

**LEGISLATIVE ASSEMBLY OF SASKATCHEWAN**  
**Third Session — Eighteenth Legislature**  
**38th Day**

**Thursday, April 14, 1977.**

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

**INTRODUCTION OF GUESTS**

**MR. R.A. LARTER (Estevan):** — Mr. Speaker, I should like to introduce through you to the Members of this House a couple from Los Angeles, California, sitting to our rear, Mr. and Mrs. Doug Moody. Doug is the son of Mr. and Mrs. Dick Moody, Yellow Grass, and Dick was our contestant in the last election of Bengough-Milestone.

It is also my pleasure to welcome from Torquay, the very lively town of Torquay, 48 members of the 4H Club and they are accompanied by Mrs. Lawrence Stone, Mrs. Pearl Groshong, Maurine Marcotte, Lorraine Marcotte, Mrs. Paula Zimmerman and their bus drivers, Rene Marcotte and Roger Marcotte.

It is my hope that your visit here to the Assembly will be well worthwhile and it will be my pleasure to have a coke with you about 2:45.

**HON. MEMBERS:** — Hear, hear!

**MR. H.H.P. BAKER (Regina Victoria):** — Mr. Speaker, I would like to welcome a group of Girl Guides in the Speaker's Gallery, they are from Company 76 of the St. Mary's Girl Guides in the city. They are accompanied by Captain Agnes Howard, and Lieutenant Medl. They are something like 12 to 16 in number, some may be away during the Easter recess. I want to greet them this afternoon and hope that they will have a fruitful stay in our midst. It will be my pleasure to be with them a little later this afternoon.

**HON. MEMBERS:** — Hear, hear!

**QUESTIONS**

**WESTERN DEVELOPMENT MUSEUM BOARD**

**MR. G.H. PENNER (Saskatoon Eastview):** — Mr. Speaker, I should like to direct a question to the Attorney General. Under the provisions of The Western Development Museum Act, appointments to the board are made for one year. A few days ago you appointed and reappointed a number of people. In your reappointments you named George Dyck as chairman and reappointed one Alec B from North Battleford. My question to you is this: did you in fact name Alec Belish as vice-chairman of the board and if so, why?

**HON. R. ROMANOW (Attorney General):** — Mr. Speaker, I will take notice.

**MR. PENNER:** — Mr. Speaker, I wonder if I

April 14, 1977.

may indulge upon yourself and upon the Attorney General in taking notice of the question, if he would take notice of another question which follows directly upon the one that I just asked.

**MR. SPEAKER:** — If the question is a supplementary I will accept it.

**MR. PENNER:** — The question would be this. In view of the provisions of Section 5 of The Western Development Museum Act which provides that the members of the board shall choose a chairman and a vice-chairman, I would ask you in looking at the first question that I asked if you wouldn't also take a look at whether that Order in Council, dated April 6, 1977, is or is not an expressed breach of a mandatory provision of the Act that the chairman and the vice-chairman of the board are to be named by the board themselves, rather than by the Lieutenant-Governor-in-Council?

**MR. ROMANOW:** — Well, Mr. Speaker, I will take notice of that.

**MR. H.W. LANE (Saskatoon Sutherland):** — Mr. Speaker, just very briefly, I would like on this line of questioning again to ask the Premier whether he is prepared at this time to table for the Members of this Assembly a copy of the Richard Thomas Report?

**HON. A.E. BLAKENEY (Premier):** — Mr. Speaker, I have had an opportunity to look into this matter briefly and find that the Richard Thomas Report is a report not commissioned by the Government of Saskatchewan, nor tendered to the Government of Saskatchewan. While it may be that members of the staff of the Government of Saskatchewan have been provided with copies, they are provided with copies, not in the capacity as members of the Government of Saskatchewan, so far as I am aware, but as members of the board. I think our position is that unless the Board of Directors of the Western Development Museum wish us to publish the report we would not do so. If the Member suggests it, I would be happy to ask the board whether they want the Report published or not.

### UNIVERSITY HOSPITAL REPORT

**MR. C.P. MacDonald (Indian Head-Wolseley):** — Mr. Minister, all Members of the House received yesterday a copy of the University Hospital Report. I am sure that the Minister has the same kind of genuine concern as I have and all Members, in which they describe the year 1976 in the most derogatory terms and also indicate that never before has there been recorded in the University Hospital the kind of actions that were taken. I wonder if the Minister would tell me, has the Premier's investigation of the University Hospital, or personal inquiry into the University Hospital situation been completed? Could the Minister also tell me if he has had an opportunity to meet with the board to discuss the specific problems that are contained in the University Hospital Report?

**MR. BLAKENEY:** — I could answer a portion of that because I want to inform the House on the one point raised by the Hon. Member for Indian Head-Wolseley about any investigation on my behalf

or under my direction. There is none, there has been none and none is underway, of the University Hospital, nor has there been any of the medical school, in case there is a feeling that I am avoiding the question. So far as the office of the Premier, or me personally is concerned, there is no investigation that has been done.

**MR. MacDONALD:** — I wonder if the Minister would tell me, has he had an opportunity to meet with the board of the University of Saskatchewan Hospital to discuss its annual report and could he tell me, if he has not had an opportunity to meet with the board, will he do so? And can he tell me if there is any remedial action being taken by the Department of Health or the Government to clear up this very serious situation?

**HON. W.A. ROBBINS (Minister of Health):** — Mr. Speaker, my deputy sits as a member of that board and I get reports from him regularly on the situations and any problems that arise are reported regularly to me.

**MR. MacDONALD:** — A supplementary, Mr. Speaker. I would just like to tell the Minister, apparently, that hasn't been good enough. Would the Minister give me and to the other Members of the House the assurance that he will personally arrange with the faculty members of the University Medical School to meet with them to discuss this problem that is so disruptive to their morale and which threatens the very existence of the University Hospital in Saskatoon?

**MR. ROBBINS:** — Mr. Speaker, we have a communication from the Dean of Medicine and I have met with him on a number of occasions; we have a communication from him saying that he is well satisfied with the situation at the present time.

### **WAGE AND PRICE CONTROLS**

**MR. G.N. WIPF (Prince Albert-Duck Lake):** — Mr. Speaker, a question to the Premier. Your Government has indicated that you intend to remove the wage and price controls in this province. At the present time there is a great deal of uncertainty in the labor community and the business community about it. Could the Premier tell this Assembly the date that his Government will propose the abandonment of these controls?

**HON. A.E. BLAKENEY (Premier):** — Mr. Speaker, I thought that the statement by the Minister of Finance (Mr. Smishek) in the Budget was particularly clear and I can only repeat it. Firstly, if the federal control program is terminated earlier than September 30, we will terminate our program contemporaneously with the federal program. If the federal program is not terminated prior to September 30, as now appears to be the case, as was indicated in the Speech from the Throne, the Saskatchewan Public Prices and Compensation Board will not apply to negotiations carried on by the Government of Saskatchewan with its employees in respect of contracts which commence on or after September 30, 1977.

April 14, 1977.

**MR. R.L. COLLVER (Leader of Progressive Conservatives):** — Supplementary question. Does that apply, Mr. Premier, to all controls introduced by the Government of Saskatchewan?

**MR. BLAKENEY:** — Mr. Speaker, I will read again the statement, and I will clarify any points which appear to be obscure.

I would expect that provincial public sector contracts, (that will mean contracts in the provincial public sector) which expire on or after the date the Federal Government begins to decontrol, will also be decontrolled. In any case I do not foresee the possibility that we would maintain controls on contracts which expire on or after September 30, 1977.

It is our understanding that not only would the contracts not be controlled after September 30, 1977, please understand we're talking about contracts which commence on or after that date, but also other matters which are now under control by the Public Sector Prices and Compensation Board.

I want to make one thing clear. Suppose a contract was a one-year contract, commencing in June of 1977. It would be our assumption that the contract would continue until its expiration date in May or June of 1978 and would not be open for renegotiation on September 30. That is not the proposal. I am referring to contracts whose term commences on or after September 30, 1977.

**MR. COLLVER:** — I think the Premier misinterpreted my supplementary question. When I was referring to all controls introduced by the Government of Saskatchewan I included in that, rent controls and other controls introduced by the Government of Saskatchewan as a result of the anti-inflation program. Since the Wage and Price Compensation Board was introduced as a result of that program and the Premier is backing out of that one, is he talking about backing out of them all?

**MR. BLAKENEY:** — Mr. Speaker, I think I attempted again to be as clear as I could. I was talking about the activities of the Public Sector Prices and Compensation Board and the controls which are exercised by them. I was not referring to controls which may be administered by the Rentalsman or the Milk Control Board or the Local Government Board or anybody else who has a statutory power to set a rate or charge. I was talking about those which are administered by the Public Sector Prices and Compensation Board.

**MR. E.C. MALONE (Leader of the Opposition):** — Supplementary, Mr. Premier, in your remarks to the question that the Member for Nipawin (Mr. Collver) just asked, you indicated that if the contract was completed before September 30 and would expire after September 30, that that contract would be subject to the board's rulings. Would this not bring about the situation then, where many unions or negotiating units would simply delay and wait until after September 30, before coming to some final determination of their contract for the next year, making it retroactive to the

period of time when their earlier contract expired? Is there not a danger in that people will just wait until September 30 before getting into any meaningful negotiation with the Government?

**MR. BLAKENEY:** — The proposal is that whether or not the Public Sector Prices and Compensation Board would have jurisdiction, would not depend upon when the contract was finalized, but rather the commencement of the term of the contract. Thus, if the contract had a term commencing on August 1, even though negotiations were completed on January 1, it would still be subject to the provisions of the Public Sector Prices and Compensation Board. If unions and management follow their normal practice of making the contract effective from the first day after the expiry of the previous contract, then the situation which the Hon. Member, the Leader of the Opposition, states, will not arise. It is possible for management and unions to decide that they would enter into three-month contracts or four-month contracts or something like that, to take them beyond the September date. We think that rather unlikely, but I think that is the only situation which would produce the result or, in part, the result alluded to by the Member for Lakeview.

### **DROUGHT SITUATION IN SASKATCHEWAN**

**MR. E.A. BERNTSON (Souris-Cannington):** — A question to the Minister of the Environment. I talked to the Hon. Minister yesterday briefly about this, but I understand now that the situation is much worse than I first thought. Several parts of southern Saskatchewan are experiencing a shallow well failure. Many farmers are now hauling water. Some towns and villages are on the verge of water rationing. Will your department or a department of your Government provide assistance to the people affected by a shortage of water, by providing geological surveys to locate deep water?

**HON. N.E. BYERS (Minister of the Environment):** — Mr. Speaker, we have made a very extensive examination and prepared an inventory of those communities that could experience water shortages if the current droughts were to continue into 1978. We are also considering ways and means wherein it is within the capability of the Government to assist communities that may experience a water shortage. The Hon. Member will be aware that the Department of Agriculture has both equipment and a program to assist farmers and to assist communities that are experiencing a water shortage, where these supplies can be augmented by pumping or diversions or by whatever means. The full resources of the province will be available insofar as the problem can be coped with by those measures. On the other hand, we are prepared to provide all the assistance possible to assist communities in locating an alternate water source, whatever that may be. We will spare no effort in that regard.

**MR. BERNTSON:** — Supplementary, Mr. Speaker. I wonder if the Minister would tell us what towns, communities or areas in his survey are so affected and I wonder if the Minister wouldn't agree that the farmers who are now out of water can't wait until 1978 for surveys? Cattle can't wait, they get thirsty from

April 14, 1977.

time to time. Would the Minister not agree that in southeastern Saskatchewan we are on the verge of an emergency situation and we have to act now to prevent an emergency situation?

**MR. BYERS:** — Well, Mr. Speaker, I lived in southeastern Saskatchewan through the 1930s under a Conservative Government. I don't remember them taking any action whatever to get one drop of water to one farm. It wasn't until the Tories were kicked out of office. Federally, the Liberals were . . .

**SOME HON. MEMBERS:** — Hear, hear!

**MR. SPEAKER:** — Order! Member for Regina South.

**MR. S. CAMERON (Regina South):** — Mr. Speaker, a question to the Minister of the Environment. I hope the answer isn't dry because on the second question he gave one that was all wet.

May I ask the Minister of the Environment seriously, you indicated yesterday and again today that your department has done an inventory and has identified the communities that are likely to be affected if the drought continues. I would be interested in knowing the potential seriousness of the situation for the city of Regina, firstly. And secondly, are you prepared to table the studies that your department has done with respect to the potential difficulty faced by the city of Regina if the drought conditions continue?

**MR. BYERS:** — With respect to the city of Regina, Mr. Speaker, I want to assure the Members from Regina and all Members of this House that for the upcoming year, the city of Regina should not experience a water shortage for its domestic, industrial and commercial needs. The Buffalo Pound Lake, the source of water for Regina and Moose Jaw, is presently at its full supply level. It is full now and has been full all winter. We have been bringing in water from Lake Diefenbaker to Buffalo Pound Lake. Yesterday the rate of flow was 50 cubic feet per second, in an effort to keep the Buffalo Pound Reservoir full. I have checked this very closely with my officials. They assure me that the supply will be sufficient and that the quality of the water will also be safe.

**MR. SPEAKER:** — Order! Does the Member have a supplementary?

**MR. CAMERON:** — Yes indeed, in fact I have one or two. I have to waste one because I asked the Minister if he was prepared to table his report earlier. Is he prepared to table this report?

**MR. BYERS:** — With all deference, an analysis made in one month will not be valid if any area experiences a rain that will change the supply situation. I assure the Hon. Members of the House that the situation is being watched very, very closely and that the Environment staff is identifying those communities where possible water shortages could occur, shortages that will result, not from the acts of this Government, but from the acts of nature.

We are, in all of these cases, ascertaining what remedial action can be taken by way of developing alternate water sources, by way of pumping or diverting water. We will make this information that we have, available to communities. We are prepared to work with communities and with individual farmers where necessary. We are on top of the problem but the situation can change from one day to the next, from one month to the next, depending on changes in climatic conditions. I think that is all the information and that should be satisfactory. I will give you the assurance that we are doing it.

### **CONTINGENCY PLANS RE ISSUING OF LICENCES**

**MR. J.G. LANE (Qu'Appelle):** — I should like to direct a question to the Attorney General, Mr. Speaker.

A phone call in the last couple of days to the licence issuers in Regina indicates there is no way that they can get the licence plates out to people, should the people apply in say the last week prior to the end of April. Under the law of Saskatchewan of course, should a person not have a new registration after midnight April 30, they have committed an offence under The Vehicles Act. Has the Attorney General any contingency plans for those people who apply prior to April 30 and do not receive their registration and do not have certificates, to ensure that they are not charged under The Vehicles Act?

**HON. R. ROMANOW (Attorney General):** — Mr. Speaker, today I believe is the 14th of April. We have at least two full weeks for this matter to proceed. As far as the information that I have before me — while there are some difficulties, these are easing and I think it is just too premature for me to make any kind of comment or decision in that regard.

**MR. LANE:** — By way of supplementary. I am prepared to give names of people who have waited up to a month, to date, for licences after submitting a mailed-in application. Would the Attorney General not agree that should the present situation continue that making contingency plans would be in order and would be, in fact, a wise move on the part of the Government?

**MR. SPEAKER:** — Order! I will take the next question.

### **HEADQUARTERS IN ST. VICTOR**

**MR. R.E. NELSON (Assiniboia-Gravelbourg):** — Mr. Speaker, in the absence of the Minister of Industry and Commerce (Mr. Vickar) I should like to ask a question of the Premier. In view of the recent legislation to assist small businesses and small towns in rural Saskatchewan, would the Premier look into the possibility of saving an entire village by moving the headquarters and the operations of the SEDCO plant to St. Victor, Saskatchewan, where there are offices available and most of the village is for sale?

**MR. BLAKENEY:** — An interesting proposal which I will ask the Hon. Minister of Industry and Commerce to consider.

## **GROWING UNEMPLOYMENT IN SASKATCHEWAN**

**MR. R.H. BAILEY (Rosetown-Elrose):** — Mr. Speaker, I should like to direct a question to the Premier. The trends over the past five months would indicate that there is a continuous growth in the number of unemployed in Saskatchewan. In fact, we have slipped from the lowest in Canada to second place. Does your Government have any plans at the present time to alleviate the number of unemployed that we see growing in Saskatchewan?

**MR. BLAKENEY:** — Mr. Speaker, the facts are that unemployment in Canada is rising and rising fairly sharply and no province can be totally isolated from it. The Provinces of Alberta and Saskatchewan have managed, over a period of a couple of years now, to be substantially isolated from the high rates of unemployment which have prevailed elsewhere, to a lesser extent in Manitoba and Ontario and to a very considerable extent in British Columbia, Quebec and the four Atlantic provinces. We are going to be affected, Alberta and ourselves, as time goes on. We hope that the impact will be minimal as it has been to date.

I think that the particular figures which were issued recently are at least questionable in the calculation of the unemployment rate. The rate is arrived at on the basis of a conclusion that the work force in Saskatchewan in March of 1977 is 24,000 more than the work force in Saskatchewan in March of 1976. If that calculation, and it's an extrapolation from a very small number of figures, is wrong, then the unemployment rate will be significantly less. I think, myself, it is somewhat improbable that there are 24,000 more people in the work force in Saskatchewan in March of 1977 than of March of 1976, since the population of the province did not go up anything resembling 24,000. It is not clear where all of these vigorous workers came from. Indeed, the figures indicate that 16,000 or 17,000 more people have jobs.

I rather think that the figure is on the high side. I have said on many occasions that a single monthly figure is not necessarily accurate. If the trend continues as indicated by the March figures then there would be cause for concern. I am not here to say that it will not continue, I hope it will not, but there are prospects that it might because there are prospects that both Alberta and ourselves are no longer able to isolate ourselves from the generally high rates of unemployment prevailing across Canada.

## **STATEMENTS**

### **CORRECTIONAL CENTRE — PRINCE ALBERT**

**HON. H.H. ROLFES (Minister of Social Services):** — Mr. Speaker, I have a brief statement to make in regard to the inquiry concerning the Correctional Centre in Prince Albert.

Mr. Logan has now filed his report with me with respect to the Prince Albert Correctional Centre disturbance of March 26 and 27. While the report will require close study by my department, I do wish to take this opportunity to inform you of Mr. Logan's major findings.



After having interviewed all of the staff who were on duty at the time of the disturbance, the director of the Centre and other staff, members of the RCMP and a considerable number of inmates, Mr. Logan concluded that the incident was not a planned disturbance nor an attempt to escape. Rather it was a window-smashing, noise-producing disturbance within the dormitory area which was brought under control without injury to either staff or inmates after approximately \$3,150 worth of property damage had been inflicted.

The overcrowded condition of the Correctional Centre, particularly the dormitories, lack of program activities for inmates, combined with certain inappropriate actions by a staff member, were precipitating causes. Mr. Logan indicated that the staff took appropriate action in containing the disturbance and commended staff for their relatively prompt and non-violent method utilized in restoring control.

In suggesting how future incidents may be avoided Mr. Logan recommended that: (1) the number of inmates being held at the Centre be reduced; (2) the number of inmates housed in the dormitories be reduced; (3) work activity be provided to all inmates; (4) training of new correctional officers be upgraded; and (5) emergency lighting be purchased.

