

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
Third Session — Eighteenth Legislature
40th Day

Monday, April 18, 1977.

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

INTRODUCTION OF GUESTS

PUBLIC ACCOUNTS COMMITTEE — NEWFOUNDLAND

MR. SPEAKER: — I would like all Members to join with me today in welcoming three special guests from another jurisdiction. Two of them are seated behind the rail to my left; they are Mr. Roger Simmons and Dr. Raymond Winsor, from the Newfoundland House of Assembly. They are here to study the Public Accounts Committee in the Province of Saskatchewan. The Members of the Assembly may bask in some reflected glory that Saskatchewan is one of the provinces that Newfoundland has chosen to study with regard to the operation of the Public Accounts.

All Members know that the review of Public Accounts procedures was initiated under one administration and the recommendations with regard to that review were implemented under a different administration and another administration is now in its place. All Members can take credit for that and I know Members will join with me in welcoming these gentlemen from Newfoundland.

HON. MEMBERS: — Hear, hear!

QUESTIONS

EXPANSION OF TAYLOR FIELD

MR. E.C. MALONE (Leader of the Opposition): — Mr. Speaker, I'd like to direct a question to the Premier, although I'm not sure he is the appropriate Minister to address the question to. In any event as all Members are aware the Saskatchewan Roughriders have made an application to the city of Regina for the expansion of Taylor Field, to allow for the continual operation of that football club. I am advised that the city in return has requested support of the Government of Saskatchewan to facilitate the expansion of Taylor Field and I believe the amount that has been requested is approximately \$8 million. I'm not sure the state of the Government's consideration of this request, or indeed, whether you've had an opportunity even to look into it at this time. The first question is: has such a request been made and what is the state of the Government's situation in dealing with the request?

HON. A.E. BLAKENEY (Premier): — Mr. Speaker, I am not sure that a request has been made by the city of Regina. Some informal approaches were made by the Saskatchewan Roughrider Football Club and subsequent to that, I had understood that they had made some representations to the city of Regina. I am not fully aware whether the city has made any representations to us. I wonder, if I may, Mr. Speaker, ask the Minister of Culture and Youth to expand more fully.

HON. E.L. TCHORZEWSKI (Minister of Culture and Youth): — If I may at this time, Mr. Speaker, the Premier has outlined the situation as it is. The city has not made a specific request to the province. I have had a meeting also with representatives of the Saskatchewan Roughrider Football Club, as well as with some representatives from the city of Regina, at which time we discussed the situation of Taylor Field, but at this time there has been no specific request from the city.

MR. MALONE: — Supplementary question, Mr. Speaker. I think all Members will agree that the Saskatchewan Roughriders do more for the Province of Saskatchewan than enhance the reputation of the city of Regina. I think they enhance the reputation of the whole province nationally and indeed go to many things such as national unity and so on. I wonder, in view of this, if the Minister would be prepared to indicate to this House, as to whether or not the Government will look on such a request for additional funds with favor, in the sense that it goes to enhance the Province of Saskatchewan and that good will come of it for all of the people of Saskatchewan, not just the people of Regina?

MR. TCHORZEWSKI: — Mr. Speaker, I think all Members of the House would agree about the contributions of the Saskatchewan Roughrider Football Club, which has been an outstanding institution throughout Canada representing the Province of Saskatchewan very well. I don't think there is any argument about that at all. I would agree with the Member wholeheartedly. As to the position of the province, when we have had further discussions with the city, I think my answer to that would have to be that it would have to be announced in due course. Certainly I have explored with the city of Regina, tentatively already, as I indicated previous to this, the ideas that they may have in mind and they will be making a submission to me. At that time we will see where we go from there.

MR. MALONE: — Final supplementary, Mr. Speaker. I'm advised, Mr. Minister, that the club and the city will need a decision fairly soon, if indeed there are to be renovations to Taylor Field to allow for the football season for 1978 to be conducted in the new setup. I wonder if the Minister would give me an undertaking that once the representation has been received from the city that it will be dealt with, with some dispatch, so that indeed if the representation is met with approval that work can get going right away on the project?

MR. TCHORZEWSKI: — First of all, Mr. Speaker, let me make it clear that I consider it on the initiative of the city where the thing lies right now. But sure, just as we do deal with all propositions brought forward to this Government, we will deal with it expeditiously.

OPEN HOUSE CANADA PROGRAM

MR. A.N. McMILLAN (Kindersley): — Mr. Speaker, I'd like to direct a question to the Minister of Culture and Youth as well. Some time ago in this House you were asked about your potential participation in a supplementary way, in the Open House Canada Program, that was

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announced by the Federal Government. You stated at that time that you needed some time to study those federal provisions to see what role your Government might be interested in playing. I'd like to know if at this time you have come to a decision about the project of that nature on a Saskatchewan basis?

MR. TCHORZEWSKI: — No, we have not reached any decisions on it as to what we might be doing at this point in time.

MR. McMILLAN: — Can you give this House some indication of whether or not a decision will be forthcoming or if in fact, you have decided that a project of this nature is not worthwhile in the Province of Saskatchewan?

MR. TCHORZEWSKI: — No, we have not made the latter decision as outlined by the Member. We have not had the full opportunity to explore with federal officials yet (I'm not being critical in saying that) what their specific proposals are, but when we have done that, we will be making the appropriate announcement.

