

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
Third Session — Eighteenth Legislature
37th Day

Wednesday, April 13, 1977.

The Assembly met at 2:00 o'clock p.m.
On the Orders of the Day.

INTRODUCTION OF GUESTS

WIAAS STUDENTS

HON. A.E. BLAKENEY (Regina Elphinstone): — Mr. Speaker, on behalf of my colleague, the Member for Regina Rosemont (Mr. Allen) who is unfortunately not able to be here at this moment, I should like to introduce to you and the other Members of the House, a group of 15 adult students from the Wascana Institute. They are studying occupational English. They represent nine countries, with six different alphabets. They are here with their instructor, Ms. Marian Beaglehole. My colleague from Rosemont proposes to meet them at 2:30 if they are available and to have a chat with them on that occasion. I know that you, Mr. Speaker, and all Members of the House would wish to welcome them.

HON. MEMBERS: — Hear, hear!

QUESTIONS

EXPROPRIATION OF FARM LAND BY CITY OF REGINA

MR. W.C. THATCHER (Thunder Creek): — Mr. Speaker, a question to the Premier.

Mr. Premier some time ago I raised a question in the House concerning the expropriation of farm land by the city of Regina and that was tossed off by the Premier as an unlikely hypothetical situation. This morning it has become a reality since last night the city council in Regina has indicated that they intend to expropriate 16,200 acres immediately adjoining the city of Regina.

Would the Premier tell this Assembly today whether his Government will allow such an expropriation to occur and whether or not they have a definite policy in this regard.

MR. BLAKENEY: — Mr. Speaker, I want to make clear that I have no knowledge that the city of Regina proposes to expropriate 16,000 acres or any acreage. I am not prepared to admit that the annexation of land amounts to expropriation since everybody knows that it does not. I am not aware of any proposal to expropriate the land.

MR. THATCHER: — Supplementary question, Mr. Speaker. If for the Premier's benefit I may hold this up and I will be happy to send it across to him, which is reported in the reliable chronicle known as the Regina Leader-Post. I think it is there rather clear and decisively.

Mr. Premier, I am sure you are aware that in Canada this is a major problem that we lose 250 acres per day to our cities. It is a problem that I am sure you will agree must be dealt with. Does the Premier and his Government have any plans to establish a clear, a definitive position in regard to this situation? And specifically are they prepared to tell this Assembly today, their reaction to this expropriation or annexation or whatever you care to call it by the city which the Premier is now reading about?

MR. BLAKENEY: — Mr. Speaker, the headline reads, ‘Council Approves Plan to Annex 16,200 Acres’. That means that the land, if the city has its way, will be within the city of Regina. It does not mean it will be owned by the city of Regina. I own some property within the city of Regina. At last check at the Land Titles Office it was owned by me and not by the city of Regina. And accordingly, the mere fact that it is incorporated within the city of Regina, in no way means that it is expropriated, nor in fact, does it mean that it is taken out of farming.

MR. THATCHER: — Supplementary question, Mr. Speaker.

Mr. Premier you know full well that if this becomes . . .

MR. SPEAKER: — Order, order! I ask all Members to direct their question through the Speaker, please.

MR. THATCHER: — My apologies, Mr. Speaker. Mr. Speaker, I should like to ask the Premier once again that if he is aware of the problem, when will you tell this Assembly exactly what your policy will be in regard to this farm land which is probably going out of agricultural production forever, when will you tell the policy of your Government to this Assembly?

MR. BLAKENEY: — Mr. Speaker, as the newspaper report makes clear, nothing will happen in a definitive way until there is — in the words of the city manager, Bruce Smith — ample opportunity for groups and individuals opposing the annexation to make their objections known to the province. Then there will be an opportunity for the Minister of Municipal Affairs to consider the proposal put forward by the city, and proposals or views put forward by any opponents of the proposed annexation, including, presumably, opinions voiced by the Department of Agriculture and other appropriate agencies of the Government of Saskatchewan. When all of that information is in hand, we will be in a position to make a decision and to announce what our policy is with respect to this proposed annexation — not expropriation — by the city of Regina.

STUDY RE SUPPORT SERVICES FOR SUPERIOR COURTS

MR. S.J. CAMERON (Regina South): — Mr. Speaker, a question to the Attorney General.

I understand Mr. Huggett, your Director of Court Administrative Services conducted a study of the functioning of the Superior Courts in the four western provinces in the various levels of support that we give those courts. I ask you if in fact such a study was done by him, whether such a study is

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complete, and whether the study indicated that Saskatchewan's performance in this respect, in providing adequate support services for the Superior Courts was rather poor in relation to that provided by the other three western provinces.

HON. R. ROMANOW (Attorney General): — Mr. Speaker, I don't have any detailed information before me, so that if I am in error I will have to correct myself at some later date.

Working from recollection by memory what Mr. Huggett did was review the support facilities which were available to the Court of Appeal. I don't believe the study extended to the Queen's Bench or other Superior Courts. He did that at my request as a result of certain discussions that I have had with the Chief Justice of the province. Again, my recollection is that the report indicated the need for additional stenographic and/or administrative staff. I think it is in the same category because of the particular set-up of the Court of Appeal, personnel, clerical, stenographic, I am not sure of the title. I believe subsequently there have been two or three additional positions approved. This was some months ago, now.

MR. CAMERON: — By way of supplementary, did the study show that Saskatchewan's performance in this respect was as I said earlier relatively poor in relation to the kinds of services that the other western provinces are providing that court?

MR. ROMANOW: — Mr. Speaker, I believe this matter can be reviewed in Estimates in detail when I have all my officials and will be able to answer more particularly. This is a very subjective opinion I received basically my recommendations and my advice from the Chief Justice of the Court of Appeal. I try within the budgetary restraints to accommodate any kinds of reasonable requests. I believe that the courts have been functioning very well. I believe we have a good court obviously, a judicial court and not a bad administrative set-up there as well. So far as I can tell the situation is certainly not as the Member would categorize it.

MR. CAMERON: — Last supplementary, Mr. Speaker, I would ask if the Attorney General is prepared to table the study that was done so we can then determine whether or not, as I am informed, the study indicates Saskatchewan's performance is not flattering to the Attorney General's Department in this respect. Are you prepared to table the report?

MR. ROMANOW: — Mr. Speaker, first of all I am not sure what the Member means all the time by the words "flattering to the Attorney General's Department."

If the Liberals continually suggest that what should be "flattering" is to give more positions without any kind of any objective analysis as to the purpose and the work of the positions, if they argue that we should be pumping in all kinds of personnel regardless of the functions, as far as I am concerned I will accept the description that it is unflattering to the Attorney General. The test is whether or not the Court of Appeal does the job it is supposed to do. I say the test

has been met. With regard to the report I would have to check with Mr. Speaker before I agree to tabling it.

EXPROPRIATION OF FARM LAND BY CITY OF REGINA

MR. J.G. LANE (Qu'Appelle): — A question to the Minister of Municipal Affairs.

Questions have been asked of the Premier with regard to the proposed annexation. The proposed annexation must obtain the approval of the Minister, should it obtain the approval of the Minister it then must obtain Cabinet approval. The Premier has indicated that there will be ample opportunity for the public to make their concerns known. In fact in the past the opportunity for the public to make their concerns known has been a total failure . . .

MR. SPEAKER: — The Member for Kindersley.

POSSIBLE WATER RATIONING

MR. A.N. McMILLAN (Kindersley): — Mr. Speaker, I would like to direct a question to the Minister of the Environment. In last night's Leader-Post an article was written regarding water restraint looming in Regina and Moose Jaw cities. I brought this to the attention of the Government several weeks ago and in view of the fact that the two cities mentioned, Regina and Moose Jaw, are faced with possible water rationing or restraint this summer as a result partially of the excess pollution of Buffalo Pound Lake, I would like to know what action the Government is planning that might possibly alleviate some of the pressure this coming summer?

HON. N.E. BYERS (Kelvington-Wadena): — Mr. Speaker, the Environment Department which is responsible for the management of the province's water resources is aware of possible shortages of water particularly as they relate to urban and farm community supplies throughout the province and we have identified those communities that are likely to experience water shortages first and consideration is being given as to what action can be taken within the capability of the province to assist communities that may experience water shortage.

MR. McMILLAN: — Well, a supplementary, Mr. Speaker. I asked the Minister what action his department might be contemplating to alleviate this particular problem and I think you are probably aware of what it is now. It has already taken two weeks. This problem refers to the Buffalo Pound filtration plant and the exceedingly high amounts of pollution in the water that has to be treated. Has your department studied that specific problem and what conclusion have you come to?

MR. BYERS: — Mr. Speaker, the question which the Hon. Member poses today was put before this Chamber by him as an undebatable question on the Order Paper for Private Members' Day last week and I agreed to provide him with the information.

MR. McMILLAN: — Mr. Speaker, a final

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supplementary. In view of the fact of the length of time involved in providing the information and the fact that there is some scepticism about how worthwhile the information is going to be and I was under the impression that your department might have taken some steps . . .

MR. SPEAKER: — The Member for Estevan.

MANAGER OF SYLVITE MINE

MR. R.A. LARTER (Estevan): — Mr. Speaker, I should like to ask the Premier a question. Could the Premier tell me who the new manager is of the Sylvite mine that the Government is in the process of taking over and what was his starting date?

MR. BLAKENEY: — No, I cannot. We have made no final arrangement to acquire Sylvite. We have as you know made an agreement in principle with Hudson Bay Mining and Smelting. There are details to be concluded, one of them will be the takeover date on the assumption that a takeover is arrived at which I expect it will be and so far as I am aware the Potash Corporation of Saskatchewan has made no selection of a manager for the Rocanville mine.

MR. R.L. COLLVER (Leader of the Conservative Party): — Mr. Speaker, on the day before yesterday in Question Period the Minister responsible for the Potash Corporation of Saskatchewan did in fact state that a manager had been hired. We ran out of time and I ask the Premier again, has the manager been selected for the potash mine of Sylvite and if not, why not? If the takeover date is as proposed, the 20th or the 22nd of April as we are informed then how in the world can a new manager possibly take over the mine without having at least a week or so prior to the takeover to be available to sort out the necessary problems that he is going to be faced with after the date of takeover. We asked that question of the Minister. The Minister suggested to us that a manager had been hired.

MR. SPEAKER: — The Member for Wascana.

CABLE TELEVISION — NUMBER OF CHANNELS

MR. E.F.A. MERCHANT (Regina-Wascana): — Mr. Speaker, I want to direct to the Minister in charge of cable in this province and if I may, Mr. Speaker, it takes some preparation. The Minister will be aware that there are 13 spaces in the spectrum, 13 channels on the dial and the Minister has been saying that bringing pay television and trying to bring pay in at the same time as cable will not delay the advent of cable. In fact, Mr. Speaker, cable would take three local channels, it blanks three channels because of the fade over of the locals who are on the air. There are three American channels and then there are three so-called community channels. Mr. Speaker, the problem is, and I ask the Minister whether he would not agree with me, that if pay television is to have four channels on the spectrum, four channels in the VHF spectrum as the Minister has indicated it would, does that not mean that cable television will not have the number of channels that the CRTC has licensed it to have and be providing

the service that it must provide if it is to proceed with CRTC licence. In short, Mr. Speaker, the Minister's position means that as long as he argues that pay must come at the same time we are not going to get cable in this province.

HON. N. SHILLINGTON (Minister of Government Services): — I thought for a moment, Mr. Speaker, it was going to be necessary for the Hon. Member to summarize the summary. I also thought initially that the Hon. Member had been fed the question by one of the cable licensees, however, after hearing the question I doubt that, because I am sure that cable licensees are aware that there are more than 3 channels on the TV, there are really 13 spaces on the ordinary dial. It is a relatively simple, inexpensive matter to add more channels since it is simply by changing the dial.

MR. MERCHANT: — Mr. Speaker, would the Minister not agree with me that the converter that he mentions, the converter which allows you to get more than the 3 channels costs about \$99, \$100, \$101 and that's really the question whether people getting cable will face the initial expense of the \$99 converter or whether people getting pay television will face the \$99 converter costs. Because, Mr. Speaker, if the people getting cable are to face the additional costs it means that cable becomes uneconomic.

MR. SPEAKER: — The Member for Souris-Cannington.

MR. E.A. BERNTSON (Souris-Cannington): — Mr. Speaker, would the Minister not agree that every TV set in . . .

MR. SPEAKER: — The Member for Qu'Appelle.

EXPROPRIATION OF FARM LAND BY CITY OF REGINA

MR. J.G. LANE (Qu'Appelle): — The groups that are affected by the annexation as announced last night at the outside of the city, were not listened to on their previous applications. Now the Premier said there will be an ample opportunity and my question simply to the Minister is, prior to approving or not giving the approval to the annexation, would the Minister be prepared to have a public inquiry or a judicial inquiry into the following questions: (1) the proposed annexation and removal of prime farm lands and (2) into the question generally of the urban encroachment upon fine farm land in Saskatchewan?

HON. G. MacMURCHY (Minister of Municipal Affairs): — Mr. Speaker, I don't think I can add anything further to this issue than has already been provided by the Premier. The policy of the Government has been to review each application for annexation on its own merit. Certainly with this particular issue we have had a number of people visit me in my office expressing their concerns. I suspect now they are fully aware of what the city is proposing, they will be returning to my office to express their opinion and we will welcome that opinion. Whether we go beyond that is something that I can't

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say at this time. I was not aware of the city's proposal having not seen the newspaper and certainly having not received anything at my office and I will be inclined to wait until I do receive something specific in my office from the city of Regina.

MR. G. LANE: — Supplementary, the indications are that the Saskatchewan Housing Corporation is preparing plans in the south-east sector of Regina, drawing up plans for a subdivision, expecting to house approximately 38,000 persons. Is it not really, are the rural residents not really faced with a fait accompli and, in fact, they are wasting their time fighting any more because government plans are already made for a massive subdivision, that the Government has already approved a massive encroachment upon prime farm lands for urban development?

