to ask a question about health districts. It is my understanding from some of our members that the funding has been cut to their local health districts. I would like to know if this is common across the piece or if this is isolated case?

Hon. Mr. Nilson: — To the member, there were no districts that received a decrease in this year's budget. All health districts received an increase.

Ms. Bakken: — Thank you, Mr. Minister. Well my understanding is that the Southwest Health District is one that did receive a . . . that did have a decrease of 1.2 to 1.5 per cent in funding. And if you would care to verify that, if you can't tonight, that's fine, but if you would, or do you have the information now?

(21:30)

Hon. Mr. Nilson: — I have the information here to answer

your question. And basically the funding for — was it the southeast or the southwest? — Southwest District, last year the restated funding after they had the money paid in for their deficit, was 12,088,658. Their funding for this year in the budget is 12,988,995, an increase of \$900,000 or 7.45 per cent. And this does not include the money that relates to collective bargaining. So they actually have one of the highest increases in this year.

Ms. Bakken: — Thank you, Mr. Minister. I will check that out. If that is indeed the way it is, I was misinformed by my colleague and I asked this question on his behalf. So I apologize if we misrepresented the facts.

Mr. Minister, I would just like to go back for a moment. When we were speaking about the Omni plan and that study, would it . . . I would like to have a copy of that. Would you be willing to table that report?

Hon. Mr. Nilson: — Just before I answer your specific question, I commiserate with the member who obviously got her question from the member from Swift Current who we know has a great deal of difficulty with numbers, so you may want to check that out with him.

But as it relates to the Omni plan, we have one copy in the department. And the districts may have more copies than we do, and it's quite big. But we can make arrangements to get a copy to you if you would like, but we don't have it right now.

Ms. Bakken: — Thank you, Mr. Minister. And just for clarification, it was not the member from Swift Current, it was the member from Thunder Creek . . . or the member from . . . oh, I can't even think of his name. Anyhow, it wasn't the member from Swift Current. So it wasn't because he can't add or whatever.

Mr. Minister, I have another question about the emergency department, in specific the Regina General Hospital. But I believe that the emergency wards are taxed to the limit across this province. And we brought this issue up about the need for somehow to move people through the emergency department. And one of the gravest concerns and the reason that we have such a backlog in emergency is because of a lack of beds on the wards to move people out of emergency that are ready to be moved out.

It was interesting to me that when the health district was questioned about this, that they said this only happened, you know, it was a very isolated case that this happened. My information from nurses that work on the emergency ward at the Regina General Hospital that this is not an isolated case and that it happens almost daily. And there is grave concern about patient care, about the stress and strain on nursing staff and their co-workers. And I would like to know what the minister's plans are to alleviate this problem, especially in light of the fact that we're now going into holiday time and we're going to have even less staff and probably less beds available.

Hon. Mr. Nilson: — Thank you, Mr. Deputy Chair. In response to the member's question, there are a number of factors that are involved. But basically with emergency medical services, and I think as explained by one of the senior people at the Regina

Health District, there are often peaks in demand that do cause certain times of the year and maybe of the week to have greater demands on the emergency wards. But what we know is that the Regina Health District is trying to manage these pressures and they do that.

But also one of the issues is the use by the public of emergency wards as a place where they can go in for the kinds of medical advice that maybe they should be getting by going to their family doctors or to some of the other walk-in clinics. So I know within the Regina Health District they are trying to educate the patients about when things should be going to the emergency and when things should go to one of the clinics or to the family doctor. So that's one aspect to it.

Another aspect is clearly the full pressure on the numbers of nurses that are available within the system. And that's a national concern. We know that in other parts of the country this is even a greater problem than it is here. And what we're obviously doing is quite a few of the things that we talked about last time in Estimates around the nursing profession and attempting to retain these people, recruit new people. Also there is a study that's ongoing right now around the workload issues for nurses that's being done within the Regina Health District together with SRNA and SUN (Saskatchewan Union of Nurses) and the Department of Health.

And all of these kinds of issues attempt to address the question that the member has raised. But clearly any time that there is a overload in one of the emergency wards, it creates pressure throughout the whole system and the district is looking at how do we prevent this the next time that it's going to happen.

Ms. Bakken: — Thank you, Mr. Minister. Well this is an ongoing problem and I think the minister should be aware, if he's not, that this is an almost a daily occurrence in emergency wards especially in our cities. And I would hope that something would be done to address this serious situation, not only for the nurses and the support staff that work in these situations but especially for the people of Saskatchewan that are put in very, very unsafe and unhealthy situations daily because of the inadequate service they receive in emergency wards across the province.

At this time, Mr. Minister, I will turn it back to my colleague from Melfort-Tisdale.

Mr. Gantfoer: — Thank you, Mr. Chair, and Minister. I would like to continue on with the theme of the EMS general report.

Minister, in the EMS report they addressed a number of issues and I think that there has been some discussion, and you've alluded to this report and the fact that it's going to be studied in terms of your ongoing look at the Fyke Commission, etc. And I'm sure you're also aware of the response that the Saskatchewan EMS development project I gave through SEMSA (Saskatchewan Emergency Medical Services Association) to your office I believe. At least they released this report in terms of their response to the original report by Mr. Keller and Mr. Cross.

Minister, there's a couple of issues in there that I'd like to talk

about and touch on a bit. First of all I think that in some of the discussions that I've heard in the EMS report is they talk about the idea of part-time, on call, or the fact that there isn't 24/7 coverage in many jurisdictions. And there seems to be a predisposition towards 24/7 is only really being considered to be in place if it's a full-time person sort of sitting on duty the whole time.

And I think it's fair to say that in many of the smaller centres, in fact maybe the majority of them, there is 24/7 coverage even though it might be being done by volunteers. In almost every instance that I'm aware of the volunteer that is on call is on call 24/7, and they might be indeed working in the co-op store in their local community, but when their beeper goes off because there's an emergency they have arrangements so they can leave their place of work and attend to that call immediately, and so that service is available.