OIL ROYALTY STRUCTURE

MR. R.L. COLLVER (Leader of the Progressive Conservatives): — Mr. Speaker, I would address a question to the Minister of Mineral Resources. On April 7 in response to a question by myself pertaining to the oil royalty structure in the Province of Saskatchewan, the Minister announced that there was virtually no difference between the royalty rates on new oil in Alberta and the Province of Saskatchewan. It has now come to our attention that the Minister has received representation from the Independent Petroleum Association, from the Canadian Petroleum Association and from some individual oil companies that would belie that particular fact. Is the Minister now prepared to announce to this Assembly that a further change in the oil royalty structure in the Province of Saskatchewan will be designed by the Government of Saskatchewan to encourage drilling this year in the light of the current drought conditions in Saskatchewan?

HON. J.R. MESSER (Minister of Mineral Resources): — Well, Mr. Speaker, as I said before we are expecting a higher level of activity in the Province of Saskatchewan this year compared to previous years. The Member makes mention that I have received documentation from IPAC and other independent petroleum operators. I have not to this point in time, at least my office, has received no such communications from the parties that he makes reference to. I say again to this House that there is substantially no difference between heavy crude, new oil being developed as far as royalties or incentives are concerned, when one compares Alberta to the Province of Saskatchewan. I told him when he asked the question, I believe it was April 6, or 7, that I would bring some more precise information to this House and I expect to have that within the next day or two.

MR. COLLVER: — Mr. Speaker, a supplementary question to the Minister. The Minister has suggested and perhaps is hung up on the word

documentation, is he saying to this Assembly that he has received no representation from the oil industry or from these associations and organizations associated with the oil industry in the Province of Saskatchewan, nor has his department received any representation, either personal or otherwise pertaining to the new oil royalty structure in the Province of Saskatchewan that he introduced in this Assembly a little while ago?

MR. MESSER: — Mr. Speaker, I took the Member's words to mean that there had been representation made to me since he raised the question one week or so ago in this Legislative Assembly. If that is what he is referring to the representation or the communication, if it has been received by my office or by my department, has not been brought to my attention. Certainly previous to that time we have had discussions and communications between not only the parties that he makes reference to but other parties. I take it he is alluding now to some other communications. If he is I do not have that at this point in time.

MR. COLLVER: — Final supplementary, Mr. Speaker. I wonder if I might beg leave of your indulgence just to read or to quote a very brief comment by, for example, Gulf Oil Canada Ltd., the senior vice-president, for the Minister's information, which I understand has been drawn to the attention of the Minister:

Furthermore the rates continue to reflect the superiority of those affected in Alberta and finally the removal of the six-year limit on the new royalties is encouraging. However, the new regulations offer no new significant incentive to accelerate Gulf Canada's exploration and development efforts in Saskatchewan especially considering the better economics in Alberta.

Is the Minister aware of that kind of concern by the oil industry generally and by those members of the oil industry who might possibly be interested in assisting us in the development of our energy resources in Saskatchewan? Is he aware that kind of concern comes from these organizations, both independent and major?

MR. MESSER: — Well, Mr. Speaker, the Leader of the Conservative Party makes reference to a letter from Gulf. I am not aware of that specific letter having reached my office. It may not as yet have been brought to my attention. I say again, as I said earlier, that there is substantially no difference between the incentives and the total royalty take between the Province of Alberta and the Province of Saskatchewan. It may be in some special instances modestly different but certainly not significantly different. I again say to the Member that I will, in the next day or two, hopefully no later than the end of this week, bring to his attention some specifics in regard to the situation in Saskatchewan in comparison to Alberta to document my statement.

CABLE TELEVISION — OUTRAM

MR. C.P. MacDONALD (Indian Head-Wolseley): — Mr. Speaker, at the hope of a one-button answer rather than a two, I would like to direct a question to the Minister

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in charge of Environment and Sask Tel and ask him about the white elephant that has been located at Outram in southern Saskatchewan. I would like to ask the Minister first of all a short series of questions. Could the Minister tell me if the geographic location of Outram was selected specifically in order for the cable television import from Williston, North Dakota?

HON. N.E. BYERS (Minister of Telephones): — The answer to that is, Yes, Mr. Speaker. The applicants for licences made their application to the CRTC with the understanding that that was a desirable location and would be used by whomever was the successful applicant.

MR. MacDONALD: — Would the Minister tell me, is it the habit of Sask Tel to invest \$2 million of the Saskatchewan taxpayers' money without a signed agreement between any two parties who they are going to intend to provide services?

MR. BYERS: — Well, Mr. Speaker, if I understand the amount of the total investment in this system \$2.5 million as I understand it is the cost of the improvements made to the inter-city microwave system with the head end at Outram being one part of that investment.

MR. MacDONALD: — Supplementary. Would the Minister tell me what other possible uses are there for the installation that is now located at Outram and tell me what would be the cost of uprooting this installation and moving it somewhere else so that we don't have a white elephant sitting down in southern Saskatchewan?

MR. BYERS: — Well, Mr. Speaker, the Hon. Member assumes that there is a white elephant at Outram. I am not prepared to accept that the head end at Outram is a white elephant. The applicants for licences for cable television understood that Outram would be the location for the head end and this would involve the construction program to upgrade the inter-city microwave system in the province. It is only in the last three or four months that some of the successful applicants, I understand, have been giving consideration to the idea that the head end at another location would be more desirable. I don't know whether they have applied to the CRTC for a licence to construct the head end at another location or not. You would have to get the information from them. In the event that another location was selected it would take some years to design the additional hardware to re-route the system. I don't think the people of Saskatchewan intend to wait that long for the jurisdictional problem to be resolved to receive cable television. I am still optimistic that the investment at Outram is solid hardware, not a white elephant and that it will be used.

