

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
SIXTH SESSION – FOURTEENTH LEGISLATURE
26th Day

March 12th, 1964

The Assembly met at 2:30 o'clock

On the Orders of the Day

STATEMENT RE TOLLS FOR INLAND WATERWAYS

Hon. W.S. Lloyd (Premier): — Mr. Speaker, before the Orders of the Day, since the government of Saskatchewan will be making some representations in a matter of a few weeks time regarding the policy of tolls for inland waterways, I thought I should lay on the table for the information of members, a statement with regard to this matter. The statement is one which has been prepared and which will be submitted later on and I would read the following statement which is a little bit lengthy, I am afraid, but it is a little bit complicated subject.

The government of Saskatchewan in a submission to the federal government in 1958, enunciated its policy on tolls for inland waterways as follows:

It is the contention of the province of Saskatchewan that imposition of tolls on the St. Lawrence Seaway and the Welland Canal is completely at variance with Canadian experience, with established national policy, and with the dictates of economic logic.

We pointed out that action to impose tolls on inland waterways was:

Out of harmony with fundamental Canadian economic policy, and that, if realized, it would constitute a serious barrier to the reduction of the onerous burden of transportation costs upon the producers of the prairie provinces.

This remains the firm policy of the government of Saskatchewan. Next month the government will present a statement to the St. Lawrence Seaway Authority reiterating its support for the policy of toll-free inland waterways first enunciated by the Canadian government in 1903. In addition, we will oppose the re-introduction of tolls on the Welland Canal which are due to take effect on April 1st, 1964.

It is our intention to emphasize again that an increase in seaway tolls including the reimposition of tolls on the Welland Canal will have an adverse effect on both producers and consumers in western Canada. Such action will aggravate the competitive disadvantage of the Canadian wheat producers by increased transportation costs. At the same time such action will impose additional costs on Canadian manufacturers thereby increasing the price of manufactured goods, including farm machinery sold in western Canada.

The intense competition which Canadian wheat currently faces and will no doubt continue to face in world markets, renders it of the utmost importance that costs of production including transportation be reduced to an absolute minimum.

We will also point out that the Canadian wheat producer is largely dependent on outside sources for essential implements of production and household equipment. The imposition of tolls would increase the costs of raw materials to steel producers and thus, eventually, the price of manufactured machinery and equipment to all who require it. Similarly, tolls on coal, limestone, petroleum, petroleum products and any other bulky materials or supplies required by manufacturers in central Canada would constitute added costs to the buyers of machinery and equipment including those in the prairie provinces. Tolls paid on canal traffic other than wheat would consequently raise the cost of production of wheat above what they would be, without tolls and again add to the competitive disadvantages of the Canadian wheat producer in world markets.

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During the years 1959 to 1962 inclusive agricultural products other than animal products accounted for from 35 per cent to 50 per cent of the total tonnage moving through the seaway. Any tolls assessed are an arbitrary on users, in our opinion, particularly those concerned with the movement of agricultural products. This will inevitably reduce the rate of growth of traffic and result in less-than optimum utilization of the seaway. Economically valid reasons for such actions are very difficult to find.

In our statement to the Seaway Authority, we reiterate our stand that tolls should be eliminated on the St. Lawrence Seaway, and that they should not be reimposed on the Welland Canal, as any action on the St. Lawrence Seaway must be a matter of negotiations between the Canadian and the United States governments, we maintain that the least the Canadian government should settle for is the fixing of such toll as may be imposed on the basis of the annual cost of operations and maintenance only.

With this in view, we will propose that the St. Lawrence Seaway Act, 1951, be amended so that the amortization of capital costs and accrued interest is eliminated, and that such capital costs and accrued interest be paid from national accounts.

This, plus a continuation of a toll-free Welland Canal, (which is the sole responsibility of the Canadian government) will ensure that optimum use will be made of the waterway. This will encourage the growth of traffic and act as a stimulant to our vital import and export trade, reacting to the benefit of all Canadian producers and consumers.

I have released this to the press, Mr. Speaker, and consequently wish to make it available to the house, together with a copy of the statement which is prepared by my colleague, the hon. Mr. Brown, which will be submitted later in the year to the seaway authority.

NATURAL GAS CUSTOMERS

Hon. Russel Brown (Minister of Industry and Information): — Before the Orders of the Day, I would like to take this opportunity to advise the members of the house that the Saskatchewan Power Corporation today added to the natural gas system, the 100,000 customer. He is Mr. Keith Lynn, an engineer with the Central Del Rio Oil Company in the city of Weyburn and at suitable ceremonies down there, we will be presenting him with some memento of this occasion when we have finally reached the 100,000 gas customer.

Some Hon. Members: — HEAR! HEAR!

WELCOME TO PROVINCIAL DRAMA WINNERS

Mr. Karl F. Klein (Notukeu-Willowbunch): — Mr. Speaker, before the Orders of the Day, I would like to draw the attention of the house to a very talented group of young students from the Willowbunch High School. They are sitting on the front row of the gallery, they are the group, who yesterday evening won first prize in the provincial drama festival which was held here in Regina.

Some Hon. Members: — HEAR! HEAR!

Mr. Klein: — They are under the direction of Mr. Phillipot and I think his work is especially commendable since this is only the second year that they have entered the drama competition in the province. I can well understand why their play had a degree of success, it is one that would intrigue all young men, the play is entitled, "Why I am a Bachelor". I'm sure the house will join with me in wishing them every success in their future endeavors.

Some Hon. Members: — HEAR! HEAR!

WELCOME TO STUDENTS

Mr. A.T. Stone (Saskatoon City): — Mr. Speaker, before the Orders of the Day are proceeded with, I too would like to welcome a group of some 45 children from the Hugh Cairns school in Saskatoon. I am sure the members will join with me in saying how delighted we are to have them here and hope that they have enjoyed their stay in the capitol city and that it will be an informative day for them.

Some Hon. Members: — HEAR! HEAR!

MOTION RE EXTENDED SITTINGS

Hon. J.H. Brockelbank (Provincial Treasurer): — Mr. Speaker, the motion in the order paper will be a little different as I read it, because it was designed to be moved and dealt with yesterday, rather than today. The new motion which I move, seconded by the Hon. Mr. Walker, reads:

That commencing Friday, March 13th, 1964, until the end of the session, standing order two be suspended to permit sittings to commence at 10:00 o'clock a.m. with an intermission from 12:30 o'clock p.m. until 2:30 o'clock p.m.; and commencing Wednesday March 18th, 1964, and on each Wednesday until the end of the session, standing order 5(2) be suspended so that the sitting of the assembly may be continued at 7:30 p.m. and commencing on Saturday, March 14th, 1964, and on each Saturday until the end of the session, the assembly shall meet at 10:00 o'clock a.m., and in addition to the regular intermission between 5:30 o'clock p.m. and 7:30 p.m. there shall be an intermission between 12:30 o'clock p.m. and 2:30 p.m. o'clock. The order of business on a Saturday to be the same as on Friday.

Now I have one other thing I want to say about this, I understand that there has been discussion between the representatives of the house and I want to give the assurance that unless it is the wish of the opposition to do otherwise, the house will be adjourned Friday, tomorrow, Friday afternoon, at 5:30 and will stand adjourned until Monday at 10:00 a.m. That is, there will be no sitting on Saturday. I think that has been agreed to, so we have that undertaking, that when it comes to 5:30 on Friday, that motion will be introduced for the members to deal with.

Mr. Franklin E. Foley (Turtleford): — Mr. Speaker, I just wondered in view of the hon. Provincial Treasurer's remarks, that the wording there, "and commencing Saturday, March 14th", could not then be changed to Saturday, March 21st.