MR. MacMURCHY: — Mr. Speaker, it is true that the Saskatchewan Housing Corporation in co-operation with the city of Regina have embarked on some land assembly programs surrounding the city. These are not large in comparison to the proposal for annexation and there has not as yet been any request come forward, up until this point with respect to annexation surrounding that land assembly project.

MR. G. LANE: — Last supplementary, Mr. Speaker, Mr. Minister. Does the Minister favor the proposed annexation of approximately 10,200 acres for industrial growth? That's annexation of farm land for industrial purposes. And if he does favor such a policy and a proposal, what compensation proposals is the Minister considering for compensation to the Sherwood Rural Municipality for the reduction in their tax base.

MR. MacMURCHY: — Mr. Speaker, I simply can't respond to the Hon. Member until I know what specifically the city is asking for. Once we have that, once we have an opportunity to consider it, the Government policy will be announced.

CHANGE TO SEDCO REGULATIONS

MR. J. WIEBE (Morse): — Mr. Speaker, a question to the Minister in charge of SEDCO, Mr. Vickar. In light of the recently announced success of the program by the Alberta Opportunity Company, the comparable agency to SEDCO in Alberta, I was wondering if the Minister would consider making changes to current SEDCO regulations to bring forth a preference towards smaller companies, towards their establishment in smaller centres and would the Minister also consider changes that would result in lower lending rates for SEDCO loans going to smaller centres, since our larger centres and larger companies have a superior access to conventional lenders?

HON. N. VICKAR (Minister of Industry and Commerce): — Mr. Speaker, I'm not really aware as to what happened in Alberta and as far as making changes in SEDCO policy at this time, I have not been involved with SEDCO long enough to be familiar with what their past policy was and what the new changes would be, but if the changes that the Member is

suggesting are beneficial to the province as a whole, then I am sure we would definitely look at it.

MR. WIEBE: — Supplementary question, Mr. Speaker. Would the Minister consider, once he has had an opportunity to familiarize himself with the regulations and policy of SEDCO, that he also consider the lead of the Alberta Opportunity Company in this regard to moving the SEDCO head office outside of the city of Regina? For example, head office for AOC in Alberta is a small town by the name of Ponoka and perhaps the head office for Saskatchewan could be located in a centre such as Swift Current or Herbert, which would indicate to the people of Saskatchewan, the Government's determination to develop businesses in our smaller centres throughout the province.

MR. SPEAKER: — I'll take the Member for Rosetown-Elrose.

SPECIAL PERMITS FOR GRAIN TRUCKING

MR. R.H. BAILEY (Rosetown-Elrose): — Mr. Speaker, I direct a question to the Minister of Municipal Affairs. Mr. Minister, some time ago your executive assistant, speaking in Winnipeg suggested that the Highway Traffic Board which is under your department, would be initiating special permits for grain trucking in certain areas of Saskatchewan. Is the Minister prepared to repeat the statements of his executive assistant to this Assembly at this time?

HON. G. MacMURCHY (Minister of Municipal Affairs): — Mr. Speaker, I am not aware of my executive assistant speaking in Winnipeg. I will check with him and respond to the Hon. Member at a later time.

MR. BAILEY: — Supplementary, Mr. Speaker. The executive assistant indicated, Mr. Minister, that there was really a policy and exemptions would be made in certain areas and if this, in fact, is the policy, would the Minister not agree that there is a dangerous precedent which could be set here, in that you would be showing discrimination in certain areas of the province where farmers would also want to haul under the same permit limits?

MR. MacMURCHY: — Mr. Speaker, I indicated I would check this. I think with respect to the issue of the load limit policy, I announced a proposal to SARM, which I think is pretty familiar to all Members and I think that that is what should be under consideration. I will, however, check with my executive assistant and respond.

SCHOOL BUS OPERATION

MR. MacMURCHY: — I wonder, Mr. Speaker, if while I'm on my feet I could respond to a question that was asked by the Hon. Member for Rosetown-Elrose the other day related to the Highway Traffic Board, making statements and issuing warnings prior to regulations concerning the issuing of warnings before being passed by the board itself. It related to school bus operation and, in particular, the panel buses and the removal of the rear seat.

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I have the answer to the question now, Mr. Speaker, and I can provide it for the Hon. Member.

Back in August 31, 1976, regulations were passed, changing the bus standards. The particular one that relates to the question raised is this one.

No person shall drive and no school board or owner of a vehicle registered as a school bus shall cause or allow a person to drive a vehicle registered as a school bus unless the vehicle is equipped with a door or exit available for use in an emergency, passage to which is clear of any obstruction and which may be readily opened from both the inside and the outside of the vehicle and which is located at the rear of the vehicle or near the rear on the left side of the vehicle.

What the Highway Traffic Board officials have been doing is sending warnings to the smaller van type buses, so that they arrange their seating in order to accommodate to the regulation. What is required is a passage way at a minimum of 12 inches to that rear door.

I might report also to the Hon. Member, that these regulations were checked with the School Trustees Association and they approved of the regulations.

INCREASED HANDLING CHARGES — HOG MARKETING COMMISSION

MR. L.W. BIRKBECK (Moosomin): — A question to the Minister of Agriculture. About two months ago the Hog Marketing Commission increased their handling charges. The increase is based on each head consigned to the Commission. Can the Minister tell this House what the increase amounted to?

HON. E. KAEDING (Minister of Agriculture): — The increase I think was 30 cents per hog.

MR. BIRKBECK: — Supplementary, Mr. Speaker. This seems to be a substantial increase. In view of the fact that the Commission showed a profit last year, was this increase subject to the provincial price and wage controls?

MR. KAEDING: — I think, Mr. Speaker, the Member will well know that the increase was put in order to accommodate the extra cost of transportation which was incurred when the Regina plant was closed. The Commission, in order to provide a proper transportation assembly for the hogs in the southeast and the eastern part of the province, found it necessary to incur some extra costs. This extra 30 cents is supposed to cover that cost.

HON. R. ROMANOW (Attorney General): — Mr. Speaker, two days ago, the Member for Moosomin asked me a question with respect to a constitutional case and the possible intervention by the Province of Saskatchewan. I am now advised by my officials that there apparently was recently a decision out of the Ontario Court of Appeal in this area, but that as yet the province has not received any formal notice and accordingly, the question of the Member is premature. We can make no decision on this until we receive the formal

notice.

PRIORITY OF DEBATE

JUVENILE CAMPS IN THE NORTH

MISS L.B. CLIFFORD (Wilkie): — Before Orders of the Day I beg leave under Rule 17 to move a motion asking for Priority of Debate for the purpose of discussing a definite matter of urgent public importance and I state the subject to be; the need for this Assembly to urge the Government immediately to commission an inquiry of knowledgeable, responsible, Saskatchewan citizens including members or a member of Ranch Ehrlo who have done an outstanding job since the program's inception, with the focus being to devise ways for the concept of wilderness camps to be preserved, since they can serve a useful and worthwhile social need and to that end (1) to establish guidelines for the proper operation of wilderness camps for juvenile delinquents; (2) to recommend procedures to avoid improper delinquency procedures; (3) to suggest appropriate levels and nature of education and training required of persons in supervisory positions in wilderness camps and (4) to demonstrate the need for persons not to irresponsibly criticize publicly the operation of wilderness camps and thus bring them into disrepute when on balance they deserve encouragement and support in their efforts to teach delinquent boys acceptable social values.

I so move, seconded by Mr. Cameron.

SOME HON. MEMBERS: — Hear, hear!

MR. SPEAKER: — I have the Motion before me, upon which I have a statement.

A notice regarding this matter, proposed for Priority of Debate was received in the Clerk's office at 12 noon, for which I thank the Hon. Member. The matter raised is one which has been before the Assembly on many occasions since the latter part of March. Any Member has had several weeks in which to give proper notice in order for the Assembly to debate this matter in the usual way. The notice today has not raised a new matter, nor does it develop out of new circumstances.

I refer all Hon. Members to Rule 17, sub 6 which states that a Priority of Debate may take place if the matter is of urgent public importance. The fundamental principle underlying Rule 17 is to provide an opportunity within a proper framework of parliamentary procedure where none otherwise existed for the immediate discussion of any matter deemed to be of such urgency and importance that all of the normal or special business of the Assembly should be put to one side in order to provide complete right of way to a discussion of one specific, particular subject.

I refer all Members to the Speaker's Ruling of Tuesday, February 23, 1971, on page 35 of the Journals of the Legislative Assembly of the Province of Saskatchewan, Session 1971. I therefore, rule the Motion out of order on the grounds that this matter could have been introduced under a motion and given proper notice and, therefore, it is not a prima facie case of urgency, because the situation has been continuing over a period of weeks.

COMMITTEE OF FINANCE — DEPARTMENT OF HEALTH — VOTE 32 cont'd.

ITEM 1 cont'd.

HON. W.A. ROBBINS (Minister of Health): — Perhaps, Mr. Chairman, I should respond to some of the criticisms levied last night by Members in the Opposition. The first comment I would like to make is referring to the former Leader of the Opposition, whom these people claim couldn't get crutches from the SAIL Program. I checked at the Plains Health Centre and found that Mr. Steuart was supplied with the proper set of crutches when he left that institution.

Mr. Chairman, I am disturbed by some of the allegations made in this House last night by Liberal Members opposite. Before dealing with these I must say that I find it strange indeed to see the Liberals posing as the champions of health care in this province. These are members of the same party that has loudly criticized every new health plan introduced in this Legislature by CCF and NDP governments.

Not only have they resisted every innovative health scheme proposed, but they failed when they were in office, they failed to introduce a single . . .

MR. CHAIRMAN: — Order please. I wonder if we couldn't get off to a good start today and let me mention to the Hon. Members that I certainly think that we have to be lenient enough to give you ample time to discuss the Estimates that are before you, but I think you are sent here to do a responsible job, in a responsible manner. You have people who are watching you responsibly in the galleries. Let's try and conduct ourselves in that way.

MR. ROBBINS: — Thank you, Mr. Chairman. They resisted every innovative health scheme proposed and they failed when they were in office to introduce a single new program. Criticism — lots of it! Achievement — none at all!

They don't like the Drug Plan. In their words it is just a frill. A program that has been of interest to several other provinces and states in North America, and it is reasonable to forecast, Mr. Chairman, that eventually the Saskatchewan type Drug Plan will be copied by all other governments. It is a Drug Plan that includes a formulary, thus ensuring that only effective drugs are dispensed and paid for by the taxpayer.

Mr. Chairman, Hon. Members opposite have asked why don't we study the Manitoba plan. I can assure you that the model which is used in Manitoba was thoroughly studied before a decision was made in Saskatchewan. There is no formulary — any prescription drug is available no matter how ineffective it may be and many of them are very ineffective. The patient pays the first \$50 in each year, anything over that the patient pays 20 per cent.

Mr. Chairman, that is Manitoba's choice, it is not ours. We refuse to throw away tax dollars on drug products that aren't really helping the patient and we don't think there should be a financial barrier. We are convinced that our approach of

levying a nominal consumer charge, a prescription fee, is a fairer way of having the patient participate in the cost of prescriptions.

The Members opposite us suggested that our staffing is excessive compared to the Manitoba plan. The fact is, of course, that we are comparing apples and oranges. In Manitoba, with a \$50 charge to users before they become eligible, there will be many prescription claims that are never submitted. In Saskatchewan every eligible claim under the Drug Plan must be processed.

Furthermore, the administration expense for 1976-77 is a good deal less than the savings in the purchase of drugs as a result of Saskatchewan's use of a formulary and standing offer contracts. I want to comment on the Liberals' suggestion that instead of drug plan benefits being available to all our citizens, that they be available only to the poor and handicapped. Mr. Chairman, I hope the people of this province hear what has been said in this House last night and today. It is clear that if the Liberals ever become the government in this province they will categorize our citizens with labels such as "poor" and "handicapped", in order to get benefits from health programs. The New Democratic Government does not agree with the Liberals that there should be second class citizens which would be the result of the labels the Liberals would put on them.

SOME HON. MEMBERS: — Hear, hear!

MR. ROBBINS: — We believe it is much fairer to make these benefits universally available without prying into the private affairs of our citizens and then make adjustments through the progressive income tax route.

Mr. Chairman, I wonder if the people in this province appreciate how long they waited in vain for a Liberal drug plan. In the election of 1964 they promised one. They were surprised when they got into office and found they were expected to deliver on the promise. So they then announced that the drug plan would be a catastrophic program. In other words, if you were a catastrophe you could then pry some money out of the Liberals for your drug costs. But they decided even that was too generous so the late Premier Thatcher announced that in spite of being elected on a promise of a prescription drug plan, he really did not have a mandate for it and so he said he would only bring in a drug plan after a province wide plebiscite to find out if the people of this province were in favor of the plan. They got themselves off the hook by never holding the plebiscite. The lesson, Mr. Chairman, is quite clear, the Liberals couldn't deliver one single prescription in this province but they are prepared to be hypercritical of our program, even though it is widely accepted and generally a success.

Mr. Chairman, I want now to turn my attention for a brief few moments to the criticism of the Children's Dental Program.

It's a well known matter of record that the dental health of our population in Saskatchewan is poor. Apart from the Province of Newfoundland, Saskatchewan consistently has one of the lowest dentist to population ratios in all of Canada. When the Liberals were in office they did literally nothing to alleviate this situation. Our earliest attempts when we were the Government were to provide bursaries and establishment

grants for the training of dentists and assisting them to set up their practices. These moneys were given to them on condition that they would set up in under dentally served areas in the province. These efforts had a degree of success but were not enough to attack the enormous unmet dental needs of the population, particularly in the rural areas.

To meet this challenge our Government took an initiative that had not been taken anywhere else in North America. We trained a new dental worker, the dental nurse, not only to provide preventive services to children, but to be able to perform curative services under the supervision of a dentist. And most importantly, we didn't locate them just in the large urban centres. We have moved them out into the most sparsely populated rural areas of this province. We are convinced that this approach will have a dramatic impact on the dental health of our population.