In concluding his report Mr. Logan stated and I quote:

I think that the fact that there were no great number of major complaints from inmates indicates the general satisfaction with the manner in which the institution is operated.

Thank you, Mr. Speaker.

**MR. MacDONALD:** — Just a few comments, if I might, on the Minister's report. First of all Hon. Minister there is one thing that is really important in the whole question of the jail disturbance in Prince Albert and that is that the disturbances in penal institutions, both of a federal and provincial nature, have been on the increase across Canada. We have just had a very disturbing one in the federal institution in the city of Prince Albert and, Mr. Minister, I would like to suggest that it is now time that governments, which have responsibilities for federal and provincial penal institutions, immediately take some firm action of pressing charges against all those who are responsible for destruction of provincial property. I would hope the Minister and the Government would immediately ascertain which inmates are responsible and lay charges immediately of a criminal nature so that there will be an example set not only in the Prince Albert Correctional Institute but institutions of its kind right across Canada. I should also like to suggest that something should be done, and the Government has also a responsibility to the overcrowding and lack of program. This has been brought to the Minister's attention for years in this province and very little has been done. I know at one time I had the responsibility for the jails and a great deal was done as far as programs and as far as improving the institutions were concerned. Plans were actually made for a remand centre, but nothing has been done to alleviate these two problems in the last six years. I would hope that this would bring to the Minister's attention the urgency of this problem to eliminate the overcrowding and to expand the program so that this type of

April 14, 1977.

incident will not occur as often in the future.

**MR. J.G. LANE (Qu'Appelle):** — Mr. Speaker, in reply to the Minister's statement, we note that the report, as indicated by the Minister, did not take into account injuries to inmates which were reported and which were public knowledge in the city of Prince Albert. We are somewhat concerned by the implication in the report, the implication that perhaps the guards were at fault, the implication when we talk about changes in the future — fewer prisoners, lighting improved, upgrading of the correctional staff. The fact is what the correctional staff needs is some backing from the Government, not upgrading. Give it some support. The morale of the staff is down as the Minister well knows. We are going to ask the Minister to table the particular report so that we can review it in detail. The indications from the Minister would indicate that perhaps the report is a whitewash, a whitewash in trying to cover up some very, very serious morale problems in the guard situation at Prince Albert. It is always upgrading the guards, always teaching, always suspending, but never giving them the support that they need. If they had had that support from the Government the incident wouldn't have taken place in the first place.

### **PRIORITY OF DEBATE: ALLOCATION OF FUNDS TO HOSPITALS**

**MR. E.A. BERNTSON (Souris-Cannington):** — Before the Orders of the Day, I filed this morning with the Clerk and have acknowledgement of filing that under Rule 17 of the Rules and Procedures of the Legislative Assembly being a definite matter of urgent public importance and the statement of the matter is as follows:

The Government of Saskatchewan's allocation of funds to hospitals in Saskatchewan is insufficient and has resulted in a deterioration in the standard of health care to the point where not only our lengthy waiting list for needed hospital beds and lengthy waiting lists for required elective surgery, but that the standard of cleanliness of the hospitals, most especially the older buildings has declined to the point where unless immediate action is taken, serious health problems could result.

I refer you to the attached letter, Mr. Speaker, under Rule 17, we would propose and I would move — do I get your ruling now whether it is accepted or not, or do I move it first?

**MR. SPEAKER:** — I will give the ruling.

I have a statement to make with regard to the proposal put forward by the Member for Souris-Cannington. The matter proposed for priority of debate is one of a continuing nature that has had considerable debate over the last few weeks. Opportunity still exists for the Hon. Member to debate this matter in the usual manner in this Assembly without invoking Rule 17. I, therefore, rule that the matter does not qualify under rule 17, Sub 6, and I further refer all Hon. Members to Sir Erskine May's Parliamentary Practice, Seventeenth Edition, Page 365, and previous rulings of the Chair on February 23, 1971, March 23, 1976 and April 13, 1977.

## POINT OF ORDER ON QUESTION PERIOD

**MR. CAMERON:** — Mr. Speaker, on a Point of Order. I am not entirely sure what Mr. Speaker can do about it, but let me raise it with you. You have often indicated that the Question Period should have a sort of quick parry and thrust flavor to it, that is a quick exchange of information that Members seek and Ministers give. In the last several days I have asked three questions, one of the Minister in charge of SEDCO as to the details of the financing of a Moose Jaw Corporation. He took notice of it. I asked the Premier, I think it was two days ago, a question about the Potash Corporation of Saskatchewan Cory Limited changing its name. I asked the Attorney General and the Premier, both of you, why the head office still is in Regina, which was a conundrum. That one was taken notice of. I asked a question yesterday of the Attorney General about a study which I know was conducted. That one also was taken notice of. My point is, Mr. Speaker, that this practice of taking notice of questions and not responding to them for such lengthy periods is extracting from the Question Period the very kind of flavor which Mr. Speaker has so often said it should have. So I raise the point, Mr. Speaker, in the hope that Mr. Speaker may be able to do something with it and if not, at least we begin to impress upon the Government the need to provide the information quickly when the questions are asked and notice is taken.

**MR. ROMANOW:** — Mr. Speaker, may I speak to the Point of Order.

Mr. Speaker, I don't believe that to be a valid Point of Order because as the Hon. Member knows, and as I am sure all Members of the House know, Ministers on this side of the House have a number of options that are available to them with respect to the questions that are put in Oral Question Period.

I want to say in defence of myself I suppose and of my colleagues, I believe that the number of detailed questions and detailed answers that are given in this Legislature is really quite remarkable. There will be a number of questions to which Members cannot give answers. The question that the Member asked me the other day respecting the Potash Corporation of Saskatchewan, which is 48 hours outstanding, was a question which is a result of an Order in Council, which may have been passed some days earlier, involving a legal interpretation. I think that is a fairly detailed question.

I think, Mr. Speaker, that it is correct and proper for Ministers to make sure that when they are not certain in this matter to get the facts and then present them to the House. Nothing denies the Member thereafter to continue in the pursuit of his questions and the pursuit of his line of attack once the information is tabled. I say, Mr. Speaker, that while I am certainly not a member of any other House, but I have talked to other colleagues of mine who have been, that the record of this Government and the Ministers in answering questions with no notice is very, very good indeed.

**HON. E. COWLEY (Provincial Secretary):** — Mr. Speaker, on the Point of Order. I just want to point out that one of the questions referred to by the Hon. Member for Regina South was the question with respect to the Potash Corporation of Saskatchewan.

April 14, 1977.

I note from the Blues today that this is the 38th day of sitting of this particular House. I may be mistaken by one day or so with respect to my attendance, but I believe I have been in the House for the question Period, 33 of those 37 days. One other day I was in the House but was somewhat late in arriving here, which I think is a reasonably good record, approximately 90 per cent attendance. I do indeed try to be in the House for the question Period.

With respect to the question that the Member raised with respect to the Potash Corporation of Saskatchewan, I think that the information on which he based his question with respect to the change in head office and the change in name was gazetted, had been gazetted some three or four sitting days prior to his asking the question in the House. And in all of those days I was present in the House and prepared to answer that particular question. It is not surprising that the Members opposite very deliberately, Mr. Speaker, wait until the Minister is away and then ask the particular question.

**MR. SPEAKER:** — Order, order!

**MR. E.C. MALONE (Leader of the Opposition):** — Mr. Speaker, on a Point of Order.

**MR. SPEAKER:** — If it is the same Point of Order in a non-debatable fashion, I will take a final comment on the Point of Order.

**MR. MALONE:** — Yes, Mr. Speaker, the Minister in charge of the Potash Corporation may well recall that I asked him a question three or four days ago about the substance of the agreement with the Sylvite Mine and I am still waiting for the answer and you have been in the House on a couple of occasions. But, Mr. Speaker, may I suggest that perhaps one of the difficulties in having these questions answered by the Ministers of the Crown is that when the Question Period starts flowing as rapidly as it does, often they are unable to rise to their feet to give answers that they may well be ready to give. I don't know whether they have them or not. I suspect that sometimes they do and sometimes they don't.

I am wondering, Mr. Speaker, if it would not be of assistance to the conduct of the House if the Rules Committee consider a short period of time before the Question Period, whereby Ministers could reply to questions that were asked the day before or two days before by Opposition Members, so that there would be an opportunity during the day to have these things brought up by Ministers of the Crown. They could not rely on the excuse that they were unable to catch your eye during the Question Period. I make that hopefully as a positive suggestion. There should be some time limit set on the period of time the Ministers have to respond to the questions we ask.

**MR. SPEAKER:** — I want to deal with the Point of Order that was raised in the positive fashion if that is possible. I think it is.

The Point of Order raised is a good one, especially with regard to the type of Question Period that we attempted to design. I think in general it works; we have a quick question

and answer period. However, it does bog down occasionally. I would accept the suggestion made by the Leader of the Opposition. In the interim I will make a deliberate attempt to survey the Government benches to see if there are any Ministers wishing to rise with answers about two-thirds of the way through the Question Period, that is not initiated by a question that day. That way we will not take the Ministers at the start of the Question Period but will take them about two-thirds of the way through, if there are some Ministers who haven't caught my attention by then.

I think there is something to be said about the type of questions asked. They should not be of a nature requiring a lengthy and detailed answer. I think that some of the questions that have been put forward are of the type that require lengthy, detailed and sometimes complicated answers. I don't think the Minister can be faulted for taking some time, and I don't think anybody is particularly doing that at this time. But by the same token, the Minister has the right to double check his information in the case of a long or detailed answer that might be required. I think there can be no marks scored against the Minister because he took notice of a question. I don't think anybody in particular is doing that. I would admit that I have probably cut off or ignored, unintentionally, some Ministers who wanted to rise to their feet because of other matters brought to my attention and I attempted to resolve that. All Members should rededicate themselves towards the form of their question because I think there is room for some improvement and I can't say how the Ministers should answer their questions. Some of them will have to delay them, obviously.

## **COMMITTEE OF FINANCE — DEPARTMENT OF HEALTH (cont'd) — VOTE 32**

### **ITEM 1**

**MR. E.A. BERNTSON (Souris-Cannington):** — Mr. Chairman, thank you very much. On April 13, 1977 the Star-Phoenix in Saskatoon had an item:

The Government backbencher from Saskatoon Centre told the PCs to lay down their nasty little cudgels and help the Government maintain the best medicare program in the world.

We've been trying to do that. We have taken to positive criticism. You know there's just no question, but the Government refuses to respond. The next step, of course, is to try and get them to respond through embarrassment. If that doesn't work, I guess the people of Saskatchewan have to make them respond and hopefully they will in 1979, if not sooner.

The people in Saskatchewan find it unbelievable that a government can afford to waste hundreds of millions of dollars to buy existing industries and millions more to build elaborate office buildings, but can't afford to maintain a high standard of health care. I commend this Government for its work and I hope continued success in the area of preventive medicine, but preventive medicine is too late for sick people. Sick people have to be cured, or treated, or they stay sick, or die.

I agree with the action of the Government on preventive medicine, but let's talk about the treatment of active illness. What can be done to better serve the needs of the sick? The

health care professionals must have qualifications and the desire to serve the ill. There must be ease of access to the system by the individual. We must have high quality of equipment used in health care. We must have the use of modern techniques and drugs. Are we having access to the system? The access that we have to drugs is not to the drugs at all, but to a list. I agree that an individual can buy outside the scope of the plan, but there is no easy access to the best possible drugs.

High demands for services of professionals, coupled with high costs of providing services, means that there are long waiting lists for needed hospital service. You might think about this particular change that has recently been made in bookkeeping techniques in which people who used to be placed on hospital waiting lists are now told you can have a date four, five or six months down the road and you will be taken off the waiting list. So some hospitals have reported that waiting lists have shrunk. But in fact, they haven't. It's a change in the bookkeeping technique and, in fact, books are clogged up for months.

Many rural communities are not even served by dentists. Many rural communities have less than adequate services by a doctor. Many have no health professionals at all. We have far less than adequate ambulance services in some communities. They are very expensive, therefore, those people in those communities have no easy access to the system. We also have health care professionals' time taken up because of the new drug plan and because of many policies in the Department of Health, taken up with a ridiculous amount of paper work and bookkeeping and during this time they are not providing the services for which they were trained or for which they are best qualified.

The Government tried to blame Ottawa for this deterioration. The fact remains that health services are a provincial responsibility and the Government must completely set its priorities in this field. The Health Minister says there is no deterioration; there is no concern. You won't find anyone in Saskatchewan who will suggest that hospitals are totally meeting the needs of our citizens today, except perhaps the Members opposite. We have heard Government Members, including the Minister of Health, talk about national averages and returning to the national average. We don't care about national averages. It's time to recognize the real statistics.

Mr. Chairman, the facts indicate that there is a greater need for health services in our province than in any other region of Canada. Almost 16 per cent of our population is over the age of 60. That is higher than the national average. It is a higher percentage than every other province in Canada. The ratio of our citizens over 60 is about 25 per cent higher than the national average and has been steadily rising. Most would agree that many of our citizens, many of our senior citizens, will have a greater demand for health care. There is greater need for hospital services in Saskatchewan and it's long been apparent.

Here are some interesting statistics the Minister hasn't mentioned. In 1961 before medicare, hospital utilization in Saskatchewan was 42.8 per cent higher than the national average. In 1971, it was 34 per cent higher than the national average. And in 1975 it was 28.5 per cent higher than the national average, approximately the same percentage in 1975 as the number of citizens over the age of 60 in excess of the national average,

seemingly, an approximation that would say 1975's expenditures in health were reasonable. Yet drastic cuts in our hospital system were made in 1976. By the Minister's own statistics, and by the evidence of the population figures in Saskatchewan, we need approximately 25 per cent more hospital care, and that costs. If you are wasting it in other areas, then you should re-examine your priorities.

Those are the facts, Mr. Chairman, that reject our health priorities being based on the national average. About a year ago we were told two studies were undertaken on health and social services in one of our cities. One was an assessment of the need for community health services among the elderly. The other was a community health and social service study. These studies, we understand, were undertaken only after heavy pressure by local people on the Government and we haven't heard anything about them since.

The Government isn't interested in the communities becoming involved in the planning of local health and social services programs. You removed some of their power, then dictate to the people of Saskatchewan. The Government would discover that its health and social service programs are not meeting the needs of our elderly. It is not meeting the needs of our youth. It is not meeting the needs of our disadvantaged. This Government would rather talk about averages, statistics, expand the bureaucracy, control the citizens, impose more regulations.

One further point I would like to make is the denial of representation on hospital boards of people from an RM or village whose assessment is less than a half a million dollars. But as I understand it, there's another department of your Government that's going to take care of that. With the current reassessment there will hardly be an individual's assessment that low.

Mr. Minister, I commend your Government for its increased expenditures in the health field. I could have even supported the Resolution from the Member for Saskatoon Centre had he taken it in a serious note and kept the comedy out of the House. But I cannot support your spending priorities, either within the health field itself or within the whole spectrum of Saskatchewan. But you don't have to convince me whether they're right or wrong. You have to convince the hospital workers at St. Joe's in Estevan. They're not convinced that your spending priorities are right and we have a letter to that effect that has been read into the record here before. For those of you who haven't heard it:

Hospital workers are concerned by the cutbacks of hospital staff which has been the policy of this Provincial Government and we feel this is discriminatory against the hospital worker and is unfair to both employees and patients. We, the undersigned employees of St. Joseph's Hospital, do protest all of the hospital staff cutbacks and furthermore that all past hospital staff cutbacks be reinstated and no further cutbacks be made.

You don't have to convince me that hospital care has not deteriorated. You have to convince the lady in Carlyle, who is

currently on an eight to twelve month waiting list for elective surgery, not a life and death situation, but terribly uncomfortable. The problem is a prolapsed uterus and she constantly has to wear an uncomfortable pad to prevent the constant drip of urine. You don't have to convince me. You have to convince the family of an old gentleman, in one of our northern communities, who were told: "Take him home, let him die. We don't have the staff here to look after him." You don't have to convince me. You have to convince the young man from southeastern Saskatchewan, who was referred to a neurologist by his family doctor. The neurologist says: "You could have a brain tumor, we'll have to run more tests, but I can't get a hospital bed right now." You don't have to convince me. You have to convince the people from the Regina Hospital Employees' Union. I have here a letter — Local 176, Canadian Union of Public Employees — and I'll get one that I can read. It says in part:

Here are some of my concerns or some of the concerns of our union in regard to the cutbacks in hospital in the past two years. There has been a considerable reduction in staff over this period of time, it seems to be in the lower paid classifications, such as housekeeping and cleaning staff. Last summer the housekeeping staff could not keep up with the workload and finally management was forced to hire an extra crew to wash the walls and give the building a complete washdown. The crunch came after October 14, 1976 when Regina experienced a bad dust storm and left the building in a pretty dusty state. There has been no relief help hired during the past two years. If someone is sick or on worker's compensation, or employees are on holidays, the staff just has to work shorthanded. It seems to us that, although there is less staff, the same work is expected to be done. One of the things that is happening is employees with several years experience are leaving.

I have here a list of the names of the employees, housekeeping aides, presently employed at the hospital. They number 61. I have here a list of the employees who have left the hospital in the last two years. They number 97.

This compounds the problem, these employees leaving compounds the problem because these are the employees who are fully trained and require little or no supervision. I have talked to some of them and they tell me there's just too large a workload and they are not prepared to accept it.

One example I can give is the housekeeping department. There has been a turnover since January 1975 of twofold. There is approximately 61 housekeeping aides and since January 1975 there has been almost 100 leave.

One of the areas that concerns me is the fact that the hospital board announced a surplus for 1976. I consider this nothing less than blood money, extracted from the labor of all the employees of the Regina General Hospital.

As I understand it, and I am no accountant, but the surplus in fact is not a real surplus. In fact, it's money coming back to the Government.

In summing up, it would be safe to say that the employees



are of the opinion that they are not able to keep up with the workload and cannot do the kind of job required to keep the building as clean as it should be. These are just some of our concerns. But there are more. I trust this is the information you require.

Yours truly,

(I cannot read his signature) — President, Local 176 CUPE

You don't have to convince me that health care in Saskatchewan is deteriorating. My hometown hospital, 24-bed hospital, is given 8.3 bed status. It has two nurses on the day shift, one on the evening shift, one on the night shift. The community has dug into its pocket and hired an extra nurse for the evening shift and an extra nurse for the night shift. You don't have to convince me, you have to convince the elderly gentleman from Storthoaks, who had suffered a heart attack himself, was caring for an invalid wife, deemed to be level IV, who made application in May of 1976 to have her taken into the Souris Valley Extended Care Home. It was finally granted March 9, 1977. You don't have to convince me, you have to convince the people of Saskatchewan. If you can't or if you won't, then I suggest that you start counting your days in office because the people of Saskatchewan are not going to put up with deteriorating health services in this province.