Secondarily if they are in the evening time frame they're on call as well and so when the emergency comes in they're down at the location of the ambulance immediately and are dispatched.

So it sort of sounds when I talk to people that there's many people, SAHO (Saskatchewan Association of Health Organizations) people, people across the province who are saying this EMS report is going to deal with the issue the fact that there isn't 24 hour/7 day a week coverage in this province and I want to sort of dispel the myth that that's the truth. There is 24/7 and it is being provided not only with full-time professionals but also with the part-time people that are volunteering in communities.

And I would ask the minister if he would agree with that assessment about the level of 24/7 coverage that we have in this province currently?

Hon. Mr. Nilson: — The answer is yes.

Mr. Gantefoer: — I see we're getting near the end of the day.

Thank you, Mr. Minister. and I think that's important to have on the record because I didn't want the impression that this is not being covered.

Minister, as well, another ... a couple of important considerations in the response that I think need to be talked about, and that is some system that would deal with the cost of ambulance rates and things of that nature. As you're aware, there is sort of a sliding rate scale; I'm trying to find it. I think this is it. As of February 1, 2001, the ambulance rate structure goes from a basic fee high of \$250 and a low of \$75; kilometre fee, a high of 225 and a low of 75; and waiting times, a high of \$100 and a low of \$40 per hour.

And, Minister, I think that the concern is, is that there's a great deal of difference in terms of what costs are actually incurred by an individual to access the ambulance system, is very much dependent on where you physically live in the province. If you're more remote to a Saskatoon or Regina health facility, you could end up with an ambulance bill in excess of \$1,000 to be transported, where if you're right in the major centre that is different.

And I want to ask you, Minister, one of the recommendations is, is that there's a standardized set of ambulance fees that are charged. They might be on a break-even point of view or they might actually be on a different point of view. But are you considering the idea of an equalized ambulance fee, no matter where you live in the province?

Hon. Mr. Nilson: — Clearly, some system of equalized rates is the goal that we have for the health system. I mean, basically we want to make sure that people aren't in some way treated unequally ultimately in how they enter into the health system. But one of the difficulties is there are many different ways to achieve that particular goal, whether it's setting flat rates or whether it's setting some kind of standardized system. And so that's under discussion. It's part of our overall discussion. But clearly the goal is to move to some way so that people will be charged a similar rate. Or ultimately, if we have the resources, that that would not be a cost that our citizens would have to bear.

Mr. Gantefoer: — Thank you, Minister. I think it certainly speaks to the accessibility of health care services no matter where you are in the province, and that's important.

As well, Minister, there are a number of recommendations in their report, and I won't go into all the details of them, but first of all, and one of the most important things in their response I felt, was that they recommend the establishment of a provincial ambulance advisory committee and that this committee would be tasked to deal with changes of policies, to deal with standards, standards like the qualifications of EMTs (emergency medical technician) and paramedics, the qualifications and the criteria for the actual physical ambulance replacement that they would develop strategies of, you know, determining locations for strategic placement of ambulances, ambulance replacement policies, and all of these issues related to the EMS system.

And I'm wondering, Minister, have you given consideration to the recommendation by SEMSA that there be a provincial ambulance advisory committee established?

(21:45)

Hon. Mr. Nilson: — To the member, and that specific question around a provincial ambulance advisory committee, at this point within the department we're looking at Fyke's broader suggestions and some of the broader issues. And so that very specific suggestion is one of the possible options that we're looking at around this whole area. But practically we're at this stage looking at some of the broader questions rather than the specific ones that are set out in the SEMSA suggestions.

Mr. Gantefoer: — Thank you, Minister. Then would you explain to me how the whole EMS piece is going to fit into this broader discussion because I think the whole issue of emergency access and, you know, access to regional facilities or whatever may be all part of that broader discussion. But you're still going to have to focus it down to deal with the recommendations in that EMS report in the first instance and how this is all going to fit together.

So how are the issues that are addressed in both the EMS report

and in SEMSA's response going to be addressed in this big picture methodology that you're establishing?

Hon. Mr. Nilson: — Basically what we're going to do is look at the broader question of access to the health system and how that happens depending on where you are in the province or what requirements there are for transfer from one place or one facility in the province to another facility. And some of those broader questions we're looking at will then allow us to respond more specifically to the EMS report and to the SEMSA report.

They have many good suggestions in there about how this can work, how we can build on some of the volunteer systems, some of the private systems and some of the district-run systems. All of those pieces I think need to be affirmed for the good things that they're doing, and then take some of their suggestions about how they can be improved and possibly coordinated and that's how we will proceed. But at this stage we're looking at a broader question about how the access to the whole system will take place and at what point do we start with the public funds paying for the costs. And as I said before, if we had the resources it would be right at the start so that there wouldn't be a cost to our citizens.

Mr. Gantfoer: — Thank you, Mr. Minister. Minister, I'd like to move on to another topic now. I know the hour is getting on, but I think it's important that we have this opportunity to cover as many of the topics as we can.

The topic I'd like to discuss is now is the Saskatchewan Health Information Network or SHIN as it's been known. And, Minister, I believe . . . and in this pile of papers I have on my desk, I've kind of lost it, but I believe that there is something in the magnitude of \$10 million that's budgeted this year for SHIN (Saskatchewan Health Information Network). Can you tell me Minister what is envisaged in terms of this year's expenditure and this year's program?

Hon. Mr. Nilson: — Yes, to the member, the department is adding \$10.6 million to SHIN and the projects that are going to be worked on this year include integrated system implementation. This project involves the configuration training and implementation of a new system solution to support improved service delivery across many acute and home care program areas in the five mid-size health districts using consistent standards and interfaces to the other districts. So in other words it's setting a common standard for the five mid-size health districts and allowing some integration with these districts, but also I think in connection to obviously the larger districts where some of the tertiary care is provided.