Hon. A.E. Blakeney (Minister of Public Health): — Mr. Speaker, if I may join the debate, I think it could be mentioned that assurance given by the Provincial Treasurer was that unless the opposition desired it, and the reason, I think, for leaving Saturday the 14th on, was to give the house flexibility to sit on Saturday if both sides of the house wanted to do so, and I don't suppose we can say, by and large, you won't want to do that now, but it might be possible as we thought when the motion was made.

Mrs. Marjorie Cooper (Regina City): — Mr. Speaker, could I ask a question? With regard to crown corporations, this may mean some adjustment here, have you given any thought to that?

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Mr. Brockelbank: — The committee meeting could be held tomorrow evening, as a matter of fact, or on Monday morning, or Friday morning, tomorrow morning at 9 o'clock. This is when it would have to be held; it would be tomorrow morning.

Mrs. Cooper: — Well, I . . .

Mr. Speaker: — ORDER! I think this debate is out of order very much.

Mr. Brockelbank: — What I was going to say was, I believe the Premier gave me to understand that we would not use our majority to compel a sitting on Saturday, or Friday evening.

Motion agreed to.

ADJOURNED DEBATES

The Assembly renewed the adjourned debate on the proposed motion of Hon. Mr. Blakeney for second reading of Bill No. 49, An Act respecting the Establishment and Operation of a Hospital Centre for the Residents of Southern Saskatchewan.

Mr. J.W. Gardiner (Melville): — Mr. Speaker, in the few words I spoke on this particular subject in adjourning the debate a few days ago, I had made reference to the problem that had arisen, not only here in the city of Regina, but in the entire southern part of the province of Saskatchewan, because of the bed shortage that had developed in the hospitals, particularly in the city of Regina.

I believe all of us that are within a radius of probably 200 miles of the city of Regina, find that this problem in this city affects each and very one of our constituencies. It affects residents who are looking for the type of medical care that they must come to centres, such as Regina and Saskatoon, for. Unfortunately, this is not a problem that has developed within the last two or three years. For that reason in bringing before the house the measures that is now being suggested by the government, the minister and the government must accept responsibility for the position that we find ourselves in at the present time in southern Saskatchewan and in the city of Regina with regard to a shortage of hospital beds.

There has been some reference to the fact that discussion has been going on for some time but actually when we look back in the records of the situation, we find the discussion and the solution to this problem, was suggested many years before the present discussion was commenced.

I have here with me the Saskatchewan Health Survey Report, which contains recommendations with regard to the construction of hospitals in this province, which was submitted to the government of this province in 1951, laying before it a policy with regard to the provision of hospital facilities for the people of the province of Saskatchewan at that particular time.

Now actually the recommendations of this report, made in 1951, vary insignificantly from the reports that we have had in latter years, and the suggestion of base hospitals at both Saskatoon and Regina are not new recommendations, and we find that in 1951, it was one of the basic considerations and recommendations made by the Health Survey Report at that particular time.

I think for that reason that this government must accept condemnation for the fact that they have failed to move in order to provide a solution to the hospital problem, both in the city of Regina and for the people of the south part of this province. I can remember back to a period in 1955, four years after this report was made, when a friend of mine was put out of the hospitals in the city of Regina because of lack of beds and because there was nothing that could be done for the problem that was affecting her. She went home at a time when she should have been receiving the assistance and help that could be given to her in hospital, because of a shortage of hospital beds. This is a period of nine years ago.

When she wanted to get back in, of course, the hospital situation was no better and she had to wait and suffer at home without the proper facilities being provided and when she did come into the city of Regina, very shortly afterwards, she passed away in a hospital here in Regina.

Now, as well, within the last three years, in 1960, another lady requiring an operation was told that she would have to wait a period of five months in order to obtain the services that she desired to have. Now, I think that when these problems have existed for this period of time, that this government must accept responsibilities for the conditions we find today here in this part of the province; where we read in the papers, yesterday I believe, it was, that there is a waiting list of over 2,000 patients to make use of facilities of the hospitals here in the city of Regina.

As I stated, Mr. Speaker, this is not a new problem, this is one which this government should have not waited to solve until shortly before the election that is going to take place this spring, and then bring it before this legislature, no doubt as an election bribe to these people in the city of Regina.

Now I don't think they are going to accept this as such and vote for the government because of the fact that they are bringing in this bill with regard to the construction of a hospital centre for southern Saskatchewan here in the city of Regina.

However, I think we must look to the recommendations of some of those that have been asked to enquire into this problem within the last short period of time in this province, and a study of part of the report by Hartman and Agnew reveals that their concept is as follows; and I think this is something we should all keep in mind;

The first step in the development of the hospital centre concept, the integration of the Regina General Hospital with a proposed hospital centre specialties unit in the city of Regina.

This integration would be accomplished by the construction of a new Regina General Hospital on a new site, co-ordinated with the proposed hospital centre specialty unit.

They then go on and proceed to describe the hospital centre specialty unit, and it is apparent from their description that the hospital centre specialty unit is to house a somewhat specialized type of bed, with emphasis upon the various medical specialties that would be involved in this institution.

This particular hospital would not be an answer or a solution to the major problem that the citizens of Regina and southern Saskatchewan are faced with at the present time. The problem that exists here in the city of Regina, is one of a quick solution to the hospital bed problem for ordinary patients and ordinary medical problems. For that reason, I think that the recommendation that has been made by this particular report, that the specialty centre should precede the construction of a new general hospital has been a very unwise recommendation to be made at this particular time. I think that the government should first proceed to the major priority, they speak about priorities in discussing the problems of the people of this province. The major priority at the present moment is the provision of ordinary hospital accommodation for the people of Regina and the surrounding area, and for the southern part of the province of Saskatchewan.

Mr. Speaker, I am quite certain that as far as the bill itself is concerned, that all members in this legislature are prepared to support the principle of the construction of a hospital centre in the city of Regina, and we do want to bring it to the attention of the government that on two occasions and by two separate ministers of this government, in the year 1961 guarantees were made to the board of the General Hospital in Regina, guaranteeing them that they would be able to proceed with the construction of extra hospital beds to the General Hospital amounting to the expenditure of approximately \$10,700,000.

I think for that reason when we are considering the passage of this bill, we should bring it to the attention of the government that the first problem that must be solved is one of the shortage of hospital beds and ask them to move in that direction first before the construction of the centre that is proposed in the bill that has been presented to the minister at the present moment.

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I realize that this can easily be done, there is no commitment in the measure that the minister has presented to this house; there is no commitment in this bill which states that the centre must be built at any particular time, it actually amounts to the appointing of a board to determine the importance of the construction of the centre; to determine the type of centre that should be built; and also to proceed at some future date with the construction of a hospital centre in the city of Regina.

I would suggest to the minister, that it is not too late for the government to decide either on providing the funds to the present General Hospital, to solve the problem of the shortage of hospital beds in southern Saskatchewan, or to proceed with the assistance in the construction of a new general hospital in the city of Regina, which would be under the supervision and direction of the present General Hospital board, and I would suggest that if the government took these steps that it would then be initiating a solution to the problem that we find existing in this part of the province at the present time.

I do not desire to proceed further, I believe the minister in his address in presenting the bill, dealt very fully with the idea and the principle of the bill that has been presented to this house, and as I stated I think we are all pleased with the fact that the government is recognizing that the southern part of this province should receive at least equal medical facilities with other parts of the province of Saskatchewan.

I think that we are prepared to accept that the members on this side of the house, the people generally in southern Saskatchewan, appreciate the fact that some recognition is at long last going to be given to this part of the province, and so I say that we will be supporting this bill, but at the same time urging the government to take the necessary steps to solve the serious problem that we are facing at the present moment.

Some Hon. Members: — HEAR! HEAR!

Mr. Walter Erb (Milestone): — Mr. Speaker, I want to concur in the remarks of the member for Melville, (Mr. Gardiner). Well, now Bill 49 unquestionably was drafted in accordance with the Agnew-Hartman report I believe, and as the member for Melville has stated, we do not question this bill, and I'm sure that the house will lend its support to this bill, we don't quarrel at all with the idea of a specialty unit for Regina, because I think everyone recognizes that in the light of recent medical advances, that we must provide the best facilities possible in order to be able to apply the most modern techniques in medicine and surgery.