**MR. BLAKENEY:** — Mr. Chairman, I wonder if I might add a word or two. I read some of the remarks of the Member for Saskatoon Sutherland yesterday and I heard some of the remarks of the Member for Souris-Cannington today. He opened his remarks by indicating that the Government was not prepared to listen, that the available course of action open to the Conservative Opposition was embarrassment. The inference, indeed more than an inference, was that the embarrassment would be the citing of details which indicated the failure in the health system. We, on our side, wish to pursue any indicated failures of the health system as much as do Members on the opposite side. I accept the statement made by them that they wish to equip us with the information which will enable us to pursue these perceived failures. And, accordingly, I am going to ask the Hon. Member to give us the names involved in each of the instances which he outlined. If there is a neurologist, I hope he will give us the name of the neurologist, so we will be able to follow up the matter. If there is a patient, we hope we will be able to get the name of the patient. It is, of course, entirely possible that an individual patient will not be able to get into an individual hospital. And we would want to know for example whether there were other alternative hospital beds available. So what we are asking the Hon. Member to do, and I know that there will be no problem here, is for him to supply us with the names in each case of the patients where he mentioned patients, of the doctors where he mentioned doctors. I would be surprised if there was a difficulty. I do wish to get the information so that our people can follow up each case to see whether, in fact, there is a failure of the system or some other explanation.

**MR. BERNTSON:** — Mr. Chairman, I will be happy to supply the Government with that information as soon as I have the permission of the authors of the letters. I just don't think I can do it before that.

**MR. BLAKENEY:** — With respect to the authors of the letters, it is obviously open to the Hon. Member to quote the letters and he doesn't have to disclose the names of the writers, but I would ask him particularly to urge each of the persons that they permit their name to be disclosed and the name of the doctor to be disclosed. I would further ask him to indicate, as soon as he reasonably could, the name so that we can pursue the case he raises.

**MR. COLLVER:** — I should like to respond a bit to what the Premier has just suggested.

What the Member for Souris-Cannington has attempted to point out today, is that there are many instances of serious weaknesses in the health care delivery system in the Province of Saskatchewan. But let's go a little bit further.

Today we attempted to table, and then rejected in terms of Priority of Debate, a letter from the president of a local union in the Province of Saskatchewan, Mr. Longworth, who is the president of the Local 176 at the Regina General Hospital. He has stated in no uncertain terms that he is concerned about the cleanliness of the Regina General Hospital. He is concerned that the cleanliness of that hospital is deteriorating. The Government's suggestion by the Minister of Health, and on several occasions, certainly the Premier's own suggestion in relation to the Victoria Union Hospital at Prince Albert during the recent by-election, is that somehow the Victoria Union Hospital had a surplus and, therefore, could have hired more staff to do the jobs that were needed to be done.

Now it is our information, and this comes from the Board of the Regina General Hospital, that because of the way the present global budgeting system operates, the board does not have the power to utilize its surplus money to hire new staff. They are required under another section of the global budget to pay the money back which means that the surplus is meaningless. The Government of Saskatchewan dictates to the hospital board what professionals, housekeeping aides, and groups of people they will have on staff. If they hire more, for that particular duty, they will have to find the money some other way because they can't take it out of the allocation for another group of employees that they have made. That means that there is no surplus from which to take the money to hire more housekeeping staff.

We are faced with a situation in the Province of Saskatchewan today where both Opposition Parties and many Members of the Government are receiving reports on an almost daily basis of patients complaining about having to wait lengthy periods of time for hospital beds. We are told by doctors in Saskatoon that there are lengthy waiting lists. I read into the record the name of a doctor and am waiting for the Minister of Health to respond to that particular name, of an orthopaedic surgeon in the city of Saskatoon, who was reporting to his patients about the situation pertaining to orthopaedic surgery. Then you asked us to name every name. We are suggesting to him it is not individual examples, Mr. Premier, it is an example of the overall system. The cleanliness is falling apart, the waiting lists are increasing and people can't get into the

hospital. We are suggesting that you need to allocate more resources, when the hospitals get to the point where they are dirty enough, but we are not suggesting that they are there yet. We are also informed that at the Regina General Hospital, for example, where they used to clean that hospital three times a day, they are now only able to clean it once a day. They haven't, in fact, replaced or substituted employees for sick leave or vacation time because they don't have the resources. Where do those resources come from? The Government of Saskatchewan. Who allocates them? The Department of Health. We are giving you example after example after example, of instances in which the whole system is not meeting the needs. We are reading in the records, names. We think it is irresponsible for the Premier to suggest, today, that because the Member mentions more names, mentions more instances, that those names are required so that the Government of Saskatchewan may go out and investigate individual examples.

We are suggesting, Mr. Chairman, it is not the individual examples that need investigating. We are most happy when we have permission from a sick person to release the name of someone who has reported to us a problem with the health care system, and when we have that information or that permission we will release the name, and have done so. But until we get that permission from people it is irresponsible for us to release the names. But it is not irresponsible for us to bring to the attention of this Government that the health care system is deteriorating, is falling apart and unless there is immediate action taken, there could be serious consequences.

**MR. BLAKENEY:** — Mr. Chairman, I should like to reply. In essence what the Hon. Member says is that they are making blanket allegations, that there are failures of the health system. When asked for instances, they give instances and when asked for instances which could be checked out, they say, no.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. BLAKENEY:** — They ask us to check on these charges. I say that if you, Mr. Member for Nipawin (Mr. Collver), are saying that the Regina General Hospital is in a filthy state — and I want you to say that or not, since that is what the Member for Saskatoon Sutherland (Mr. Lane) said — I say that is a base lie. I say it is a base lie. I want Members opposite to either stand up and say that the Regina General Hospital, which is in my city, is one of these which is filthy because of lack of money, or is not one of those. I think I have the right to know, as a Member for Regina, whether or not my constituents are going to a filthy hospital. Now if you have evidence of filth that I don't have, I would like you to lay it on the table.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. BLAKENEY:** — I have this letter and if the Member for Nipawin or the Member for Saskatoon Sutherland indicates that, in his judgment, it is support for these allegations of filth, then we know more about the judgment of the Member for Nipawin and the Member for Saskatoon Sutherland than we know about the condition of the Regina General Hospital.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. BLAKENEY:** — There is not a shred of evidence of filth, not a shred. I point out to you, with care, that almost everything in this letter indicates that in the judgment of the union its members are working too hard. Now that is not an uncommon allegation in this world. I go down and sit in the cafeteria and I hear all the MLAs grumbling about their working too hard. I don't have an awful lot of sympathy for the MLAs. I may have more sympathy for the members of the staff of the Regina General Hospital, but even though they may be working hard, it is no evidence of filth.

I go on to point out that on the evidence in the letter, when the situation became intense, the hospital hired an extra crew to wash the walls and to give the building a complete washdown. Does that sound like a board who is running a filthy hospital? And, incidentally, that payment for that extra crew was out of the global budget, for which the Member says cannot be used for housekeeping purposes. I tell you it was, it came out of the global budget.

If the Member doubts that, he should check his facts again because the facts are that that sort of activity can be paid out of the global budget and in my belief, or on my instructions, it was paid out of the global budget. So it is pretty clear that if there is evidence of filth then I want the Members to lay it on the table, because I am interested in my constituents. And if this is the evidence of filth, then I think the board and the administrator of the Regina General Hospital deserve an apology from Members opposite . . .

**SOME HON. MEMBERS:** — Hear, hear!

**MR. BLAKENEY:** — . . . who are alleging in a totally unfounded way that this hospital, which is operated and has operated in the proper way, is a filthy hospital. I say that is not true.

I will be interested in knowing whether the Member for Nipawin is prepared to back up the junior Member for Saskatoon Sutherland (Mr. Lane) in his allegation, showing us that he has documentation for this House. That is what I am asking for, the documentation to this House showing the hospitals, which are supposed to be the holy sanctum of cleanliness, are filthy because of the lack of money being put in, to maintain proper care adequately. They said, "You wait, it is coming, there will be lots more." What I am asking you is, let us have it, let us have it all and let us have it now.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. BLAKENEY:** — Members will know that the obligation to check the cleanliness of the Regina General Hospital reposes with the Health Department of the city of Regina.

I know Doctor Chiao. I have known him for many years and I don't believe that he would permit a filthy hospital to operate.

I know the Member for Nipawin is prepared to say that Doctor Chiao doesn't know his business. I know the Member for Saskatoon Sutherland is prepared to say that Doctor Chiao doesn't know his business; that he would permit a filthy

hospital to operate without making any report or any allegations. I say that is false; I say that is a gross slur against Doctor Chiao and his staff. I say there is not a shred of justification for this; however, I may be doing the Members an injustice because they have promised us the documentation. They promised us the documentation and not only that, they said they would bring it to this house — “You wait, it is coming, there will be lots more.”

What I am asking the Members, what I am asking the Member for Nipawin and the Member for Saskatoon Sutherland is to let us see this documentation which will tell us that the Regina General Hospital is filthy, or perhaps he has another hospital which he says is filthy. Let him tell us which hospital is filthy, which hospital board is operating a filthy hospital, which hospital administrator is operating a filthy hospital. Tell us, so that we can follow it up.

I will now sit down in the hope that the Member for Nipawin and the Member for Saskatoon Sutherland will not only stand up, and not only orate, but will give us the documentation which they promised us. “You wait, it is coming, there will be lots more” — I ask you to put it on the table now.

**MR. COLLVER:** — Yesterday, Mr. Chairman, the Attorney General was appalled, he was appalled at the way people were talking about this hospital and today I am appalled. The Premier is suggesting that there is no problem, no problem, and yet the president of Local 176 of CUPE at the Regina General Hospital says, and I quote:

They are not able to keep up with the work load and cannot do the kind of job required to keep the building as clean as it should be.

“As clean as it should be!” Is the Premier calling the president of Local 176 of CUPE a liar? Is he saying to the president of Local 176 of CUPE, you don’t know what you are talking about, you have no idea how clean a building should be? Is the Premier suggesting that there is no problem? Of course there is a problem. But instead, Mr. Chairman, the Premier wants to talk today about splitting hairs on words. Not as clean as it should be, this letter says. Our health care system is deteriorating, Mr. Chairman, our health care system is deteriorating. It is an unclean hospital, according to this man, not as clean as it should be. According to the president of Local 176, the hospital is not as clean as it should be. According to the chairman of the Board of the Regina General Hospital, they are now able to clean the hospital only once a day rather than three times a day.

**MR. BLAKENEY:** — More on that please. Chairman of the Board?

**MR. COLLVER:** — That’s correct. Perhaps, you’ll be interviewed by the press. You’ll undoubtedly be interviewed. According to all information provided to us, the so-called surplus of the Regina General Hospital, cannot be used, cannot be used, to go between the lines. The global budget requires that the surplus be repaid on the one hand, if it’s used up on the other, Mr. Chairman.

**MR. CHAIRMAN:** — Order, order! Order please. I find it very difficult to follow any message, if there's any message to be gathered at this time, because of the interference from many of the speakers who are wanting to speak. They will have a privilege to speak, if they so desire. I also find that one or two words, that many of you know are unparliamentary, have been used within the Chamber here within the last five minutes. I ask you to certainly control yourselves. I know it's emotional. I'm going to do the very best to control you, but I ask a little co-operation on the part of all of you.

**MR. COLLVER:** — Mr. Chairman, the Premier is attempting to do what they always attempt to do on the other side of the House. What they are trying to do is to color the issue and say that somebody else is to blame, say that it's the Federal Government or it's the board or it's someone else when, in fact, the Government knows full well that it has not allocated sufficient resources to the hospital system in Saskatchewan to ensure any kind of standard of health care in our province. They've not only heard from the Progressive Conservative Members of this Legislature, but they have also heard from the Liberal Members of the Legislature in the same vein. They also are getting messages, obviously from their constituents, that the health care system is not meeting the needs of the people. We're getting reports from union representatives, from workers, from union presidents, from patients, from doctors, that they're not able to meet the needs and yet the Premier wants . . .

**AN HON. MEMBER:** — Documents.

**MR. COLLVER:** — Documents. Documents.

**MR. ROMANOW:** — That's what your man says he has.

**MR. COLLVER:** — Well you have a document here. You have a document here.

**AN HON. MEMBER:** — Is that it?

**MR. COLLVER:** — Some of it, yes. You'll get more in due course, Hon. Attorney General, in due course, at our convenience, at the convenience of the people of the province, Attorney General. We tried yesterday, Mr. Chairman, to come up with a positive way that the Government of Saskatchewan might perhaps, might perhaps be able to come to grips with the increasing costs of medical care in this province. We tried in a very positive way to suggest that it was possible that individuals could become involved in the system again and find out how much they were costing the system and as a result, curtail their own non-priority demands on the system. We made that suggestion. Mr. Premier is sitting there nodding his head. He wasn't in the Chamber when his entire party ridiculed the suggestion, ridiculed the suggestion and everyone who was here yesterday will know that, the suggestion was ridiculed. It'll cost too much, said the Minister of Health. It's been tried before, said the Minister of Health. Ridiculed. A positive suggestion to try somehow to come to grips with the rising costs of health care, in order that these kinds of conditions are not allowed to develop further in our health care

system. Unfortunately the debate, in our judgment and probably in the judgment of anyone who watched, deteriorated to be one of accusations rather than . . .

**AN HON. MEMBER:** — Who made the accusations?

**MR. COLLVER:** — Is the Attorney General going to rise in this debate?

**MR. ROMANOW:** — Yes, I am.

**MR. COLLVER:** — I sincerely hope so. I sincerely hope he does rise.

Mr. Chairman, we repeat again, the health care system is deteriorating. The Premier wants to talk about words, the Premier wants to talk about, and the Minister of Health wants to talk about statistics and the Attorney General wants to talk about accusations. We are presenting, Mr. Chairman, the problems with the system. We all know in this Chamber that the problems are there and we are making suggestions as to how they should improve. But right now, as a result of this (if you want) accusation by the president of Local 176 of CUPE, that it is not as clean as it should be, we suggest that the Government immediately instigate steps to increase the amount of allocation to the hospital system in Saskatchewan to put an end to this kind of situation in our province.

**MR. BLAKENEY:** — Mr. Speaker, Mr. Chairman, I am a Member for Regina. A great number of my constituents use the Regina General Hospital. We heard yesterday the Member for Saskatoon Sutherland say that a hospital was filthy and that he would provide the documentation, hospitals were filthy and he would provide the documentation. We heard the Member for Nipawin today give us the documentation and it makes it clear that he refers to the Regina General Hospital. I think it is not unreasonable for me to ask all of the Members, on behalf of the people of Saskatchewan, to give us any evidence that the Regina General Hospital is operated in a filthy way. That was the word. We already have established that the Member for Nipawin is supporting the Member for Saskatoon Sutherland. If he isn't, I'd be happy to have that fact.

These are your words and they are your words in a public place, about the largest hospital in Saskatchewan, a hospital which heretofore has had a pretty good record. A hospital, which so far as I know, is well administered now. A hospital, which I believe has a good board. A hospital, which I believe has a good administrator. A hospital, which is inspected by the Health Department of the city of Regina, which I believe is well staffed and which has reported none of the circumstances that the Member for Saskatoon Sutherland reports. A hospital, which is inspected by an infectious disease committee, which has not reported any of the circumstances or conditions reported by the Member for Saskatoon Sutherland. I think we've got a right to know.

I repeat again, that the hospital operates on a global budget. The global budget concept is one which allows a hospital flexibility in the allocation of the approved operating budget. It is intended to encourage hospitals to use their resources in an efficient and effective way. They can move people from one

department to another, they can understaff one area and overstaff another. That is up to them and if you are telling me that with that flexibility and having had a surplus, the Regina General Hospital board and the administrator are operating a filthy hospital, then I think you owe it to us to put a little more evidence on the table. Because without that evidence, I will select my words with care, Mr. Chairman, the statement is a clear falsehood. It's a clearly false statement. And it's a statement which ought not to be allowed to rest, ought not to be allowed to rest unless there is some other evidence.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. BLAKENEY:** — This is no small allegation, that the largest hospital in this province is operated in a filthy way. No small allegation. And the inference is that other hospitals fall under the same . . .

**AN HON. MEMBER:** — Hospitals!

**MR. BLAKENEY:** — Yes, because it's plural. The same blush. I say that that is unacceptable. If there is evidence, let's have it. If this is all the evidence then all we have is that, in the opinion of the employees, they would like more help.

Now, I am not in any way denigrating the employees of the Local 176 of CUPE. I cannot imagine a group of employees who wouldn't want more help and I can't imagine a group of employees, who with more help, couldn't do a better job at almost whatever job they do. There is no school in this province where the teachers would agree that there are as many teachers as there should be, if you will accept their impression of what there should be. There are no hotel employees in this province who believe there are as many employees in the hotel as there should be, or that the hotel is as clean as it should be. I think it is clear that this is a highly subjective judgment and I note and give credit to the president, when he says it is in the opinion of the employees, he doesn't assert that it is a fact. He says, very frankly, that in the opinion of the employees they can't do the job required to keep the building as clean as it should be. Now that is hardly surprising. I am sure that any group of employees would strive for higher goals than they now achieve. And that will be true of any hospital in Canada. But having said that, the Member offers absolutely no evidence from any impartial group. No evidence.

**AN HON. MEMBER:** — Bet he hasn't . . .

**MR. BLAKENEY:** — Perhaps he has. Perhaps he's got some evidence from somebody who has been in that hospital, who has some stature of impartiality; not the management, who will obviously say that they have got plenty of staff; not the union, who will obviously say they could use more staff, but the medical health officer who has got no axe to grind and who would clearly indicate it, if he felt that that hospital was filthy. Why wouldn't he? Indeed, why wouldn't he, if he felt there was any doubt? He is not an employee of the Government of Saskatchewan. His inclination would be to play it safe and he has not reported that this hospital is filthy or dirty or that the housekeeping



conditions are below standard. He has not done that, nor has anybody else whom I know, except the union who feels that they would like more employees. Good luck to them. I don't blame them for that. But it is a far cry from that, to support any documentation which will support this allegation that they are filthy. Now that's what I ask the Member for Saskatoon Sutherland and the Member for Nipawin to support, to give me all the documentation. They are my constituents. I think I ought to know. And if you have evidence which is going to come forward in due course, I ask you to put it forward now, so it can be considered by this whole House, at this time, when we are charged with the responsibility of considering the allocation of money to hospitals in Saskatchewan.

May I make one other comment before I sit down. The Regina General Hospital is an accredited hospital, accredited by an accreditation body which operates outside this province, which is national in scope. It was surveyed again in 1976, in December of 1976, I'm told. Those people didn't detect this filth, those people, who have no axe to grind or do not come from this province, apparently felt that this hospital adequately met their standards. Clearly they did not have some evidence available that is available to the Member for Saskatoon Sutherland and the Member for Nipawin. I ask them to put it on the table so it will be available to survey groups, to accreditation groups, to the Regina medical health officer, to the Government of Saskatchewan and I ask them to do it now.