Secondary where money is going to is a provider registry. And SHINs going to work closely with the western provinces on a shared system solution so that health providers can be consistently identified. This will facilitate future systems integration across districts to support teamwork between the professionals in referring and treating patients. So basically if you have a registry of doctors and other health care providers with a clear, common method of identifying them, then the referrals can go much more quickly and the information can go much more quickly because they all have at least common addresses.

The third area is the implementation of the Sunrise Clinical Manager pilot program in Saskatoon district. And this will implement the Sunrise Clinical Manager electronic health record software in the emergency room at St. Paul's Hospital. This is a pilot project to evaluate this particular product.

The next area is a lab database repository development. And this will use common interface standards being developed by all the western provinces so that we will have a provincial database for electronic reporting of lab results so that this will reduce delays in reporting and also reduce the duplication in testing.

SHIN will also expand its health desk . . . help desk operation, which provides help desk services to 20 health districts at the present time. It'll also work together with the CommunityNet implementation. This is working with the districts and SaskTel to implement the next phase of CommunityNet utilizing a PKI (public key infrastructure) infrastructure to provide the high levels of security that are required for health information. This is especially beneficial to many of the rural health delivery locations.

Another part of this money will go to a centrally host and integrated solution, and this is implementing central-hosting technology throughout the whole SHIN network to support cost-effective implementation of the integrated systems solution to the five mid-sized health districts. So it's related to the previous project.

And then the final area is physician implementation. This will be working together with the Saskatchewan Medical Association. SHIN is planning to pilot a centrally hosted system solution that delivers on-line services and assists physicians in providing enhanced patient cares. There'll be about 75 physicians both urban and rural who will be able to utilize these new technologies so that SHIN can assess how we can best support them in providing quality care.

So basically these are all the different areas where this money is going to be used to expand the kinds of things that SHIN does. And we think that it's money well-spent in addressing a number of issues that have arisen around the sharing of information and the network solutions that are available.

Mr. Gantfoer: — Thank you, Mr. Minister. I can tell that you're just anxious that we get into the technical details of all of these projects that you've outlined tonight.

But, Minister, what I would ask you in general, are these projects being undertaken by way of contract with third-party agencies, or what is the methodology for implementing these programs? Has SHIN got their own staff, or what's the structure in terms of implementing the programs you've outlined?

Hon. Mr. Nilson: — To the member, SHIN has a small core of staff that does some of these things. Operational assistance is provided by SAIC (Science Applications International Corporation) on many of the issues. Some of the projects use existing software, and this software is then obtained through normal sort of request for proposal process. And then those proposals that are brought forward by a number of the commercial operations are assessed by the Department of Health officials, the SHIN officials, and the district officials.

Also some of the services that SHIN requires can also be provided by some of the technical people available in Saskatchewan Health.

Some Hon. Members: Hear, hear!

Mr. Gantefer: — Minister, I think that is either a ringing endorsement, or they're trying to wake you up.

Minister, in these processes where you're hiring other individuals, is there a bid process that's published across the province, or how do people that are . . . the ones that are in the technical expertise across the province, are they able to make proposals and bid on them? Or how is that process awarded?

Hon. Mr. Nilson: — To the member, the various types of software that are purchased sometimes from the national, international firms often require local people to be involved in that process so there would be some people that way.

But when there are projects that are capable of being tendered out, then they do go out and then they go basically on the national system because of the Agreement on Internal Trade in Canada.

And so I guess the answer to your question is sometimes that those things go out in a way that have a broad, open advertising. Other times it's purchase of specific project after consultation with the people who are going to use it and then some of the local people in Saskatchewan who are the technical support work on that project.

Mr. Gantefer: — Thank you, Minister. Minister, in the programs or the projects that you've outlined in the \$10.6 million that's allocated in this year's budget moves us arguably forward at some measure towards the final completion and implementation of a whole medical integrated data transfer system.

Has your department or has SHIN estimated what more needs to be done and what the time line is as when we'll actually have a system? What level of development will the system be? Can you give us a forward projection of where we are going and how much more it's likely to cost?

Hon. Mr. Nilson: — To the member, this is really an on-going process. As the technology changes, as the requirements change, as the kinds of information that's available changes, these things are assessed each year and addressed in a priority basis based on sort of the Health budget and working together with partners in the district health or for example, with the medical association. And so what we see is that this goal of providing and linking information together is something that's crucial in many ways but it's going to be a process that's ongoing.

(22:00)

A good example of that is that a number of our people from Saskatchewan are part of the national initiative around a Canadian health information network. And what we're finding is that many of the problems that we've tackled, and tried to solve in a very careful way with using our funds in a very

efficient and smart way, provide information and solutions to some of the national questions. And in many ways we have come up with some solutions that other places are looking for.

So what we're doing here in this whole area is continuing to work with the partners to move towards development of the sharing of the information in a way that protects the privacies of the patient but also serves the medical system well. And each year with new technology, with new information available, the definition of what is the solution changes as well.

Mr. Gantefer: — Thank you, Minister. Can you tell me when we started on the SHIN project and how much we have spent on it to date?

Hon. Mr. Nilson: — The amount that's been spent up until March 31 of 2001, the end of the last fiscal year, was \$38.7 million; and then there's this money of 10.10 million this year. And basically what was envisioned in 1997 when we started has had to adjust with the changes in technologies as we know certain kinds of things have become much cheaper, but another side, there has been other kinds of information that people have requested be included in the system. And one of the things that we are doing in Saskatchewan is being very careful to proceed in a measured fashion so that we don't follow what's happened with some of our neighbouring provinces where a lot of money has not been used all that fruitfully.