It would appear from the Hartman-Agnew report, that the specialty unit in the concept of the total construction, that is of the General Hospital portion and the specialty unit, that of this complex, the specialty unit should be the first one to be built. They stated in their report on page 32, in which they say that it would be most desirable if the two units could be developed simultaneously and if this is not possible because of the very specialized facilities recommended for inclusion in the hospital centre specialty units, this should be undertaken first.

Now I would suggest, Mr. Speaker, that insofar as a specialty unit is concerned and the work that would be done, this work is now being done at the Regina General Hospital, there is no shortage of facilities, no serious shortage of facilities that are required for heart surgery, pulmonary vascular surgery, and so on, so that this is not really a great demonstrable need. The great need is for service beds, and this is the crux of our argument. We're not arguing against the specialty unit or we're not arguing against the total concept of a general hospital and a specialty unit. What we need in Regina and need very badly, is additional service beds. As the member for Melville, (Mr. Gardiner) has stated we have a backlog now of over 2,000 patients. I suggest that if Regina were faced with a calamity such as a train wreck or plane crash, which would necessitate the hospitalization of say anywhere from 60 to 100 patients, the situation would be chaotic; we couldn't possibly deal with it. As now, the hospitals, both hospitals in Regina are running almost 100 per cent occupancy, and this is an intolerable situation.

Now, I think it should be noted that Regina General Hospital has not had any new construction or new beds since 1948. Since then, the population of Regina has almost doubled and certainly my friends across the way who like to or take satisfaction in saying that Regina and Saskatoon are the two fastest-growing communities in Canada, certainly they have not applied this kind of recognition to the hospital needs of our community. If Regina has doubled in population, then this government ought to have recognized the other needs of a growing population, particularly that of the necessary hospital beds. And when one looks at it in the context of what has been going on elsewhere, actually we can say that there has been discrimination against Regina on the part of this government because since then, the University Hospital at Saskatoon has been built, the total cost provided by the government giving Saskatoon some 450 beds. In addition, there was very considerable space added to the city Hospital at Saskatoon and very recently, a new \$6,000,000 hospital provided by St. Paul's, with a bed capacity of 340 beds which represents an increase in the bed capacity over the hospital by some 60 beds, I believe.

This all happened in Saskatoon, and yet since 1948, we haven't had one bed added to the Regina General Hospital. Now I want to reiterate our quarrel is not with this bill; we're all going to support it; we will all recognize in the advance of modern medical technology that these things are necessary, but we feel that the real crisis that we are facing now, exist in hospital beds that we do not have, and people are going to wait for a high as six months until they receive hospital admission. Now I think the situation has come about because of the government's failure to recognize the need for Regina Hospital and the need for more beds.

In 1960, as you know, Mr. Speaker, authorization was given for the Regina Hospital Board to proceed with the construction of \$10,000,000 hospital. During this construction, no beds would have been lost because the way in which this construction was to take place, that the new hospital would be built and as it became ready, the older portion would disappear. Now this is four years ago. In 1962, authorization was again given to the Regina General Hospital to proceed with the construction, and this again was withdrawn, so there we are with four years having gone by, without a single bed added. And the people of Regina, I am sure take very little satisfaction that they're going to get a hospital and then have to wait another four years for it. What I am saying is this, Mr. Speaker, that either this government proceed with making the grants available to the Regina General Hospital Board to proceed with the authorization that was given on two different occasions or else proceed immediately to build a general hospital section of the new hospital complex, because I contend that the beds are of critical importance at this moment. I do not think that the Regina people will look favourably upon any government that keeps it waiting another four years to take up a back log of hospital bed requirements.

Certainly, we're going to support this bill as I said, but we do want to bring to the attention of the government, the critical situation that are the pains at the present time and that the government proceed with all haste to make available to the citizens of Regina and outline areas, the kind of bed requirements that will meet this critical situation.

Some Hon. Members: — HEAR! HEAR!

Mr. Ed Whelan (Regina City): — Mr. Speaker, the precedent for establishing a provincial hospital in a large central urban area exists in Saskatoon. The University Hospital at a cost of many millions of dollars was constructed by and has served all of Saskatchewan well. Existing side by side with it are the Saskatoon City Hospital and the St. Paul's Hospital in that centre. Renovations have been made to all three of these hospitals recently and we have somewhat the same situation in Regina where we have Regina General Hospital and the Regina Grey Nuns Hospital.

Introduction of a South Saskatchewan Health Centre in Regina will parallel the development of the University Hospital in Saskatoon. This has not degraded the other hospitals and in the case in Regina, the new centre would compliment the hospitals that already exist. The University Hospital at Saskatoon is used by people from all over the province, the provincial expenditure to build it with public funds was justified and I don't think anyone thinks that it was a bad expenditure, the construction of the south Saskatchewan Health Centre which would be used by the people of south Saskatchewan is also realistic and in my opinion justified.

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Shortly after I was elected, Mr. Speaker, the plans for renovations of the Regina General Hospital were made known to me, and while the board and their consultants from Minneapolis were in favour of renovations at a cost of \$11,000,000, it did not take me long to realize that a great number of people were very much opposed to this large expenditure to renovate the hospital. The arguments against renovations as presented to me by architects, builders, the Department of Health personnel, and business people were in general terms as follows; First, the \$11,000,000 expenditure almost twice the cost of the power building and it could run into more money quite easily would be in a congested area with limited access for ambulance services or visiting. Secondly, the entire renovations would increase the bed capacity by only 250 beds. This represents an approximate cost of well over \$40,000 per bed, if you take the entire cost of the projects. New hospitals complete with facilities were constructed in other western centres recently, it was pointed out to me for approximately half as much per bed. Thirdly, such services as the mental health facilities, certain types of research and the introduction of self-care techniques were not included in the plan. Self-care techniques, we were advised would cut the administrative costs of the hospital. Fourth, as high as 60 per cent of the patients in Regina General were from outside the city, thereby justifying the use of provincial funds to construct a provincial hospital.

I am willing and ready to extend a welcome to any people from outside of the city of Regina, people from Melville, or people from Milestone, people from any part of the province who need hospital care, but we would like to make readily available to them better facilities the most modern facilities in the world and I have no doubt that these people wherever they come from, would not hesitate to share in the costs. Fifth, with the present time, Regina city's per capita debt structure it seems desirable to delay a \$3,000,000 expenditure for nothing for Regina General Hospital that would be their share from the taxpayers of the city, under the plan. Sixth, if the hospital were renovated to quote consultants who object to this, it would be like mixing two quarts of old oil and two quarts of new oil, you would still have a gallon of old oil. Seventh, the renovation would remove from use as many as 400 beds desperately needed and would remove them from use for the building period for quite a long lengthy time.

Mr. Speaker, long before this research by Hartman-Agnew came about, I quoted my objections to these costly renovations and however, I am not in any way objecting to the fact that careful consideration should be given to building a new Regina General Hospital after the health centre is completed. We are told that there is a desperate shortage of beds and that the government is responsible. In my estimation this is an irresponsible kind of a charge, and is not justified. Even if we have delayed plans, we have prevented the immediate removal of 400 beds from use in the Regina area. Let's look at the facts. Does anyone in this house suggest that we could maintain and particularly if you were to see the plans, all the beds we have in Regina General Hospital and renovated it at the same time, if we did, we would subject the patients to this congested area to jack-hammer therapy and plaster soup and air-compressor anesthetic and skill-saw massage. It grieves me and it annoys me to think that the chairman of the General Hospital Board could make this sort of charge. Complaining on the one hand regarding hospital beds and on the other hand urging this ridiculous and costly renovation in a congested area, urging an expensive renovation and thereby removing these beds from us.