On the other hand the Liberals again want to put money before people. They say the plan costs too much. They ignore the extra cost of taking this vital service out to people in our rural areas. They ignore the fact that there are usually additional costs during the start up period of any program. They ignore the large component of preventive services that is included in our children's dental package.

That's their answer, Mr. Chairman. They would have the Government turn over millions of taxpayers' dollars to the dental profession in this province and have them run the program. Do the Liberals really believe that the dentists would take this service out into the far reaches of rural Saskatchewan? I don't believe it and I don't believe they believe it. Do they really believe that it would cost less? I doubt that very much. Do they really believe that, after dumping all the dental nurses that have now been trained, they would be able to attract sufficient numbers of dentists to this province to meet the needs of children in rural Saskatchewan? I doubt it very much.

I'll tell you what would happen, Mr. Chairman. The costs of the program would skyrocket and furthermore there would remain a tremendous pool of unmet needs in this province, particularly out in rural Saskatchewan. I mentioned last night some of the other provinces that have tried to meet this need, using dentists only on a fee for service basis. Their costs are rising rapidly and only a fraction of the eligible children are being covered, less than one-third.

The basic problem in our province, Mr. Chairman, is we have never had enough dentists. It is only by being innovative and using dental nurses that we can cope with this problem. The Liberals are misleading the public when they try to indicate otherwise.

In summary, Mr. Chairman, I want to make sure that the message isn't being lost to the people of this province. What do the criticisms of the Liberals mean to the health care of our citizens?

If we are to take the criticisms of Members opposite seriously, then if a Liberal government were to be elected, we would see the dismantling of the present health care system and obstacles placed in the way of health services. Deterrent fees would likely again be reintroduced. The reintroduction of premiums, maybe as high as the \$384 that they charge in Ontario per family. The closure of small hospitals across Saskatchewan.

And finally, Mr. Chairman, doing away with frills, as Liberals describe them; the Drug Plan, the Dental Plan, the SAIL Program.

I hope the people of this province will not be fooled. The Liberals have no love for health plans and would do their best to eliminate them or handicap them.

SOME HON. MEMBERS: — Hear, hear!

MR. R.L. COLLVER (Leader of Progressive Conservatives): — Mr. Chairman, I would like to address myself, first of all to the Minister, with reference to what seems to be or appears to be an attitude of his and of his Government, pertaining to the provision of health care services in Saskatchewan. That is, that he seems to be hung up on the word, programs, systems, statistics, analyses, numbers, but he seems to forget that each of us, as MLAs in this Assembly, not only on this side of the House but on that side of the House, on a daily basis are receiving from our constituents, complaints, from our individual constituents, that they are not able to be treated in hospital, for needed hospitalization. In other words, I believe, Mr. Chairman, that the Minister and his department are forgetting the very individuals for whom the systems, programs, statistics, analyses, bureaucrats and others are there to serve and that's to serve the individual patient. That's what a health care system is all about. That's what health care professionals are all about. That's what we're all here for, is to serve individual people. Yet not once, either last evening or today, have I heard the Minister, or, in fact, Members to my right talk about individual people, individual citizens who are not being served today by our health care plans in Saskatchewan. They are not obtaining the necessary hospitalisation that they need to meet their needs as individuals. People waiting six, nine, ten, eleven months for a hospital bed for orthopaedic surgery in Saskatoon.

With deference to the Minister's statistics, these are facts, stated by not only one doctor, but many doctors in Saskatoon. Not only by one patient but by many patients in Saskatoon. They are not able to be treated by a hospital care system. We hear individual cases throughout the province all of us . . .

MR. ROMANOW: — Name one.

MR. COLLVER: — No, we will be happy to table the documents, table the letters, you have got them as well, so has every Member across there got letters from his individual constituency. About receiving, for example, from the Pharmacare Program that the Minister boasts about, about receiving drugs that perhaps are as good as officials might possibly be able to determine, but on the other hand are not the choice of the doctor necessarily. And about receiving, for example, a prescription from the doctor for valium and having the valium replaced with the generic drug and side effect created as a result of the generic drug that is substituted for the valium.

AN HON. MEMBER: — You can't support that by one instance.

MR. COLLVER: — Well, Mr. Chairman, it has been suggested that I can't support that by one instance. I will give you an example. I will suggest that the Minister of Health (Mr. Robbins) write today to Mr. Glen Millar, a pharmacist at White Cross Drugs. I suggest that he write to him and ask him about the instances that he has heard also in Melville, Saskatchewan. Also he may write to the other pharmacist, and I am sorry I don't recall his name just offhand, in Melville, Saskatchewan and ask him about instances of the same kind and nature reported to him by patients whom he has prescribed for. And where I think we are falling down, Mr. Chairman, is that we are forgetting the one, the ultimate control over the medical care system, and that is the patient himself or herself. There your systems are falling apart.

AN HON. MEMBER: — Come on . . . pay.

MR. COLLVER: — No, it has nothing to do with pay. It has nothing to do with pay, Mr. Chairman. It has to do with understanding. Individual patients in this province today have absolutely no idea what it costs for their treatment. They have no idea what it costs for their drugs. They have no idea what it costs for their hospitals. Why? Why will the Government of Saskatchewan not issue to the patients, not on an audit basis, or instruct or inform the medical profession and in fact the hospital system and in fact the pharmacists in the province to provide to each individual patient the bill as to the true cost of service. Where we are falling down in this province is that individual citizens and individual patients no longer understand how much it costs for them to run to the hospital for factitious things. To run to the doctor for factitious things. And the patient may run to a doctor, for example, with a pain in his arm and the doctor treats him as an overall patient, and it costs \$300 for something that the patient might think would cost only \$10 or \$12 or \$15. We are not suggesting that the patient should pay that but at least the patient should be aware of what the medical care in this province is costing for the demands that he or she is placing on that system.

Now perhaps in that way you might possibly gain the benefit of individual people recognizing individual costs and complaining to the Government of Saskatchewan that they thought those costs were exorbitant or in fact complaining to the provider of the service when they thought the costs were exorbitant. Perhaps that might be a check on the tremendous increases in cost that you have faced, and perhaps in that way you might come to grips to a certain extent with the overutilization in some areas of our system. Where we are falling down Mr. Chairman, is we are not allowing individuals to be aware of the cost of treatment and therefore many individuals are overutilizing the service, not Mr. Chairman, because they are crooked, not because they are in any way believing themselves to be overutilizing the system, but because they don't know what it costs for the very services that they are asking for. Now we are convinced, Mr. Chairman, that we could come to grips with the utilization of the system without bringing in the kinds of rules and regulations and deterrent fees that were suggested by friends to our right in the past. Without bringing in those added costs we are convinced if the patient knows what the service costs that he will not overutilize the system as they are at present. And if the overutilization of the system, that is presently in operation in our medical care system in the Province of

Saskatchewan were in some way brought into line you would have the additional funds available to see that needed hospital beds are able to be maintained; that needed surgery staff would be able to be maintained and that long and lengthy waiting lists for needed surgery and for needed hospitalization would not be the order for the day in the Province of Saskatchewan. It is our judgement that somehow we have lost sight of that individual and if you can give the individual a feeling, if you want from these vast programs and statistics and analyses of your current medical care plan, if you can give the individual a feeling that he is taking part on an individual basis in this system then he in turn will help you to control the costs so that you may provide on behalf of everyone in the province the necessary hospitalization to meet their individual needs. It is not enough Mr. Chairman, it is not enough that you answer individual complaints about your system with statistics. It is not enough that you answer individual complaints about what lengthy waiting lists, with how much better we are in Saskatchewan than they are in Alberta, or Ontario, or anywhere else in Canada or in the world. What the people of Saskatchewan expect and have come to appreciate and in this regard I must say we have congratulated or paid compliments before to the CCF for the introduction of some of these plans and we do so again. And we will do so again and again and again. We think they are good plans.

AN HON. MEMBER: — Of course they are.

MR. COLLVER: — That is right, but why not make them better. Why not make them not only the plan and programs and statistics but make them relate to the individual. Well, perhaps the suggestion to make the individual aware of the costs of the plans may be only part of the solution. Perhaps another part of the solution is to involve patients more than we are presently involving them in the kinds of decisions that have to be made by the Minister and his department as it relates to the priorities that he establishes. For example, did the Minister of Health (Mr. Robbins) approach the people of Saskatchewan and ask them whether they wanted to have the kind of cutback in hospital care that has occurred in the last six months to a year in the Province of Saskatchewan. The answer is no. The answer is no. Did the Minister approach the people of Saskatchewan in any meaningful way and give them a choice and say look we have so much money, we have so much demands on our money, we have to make a choice whether we cut back hospital beds five per cent whether we try to meet national statistics on hospital care in order that we can meet the rules and regulations set down by Ottawa so that we can get the maximum amount from them in terms of our grants from them pertaining to hospitalization and medical care. Did the Minister present these choices to the people of Saskatchewan. The answer is no. What he presented to the people of Saskatchewan was a fait accompli. He said that is it, we are cutting hospital beds back five per cent. Perhaps by involving individuals in Saskatchewan in our decision making process, by at least giving them a choice and then trying to determine what kind of a reaction they will have to that choice, perhaps in that way we might involve them as individuals more and we might get a better quality of medical care in the province than we are presently getting.

AN HON. MEMBER: — Give us some specifics.

MR. COLLVER: — Some specifics of what? Mr. Chairman, the Members

opposite ask for specifics. I challenge any Member opposite to go into his constituency and talk and really talk to the people and ask them what they think of the hospital care system as it is presently being provided in the Province of Saskatchewan. The people of Prince Albert-Duck Lake told you what they thought of the hospitalization system. The people of Saskatoon Sutherland even told the Member for Saskatoon Centre what they thought of the hospital system as it is in Saskatchewan. Individuals, they voted, not in favor of your party and that is for certain. And in Saskatoon Sutherland they caused you to lose your deposit. I hope you put it up for the candidate there.

MR. CHAIRMAN: — Order! I think we could do with a little less assistance from the Members on both sides. You will all have an opportunity to rise to speak and I would ask the Member for Nipawin, is he ready to carry on.

MR. COLLVER: — Yes, thank you, I was ready before, Mr. Chairman. Mr. Chairman there are many people in the province who are not being served by our system. If we bring the individuals back into the system again they will be served. We are making a suggestion to the Minister of Health that perhaps there may be a way to involve the individuals in our province without coming out with statistical answers as to how great the system is. If the Minister is prepared to listen to the suggestion, fine. If the Minister is not prepared to listen to the suggestion then you will listen to the people at the polls in the next election.

MR. ROBBINS: — Mr. Chairman, I would listen to suggestions if I got any that made any sense. I have to respond to the Member and I will do so briefly, Mr. Chairman. He talked about the drug plan and that there were drugs that should be on the plan presumably and he talked about officials in the department with regard to the drug plan. Well, who sets up the formula of the drug plan? If he would read the report on page 11 he would find out, Dr. McFetridge from the Saskatchewan Medical Association, Dr. Robert Johnson from the Saskatchewan Medical Association, Dr. Jim Blackburn, the College of Pharmacy at the University, Dr. Gordon Johnson, Department of Pharmacology at the College of Medicine. These are the people who make the decisions with regard to therapeutic drugs. It is not a case of officials in the department making that decision, it is the case of the medical people involved, and they are pharmacists, medical doctors, and pharmacologists who make that decision. He talked about hospital beds and he talked about the fact that we talked about statistics. These are facts. We should be able to face those facts. In 1976 there were 4,849 beds approved in this province and according to information received to date only 4,635 of those beds were used. The difference would mean a treatment of 9,000 more patients if they were utilized. A good number of those unused beds were in Regina and Saskatoon. Enough to treat approximately 3,400 cases. That approximates the waiting list in Regina and Saskatoon and there are very few patients waiting in other areas for the pressure is on Saskatoon and Regina. The 4,849 beds approved in 1976 allowed 5.1 beds per thousand and that is higher than it is in Alberta, and higher than it is in Manitoba and higher than it is in Ontario and New Brunswick, Prince Edward Island and Newfoundland and I can go through the works. Now the Member shakes his head and says you should think of individuals. These are the beds that are available.

MR. C.P. MacDONALD: — Not available if you don't have any money to pay staff to operate them.

MR. ROBBINS: — We can answer that one too. We will get around to that. The Member raised a question of sending statements to patients. We look at that periodically, of course we do. We look at the probable cost but if we were doing it these people would be yelling about the cost, no doubt about it. SHSP used to send out statements and there is no evidence that the utilization was affected at all. None at all. British Columbia used to send out statements, they quit it. Why? Because they could see no evidence that it was effective. The Member talks about overutilization by patients but he doesn't mention anything about overservicing by doctors. Who puts people in hospitals anyway? Only medical doctors and obviously it has to be based on medical decisions. He said that we didn't consult with the people about a five per cent reduction. Did the Conservatives in Alberta consult with their people, did the Conservatives in Ontario consult. They didn't go out and ask the people questions with regard to closing ten hospitals and shutting down 3,000 beds. Actually governments are elected to govern and they have to make some decisions. They can't run around and take plebiscites on every single thing that you think the public might be interested in. I think I have dealt with the three major points that he talked about. He talked about getting back to the individual. Obviously the system works for the individual, 85 per cent of the people in Saskatchewan last year had medical attention under the health programs that exist. They are not all perfect because we are imperfect individuals, but the fact remains that most of the statements made by the Leader of the Conservatives, the Member for Nipawin (Mr. Collver) are just sheer generalities and mean nothing.