Mr. Gantefer: — Yes, thank you, Minister. So we are up to around \$50 million since we started. The question is I guess is that I appreciate the fact that it's changing and evolving, but somewhere down the line you say we're going to anticipate in three years and another \$30 million, or whatever it is, that we're going to have the basic operating structure in all our health districts or we're not. Is it going to take another \$50 million? Is this just a black hole that's going to be an ongoing thing that every year we hear about new projects that are costing \$10 million and we're no further away than implementing five mid-sized districts as a trial.

Hon. Mr. Nilson: — To the member, the first three years of SHIN has focused on creating a central network infrastructure, defining the information technology priorities within the health system, assisting all the districts to meet the Year 2000 issues and then implementing the first activities.

I would say to the member that of the \$10 million, \$10.6 million that's in this year's budget, approximately half of that relates to just operating what we've already built and then the other half relates to some new developments.

But basically the things that have happened in the first three years include designing the central infrastructure for the whole network, including the sophisticated security features, the hosting capacity, the test lab, and then the integrated supports centre. We have also developed the help desk and all of the e-mail services to an increasing number of districts and then worked with them to make sure that all of those districts had Year 2000 compliant technology so that they could connect into this system.

To date, the SHIN network links 27 health care organizations and 360 pharmacies. It provides help desk services to eight

health districts, the College of Physicians and Surgeons, the Department of Family Medicine, about 1,145 different users.

SHIN also hosts seven different applications for various health care organizations.

One of the projects that's ongoing is developing a pilot network servicing the Southwest Health District which links 130 staff in physicians' offices, in health centres, in hospitals, and the labs so that the information can be shared very quickly. This is a pilot project, and many of the bugs are being worked out there with the plan that that would then move on to other districts.

There's been a project with SHIN of integrating the provincial pharmacy network into SHIN so that we'll improve services and reduce costs. So more than 360 rural and urban pharmacies are receiving support services; 180 urban pharmacies are connected by the SHIN network via high-speed network connections which means information obviously in much larger amounts can travel much more quickly.

SHIN has been involved with implementing an electronic postpartum record in the Prince Albert Health District which is e-mailed from the hospital to the public health nurse. This allows then the public nurse to have the information immediately about new mothers and newborn children so that they can do the follow up much more quickly.

SHIN has also been involved in transferring CT (computerized tomography) scan images over the SHIN network from Prince Albert down to Saskatoon when they refer to Saskatoon. And this reduces duplicate testing, and it's obviously a pilot project for broader use.

We're also supporting a provincial physician registry and further automation of the triplicate program for the College of Physicians and Surgeons as it relates to double doctoring around drugs.

And we're also supporting the implementation of an assessment tool for long-term care facilities through a computer system. And as stated before, we're assisting Saskatoon District Health in implementing the Sunrise Clinical Manager which is an electronic health record software into the emergency room at St. Paul's Hospital.

So those are some of the things that have happened over the first three years of operation. As I said before, as new challenges arise there are new requests that are put forward. SHIN works very closely with the technical people within the Department of Health and also with all of the districts and the College of Physicians and Surgeons and the pharmacists in the province.

Mr. Gantefoer: — Minister, that was a very comprehensive recap of what we're doing for the \$40 million and what we're going to do for the 10.6.

The question is, more specifically, how long will it take before all of the doctors in this province are connected to all of the health facilities in the province? How long will it be before we can digitally send X-ray or mammogram material from one jurisdiction to another, to a radiologist or whatever? When is

the system going to be running up to at least its promised minimum capacity?

Hon. Mr. Nilson: — That's not an easy question to answer. But what I would say is that the rollout of the CommunityNet across the province and the Saskatchewan Health's participation in that program is to further develop the ability for this rollout to go right over the whole province in exactly the way that you talk about, which is that the positions will work and be able to transfer their information back and forth. And what we know is that there are different parts of the system where that's working now.

Interestingly enough, the federal government's budget, which includes \$500 million for the Canadian health information work, is a part of what's happening about building some common standards across the country.

And so one of the reasons that we're not moving quite as quickly as we might in some of these areas is that we don't want to build a standard here in Saskatchewan that is out of sync with other provinces so that when we get there the information we have won't connect in other places.

Because of the work that we've done in Saskatchewan, as I've said before in a very careful, effective way, our people within Saskatchewan Health and at SHIN are actually some of the leadership in the whole country on designing the common standards because we've asked many of the questions that need to be asked.

And so we're hopeful that some of those decisions around the common standards will be made soon so that then we can focus our attention in building the network across the province.

As far as the digital information that can be transferred, we know that some districts have that ability now and have made arrangements to connect with some of the networks that are available. And we're obviously working together with those districts, and continuing to evaluate which systems work most effectively and which ones don't. But there are some situations now where digital images, especially in the radiology side, are able to be transferred and analyzed by somebody in a central location out to some of the rural areas.

Mr. Gantefoer: — Thank you, Minister. I can see where I'm not going to have enough time this night to get you to actually say that it's going to be in three years or four years or five years and it's going to cost X number of dollars.

But in this indeterminate future when we have medical records that we'll be able to transfer electronically across the province, I want to talk about sort of the issue of who owns those records and the issues surrounding privacy of those records.

I would assume if I'm a client in this distant or indeterminate future, that I go into my local general practitioner, family physician, and by my presence at that office I then authorize him, if you like, to open my record, and access my record, and add tests to it or annotations to it. Likewise, if he sends me for some lab test and things of that nature, by my presence and presenting myself at that location, I am giving permission for those people to add those technical data, etc., to my record, etc.

What I would like to do is to ask you, Minister, have you established a protocol as to how the records, the health records, of an individual client are going to be preserved, and how accessibility is going to be identified, and what that process is going to look like in this indeterminate future when the system is actually working?

(22:15)

Hon. Mr. Nilson: — To the member. On the technical side, we have the systems in place that provide the security that's required around this information. But the more difficult question relates to the health information, and the privacy of that information, and how does one deal with personal information that belongs to a patient in a system.