**MR. E.C. MALONE (Leader of the Opposition):** — Mr. Chairman, it is apparent from the debate that has been taking place this afternoon and the debate that took place last night, that very serious allegations have been made by the Member for Nipawin and the Member for Saskatoon Sutherland as to the sanitary conditions at the Regina General Hospital. Indeed, the suggestion that conditions there are filthy is a very, very serious thing to say. Members will be well aware that there are many hundreds of people going through that hospital every day of the week. Members will be aware that if conditions are indeed filthy, as described by the Conservative Members to my left, that poses a definite health hazard to the people of Regina and indeed to the people of Saskatchewan. The Members opposite have been invited to table documents, to give figures, to give names; they have indicated their reluctance to do so. The Premier indeed has accused the Member for Nipawin of perhaps lying. I am surprised that the Member for Nipawin did not respond to that remark by the Premier. I can understand perhaps why he didn't respond, if he doesn't have the documentation that has been asked for. The Members opposite seem to be defending with a rather hollow voice; they have not really brought anything to the attention of the Legislature which would clear up the situation.

Because of the seriousness of the allegations, Mr. Speaker, because of the difficulty we have trying to determine whether the allegations are true or not, I would like to move the following Motion. Moved by myself, seconded by my deskmate, Mr. MacDonald:

That this Committee, pursuant to Section 25 of The Legislative Assembly Act, command and compel the

attendance before this Committee, the Chairman of the Board of the Regina General Hospital, Mr. Hewitt Helmsing, to assist this Committee in determining whether the sanitary conditions of the said hospital are “filthy”.

Mr. Speaker, I would ask that all Members support this Motion. I think that there is one person who will know the conditions of that hospital better than anybody else and that is Mr. Helmsing. I think, in order for us to properly come to some conclusion on these deliberations, that Mr. Helmsing’s assistance is required and accordingly I make this Motion and ask all Members to support it.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. ROMANOW:** — I wonder if, while you are examining it, perhaps you would be kind enough to have the staff give us a couple of copies. That’s the first time we’ve seen the Motion. I know that it’s just handwritten, but I would like to have a couple of copies to study it.

**MR. COLLVER:** — The same convenience might be placed on our caucus as well.

**MR. CHAIRMAN:** — We could perhaps recess for a minute. We have to study it as well and we have only the one copy here. We can get a Photostat of it and bring it back.

Order please. I should like the Members to return to their places.

**MR. BLAKENEY:** — We want to get any evidence we can. We would like to get any we could from the Members opposite. We would like to get any we could from Mr. Helmsing, perhaps to accept the Motion.

**MR. COLLVER:** — Mr. Chairman, we also would like to have Mr. Helmsing appear before this Committee. However, the way the Motion is worded, since in the Premier’s own words the word ‘filthy’ is a subjective phrase, we would like to change this. We would, therefore, like to amend the Motion:

That the word ‘filthy’ be deleted from the Motion and the words ‘not as clean as it should be’ substituted therefor.

**MR. CHAIRMAN:** — Order. What is before the Committee now is the Motion that I have just read and we now have an amendment to that Motion. The debate continues on the Motion as amended.

**MR. ROMANOW:** — Mr. Chairman, I have never found it a more difficult time to speak as I plan to speak now, but I think that most all Members of the House can see what is behind this and we laugh,

and I think that rightly so, but in a sense I want to again say, Mr. Chairman, that this is a very serious matter with which we are dealing.

I have before me and I want to reiterate again, the exact words of the Member for Saskatoon Sutherland (Mr. Lane), not retracted, not apologized for, but supported and repeated today by his Leader, in response to the questions and the statements made by the Premier. Those words are:

We could bring documentation to this House showing that hospitals which are supposed to be the holy sanctum of cleanliness, are filthy.

That is the accusation. The documentation was the Regina Hospital. They say that that hospital is filthy and that that document supports it. Mr. Chairman, nobody in this House could accept that kind of an amendment. That kind of an amendment could be no otherwise interpreted but as an attempt to cover up or to, in effect, weasel out of a very serious allegation that has been made. And I really want to stress the seriousness of the allegation.

One might say that as a junior Member of the Legislature sometimes the choice of words is inappropriate and one can get into a difficult situation, but I hardly think that that can be said of the Member for Saskatoon Sutherland who is a member of the legal profession and who has had some experience here now. I hardly think that that can be said when it is repeated and supported by the Leader of the Conservative Party. I think that the people of Regina and the Regina General Hospital and this Legislature, have the right to know whether or not that accusation, made by the Conservatives, is accurate. I am urging all Members of this House to defeat the amendment.

**MR. R.H. BAILEY (Rosetown-Elrose):** — The debate that is presently before us is one over the use of a word, a word which was used in this particular Assembly I want to tell the Members of this Assembly that upon occasions I, myself, in my profession or in my job, will get a complaint, generally from one who works in the school, that a particular school is just filthy. I will indicate to that person the next time that I am in that general area that I will take a look at the school. Now in the opinion of the person who lodged the complaint with me, his idea was that it was filthy. Upon investigating and taking a look at it myself, generally with the administration of the school, I would say that there were some grounds for complaint. In my estimation it was not filthy, but rather there was negligence on the part of the custodian of that particular school. It also reminds me, Mr. Chairman, of a couple of summers ago, when my wife returned to Norway to visit her ancestors and I was left with the care of the house. When she came back and took a look at the rather neat way that I was looking after her little domain, she said that she thought the house was filthy. I did not agree with her, but I may have agreed that perhaps it was not as clean as she would have kept it.

What I am saying to the Assembly at this particular time is that what may be considered untidy to some is not untidy to some others, and what may be considered as being unclean to some is not unclean to others and certainly what is considered filthy by some would be considered slightly out of order to others.

I submit to the Assembly, I submit to both sides, that the problem which has been raised is a problem of concern. That concern is because of some very serious cutbacks that we have had. The general custodian care of the hospitals has not been maintained as it once was.

I think the House is making a mistake to play upon words at this particular time.

**MR. ROMANOW:** — Mr. Chairman, I should like to make just one comment in response to the Member.

I find, in many ways, some kind of sympathy with what the Member is trying to say, but it is a momentary thing, because the allegation is that a hospital is filthy — hospitals yesterday. This comes from an MLA, who I believe has a higher responsibility to the operation. You can't get around that.

The Regina General Hospital people, when they have that kind of an allegation against them, of being filthy, what can be the option? There can't be any option, Mr. Chairman. I, for one, cannot accept those words and I simply say again, that we should defeat the amendment.

**MR. COLLVER:** — Mr. Chairman, if I might just address myself to the Attorney General's comments.

First of all, at no time in this Legislature or outside the Legislature have we referred to the Regina General Hospital as filthy. Neither did the Member for Saskatoon Sutherland yesterday, nor did I today refer to the Regina General Hospital as filthy. We did bring forward a letter, from the president of Local 176 of CUPE, which states that the Regina General Hospital is not as clean as it should be.

Mr. Chairman, I should like to suggest that this is a very positive step forward, the Motion presented by the Leader of the Opposition (Mr. Malone). The Premier has asked for incidents, specific incidents, of the cutbacks in health care affecting health care in Saskatchewan. And who would be better to appear before this Committee than the Chairman of the Board of the Regina General Hospital? No one that I can think of! The Premier wants to have the allegations, or the suggestion that the hospital care system in Saskatchewan is not deteriorating, laid to rest, and we agree. Let's lay it to rest once and for all and let's bring the Chairman of the Regina General Hospital Board before this Committee and let him testify on what the results are in the Regina General Hospital, as they relate to the conditions of the Regina General Hospital.

But when you introduce the word 'filthy' which is a subjective word . . .

**MR. ROMANOW:** — . . . that is your word . . .

**MR. COLLVER:** — I did not introduce the word, Mr. Chairman, not did my Member introduce the word as it relates to the Regina General Hospital. We will stand on that particular situation and let

the record speak for itself. We did not refer, Mr. Chairman, to the Regina General Hospital at any time, at any time, as filthy.

We would like to see Mr. Helmsing appear before this Committee. Therefore, we suggest wholeheartedly to Members of this Assembly, that they remove the word 'filthy' from this Motion and replace it with the words that were brought forward on behalf of the Regina General Hospital, 'not as clean as it should be'. Then let Mr. Helmsing respond to the questions of the Committee as they relate to what has been put before this Committee. To suggest that we can introduce a motion in which the administrator of a hospital appears before a committee, having had his own hospital called filthy, when at no time was he ever accused of having a filthy hospital . . .

**MR. ROMANOW:** — False . . .

**MR. COLLVER:** — If the Attorney General would like to stand on his feet and say that word for the record, then perhaps we will have a little more to say on that.

**MR. ROMANOW:** — Mr. Chairman, I want to, chronologically, repeat again for the House and for everybody, what transpired.

About 24 hours ago, a little longer than 24 hours ago, your colleague, the Member for Saskatoon Sutherland (Mr. Lane) said these words: Thirty-seventh day, page 91, Committee of Finance, quote . . . I am going to go back a bit to put it in context:

Now, Mr. Chairman, it seems to me that what has to happen over there, because that is 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.

I think that is an interesting political tactic which has to be explained to the people of Saskatchewan as well, but I won't go into that.

We could bring documentation to this House showing that hospitals, which are supposed to be the holy sanctum of cleanliness, are filthy . . .

'Filthy', that is the word used.

. . . because of the lack of money being put in to maintain proper care adequately. You wait, it is coming, there will be lots more.

The transcript will then show that the Member for Saskatoon Sutherland and myself were involved in a lengthy debate. You can read into the record if you want, where I was saying that I wanted to have the name, the documentation that he had. He said to me, in effect, you will get it, but you will get it in our good time. That is the bottom line of a definition.

At no time did he ever say that the word 'filthy' was, as

the Member for Rosetown-Elrose (Mr. Bailey) uses, something that he should not have used. We are going to get it! I begged with him to table it. He still didn't give us the information. This afternoon the House reconvened. Your health critic made some opening remarks. You entered into the debate. The Premier asked you what the documentation was. That was the subject of all of the argument today, the documentation. You recalled the controversy back and forth and you said that here is the documentation tabled. That is the one, the Regina General. Yes, you did, and it was after that, that the Premier and you got into a debate whether or not it was filthy. You tried to make out the case that the letter represented filth; the Premier tried to make out the case that there were complaints, not amounting to filth. That was the debate . . .

**AN HON. MEMBER:** — That was the issue.

**MR. ROMANOW:** — . . . of which then the Leader of the Opposition moved the Motion to resolve the issue on filth. Now that's the record and I am saying to look at the allegation that you have made. Look at the allegation that you made. Hospitals are filthy. How in the world can anybody make that kind of an allegation, and then say, we'll say something other than what we put in the letter of making a claim. I am saying, Mr. Chairman, that that can't be done; politics just can't be run that way. The people who are in Regina General Hospital have a right to know whether the hospital is filthy or not.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. ROMANOW:** — The people of Regina have got a right to know whether or not that hospital is filthy. I have a right, as a Member of the Legislative Assembly, to know whether or not the Regina General Hospital is filthy. And I am saying, Mr. Chairman, let's get on with the vote of the amendment and let's get to the facts of the Regina General situation.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. H.W. LANE (Saskatoon Sutherland):** — Mr. Chairman, perhaps at this point in time it behoves me to say a few words, since I seem to have stirred up this hornet's nest. Mr. Chairman, I was making what I thought was a sincere effort to bring forward what I saw as the course of action open to me as an Opposition MLA, and I say that sincerely. You can reject it, you can accept it; do with it what you want. The point is this, and I don't back off from what I said, it is there in black and white, and I stand by it.

There were two ways to proceed. One of them was to try to cajole — I don't remember my exact words — or to try through constructive criticism to get the Government to accept what we thought were legitimate concerns in relation to health care. Now I said, failing this, we could bring forth evidence of filthy hospitals and it was assumed in that statement, of course, that we could do all sorts of other matters.

Now, at no time did I refer to the specific hospital in question, that has come up for debate today, as filthy. But let

me put this to the House and to the Members of the Assembly. I can look at a dictionary and I can see under the word filthy — and this debate could be ended very quickly. This debate, Mr. Chairman, could be ended very quickly because if we were to come in here with a hundred letters from administrators in Saskatchewan saying that their hospitals were filthy, then the Attorney General would get up and say that filthy is a subjective word and we would agree and we would get on with the business at hand.

Now, is that what we would have to do? Now, there is another course of action open. Look at the English dictionary — it says dirt; filthy means heavily soiled or very dirty. Now, presumably from the letter which was (now hold on for one minute) presumably from the letter which was tabled here today, which we brought forward — presumably from that letter and I took it from this that if it is not as clean as it should be, presumably it is dirty, it is heavily soiled . . . well certainly, filthy is a synonym. Now look, Mr. Attorney General and Members opposite, I have had a bloody nose before. I don't imagine this will be the last one, if that is what is happening. But I am prepared, if it is necessary — and if this will allow the House to go ahead — to withdraw the word 'filthy' from that statement and to replace it with 'heavily soiled'. Now does that satisfy you? All right. Now, Mr. Chairman, let me put it this way. I stand behind the gentleman from CUPE until it is proven differently. I am as interested, of course, as everyone else is, in hearing what Mr. Helmsing has to say about his hospital. I am sure that that will enlighten the House, it will enlighten us.

But, I am prepared, if this becomes a matter of such antagonism, I am prepared to do it right now, to withdraw the word 'filthy'. I am prepared to withdraw it totally.

**MR. S.J. CAMERON (Regina South):** — Mr. Chairman, I served for some years as a member of the Board of Governors of the Regina General Hospital, and therefore, apart from my concern generally as a Member from the city of Regina, I have a particularly keen interest in this one, because I know the workings of the hospital, I know the Chairman of the hospital and I know him to be a man of integrity.

The Member who just spoke indicated that he was prepared to withdraw the word 'filthy'. What I suggest is wrong in what he said, Mr. Chairman, is that this is not an issue involving him personally. The question is not whether he draws a bloody nose out of these proceedings. It has gone far beyond that. He chose yesterday to characterize a hospital or hospitals as being filthy. He said that he would bring before the Assembly, if we wanted it, documentation to prove that there were filthy conditions in a hospital or hospitals. I immediately wondered, and said aloud to him — what hospitals? Does it include the Regina General or the Regina Pasqua hospitals? I drew no response to that question. Now, if the Member chooses to use words that indicate a hospital or hospitals are filthy, the Member has to stand behind what he said. Now, we got a lecture from the Leader of the Conservative Party a year and three-quarters ago, about the need for a higher sense of responsibility in this Assembly. He summoned us all to a higher level of politics than, he said, had been the case in the past. Now one

of his own Members came before the Assembly, as this Member has done, and said in the course of Estimates, that a hospital is filthy. He is asked by Members, all Members, including our Members, to name the hospital. Then he stands and says, well look, I am sorry I used the word filthy; I am prepared to withdraw it. It has gone far beyond that because he has concerned a community of 150,000 people, including some Members of the Assembly who come from the city of Regina, and others as well. Had he himself, yesterday, used the word 'filthy', and then having been challenged on it — withdrawn it, then at that stage it would have been a point that concerned him only, and his privilege and the privilege of all of us as Members — if he could have done it, we would have been happy to have it.

But he didn't choose to do that. He chose to continue on the allegation he made yesterday, joined today by the leader of his party who is not new to this Assembly, and one who I said earlier, challenged us two years ago to rise to a new level in politics in this province. Now, the Member is elected by 10,000 people. What Members say is important; it is important that Members be careful of what they say.

The fact of the matter is, and the record indicates the fact is, that he did describe a hospital or hospitals as being filthy. When he was challenged to provide the information to back up the allegation, he provided information about the Regina General Hospital, which makes it clear that that must have been the hospital that he had in mind when he made the allegation. So, it doesn't now, doesn't now, behove the Leader of the Conservative Party, or indeed the Member, to say that they didn't somehow intend the reference to be the Regina General Hospital. It is the combination of the remark and the documents that have been tabled that make it clear that they did mean the Regina General Hospital. And, as I say, it is an issue which has now gone beyond that particular Member. It is an issue which has gone beyond that leader; it is an issue which affects, particularly, the Members for Regina. It is an issue that affects the entire population of the city of Regina. And, one of the ways, clearly, to get to the nub and substance and the accuracy of the allegation that was made is to have the chairman of the Hospital Board appear before us.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. LANE:** — The Member for Regina South indicated that I had apologized for the remark. I did not. I made no apology for the remark. I hereby withdraw the remark, because it has been a very unfortunate remark. I withdraw the remark 'filthy' from all of my comments in the House. At no time let the record show that I used the word 'filthy' in relation to the Regina General. And I would just simply point out to the Members, once again, the definition of 'filthy' in the dictionary. As surely as we are sitting here today, if there were letters tabled in the House from administrators indicating that hospitals were filthy, the Attorney General and his people over there would be the first to say it is a subjective matter.

But, I am prepared and, in fact, do withdraw the remark 'filthy' from all of my comments. I am wondering whether the Premier and the Attorney General and their cohorts will be as willing to withdraw the kind of accusations they have flung



across the floor, if in fact, Mr. Helmsing comes in here and talks about the hospital and indicates to us that there are some conditions that are not as clean as they should be or that there are conditions which are out of the ordinary. Now, I just wonder about that. We will see what kind of metal they are made of over there. But for the time being, and the record is very clear on this, I withdraw the word 'filthy' from all of my comments.

**MR. CHAIRMAN:** — The question is called. The Motion is on the amendment. The question is on the amendment. It is moved by Mr. Collver from Nipawin, seconded by Mr. Lane for Saskatoon Sutherland, that the word 'filthy' be deleted from the Motion and the words "not as clean as it should be" substituted therefore.

Amendment negatived.

Now I shall call the Motion. It is moved by Mr. Malone for Regina Lakeview, and seconded by Mr. MacDonald for Indian Head-Wolseley:

That this Committee pursuant to Section 25 of The Legislative Assembly Act, command and compel the attendance before the Committee, the Chairman of the Board of the Regina General Hospital, Mr. Hewitt Helmsing, to assist this Committee in determining whether the sanitary conditions of the said hospital are filthy.

Motion agreed to.

I believe I am quite within my rights, that the Chairman of the Committee now invites Mr. Helmsing, at the earliest possible time that can be arranged, for himself and the Committee, to meet. And might I suggest to the Committee and ask for their recommendation — is it the wish of the Committee that the Chairman should invite Mr. Helmsing this evening, if possible, and report on this Motion that is now before us?

**MR. ROMANOW:** — I should like to make the suggestion that you, through the staff, contact Mr. Helmsing and see what his agenda is, what his timetable is, and report to us in due course. We are here, so presumably we can be a little bit flexible with respect to his timetable and schedule. It is obviously not convenient now before 5:00 o'clock. It may not even be convenient tonight to start. But, I would suggest that we leave this in your good hands, and for you to interrupt the proceedings when you have some information as to his availability and we will make ourselves available at that time.

**MR. MALONE:** — Mr. Chairman, just speaking to the matter that you have raised and the matter the Attorney General raised; I think it is very important that Mr. Helmsing's evidence be given to this Committee in a manner that will be untainted, that there will be no suggestion that any Member of this Legislature or anybody working for Members of this Legislature contacted Mr. Helmsing to tell him what has happened today and what has happened in the past debates. I think it is important that he comes here with an open mind, and is not in any way influenced by any Member sitting on either side of you.