SYLVITE MINE — NEW MANAGER

MR. R.A. LARTER (Estevan): — Mr. Speaker, a question to the Premier and possibly the Minister in charge of Sask Potash. On April 11 we ran out of time with the Minister of Potash. He was just going to tell us the name of the new manager at the Sylvite mine which we are purchasing and what his starting date was. On April 13, I

asked the Premier the same question and he did not know who the new manager was. Could the Minister in charge of Sask Potash tell us who the new manager is and his starting date, his salary? With the takeover only a few weeks or a few days away, I think this is very important.

HON. E.L. COWLEY (Minister in charge of Potash Corporation): — Well, Mr. Speaker, if I recall the question in the House that was directed to me that day was whether or not we would have someone in place as manager for the Sylvite operation when we took it over. I indicated we would and the indication is still the same. I would expect that in the interim we have some people from the Potash Corporation in Saskatchewan who may fill in on an interim basis there as the manager of the operation. An announcement with respect to who it will be will be made in due course when we have signed the agreement.

MR. LARTER: — A supplementary, Mr. Speaker. Doesn't the Minister feel that his new potential manager, the new manager should be in place at the present time working with management so that they do have a continuation of dialogue and which direction they are going?

MR. COWLEY: — Mr. Speaker, I thought I just indicated to the Member for Estevan that he is in place now and is working with the management when I indicated that we would in the interim period likely have someone from the head office of the Potash Corporation of Saskatchewan as acting general manager and that may indeed be the person who becomes the general manager. There is no problem with respect to management there. You obviously can't be in Sylvite managing now because we haven't yet signed the agreement and haven't taken over. I don't foresee any difficulties at all.

MR. J.G. LANE (Qu'Appelle): — Supplementary, Mr. Speaker. Would the Minister advise us who the individual is from the Potash Corporation who is now in Sylvite? What is his salary? You've indicated that he will at least be the person who continues the management; would you mind giving the Assembly his name?

MR. COWLEY: — I did not, Mr. Speaker, indicate that anyone is in Sylvite managing now except the people who work for Hudson Bay Mining and Smelting. I said that I was prepared to give the Assembly the name and would make an announcement at the appropriate time when the agreement is signed and when we take over the operation at Sylvite; I am prepared obviously to make known the name of the individual at that point in time but not until then. With respect to his salary I think the Member full well knows the policy of this Government and previous governments with respect to salaries of employees in the Crown corporations, that is we have always been prepared to give the salary of the chief executive officer. I did that with respect to PCS in Crown Corporations. I am prepared to repeat it in the House if that is what the Member wants but that is all the salaries that I am prepared to give.

WIDOWS — CIVIL SERVICE PENSION

MR. G.N. WIPF (Prince Albert-Duck Lake): — A question to the Premier, Mr. Speaker. Is the failure of your Government to introduce legislation in this Session allowing widows to receive their civil service pension after they remarry and to continue this pension, an attempt to fight the rising government expenditures on the backs of a handful of senior citizens in this province?

HON. A.E. BLAKENEY (Premier): — I answer that non-controversial question, by indicating that the total legislative program of the Government is not yet before the House and I think it is therefore premature to indicate what has or what has not been introduced at this Session.

MR. MALONE: — Mr. Speaker, supplementary. In view of the answer I wonder if the Premier or the House Leader is prepared to let us know when the total legislative program of the Government is going to be introduced to this House? We have been sitting here now for some time doing rather minor housekeeping chores. I wonder if as a result of that answer you could inform us when we can expect to have the rest of the legislation tabled?

MR. BLAKENEY: — Mr. Speaker, I think that there are only a very small number of pieces of legislation yet to come before the House. As I indicated very early in this Session, one of those was pension supplementation by legislation. As a matter of fact the Bill will contain some other aspect to do with public service superannuation that will be coming along very shortly. There is really comparatively little left to come before the House in number; I am not qualified to indicate whether there is little left in substance. While I think they are not particularly controversial, I am not always able to rely upon Members opposite to concentrate their attention on matters which I think are important rather than matters that they think are important. I note that we are not quite through the Order Paper, since there are about 40 or 45 pieces of legislation which are not yet attended to, so I think that we are not near the end of work that we can usefully do.

MR. LANE (Qu'Appelle): — A supplementary, Mr. Speaker. Would the Premier indicate whether or not the granting of pensions to widows who remarry will be part of the Government's Pension Package and proposals? We think it is urgent.

MR. BLAKENEY: — Mr. Speaker, I am not at all sure why the Member thinks it is urgent; whether or not it is that more widows are marrying this month than last month or a year ago. (But he may know more about widows than I do, particularly those who wish to remarry!) But in any case we hope to bring this matter before the House at a very early date.

TAXATION OF RESOURCE DEVELOPMENT COMPANIES

MR. McMILLAN: — Thank you, Mr. Speaker. On March 31 of this Session, the Minister of Industry and Commerce (Mr. Vickar) in response

to a question put to him announced that changes were coming with regard to resource taxation of privately and publicly owned resource development companies. I wonder if you could announce at this time what form those changes will take?

HON. N. VICKAR (Minister of Industry and Commerce): — Mr. Speaker, I don't have an announcement to make at this time.

GOVERNMENT POLICY RE LAND ANNEXATION

MR. W.C. THATCHER (Thunder Creek): — Mr. Speaker, a question to the Premier. Last week the Premier was asked as to the position of his Government in regard to the proposed annexation of some 16,000 acres of farm land by the city of Regina. At that time the Premier indicated that his Government has no definitive policy but would be examining the matter in the very near future. I should like to ask the Premier if he has received some sort of a formal representation from the city of Regina requesting this annexation and the approval of the Government and if the Government in the meantime has come to some clear definitive policy, not only in matters regarding the city of Regina but cities all over Saskatchewan?