And this is a matter of debate on a national basis to try to set a protocol that would work across our country. It's also even a bigger debate in the United States where you have so many private health insurance companies that work in that system, and how is the patient information get treated when it's owned by a private company, or is it owned by a private company — all of those kinds of issues.

One of the solutions that's being discussed does relate to the consent of the patient about the use of information about them and how much information will be used about them. One of the basic tenets is that if you want to get the best advice from health providers who are using your information, then probably the best thing for you to do is to give total, open use of your medical information. And so what is happening now is that there is this exact debate. Our policy will be to design a system that recognizes that balance between the privacy of the patient but also the clear desire of a patient to get the best medical help possible and therefore share as much information as possible with the professionals who are providing the advice.

Mr. Gantfoer: — Thank you, Mr. Minister. I think I hear you saying that this is a work in progress, and I think that's true, and it's particularly important that we don't go up to some blind alley, that we find that what we've developed and all the hard work we've done is really incompatible with what's happening in Canada and in North America. And I think that that caution would be one that I would share with you and certainly support you on in terms of being careful about it.

The other thing is though I think that it also is important that we put pressure or at least some impetus on the colleagues in other jurisdictions to get this work underway because I think everyone recognizes that this is a very important component of being able to really have a good health care system into the future.

The portability and transferability and accuracy and all of those issues surrounding medical records is a very important one, and indeed in our next meeting I want to talk about the cancer agency and radiology and mammograms and things of that nature, and data transfer is a very important part of those whole programs. And so I think it's important that we do our very best to make sure that we can use the technology to get that imaging data to the technical expertise that we need because it might not be in Saskatoon or Regina. Indeed the world is getting very much integrated in this way. And so if we're going to get the

very best advice and the very best radiologists reading some of these tests, it is important that we have the electronic support system in place. So I indeed would encourage you to make sure that this moves forward in a timely fashion.

Minister, a colleague from Cannington has a couple of questions before we close this evening, but as this will be my last opportunity to talk to you this evening and to your officials, thank you for being here for two fairly long hours and covering a great deal of questions. I found that your answers were very useful and I appreciate it. Thank you.

Mr. D'Autremont: — Thank you, Mr. Chairman. Minister and officials, I'd like to welcome you here this evening. What I have been receiving over the last while is a number of letters from the people of southeast Saskatchewan concerned about health care. And I would like to read to you the letter and some of the comments they have made to them. And then I'll table the letter and hopefully you will get the chance to see who has been sending these letters.

The letter reads:

Dear Sir:

As a Saskatchewan taxpayer I'm very concerned about the possible closure of our hospital, Redvers, as well as the possible reduction in ambulance services in our community. If this in fact occurred it would present a major blow to an otherwise thriving community. Redvers and the surrounding district is presently serviced by a privately built hospital (1998) supplying a full spectrum of medical services.

In fact, when that hospital was opened, Mr. Minister, the associate minister of Health at the time, the member from Saskatoon Southeast — no, Saskatoon Eastview it was — came down and did the grand opening of that new facility, Mr. Minister.

I carry on with the letter:

Due to the presence of this hospital, the community is attractive to retiring seniors as well as younger families who are relying on excellent medical care. Redvers and the surrounding areas are agricultural communities who do not rely on any secondary industry to contribute to its economic well-being. Closing our hospital would negatively affect hundreds of families in this area. The loss of the hospital service would cause a chain reaction. School enrolment would drop. Job loss and population decline as families leave the area.

The Redvers hospital services one of the area's largest employers on a daily basis, the Redvers Activity Centre. The centre cares and provides for 35 severely mentally disabled individuals who require immediate medical expertise on a regular basis. Longer ambulance travel time in a distant health care would severely affect the well-being of these individuals. The hospital also serves the White Bear First Nation located in the area.

A few major concerns I have with the closure of our

hospital is the all-out demise of rural Saskatchewan and how can the urban centre satisfactorily handle our medical needs when they cannot meet them now? Nurses from rural areas will not leave their families to work in the larger centres.

The Redvers hospital was built with private funds by people who believe that rural Saskatchewan is a great place to live and raise their families. Hospital closure and ambulance service reduction to our community would be devastating and unfair.

The Fyke report speaks of a team approach and a change of attitude. We already have the team and our attitude speaks for itself.

They also included a quote, Mr. Minister, from Justice Emmett Hall in the letter, and I'll read that.

Our proudest achievement in the well-being of Canadians has been in asserting that illness is burden enough in itself. Financial ruin must not compound it. That is why medicare has been called a sacred trust and we must not allow that trust to be betrayed.

Well, Mr. Minister, this particular letter that I read from was signed by the Redvers Centennial Haven auxiliary — a Naomi Olsen, Jeannine Gaudet, Simone Quenelle, Jean Lemieux, Denise Rousell, Myrna Pedersen, Aline Vinck, and Marion Jorgensen. These people, Mr. Minister, as you can tell, are very concerned about the future of health care in their communities just as members and people across Saskatchewan whether you live in a small town such as Redvers, a larger community such as Melville or Swift Current or Moose Jaw, or if you live in our major urban centres, Regina and Saskatoon. People have a great deal of concern about their access to health care and what kind of service and treatment they're going to receive when they get to that health care centre.

A number of the people, Mr. Minister, also included more personal comments when they signed their letters, Mr. Minister. This one says:

We appreciate our doctor and nurses, our nurses and staff, our hospital. Don't take it away from us, please.

This one says:

Please have a little compassion for us rural people and reject the Fyke report. Let us keep our hospitals and ambulance services.

They also note on here that they sent the same letter to the Premier.

This one says:

Can you imagine if we have to drive to Brandon or Regina with one of the kids for a simple ear infection? Take a day off work just to do it.

Another one:

I have a sister-in-law who lives in Redvers and I hope the hospital stays there for her sake and many others — we need it.