There is a need for hospital beds in Regina, and the figure is being quoted, but if this figure is to be used to make a case against the government, I suggest that we should quote the list of those waiting for hospital beds in Halifax, in the city of Calgary, in the city of Windsor, for everyone knows there are more hospital beds per thousand in the city of Regina than in many other centres. Other cities are very high, and we can quote the Dominion Bureau of Statistics figures in this regard.

The city of Regina; in 1961 there were 12.93 beds per 1,000; in the city of Calgary at the same time in 1961 there were 6.27 beds per 1,000. In Regina in 1961, 10.9 beds per doctor and in Calgary 7 beds per doctor. No one, Mr. Speaker, can suggest that Calgary is not a fast-growing community.

What does the South Saskatchewan Health Centre offer? Well, Mr. Speaker, it doesn't offer a gallon of old oil; it doesn't offer beds at a cost of \$44,000 a piece; it does not cost or bring about an immediate removal of 400 beds. No, Mr. Speaker, it offers the most modern techniques, the best possible facilities, the highest kind of medical care, research and instruction equipment. It offers to the people of Saskatchewan, the best health care in the world. It will not make the hospital bed shortage more severe, but it will alleviate the situation much sooner than any plan being offered.

I am not surprised that members opposite are going to vote for this, because I think a vote for this is a vote for good health facilities in southern Saskatchewan. It's a vote for good medical care and good techniques and it's a vote for alleviating the hospital beds shortage in southern Saskatchewan.

Mr. Speaker, I will support the motion.

Mr. J.E. Snedker (Saltcoats): — Mr. Speaker, I just wish to say a few words in connection with this bill. I don't think anybody will deny the necessity of increased hospital facilities for the southern portion of the province of Saskatchewan. I think this need has been evident for some considerable time and I think it should have been met before. I think that the government has delayed this with deliberate political intent.

I would like to draw attention to the method by which this hospital is to be constructed and while I agree that we need more hospital facilities in the province of Saskatchewan, I don't think anybody will argue with me in regard to that, this bill that we have before us at the present time, implies a much greater amount of state control in his hospital than in the University Hospital at Saskatoon. Now the University Hospital at Saskatoon, I draw your attention, has a board of seven, four who are appointed by the government and three of whom who arrive there from other sources. One member is appointed on recommendation of the Board of Governors, one is the president of the University and one is the dean of the College of Medicine. There are four directly government-appointed members on the board of the University hospital at Saskatoon, the other three arrive there by other means and can be classed therefore, as non-political because they arrive there from other than government sources.

The board of this particular hospital that we are discussing now, is also a seven member board. Five of whom are directly appointed by the government and two who will arrive there from areas which we can term as being non-political, one from the College of Medicine and one from the university. This implies a great degree of political control, I said that two were non-political and could be so classified, but as to the five members who are directly appointed by the government, let me say in no uncertain terms, I consider that with a socialist government in office, they will be political. Yes.

Some Hon. Members: — HEAR! HEAR!

Mr. Snedker: — I hope now that I got that across. This implies increasing state control of our health and hospital institutions in the province of Saskatchewan. I don't have to tell the members of this house that I think that increasing state control, growing state control isn't a good thing and I ask you to look at what this could lead to.

The implications are terrific. I think it's generally recognized that the socialists believe in state-controlled hospitals. They would have them all state controlled. I believe this bill contains certain implications within it, whereby when this hospital is set up, it can be used to reach out and gather the small hospitals surrounding the city of Regina and control them, bringing them directly into the orbit of the state-appointed board of governors of this hospital, in order to close them or use them for political purposes. The board could use them as out-post hospitals or close them or use them for political purposes.

Now let's see just what the implications of state control in hospitals can really lead to. It can lead to the liquidation of surrounding hospitals and I oppose that. I believe that the smaller hospitals surrounding any area have a great part to play. They played a great part in the past and I think they can play an even greater part in the future. I am opposed to anything that would lead to the liquidation of our small hospitals.

But why do socialists want to liquidate our smaller hospitals? I suggest, Mr. Speaker, that the reason for this desire for liquidation is not just to close the hospital but to liquidate an elected hospital board. A board of the people . . .

Mr. Speaker: — I think the hon. member is getting somewhat astray from the principle of the bill.

Mr. Snedker: — A state-appointed board also implies state control of the School of Nursing and I think that here is another area in which we should have less state control and less political control, rather than more. It implies socialist brain-washing in addition, state control of hospitals implies control of the entire hospital staff within the hospital, this implies political control of everybody who works in the hospital whether they be medical staff, nursing staff, kitchen or laundry staff, making them civil servants, and I oppose state control on those grounds.

A state-controlled hospital can be used as a private preserve and a private hunting ground, for the medical friends of the government. Let the people of Saskatchewan consider the implications of that. The board of any hospital has the right to say who should practice medicine within the hospital, and this board would certainly have the right to say who would practice medicine within the hospital. Now I agree that the boards of the hospitals should control hospitals, but here you have a political dominated and a politically controlled board, that can use the hospital for political purposes. Because of that, this hospital can be used as a private happy hunting ground for government medical pets.

That's another reason why I oppose the complete state control of any hospital. Then there's the question of what else these hospitals could be used for. The complete political state control of a hospital would allow it to be used as a baby sitting institution for tired CCF workers who wanted to go out on a holiday after the election is over . . .

Mr. Speaker: — ORDER! ORDER! I think the member is getting too far away from the principle of this bill, you must tie your remarks to the bill. ORDER! ORDER!

Mr. Snedker: — I am explaining why I believe that hospitals should all be controlled by the people, not by the government. Those are principles that the hon. members opposite used to believe in years ago. That things should be controlled by people and not by politicians.

I believe that hospitals should be controlled by people and not by politicians. I believe that all our hospitals should be controlled by people and not by politicians . . . That's a debatable question . . . because people are more aware of the need; ordinary people are more aware of the need than are politicians. Politicians are more concerned with the success of their own particular political party, and to make and arrive at their decisions with that end in mind, therefore, I consider that political medicine is bed medicine . . .

Mr. Speaker: — ORDER! ORDER! I'm going to have to ask the member to get close to the bill, we're straying too far from it. I think that you had better relate your remarks to the bill.

Mr. Snedker: — Are you going to shut me up?

Mr. Speaker: — If you don't comply with the rules, I shall have to.

Mr. Snedker: — Are you threatening me?

Mr. Speaker: — ORDER! ORDER! The hon. member is threatening the Speaker of the house all the time when the Speaker tries to direct the debate of this house.

Mr. Snedker: — Mr. Speaker, on behalf of my own people that I have the honour to represent, I am trying to place my views and theirs before this house.

Mr. Speaker: — You have had ample chance to raise all topics and this is a particular topic . . .

Mr. Snedker: — I have only raised one topic.

Mr. Speaker: — If the hon. member would learn the rules, he would sit down when the Speaker rises.

Mr. Snedker: — Well, then of course, you'll say that I've shut down the debate, Sir.

Mr. Speaker: — ORDER! ORDER! The hon. member must learn the rules of the house. We cannot have a hodge-podge debate all the time and the hon. member knows that he must take his seat when the Speaker rises. And you have the right to rise again, when the Speaker has spoken, but I must ask you to get back to the principle of this bill.

Mr. Snedker: — Mr. Speaker, the principle of this bill is the complete state control of this hospital and that's what I am opposing, I think it should be controlled by the people and I have used whatever arguments I can in order to bring that point of view before the house. There are many organizations in the province of Saskatchewan that the government could have drawn from, to fill the positions on the board of directors of this hospital, the Saskatchewan Association of Rural Municipalities, the Urban Municipalities Association, the Saskatchewan Hospital Association. I am not saying for one minute, that there should be no government representation on the board. This I am not saying, but I contend that government representation is far too high and I am saying that the members should be drawn from other parts of the province and from other organizations in order to fill these places on the board. I suggested that the Saskatchewan Association of Rural Municipality, the Urban Municipal Association, the Saskatchewan Hospital Association, and there are many other institutions, the Registered Nurses Association. These people are all qualified; they are all interested in hospital facilities; and they are all capable of making decisions. Now I have made these suggestions because I think it would be in the interest of better health for the people of the province of Saskatchewan. I think it would take politics out of the whole thing, and those are my views and those are my opinions. I know nobody likes them but I got them across as best I can anyway, that is my opinion in that regard and it goes for every other thing where state control is implied, but very particularly in the field of public health.