MR. COLLVER: — Mr. Chairman, in response to the Minister of Health, he suggests who sets up the formulary and he read off some very well known names but he would also be aware that the medical profession generally for individuals within the medical profession don't necessarily agree that maybe three or four or five or ten doctors sitting together, or pharmacists sitting together can determine what is the best drug for any particular course of treatment. They can't decide. The fact of the matter is that it is up to the individual doctor to decide what is the best treatment for his patient, and in this instance it is a group appointed by the Government of Saskatchewan that is making that decision on behalf of that individual doctor. In many instances in our province, and I have given you names of people to call if you want to check out just who, in many instances in our province who suggested treatment by the doctor is not being followed because of the setup and establishment of a formulary and therefore the best possible treatment in the opinion of that individual doctor is not being provided to his or her patient. Now the Minister suggests that in some way that is a good thing. That is a great thing because that individual doctor who is making that decision as the best possible treatment for his patient that that individual doctor is better off by having all these experts decide on what drug is best for his patient or what generic drug is best for his patient, when, in fact, the individual doctor should be allowed to make that kind of a decision himself. The individual doctor in Manitoba can make that decision and the fact of the matter is in the Province of Saskatchewan the only reason that is apparent for the present system in Saskatchewan

which costs more than the province of Manitoba and which is less satisfactory to the people, to individual people, than is the one in Manitoba, by far less satisfactory to the medical profession and to the Pharmaceutical Association in Saskatchewan than it is in Manitoba. The only possible reason for the plan that we have in Saskatchewan is the fact that under this plan the Government of Saskatchewan is able to push a button, buy it by computer and find out what drugs are prescribed for every patient in the province. And what drugs are prescribed by every doctor in the province. That is the benefit to this plan over the one in Manitoba. Even over the one in Manitoba, even though individuals are better served in Manitoba, even though pharmacists are better served in Manitoba, even though medical doctors are better served in Manitoba and even though taxpayers are better served in Manitoba, we have to have a plan in the Province of Saskatchewan that brings about a situation in which the Government can push a button and find out what drugs are prescribed for what people, what total amount of drugs are being used by the individuals in our province. That seems to be the only possible reason for the present plan in the Province of Saskatchewan and yet the Minister says that he studied the plan in the Province of Manitoba. Well surely he hasn't talked to patients in Manitoba. He certainly hasn't talked to pharmacists in Manitoba; he certainly hasn't talked to druggists in Manitoba. It costs more here to provide for the same number of people as it does in the Province of Manitoba.

What kind of drivel are we getting from the Minister today? Absolute drivel that you have studied the plan in Manitoba, yet everyone there is more satisfied with the plan in Manitoba than they are in the Province of Saskatchewan. Yet somehow, we, in the Province of Saskatchewan are supposedly perfect. Your plans in Saskatchewan are perfect. Well I say nonsense, they are not perfect and neither is the Minister perfect and neither is the Government perfect and neither am I perfect. There are places to improve. Everyone has places to improve and one of the first places to start in the Province of Saskatchewan is with the Health Care Plans that we are presently offering. Let's look to the possibility of improvement.

Now the Minister suggests that in the Province of Saskatchewan we have far more beds per population than they have in the Province of Alberta. Yet individual MLAs in the Province of Alberta are getting no letters complaining about the patient's inability to get into hospital; they are getting no letters from patients who are not being treated. They are getting no complaints from their constituents about having to wait months and months and, in fact, many of the patients in the Province of Saskatchewan who have to wait for months and months for needed treatment, are in fact travelling to Alberta to be treated in Alberta. Yet we have more beds! Certainly statistically we have more beds, but are the beds meeting the needs of individual patients or of individual doctors. The Minister suggests that it is doctors who put the patients into hospitals and he is right. The Minister suggests that it is doctors that may be overutilizing the system, and he is right. But what better check could there be on a doctor that is overutilizing the system than a patient who understands what it costs for a particular treatment.

The Minister suggests that sending out by the central system, the bills for particular hospital or medical care is extremely costly and he is right. He has failed to recognize that by the

individual provider of the service it is not costly because a mere copy of the bill that goes into the Government of Saskatchewan can be provided to the patient by the doctor. A copy of the bill that is provided to the Government of Saskatchewan can be provided by the hospital. A copy of the bill that is submitted to the Government of Saskatchewan can be provided by the druggist. A copy of the bill can be handed to the patient, one copy on one form. That is not a tremendously high expense, yet the patients would then have an idea of what it costs for their individual treatment. If, in fact, in order to get collections from the Saskatchewan Hospital Services Plan or from the Medical Care Insurance Commission, the medical practitioner or the hospital has to put confidential information on the bill, the copy of the bill could be blinded in that area. If they want a morbidity code, for example, but I don't know whether the Government is presently accepting a morbidity code as a means by which it pays the various hospitals and pays the various medical doctors in our province, certainly not the ones on global budgeting, I realize that they are paid in a different fashion. But the ones who are submitting fee for service, perhaps they are submitting the morbidity code. Well, that area of the bill, which is allotted for the morbidity code can be blanked on the copy that is given the patient.

We believe that it is important to bring the individual back into this system again. You do so by making him aware of what it costs for his treatment.

MR. KOSKIE: — Then you provide them an . . .

MR. COLLVER: — Well, the Member who is afraid to stand up on his feet and wants to talk from his chair, is making suggestions beyond which we are. We are suggesting that a copy of the bill be provided to each patient. That is our suggestion. We think that that would, in a very great measure, cut back on the overutilization.

The problem, Mr. Minister, for what it is worth is 25, 30 or 40 years ago, or even 10 years ago, when little Johnny skinned his knee, little Johnny was given a kiss by his mother, a plaster put over the knee and sent out to play again. Today what is happening because the patient isn't aware of the cost of the service, little Johnny is thrown into the station wagon and dragged to the emergency of the hospital, seen by two nurses and three interns and whatever doctors are on staff. He gets a plaster on his knee, he is given a kiss by his mother and he is sent out to play and in the meantime we have gone through a couple hundred of dollars worth of services.

Now certainly that is the right of the patient, as you say, if they believe that little Johnny needs to be examined by a doctor that they run to the hospital and meet their doctor at the hospital and be seen. But I suggest to you, Mr. Minister, if the patient realized how much that kind of service costs and what they have to give up as a result, what they have to give up is the right to get into hospital when they are sick; is the right not to have to sit on some doctor's waiting list for nine months. That is what they have to give up on the one hand when they are sick, on the other hand they might recognize that if that cost \$200 or \$300 they might not run so quickly to the hospital, or run so quickly to their doctor for that small item that perhaps they could have fixed by themselves.

We think that that is what is causing the dramatically skyrocketing costs in health care over and above, not only from the patient point of view, but from the doctor's point of view. The medical profession, unfortunately, over the last few years, has become used to the practice of when a patient comes into the office with a sore arm of saying, well, we may as well do a ECG, we might as well do an x-ray, we might as well have some lab tests and some blood tests, because you are here we might as well check you over, when in fact the patient wants to be treated for his sore arm. We might as well give you a broadly based general medical.

Mr. Chairman, that is what is causing the pressures on your hospital care system today. The tremendous increase in the utilization of lab, the tremendous increase in the utilization of x-rays, so what was your answer? Cut off the number of x-ray units in the cities and in some smaller centres as well. Cut them off and give the x-ray unit over to a community health clinic, for example. We will support them but we won't support the one at the Lloydminster Clinic. We will support this group of people for an x-ray but we won't support this, but we will cut back so that we will make the patient have to go into their doctor, have an x-ray ordered, have to leave their doctor's office, go to the hospital and get an x-ray and get another appointment with their doctor to get the results of their x-ray.

That is what we have done with the system that you have suggested. Instead of putting the onus on the patient, where it belongs, to check the doctor to make sure that the doctor is not over ordering for that particular illness. Traditionally that is what the patient did. The patient can still do that if he realizes what it is costing him for that particular service.

HON. R. ROMANOW (Attorney General): — I am sorry but the Minister may be rather angry about this, but I am interested about a number of things that the Member for Nipawin has said and also what he and the Member for Indian Head-Wolseley were saying yesterday, but more particularly just the little exposition that we have heard from the Member for Nipawin and his arguments respecting the sore arm, where he indicated that the costs, the reasons for the tremendous costs, is that he described the doctor doing the full test on the patient.

Mr. Speaker, I should like to know whether the Member for Nipawin is saying that the medical profession is widely abusing the medical care and hospital system?

MR. COLLVER: — Well, unfortunately, Mr. Chairman, I didn't know that was in order in Estimates but I am certainly prepared to answer the Attorney General.

No, I don't believe the medical profession is widely abusing the system. We are not suggesting that the medical profession is widely abusing the system, we are suggesting that it has become fashionable, if you want, by all medical doctors to utilize the facilities of the lab and the x-ray far more than they have in the past and that, perhaps, this fashion . . .

MR. SNYDER: — Choose your words carefully you are being taped.

MR. COLLVER: — Oh, we realize that. Perhaps this fashion or

fashionability as it were, might possibly be brought under control by allowing individual patients to realize what it costs for this practice to continue. I am suggesting that it is necessary, that not only the doctors be controlled, if you want, the doctors' incomes be controlled from the top down, but I suggest to you that it would be of advantage to the Province of Saskatchewan if the doctors' incomes were controlled from the bottom up. You would then have a double check. You would have a check, not only from the MCIC and SHSP, you would also have a check by the individual patient for the service that was provided. We are not suggesting that it is necessarily an abuse of the system. It has merely become fashionable for the medical practitioners to increase the amount of use that they have had of lab and x-ray facilities and, or in some instances, certainly not in Saskatoon and Regina today, but in instances in the past, perhaps it was fashionable to utilize the emergency service at the hospitals in the cities especially, but also in some rural areas, to utilize those rather than a doctor's office. It is more expensive to treat a patient in the emergency hospital than it is at the doctor's office or at the home. To a very large extent many medical practitioners have suggested that they don't have the facilities at their office or their home so they use the emergency hospital.

I suggest to you that this kind of practice, this kind of fashion is what is causing, among other things, the skyrocketing costs in medical care in our province and, in fact, in Canada and North America. It seems to us that where we have pioneered by the CCF the kind of plans that we have to help people get into hospital and to help people be treated for medical care, perhaps we could pioneer the kind of plan that would enable us, not only meet their needs, but also to come to grips with the tremendously increasing costs of the program, so that we could continue to provide necessary services as opposed to those that perhaps are not as necessary as others.

MR. ROMANOW: — Mr. Chairman, I want to say on this point and I thank the Member for Indian Head-Wolseley for allowing me to get into this briefly.

I quite frankly despair of the whole democratic process when I hear the kind of logic and the kind of debate that I have been hearing this afternoon. Really what the Member for Nipawin has said is this: it is fashionable to do the things that the doctors do; it is unnecessary for the patient to have anything else examined other than what he asks to have examined — the arm; the costs are skyrocketing as a result; that somehow that does not equal to abuse of the system. That is what he argues. He says that it is not necessary that when that man comes in for an arm check — using his example — for the doctor to go through the whole routine of ECGs and everything else, all these terms that I don't understand, it is not necessary and he says that is what is burdening our system down, but somehow that is not an abuse.

I despair of it, Mr. Chairman, when I hear that argument. I despair when the Member for Nipawin says, like the Member for Indian Head-Wolseley says, we have no hospital beds in Saskatchewan. That is overstating it, that is the argument.

The Minister of Health has been giving us the statistics with respect to Alberta or Conservative Ontario. The Member for Nipawin says, don't bother me with the facts. Somehow we are getting these letters from individuals. Now we have here

before us, Mr. Chairman, supposedly a democratic forum, for the rational disposition of political disputes that are before us. They argue that there are no beds, we argue that there are beds. We try to meet that argument by supplying the figures, they resort to a collateral argument that says, forget about the figures, you have to put this back somehow to the people.

We say that the doctors, while there may be individual instances of abuse, don't abuse it. The Member for Nipawin says it is not abuse but it is fashionable to the point of being destructive of the entire medicare and hospitalization system, but it is not abuse.

Mr. Chairman, to my way of thinking I think that those are two examples of the basic contradictions and the despair of anybody trying objectively to look at this debate and try to arrive at, with respect to their criticisms of the Department of Health, at any conclusions made by the two opposition parties.

I simply say, Mr. Chairman, to the Members of this House, that I suppose out in the country you can make a great speech about having this people oriented health care and hope that somehow the people would overlook the fact that the Conservatives, many of them oppose medicare and hospitalization as they did in 1962, in an unholy alliance with the Liberals.

I am going to make one other comment. The Member for Nipawin says, we are not for deterrent fees. We are for making sure that people know that they are participating in their own recovery, make them more responsible.

The Member wasn't here but that is exactly the line that was used by the Minister of Health of the Liberal Party when he introduced deterrent fees. Just a little bit of responsibility has to be built into the hospitalization and medicare scheme. It is a perfect system, he said, nothing wrong with it. Everybody can afford two dollars and fifty cents a day. It helps them to know that they are participating in their recovery, that is all. We are going to keep the costs down, we are going to do away with all these frills. The Member is just one step away from that. He is saying that we have to know that we are participating in our recovery by being sent a big bill, not pay, yet, just to get the big bill.

What is the next step in the participation of recovery route? The next step has got to be something called a participation in recovery fee, or utilization fee, or whatever you want to call it. The Member that the Leader of the Conservative Party said should participate on his feet, I was in this House and your colleague the Member for Elrose either stated flatly, I won't accuse him of doing that but certainly suggested by implication that people would be better off if they paid \$10 a day and knew that they had entry into a hospital than under the present system. The Members shake their heads, I have a meeting at 3:30, I am going to leave because I have to go to it, but I will dig up the exact words. If this thing is still on Item one, if you deny this, I will come back with the exact words.

Mr. Chairman, I have heard some very contradictory remarks and poor debating. I despair of the debate that is taking place with these kinds of word games, these kinds of political statements which don't acknowledge the facts, which try to obscure the clear implications of their policy in the attempt to get votes. I close, Mr. Chairman by saying it would be a frosty

Friday when the people of Saskatchewan ever put the medicare and hospitalization plans in the trust and care of the Conservatives and Liberals in the Province of Saskatchewan.

SOME HON. MEMBERS: — Hear, hear!