We cannot imagine Redvers without a hospital, doctors, and staff. That is a very busy, important part of a life in Redvers we cannot do without.

As rural citizens of Saskatchewan we should be entitled to access equal medical care in our area as urban people do in theirs. We should not be made to travel hours just because of where we live. In some instances this could mean the difference between life and death.

This is a particularly interesting one, Mr. Minister. It comes from Irwin and Mary Hainsworth.

If it hadn't been for our hospital in Redvers last November, Irwin wouldn't be here to tell about it. Also Dr. Pesenti took very good care of him.

And this one, Mr. Minister, affects a family with an accident that just occurred less than a month ago, Carmen and Franklin Toms:

We know from personal experience of the loss of our son Robbie as to how important our hospital and ambulance services are to us.

So, Mr. Minister, these people are very concerned. They have expressed their concern by sending letters which I would like to table now and hopefully, Mr. Minister, you will either get a copy or at least the addresses.

No I wasn't going to read all of them, although I know the minister would stay here until 3 this morning if he had to. We've actually done that although that was with a different minister at the time, Louise Simard. Not going to make him do that tonight.

But the people of the Redvers and area community have expressed a great deal of concern about the future of their hospital. I was talking to one of the ladies in Redvers this afternoon and she was telling me that they have made seven submissions to come and make presentations to the Standing Committee on Health dealing with the Fyke report.

They haven't received a response yet whether they will be allowed to make that many separate presentations and to what times or when they would be allowed to do that. But I think that's an indication of the concern they have.

There was a meeting held down in Redvers just before the end of April and this is the Redvers *New Optimist*, April 30, and the headline is, "Fyke report not received well with over 500 people." Oh the minister has a copy of it.

People showed up there, Mr. Minister, and had a lot to say. They certainly weren't very happy with Mr. Fyke and they weren't very happy with the government looking at Mr. Fyke's report. I'd like to quote a little bit from what the chairman of the Moose Mountain Health District had to say:

Allan Arthur, chairman of the Moose Mountain Health District explained that if the recommendations of the Fyke report were adopted the nearest acute care facility would be 150 kilometres away. Without acute care beds medical staff would leave, he said.

I think most people in Saskatchewan would feel that 150 kilometres away from their nearest acute care facility is much too far. Now I'm sure that if you suggested to somebody in any of our cities that it would be acceptable for them to be 150 kilometres away from their nearest hospital they would be up in arms. So you can understand why the people in rural Saskatchewan are also feeling that very same thing.

Also some interesting quotes, Mr. Minister, from the doctor in the area. Dr. Jaco Greyling is a physician who works at the facility and he said:

I think we have made a difference in helping people who are acutely ill. I can think of cases where it would have been life and death if the patient had not had access to the health services within an hour of when they did.

Dr. Greyling said:

A doctor without a hospital, x-rays, laboratories, and without a pharmacy is no better than any primary care worker. It would be frustrating for a doctor to work without auxiliary medical services — a doctor not able to admit patients to relieve physical needs, to get x-rays, would be a frustrating job. Doctors will leave. In that way, they are going to kill rural Saskatchewan.

So I think you can tell, Mr. Minister, that the people, especially in Redvers, but not just in Redvers, in my own constituency, whether it be in Wawota, in Carlyle, in Arcola, neighbouring communities like Kipling are very, very interested in retaining their acute care facilities.

So, Mr. Minister, I guess my question to you: what assurances, what kind of calming effect can you supply to the people of Saskatchewan that their medical services will indeed be there, available for them?

Hon. Mr. Nilson: — Well I think that to answer your question to start off, I would quote quite a famous person from your part of the country. And here is what he said. He said:

We are all equally important, no matter where we live. It is up to each and every one of us to step forward to make sure that our health care services continue.

And basically that's a statement that I agree with, and I would like to attribute it to the member opposite. This is what he said at the public meeting on April 25 down in that community that he was talking about.

And I think that's a pretty good summary of what it is that we're doing right now when we talk about the whole health system for the province. What we're saying is we have some challenges that relate to our whole system, but we have to work at it together to figure out what the solution is.

(22:30)

One of the things that we know — and we have to start from what we know — is that in many parts of the province people have sorted out and come to some very good accommodations around providing services for the people in their area. And what we want to do is build on these kinds of services that people have developed and provide better care and the kind of care that is accessible across the province. So the only way we can do that is by working with the people in the local communities.

Earlier today I was out in the community of Moosomin, and basically had a similar discussion with the people there about providing care in that whole eastern side of the province. And the questions that you've raised obviously continue the discussion just a little further south in that part of the province.

And I think the important point to remember is that we have to work together with the health providers — with the doctors, and the nurses, and the technical people, with all of the support staff throughout the hospitals. We have to work with the communities, the health district boards, and we have to design the kinds of solutions that will provide the day-to-day care that people need as well as providing the specialist care when some of the emergencies arise.

And that's the task that we're doing through our Standing Committee on Health. It's the task that we're about within the department, working together with the districts and local people, and that's the task that we're going to continue.

Some Hon. Members: Hear, hear!

Mr. D'Autremont: — Thank you, Mr. Minister. I can tell that your partisans are trying to keep the fervour going there. But, Mr. Minister, the people in Redvers have provided for their health care. They provided the entire amount of funding, over \$2 million, to build a new acute care facility, which was opened by the past associate minister of Health in 1998.

They now want to have the ability to keep that facility open. They have gone out and hired the doctors and retained the doctors. They continue to hire and provide for the nursing staff, the technical staff available in that facility that services southeast Saskatchewan. As an acute care, that hospital is the furthest east and the furthest south in Saskatchewan. Estevan is further south, but it's more towards the west.

So that is the hospital, Mr. Minister, between Estevan and Moosomin that you were talking about. There is certainly a need for that hospital in the area and the people there are very, very concerned about it.