MR. BLAKENEY: — Mr. Speaker, the Hon. Member asked essentially two questions. Have I received any communication from the city of Regina with respect to the proposed annexation? (I am glad it is properly styled annexation and not expropriation.) The answer to that is, No. I am not aware whether or not something may have been sent to the Department of Municipal Affairs. I have no knowledge of it.

Secondly, are we able to announce at this time a definitive policy with respect to annexations of that nature. The answer is, No. As I attempted to indicate previously it is the intention of the Government, if a proposal is received from the city of Regina, to solicit views from all interested parties who may have something to offer with respect to an annexation such as this, including other agencies of government. When we have had an opportunity to assemble all of the information and to consider it with care we will be able to make a policy statement; but not before that.

MR. THATCHER: — Final supplementary, Mr. Speaker. Mr. Premier would you not consider it to be a bit of a contradiction when your Government is apparently expressing severe concerns about agriculture from the point of view of size of farms and who should own the farms and yet at the same time while you are evolving policies in these areas you seem to be very hesitant in coming to grips with perhaps an even larger problem, and that is urban sprawl. Would the Premier not consider that a bit of a contradiction on the part of his Government?

MR. BLAKENEY: — Mr. Speaker, I acknowledge fully the Member's suggestion that urban sprawl, or the conflict of land use between expanding urban centres and surrounding farm areas, is a difficult problem. The fact that those who apparently suggest there should be no annexation have no firm proposal to put forward as

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to how the urban centres are to grow indicates the difficulty of the problem. I know that those people with land holdings now would wish to put a firm embargo upon the cities incorporating any additional land, with the result, of course, that existing land holdings would escalate in value very sharply. That would indeed protect farm land but may have other very serious social consequences.

The conflict of land use with respect to urban expansion is a problem of which we don't have any easy answer. I am not aware that anyone else has an easy answer. And accordingly, to the extent that we don't have an easy answer to that question and we have formed definitive and satisfactory answers to most questions of government, it is indeed a contradiction.

MR. LANE (Qu'Appelle): — You have indicated that the Government would give ample opportunity to interested groups including other government departments or agencies to present their views prior to a Cabinet decision. In light of the problem, I submit, that you touched on in an earlier answer, would the Premier not agree perhaps the best way to formalize the opportunity for individuals to give their views is a judicial inquiry into the total question of urban sprawl and the encroachment upon prime farm lands of Saskatchewan, including in particular the proposed annexation by the city of Regina?

MR. BLAKENEY: — Mr. Speaker, I think the proposal for a judicial inquiry is one which clearly might be considered. The Member will know that we have had two land use conferences, one just a week or two ago and one a year ago involving representatives of the Saskatchewan Association of Rural Municipalities, the Saskatchewan Urban Municipalities Association and other organizations, 19 in all, at which they have wrestled with some of these problems. And this one was high on the agenda. The fact that they did not reach any resolution of the problem is perhaps not surprising but indicates that it is not an easy problem. It may well be that a judicial inquiry would have some merit. I know that the Minister of Municipal Affairs will be considering all appropriate avenues for permitting interested persons and organizations to present their views.

STATEMENT

FLOOR DAMAGE AGREEMENTS

HON. N.E. BYERS (Minister of Environment): — Mr. Speaker, I rise today to announce the formal signing of two agreements under which the Saskatchewan Government and the Government of Canada will undertake joint programs that will reduce flood damage in this province.

I signed the agreements on behalf of the Government of Saskatchewan and the Hon. Romeo LeBlanc the Minister of Fisheries of the Environment signed on behalf of the Government of Canada.

The first agreement states the general approach which the two Governments are taking towards flood damage reduction. This approach recognizes that it is better to work with nature by

discouraging development in the areas where the risk of flooding is known to be high.

The second agreement is more specific. It will initiate preparation of maps and studies of the flood plains where flooding is likely to occur. These two agreements are a good start. And I look forward to the time when I can rise again to announce other cost-sharing flood reduction agreements with the Government of Canada.

Saskatchewan needs better flood forecasting and flood warning systems, better flood proof techniques, more appropriate flood control works. During the present session of the Legislature, I introduced amendments to The Water Resources Management Act, to authorize a program for the improved management of flood hazard areas. Work undertaken under the agreements I announced today represent part of that program. The Department of the Environment has undertaken a broad new approach to flood plain management. Areas that are subjected to frequent flooding must be managed more effectively to prevent recurring damage, social disruptions to human and animal life, major expenditures for emergency measures and compensation to victims of floods. Part of this policy which the Government of Saskatchewan shares with the Government of Canada is a ban on financial assistance for new development in areas where the flood hazard is high, but even without investment incentives from the Provincial and Federal Governments, we anticipate continuing pressure for development in high risk areas. Flood plains when they are not under water, are attractive. The intent of Saskatchewan and the Government of Canada is not to stop all development but to achieve growth in flood hazard areas that recognize the dangers. In short, mankind's use of flood plains must be in harmony with nature.

Mr. Speaker, while I'm on my feet I would appreciate it if you would give me a chance just to make a brief statement with respect to the matter which the Hon. Member for Indian Head-Wolseley raised just to provide some supplementary information about this, which I received since he asked his question. It will be factual and brief.

MR. SPEAKER: — Is the Minister providing an answer to a question or is he providing the balance of his statement?

MR. MacDONALD: — On a Point of Order, I would be delighted if he would respond.

MR. BYERS: — It is new information in the form of a statement on a subject that was already raised earlier today.

MR. SPEAKER: — Is it part of the Ministerial statement you're dealing with?

MR. BYERS: — No.