MR. ROMANOW: — We have been stung by you boys before. I simply say that is why this whole debate has no credibility from both sides, no credibility whatsoever. You may pick up the odd story headline on it, but the people in Saskatchewan know what the Conservative Party were for in “Keep Our Doctors” and what the Members of the Liberal Party were for in “Keep our Doctors.” They know the track record of deterrent fees, they know the track record of closure of hospitals, and they know if it is at all half way decently reported, of which I also despair, if it is, they know that the arguments that you enunciate today are so contradictory and confusing as to be meaningless. Mr. Chairman, thank you very much.

SOME HON. MEMBERS: — Hear, hear!

MR. MacDONALD: — As usual, no, not usual he speaks and runs and that is unfortunate today.

First of all the Attorney General said he despaired of the arguments of the Member for Nipawin. It is not very often I take the Member for Nipawin’s side, but in this one he is right. What he is really saying and he certainly didn’t articulate it as well as perhaps he could have, is that the NDP had removed from the citizens of Saskatchewan, both patient and doctor any personal responsibility in the medical care plans and hospitalization in Saskatchewan. They have run around the province in election campaign after election campaign and educated the people of this province that medicare and hospitalization is free. Believe me to look at these Estimates, it is not free, it is costing \$404 million this year.

You people take great pride, we are not going to charge anybody, but it is costing all citizens in this province a million dollars a day plus to operate these schemes and they are not free. As a result, the people of this province — and that is what the Member for Nipawin is trying to say — is they have no personal responsibility or obligation. The NDP says it is free. Those dirty rich people are going to pay for it. The doctor has also been removed from all personal responsibility.

MR. MOSTOWAY: — What about . . .

MR. MacDONALD: — You made a fool of yourself yesterday, don’t make one today. Don’t make one today, Mr. Member for Saskatoon Centre. Just listen for a moment and see if you can respond in an intelligent fashion. I would love to hear you stand on your feet and make another fool out of yourself like yesterday.

Let’s take a look at the doctors. All of a sudden the doctor has no more personal responsibility. First of all he collects all his bills, all he does is channel them to the Minister of Health and the Department of Health. He knows it doesn’t make any difference what kind of service he provides, the extent of the service, as the Member for Nipawin indicated

he can give him a complete medical check-up and that may be doing the patient a service but it certainly is in no way controlling costs or in no way having any personal responsibility so all he does is bring it in and funnel it through the system. Send the bill to you, and that is why the costs are going up.

The Member says he despairs of the argument about hospital beds, about you providing the facts and we say they are not available. Unfortunately it isn't that simple. I can take you to a hospital in Saskatchewan where you can't get hardly any of the services, and very limited. You might be able to be looked after for the flu, you might be able to be looked after for a broken toe, or get some stitches, but if you just have anything wrong with you, what happens? First of all your own rules say there have to be two doctors. Go to Pangman and try and get some treatment. Where are they going to ship you? If there is anything wrong with you, you go to the doctor in Pangman who puts you in the hospital, he charges you for that, and the next day he phones an ambulance and you are wheeled to Regina where you can get the treatment you need. That is why we are short of hospital beds. It isn't the fact that there are statistics on hospital beds. The statistics are in Elrose, Lampman, Pangman all those little hospitals which are limited function hospitals and you know it. That is what they are named because they can't provide medical service. Don't say hospital beds and statistics. The Attorney General Says "I despair at the argument." They, the Government, say there was a surplus of hospital beds, that they didn't even use all the beds. Of course they didn't because you have cut their pay, so they had to cut their staff and they had to close beds . . . of course, they could approve more beds than the Minister gave money to pay the staff to operate the beds. Read what they say, this isn't what I am saying, it is what the hospital people are saying. "Hospital Care Cut Backs Shock Hospital Officials," "Hospital Funding Cuts To Be Topic of Talks." Listen to this:

A letter from the SHSP stated the reduction in approved patient days and we required a re-assessment of the hospital's approved staffing complement. The funding for six registered nurses, three certified nursing assistants, three ward clerks, two dietary aides will terminate June 30.

What in hell is the use in having the beds if you have nobody to operate them? That is what happened, Mr. Minister of Health, and that is why there is a surplus in Regina. That is why there are surplus beds that weren't used. You could go on and read what all the hospital officials say.

Let's be realistic and honest. That was a pretty intelligent speech. I didn't agree with the idea of sending out the bill. I don't agree that that makes that much difference. But don't ridicule. The lack of personal responsibility and health care in this province which is all that the Member for Nipawin was trying to say. Don't come back with statistics and say that is all the answer in relation to hospital beds because the Minister is an honest man. I guarantee you that he will get up and agree with me that a hospital bed in Pangman is not the same as a hospital bed in Regina and doesn't provide the same services and therefore that can't be the same kind of bed. All I am saying is when the Attorney General gets up we could go on and on. The Member for Nipawin made an intelligent comment and it is not worth the ridicule and the nonsense that you people are throwing out.

MR. ROBBINS: — Mr. Chairman, I should like to go back if I might to the Member for Nipawin just very briefly and point out that he says the drug formulary committee cannot devise a plan which will satisfy all doctors. If a doctor wants to prescribe something outside of the plan it is perfectly legitimate for him to do so. Nothing wrong with it. He surely doesn't expect us to have 860 doctors to sit on the committee to make a decision with regard to the formulary, does he? Those people come from the Saskatchewan Medical Association. They suggest them to the committee and obviously they represent the doctors on that committee. Pharmacology is a very complex field. It is just ridiculous to think that every individual doctor can keep on top of all the new developments in that field. It is just not possible. He knows that.

The other suggestion he was making was, if we just got information out to the individual, if the individual knew that it cost a hundred dollars for the last lab and x-ray he had through that doctor, then comes the next time he is ill, he will say to the doctor, don't give me lab and x-ray now, I can't afford it. Baloney! He knows it is baloney. That isn't the way it is going to work, that isn't the way it is going to happen. The Member for Indian Head-Wolseley talks about not having the same services in Pangman as in Regina. Does he really expect them to be. Obviously he doesn't. Obviously the whole system has to be set up on the basis of community, regional and base hospitals.

The fact remains that the beds in Regina and Saskatoon were not used up to the average daily census last year. You can argue I suppose, endlessly. If we want to face facts, you have to face the fact that — the Member for Indian Head talks about costs are going up every day because of these things. What about the United States, they don't have a universal plan, but their costs are three and four times as high as ours, \$400 a day for some hospital beds. How do you answer that one. We get bills from people who have been in the States, you should see them, they are catastrophic. That is all I have to say.

MR. COLLVER: — Mr. Chairman, I just have two remarks. I am sorry that the Attorney General is not here. I despair at his attitude in fear, fear of allowing individual patients in the Province of Saskatchewan to know what the treatment for their services actually cost. Why are you afraid to let individuals know what it is costing for that treatment? The answer is, that you want to continue to let people believe that somehow the hospital care system and the medical care system in Saskatchewan is free. Surely, there is nothing wrong with allowing individual citizens to know what that treatment is costing them.

The Member for Indian Head-Wolseley has suggested today that he wanted to help, and I really wish that he would leave his help for himself. We were not talking about an individual sense of responsibility in this instance, we were talking about an individual sense of participation.

The Minister suggests that the formulary as established by this Committee is going to meet the needs of the individual doctor, the answer is that it cannot and it will not. What he won't answer for us is why not the Manitoba plan. In Manitoba there is no formulary. In Manitoba the individual doctor decides on the proper drug, on the drug which he wants to prescribe

and the pharmacist prescribes exactly what the doctor prescribed. That is the plan in Manitoba, and it works, and it costs less than it does here. All parties associated with the plan in Manitoba are happy with it and parties in Saskatchewan are not happy with the Saskatchewan plan. Individual doctors do not like the idea of some so-called experts telling them what they must prescribe. They would rather be given a choice. And perhaps that is the best word to use in the entire description of what I have been trying to say today, a choice. Patients want a choice, as individuals, they want to be able to choose, surely, whether their government should cut back on hospital beds or whether they should run with little Johnny to the hospital for something that could be treated at home. They want to know that that choice is available to them. Surely as individuals they are entitled to make that choice.

The Minister suggests that somehow the system will provide. What the system will provide is a grey service for everyone. A grey service for everyone without any input at all from the individual. The individual will only be faced with the kind of system that the Minister is talking about, will only be able to obtain that service that the Minister and his appointees and his deputy minister decide is right.

The Minister suggests, for example, that in the creation of the formulary, that those individuals whom he has described as listed as being members of the formulary committee are there somehow because of a right. The answer is, they are not there at his behest. If they decide on an extended formulary or if they make a decision adverse to what the Minister wants, the Minister will fire them and put other people on the formulary committee.

So it is the Minister who makes the decisions and the Minister's appointees who make the decisions, not the individual doctor with reference to the pharmacare program in the Province of Saskatchewan.

This choice the people want to be able to make we hear all over the province, you must be hearing it too. Surely there must be a way that we can stop these waiting lists in the hospitals. Surely there must be some way that we can make a contribution of some kind. I suggest to the Minister that that contribution isn't even necessary. I am suggesting to the Minister today, that if you put in the hands of the patients information about what their treatment is costing, certainly not despairing in terms the way the Attorney General placed it, but if you put that information at their finger tips, they will make responsible decisions.

It seems to me that what the Minister is suggesting, what the Attorney General is suggesting that individuals are incapable of making the kinds of complicated decisions that need to be made in modern technological society. Nonsense.

I heard a member of the NDP executive at one of the northern seats in Saskatchewan during a recent SUMA meeting stand up and say — we were talking about real revenue sharing — stand up and say, well those people out in some of those communities don't know enough to govern themselves. That is the attitude of your Government. People don't know enough to govern themselves. You are so much better than they are that you can tell them, this is the system that is best for you. I suggest to you, Mr. Minister, and Mr. Chairman, that individual

people in Saskatchewan want a choice. They don't want you telling them what is the best system for them, then forcing them to take that best system. They want to be able to choose between options. Surely in creating a system you can come up with some options for individuals without destroying the system.

How would it destroy the system to let individuals know how much their treatment is costing the Government of Saskatchewan? How would it destroy the system in any possible way? How would it put any burden on any individual in the province by letting him individually know what their doctor is prescribing? And perhaps in that way they might have a check on their doctor. Maybe.

And that's where the doctors themselves want the responsibility to belong, is with their patients. The doctors themselves want to be controlled, if you want, by the individual patients. Wouldn't this provide an added means by which that individual doctor could be controlled by his patients? We think it would. We think it would. Wouldn't that provide a means, by which the patient could control his own choices? We think it would. We think individual people in Saskatchewan are responsible and are capable of making the decision, that look, if this service is going to cost us \$300 for something that we thought was going to cost \$20 or \$30, maybe we should opt for not going after that particular service, so that if we as a group, if we as a province, want to be able to get into hospital and not have these lengthy waiting lists, we'll be able to do so. Why not allow it, why not try it? Is there some reason why you are afraid to allow individual patients to have the information at their disposal? I think that you are afraid to let people know how much these individual services cost. That's why you have suggested the idea is no good. That's why you have run it down, because you are afraid to let people know what it costs for the health care system.

We're not talking about, as the Member for Indian Head-Wolseley seems to suggest that individuals have got to pay for individual services. They've got to pay for the services one way or another whether they pay for it through their taxes or whether they pay for it individually. We don't think that particularly the individual payment is meaningful, in terms of how they pay for their services, but they've got to be brought back into the system as individuals. Because until they are, they won't get that choice and you will be deciding for them, that what is best for them is a lengthy waiting list in hospital in Regina and Saskatoon because that's the decision you made a year ago, Mr. Minister. And you would be deciding, we say we ought to make decisions. We are supposed to be representatives of the people. We are not their dictators, we are their representatives. We are supposed to listen to the people. We are supposed to provide the choices to them, the options to them and then listen to them and find out what they want. But if we don't provide the information for the options then we have no way of listening to them. None whatsoever. At the moment those options are not available to the people, because they don't have this information at their disposal.

We believe it is a step forward. We believe it's a positive step forward. As I said before, if you don't come to grips with this situation now, you're going to face it in 1979.

HON. W.E. SMISHEK (Minister of Finance): — Mr. Chairman, I am interested

in the remarks of the Hon. Leader of the Conservative Party. I never thought that I would, we'd come back to the days where people will be saying, but it's interesting to . . .

MR. COLLVER: — On a Point of Order! Mr. Chairman, is the Minister allowed to answer for the Minister of Health in these Estimates?

MR. SMISHEK: — Sure, I'm allowed to participate.

MR. CHAIRMAN: — The Minister is not answering necessarily, he's taking part in the debate.

MR. SMISHEK: — Mr. Chairman . . .

MR. CHAIRMAN: — Order! Might I remind all Members that I've tried to work this out on a fair basis. Might I also remind you that yesterday evening we spent an hour and a half and I think there were just the two parties who spoke. Today I've been trying to even things off in the way in which I think it should be and I am sorry if I have missed someone, but your Hon. colleague was on his feet ahead of you and talk to your Hon. colleague.

MR. SMISHEK: — Mr. Chairman, I never thought we'd get back to the days when we were going to hear in this House, the old argument that I thought has been dead and buried, right across Canada, that somehow people will get well quicker and better by participating in paying their health bills. Here we are today in 1977 after all these years we hear the Leader of the Conservative Party saying that the people will get well quicker and better if they participate in paying their bills.

It's interesting that he decided to run away at that point, but that's what he told us.

I am one that is committed to the principle and idea of a publicly financed health service. I think that has been established in most of the civilized countries, that that is the way to run a health service. Where health services are available to all people, regardless of their means and then to use your tax structure to pool the money to pay the bills, so that all people have an equal access and an equal opportunity to good health services. That's the belief that we have, that's the commitment that this party has and that's the program we are trying to carry out and I think we've done a pretty good job, Mr. Chairman.