They're also very concerned about their ambulance service. In fact I wish to relate to you a story that just occurred here about a week and a half ago. There was an accident just south of Redvers. They phoned 911. They contacted the local ambulance services directly. The family only lived about five miles from where the accident site occurred. They were notified after the ambulance was called.

By the time they got there, the ambulance from Redvers was already on site. But it took another hour and a half for the Jaws

of Life to get there because the 911 service sent it to the wrong place. They had been informed where it was exactly, but nevertheless it was sent to the wrong location. So the person that was in this vehicle was left laying there trapped in the vehicle for an hour and a half. The ambulance crew could not get him out. So luckily that young man lived, but he was injured, not severely enough to threaten his life, but certainly that he's going to be laid up for a while.

So, Mr. Minister, while communities have provided these services for themselves, the centralized service that you're trying to provide for them now with 911, I'm hearing too many occasions, Mr. Minister, where it's not working. Anecdotally, I know of another situation. This happened in a metropolitan centre where the heart attack occurred in a commercial venue. They phoned 911 and the ambulance was sent to the same kind of venue in another city.

So, Mr. Minister, the system isn't working right yet and it's causing problems. Luckily in both of these cases no deaths were the result of it. But, Mr. Minister, I think that there is still a need to retain some services at the local level because our fancy equipment just doesn't cut it yet.

So, Mr. Minister, what kind of commitment can you make tonight to retain access to those services on a local level that people can continue to phone to contact the ambulance, the jaws of life in their own areas to get those there on time rather than simply relying on a 911 system that I'm afraid isn't up to it yet?

Hon. Mr. Nilson: — The question that the member raises does go to one of the issues in the EMS report around central dispatch versus local dispatch, and arguably local dispatch is also central for a number of communities. So it's kind of a relative question.

But I think the question is province-wide versus the southeast corner of the province versus another part of the province. And the kinds of issues that you've raised cause concern for everybody because you don't want to have a system that has those kind of problems.

And basically what I would say from Saskatchewan Health's perspective, and we have to remember that the question you've raised about the emergency responses includes local health districts, fire departments, police services, as well as health facilities. And most of them are coordinated through the 911 program which is in our government located in Municipal Government and Housing as a department. So the specific questions around the operation of that I will leave for my fellow minister on that particular question.

But Health's concern would be to make sure that the connections are made as quickly and as efficiently as possible. And we are working together with our partners to make sure the health component is one that responds to all the needs of the people of the province.

Mr. D'Autremont: — Well thank you, Mr. Minister. I think what's important is not that the connections are made but the patient who phones in, in an emergency, gets the service as quickly as possible.

That's what needs to happen. Now I don't care how many computers and switches and things that they have connecting up their various offices, but how long does it take to get the ambulance and the Jaws of Life and other emergency services out to the emergency location from the time the call goes in. That's the critical thing. An hour and a half in this case didn't cost anybody their life but it's still unacceptable, Mr. Minister.

I don't have any more questions this evening, but one of my other colleagues does have a few for you. Thank you very much.

Mr. Toth: — Thank you, Mr. Chair, and thank you to my colleagues. Mr. Minister, just a couple of comments regarding ambulatory service and EMS services.

Mr. Minister, in the Moosomin Rocanville area there was a bit of a controversy a few years ago because of the intensive work that a lot of the volunteer firefighting services have done in regards to the way they have prepared themselves for the paramedic type of services that they provide. And I am pleased to say that we were able to come to a consensus and agreement as to the level of care and the responses that would be given.

And the concern at that time came about where the ambulatory service was felt they had the ability to get to an emergency even 20 or 30 miles away, which would be 20 or 30 minutes, when a local group especially the group in Rocanville working at the mine had taken a lot of training and said well if there is an accident four or five minutes away where you've got 25, we can be there. And we had a bit of a controversy at the time and I'm pleased to say that we were able to arrive at an agreement as to how the responses would be met so that if a group could be there much earlier and then transport and, if you will, meet the ambulatory service coming out, I think that's how the agreement was finally reached. And so again I guess what is shown, Mr. Minister, in a lot of rural communities there are services, and we need to coordinate them to indeed meet the need as quickly as possible to whatever emergency.

But the questions I'd like to raise tonight are a couple of questions in regards to the Moosomin health facility. And as you did mention, Mr. Minister, you had the privilege of touring the facility today. I know that for the last number of years, probably about at least two times since your government took office, that there were promises made for a new facility. I know the former minister, just prior to the last provincial election, said that the funding was there and a facility would be in place.

And I'm not exactly sure what message you left with the community today, Mr. Minister, but I would like to know exactly where things stand in regards to the facility in Moosomin, commitment to that facility. I think what you saw today, Mr. Minister, was also a . . . and it was probably brought to your attention the fact that an operating room has now been up and running for better than a year, and as I understand it has been functioning very well, being serviced very well.

So with all the work and the effort that has been put into the facility in Moosomin, the area that it covers . . . I know when Mr. Fyke was sitting on the floor in front of us about a month and a half ago, in his report he talked about communities of less than 5,000 not being large enough to sustain a hospital facility.

I'm not sure if you were informed of the 15,000 files that the physicians in Moosomin have in their office, which indicates the area and the level of service that is being offered.

So, Mr. Minister, I'm wondering if you could just fill us in as to where we are and the long struggle that the community of Moosomin has had in addressing their health facility needs.

Hon. Mr. Nilson: — To the member, I was very pleased to meet with the local district health people and the local planning committee earlier today to talk about their plans and their ideas as well as see some of the needs that are there as it relates to the lodges and the hospital facility.

Just in March of this year, the Department of Health provided another \$300,000 plus for further steps in the planning process. And so what the people were telling me about was some of the work that they've been able to do with some of the consultants around addressing some of the needs that they have.

The local committee has put together a proposal around the scope of the project, and as I'm sure the member knows, that there are many steps that a community and the organizing committees go through together with the Department of Health in the process.