Some Hon. Members: — HEAR! HEAR!

Mr. L.P. Coderre (Gravelbourg): — Mr. Speaker, I won't hold up the house very long, but when the minister closes the debate, I would like to have one or two things answered on the record of this house. Now, its still a long way before the actual utilization of this hospital despite the fact that we all agree that it is a very good plan. One of the things that I am concerned with, is the threats, and I use the word broadly of course, the threats of the closing of the hospitals of the many small hospitals throughout the southern part of the province or throughout the province has been indicated in the hospital survey report. Now I would like to have the minister answer once and for all quite clearly what the position of the government will be in this respect. I feel that many of these hospitals should remain open if the board finds, the local boards, find it economically to do so, and to give a service to the people of thee particular areas.

This hospital survey report, does indicate and this seems, this continuation of the hospital to the city here, does give an indication of this centralization of the hospitals and the report does indicate that as these hospitals are built some of these small hospitals in the country will be closed. I do believe that the minister should definitely make the policies of the government quite clear, should they have the good fortune of being returned. This has created, Mr. Speaker, a considerable amount of concern and apprehension in the country. I would like to have assurance for these people today, that it does go on the records of the house . . .

Mr. D.W. Michayluk (Redberry): — On a point of order, how does this relate to the bill under discussion?

Mr. Snedker: — It is very difficult for me to decide because the minister was quoting reports from the Hospital Survey Commission, and as for myself, its very difficult to, because this bill which is now before us, rose from that report, but I must insist that remarks relate to the hospital and health matters.

Mr. Blakeney: — Mr. Speaker . . .

Mr. Snedker: — I must inform the members that the mover is about to close the debate, if anyone wishes to speak, they shall do so now.

Mrs. Marjorie Cooper (Regina City): — I just have a few words to say, not very much, I am very pleased that the members of the opposition are going to support this bill, because I have studied this plan in a good deal of detail. I think it's an excellent plan, it's very far sighted. We're not planning just for today; we're planning for many years in the future, and I feel that Doctor Agnew and Doctor Hartman had done a very fine job, and that they deserve the commendation of this house for the excellent and interesting report that they have given. I feel that we're very fortunate at the moment in Regina, that we are going to be able to make a fresh start, and build a comprehensive centre, that will include all health services and where we can have a small mental hospital when we get around to the stage where we can build it. It seems to me that we have an opportunity here, that not many people have, and I am very grateful that we have this opportunity. I think when this is completed, and it will have to be done in stages, its too expensive to do all at once, but we do have a plan to follow and I feel that when it is completed, we're going to have in the city of Regina and for the southern part of the province, one of the finest medical centres in the dominion of Canada, and for this reason I feel very keen that this is a splendid plan and I'm glad we're going to get support.

As far as the matter of state control, some of the remarks of the hon. member from Saltcoats, (Mr. Snedker), I think that they're really too silly to be mentioned. They didn't seem to add anything to this debate, and I think that my colleague, the member from Regina, did answer and did bring out many of the points which I had intended to bring out, so that I feel that I will merely just say now, not to hold up the house, that I certainly do support and do very much welcome this bill.

Some Hon. Members: — HEAR! HEAR!

Mr. R.A. McCarthy (Cannington): — I hadn't intended to take part in this debate, but when the hon. lady member from Regina, (Mrs. Cooper) with all due respect to her, gets up and says that someone on this side of the house has made statements that are silly, I claim that it's a matter of opinion. I, if I wanted, could apply the same rule to her, and I don't think it adds to the debate. I don't think its proper and I think that I could, if I were in that type of politics add the same thing to her.

Some Hon. Members: — HEAR! HEAR!

Mrs. Gladys Strum: — If I may add just a very few words in appreciation of this bill and in support of what the hon. lady member for Regina, (Mrs. Cooper) has said.

We have the chance now to build a modern health centre to accommodate the latest findings in medical science in these new areas, and I particularly am interested in the care and treatment of tuberculosis, and in all of these other diseases for which mankind has long sought a remedy, and we know now that you must have accommodations suitable for the kind facility that you wish to accommodate, that you cannot take an old building and make a good health centre to carry out the latest findings of medicine.

And so we in Saskatoon, I am sure are very pleased to have two centres instead of one and we give it our very heartiest support.

Some Hon. Members: — HEAR! HEAR!

Mrs. Mary Batten (Humboldt): — Mr. Speaker, I just couldn't resist. In the first place I wanted to correct just a few errors that I think were made when the hon. lady member from Regina, (Mrs. Cooper) added herself to the remarks made by the other member from Regina, I felt that this should be corrected.

First of all, I think everyone agrees that a university-type hospital, a base hospital is a fine thing. A wonderful new medical centre is a fine thing. We're all for it, but, Mr. Speaker, I would think that if I were representing Regina, I would certainly not be forced at the expense of the hospital facilities in Regina, which are woefully inadequate . . .

Hon. I.C. Nollet (Minister of Agriculture): — We'll take . . .

Mrs. Batten: — Well, perhaps you think you'll take it. I think you're going to get quite a surprise. It's very easy for the hon. Minister of Agriculture to say that he's going to take Regina, when he's not even voting here. I'd be a little more worried about the members who do represent Regina. I think it was very unfair of the hon. member from Regina to say that this remodelling would only give 250 additional beds. It will mean that the present structure which is considered inadequate and insufficient not only in beds but in facilities would be remodelled and made adequate to comply with the standards. So this certainly isn't a fair thing to say. Now we haven't been shown how many beds will be added here, and I think its very fine to say that all the general diseases are now going to be combatted and exotic cures are going to be effected. This is truly wonderful, but I'm thinking of the ordinary diseases; I'm thinking of the thousands of people who are today in Regina and districts waiting for hospital beds, who are not being given hospital beds by this bill. This bill, Mr. Speaker, should not be a substitute for the remodelling and additional beds needed in Regina; we shouldn't take away the rights from Regina people to have beds for ordinary diseases, for paediatrics, for ordinary things like gall bladder, and these other things that people are waiting for hospital beds in order to have cures effected, because we're going to have some exotic diseases treated in this new university base hospital, and this should not be a reason or depriving people of these beds.

The other point that I wanted to make, and I think this should be brought forcibly to the attention of the people of Regina, is the statement of the Minister of Public Health, that this base hospital is being built in Regina not because of the requests of the representative of the Regina people, but because the hospital survey committee recommended it, and this is a base hospital for the southern half of the province not for Regina city. Regina city problems are not solved by this and I think we should make it very clear that those Regina patients still have to be looked after and that the hospital board has been willing to look after them and put up facilities but they haven't been able to get consent of this government to give those people. Now I don't think its fair to compare hospital beds utilization figures in Saskatchewan with other provinces and say that this government has done better, because if the hon. minister who says, hear, hear, will remember, I don't know how good his memory is, if he will remember the CCF government in 1944, when they came into power had a survey made, imported a doctor from Switzerland to have it made and he said at that time, that we had the most forward-looking and the highest utilization of hospital beds in this province that he had heard of anywhere. We were extremely advanced in

our utilization of hospital beds and in the hospital beds that we had in this province, and this is partly because of the type of province we have. I mean we don't have doctors unless we have hospital beds. People can't travel long distances every day the way they can if they living in a city. They have to have hospital beds if they come from a long distance. So this isn't anything new, this was in existence before this government came into power and these hospital beds that have been provided, Mr. Speaker, for our people of Saskatchewan with the exception of the University Hospital have not been provided by this government; they need not take any pride; they were provided by local government, by hospital boards, by private institutions, with government grants and the government grants that this government gave were only equal to those given by the federal government, therefore, you have no more right to take pride in this, than the federal government would have.