MR. SPEAKER: — Then I think we'll take one statement at a time. If it's an answer to a question the Member should produce it during the question period.

MR. A.N. McMILLAN: — In response to your statement on flood damage, I think over all, Members of this Legislature would have to welcome any initiative that is taking place by either the Federal or Provincial Governments to try and minimize the potential flood damage and danger in the future. One particular aspect of your announcement that concerns me is the rather negative approach that you take towards potential hazards; you state that your direction will be to discourage development of those areas (a negative approach) a ban on financial assistance to people that will be developing there. In view of that attitude plus Bill No. 48, The Water Resources Management Act that you have tabled in this House, the two of those combined, I think have the potential to cause citizens of Saskatchewan and residents of flood hazard areas considerable trouble with regard to your Government's approach to this problem. I think probably the best approach to be taken and one which you indicated you are considering as well and that's the study of potential flood hazard areas and means of preventing and improving upon the situation as far as flood control goes, this is the area which your Government must put the most emphasis on. In general, I am pleased to see it introduced and I hope you'll proceed with caution on the first aspect of your statement that is a negative approach to discouraging development in those areas.

MR. J.G. LANE (Qu'Appelle): — A short reply, Mr. Speaker, to the Minister. Seemingly the approach of simply discouraging developing in flood prone areas causes the Government to miss the root cause of flooding in various areas and I would hope that is not the Federal and Provincial Governments' intention. Seemingly all we are doing is 'glossing over'. It's very easy for government to say, 'no more building in a flood prone area,' when we, in fact, could be making a more positive and a more substantive change by making the capital expenditures to actually stop the flooding or rechannel. It's very easy, as I say, for a government to slap on freezes. I think the Government is well aware of some of the problems caused by freezes and I would hope that, should the Government proceed, federally and provincially, should the Government proceed, to discourage development that it be done with the full support of those affected and the full support with full public participation before any action is taken.

CABLE TELEVISION — OUTRAM

MR. BYERS: — Mr. Speaker, I wonder if I might have permission to make another brief statement. In the last few days or weeks there has been some concern expressed as to whether or not the hardware that Sask Tel has constructed as part of the inter-city microwave system for cable television including the head end at Outram would be redundant in the event that another location was deemed more appropriate for a head end. With respect to the head end at Outram I want to assure all Members of the House that the tower at Outram is part of the national defence system and in the event that another site were selected, that tower would remain there and would remain in operation.

With respect to the upgrading of the microwave system, the inter-city microwave system, the estimated cost of that hardware was in the order of \$2 million and if an alternate site were selected this hardware would still be used and would not be wasted. With respect to relocation, if a relocation were necessary the cost could be, would be minimal and it would only

be in the order of \$17,000 at present day costs. So that we can be assured that, as I have read and heard in some places that Sask Tel may have 'goofed' in this construction program, that tower at Outram is part of the Canadian National Defence system and we do not regard that as a 'boob'. The interprovincial hardware is there in place and can be used and that is not a 'boob' either.

MR. MacDONALD: — I want to tell the Minister that we're all on this side of the House, and I'm sure the entire public of Saskatchewan is delighted. In case of a third world war, you the Minister in charge of Sask Tel have provided all of the protection that Canada will need. Let's be realistic, Mr. Minister, and I say this in all sincerity, when a Socialist Government turns around and invests \$2.5 million of the taxpayers' money to provide a service to some company or companies that are not socialist owned or controlled . . .

MR. SPEAKER: — Order! I think, I should possibly re-acquaint the Member with some of the rules that govern the answering of statements, and if necessary I can bring forward the appropriate citations, but let me say, quite briefly, that the comments must be brief, factual and specific. And that the comments in response to the Minister's must be brief, factual and relevant and that a debate cannot take place since there is no motion before the House so I would warn the Member to exclude any debatable comments he might have to make.

MR. MacDONALD: — Mr. Speaker, I will certainly abide by your rules and I hope that the Minister involved also took them. All I want to say, Mr. Speaker, and Mr. Minister, is that I hope the Government has learned a lesson, and that lesson is very important on behalf of the people of Saskatchewan. Mr. Speaker, when you make those kinds of business errors when a private corporation which has the decision of selecting service from you or from an alternate source that before you invest the money, my money and the taxpayers' money, you'd at least have a signed agreement. And when Sask Tel and other Crown corporations have learned a lesson, I'll be very satisfied.

SOME HON. MEMBERS: — Hear, hear!

MR. D.M. HAM (Swift Current): — Mr. Speaker, I guess it's common knowledge that the maintenance and building of equipment such as this, within the national defence system, is a federal responsibility. I suppose we can assume that shortly we can receive a \$2.5 million cheque from Ottawa.

INTRODUCTION OF GUESTS

PUBLIC ACCOUNTS COMMITTEE — NEWFOUNDLAND

MR. SPEAKER: — Before the Orders of the Day I have some announcements I wish to make. I inadvertently neglected to introduce the third member of the delegation from Newfoundland. He is Mr. Ron Penney, and he's the law clerk and secretary to the Public Accounts Committee and he's in the Speaker's Gallery. I'm sure Members will join me in extending the same warmth and welcome to this Chamber as we have to the other Members.

HON. MEMBERS: — Hear, hear!

ANNOUNCEMENTS

CONSTITUENCY OF PELLY

MR. SPEAKER: — Due to the passage of time, I can now make some formal announcements. I beg to inform the Assembly of the following vacancy and representation in the constituency of Pelly by the death of Mr. L.M. Larson, Esquire.