Mr. Chairman, I was interested in the Leader of the Conservative Party telling us that somehow people should have the right to make a choice. He was talking about drugs. You tell me, that as a lay person, what do I know about making a choice about what drug to use? Yet this is what he was telling us. Now, as an individual do I know what drug to use? I certainly don't. I think that those are the responsibilities of physicians and those are the responsibilities of pharmacists.

Now, Mr. Chairman, we had decided on a particular drug plan. A drug plan that is going to ensure a high standard and high quality of drugs. We established a formulary committee, a committee of highly reputed and respected physicians and

pharmacists and pharmacologists.

Now, Mr. Chairman, I yesterday and today, was interested in hearing both the Conservatives and the Liberals attack the idea of the formulary. It is based on a formula that only high quality and therapeutic drugs are going to be made available to the people.

Now, Mr. Chairman, I am prepared to place my faith and trust in people like Doctor Johnson, the pharmacologist at the university, Doctor Johnson from Prince Albert, a medical doctor, Doctor McFetridge from this city, a highly reputed physician, who I think know and who are concerned about the kind of drugs that are prescribed and the kind of drugs that are made available. In case the Members are not aware and I'm not currently up-to-date on the number and varieties of drugs that there are, of different mixtures, something and I'm sure that you can't even get the exact figure from any doctor or any pharmacist, or even from the Department of National Health and Welfare, because you can get a figure of 10,000, 12,000 and 20,000. No doctor, no doctor can possibly know the therapeutic value of these thousands of drugs that are on the market today. In fact, the vast majority of the doctors today, think it is a blessing that we did devise a formulary and for the information of the Conservative Party, who are critical of a formulary, let me invite you to go outside, go and look at Ontario. I can also inform you that the Department of Health of Saskatchewan and Department of Health of Ontario are working very closely together with the federal Department of Health and Welfare, of devising a formulary of only those drugs that have been proven of therapeutic value to put on the formulary. Ontario has a formulary. They don't give the chance and the choice of these 20,000 drugs available to the individual, because the individual can't possibly know.

If this is the kind of nonsense the Leader of the Conservative Party is telling us, that an individual patient should have the choice to select from the 20,000 drugs of what is going to be good for him and what is going to cure him. What stupidity. What nonsense, Mr. Chairman.

They made reference to Regina hospitals, Mr. Chairman. I know the Hon. Member for Indian Head-Wolseley is attacking the hospital system of Regina and the hospital system of Saskatoon, saying that the hospital system in Pangman and the rural communities is a bad system. Well, I know the Liberals believe it to be a bad system. They closed 11 or 17 hospitals, small hospitals, one after the other. They were falling like dominoes, during their administration.

We believe that small hospitals perform a very useful and valuable service to the people in rural Saskatchewan and we propose to maintain them Mr. Chairman, at the same time as regional and base hospitals. I invite you to take a look at the capital expenditures, since 1971. Never before in the history of Saskatchewan has so much money been spent for improvement and expansion of large hospitals. Let's take a look at Regina.

This Government made a commitment and made a decision that we are going to renovate the two major hospitals and bring them to the 1977 or 1980 levels, because that's what is needed. It's going to cost us \$66 million and perhaps more if the inflation continues. But we made that commitment, because we believe that places like Regina and Saskatoon should, those hospitals should be made available to serve the total community

of Saskatchewan. We believe that the number of beds, based on all the advice from physicians, from the experts that we've been able to hire, that their decisions are worth considering, about the number of beds that are needed, Mr. Chairman.

I might advise the Member for Indian Head-Wolseley, just a few weeks ago I ran into an official, very senior official officer of the Saskatchewan Medical Association. I don't want to bandy names around. I asked him, because I do know quite a few doctors in this city and in this province. I asked him, doctor, how are things in the Regina hospitals? He happens to be a very senior official of the SMA. He says, Walter, the situation in the Regina hospitals, and the bed availability and the service has never been better. Has never been better.

MR. MacDONALD: — He's the only one in Regina.

MR. SMISHEK: — No, he's not the only one. He's not the only one.

AN HON. MEMBER: — Name him.

MR. SMISHEK: — Well, Mr. Chairman, I do not propose to bandy about names, because it's a useless exercise, particularly when you have made a decision that you want to play games with . . .

MR. CAMERON: — How do we know you didn't make it up?

MR. SMISHEK: — Well, I am prepared to do this, Mr. Chairman, of taking the Hon. Member for Regina South and meeting with that particular doctor. I'm prepared to do that. I don't want you to be checking, but I'm prepared to try and arrange a meeting. Mr. Chairman, because I'm not trying to tell tales. The same thing applies whether it be Moose Jaw or Regina or whether it be Saskatoon, Yes, from time to time there are problems, there are problems.

Mr. Chairman, I wonder whether the Hon. Members ever realize the kind of a situation we face in the whole question of provision of hospital beds in this province? You take during the months of July and August and I recall this very distinctly three years ago, where there was the so-called waiting list and we got all the hospitals together and we said, during the months of July and August, generally a slack period, how about cleaning up that waiting list on elective surgery and elective procedures. You know, Mr. Chairman, that starting with the first week in July, the hospitals started phoning the patients because there were beds available. Out of every ten patients that they phoned, only one would agree to be admitted to the hospital. They said, look, during the summer months, we don't want to be in a hospital. We want to be on holidays with our children, with our families at the beaches or on holidays. In elective surgery that is the fact. Our hospitals during the months of July and August, in this province, are virtually empty. The same thing happens in the months of December and January for about one month during the holiday season. It doesn't matter what political party is in office. That's the fact of the situation and yet we have to provide for staff payments for 12 months, not for nine months. But you will find that during those periods we do have a problem and we can't force the people to come into the hospital. On the basis of the Leader of the Conservative Party, he would

almost make us believe that we drag those people into the hospitals against their will. The fact is that they do have a choice. They do not have to be admitted into the hospital when they don't want to. That's why we have some of the problem that there are waiting lists.

Mr. Chairman, even if we doubled the number of beds in Regina and Saskatoon, we would still have some waiting lists.

Now, Mr. Chairman, I really regret the kind of an approach that both Opposition parties have taken in attacking the whole health service that has been built up over the years. Through the co-operation of people at the community level, the hospital boards, the nurses, the professionals, the hospital workers, the doctors, who I am convinced believe in providing a good service for the people of Saskatchewan and are committed to do it. This good service comes from the kind of people whom we have in the Department of Health, from the kind of services in every branch and every area of health that we have developed, whether it be hospital or medical care or psychiatric services, or today in the provision of dental care for children. This is an innovative program, unique and different and is doing a tremendous job in the whole area of preventive dental care as well as curative care for children, so that they will be able to develop good teeth habits and that when we are able to preserve those young teeth, that they will be able to then live their lives with better teeth, than our current generation have.

Now, the same thing in the case of the Drug Plan. I believe that that plan, Mr. Chairman, is going to be a plan that is going to be copied by other provinces and by people in the total North American scene over a period of time. We see what is happening south of the border. President Carter has come out with a commitment that he believes there has to be a public health service because the free enterprise has failed the people of the United States in providing health services. They are not able to afford them.

I think in this country we should be fortunate in what has developed. We should be fortunate that we had in this province, in particular, people with vision and with courage to innovate both at the political level as well as at the level of our public servants who have been imaginative and that this province today is unquestionably the leader in the health field in the North American scene.

SOME HON. MEMBERS: — Hear, hear!

MR. N. McMILLAN: — Mr. Chairman, my comments I think will be fairly brief. I am not convinced of the merits of arguing with the Minister of Finance about a portfolio he no longer holds. I suspect it is fitting that Members on this side of the House thank him for his lecture, however inaccurate or misguided.

I should like to direct a few comments to the Minister of Health about the health care program. I was tempted to direct a few comments to the Member for Nipawin who has probably given the worst speech I have ever heard in this Legislature since I have been here, the worst speech ever delivered by someone who concocted it himself. Continually lending new meaning to the words of useless diatribe. The Minister of Health though is perhaps in many ways just as much at fault as the Member for Nipawin when it comes to his approach to the problems that medical

services and health care in Saskatchewan are faced with today. I know that the Minister is quick to crawl out of his paranoiac rut and admit that things are not at all well with the health services in Saskatchewan. Immediately he falls into another defence, waves another flag, I am sure he would dearly love to spend the entire health estimates period arguing about the frill programs, the denturist program, the pharmacare program. I am not convinced you have any solid ground on which to stand there.

I think, though, that realistically, you have got your head buried in the sand. I say that seriously. You come to this House with your ridiculously statistical defences for the failures in Saskatchewan's health program. If you would replace those transistors and diodes that so obviously have been your ears with a little common sense, you might be well aware that the people of this province are not happy with what is going on in health care in Saskatchewan.

I don't say that things today are any better than they were or worse than they were 30 years ago or 20 years ago or 10 years ago when the entire medicare dispute was on, I was 11 years old and I wasn't very actively involved in it one way or another. But we have got problems in our health care today.

Members of this Opposition have told you that. I am sure Members of your own caucus have brought to your attention the fact that some of their constituents have pointed out to them the problems that they have run into in trying to get what they feel is adequate health service in Saskatchewan.

We come to this House and we have tried to bring to you the basic thrust of the arguments that people throughout Saskatchewan have brought to us, that is the argument that the basic health care provided in Saskatchewan is not what it could be. And the reasons given are many. Some people say it is because there are not enough beds. Some people say it is because the beds we have aren't being properly utilized. Many people feel it is because the staff reductions in this province brought about by reductions in bed utilization or whatever have meant that we can't utilize our facilities to the maximum extent. I am sure there are a myriad of problems. The fact of the matter is the basic health care is not being adequately met and every day you spend in this House defending your frill programs is another day lost when we could be trying to do something about our basic health care.

The Members of this House have brought to your attention on several occasions, correspondence from individuals. You dismissed the brief from the Saskatchewan Medical Association as too general and therefore not to be taken with any degree of seriousness.

I should like to read to you two letters that were sent to me and were sent to you and the Premier. A copy was also sent to the Member for Wilkie. They get fairly specific about some of the problems faced by the Kerrobert Union Hospital. But more importantly the problems pointed out here are problems that are general to the medical profession throughout Saskatchewan. These problems are part of the reason people in Saskatchewan don't feel they are getting adequate health care. I will preface my comments by pointing out that this particular hospital has 30 beds, I believe, and serves an area of population of 1,251 people. Tremendous number of beds per capita in that area. Four medical doctors I believe. The potential is there to provide good medical service to the people in that

area. The Member for Indian Head-Wolseley has pointed out to you that there is a real problem in rural hospitals serving as referral centres to any severe problems that come in. There seems to be a real bottleneck with the kind of specialist care demanded in Saskatchewan today.

Kerrobert Union Hospital administrator on behalf of the people at the hospital has sent this letter to you and I should like to read it to the rest of the House.

Dear Mr. Robbins: The Kerrobert Union Hospital Board recently received a directive from SHSP to the effect that our staff complement would be reduced by one nurse's aide and one-half dietary aide, effective June 1, 1977.

That is an interesting aspect in itself if you are going to get rid of 50 per cent of the dietary aide I hope you release the bad half or I hope they do.

This matter was discussed at some length at the hospital board meeting along with the letter from the hospital staff. The main problem is that we do not feel that the formulas used for allocation of approved patient days is at all realistic . . .

Here is a hospital board that finds another problem that is maybe creating some of the problems in our medical health care.

In that the need for care in the Level IV area has increased significantly.

It goes on to outline their problems there. It says as well:

Our maternity service and surgery have increased, yet we are expected to reduce our services as a result of the cutbacks in staff.

That is the kind of problem that is coming to the attention of the people in the medical profession. A very basic problem. They go on to say:

We also feel that the hospital system which is the basic or original service is now suffering because of other health care programs which are great if we can afford them.

As Members of this Opposition have pointed out to you before.

The day this province can afford to bring these programs in when it is not at the expense of basic medical health care, then we are prepared to sit down and give you some suggestions about how to improve them. We hope that these fields, drug plan, SAIL, dental program could be cut back rather than hospital service.

A point we have made for some time.

We would hope that you and/or Members of the Government of Saskatchewan would see fit to review our situation. We would welcome you and members of your staff to visit our hospital in order to assess the type of services we are attempting to provide

for our area.

I suspect that is only one of many letters you have received from local hospital boards or administrators. It very adequately points out the problem in a general way.

Here is the problem in a specific way. A letter from the staff of that same hospital, submitted to the hospital board. It says:

We, the undersigned workers of the Kerrobert Union Hospital staff, respectfully request your consideration of the following in the respect to the recommended reduction in staff, that is, one nurse's aide and .5 dietary aide. Kerrobert Union Hospital serves an area of 1251 population etc.

The 30 bed hospital contains an intensive care unit, emergency unit, laboratory and x-ray department, labor room, case room, operating theatre and a nursery. We have four medical staff serving our area.

It says:

We are a 30 bed hospital with staff for 16 beds. Our nursing staff consists of, on days — two registered nurses and two nursing assistants plus the matron. Evening — one registered nurse and one nursing assistant. Nights — one registered nurse and one nursing assistant. With this staff we have to cover ICU, emergency, labor and case rooms and nursery for 24 hours, plus the remainder of our patients in the hospital.

That is a particular problem in that area. I suspect in many other areas.

At present we have five long stay patients Level IV which require complete care for feeding, bathing, etc. Two of our long stay patients are retarded girls.

That brings up the whole question of special care homes.

In 1976 the actual patient days were 6766 and the actual average daily census was 18.5.

It goes on to list the different functions this hospital provided. It goes on to list that:

In 1975 they had 49 maternities and in 1976 they had 71.

They point out that the level of service demanded by the people in the community has increased. It goes on to explain the problems of upkeep of these special services they offer, the operating room, etc. Request — underlined at the bottom:

That we would be allowed to retain our present staff as we are concerned to give adequate nursing care to each and every patient.

A very basic problem that is being raised in the minds of Saskatchewan people. Recommendations — this is not from the Liberal caucus, these recommendations I read out to you. You have read them already. I don't know what politics these people are on the staff of the Kerrobert Union Hospital.