The third point that I wanted to make was the remarks made by the hon. minister, who I think is going to get up and speak, when he says that our hospital boards were staffed by John Birchers. Well, I resent that very much and on behalf of the hospital boards of this province, I repute that statement . . .

Some Hon. Members: — HEAR! HEAR!

Hon. A.G. Kuziak (Minister of Mineral Resources): — I didn't call anybody a John Bircher. I didn't call the hospital board, I called some of the stupid remarks made by the member for Saltcoats, (Mr. Snedker) as John Bircher's statements, and get that straight, Mary.

Mr. Blakeney: — Mr. Speaker . . .

Mr. Snedker: — I'm raising a point of privilege, I . . .

Mr. Speaker: — While you're thinking on your point of privilege, he's referring to your statements, as being statements like a John Bircher. If he had said that you were a John Bircher, I would have had to ask him to withdraw it. I must again remind the members that the minister is about to close the debate, if anyone wishes to speak, they shall do so now.

Mr. Blakeney: — Mr. Speaker, I did not have many notes when I stood up before to close this debate earlier, but a number of comments have been made since then, comments which could possibly leave erroneous impressions in the minds of the listeners, I know it wasn't the wish to the hon. members who made these statements that this would be the case, but just in case they might have, I would refer of course, to the suggestion that the government can take no credit for beds or little credit, or diminished credit for beds which are provided by union hospital boards or by private institutions, and so the impression may have been left that the provincial government grants were about the same as the federal government grants for example.

Well, may I just use one example of a new hospital in Saskatoon, St. Paul's Hospital, that the building cost approximately \$5,000,000. The \$5,000,000 was financed as \$3,000,000 by provincial government grants, \$1,000,000 by federal government grants and \$1,000,000 by private contributions. These are broad figures but these are probably accurate. The same would be true to almost the same extent with respect to any of the other new hospitals, (Holy Family at Yorkton) in every case the grants of the provincial government are very substantially more than the federal government . . .

Mrs. Batten: — Now take Humboldt . . .

Mr. Blakeney: — Well, I don't know about Humboldt there haven't been any major addition to Humboldt for some time, however, may I . . .

Mr. Speaker: — ORDER! ORDER! There's too much bickering going on behind the scene. ORDER!

Mr. Blakeney: — May I just refer to some of the remarks of the hon. member for Gravelbourg, (Mr. Coderre) and I do not wish to attempt to contradict him; I merely want to say with respect to the hospital survey report and the attitude of the government concerning small hospitals, we, meaning the Minister of Public Health, put out a lengthy policy statement at that time that the hospital survey report was made public. It's a matter for some considerable regret, to me anyway, that the hospital survey report was given wide publicity in weekly newspapers, but in respect of the particular area where the paper is published or circulated, the statement by the department was given very much less publicity. I made this comment to the Weekly Newspaper Association, pointing out to them that the hospital survey report wasn't a statement of government policy, and I make this comment again, in order that this might be clearer. I sent letters to the chairman of every hospital board and to every reeve or equivalent position in Saskatchewan last August, and by and large what I said was that the government agrees with the member for Gravelbourg, that many of the small hospitals should remain opened; there's no policy of closing small hospitals. I reiterated that there would be no precipitous actions with respect to the closing of small hospitals, I said that there would be no action without the consultation and I say now and I believe I said in that letter, although I can't recall specifically whether I said in this letter, although I have said it many other times, that no action with respect to the continued operation of the small hospitals would be taken without further study of the patterns of medical or health care. The point I make here is that since the data on which the hospital survey report was based was gathered in 1960 and 1961 there had been in many areas substantial changes in the pattern of health care. The introduction of the medical care plan and the dissolution of municipal-doctor schemes have brought substantial changes in patterns of medical care in many areas, affecting use of hospital, and these changes will certainly be analyzed before reductions in the size of hospitals are agreed or before additions in the size of hospitals are agreed to.

There is, as I have reported in this house previously, a tendency for more doctors in the smaller centres and this is having its affect on the patterns of medical care.

I would just want to say one or two other matters, I would like to say that I personally regret the remarks of the type of the hon. member for Saltcoats, (Mr. Snedker) when he used the word politics and political as pejorative terms, as nasty words, I think we are all politicians here and I don't think that we are all necessarily evil in intent. I think remarkably few of us in fact are so motivated and I think the mere fact that something is done by the political process doesn't make it reprehensible in that regard. And I certainly deplore this use of "politics" or the adjective "political" as meaning "nasty" or "under-handed" and may I say in this regard that if I compared the University Hospital Board with the board of let us say, Regina General Hospital, I would say that one was every bit as political as the other and not a bit less and not a bit more. Each of them is appointed by a body which is elected by the people. Each of them is an appointed board and each of them is appointed by an elected group, and if anyone can see any subtle distinctions as between which is political and which isn't, these distinctions escape me. As I say I think that there have been many bodies appointed by political groups or elected groups which have done a bad job, but there have been many that have done a good job and I don't like to see the word used as term of abuse.

Now I did want to refer to a couple of other comments made. The member for Melville, (Mr. Gardiner) trusts that the citizens of Regina will not find this project attractive to them by reason only or by reason of the fact that it's an election bribe. I think that the project stands on its own feet and it would have been introduced whether an election was coming or not. It has come up by a series of events which have been outlined, which I attempted to outline in my remarks opening the debate, and I think that its perhaps unfortunate suggestion that this was the case.

I did also want to deal with this business of beds in Regina to some extent. It seems to me that we've got ourselves talking around in circles. We are saying that Regina as it presently exists and the Regina General Hospital are referral centres for the whole of southern Saskatchewan, and of course this is true because well over half the people in the Regina General Hospital, or approximately half, are from outside the city and may

I say in comment to the remarks of the hon. member from Humboldt, (Mrs. Batten) what the provision of additional facilities for these out-of-Regina people will by that very fact make beds available for the citizens of Regina. But let me be clear, there are in many of the areas where these people live, already local hospitals which can provide ordinary service beds. These people are coming to Regina, not because they need ordinary service beds, but because they need something else, something additional, and it's not good enough to say that the only need is for ordinary service beds because I say half of these people are coming from areas where there are ordinary service beds available. Now you will say oh well there's a difference in the physicians' services available and this of course, is true, to a very substantial degree these people come into Regina for specialized services and it's not quite fair to say that the creation of specialized services will not go a long way to relieving this problem. I suppose you can quibble about the definition of specialized and super-specialized but I think that the point is a logical one and ought to commend itself, that the creation of specialized services is one which will relieve pressure on Regina General Hospital, pressure on ordinary service beds, particularly since half the people who use these facilities have come to Regina.

Mr. Gardiner: — It think the minister will admit that the hospital standards organization has objected to many of the operations and facilities that are provided in many of our smaller hospitals because they contend that the proper facilities are not available to these services, and I'm just wondering if that might not cause a lot of the difficulties as well.

Mr. Blakeney: — Well, of course, but many of them come from towns where the hospitals are very good hospital, hospitals like Indian Head or even possibly Humboldt which has a very fine hospital. It seems to me clear that many of these people are by-passing good hospital facilities because they are after specialized services, and a list of the home addresses of the people who are in Regina hospitals would show that in many, many, many cases they have come past or even perhaps they have come from a location where there was a good hospital with good ordinary service beds.