CERTIFICATE OF ELECTION

MR. SPEAKER: — I beg to inform the Assembly that the Clerk of the Legislative Assembly has received from the Chief Electoral Officer a certificate of the following election and returns of Harold W. Lane, Esquire, as Member of the constituency of Saskatoon Sutherland, and of Garnet N. Wipf, Esquire, as Member for the constituency of Prince Albert-Duck Lake.

STATEMENTS

EXAMINING OF BILLS BY MR. SPEAKER

MR. SPEAKER: — Before the Orders of the Day, I have a statement I wish to make. A Point of Order was raised on Tuesday, April 12, 1977, questioning whether it was the Speaker's duty to look into whether a matter is in order or not when no Point of Order has been raised on the matter and further, by what authority did the Speaker examine bills introduced by private Members as to their being in order.

The duties of the Speaker in these areas are defined by both rule and practice. I refer all Hon. Members to the following citations which clearly set out the duties of the Chair. Rule 44 of this Assembly states that:

When Mr. Speaker is of the opinion that a Motion offered to the Assembly is contrary to the rules and privileges of the Assembly he shall apprise the Assembly thereof immediately before putting the question thereon and quote the authority applicable to the case.

Beauchesne's Parliamentary Rules and Forms, Fourth Edition, Citation 70(6) further states:

That the Speaker is bound to call attention immediately to an irregularity in debate or procedure and not to wait for the interposition of a Member. Therefore, it is clear that a Speaker must not wait until a Point of Order is raised but must deal on his own initiative with any matter which in his opinion may be a violation of the rules of the Assembly.

The question of whether it is the Speaker's duty to examine all Private Members' Bills brought before the House is also clearly in the affirmative, as it is the duty of the Chair to ensure that all bills are in order. I refer Members to Sir Erskine May's Parliamentary Practice, 18th Edition, page 225 which states:

It is the duty of the Speaker to preserve the orderly conduct of debate by repressing disorder when it arises

by refusing to propose a question upon motions and amendments which are irregular and by calling the attention of the House to Bills which are out of order and securing their withdrawal.

May further explains the role of the Chair on financial procedures on page 690 as follows:

In discharging its duty of disallowing any proceedings which would infringe on the rules of financial procedures, the chair relies in the last resort upon its power to decline to propose the necessary questions. It is principally by the action of the Chair that the financial practice of the House has been developed, its principles defined and any deficiencies in the standing orders such as those mentioned on page 691 are supplemented.

Accordingly if any motion or bill or proceeding is offered to be moved, whether in the House or in Committee which requires but fails to receive the Queen's recommendation, it is the duty of the Chair to announce that no question can be proposed on the motion or to direct the withdrawal of the Bill.

It is a long standing practice of this Assembly and other Assemblies that the Speaker may defer a ruling on a matter until he has had time to consider it fully. This in no way indicates whether the decision will be to rule the matter in order or out of order, but is a practice followed to ensure that decisions are carefully considered.

I am sure this will clarify the matter for all Members.

POINTS OF ORDER ON QUESTION PERIOD

MR. W.C. THATCHER (Thunder Creek): — Mr. Speaker, from time to time, on a Point of Order, Mr. Speaker, you do make strange rulings that seem strange to us on this side of the House. And I would point today to an instance where I had asked a question and a supplementary and was preparing to answer ask a third, when I was ordered to sit down and another Member in the Assembly was allowed to ask a supplementary to my question. Now, Mr. Speaker, I don't know whether the Member for Rosetown-Elrose last weekend has put you up a tree, that you feel that you must now bend very strongly the other way, or whether or not you don't think my friends to the left are capable of thinking up their own questions. I don't know, if so, communicate that to them. But, Mr. Speaker, I think that if you are establishing a new precedent today, in which case you are going to cut a Member off from his line of questioning and allow it to be taken over by another Member, I think you should inform the House so that we can prepare accordingly.

MR. SPEAKER: — The Members will agree with me that the rules of the Question Period allow the Speaker to pick and choose Members to ask questions as the Speaker sees fit. The basis on which the Speaker makes his decision about where the question should come from are based primarily on which Member rises and secondarily in obtaining a balance of Members asking questions. In other words, the questions should not be concentrated in one or two or three Members but should be spread throughout the Chamber. Also, in this particular Chamber, the questions should not be

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concentrated in one group. The record will show clearly today as was the case last Friday, or any other day, that on balance an average has been maintained. Now, the Member I believe is maybe referring to the question he asked about farm land annexation to which I allowed him a supplementary and then I allowed the Member for Qu'Appelle a supplementary. Quite often when I'm closing off a question, because I don't feel it's as pressing as some other possible questions that may be about, I will allow the other group to ask one cross supplementary. I've done this both ways across the Chamber, so it's not uncommon. I've not changed any procedures today from the past. I think if the Member examines the records, he'll find that's the case. I don't take into consideration abilities of Members to ask questions. I'll take questions from anybody.

MR. E.C. MALONE (Leader of the Opposition): — On the Point of Order, Mr. Speaker, I wonder if I could just make a comment. I agree completely with what you say as to questions per se and how you have to have a proper balance in the number that are asked. I wonder, Mr. Speaker, if it's not appropriate for you to consider a difference between the main question and the supplementary question. Often, you will realize, of course that you have to develop a couple of questions before you reach the stage where you ask the final question.

I think that it is sometimes inappropriate for Mr. Speaker, to disallow another supplementary and allow another Member to ask a supplementary. Now if Mr. Speaker feels that the subject matter that is being covered is not of importance or of urgency, I would suggest to Mr. Speaker that you then cut off all questioning rather than disallowing one Member a supplementary and going to another Member for another supplementary. It would seem to me to be somewhat contradictory if you are going to allow further questions on the particular topic. Surely the Member who introduced the topic, within reason, and I stress that — should be allowed to ask the supplementaries that he wishes to ask before you turn to another Member, who may have a very good supplementary arising from that particular question. It strikes me as being somewhat unfair to cut off one Member for supplementaries on the basis that the subject is not of importance or urgency but at the same time allowing another Member to reintroduce the subject through another supplementary.