Accordingly, Mr. Chairman, I would move, seconded by my deskmate, Mr. MacDonald that:

Pending the appearance before this Committee of the Chairman of the Regina General Hospital and the completion of his evidence, that no Member of the Assembly, or anyone on behalf of any Member, contact, talk to, or in any way attempt to influence the evidence before being given.

And I just suggest, Mr. Chairman, that as a result of that Motion and I ask Members to support it, that the attempts to get Mr. Helmsing here before this Assembly be done by the Clerk or somebody in the Clerk's office, or somebody in the Department of Health, and that all Members refrain from talking to Mr. Helmsing until such time he is here, and he gives his evidence before this Committee.

**MR. BLAKENEY:** — Mr. Speaker, Mr. Chairman, I think that I basically agree with the Motion. Mr. Helmsing is the Chairman of the Hospital Board, and in the course of dealings between that Board and the Department of Health, there will need to be contact. Therefore, we should have Mr. Helmsing here soon, so that the embargo on contact is as short as possible and I think that's an understandable point. The Department of Public Health people can decline to contact Mr. Helmsing for a day or two days but if we let it go on for weeks, it is obviously going to be a very, very inconvenient embargo.

So, I agree with the Motion and will vote for it, and I do so on the assumption that we are going to have Mr. Helmsing here with all deliberate speed. And I make the other point that while there is no way we can dictate to the press whether or not they contact Mr. Helmsing, we could ask somebody, on behalf of this Committee, to suggest to Mr. Helmsing that he gives no press interviews until he appears here. Now I think that's not too much to ask. We don't need to include that in the Motion, if there is some general agreement.

**AN HON. MEMBER:** — Mr. Chairman, if I might speak to the Motion.

**MR. CHAIRMAN:** — . . . debate any further on the Motion. I would like to put the Motion, and I think it only proper that we do that, as moved by Mr. Malone for Regina Lakeview; seconded by Mr. MacDonald for Indian Head-Wolseley, which is:

That pending the appearance before this Committee of the Chairman of the Regina General Hospital and the completion of his evidence, no Member of the Assembly nor anyone on behalf of any Member, contact, talk to, or in any way attempt to influence the evidence before being given.

We find the Motion in order.

**MR. MALONE:** — Mr. Chairman, may I just say a brief word about the Motion. All I wish to say, Mr. Chairman, in response to the Premier's comments about the somewhat urgency of the matter of

getting Mr. Helmsing here, is that if it proves impossible to get him here tonight or tomorrow, the Motion can be amended or rejected and so on, and other motions can be put in. I feel that there is a somewhat urgent situation, and I hope arrangements can be made to have Mr. Helmsing here tonight or at the very latest tomorrow. If that doesn't prove to be possible, then another motion can be put forth.

**MR. COLLVER:** — Mr. Chairman, I agree with the intent of the Motion, that is that the Members of this Legislative Assembly, and anyone on their behalf not contact Mr. Helmsing. But to suggest, as this Motion does, that a man of Mr. Helmsing's calibre can be influenced by Members of this Legislature, and that the Chairman of the Board of the Regina General Hospital can be influenced by a member of the staff of someone in this Assembly, is absolute nonsense. Mr. Chairman, it is not our intention to vote for this Motion.

**MR. MacDONALD:** — Mr. Chairman, I should like to ask the Leader of the Conservative Party to please listen carefully. The intent of that Motion was not directed at Mr. Helmsing, it was directed at the Members of the Legislature and all people associated with them. It does not intend to impugn any kind of a motive or any kind of a lack of integrity on behalf of the Chairman of the Regina General Hospital Board. It is an expression of concern and of protection for all Members of this Assembly and all people who work for Members or are associated with Members of this Assembly, because the first question that I am going to ask Mr. Helmsing when he comes here is: with whom has he discussed this? I wouldn't want him to say somebody who was associated with me or the Liberal Party or the Conservative Party, or anything else. The Motion is not directed at Mr. Helmsing. It is directed at us and our associates in order to have this above and beyond the suspicion of anybody, particularly the general public.

**MR. COLLVER:** — Mr. Chairman, I must reply to that because since the Motion has just now been passed, I must tell you that I have, in fact, discussed this situation with Mr. Helmsing. There is no intent to go back and talk to Mr. Helmsing now. I want to make this clear to the Assembly. I did in fact, before discussing the priority debate which we submitted to this Assembly, naturally discuss the matter with the Chairman of the Board of the Regina General Hospital, prior to our submission of that particular priority of debate motion. Mr. Chairman, I am going to have to read the record tomorrow to know what I said that was so funny.

However, in my judgment, this particular Motion does, in fact, impugn the integrity of Mr. Helmsing. And I ask the Chairman to read it once again for the Members of this Assembly, to read it once again and for them to ask themselves whether they would like that kind of a motion passed on their behalf in an Assembly of the Province of Saskatchewan.

**MR. CAMERON:** — Mr. Chairman, two comments. One is that, I think I said not ten minutes ago, it was clear from two facts — one, the

allegations made yesterday by the Member, that a hospital was filthy; the second, that today he tabled a document relating to the Regina General Hospital — that it was clear from those two facts that he was referring to the Regina General Hospital in his allegation that one was filthy. Now the Member for Nipawin, the Leader of the Opposition (Mr. Collver) in his remarks has clearly confirmed that it was exactly the General Hospital they had in mind. He confirmed that in having said that he talked to the Chairman of the Hospital Board before introducing the Motion today.

Now the question is, the question is, why? Why, as I said just a few moments ago, when it was clear from the two facts, that he had talked about a filthy hospital yesterday, and today he files a document relating to the General Hospital, why then did he rise and again, with the approval of his leader, indicate it wasn't the Regina General Hospital he was referring to? He did this at a time when his leader was fixed with the knowledge that indeed it was the Regina General Hospital to which he was referring. It could be none other, in view of what the Member for Nipawin has just indicated.

The second thing is clear. The Member for Nipawin wonders what it was that was so funny about what he said. It is that, the moment he said it, it occurred to all of us that he had in that breath confirmed that it was the Regina General Hospital they were referring to all the while.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. CAMERON:** — The second point is this. Just as inaccurate as the other points the Member has been making, is his suggestion that this Resolution, in any way, impinges upon the integrity of Mr. Helmsing. Well, I can tell you that it does not and it never will, despite what you say. As the Member for Indian Head-Wolseley indicates, the Resolution is clearly directed to the Members of the Legislature. It says to them — don't go away from here and in any way attempt to put any pressure upon the Chairman of the Regina General Hospital Board. Don't go away from here and try to influence any of the evidence that may come before us. That's a fairly standard embargo, as the Premier has indicated. When a witness is to appear before a committee such as this, or a witness is to appear in almost any circumstance, there is generally a prohibition on people, who are interested in the matter, from talking to the witness. Why? Not because anybody is concerned about the integrity of the witness, but because they are concerned that Members may try to influence the witness and put the witness in a very difficult position. Now I want to make it very clear that this Resolution which comes from this side of the House in no way, in no way, suggests that the Chairman of the Hospital Board is anything but a man who is dedicated to his work and a man of integrity. And it is directed principally to Members in the Conservative Party who may, between now and the time we hear the evidence, try to influence it.

So I say, Mr. Chairman, that in that second respect, and I want to make this abundantly clear, despite what the Member for Nipawin says, that the wording of the Resolution is clear, it is in no way directed at Mr. Helmsing. It is directed to prevent the Member for Nipawin and some of those Members from trying to

go to him in advance and influencing him in some way.

**MR. COLLVER:** — Mr. Chairman, I am pleased to hear the Member for Regina South make these remarks about trying to influence witnesses and certainly, from our point of view, we will not contact Mr. Helmsing, nor will, I imagine, any Member of the Government or the Department of Health, or the Premier's office, or will anyone else attempt to contact Mr. Helmsing between now and when he appears before the Committee, notwithstanding the Premier's riders that he places on these remarks.

Secondly, I would like to clarify for just a moment — well I heard riders over there. I would like to clarify for just a moment the suggestion of the Member for Regina South that I couldn't see what was so funny. We received a letter from the president of the Local 176 of CUPE . . .

**MR. ROMANOW:** — As per your request . . .

**MR. COLLVER:** — . . . it doesn't say as per your telephone request, it says as per our telephone conversation, Attorney General. Well that's funny too. I hope that the Member for Regina South jumps right in there with the Members opposite and continues this banter of words, while our hospital system is deteriorating. I hope he jumps right on board with them — right on board with them. Mr. Chairman, I want to clarify this once more to the Members of this Assembly. We received the letter from a president of a local union indicating unclean conditions. As a result of that letter, naturally I telephoned the Chairman of the board of that hospital to check the letter out and to ensure whether or not the letter had any basis in fact on both sides of the coin. That checking was done today. I passed that along to the Members of this Assembly. I did not state that the Regina General Hospital was filthy. The Member for Saskatoon Sutherland did not state that the Regina General Hospital is filthy. Nor have we implied today that the Regina General Hospital is filthy. The reason that the Member for Saskatoon Sutherland withdrew the word 'filthy' is very clear. We would like the Chairman of the Regina Hospital Board to come in to this Assembly and express, rationally, the views of what the cutbacks have done to the health care system of Saskatchewan, not lock into a word which you can't possibly accept, but to discuss, in fact, what has happened to the hospital care system in Saskatchewan.

I hope when the witness appears before this Assembly, that the Members will not be hung up on a word and that they will listen more to the facts as presented by the Chairman of the Hospital Board of the Regina General Hospital.

**MR. CHAIRMAN:** — The question is called. The Motion that you are voting on is:

That pending the appearance before this Committee of the Chairman of the Regina General Hospital and the completion of his evidence, no Member of the Assembly nor anyone on behalf of any Member contact, talk to, or in any way attempt to influence the evidence before being given.

All those in favour of the Motion please say aye. Opposed, say no. The Motion is carried. I would like to add that I am in agreement with the wording of the Motion and that I, as Chairman, should be excluded. Therefore, I am going to ask the Clerk of the Assembly to make the arrangements.

**MR. MALONE:** — Mr. Chairman, I wonder if you could give us some indication whether the Clerk can do that now, or just what sort of time frame we are looking at. I, for one, and I think the Members on this side, the Liberal Party, would like to deal, if possible, with the matter this evening. I am not sure about Mr. Helmsing's availability. I don't know what other Members think, but perhaps we could make some determination right now as to whether Mr. Helmsing can be here at 7:00 o'clock.

**MR. CHAIRMAN:** — I might say to the Assembly that we are now, and I say we, the Clerk's staff, has already undertaken the business of trying to locate Mr. Helmsing, and we hope to report to you very quickly.

**MR. ROMANOW:** — Mr. Chairman, we are still on Item 1, I think. Mr. Chairman, yesterday the Member for Saskatoon Sutherland, speaking on the 37th day of the Committee of Finance, said quote:

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 in, to maintain proper care adequately. You wait, it's coming. There will be lots more.

I have no right to ask the Leader of the Conservative Party a question and he can sit and not answer it, it is his right, but I would like to know if the Conservative Party Leader, through the Member for Saskatoon Sutherland, has any other documentation, as of this time and this date, respecting any other hospitals in Saskatchewan which are filthy because of lack of money being put in, to maintain proper care adequately?

Mr. Chairman, I would like to draw to the attention of the Members of the House, that speaking yesterday, the Member for Sutherland made these remarks which I don't think I need to repeat. I would like to ask the Member for Saskatoon Sutherland whether or not there is any other documentation which he has not yet tabled in this House, which shows that there are other hospitals which are filthy because of the lack of money being put in, to maintain proper care adequately?

Mr. Chairman, I want the record to show that the Leader of the Conservative Party and the Member for Saskatoon Sutherland have no response to that request for information. I want the record clearly to show that, because only one of two reasons could be behind the failure to make any response. Either, one, there is no documentation respecting the filth of hospitals in Saskatchewan, therefore, they are silent. Or, two, there is documentation of filth which they have, but they do not seek to bring it forward to the people's attention and to the attention of the Department of Public Health for immediate rectification.

Now, Mr. Chairman, just in the eventuality that it could be the second alternative, namely, that they do have documentation of filth; I am asking them one more time, because I want to know as an MLA and as a Member of the Government, if there is documentation of filth, so that we can take the appropriate action. I want to know so that we can eliminate the shadow of doubt that has been put on approximately 140 hospitals in Saskatchewan. I want to know where that documentation is, so that in case there is any potential health hazard we can act. And, I ask again, either the Leader of the Conservative Party or the Member for Saskatoon Sutherland, the specific question — do they have any documentation which indicates that hospitals are filthy because of lack of money being put in, to maintain proper care adequately? I will take my chair in the hopes that one of the two Members will rise to give the public of Saskatchewan and the people that assurance. Mr. Chairman, may I ask that you call it 5:00 o'clock?

**MR. CHAIRMAN:** — It has been moved by the Attorney General, it now being 5:00 o'clock, I do now leave the Chair until 7:00 o'clock this evening.

**MR. MALONE:** — Mr. Chairman, before you leave the Chair, do we have any word from the Clerk?

**MR. CHAIRMAN:** — I am unable to get in touch with the Clerk yet, but I certainly will be making every effort over the supper hour to get in touch with him.

The Assembly recessed from 5:00 o'clock to 7:00 o'clock p.m.

**MR. CHAIRMAN:** — Order, order, please. I first want to introduce to the Committee, Mr. Hewitt Helmsing, Chairman of the Board of the Regina General Hospital. I thank Mr. Helmsing for agreeing to meet with us on such short notice.

For the clarification of the witness, and all Members of the Committee, I intend to outline several procedures which I believe we should follow.

Firstly, all questions to the witness and all answers from the witness must be directed through the Chair.

Secondly, no Member may debate with the witness. Mr. Helmsing has been invited here tonight to answer questions that Members may wish to ask, but it is not fair to the witness to involve him in the debate nor to be expected to debate with any Member.

Thirdly, I refer to Section 29, (1) and (2) of the Legislative Assembly Act which states:

- (1) Any standing or special committee of the Assembly may require the facts, matters and things relating to the subject of any inquiry to be verified or otherwise ascertained by the oral examination of witnesses or otherwise and may examine such witnesses upon oath.

(2) The chairman or any other member of such committee may administer to any witness an oath or affirmation in form A or form B.

Therefore, I interpret this section to mean that I may issue an oath to the witness but I intend to carry out the proceedings tonight without such an oath unless requested to do otherwise by any Member of the Committee. The question directed to the witness must pertain to the matter raised in the Resolution of Invitation which was agreed to by the Committee earlier today.

Are there, then, any questions to be directed to the witness?

**MR. ROMANOW:** — Mr. Chairman, I am reluctant to make this suggestion, but I do believe, that since this matter is a fairly serious matter, that Mr. Helmsing should be sworn in. I believe that The Legislative Assembly Act has a form for the Oath of Witness. I am sure that he won't object to this and it, of course, does not carry any special implication to the request, but I think to put everything beyond any doubt, he should be sworn in so I would ask that Mr. Helmsing be sworn in. Then I would like to start, with your permission, and just ask a very few questions.

### **SWEARING IN OF MR. HEWITT HELMSING**

**MR. CHAIRMAN:** — Place your hand on the Bible, please.

Do you swear that the evidence you shall give on this examination shall be the truth, the whole truth, and nothing but the truth, so help you God?

**MR. HEWITT HELMSING:** — I do.

**MR. E.C. MALONE (Leader of the Opposition):** — Mr. Chairman, I am not rising to ask Mr. Helmsing any questions. I am rising merely to make a few comments to echo your remarks that you have made and to thank Mr. Helmsing for responding to the Command of the Legislature (that's the way it's worded of course in the Act), and to assure Mr. Helmsing that we have invited him to come here tonight and not in any way to embarrass him or to discredit the Board of Governors of the Regina General Hospital. We want to assure him that the reason for his presence here is as a result of certain allegations that have come about in the debate in this Committee and I certainly hope that Mr. Helmsing will be of assistance to us in our deliberations. I want to welcome him here and to assure him that we will not in any way be asking him questions that could be embarrassing or could put him in any difficult position. We are merely here tonight to determine the facts of the situation at the Regina General Hospital and I am sure that he will be of great assistance to us in coming to that conclusion.

**MR. ROMANOW:** — Mr. Chairman, I think that I must also concur in the remarks made by the Leader of the Opposition with respect to the purpose and the intent of the procedure today, a procedure which is a fairly unusual procedure as far as I know. I have been around now ten years in the Legislative Assembly and I think



that it is certainly a first for me. So, Mr. Helmsing, whatever else comes out of this, you can rest assured that you will be part of a first in Saskatchewan history. I don't know if that makes you feel any better or not. Mr. Chairman, I would like to perhaps just set the tone and ask a few brief questions. Forgive me if I direct them directly to Mr. Helmsing; I will try of course to go through you, but I don't want to preface every question by going back to you, Mr. Chairman, unless you think it is out of order.

First of all, Mr. Helmsing, you are the Chairman of the Regina General Hospital here in the city of Regina. Is that correct?

**MR. HELMSING:** — That is correct sir.

**MR. ROMANOW:** — And how long have you been the Chairman of the Regina General Hospital?

**MR. HELMSING:** — Mr. Chairman, through you to the Hon. Member, I have been Chairman for a number of years; I am trying to recall and I think I became Chairman of the General Hospital Board around the year 1971. At that time the hospital was owned by the city of Regina, subsequent to the transfer of the hospital to the jurisdiction of the Government of Saskatchewan. I was appointed Chairman and I have been Chairman since that time.

**MR. ROMANOW:** — Mr. Helmsing, were you a member of the Board, apart from being chairman, prior to that time in 1971?

**MR. HELMSING:** — Yes, I was a member of the Board back in the years 1966-1968, inclusive. Two of those years I was vice-chairman. That was at a time when I served as a member of the Regina City Council.

**MR. ROMANOW:** — Again, I appreciate that you may not have all of your information here because of the shortage of time that was available to you, but I wonder if you would be kind enough just to set the background for us and give the names of the other Board members of the Regina General, as of today's date. Can you give us as many as you can if you don't have them all handy?

**MR. HELMSING:** — Yes, I think I can detail for you the membership of the Board of Governors, which is dictated by statute of this House. Perhaps I should indicate to you how the representation is gained. The legislation provides for the appointment of the board to be representative of the community and tries to encompass all areas of our community life. Also, in the terms of the reference of the transfer of the hospital, the city of Regina has an opportunity to have input into the appointment of at least two of the members and this is done by a panel being submitted by the city of Regina to the Lieutenant-Governor-in-Council, who then makes the final appointment of the board members.

The Board consists then of myself as Chairman, Mr. Sorrel Steinberg as the Vice-chairman . . .

**MR. ROMANOW:** — You might just identify whether they are the two city nominees, or from the provincial . . .

**MR. HELMSING:** — I believe that Mr. Steinberg fulfils the role of one of the city nominees. The other city nominee is Alderman Clive Rodham, who is a sitting member of Council at the city of Regina. Other members include Mr. Ian Rogers, who at the time of his appointment was the Deputy Minister of Government Services and is presently a staff member of the Department of Health. Mr. Lloyd Matheson is another member, as is Mr. Bill Leonard, former Executive Secretary of the Saskatchewan Government Employees' Association. Two others are, Mrs. Marion MacPherson and Mr. Mel Derrick, who is the Deputy Minister of Health, and a representative of the department. I think I have covered the members basically.