Now, may I deal with another point. There's a suggestion that in Regina, no major emergency could be coped with. May I say that this in my view is simply not the fact. The Emergency Measures Organization has a disaster plan with respect to major hospitals in Regina, and in other major centres of Saskatchewan, and I have no doubt and I am assured by my people and I believe that neither hospital would deny that their disaster plan is such as would enable them to cope with an emergency. And if indeed we could not cope with a train accident in Regina at the present time, all talk of doing anything with respect to Emergency Measures Organization is the sheerest nonsense. Having regard to the fact that Regina and Saskatoon possess more hospital beds than other cities across Canada, accordingly any effort to deal on a hospital basis with an emergency would be futile, and I think this is not the case. I think adequate emergency measures can be taken and are being taken and I think that if an emergency arose, Regina would cope quite nicely. May I point out, and I don't say this to be argumentative, but may I point out that in 1962, the hospitals in Regina in the month of July of 1962, the hospitals of Regina operated with very, very small patient loads, and this at a time when a substantial number of other beds in the province were not operating effectively. I'm not saying why, I'm just saying that this is an indication that the world doesn't come to an end even if we had only half the operating hospital beds that we have now, because we had less than half in many cases with actual patients in July and the world didn't come to an end.

I wonder, Mr. Speaker, if any members in their remarks and the member from Milestone, (Mr. Erb) got the impression that no hospital beds had been added in Regina since 1948. I wonder if anyone got that impression? No he didn't say this, he said that city has grown and no beds have been added to the Regina General Hospital, he didn't mention that fact that geriatric beds have been added which relieves pressure substantially in the city of Regina. Approximately 300 geriatric beds have been added since that time. I realize that this will not give them equivalent benefit in General hospital beds but will give some, and here we have the equivalent of 250 hospital beds added in Regina since that time, which you may not have picked up from the remarks of the member for Milestone, (Mr. Erb).

Now may I just in closing say something about the number of beds in Regina. I think you are aware that Regina has more hospital beds per capita than any other city in Canada . . .

Some Hon. Members: — HEAR! HEAR!

Mr. Blakeney: — Yes, it's just barely above Saskatoon, and these in 1961. Saskatoon will now be ahead of Regina; it's just a one-two proposition as I say. But may I say, to get some impression of how many more beds there are in Regina, may I say that there are 1,173 general hospital beds in Regina, and I have here the March edition which just arrived on my desk today of Hospital Administration in Canada, and it tells me here that there is a dire bed shortage in Calgary, and Calgary currently has 1,174 active treatment beds. They have one more bed in Calgary than they do in Regina, and Calgary has a population approximately 300,000 and serves an area of southern Alberta equivalent to the area which is served by Regina in southern Saskatchewan. Last September, the Calgary waiting lists were 6,515, the Edmonton waiting list, according to the Edmonton Journal of Thursday April 4th, 1963, was 3,700. Now you say what's this got to do with Regina? My point is that in every city of Canada, there are very substantial waiting lists and in cities like Edmonton and Calgary, there are very much longer waiting lists than in Regina and Saskatoon and they are there because the bed supply in a place like Calgary is only half of what it is in Regina. Now then, I'm not suggesting that the situation in Calgary is good; I'm not saying this at all, but I'm wondering whether the situation in Regina if the crisis could be acute.

I point out that the recent survey in Calgary suggested that Calgary needed 300 to 400 additional beds immediately. On this basis, Regina has 300 or 400 additional beds immediately. If Calgary had this number, they would still have substantially fewer beds per capita and substantially fewer beds per doctor, than does Regina.

I am not suggesting that there are not problems in Regina, I am suggesting, Mr. Speaker, that every other city of Canada has more acute bed problems than has Regina, and Saskatoon.

Mrs. Batten: — How can . . .

Mr. Blakeney: — Well, this may be, this may be, but Saskatchewan leads again as you might say and we do want to keep very substantially in the forefront . . .

Mr. Steuart: — More beds than . . .

Mr. Blakeney: — Well, we're not quite there yet, but sometimes I wonder. However, I do think that the evidence suggests that the bed situation in Regina while it is acute, is not such as to cause the type of alarm which figures in almost every other city in Canada would suggest.

Mr. Kuziak: — May I ask the hon. minister a question? How do we compare with some of the Liberal provinces?

Mr. Blakeney: — Mr. Speaker, the figures are altogether too gray. I wouldn't want to compare them and may I say that in every case where it's substantially higher, higher in number of beds per capita or per doctor, but I would have thought this would have been assumed.

Mr. Speaker, may I just close by underlining the words of the hon. member for Regina, the lady member for Regina, (Mrs. Cooper). We do have a real opportunity here to build something which will provide a base for providing in southern Saskatchewan the very best of health care of which we are capable of providing without resources in Saskatchewan. I think that

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this bill suggests a method of using our resources which will allow us to use our dollars, our health dollars in the best possible way to provide health services for our people and accordingly I am very glad to know that virtually all honourable members will be supporting the bill.

Some Hon. Members: — HEAR! HEAR!

Mr. McCarthy: — Mr. Speaker, may I ask the hon. minister a question before he takes his seat? In connection with the smaller hospitals that we were discussing a while ago, are you prepared to say now, that the vote of the people that built those hospitals will be requested before you close the hospital?

Mr. Blakeney: — I'm not sure I caught the question, that the . . .

Mr. McCarthy: — You spoke about not closing any small hospitals without consulting the local people. I believe that is correct. I'm asking you now, have you decided or are you prepared to say now, that none of those hospitals will be closed without the vote of the people who built them?

Mr. Blakeney: — I am not, I think prepared to say this, simply because in many cases there may well be other methods of coping with the problem, there may be amalgamations of hospital districts, and I'm not prepared to say that a vote is necessarily the appropriate way to deal with the problem in every case.

Mr. G.H. Danielson (Arm River): — Mr. Speaker . . .

Mr. Brockelbank: — It's too late.

Motion agreed to and bill read a second time.

SECOND READINGS

HON. R.A. WALKER (Attorney-General) moved second reading of Bill No. 60 An Act to provide for Relief from Unconscionable Transactions

He said:

This bill has its history in Canada. In the province of Ontario it has been on the statute books for at least 50 years. It vests in the courts the power to vary or adjust or set aside transactions where money is lent or credit is granted, where the court believes that cost of the loan or the cost of the credit is excessive and in calculating the cost the court is entitled to take into account, not only the interest that is disclosed in the contract, but any interests or any charge whatever that is paid under the contract or claimable under the contract, including bonus and all the rest.

By vesting this power in the courts, it seems to me, we give them the power to view each individual case upon its own merits. It suffers from the disadvantage of course, that it is not possible to say to the legislature in advance just what action or what view the court will take with respect to any particular case coming before it. The very vagueness on that point is, I suggest, something of an advantage, because it is impossible in this complicated field of lending and borrowing to predict what form loans and securities for loans will take and it is therefore, impossible or at least very difficult to prepare in advance against unconscionable transactions, and by vesting this power in the discretion of the court, it seems to me, we give as much protection as we can. Probably the most recent case before the courts in illustration of just how the court views these loans, is the one where Unconscionable Transactions Relief Act re Samson and Barfredd Enterprises Limited.

Now in this case, the mortgagor received from the mortgages the sum of \$1,500 of the principal amount of the loan and the principal amount was stated in the contract as \$2,250 which left a bonus or difference of \$750. between the amount which the mortgager acknowledged that he owed and the amount which he actually received. This \$750. was in addition to the interest rate called for in the agreement, and the interest rate was 11 per cent. Now in this particular case, the court held that 11 per cent per annum, that the amount of the bonus was excessive charge and refused to permit the mortgages to claim and to collect it, and furthermore, the interest was calculated only on the amount actually received by the mortgagor.

There are a number of cases reported, which members may look at if they wish, there's the case recorded; Pollack vs Kosloski, Ontario weekly notes, 1962, page 147 . . .

Mrs. Mary Batten (Humboldt): — What volume?

Mr. Walker: — What volume? Well, my citation doesn't give the volume, it just says, I can't tell my hon. friend the volume . . .