MR. S.J. CAMERON (Regina South): — Would you permit an additional comment on that question of order?

MR. SPEAKER: — A brief comment.

MR. CAMERON: — Mr. Speaker, I am sure is aware of the practices of the cuckoo bird. The cuckoo bird, as Mr. Speaker knows never builds its own nest but it awaits the construction of a nest by another bird and then settles in it.

Now, in no small way, Mr. Speaker, the practice of the Member for Qu'Appelle (Mr. Lane) is to get in on somebody else's questions with a lot of supplementaries. It's a long standing practice and a kind of a cuckoo bird practice.

Now, Mr. Speaker, I suggest that that's not only a lack of manners, Mr. Speaker, it demonstrates a lack of energy and

originality on his part and a practice, Mr. Speaker, I should think you wouldn't want to encourage.

SOME HON. MEMBERS: — Hear, hear!

MR. SPEAKER: — I don't know if that's a point of order or a lecture to someone in the House.

MR. R.L. COLLVER (Leader of the Progressive Conservatives): — On the Point of order.

MR. SPEAKER: — Order, order! I might remind the Member for Regina South that the cuckoo bird's purpose is to lay an egg. Now, lest anyone feel offended by that, I would say about today, I thought the supplementary question which I allowed the Member for Qu'Appelle was a good supplementary. Without passing any kind of judgment I thought it enhanced the original question by the very fact that it was a good supplementary.

I might at some time, and I have in the past, cut off questions because I felt that the subject had deteriorated or it wasn't important but at other times I have allowed a couple of supplementaries and then I have gone to the other group and allowed one supplementary there. I'll try and not allow the perpetration of improper or poor quality questions in the House just because of that reason.

MR. COLLVER: — Since you are allowing both groups to comment on the various methods, I would like to make a brief comment on the Point of Order that has been raised, and as it relates to birds. I think the Member for Regina South (Mr. Cameron) has referred to the wrong bird and I think he should refer to the dodo bird which is now extinct!

SOME HON. MEMBERS: — Hear, hear!

COMMITTEE OF FINANCE — DEPARTMENT OF HEALTH (Cont'd) — VOTE 32

ITEM 1

HON. W.E. SMISHEK (Minister of Finance): — Mr. Chairman, the Hon. Members will recall vividly what happened in this House last Thursday evening when we were considering in Committee of Finance the Estimates of the Department of Health. Members will recall that among the things that provoked the discussion and caused the calling of the witness, the Chairman of the Regina General Hospital, Mr. Hewitt Helmsing, was the remark made by the Hon. Member for Saskatoon Sutherland (Mr. Lane) when he said:

We could bring documents to this House showing the hospitals which are supposed to be the holy sanctum of cleanliness, are filthy and because of the lack of money being put in to maintaining proper care adequately.

Mr. Chairman, I thought that after we got finished with Mr. Helmsing that all of that was put to rest, particularly in light of the vote. Mr. Chairman, I am glad that the Leader of the Conservative Party (Mr. Collver) is here because it is

very often that he leaves the House after the Question Period, and I would hope that he stays with us for a while. I am also glad that the Member for Saskatoon Sutherland (Mr. Lane) is here.

Mr. Chairman, I was shocked to say the least on Friday morning that after we had heard the testimony of Mr. Helmsing, the Leader of the Conservative Party (Mr. Collver) appeared on the CBC morning broadcast in an interview and he repeated, again, some of the allegations or words that implied the same kind of attack without providing, again, the evidence or the proof.

Mr. Chairman, I want to table with you a transcript of the CBC broadcast interview, I think, by Lorna Jackson, as I recall it, at 8:20 a.m. on April 15, that's last Friday. I wonder if I can table that transcript. We were able to obtain it from the CBC.

Mr. Chairman, I draw to the attention of this House the remarks of the Leader of the Conservative Party (Mr. Collver). I do hope that he stays with us, Mr. Chairman. He made a statement that there have been major cutbacks in health care expenditures and I am going to refer to that and then he carried on, let me quote:

The Regina General Hospital is not at the brink of dangerous conditions as suggested by Mr. Helmsing.

Mr. Chairman, I think Mr. Helmsing spoke for himself. I listened for that entire period. Nowhere, nowhere did I hear Mr. Helmsing suggest that the Regina General is at the brink of dangerous conditions.

Mr. Chairman, the Leader of the Conservative Party on several occasions — and I have shown in the transcript — made reference that they were very concerned about the hospital cutbacks, made the reference that the Liberals and the New Democrats in the Legislature decided that they wanted to play on words. Mr. Chairman, I think we have demonstrated very conclusively that we are deeply concerned, the Liberals and ourselves about the allegations that were made and the proof was not produced by the Conservatives.

He repeated that statement on several occasions, Mr. Chairman; he went on to state further that we have information that has not been raised at the moment. This was on Friday and he went on to say, 'but we had information from other hospitals in the Province of Saskatchewan that the cutbacks have seriously affected their ability to keep their hospitals clean.'

Mr. Chairman, you will recall that on Wednesday evening Mr. Romanow, it was on Thursday afternoon, pardon me, the Attorney General repeatedly asked of the Conservative Party to produce any evidence that they had about the filthy hospitals. The only piece of information that they tabled was a letter from Local 176 signed by the president. Nowhere did he suggest that the Regina General Hospital was filthy.