**MR. ROMANOW:** — Yes, fine. If another name comes to you, don't hesitate to interject and throw it in. Mr. Helmsing, I feel I am obligated to ask this question as a result of some other Motions which were passed in the Legislature earlier today. Have you been contacted by any Member of the Legislative Assembly of this House with respect to this matter, the Resolution, which is the subject matter of the discussion today, since 4:00 p.m. of this afternoon?

**MR. HELMSING:** — No, I have not.

**MR. ROMANOW:** — And I would also ask you, whether or not you have been contacted by any other person or individual who is not a Member of the Legislative Assembly, but who represented to be calling on behalf of such a person of the Assembly?

**MR. HELMSING:** — No, I have not sir.

**MR. ROMANOW:** — Now, Mr. Helmsing, just one or two questions about the Provincial Department of Public Health.

I take it in your years as a member of the Board of the Regina General Hospital and now as Chairman, it would be part of your duties to be in fairly frequent contact with many of the senior officials of the Department of Public Health of Saskatchewan. Am I correct?

**MR. HELMSING:** — That is correct sir.

**MR. ROMANOW:** — Quite obviously that's the case because of the composition on the Board of Governors as you have indicated, Mr. Rogers and Mr. Derrick, as examples.

**MR. HELMSING:** — Absolutely, and I think it must be recognized that the Regina General Hospital is one of a number of Crown hospitals.

**MR. ROMANOW:** — Yes. And would it also be safe to say you know the senior officials on a first name basis in the Department of Public Health?

**MR. HELMSING:** — Yes, that is correct.

**MR. ROMANOW:** — And is it correct to say that apart from this present situation, leaving this out of consideration for the time being, you know them and you would be able to deal with them on a first name basis if any particular problem arose that affected them and concerned them as it related to the Regina General? You would be able to quickly get to them by way of a phone call or by way of correspondence, communication or something of that nature?

**MR. HELMSING:** — Absolutely.

**MR. ROMANOW:** — And I assume that you have confidence in the administrative abilities and the administrative dealings of those senior officials of the Department of Public Health as they relate to you in your capacity as Chairman of the Regina General Hospital.

**MR. HELMSING:** — I have always found the officials to be of a high calibre and people with whom I have been able to discuss, quite frankly, the problems and the concerns which I have had, or the Board has had, over the years.

**MR. ROMANOW:** — Now, Mr. Helmsing, again I am a Saskatoon MLA and I am not quite sure even how it is done in Saskatoon, let alone how it is done in Regina, and you will bear with me if I perhaps am uncertain in my terms or perhaps in some of my facts.

But am I correct in saying that the city of Regina's Health Department employs a medical health officer whose responsibility it is to periodically inspect and maintain health standards generally in the city of Regina and that also includes the Regina General Hospital?

**MR. HELMSING:** — Yes, I believe that to be the case.

**MR. ROMANOW:** — Pardon me.

**MR. HELMSING:** — I believe that to be the case.

**MR. ROMANOW:** — Putting it another way, it is the city of Regina's responsibility to ensure the maintenance of good and safe health standards generally?

**MR. HELMSING:** — I believe those to be the terms of reference of the department.

**MR. ROMANOW:** — Yes. In fact, I should have asked you this at the

beginning, but you are Mr. Helmsing, or were I should say, an alderman of the city of Regina?

**MR. HELMSING:** — Yes, that's correct.

**MR. ROMANOW:** — How long were you an alderman of the city of Regina?

**MR. HELMSING:** — I was an alderman for a period of four years, upon which I retired.

**MR. ROMANOW:** — Voluntarily or involuntarily retired?

**MR. HELMSING:** — Voluntarily, not retired by the taxpayer, quite voluntarily.

**MR. ROMANOW:** — Very good. And quite obviously then, you have confidence in the capacity of the city of Regina's Health Department to carry out its duties, these duties that we have talked about?

**MR. HELMSING:** — Well, that's debatable, Mr. Chairman. You know I have not always agreed with the administration of the city of Regina, quite frankly. I have had some concerns, quite frankly, about the administration of the city of Regina generally, but you know I assume they are there to do a job, and the council of the day must have confidence in them.

**MR. ROMANOW:** — Well, when you were a council member, I assume that you had confidence in the city of Regina's Health Department?

**MR. HELMSING:** — Yes, generally I had confidence in the department.

**MR. ROMANOW:** — Otherwise you would have raised and made some objections if you didn't.

**MR. HELMSING:** — Which I did on a number of occasions, with a number of departments.

**MR. ROMANOW:** — What form did these objections take?

**MR. HELMSING:** — You are asking me to go back about ten years, Hon. Member, and I am not sure that I am able to recall, at the present time, the concerns I had at that time. I am not saying the concerns I may have had then would be the concerns I have today because I am not really aware of the functioning of the department. I think there are areas in all our departments which can be considerably improved.

**MR. ROMANOW:** — Well, let me put it to you

bluntly. Is it correct to say that you have confidence in, generally speaking, the ability of the city of Regina Health Department to do the job of maintenance of health standards today as you know it? I am not talking about improving it. We can improve the Department of the Attorney General; we can improve the Department of Health and the working of MLAs. The question is whether or not it generally fulfils its functions.

**MR. HELMSING:** — I suppose in the general term they do fulfil the basic purposes of their terms of reference. There are a number of times when I have had concerns that perhaps they don't have the legislative authority to carry out work or concerns that I have raised, a number of matters, not particularly dealing with the hospital, but concerning the Regina Housing Authority and other areas in which matters haven't been followed up as they might ought to have been followed up.

**MR. ROMANOW:** — Do these people in the city of Regina contact, on a regular basis, the Regina General Hospital as part of their duties? Do they not review the health standards of the Regina General Hospital on a regular basis?

**MR. HELMSING:** — I would think they probably do, given their terms of reference and the number of personnel they have. I would assume that, and I understand that this has been carried out.

**MR. ROMANOW:** — Are you not personally . . .

**MR. LARTER:** — Mr. Chairman, could we have the Attorney General go through the Chair, please?

**MR. CHAIRMAN:** — I will mention again, as I did earlier, that I would appreciate if both men would address the Chair. I do realize that it is difficult when the witness is at the other end of the building.

**MR. ROMANOW:** — Mr. Chairman, I would like to ask the witness whether or not, in his capacity as Chairman of the Regina General Hospital, he is aware that on a more or less regular basis, the city of Regina Health Department carries out an inspection of the Regina General Hospital facilities?

**MR. HELMSING:** — A question I can answer with a positive, Yes.

**MR. ROMANOW:** — Who is the medical officer, Mr. Chairman, I would ask the witness, of the city of Regina Health Department?

**MR. HELMSING:** — Dr. John Chiao.

**MR. ROMANOW:** — Is the witness able to tell us, Mr. Chairman, how long Dr. Chiao has been the medical health inspector?

**MR. HELMSING:** — I can't tell you precisely but I believe it has been for a good number of years.

**MR. ROMANOW:** — Was, can the witness tell us, Dr. Chiao the medical health officer at all relevant times when the witness was an alderman for the city of Regina?

**MR. HELMSING:** — Yes.

**MR. ROMANOW:** — Can the witness tell us, to the best of his knowledge, if indeed Dr. Chiao is currently the medical health officer?

**MR. HELMSING:** — Yes he is, I believe, unless something has changed today.

**MR. ROMANOW:** — Right, as of today. Mr. Chairman, I would like to ask the witness whether or not he is aware that on or about December 3, 1976, Dr. Chiao, in his capacity as medical health officer for the city of Regina Health Department, carried out and reported on an annual inspection of the Regina General Hospital pursuant to his duties?

**MR. HELMSING:** — Dr. Chiao himself, or a representative of Dr. Chiao?

**MR. ROMANOW:** — Dr. Chiao or a representative of Dr. Chiao.

**MR. HELMSING:** — Yes, I believe the representatives of the city Department of Health carry out an inspection on their own.

**MR. ROMANOW:** — Well, Mr. Chairman, would not the witness agree, I don't want to get into a word game, that when an annual inspection takes place the medical health officer (I realize the Conservatives think this is funny but I am very serious about this), whether it is the representative of Dr. Chiao or Dr. Chiao carries out through his officials an annual inspection of the Regina General Hospital and reports to the Regina General Hospital the results of such an investigation, is that correct?

**MR. HELMSING:** — That is correct.

**MR. ROMANOW:** — Okay, so now we understand each other. Dr. Chiao, or his representatives, on or about the early part of December, 1976, to your admission, carried out such an annual inspection of Regina General Hospital. Is that correct?

**MR. HELMSING:** — That is correct.

**MR. ROMANOW:** — And were you made aware of the contents of a letter which comprised the report of Dr. Chiao to the Executive Director of the Regina General Hospital dated December 3, 1976, which outlined the results of that annual inspection?

**MR. HELMSING:** — I am not aware of the contents of the letter other than to say that it was reported that the inspections had taken place.

**MR. ROMANOW:** — And was it also reported to you that not only did the inspection take place but that there was nothing untoward or unsatisfactory, from a Regina Health Department Medical Health standards point of view, regarding the Regina General Hospital on that inspection?

**MR. HELMSING:** — That is correct.

**MR. ROMANOW:** — Mr. Chairman, I should like to read this letter and then ask the witness if he knows about it. I have a letter, which I shall table, dated December 3, 1976, to Mr. Gilles. Who is Mr. Gilles?

**MR. HELMSING:** — He is executive director.

**MR. ROMANOW:** — Executive Director of the Regina General Hospital. Can you tell us how long he has been executive director?

**MR. HELMSING:** — Mr. Gilles has just completed one year with the Regina General Hospital.

**MR. ROMANOW:** — Pardon me, for one year?

**MR. HELMSING:** — Yes, he just completed one year.

**MR. ROMANOW:** — The letter says, dated December 3, 1976:

Re annual inspection of the Regina General Hospital

Dear Mr. Gilles:

As you are aware an inspection was made of the Regina General Hospital. The following items are for your information and consideration.

1. Food and food service. Recommend replacing the worn seals of the reach-in coolers located in the main kitchen. Recommend that in the canned good storage area, the bottom shelves be raised above ground level. Recommend placing the stained ceiling tiles in the lounge and dining room kitchen. The general operation of main kitchen and ward kitchens were found to be excellent.
2. Housekeeping. In general, the housekeeping procedures are satisfactory.
3. Control of vermin. No apparent major problem. Contract work handled by Superior Disinfecting and Fumigating Limited.
4. Waste disposal. General procedure satisfactory.

5. Plumbing and drainage. No major problems.

6. Laundry. Handled in a satisfactory manner through Central Laundry Hospital Services.

7. Heating, lighting and ventilation. No apparent major problems.

The general operation of the hospital is found to be satisfactory considering the age of the building. Thanks to you and your staff for your co-operation during the inspection.

Yours truly,  
P.Y. Chiao, MD and PH Medical Health Officer.

I would ask the witness whether or not he has seen a copy of this letter which I have read?

**MR. HELMSING:** — I have not seen a copy of the letter, Mr. Chairman, but I have been advised of the contents of that.

**MR. ROMANOW:** — The general contents of it?

**MR. HELMSING:** — Right.

**MR. ROMANOW:** — And as you indicated, the conclusion which was reported to you as a result, and I realize as Chairman you rely on the advice that you get, from your point of view no problems arose as a result of that annual inspection. Is that correct?

**MR. HELMSING:** — That is right.

**MR. ROMANOW:** — Is it correct that a body or an organization called the Canadian Council on Hospital Accreditation carries out this something, which is called accreditation?

**MR. HELMSING:** — That is correct.

**MR. ROMANOW:** — Am I correct in saying that such a survey is carried out by this body on a more or less regular basis of all hospitals, to the best of your knowledge? Or most hospitals?

**MR. HELMSING:** — For most hospitals that have accreditation, a survey is carried out generally every two years. There are a number of hospitals, and I think this is common knowledge, that are not accredited in the smaller institutional settings. I should probably point out that accreditation is necessary if you are to have training programs within your institution and it is imperative that major hospitals that are involved in teaching programs have that accreditation. A hospital that does not have accreditation and wishes to seek accreditation will apply to the council and there will be an inspection. There are minimum standards which are required to meet accreditation. I have to say 'minimum' because that is the way in which the regulations of that body are phrased. When you receive accreditation you



meet, at least, minimum standards. What those standards are, are determined, again, by that body of people.

**MR. ROMANOW:** — Am I correct in saying this to the witness, Mr. Chairman, that accreditation is something which a major hospital generally seeks. It is something that is important, not only for the business of teaching, but in a sense, it is a form of approval, if you will.

**MR. HELMSING:** — Certainly, it is a mark of recognition, certainly it is.

**MR. ROMANOW:** — It is correct to say that the Regina General Hospital would value that accreditation?

**MR. HELMSING:** — Absolutely, we wouldn't want to be without it.

**MR. ROMANOW:** — Do you have any quarrel, to your knowledge, with any of the officials below you as Chairman? Do they have any quarrel with the body which carries out the survey for the purpose of accreditation, in terms of the competence and the ability of the people carrying out the survey?

**MR. HELMSING:** — No, we have never had any quarrel. There have been times when we questioned some of the recommendations, however, we usually reach a satisfactory understanding between our administration, our board and the officials of the accreditation council.

**MR. ROMANOW:** — My point is this, Mr. Chairman, to summarize it all, it is correct to say and I would ask you to agree or disagree, that the Canadian Council on Hospital Accreditation is a respectable and prestigious body in the field of hospital surveying in terms of accreditation.

**MR. HELMSING:** — That is correct.

**MR. ROMANOW:** — How frequently are these accreditation surveys done in regard to the Regina General?

**MR. HELMSING:** — Generally it has been every two years. If the hospital is found to be deficient in areas, they may well give you provisional accreditation, which means that you are probably given a year to improve those areas which they deem necessary to be improved.

There was a point, not too many years ago, where the hospital was given a provisional accreditation and this primarily centred around the facility, the old facility, that we had. We had provisional accreditation, however, we were able to obtain the funds to make the necessary adjustments so that we, again, were restored to full accreditation. We have, I think in the last year, been given full accreditation once again, full accreditation, Mr. Chairman, along with a good number

of recommendations. These recommendations don't concern just the physical plant, but concern the operation of the hospital from the administrative point of view, from the keeping of medical records to medical audit, to a number of areas that arise in the running of a medical care institution.

**MR. ROMANOW:** — It is the overall operation as you say, of the institution.

**MR. HELMSING:** — That's right.

**MR. ROMANOW:** — By the way, do you know a person by the name of A.L. Swanson, MD; FACHA (Fellow American College of Hospital Administration), Executive Director?

**MR. HELMSING:** — Mr. Swanson is the Executive Director unless something has changed today.

**MR. ROMANOW:** — I think I have heard of this name as well; I think he is a Saskatchewan person. Is he not a Saskatchewan person?

**MR. HELMSING:** — I couldn't tell you, I am not aware of that.

**MR. ROMANOW:** — In any event you know him; you have met him on a regular basis and you have confidence in his integrity?

**MR. HELMSING:** — I have never met Dr. Swanson. I have seen his name frequently on communications that have passed over my desk.

**MR. ROMANOW:** — Okay. Mr. Chairman, would the witness tell the Legislature, if this is correct: that on or about the 22nd, 23rd and 24th days of September, 1976, a survey was conducted by the Canadian Council on Hospital Accreditation of the Regina General Hospital?

**MR. HELMSING:** — Yes, that is right.

**MR. ROMANOW:** — Mr. Chairman, would the witness tell the House if it is correct that on or about December 13, 1976, a formal communication was received by the hospital people from one A.L. Swanson, MD, of the Canadian Council on Hospital Accreditation, formally advising the Regina General that the council had awarded accreditation status to the hospital for a period of two years?

**MR. HELMSING:** — That is correct.

**MR. ROMANOW:** — Are you familiar with that accreditation report?

**MR. HELMSING:** — Yes, I am.

**MR. ROMANOW:** — Is it correct to say that the

report, apart from having a few relatively minor, I am not saying important, but relatively minor comments or recommendations, is one which, on balance, speaks very highly of the Regina General Hospital in its totality as a hospital as you so described it?

**MR. HELMSING:** — Yes, I am pleased to report that that is the case and it gives the board a great deal of pleasure.

**MR. ROMANOW:** — I don't want to read out of context, but to support that kind of question and answer, a copy of the report that I have says, for example, on recommendations and comments, the board and all staff are commended for the dedication to quality patient care in the Regina General Hospital. The executive director and the supporting administrative staff are commended for recent significant improvements in this hospital; the hospital has continued to show progress in any areas in which there have been significant improvements lately, and so forth. Is it correct to say that the only recommendation that relates to the housekeeping department is one which says:

It is recommended that the housekeeping department develop an in-service program in collaboration with in-service education and the personnel department.

Is that correct?

**MR. HELMSING:** — It is correct.

**MR. ROMANOW:** — There are all sorts of headings with respect to clinical, medical and dental care, nursing services, dietetic services and environmental services. Environmental services, that is just what the term means, as opposed to the dietetics area, if that is the correct word, the accounting area, the operating room area, that type of thing. They are the non-specialty areas — housekeeping and that type of thing, is that correct?

**MR. HELMSING:** — Yes.

**MR. ROMANOW:** — Is it also correct to say that under this heading of environmental services, in the other areas, there are only three comments that are made.

No. 31, it is recommended that the disaster plan be exercised annually — that is a repeat recommendation.

No. 32, it is recommended that the housekeeping department develop an in-service program in collaboration with in-service education in the personnel department.

No. 33, it is recommended that consideration be given to the department of a part-time physician to the employee health service.

That is the sum total of the environmental services comments. Is that correct?

**MR. HELMSING:** — Yes, I believe so. You have to remember that that is a rather extensive report which I reviewed a number of months ago and I am sort of going by memory but I generally agree with that.

**MR. LARTER:** — Mr. Chairman, could we have that report tabled?

**MR. ROMANOW:** — Mr. Chairman, I believe that the appropriate procedure would be to ask the Chairman, Mr. Helmsing, if he has any objections on behalf of the Regina General to table this report.

**MR. HELMSING:** — No, I have no objections. The document is a public document now. It has been considered by the Board and certainly the media has had access to that report, if they so desired. So, it is a public document.

**MR. ROMANOW:** — If it was a bad report . . . it is generally a good report.

**MR. HELMSING:** — We have tabled bad reports in the past. It is a measure of our improvement when we have a good report tabled.

**MR. ROMANOW:** — Good, well we are going to have a good report tabled here then.

I should like to ask just one or two other questions before I take my seat.

There is something, as I understand it, called the Hospital Infection Control Committee in the Regina General Hospital. Is that correct?

**MR. HELMSING:** — Yes.

**MR. ROMANOW:** — And this has been an ongoing committee, at least for the last few years. Is that correct?

**MR. HELMSING:** — Yes, it is imperative in a major institution and it is a procedure that is followed in other hospitals, too, to some extent. It is more extensive in the major institutions.