And so I guess what I would say is that the process is ongoing. The issues are being further defined. The community is working at raising funds there. The department is carefully examining the capital budgets that we have as to what the various possibilities are, but at this point we haven't made a definite commitment as to time or plan. But the planning and the process of defining what kind of project is needed out in that area is ongoing.

Mr. Toth: — Mr. Chair, Mr. Minister, that sounds to me like it's a way of skirting the issue of whether or not we're really making a firm commitment other than a long . . . it seems to be a long planning stage. The community's been going at it for a long time, as you did indicate.

And I'm sure, Mr. Minister, as well, you are probably quite well aware of — even in the long-term care that's available in the community — the facilities are fairly aged, and those facilities were built at a time when there was level one and two care, mainly, in the facilities. And versus the heavy care that is now needed and provided in those two facilities, and the facts that a lot of those patients are now in wheelchairs and those corridors just are not really compatible to the heavy care, and the needs of the . . . or the access down the corridors for wheelchair patients.

So, Mr. Minister, while it does take a while, I believe there was a period, certainly through the '80s there was a discussion, but 10 years later since the election of your government we're still waiting. And I guess what the community is wondering, exactly how long does a while mean. And I guess the other question that comes to the forefront, the communities in the surrounding area are very . . . working very deliberately, and very diligently to raise 35 per cent of the funding. There isn't any other area that puts that kind of local funding into capital structure.

It used to be, if I'm not mistaken, I believe it was 15 per cent at one time, and I may be misquoted on that. But 35 per cent is a

fairly steep request of the local community. It's almost like you're saying, well if you can do that, then we might put the facility there. It's almost, I guess what we're saying, Mr. Minister, is a lot of rural areas are being discriminated against. We talk about medicare, we talk about equality and equal access to health care facilities. And when you are looking at facilities where you're an hour and a half, two hours, almost two and a half hours away from some major service or communities that it would be appropriate that maybe if we're talking of . . . as we heard Ms. Douglas yesterday talking about don't let medicare die, and yet at the same time, we have to question whether or not it's really working fairly for all residents.

And so, Mr. Minister, a question I would have to ask in regards to that, is it fair that smaller communities have to raise a larger percentage of the funds versus the large facilities? And secondly, I don't know if you indicated your thoughts or whether or not you actually had an opportunity to observe the O.R. facilities in the hospital at Moosomin, which I might add, Mr. Minister, have been totally funded at the local level.

Hon. Mr. Nilson: — To the member, just to clarify the percentage issue that the member has raised. Right now, the plan or the process is that the local communities raise 35 per cent. There was a slight difference related to the Melfort project for the member that's sitting next to you, and the Weyburn project given the fact that those were SPMC properties that were included in the whole process.

The old system was 15 per cent as it related to special care but funding for acute care ranged from 50/50 which was not as good a way as it is now, to sometimes, you know, a hundred per cent. So there was a variation.

But basically what I would say is that we, as taxpayers in this province, have said there's a certain amount of taxes that we're going to contribute to the whole provision of services. And I know, clearly on your side of the House, you've said let's collect less money so that we have less money for the services. We know kind of what the budgets were that you had set out in your '99 election plan. They were substantially less than what we've actually have spent.

What we are trying to do here with the increased budget that we have and the capital budget that we have is attempt to put the money out to the communities in as fair and as quick a way as possible. But we have to operate within the resources that we have and that means that we have to be very careful when we make the commitments.

And so that's why we're wanting to work with the communities, make sure that the scope and the plans for the communities are accurate and reflect what the longer-term needs are and also so that we're using the money most effectively across the province. And so we will continue to do that.

I was pleased to be part of announcements in Melfort and Weyburn, but basically we're trying to work with all of these things in a careful way. Those projects which are under construction are continuing. At this point those projects which are in planning, those ones are continuing. But all of these

things are being discussed and reviewed in light of what we're going to do to respond to Mr. Fyke's report.

Mr. Toth: — Mr. Chairman, some hon. members on the opposite side of the House were actually encouraging the minister to be stampeded into an answer.

We would certainly like to see the minister come out to Moosomin as he did to Melfort and I believe was it Weyburn and Melville, and make announcements as well that we finally . . . We've done a lot of the work and this project is a project worthwhile moving forward on, and it's time to move forward on it. And, Mr. Minister, we trust in the near future that indeed we will have moved from this ongoing planning stage to a position of yes, it's time to proceed. It's not just time to give a voice of support to the project but indeed move ahead with the project.

Mr. Minister, the reason I'm raising these questions as well is not just for the sake of the community, but talking to a number of people in the constituency and a letter from an elderly gentleman just most recently, really stressing the point and really concerned about what he was hearing from the Fyke report and whether or not as representatives we were paying attention to the health needs of individuals.

And my colleague, the member from Cannington, talked about the fact that in communities where there are health centres, people do take the time, and as people retire, they look for areas or communities that they believe the health services will be available in. So it's important that we give serious . . . not only serious consideration but start to move in that matter.

Mr. Minister, last night as well — and with this I'll wrap up my questioning unless someone else has a few more questions or we want to debate this a little further — but there was raised an issue from a family in Broadview who were quite concerned about the level of care and the type, the runaround they received at the time when the mother passed away and some concerns about how they were responded to and I was wondering, Mr. Minister, if you had a chance to follow up on that question?

Some Hon. Members: Hear, hear!

Hon. Mr. Nilson: — Perhaps you can give more information on this one. Is this . . . because I'm not quite sure this is the one that you raised with me last night . . . (inaudible interjection) . . . Okay well I don't have a response tonight on that one. But I know that I gave the information, and it's being followed up. But I don't have it yet.

Mr. D'Autremont: — Thank you. The light's finally come on. Mr. Chairman, I believe at this time it would be appropriate if we reported progress on this.

The committee reported progress.

The Assembly adjourned at 22:54.