Recommendations: (1) The Department of Health be approached to look into our situation. (2) Utilization fees if necessary.

That is not the Liberal Party talking, that is professionals in the medical care field who are so concerned about their inability to provide service as a result of financial cutbacks that they are prepared to institute utilization fees.

MR. SNYDER: — Where do you stand?

MR. McMILLAN: — We will maybe get to that in some other argument. If you are prepared to get in it at the same time I will maybe take a few extra minutes and give you my statements when I am done here. Here is another one:

SHSP premiums. There again a hospital staff that is that concerned about the reduction in their ability to provide service that they would call for the re-institution of premiums. These are the people who know best what is necessary, what resources we need to provide adequate health care service, basic health care service.

Establishment of a tax requisition is necessary.

I will tell you one thing, fine Member for Moose Jaw, this Government has a commitment and a responsibility to the people of Saskatchewan to provide in an immediate sense two basic provisions or functions. Number one and the first reason and I spoke in this House some time ago about this and apparently you weren't listening, neither were the rest of the Members of your Cabinet. Your first responsibility in this province is to provide law and order, some social order for the people of Saskatchewan. There is some evidence today to indicate the Attorney General's Department is unable to do that because of staffing problems. That was your first responsibility one which has been generally easy to maintain for the past hundred years. One that you may even be having problems with.

Your second responsibility is to provide that care for the people of Saskatchewan that is necessary, the basic health care for them. What you are doing you are denying them that care. Not because I am sure you feel that it would be a nice little thing to do to deny people of Saskatchewan necessary health care. I will tell you what I believe and that is something that I would speak widely and strongly about were I sitting on that side of the House. And that is that I would be prepared as a Government Member to do anything I could to see that the people of Saskatchewan got adequate health care. If that meant re-instituting hospitalization premiums and a utilization fee, I would do it. Your answer to the basic problem of health care in Saskatchewan is to introduce three or four frill programs that maybe will appease some of the concerns of the people. I say you have had your head buried in the sand, Mr. Minister of Health, because you seem to be able to go glibly on convinced that basic health care in Saskatchewan is being met. Each day I am sure you get numerous cases across your desk of individuals in Saskatchewan that can't get adequate health care. It is not an administrative problem, it is not a bureaucratic problem, getting them assigned to the right place at the right time. It is problems faced by people who, for example, are blind and need cataract operations, wait eight months and end up going to

Edmonton to have them done. That is the problem we have been talking about. That is basic health care service. Your Government may be making a feeble attempt, might be making a sincere attempt. I question that, if you think you are. I think you are fooling yourself.

The fact of the matter is that today you are not providing the kind of basic medical care that the people of Saskatchewan are demanding. I suggest that you take the steps necessary whatever they are to put yourselves in a position to provide that care.

MR. ROBBINS: — First of all I have to point out that the Kerrobert Union Hospital and the approved beds in that hospital are related to the population served in the area, adjusted as to age and sex. There is nothing unusual about it, it is the same that is used everywhere else. He talked about a 30 bed hospital and 16 approved beds. The 16 approved beds are based on the population served. Obviously you have to use a formula of that type. Across the province more beds and more staff has been approved than actually was used by the hospitals last year, that is a fact of life. You can always find exceptional individual situations. I can tell you that I was in the town of Tisdale on May 11, last year when there were nine patients in a 65 bed hospital. There is no way — there were 31 on the staff at the time. There is no way you can meet all those peaks and valleys in terms of those hospitals, it is an impossibility and he knows it. The Member for Indian Head knows it. He talks about social responsibility as the Member for Nipawin did. I hope now they will quit smoking so they won't end up as emphysema cases in the hospital, that is evidence of good social responsibility. Start accepting some social responsibility.

MR. H. LANE (Saskatoon Sutherland): — Mr. Chairman, it seems unfortunate that we are now back into a debate that should have been and I think historically most people in Saskatchewan view as having been concluded some number of years ago. Debate isn't any longer whether or not there will be public delivery of a health care system in the Province of Saskatchewan. So I don't think it is cogent to this argument to talk about free enterprise systems, whatever that means, of delivery of health care. Debate, surely, at this point in time, is how under a public delivery of health care in Saskatchewan do we do that most efficiently and most effectively.

We have heard a lot of argument from that side of the House about how we have spent a lot of money, we spend more money than any place else in the world. I think that is right. I have been convinced by the statistics which the Minister brings before the House and which the Attorney General and the Minister of Finance bring. We probably do spend more money than anyone else in the world trying to provide health care. But the point is for all the money that we spend are we getting some sort of effective delivery of a health care system for the citizens of Saskatchewan.

The Minister of Finance takes the statements from the Member for Nipawin and says, he says choice in drugs means the individual, that is not what he said. That is pure nonsense. What he said was, individual doctors should have some input into the system. He says that the argument is that people will get better more quickly if they pay for their own care. That is not what he said. Weren't you listening when he was talking, that

is not what he said.

That, Mr. Chairman, is the whole problem over there. There are two ways, it seems to me in which we can get the Government to have a good in-depth look at the kind of health care they are delivering in the Province of Saskatchewan; one of them — and the Attorney General — there have been one or two issues that have come before the House in which he says, why didn't you come to me personally and show me and we could have talked about it. We could have made suggestions and then I would have listened to you and you would have done something but you made a public issue of it. Now what we have been trying to do and I think it is fair to say for all Members of the Opposition on this side of the House is put forward comments, constructive criticism, some new plans. The Member for Nipawin, says here is a suggestion but do they try it, do they say, well, we'll take that and see if it works and if it doesn't we will give them a good thumping here in the House and say it just didn't work? But what does he get in return? Cheap comments from the other side of the House, personal attacks from people who wouldn't be prepared to stand up to a mike or outside of this House and go on public media and make those comments.

Now, Mr. Chairman, it seems to me that what has to happen over there because that's the first alternative, either they listen and try some of the suggestions and comments or there is a second way, we could embarrass the Government. We could bring documentation to this House showing that hospitals which are supposed to be the holy sanctum of cleanliness are filthy because of the lack of money being put into maintaining proper care adequately. You wait, it's coming, there will be lots more.

Now, the Minister of Health is one person over on that side and I think I can ascertain this from his debate that at least he is listening. He gets up and he attempts to meet the debate. I have a feeling that if he couldn't answer the question either statistically or some other way he would be prepared to say, he is an honest person who rises in principle above the rest of the people over on that side, that maybe I'll listen to that and I'll take it. If they don't listen and believe me the debate is over, we've got a public health care system and the people of Saskatchewan gave your predecessors who were a very different party from the party we see across there today, the mandate to bring public health here in the Province of Saskatchewan. Now it is no good to ramble into statistics into what happens in other areas, let's get the full picture. Alberta, for example, they don't have line-ups for their hospitals there and besides which they have something like half the provincial tax rate. Now surely with all the money we are spending on health care people on the Government side of the House should be prepared to listen to almost any comment to see if maybe there is some seed of wisdom there that could regenerate reform in their programs and could lead to better delivery of the health care system.

MR. MacDONALD: — . . . no sense if they have a guilt complex . . .

MR. LANE: — I think that's right, hitting the nail right on the head because when the comment came up of, 'put the care back into medicare' fairly recently the Premier of the province was reduced to giggling like a giddy school girl saying, where were the Tories when we were putting the care into medicare. Where were the Tories then. Well I suggest you look at the statistics,

the outcome of the Saskatoon Sutherland by-election and see where the Tories were when you were putting the care in medicare. You'll find out where your vote is eroding to, sure we took from Liberal votes but you'll find out where the bulk of your vote went to and you look across the entire province and see what we are getting now that the Tories are on the climb, see where they are getting their support from. They are cutting deeply into the support that used to be yours when you were a CCF Party, when you were a very different party than you are today.

Now, the problem that was raised by the Member for Nipawin (Mr. Collver) and the Member for Indian Head-Wolseley (Mr. MacDonald), is that for so long this party has said with their little red neon signs on laws, 'free, free, free, we gave you this free', but now they are caught in the position that they can't admit to people that it is not free. I suggest to you Mr. Minister, that at a million dollars plus a day, that's a long way from free. How are you now going to convince those people whom you convinced it was free, that we are spending an awful lot of money and there is a limit and that you do have a problem, a legitimate problem. How are you going to do that now?

Now the Attorney General indicates to the House that he is at a point of despair. I believe that, he is looking tired these last few days and that is a sign of despair, of fatigue, you've been beaten down. What you need when you are in despair is a rest. And we propose to give you a rest in 1979 so that you can regenerate yourselves and some of your ideas.

Now there are lots of solutions, we have attempted to give the solutions. The shouts come from that side of the House, "What would you do, what would you do?" When you try to answer it, of course, you are met with rude personal attacks. I'll tell you what you can do, you can start by perhaps not building new wings on hospitals when already there are beds in the city of Saskatoon that are sitting empty, why build new wings, that doesn't seem to be very productive. Don't tell the Members on this side of the House, don't tell the Members here that money is put before people when you are putting potash before people and I suggest to you right now that if you were putting a little less priority on the takeover of the potash mine while harping about capitalism and capitalists and you the worst capitalists of all times, only state capitalists, not much different. But if you spent a little more time and put a little more priority into the delivery of proper health care in the Province of Saskatchewan, basic health care I suggest that things would perhaps go much better. I tell you now that no government, that doesn't mean just an NDP Government, no government is beyond looking for better management because better management can reduce taxation, better management will provide the kind of funds you need to deliver the kind of programs that you want. I leave you with this injunction, Mr. Minister, you start putting the care back into medicare, you are going to get a lot of help from this side of the House. You aren't going to get this kind of criticism. You've got two roads to go now, either you listen and attempt to work with the suggestions that you get here or the only other route open to the Opposition is to start to embarrass you.

MR. ROBBINS: — I'm quite willing to listen, the trouble is I never hear anything from the other side. There is nothing offered. He talks about the high cost of Saskatchewan care, Alberta spent

last year \$311.78 per capita, ours is \$254.79. That's the kind of junk we get from across the way, it is just a continuous round of generalities with no basic arguments. We don't argue that there is anything wrong with costing this to people, we have looked at this process before. We know what it would cost, we tried it once and it wasn't cost effective. Other provinces have tried it and not found it cost effective. And frankly we don't intend to spend tax dollars when not convinced that it will be effective. Once we come to that conclusion that it is effective we would try it again. We have already tried it. That was the tenor of the argument of your Leader for most of the afternoon.

MR. ROMANOW: — Mr. Chairman, the Member for Saskatoon Sutherland said that he had information that hospitals were filthy, not able to be cleaned because of lack of funds. I ask him to table the information before the House now during Health Estimates.

MR. LANE: — Mr. Chairman, I assume that Health Estimates will not finish up today. What I said was, if the Attorney General was listening, we will be providing you with information, documented proof, embarrassment to the Government if you choose not to listen. Now are you telling this House that you are not going to listen?

MR. ROMANOW: — I am telling you, don't you go about trying to politically blackmail me or the Government. You are saying to me that you have information about hospitals being too filthy to clean. I want that information now. Now you give it to this House.

SOME HON. MEMBERS: — Hear, hear!

MR. LANE: — Mr. Chairman, what he is telling the Members of this Assembly is that he is not going to listen, so he is going to get his information and he will get it in due course on my terms.

MR. ROMANOW: — Mr. Chairman, this is from the person who talks about no personal attacks. This is from the person who elevates political debates. This is the person who is getting at truth. This is the person who wants to put the facts before us so that we can come to a resolution. Two days these Estimates have been before us, he now says by implication that hospital board or boards and by that smear has smeared every hospital board in Saskatchewan by saying they are too filthy to clean, that's what this Member has said. He is following the same kind of tactics that he has been following in other aspects which I can't raise in this debate. I am saying, Mr. Chairman, and I as one Member before I get off on this vote number one, I say that the Member has an obligation if not to himself, it not for the Members of this Legislature, at least an obligation to the hospital boards of Saskatchewan to tell us the facts when this matter is before the House right now. When you go around trying to blackmail, that's what you are trying to do, trying to embarrass us politically, that's what you are trying to do, that's what you said you are trying to do, that kind of cheap politics is disgusting. Now, give the Minister a chance to give a rebuttal to this situation. Table the information. I ask you to come forward and give this information to the House, give it to the Minister of

Health so that he can take a look and see what this is all about. I am saying to the Hon. Member, Mr. Chairman, that either there is no such information or if there is the information the Member is going purposely and deliberately to misrepresent that information as he purposely has misrepresented the information with respect to a police question which is typically the Tory tactics in this House. Now you are either going to be fair, you are going to be fair and you are going to give the Minister of Health a chance to rebut this situation or not. Now I am asking you as a Member of this House, as a member of the bar, to show that element of fairness that I think exists on your side. I am getting pessimistic, this Tory caucus has changed in the last two or three months. The Tory caucus now is the kind of caucus that revels in semi-scandals and goes about looking for dirt and muckraking which I never thought was a part of the Tory operation but you are into it now good. That seems to be the *modus operandi*. I am saying if you have got that kind of decency in you, if you've got that kind of fairness in you, you don't even have to tell the Member privately, tell it to him on the Estimates. Will you do that now?

MR. LANE: — Mr. Chairman, you know when I listen to a speech like that it is quite obvious that you have got your headline now and you can give it a rest. So let me tell you something I told this House that we have two roads to pursue, either the high road which I would like to maintain or we can use the other road, we can use political embarrassment. Now hear me out, Mr. Attorney General, now what you are doing is you're betting, you are gambling, it's a long shot and if we record it it would be a different thing, you are betting that I don't have the information.

MR. ROMANOW: — I am not betting a thing.