**MR. ROMANOW:** — Yes, and in your capacity as Chairman of the Board of the Regina General, is there anything as far as the Hospital Infection Control Committee is concerned, that would allow reasonable men or women to determine a serious potential medical problem as far as the Regina General Hospital is concerned?

**MR. HELMSING:** — We have not been made aware of any potential major problem.

**MR. ROMANOW:** — So that as far as you are concerned, the answer is, No, to that. Is that right?

**MR. HELMSING:** — Right.

**MR. ROMANOW:** — Mr. Chairman, I should like to ask Mr. Helmsing the last question I have for the time being. I should also like to say, as I take my seat, Mr. Helmsing has been very co-operative and has answered the questions fully and frankly, I am sure.

In your opinion, as Chairman of the Board of the Regina General Hospital, is your hospital, or can your hospital be described as being filthy?

**MR. HELMSING:** — As Chairman of the Hospital Board I cannot say that our hospital is filthy. Having said that, I should say that we do have concerns at times with the level of staffing, as far as the housekeeping is concerned. However, when you say, “is our hospital filthy”, I would have to say our hospital is not filthy.

**MR. BAILEY:** — Mr. Helmsing, I am not a Member of the Legislature for either of the cities. I know where the General Hospital is in Regina. I believe the last time I was there was in the capacity of a visitor, some five years ago. And not being a lawyer, perhaps my questions won't be put before you in the legal fashion of some other Members of this Assembly.

Mr. Helmsing, I understand that you have a union which is in charge of the workers who look after the maintenance and the cleaning of the Regina Hospital, as an institution. Is that correct?

**MR. HELMSING:** — Yes, our non-professional staff is covered by the Canadian Union of Public Employees, Local 176. I believe that is the designation of the Regina General Hospital workers.

**MR. BAILEY:** — Mr. Chairman, as Chairman of the Board, have you had any correspondence or any information from this particular union indicating that there was a degree of dissatisfaction in them carrying out their job properly and sufficiently?

**MR. HELMSING:** — Personally, from the union I have not been given any information. However, the administration has received a number of concerns from the union. I think I ought to point out that, in the interests of developing a proper communication system within our institution, we have regular meetings, not only of our department heads, but with the representatives of the union and those people who work in the areas, so that there is a complete flow of information and understanding, hopefully, between administration, middle-management and the workers, as well as the medical and professional workers of the institution.

**MR. BAILEY:** — Mr. Chairman, Mr. Helmsing, has it been brought to your attention at any time that there was dissatisfaction in view of the fact that the employees who belong to this particular union viewed that they were in a position not to keep the hospital as clean as it should be?

**MR. HELMSING:** — I think they have expressed their concern to the members of the administration. Yes.

**MR. BAILEY:** — Mr. Chairman, Mr. Helmsing, it is not a question with which I wish to embarrass you at all, but with the union having expressed that concern, do you have any sympathy whatsoever with the concern they have expressed?

**MR. HELMSING:** — I should perhaps answer that by saying that the union has expressed concern at the level of staffing that has been approved by the Hospital Services Plan. I think Members of the Legislature, Mr. Chairman, will be aware that there was a cutback in 1976, one which we looked at and were successful in attempting to meet the requirements of the funding. You know in that reduction a number of positions were not funded.

Previous to that cutback, however, I had instituted a policy of not filling positions in anticipation that there might well be a reduction with the spiralling health costs and with the inflation at the time and the indication that there would be a period of restraint. So, in order not to place my administration in a very difficult position when that eventuality might arise, we did proceed upon a program of not filling positions as they became vacant. We did, in the final analysis I think, lose somewhere in the neighborhood of 15 positions.

**MR. BAILEY:** — Mr. Chairman, Mr. Helmsing, in losing these 15 positions, is it possible then that some of the regular and normal housekeeping practices may not have been performed with a reduction of 15 in staff?

**MR. HELMSING:** — Yes, there were some areas. In looking at the total budget and what the funding would be, we had to direct our attention to the high-priority areas and those high-priority areas certainly had to be the patient-care areas, which we have to be concerned with.

**MR. BAILEY:** — Mr. Chairman, so then it is possible with working under such stringent conditions, that the amount of care that was previously taken in the general housekeeping could have somewhat been neglected?

**MR. HELMSING:** — Certainly not in the patient-care areas, and I want to emphasize that in the patient-care areas where we are concerned with the treatment of critically ill people in our institution, that the level of housekeeping did not experience any problems. Perhaps in the administrative areas and in the common areas, public areas, the cleaning process or the employment of staff was considerably less. We also, in the staffing, then removed the night cleaning staff and concentrated our efforts during the day.

**MR. BAILEY:** — Mr. Chairman, Mr. Helmsing, when the Attorney General

was asking you questions, he brought to the attention of this Assembly, the annual inspection by Dr. Chiao. What procedure is made, to your knowledge, of an inspection on a daily basis at the hospital in regard to the cleaning of the facilities, the rooms, and so on?

**MR. HELMSING:** — I am not sure that I quite understand your question. If you would like to just . . .

**MR. BAILEY:** — Well, Mr. Chairman, Mr. Helmsing, it was already pointed out to this Assembly that there was an annual inspection of the hospital and the Attorney General read a portion, if not all, of that report. My question is: is there a check on a daily basis, as to the cleaning procedures of the hospital?

**MR. HELMSING:** — Oh, yes, I think you have to understand that in the institution we have a position that is called a housekeeper who is, in fact, the director of the department, plus an assistant and I think four supervisory aids who function in that capacity. And, certainly it is their responsibility to see that the hospital is maintained in as clean a condition as possible.

**MR. BAILEY:** — Mr. Chairman, Mr. Helmsing, this inspection then, on a daily basis, is one which is carried out by the workers themselves, or the managerial people within those positions. Would that be true?

**MR. HELMSING:** — Yes, that is correct.

**MR. BAILEY:** — These people, even though they be in the managerial position, would be members of the Canadian Union of Public Employees, Local 176, which you have just mentioned. Is that correct?

**MR. HELMSING:** — The supervisory aids, I believe, are covered by the union agreement. The assistant supervisor and the housekeeper are not. They are out-of-scope personnel, as I understand.

**MR. BAILEY:** — So then, in effect, Mr. Chairman, Mr. Helmsing, the concerns that have been expressed by the union could be viewed by this Legislature as being legitimate concerns. The hospital, because of the reduced staff, cleaning staff, could well be not as clean as it should be.

**MR. HELMSING:** — I think we would have to appreciate that the union people whom we have in our hospital are people of a high calibre, and generally seek above-average standards, perhaps. And, in years past, at levels of funding and positions, they have carried out a very, very high degree of housekeeping service. That is not to say that at the present time that these people are not as concerned with the work that they have to perform.

**MR. BAILEY:** — Mr. Chairman, Mr. Helmsing,

I certainly would concur, but with reduction in staff, they have voiced their concern and I would not want the Assembly, or you sir, to take it from the questions that I have asked that it is a condemnation on the part of this particular union at all.

I have just one other question for you, Mr. Helmsing, Mr. Chairman. This matter has been brought to the attention of this House. You have had questions brought to you by the Attorney General. Would you, as Chairman of the Board of the Regina General Hospital, not agree that the reduction of staff of 15, in this one particular category, poses a very serious threat to the administration of the hospital, and sir, would you not agree that this reduction of 15 in staff made it more likely that the general housekeeping duties, performed by the union, would not be as adequate as they were when they had the full complement of staff members?

**MR. HELMSING:** — I think I can perhaps best answer that question by saying that once you get used to a level of staffing, once the administration gets used to a level of staffing, and once the employees are used to a level of staffing, any cutback certainly has to have some effect. I think, in our particular case, that in the cutbacks, there is the feeling generally within the ranks of the union personnel that they are having to work a lot harder to achieve the results that they achieved with a larger staff. I think it is reasonable to suggest to you that this has had some effect of lowering the morale of the members of the union, and I think with the lowering of that morale, perhaps they have brought their concerns to the administration. We have made representation to the Hospital Services Plan, now on a number of occasions, to increase the funding of positions by another five. I think it has to be appreciated that the Regina General Hospital is in a very unique position in that we are dealing with very critically ill people, and the bulk of our admissions at the present time are emergency in nature. And, we have had to deploy the bulk of our cleaning people in those high-intensity areas to see that those areas are maintained, and because of this, there are other areas of the hospital, as I indicated to you earlier, the administrative areas and some of the public areas, that perhaps are left wanting to some appreciable degree.

**MR. C.P. MacDONALD (Indian Head-Wolseley):** — Well, first of all Mr. Chairman, I have listened with a great deal of interest, as I presume all Members of the Committee have, to the comments and the questions and the forthcoming responses from the Chairman of the Regina General Hospital.

I think somewhere along the line we have omitted the crux of the question. And that, really, is that we are here to determine whether the sanitary conditions at the Regina General Hospital are a hazard to the health of patients within that hospital, and if there is a danger to the citizens of Regina because of the conditions of cleanliness within that hospital. I think that both sides of the argument have stick-handled this particular question. I, in all honesty, am not here to question the Chairman of the Board of the Regina General Hospital on exactly what his cleanliness procedures are, whether or not he sweeps the floor two times a day or three times a day, because I think there is a wide scope of debate as to whether that



includes cleanliness or not.

What I am really here to determine is what is the position of the Board of which Mr. Helmsing is the Chairman? Has it had genuine concerns about the cleanliness of the hospital, to the degree that it considered that it was a health hazard?

So, the first question that I want to ask, Mr. Chairman, through you to Mr. Helmsing, is: has the matter of the cleanliness of the Regina General Hospital and its consideration in relation to the patient care within that hospital been discussed at a Board meeting?

**MR. HELMSING:** — Has the cleanliness of the hospital been discussed at a Board meeting?

**MR. MacDONALD:** — No, I don't want you to misinterpret the question because I am sure that housekeeping and the maintenance of the housekeeping provisions within the Regina General Hospital would often be discussed by the Board. May I put it this way, Mr. Chairman, has the decline in the cleanliness or the sanitary conditions within the Regina General Hospital, as a danger to the patients, or as a danger related to filth, been discussed at the Regina General Hospital board meeting?

**MR. HELMSING:** — We have not been concerned that the sanitary conditions of the hospital have been a hazard to health.

**MR. MacDONALD:** — Number two, Mr. Chairman. I would like to ask the Chairman, has the Regina Hospital Board ever communicated with the Government or the Department of Health about concerns for the sanitary conditions within the Regina General Hospital because of a reduction in budget, or because of a reduction in staff?

**MR. HELMSING:** — To answer that question, Mr. Chairman, I would have to indicate to you that the administration of the Regina General Hospital, as other hospitals do, has a continuing dialogue with officials of the Hospital Services Plan who, together with us, determine the levels of funding.

Those discussions have centered around the level of housekeeping staff. The administration, I do not believe, has at any time indicated to officials of the department that the level of housekeeping has, at this point in time, presented a health hazard as far as the operation of the hospital is concerned.

**MR. MacDONALD:** — A very brief question. The Chairman didn't answer my question. Has the Board ever communicated with the Government or the Department of Health?

**MR. HELMSING:** — You mean if the Board, in its entirety, has sat down with the officials of the department?

**MR. MacDONALD:** — Communicated by writing, or by any other means

communicated with the Department of Health, about the cleanliness standards within the Regina General Hospital.

**MR. HELMSING:** — The Board, as such, has not written a communication to the Department of Health. What communications do transpire between the administration and the department are of an administrative nature.

**MR. J.G. LANE (Qu'Appelle):** — Just a couple of questions, Mr. Chairman, Mr. Helmsing. I believe that prior to the recent cutback, to which you referred, that the hospital was cleaned, so to speak, three times a day, and that that process has now been reduced to once a day. Is that correct?

**MR. HELMSING:** — Well, that would be in certain areas, and I referred earlier to the administrative areas where the cleaning of waste containers and ashtrays may be done perhaps on a daily basis, but no dusting. But, let me again emphasize that in the patient-care areas the level of housekeeping has been maintained. There are a number of procedures that are done in hospitals, such as high-wall cleaning and ceiling cleaning, which generally in a full-staffed period would be done on a regular basis. Now when I say regular, let me identify what I mean by 'regular'. In some areas this may mean once every six months, or it may mean once every six weeks, it depends. With the cutback, there are areas that we have not been able to do what is called high-wall cleaning and ceiling cleaning, and certainly the number of times that certain procedures are carried out has been cut back in some areas.

**MR. LANE:** — Well prior to the cutback was it deemed good practice, sound practice, to clean the areas as often as they were?

**MR. HELMSING:** — Yes.

**MR. LANE:** — So a reduction in that cleaning is, to say the least, not as good a practice as existed prior to the cutback?

**MR. HELMSING:** — Yes, I would assume that that is the case.

**MR. LANE:** — Assuming the situation prior to the cutback was an adequate situation, or a necessary situation, are there any increased risks in say staff infection, or the possibility of staff infection, by reason of the reduction in staff or the reduction in cleaning, due to the reduction in staff?

**MR. HELMSING:** — To this point we haven't seen any evidence of that. That is not to suggest that we might not have some difficulties, but I would have to say that I would not want to see the level of funding of those positions cut any less than they are at the present time. I think that we would be in a position that we would not be able to live with that kind of a situation. I have indicated earlier that we have made representation and continue

to make representation for the funding of another five positions. Recognizing that while we have an approved complement, I think in the neighbourhood of 75, that on any given day, with sick leave and with people off on holidays, we may be at a level of 70, so that perhaps on any given day we may be 10 per cent below what our funded positions would be.

**MR. LANE:** — But there is that possibility?

**MR. CAMERON:** — He didn't say that.

**MR. LANE:** — I think he did if the Hon. Member was listening.

There has been reference made to a surplus, that the hospital had a surplus in the past year; to what use did you put that surplus?

**MR. HELMSING:** — To discuss surpluses is a very difficult and complicated procedure. The global budget system is one which takes a fair amount of time to understand and appreciate.

I think I made reference a little earlier to the unique situation that the General Hospital finds itself in at the present time, in that about 68 per cent of our admissions at the present time are of an emergency nature. That means that the patients in our hospital are very, very ill; they are very critically ill people. Because of the very severe illnesses and the nature of the illnesses that are coming to the General Hospital, the General Hospital still continues to be the catchment area for those people who are critically ill. There has been over the years the trend of the medical profession and others to refer to the General Hospital because of the high standard of care that has been provided in that institution and because of the quality of our residency programs. We still continue to get a very, very high level of emergency admissions.

At the present time our emergency admissions are running very, very high. Because of this and because of the positions that we have funded in the nursing area, we have used any surplus funds that we might have at our disposal to provide nursing care in those areas which we deem to be the critical areas.

We have taken our budget and we have utilized that budget to cover those areas which we feel are critical to the care of the people who come to that institution. So that, generally, our surplus funds in some areas have been directed to that area. I think it is also important to recognize that costs continue to change from month to month and while having a surplus, we must at the same time be concerned that we don't overspend so that we find ourselves in a deficit position at the end of the year. We must guard against that very carefully. This is what we have tried to implement in the General Hospital to a great deal of success.

**MR. LANE:** — At the end of the year if you do have a surplus are you required then to return the surplus to the Government of Saskatchewan?

**MR. HELMSING:** — At the end of the year the budget is reviewed by the administration and the officials of the Hospital Services Plan on a line-by-line basis. In areas that we may have overspent, for which we didn't have authorization, that can be recovered by the Hospital Services Plan; that amount of money, I think, is in excess of anything over \$100,000. I think we are able to retain, if my memory serves me correctly, in the neighbourhood of \$100,000 of any surplus that we have.

**MR. LANE:** — Any excess though would be returned?

**MR. HELMSING:** — That is right, as it is in all the hospitals.

**MR. E.C. MALONE (Leader of the Opposition):** — Mr. Chairman, I just have a couple of very brief questions to Mr. Helmsing. At this time are you under any apprehension, if that is the correct word, that the standard of cleanliness at the Regina General Hospital is such that a serious health problem could result?

**MR. HELMSING:** — Not at this point in time.

**MR. MALONE:** — Indeed, Mr. Helmsing, if you did have that apprehension that I spoke about, I assume that you would immediately communicate that apprehension to the Department of Public Health and responsible officials.

**MR. HELMSING:** — That is correct.

**MR. ROMANOW:** — Mr. Chairman, I just have one further question. Mr. Helmsing, I appreciate again that you may not have all the material before you, but in your judgment, how much will the Regina General Hospital be allowed to retain of its 1976 surplus?

**MR. HELMSING:** — Of the 1976 surplus — if my memory serves me correctly, I believe that surplus is in the neighbourhood of \$78,000 and we will retain that \$78,000. I am not talking about building depreciation; the financial statements will show some areas where there is building depreciation. The actual surplus, I think, in 1976 amounted to at least \$78,000.

**MR. ROMANOW:** — The Regina General Hospital will retain that?

**MR. HELMSING:** — Yes.

**MR. BAILEY:** — You mentioned, Mr. Helmsing that because of the reduction in the cleaning staff that there was a low morale among the workers of the hospital. Would you not agree, with the low morale among the workers, that it is more likely that the nature of the task would be more inefficiently performed than if the morale was high?

**MR. HELMSING:** — That, I think, is a hypothetical question. I have said the indication we have is that the morale is low at this particular time. We have been faced with restraints which I think other areas have been faced with and we have had to work within parameters and we feel that we have worked quite successfully within those parameters. That is not to say that we wouldn't appreciate more money, anybody would. But we have been able to maintain a good standard as far as I am concerned.

**MR. J.G. LANE:** — Mr. Chairman, one or two final questions.

Has the Board, or the hospital administration, requested any staff increase in the maintenance cleaning area and if so, what staff increase was requested?

**MR. HELMSING:** — Our administration, in a number of meetings with officials, has asked for further funding of five positions.

**MR. LANE:** — Was that to bring it up to standard or improve the standard that exists?

**MR. HELMSING:** — As I indicated earlier, we have an approved complement of 75, but as I have indicated, with sick time and holiday time, we are probably looking at a level of 70. There is no provision in the present funding for relief personnel or for the covering of people when they are on vacation. Any money that we can sort of save in our budget in the funded positions must be retained to cover those areas for relief. There are no funds over and above the funded positions for relief, for sick time or vacation time. That is one of the problems that we have experienced.

**MR. LANE:** — Have the standards of cleanliness been reduced at all as a result of the hospital cutbacks?

**MR. HELMSING:** — Would you repeat the question please?

**MR. LANE:** — In your opinion, have the standards of cleanliness at the hospital lessened or been reduced as a result of the cutbacks?

**MR. HELMSING:** — I can probably answer that by saying the standards would be perhaps higher if we did have the other positions. Certainly when people are spread thinner there is bound to be less work that is carried out. Again, I want to emphasize that, at this point in time, there is certainly no health hazard as far as the General Hospital is concerned or any other institution that I am aware of and I have a lot of association with all the hospitals in this province.

**MR. BAILEY:** — Mr. Chairman, I happen to have a list here of the number of housekeeping aids, 97 in total, who have terminated

their employment at the hospitals, most of them in the past year, some of them in the past two years, but most in the past 18 months. Would you not think that this was a high number of people coming and going in the housekeeping field at the hospital?