Mrs. Batten: — What year did you say?

Mr. Walker: — 1962, I think there is only one volume per year, and then there's the Eglinton Credit Corporation vs Sovsee, which was reported in the Ontario Weekly notes 1961, and I don't seem to have the page of the reference, and there's the Shetler vs Jackson case, also reported in the Ontario Weekly notes of 1954 on pages 245, and Husack vs Shaw, 1956 Supreme Court reports on page 581, McKay vs Jeffer in 1917, 40 Ontario Law reports page 476.

These cases seem to set out the general principles on which the court acts, but I think the general principal is set in the words of Mr. Justice Shrader, in the Barfield case, when he said;

In my opinion, this legislation is not legislation in relation to interest but legislation relating to annulment or reformation of contract on the grounds set out in the act, namely, (a) that the cost of the loan is excessive. (b) that the transaction is harsh and unconscionable.

The wording of the statute indicates that it is not the rate or amount of interest which is the concern of the legislation, but whether the transaction as a whole is one which it would be proper to maintain as having been freely contented to by the debtor.

So that you will find in some case, where there was an interest rate of 12 per cent and where there was a subsidy or a discount, that the contract was indeed upheld by the courts, where the risk was very high, where the debtor was advised by counsel in entering into the contract and where it couldn't, where the court couldn't come to the clear conclusion that the debtor had been taken advantage of. And there are other cases where security is very good, where the debtor has not got independent advice, where the court sets a much lower allowable return on the investment.

We considered, the government considered a year or two ago, whether we should adopt legislation merely calling for the disclosure of interest rates as we find in many provinces. This, we concluded didn't really achieve the effect of lowering the interest rate, because we found that every credit lending agency in Saskatchewan that we were able to discover was indeed already disclosing the details of the transaction in such a way that the debtor knew exactly how much he was paying for the service of the loan and some of them appeared to be perhaps excessive, but the fact that the disclosure was required did not seem to act in any way as a deterrent from lenders charging excessive rates and borrowers agreeing to pay excessive rates.

This legislature of course, has no power by statute to regulate the amount of interest which can be charged on transactions of this kind. This has been held to be within the Parliament of Canada and such legislation

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we are convinced to be ultra vires of this legislation, and so the government believes that the most effective thing that we can do is to vest in the courts the power of general oversight in this area and the power to, as I say, rescind, alter, amend, or reopen or simply refuse to enforce contracts which the courts consider unconscionable. This legislation was considered a year or two ago, this type of legislation, but at that time there was some considerable doubt whether even it might be successfully attacked in the courts. However, we now have that question resolved by the Supreme Court of Canada and so there is no question about it any longer.

I may say that this legislation follows the precedent of the Ontario legislation with only the necessary modifications and alterations.

I don't think there is anything else that I can say about it at this time, except to say that it applies to the contracts entered into the future, it is not made to apply retroactively to contracts presently existing.

So, Mr. Speaker, with those words by way of explanation, I would move that the bill now be read a second time.

Mr. R.A. McCarthy (Cannington): — I was rather surprised to hear the Attorney General in introducing this bill say that it was indefinite and more or less vague. I think we have far too much legislation right now that is indefinite and vague and the very fact that it is indefinite and vague, looks to me as though its to be a heyday for lawyers. We have a lot of bills and we have a lot of legislation now that definitely is still vague.

I'm rather surprised that the Attorney General of any province, introducing a bill would say that its indefinite and vague. That's all I wanted to say about it.

Some Hon. Members: — HEAR! HEAR!

Mrs. Batten: — May I have leave to adjourn the debate, Mr. Speaker?

Debate Adjourned

HON. E.I. WOOD (Minister of Municipal Affairs) moved second reading of Bill No. 61 – An Act to facilitate the Development of Industrial Communities.

He said:

Mr. Speaker, this bill before us has to do with the coming of industry to a small town in the province. This is in regard to a large industry and also in regard to a large industry coming to some part of the province where there is no town or village and where a town, village or a small city may spring up, as a result of the coming of this industry.

These things do present problems where you have a small town or a village which is going along very well, minding their own business and suddenly a large industry descends upon them and sets up operation in its vicinity and places a good deal of stress upon the resources of that small community. It is recognized under these situations in such a way that situations such as this, that the community may need some assistance in regard to financing the development that may take place in regards to assistance and planning and administration of the operations what may take place.

This raises a couple of questions. One is to the ability of the government under the present legislation to give this sort of assistance, and secondly the type of controls that the government should have in regard to financing and other assistance that is given in these situations.

We have been under some pressure on this by some of the companies coming to the province. They feel that we should have legislation here as in other provinces, whereby the province is able to give this sort of assistance and to exercise a certain amount of control in regard to the expenditure of this assistance.

The question has been put before the Urban Municipal Association and I wish to compliment, Mr. Speaker, these associations on the study and the work that they gave to this problem. The SUMA and SARM met with the

Chamber of Mines who have been pushing for this type of legislation. They also interviewed people from Lanigan and from Esterhazy where these problems have arisen or are liable to arise and they also met with people of our department and the Department of Industry and Information. We've had several meetings with them and what we have come up with in this bill is result of our discussions held along these lines.

I wish to point out, Mr. Speaker, that this bill contemplates the setting up of an industrial towns committee. This committee is composed of representatives from the Saskatchewan Urban Municipal Association and the Saskatchewan Association of Rural Municipalities, the Saskatchewan School Trustee Association and the Department of Municipal Affairs, the Department of Industry and Information, the Department of Education, the Department of Public Health, the Treasurer Department and the local government boards and such other persons as the minister may recommend for appointment. This committee first must decide whether the application of this act is made in regard to the cases that come before them. We have two instances where this act may come into application. In regards to a small town, or a village, small community where it is already in existence when a large industry comes into being in their neighbourhood. Under these circumstances the council of the village is expected to appoint a manager to assist in the operation of the affairs of this town in connection of the coming in of this industry, and minister which is the Minister of Municipal Affairs shall grant assistance to council for the purpose of aiding and supplying an advisory personnel to this manager and to the town council. They also tell me that they would like to institute physical planning of other community involving sections of this act. Provision is made for assistance and aid to be given by the provincial government in regard to these things. Where there are at present no towns or villages which may be used as centres in regard to the coming development. In this case a completely new town may spring up and under these circumstances this industrial committee would appoint a board to operate in this area as a board of administration until such time as the town becomes a reality and is able and wishes to pursue under their own powers.

This basically, Mr. Speaker, I believe is the principle that is provided in this bill, and I would thus move second readings.

Mr. F.E. Foley (Turtleford): — Mr. Speaker, I am pleased that the stand taken by the Liberal party and by the members of the opposition of this province with regard to industry is receiving recognition by the government and I gather that there are sections of this bill which will promote the growth of industry in our province because I would like to take time to look into some of the implications of this bill more thoroughly, I would ask leave to adjourn the debate.

Debate Adjourned.

HON. J.H. BROCKELBANK (Provincial Treasurer) moved second reading of Bill No. 62, An Act to amend the Crown Corporation Act.

He said:

Mr. Speaker, the present Crown Corporation Act provides that the employees of a Crown Corporation may have a superannuation plan or a group insurance plan. It has come to be some doubt as to whether they are legally authorized to have both. This bill is to make it clear without any doubt that the employees of a Crown Corporation can have the benefits of both group insurance and a superannuation plan.

I would move that the bill be now read a second time.

Motion agreed to and bill read a second time.

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HON. J.H. BROCKELBANK moved second reading of Bill No. 63, An Act to amend the Saskatchewan Loans Act.

He said:

Mr. Speaker, there is a provision in this act now for the destruction of some of the coupons and securities and so forth and this is the writing of that section, and I think there are details that can be discussed in committee to provide for the destruction of certain securities and I move that the bill now be read a second time.

Motion agreed to and bill read a second time.

The Assembly adjourned at 10:00 o'clock p.m.