MR. LANE: — Hold on a minute, don't get excited. What we propose to do is to allow the Minister to take the high road and perhaps listen to us but if the only way that we can bring some semblance of order to that side of the House and bring some inkling for perhaps care for those who are sick in our province by bringing forward information to show that the hospital system is breaking down, then you are going to force us into exactly that situation. Now let's not talk, Mr. Chairman, and since it has been brought up, let's not talk about misrepresentation, I know what you are talking about and you managed to score a point on that. It was about the police report and I ask you now to deny whether the documents tabled were in fact a police report. There was a part of it questionable as to who prepared it, but part of it was a letter under the hand or seal of a member of the police department. Are you denying that? I don't want to bring this back up again but if you bring it up I am going to bring it up again and just as often as you want to. Now I am telling you right now and I hope that you know me well enough by now that if I say I am going to bring information forward I will. That's a promise.

MR. ROMANOW: — Mr. Chairman, on this issue . . .

MR. MacDONALD: — Mr. Speaker, on a Point of Order. Mr. Chairman, far be it from me to request that you bring this House back to order. I don't think that we are here to listen to the petty,

cheap, political attacks of the NDP and the Tories against one another. I don't think that this particular Legislature is the place, Mr. Chairman, and that these Estimates on Health are the place for these two political parties to bring out their animosities by these kinds of insinuations and personal attacks. I would like to suggest if they want to do that to go out to the country and the hustings and let's get back to the business of the day, get back to the Health Estimates and let's get down and carry on and be responsible in this Assembly.

MR. CHAIRMAN: — Order! I take the Member's comments as being fairly apropos and I could not see the relevance of a legal letter that the Member for Saskatoon Sutherland mentioned, bringing a legal matter to the Attorney General, so I want Members to return to Item 1 and the general administration of the Health Department.

MR. ROMANOW: — Mr. Chairman, I will follow your ruling with respect to Camp Wilderness, although I am hopeful that on another occasion, another opportunity that matter will be resolved and the Members will have an opportunity to have that resolved. But I want to speak to this Item 1. Because what the Member for Saskatoon Sutherland said was that he had information about a dirty hospital, a dirty hospital due to the lack of funds by the Government. I think, Mr. Chairman, what we as Members of this House have a right to now, we have a right to know what hospital that is. Do you know, how many hospital boards there are in Saskatchewan — 132 hospital boards in Saskatchewan. The Member is an elected Member and a lawyer. He says that there are hospitals or a hospital that is dirty or is filthy. He knows that the proceedings are being publicized and he is going to say to heck with the 132 we are going to let the people of Saskatchewan worry about all 132. Have you raised this matter with the hospital board in a letter? Have you raised this matter in letter to the Minister of Health? We are talking about the health of people. You are the fellows that are concerned about the health of people. You are the one who has raised this bogey, maybe it's a fact. If it's a fact I will be as concerned on this topic as anybody is. But you have got a duty and an obligation when the Health Minister's vote is on, you say he has starved the hospital out and the result is the hospital is filthy. You have an obligation to tell this House which hospital or what hospitals they are. I want to know if it is Saskatoon, St. Paul in my riding. I want to know if it is in Moose Jaw, if it is the Plains. I have a right to know what hospital that is and the Minister has a right to at least try and speak to the matter or defend it or move by way of some kind of defence or at least try and rectify the problem if it exists. You can't say that I am not going to refer to it if you have listened to our political suggestions. Now I am pleading with you, give us the name of that hospital right now, tell us the facts of the situation so at least the Member can defend himself on this and the Government can defend it. Now will you do that at least? I am asking you, will you or not?

MR. LANE: — Mr. Chairman, as far as I can see in terms of how far we have progressed in Estimates, Estimates are a long way from done yet and I am not going to be cajoled by the Attorney General or anyone else in the House to doing anything that I choose not to do. So there. I'll tell you now that if you want to pick up a board like that and turn it into a headline for

yourself that's your right, that's your privilege to do, if you want to indulge in that kind of politics and certainly you have got a lot more experience in that than I have. If you want to reduce the level of politics in this House to that level, I don't want to play your little ball games. Let me tell you this, Estimates are a long way from done yet and we will just see how they proceed.

You know during the last election — sorry to bring that up — there were challenges, people challenging and I don't fall for those challenges. I will do it when I am ready to do it, but be assured I will do it. That is all that I have to say.

MR. ROMANOW: — Mr. Chairman, I want to say that I object with everything that I have in me about the business of headlines on a filthy hospital. Look it, every politician here may look for headlines. I have been as guilty, maybe more than anyone else in that regard. I admit to that, but leave that aside, You are saying that there is a filthy hospital, or hospitals in Saskatchewan. You are saying that the problem is serious because of lack of funds, but apparently not so serious that it just, it just won't drag on for a couple of days. Just let the filthy hospitals exist out there. You want to raise it whenever you want to raise it. We are concerned about the care in medicare. You are the one who is concerned about the care in medicare and you have a smile on your face because you think some of that is politics.

I am telling you, and I hope the Liberals will support me in this regard, the allegation that you have made is a serious allegation. Why can't we get that information from you? Give us the names of the hospitals. Tell us what you have done with it, name the hospital.

MR. R.H. BAILEY (Rosetown-Elrose): — I am pleased to inject a bit of debate at this particular time and add some comments for the Minister of Health, a man whom I respect very much. It seems interesting that the Minister of Health can come forward with statistics that are amazing. I remember him distinctly, that there were some 20,000 drugs on the drug plan. Did you say that?

MR. ROBBINS: — No.

MR. BAILEY: — Well how many drugs are there?

MR. ROBBINS: — About 1,200 or 1,300.

MR. BAILEY: — It is ironic, Mr. Chairman, that on the first occasion that I had to use the Drug Plan that after visiting the specialist he gave me the prescription and I went down and I said, I suppose you want my hospital number and he said, no, this drug that you are going to get isn't on the plan. So of the 1,200 I don't know why the first time that I ever used the plan, it missed me altogether.

Mr. Minister, you brought in debate last night some letters and I am not condemning you for bringing the letters, they were congratulatory letters, which you had received about the

hospitalization and medicare in Saskatchewan. I am sure that you would be willing to admit to this House, at this particular time, that particularly last summer you did, in fact, receive a countless number of letters from people complaining about a particular problem. I think the Minister would agree to that. Certainly many letters came to me that were copies of letters which were going to the Minister and I think the Minister would agree that there was a very definite problem in Saskatchewan about providing medical services to people at one particular time. The number of letters that I have been getting in lately would indicate that somehow the problem isn't as severe as it was then. But I don't think that the Minister in bringing letters which are of a congratulatory nature to the House, I don't think that the Minister would admit that he did get many, many letters from all over Saskatchewan complaining about the inadequacy of hospital care. I think that the Minister is honest enough that he would admit that.

Mr. Chairman, I want to get back to a statement made by the Attorney General and I don't know why he chose to single out the Member for Rosetown-Elrose for supposedly having said something he didn't say — anyway during my presentation to the House on the Speech from the Throne — I indicated that the press had quoted it exactly. I think the Attorney General, if he studies the transcript of Hansard, would be prepared to admit to this House that the Member for Rosetown-Elrose did not make any suggestion whatsoever that the fee for entrance into hospital should be \$10 per day. I am sure that the Minister of Health didn't read it that way.

What I said to the Minister at that particular time was that during the time of the acute bed shortage, and there were hundreds of people who were waiting for medical attention, those very people would have been quite prepared to pay \$10 per day to get into the hospital. I am sure that the Attorney General will, in fact, be checking that particular document from Hansard.

Mr. Chairman, the Attorney General in regard to my colleague here and in relation to what he has said, kept harping on a statement that this Assembly 'has the right to know.' If I counted this correctly he made that particular statement seven times, that 'he has the right to know.' I want to refer this House, in particular, to last year during the Budget Debate. I want to go back to the statement that the Attorney General made, and I believe it was seven times, that this House has the right to know.

Well, Mr. Attorney General I wish that you would nudge your colleague, the Minister of Finance (Mr. Smishek) when he, in this House, said a Member of the Conservative caucus tried to illegitimately bribe him to get some information on the Budget prior to its presentation.

I wonder if the Attorney General, and I wonder if the Minister of Finance, in agreeing with the Attorney General that they have a right to know, why that right to know was denied to this side of the House at that particular time? I want to make that point clear because we were denied the right to know.

Mr. Minister, you have mentioned and he is very good with statistics, he mentioned the fact that the amount of money being expended in Alberta, per capita, was considerably less than the amount of money being expended in all of the programs in Saskatchewan. Isn't that what he said? All right, let's check up

and see what the Minister said. In my recollection, and I may have heard him incorrectly, my recollection was that Saskatchewan was spending more money per population on health care . . .

I want to ask the Minister this question. There is no question about it that there are two departments that are very closely related. One provides health care to the citizens of the province and the other provides educational services to the people of the province. These are the two big departments in expenditures of public funds. Will the Minister agree? If we follow the pattern of the escalation of expenditures in both of these departments, I think that the Minister will agree that some time within the next few years, and these years are not too far away, that we are reaching a point where all of the budget of the Province of Saskatchewan could well be spent on these two departments alone. The Minister is much better at figures than I am. He could quickly draw out a graph to prove that what I am saying is very true. But there is a correlation, Mr. Minister, between these two departments and I would like to suggest to you that what is happening today, and what is being more or less forced upon boards — I am talking about these hundred and some education boards in Saskatchewan — and not doubling the criticism at the government. It is a fact of life and it is a fact that this province has to face, both in hospital care and educational services, the continual increase in costs.

What is happening at the present time in education is the same path that you were forced into pursuing because of costs in health. I think that this is the story that the Minister, and that this is the fact that has to get out to the people of the province.

Right at the present time in education the boards are being faced with escalating costs and what are they doing? All over the province, particularly in rural Saskatchewan, boards are being forced to lay off supportive staff and teachers themselves. We have to do this in order to live within our budgets. Right at the present time in my own budget, we are laying off the paraprofessionals and we will be laying off staff. Now in order to come within your budget and all of the other programs that you have initiated, you have been forced to go to hospitals and give the directions, under a formula, that they must lay off staff and I think the Minister will admit that.

The problem is cost. The problem is that you have to live within a given budget and the costs are escalating so high that you, in your wisdom, along with your officials decided that you would take the option of laying off people at hospitals, closing out part of the hospitals, so that you could live within the cost of the health budget. Now there is a similarity.

I want to point out to the Minister of Health, in his statistics, that when in fact he compares, like he did with the Member for Kindersley, that the hospital is judged by the surrounding area, the number of beds have to correspond to the population of that area. Mr. Minister, don't you see that there are times when this is highly unfair to the larger hospitals for this simple reason. Let us take a look at my own constituency.

We have seven hospitals in my constituency, but only one of those hospitals can perform a tonsillectomy. So if you go to the Rosetown hospital, what do you see? You see patients

from Dinsmore, where there is a hospital; you see patients from Milden, where there is a hospital; you see patients from Elrose where there is a hospital. So really, in a broad sense, of just taking the hospital zone and determining the number of beds is highly unfair when you take a look at the total district that a hospital serves. I know that is one of your problems and I know that is one of the problems facing the hospitals where we have three and four doctors such as the one mentioned at Kerrobert.

Mr. Minister, let me ask you this question. What would you do if the hospital costs continue to increase as they have in the next five years at the rate they have in the previous five years? Do you think that you will still be able to operate and provide medical service and care to the people of Saskatchewan without having to go for other forms of revenue? Do you think it is possible to go on with no cutback in care, without other sources of revenue to keep going? I think this is a question which has to be answered.

This is 1977 and what happens in 1980, Mr. Minister? Even with deterrent fees, a tax on the sick and all other ways in which there may be some other revenue coming in, sooner or later I think you will agree, Mr. Minister, that when the revenue of the province can no longer cope with the cost factor, that the Department of Health is going to have to do exactly the same thing as the various boards of education are going to do around the province. You are going to have to lay off staff and you are going to have to cut programs.

I think I am not attacking you for it, I am simply putting the picture to you the way that it is today.

Mr. Minister, I want to suggest to you that when you quote the statistics as to the number of beds per capita, I know that you do not do that in a deceitful manner. I think that the true picture which has to be brought to the attention of the people of Saskatchewan, they should know the number of beds available per population for major surgery. That is the real issue. You can go to 132 hospitals but most of these 132 hospitals in Saskatchewan, are the small hospitals with the one doctor. Is that not correct? Some 117, one doctor one hospital. The point that I am making, and I think this is the point that has to be made, is that while you can count these beds as part of the population, when we run into the crisis that we were in last summer, these beds are not beds that really count when it comes to the serious problems and the surgery problems. I think that the Minister agrees with that. I think that is why we have the long waiting lists at the hospitals.

Mr. Chairman, I am not being critical of the Minister but I want to draw to his attention that which is being viewed in the public, really the people out on the streets aren't really interested in this debate that is taking place here. When an individual has a problem getting medical attention then it becomes a very personal thing to him. And when he sees it he wants to know the answer, why?

The Attorney General can come back at my colleague for Saskatoon Sutherland (Mr. Lane) and he can say the Member said this and the Attorney General can say that he has the right to know and so on, but really, Mr. Minister, what I am saying is that in providing the health care in Saskatchewan, let us not deceive ourselves, let us not deceive the Members of this House, let us not deceive the general public of Saskatchewan with

statistics as they are really not interested in statistics. They are interested in basic hospital care; they are interested in getting service; they are interested in getting the care they need at the time when they need it. The Minister is well aware that there were hundreds and hundreds of people who, in fact, really were in to the problem of getting medical attention. I know the number of letters that he has received from my constituency and if you were to multiply that by 51 I am sure that the stack of letters would be that high and I am sure that the Minister is not going to deny that.

Mr. Chairman, I think that it is 5:00 o'clock and I ask it to be 5:00 o'clock.

MR. ROMANOW: — I am very sorry that the Member for Sutherland has not tabled the information of the hospitals involved. That places a very serious cloud over this whole matter. I have no choice but to move the Committee rise and report progress.

Progress was reported and the Committee given leave to sit again.

The Assembly adjourned at 5:02 o'clock p.m.