**MR. HELMSING:** — I think it has to be appreciated, Mr. Chairman, in answer to the Hon. Member's question, that in the housekeeping category the rate of turnover is high under the best of conditions. People come into the hospital generally at the housekeeping level and then may well move to other areas of the hospital in the way of promotion, or may seek employment in other areas where the remuneration is better. It is recognized in the hospital field that the turnover of staff in any institution has always been high and continues to be high.

**MR. CHAIRMAN:** — Any further questions? If not, then I would certainly like to thank Mr. Hewitt Helmsing for making himself available tonight under, I know, very difficult circumstances.

**HON. MEMBERS:** — Hear, hear!

**MR. CHAIRMAN:** — And I say to Mr. Helmsing now, that with agreement of the House, he may be excused.

**MR. HELMSING:** — May I just say, Mr. Chairman, that I came with a great deal of apprehension and with all respect to the Member for Swift Current (Mr. Ham), I felt something like the ham between the bread. However, I hope you recall that I am only a layman and I hope that my answers have been frank and forthright and they certainly reflect, in my view, the situation as it exists to date. Thank you for the courtesy of the Members in their questioning.

**HON. MEMBERS:** — Hear, hear!

**MR. ROMANOW:** — Mr. Chairman, maybe we should take a five minute recess, is that okay?

**MR. CHAIRMAN:** — Order! We are on Item 1 of Health.

**MR. ROMANOW:** — Mr. Chairman, before we agree to Item 1 on Health, and we may not agree after the words I have to say, but I feel that some comments have to be made as a result of what has transpired in the last two days in the course of deliberations of these Estimates, particularly as they have culminated in the testimony that Mr. Helmsing gave to the Members of the Legislature. Personally, I feel very badly about the necessity of asking Members of the Legislature to pass resolutions asking responsible and respected people like Mr. Helmsing, who had little forewarning, to come before the Legislative Assembly on short notice and in full public view, to answer questions in an obviously politically charged atmosphere.

This has been quite an interesting couple of days for me

and I have been in the Legislature for ten years. I believe that in the course of the consideration of Estimates some very strong statements have been made in the past. I have made my share of strong statements. One of the things I found disturbing about the statement which prompted all of this, is the continuing proclivity on the part of the Conservative Party to drag to the political deliberations that are before us, third parties. The statement made by the Member for Saskatoon Sutherland (Mr. Lane), which prompted all of this, was that:

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 in, to maintain proper care adequately. You wait, it's coming. There will be lots more.

We have all, as politicians, made these kinds of statements but never the kind of statement like I have just read, which drags in third parties, like hospital boards, be it the Regina General Hospital Board or 135 other hospital boards in the Province of Saskatchewan. I said yesterday I was in despair about that kind of political activity and I repeat again, I remain in despair about that kind of political activity and political conduct.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. ROMANOW:** — The Member is shouting 'Ranch Ehrlo', that we will deal with and discuss at another time. Again, it is the Conservatives who I think exhibit the highest degree of irresponsibility.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. ROMANOW:** — But I also want to say that while I despair of the political process tonight, many of the answers were, I suppose as a government, not the kinds of answers that I would have wanted. I see some hope when I see the Legislative Chamber operating in a manner that it did, asking the questions that it did of whom I believe to be an impartial and fair witness, answering this major, serious allegation that hospitals in Saskatchewan are filthy. He at least answered the one question about the one hospital that directly relates to him. Now the issue that was before us and I submit, Mr. Chairman, still is before us in the narrow term, is whether or not the Regina General Hospital is filthy or was filthy as a result of a lack of money being put in to maintain proper care adequately, as the Member for Saskatoon Sutherland stated, and as supported by the Leader of the Conservative Party this afternoon which prompted the Leader of the Opposition to get this matter cleared up by having Mr. Helmsing asked to come to the Legislature. That is the narrow issue. I don't know what we are going to do with the larger issue concerning the 134 or 144 hospital boards in the Province of Saskatchewan who have had their good names and their good reputations smeared by the Conservative Party in the Province of Saskatchewan. Judging by the lack of documentation that the Conservatives failed to produce to us before adjournment time, we can take heart in the fact that there is absolutely not

one scintilla of evidence to put this kind of a scare tactic, this kind of a position to the people of the Province of Saskatchewan. I submit, Mr. Chairman, there is not one scintilla of truth to that kind of tactic, as supported basically by the testimony of the Chairman of the Regina General Hospital here tonight.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. ROMANOW:** — Mr. Chairman, look at the position that the Conservatives were put in tonight by the questions and answers. Now my despair comes again. The Conservative Party was basically put in that position tonight by trying to prove that there was filth in the Regina General Hospital because that was the nature and the thrust of the questions. They were put in the position where they couldn't withdraw the word earlier and even when they did withdraw it, they gave it a qualified withdrawal. No, they have got to support that their political statement, (that it was filthy or something seriously less than clean), was right and doggone it, they are going to prove it and keep on asking the questions. Now what kind of a state of affairs in Saskatchewan have we when elected officials of a responsible political party are in the position of trying to drag out of witnesses evidence which will allow that party to trumpet around the Province of Saskatchewan, if they were right, that the hospital was filthy or something akin to that.

Mr. Chairman, indeed Saskatchewan politics have fallen into a sorry state of affairs, by that very same political party that came to this Legislature a year and a half ago and said that it was going to show us the new way. He was going to set the new standard for political conduct. He was not going to get involved in muckraking. He wasn't going to get involved in name calling. And what, Mr. Chairman, is the evidence that I believe can be summarized? If you don't agree you can interpret it yourself, and the record will show it when we review the record in the next day or so. I believe that the following are facts with respect to the Regina General.

We have here, Mr. Chairman, a hospital which deals with the critically sick. It is a hospital which seeks and gets accreditation and approval, according to the testimony of Mr. Helmsing, from the Canadian Council on Hospital Accreditation, which is very prestigious in the area of hospital work and in hospital accreditation. I have the summary, which I tabled in this Legislature, with the consent of the Chairman. You look at that summary; I invite the press to look at that summary. This dated report is in December; the survey was taken in September of 1976. The only comments dealing with environmental services are those that I've read and the only comment, that even can be half-way zeroed in on, is the comment on the housekeeping department which says there has to be in-service education. There were not comments about filth or being less than clean by the experts of a Canadian-wide body, a Canadian-accepted body, who went through the hospital for a three-day period. There is no evidence to support that charge.

Then we have the letter, which I have tabled, by the Medical Health Officer, Doctor Chiao. Mr. Chairman, this letter is dated December 3, 1976, after last summer, after October 14. And I draw those particular dates to the attention of the



House. Run down the list. I read the letter — satisfactory, excellent, good, satisfactory — by a medical man who is primarily responsible for health standards. The witness may not have agreed with all of the practices and the procedures, but he agreed that Dr. Chiao was doing the job as best he could. Although he had some difficulties, the front line of defence was to maintain health standards. It's an annual inspection. Only three or four months ago it gave the Regina General Hospital a clean bill of health. It didn't even say that it's less than clean, it didn't even suggest that it's filthy, or even use words to that effect. That's a second piece of evidence, accreditation, health services.

Now, Mr. Chairman, what other evidence came out? Evidence came out that there was a reduction of 15 personnel, I believe. The Conservatives tried to make much out of this. I, personally, was concerned when I listened to the words of the Chairman about the fact that this has had some impact with respect to the operations of the hospital. And I think he did make a point with respect to morale. That's a matter of concern for the Government, for me. That is a matter which I think we all have to take into account and consider. But the words used by the Member for Saskatoon Sutherland last night weren't quite as expressly used. It was implied, and supported today by the Conservative Leader, that the reduction of 15 personnel somehow posed a serious health hazard. That's what they were aiming at. And the evidence was clear. I don't know how many times Mr. Helmsing was asked, and he answered, that no health hazard was present, the level of patient care or the quality of patient care was not affected. So now they clean the stenographer's desk in the waiting room once a day instead of three times a day. I suppose it would be best if it was cleaned three times a day, but it's not. But in the patient care area there is no evidence, there is no communication to the Department of Health, there are no public statements to that effect, no filthy standards. That's the evidence.

I want to raise a fourth point, Mr. Chairman, morale. Morale is down according to Mr. Helmsing. I can understand that morale is down. One looks at the letter that was tabled. If I was a worker at the hospital and I had a reduction of that kind, there's no doubt my morale would be suffering. No doubt they are working harder. But, Mr. Helmsing himself said that the hospital staff (he didn't use this word adjusted) in effect is getting adjusted or used to the situation and that the hospital is functioning well. He said it always could be higher, but he didn't say it was low. That's the fact. There may be a morale problem but not to the point where one could say that the Regina Hospital is filthy or that the hospital area is coming to a grinding halt. That's a fact.

Mr. Chairman, a fifth point — Conservatives, today, before the Motion by the Leader of the Opposition (Mr. Malone), tried to retreat, like battling a trench war. They erect the barricades here and they fight like the blazes and then when they get destroyed, they come back and set up some more barricades and when they get destroyed, they fight some more and put up some more barricades further back, until there is nothing left except to fall off the edge of the cliff. That is where I think they are now, falling off the edge of the cliff, politically, on this issue.

Oh no. But this afternoon they are in full flight. The Member for Souris-Cannington (Mr. Berntson), the health critic, got up today and dramatically flipped the pages of name after name of the high rate of turnover in the housekeeping area. The Premier tried to rebut that this afternoon. Again, before this Motion came up, necessitating Mr. Helmsing to come, they said there is a high rate of return in this area. And then, when the Member for Rosetown-Elrose (Mr. Bailey) put the question specifically to the Chairman of the Regina General Hospital Board about the high rate of turnover, what did the Chairman say? He said, that the high rate of turnover was not unusual at the best of times. That's the fact.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. ROMANOW:** — Now there is another fact, Mr. Chairman, which is important and that is this business of surpluses and all the surpluses that go back and how you can switch the funds from department to department. I wonder if the public could watch how the Leader of the Conservative Party was denying as vigorously as he could, earlier today, about the question of the retention of some of the surplus funds. In fact, it was the subject of a question or two tonight. The Conservatives endeavoured with all of their might on this issue and the Minister of Health tried over and over again last night and this afternoon to try and tell the facts. They said not to bother them with the facts. They said that he gives nothing but statistics. They want to be concerned about people because they say the surpluses aren't retained — fact, Mr. Chairman. The Chairman of the Board says \$78,000 in his 1976 estimate is to be retained by the Regina General. Mr. Chairman, that's a fact.

Finally, Mr. Chairman, is this question of whether or not the Regina General is filthy. I don't think we need the last question that I asked Mr. Helmsing, whether it's filthy or not, for us to make that conclusion. All of the questions together, I say, can lead to no other reasonable conclusion, by reasonable men and women playing fairly, even in a political world, that the accusation that the Regina General is filthy, is the most gross statement that this Legislature has ever heard.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. ROMANOW:** — Mr. Chairman, those are the facts — accreditation; Regina Health office; no health hazard because of the reduction; morale is low but is getting adjusted; the high rate of turnover is not unusual; surplus is retained; the budget is being used to maintain where necessary and above all, the hospital is not filthy.

Mr. Chairman, I say that this matter has been one of the most serious allegations, unjustified and unsupported, that any so-called responsible political party could have made, in all of my years in this Legislature, and I have been ten years in this Legislature. The Dean of the House has been here, I don't know how many years, maybe 25. We fought hard against deterrent fees, very hard, in Estimates and in Resolutions. We fought hard in the Opposition against hospital closures — really hard. A lot of people have fought very hard against us, on our hospital

policies. And there have been some statements that I don't agree with in terms of conclusions or even terms of politics. But I have never seen in ten years, a leader who presents himself as a potential Premier, standing up and supporting the Member for Saskatoon-Sutherland, refusing to make documentation of evidence and refusing to withdraw.

The withdrawal this afternoon was in the dictionary. The dictionary was brought out. They said to us that 'filthy' means dirty, soiled, heavily soiled, therefore, they would drop the word 'filthy' and use any one of the others. That was their withdrawal. They wouldn't use the word 'filthy' if that made the Attorney General uptight. They wouldn't use that word, they would use one of the other synonyms. It was that kind of a withdrawal. By the lack of documentation that you've produced at my request, and by the evidence of Mr. Helmsing, as imperfect as it might be, from my point of view politically, but in basic consequence to the essence of the issue, rebutting the submissions made by you, I think that this has been indeed a day of despair and a day of hope for the political process. But it's not enough, Mr. Chairman, because there are people in Regina, who are concerned about this kind of an allegation. People all over Saskatchewan are concerned. I think that we can draw some conclusions as a result of this testimony and I believe, Mr. Chairman, that a motion is not only appropriate, but at this stage in the game, is mandatory to clear the air. Therefore, Mr. Chairman, I propose to move, seconded by my colleague and friend from Regina Rosemont (Mr. Allen), who has had a large concern in this whole area of hospitals, the following Motion:

That this Committee, having heard the Chairman of the Regina General Hospital, Mr. Hewitt Helmsing, concludes that the said hospital is not filthy and the Committee further concludes that statements made, expressed and implicit to that effect, are unfounded.

I so move, Mr. Chairman.

**SOME HON. MEMBERS:** — Hear, hear!

Debate continues on the Motion.

**MR. S.J. CAMERON (Regina South):** — Mr. Chairman, I want to address a word or two to the Resolution and to the proceedings because the proceedings, as Members know, were initiated in no small part by ourselves. What was before us earlier in the day was a charge made yesterday, that a hospital or hospitals in the province, were filthy. That was the first allegation that was made yesterday. There was then a challenge that came from the Government side to produce documentation as to whether or not the accusation was accurate. Today the Conservative Party, who made the allegation, brought forward some documents indicating that the charge had been made relative to the Regina General Hospital. It's a fair conclusion, I think entirely fair, given those two facts and the comments earlier of the Leader of the Conservative Party, that the allegation did clearly refer to the Regina General Hospital, indicating that that hospital was filthy. We indicated that we thought that was a very serious question that had been raised. The question is or was, was that charge accurate? And if it had been shown to be accurate, these would

be, in our view, the consequences.

The city of Regina Health Department, which clearly bears some responsibility for the cleanliness of the Regina General Hospital, would have deserved to have been chastised by Members for neglect. Secondly, the Hospital Board of Directors, had the allegations been established, would have drawn some very serious questioning as to the judgment that they'd been exercising these past several months. Thirdly, the Government that must ultimately bear the responsibility, quite apart from the responsibility of the city and Board of Directors of the hospital, would have drawn and deserved our highest condemnation had the largest hospital in the city of Regina, the largest hospital in the province, serving a community of 150,000 people, indeed been found to have been filthy. I say that to indicate to Members the dimension of the question that was before us.

Now, the question is: to what degree, if any, was the charge substantiated? I think that there are four key questions in answering that question. The four key questions as we saw them were:

(1) Have the standards of cleanliness at the Regina General Hospital significantly declined in the course of the past few months? We are satisfied, having listened to the evidence of Mr. Helmsing, that the answer to that is, no. Firstly, generally the standards of cleanliness at the Regina General Hospital have not been permitted to deteriorate and secondly, certainly not to the point of being able to characterize fairly the hospital as being filthy.

(2) The second question of vital importance in this was whether or not there was a current threat to the health of patients in consequence of the uncleanliness in the hospital. The question is: is there, or was there a threat to the health of the patients? Again, we are satisfied that the answer to that question is, No, there isn't.

(3) The third question is: are there serious problems affecting health care, patient care in the hospital to be reasonably apprehended as a result of present conditions? Members can appreciate how serious that would be, quite apart from the past, if there was reasonable ground to apprehend that we are getting to a situation where there is a real concern about proper patient care as a result of lack of proper cleanliness — a key question. Again, we are satisfied from the evidence of Mr. Helmsing, the answer to that one is, No.

(4) Then the fourth question which is the largest of all, and the key question: is there any area of the hospital that could fairly be characterized as filthy, or does it present a hazard to patients? Was there a single operating room or caseroom, delivery room, any of the isolation wards, any ward, the kitchen, anything of that variety, was there a single piece of evidence to show that any aspect of the hospital in that sense could be fairly characterized as being filthy and, therefore, a threat to patients? The answer to that one again is, No.

Therefore, Mr. Chairman, we, who I indicated at the outset had played a key role in having Mr. Helmsing indicate what the conditions there were, and what one can reasonably apprehend them to be, are satisfied. There have been some cutbacks in the hospital and clearly the hospital is having some

other problems in respect of which the Government is going to have to answer for, but that is a question for tomorrow and perhaps later, and we will be probing that one as well. But the key question is whether or not the allegation had been established and as I indicate, we are satisfied that it had not been.

The question for tomorrow, as I indicated, is to bring the Government to account, in a responsible way, for some of the problems that currently are there, and there are some problems which the Attorney General fairly admitted. Those are questions and issues which we will continue to raise as long as we are on Estimates.

The question for tonight is: was the allegation established? The answer in our view is, No. What does that lead to? It leads to the conclusion that a charge had been made in a loose and irresponsible way yesterday, and confirmed again today by the Leader of the Conservative Party. No evidence, really of any variety to substantiate the charge, was made. What does that come to? It says that there was, over a period of time, some aspersions cast on the Health Department of the city of Regina. Similar kinds of aspersions were cast on the Chairman and members of the Board of Directors of the Regina General Hospital. Apprehension was caused among the citizenry of the city, and concern aroused among the Members of the Legislature, not least of all, as the Attorney General has indicated. This is the first time in many, many years that the Legislature has had to involve, in effect, a public servant, and to expose him to the difficulty of having to come here in this way and testify to conditions in his hospital.

There is one narrow political lesson to be learned in the process and that is a lesson that I hope our friends to the left of us will have learned. That is, you ought to make allegations of that variety with extreme care when you are involving so many people and so many groups; and secondly, when you make them, you had best be prepared to substantiate them. The Member ought never to have characterized that hospital as being filthy. Unfortunately we've had to go through the arduous process that we have been through to establish that that was not so and to relieve the concern which we had and many others had.

As I say, if there is one lesson to be learned from it, the lesson is that when Members, and this applies particularly to Members to our left, make suggestions of that variety they had best be accurate and secondly, they had best be prepared to substantiate them.

**SOME HON. MEMBERS:** — Hear, hear!

The Motion was agreed to on the following recorded division:

**Yeas — 51**

Blakeney	Dyck	Penner
Thibault	McNeill	Cameron
Bowerman	MacAuley	Thatcher
Smishek	Feschuk	Nelson (Assiniboia-Gravelbourg)
Romanow	Faris	

Snyder	Rolfes	Anderson
Byers	Cowley	McMillan
Kramer	Shillington	Collver
Baker	Vickar	Larter
Lange	Nelson (Yorkton)	Bailey
Kowalchuk	Allen	Lane (Qu'Appelle)
Matsalla	Koskie	Birkbeck
Robbins	Johnson	Ham
MacMurchy	Thompson	Berntson
Mostoway	Malone	Wipf
Banda	Clifford	Lane (Saskatoon Sutherland)
Whelan	Wiebe	
Kaeding	MacDonald	

**Nays — 00**

Nil

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

The Assembly adjourned at 9:12 o'clock p.m.