We pleaded with them to give us further information so that in the interest of the health care of the people of this province, the Department of Health could investigate those allegations.

You will recall that the Attorney General, I don't know how many times, asked the Conservatives to rise, to produce any

evidence. They obviously didn't have, at least I felt that they didn't have any further information because they sat there; they did not respond.

We asked, after the testimony of Mr. Helmsing, whether they had any further information, any further indication from any hospital that there were unhealthy or unsafe or unclean conditions. Not a single one of them came forward to produce any further evidence.

I thought that the chapter of that history was closed and that we would proceed in this House to deal with the Estimates. Yet the very next morning the Leader of the Conservative Party (Mr. Collver) appeared on the media of the CBC which received the largest hearings throughout the province and repeated his allegations, distorted the truth as presented by Mr. Helmsing, saying that they have further evidence.

Mr. Chairman, I ask the Conservatives again, that if they have any further information, in the interest of health services and in the interest of the people of Saskatchewan, in the interest of protecting the good names of the hundreds of hospital board members of the administration of the 132 hospitals, of the 11,000 employees who work in the hospitals, for goodness sake, have the decency to produce the information or stop this harassment of the hospitals of this province.

SOME HON. MEMBERS: — Hear, hear!

MR. SMISHEK: — It is unfair, it is unjust to spread these kinds of tales that have no substance to them. But if you have any information produce it in this House so the Department of Health can investigate and correct any problems that there might be.

Mr. Chairman, on several occasions the Conservatives keep repeating about the cuts in health service and in hospitals. Mr. Chairman, let me refer him to the Estimates of last year and again this year. Last year in the Estimates we provided an increase of \$70 million for health services. In the year before the estimate was \$268 million. It was raised last year in the budget to \$338 million, an increase of \$70 million. Hospital care increased by \$39 million. This year again we are increasing funds for health services from \$339 million from what was provided for last year to \$404 million in the Department of Health and another \$200 million for hospital construction and renovation under the Department of Government Services and a further \$1.6 million in Northern Saskatchewan for close to \$408 million in health services.

Mr. Chairman, I believe the money we have appropriated last year and this year is an adequate amount of money. It is true because of collective bargaining settlements there were some slight shortages but during the year additional funds were provided.

I am satisfied that this province is doing as well and better in providing for public health services than any province in the Dominion of Canada.

SOME HON. MEMBERS: — Hear, hear!

MR. SMISHEK: — I invite the Hon. Members to conduct their own

inquiries and their own investigations and I think if they have any decency or honesty or truth about them, they will find that to be the fact.

But the key issue here, at the moment, Mr. Chairman, and I am glad that the Leader of the Conservative Party (Mr. Collver) is back because I am going to ask him to withdraw the allegations that he has made on the CBC that I am going to ask him to apologize to Mr. Helmsing for distorting the truth and evidence he gave before this House and that he stop spreading this big lie that the Conservatives have got on the kick in the last while, Mr. Speaker, in the interest of health care and in the interest of the people of Saskatchewan.

SOME HON. MEMBERS: — Hear, hear!

MR. CHAIRMAN: — Order! I would like to remind all Members to be careful and cautious of the parliamentary language that we allow in here and I know that it's an emotional subject, as I have said before, but I'm depending on the co-operation of you people to help see this thing through.

MR. J.G. LANE (Qu'Appelle): — I have a question for the Minister of Health, I believe.

MR. SMISHEK: — The Leader of the Conservative Party, may as I indicated agree to withdraw the allegations and the statements that he made to the CBC, Mr. Chairman.

SOME HON. MEMBERS: — Hear, hear!

MR. CHAIRMAN: — I have acknowledged the Member on his feet, the Member for Qu'Appelle (Mr. Lane).

MR. LANE (Qu'Appelle): — A question for the Minister of Health. You have had . . .

MR. E.C. MALONE (Leader of the Opposition): — On a Point of Order, Mr. Chairman, the Minister of Finance (Mr. Smishek) today, the Premier on Thursday on two occasions accused the Conservative Party and their leader of lying. They have been invited on three occasions, the last of which was just a few seconds ago to respond to that charge. My Point of Order is, Mr. Chairman, are the Conservatives going to deny that charge? If not, do we then accept it to be the truth and get on with the Estimates?

MR. CHAIRMAN: — I would have to inform the Hon. Member that I do not consider this a Point of Order. It is a Point of Debate and the Member for Qu'Appelle . . .

MR. MALONE: — On a Point of Order, Mr. Chairman. If anybody in this House accuses another person of being a liar, it deals with the order and rules of this House. I suggest, Mr. Chairman, it is something to be dealt with immediately and if not dealt with immediately or denied, we can accept the truth of the accusation and then we just proceed with the other order of business.

If that's what the Tories want to do, I am more than willing to go ahead with it. I think we have spent far too much time on this particular subject as it is.

MR. CHAIRMAN: — Order! I believe that any statements that are made outside this House and I take it that this was made outside this House, we have no jurisdiction over that. Again, I call on the Member for Qu'Appelle (Mr. Lane) to rise and speak what he has to say.

MR. LANE (Qu'Appelle): — Thank you very much, Mr. Chairman. The Government has been under some severe pressure to allow the use of the drug or whatever one wishes to call it, laetrile. There is a very broad question involved and that is, let's assume for discussion purposes that laetrile is not effective as there seems to be conflict on both sides of the issue. Would it not be proper for the Government in a situation like that when there are individuals who are terminally ill from cancer or another disease, to at least allow them the satisfaction, even if we assume it not to be plausible, the satisfaction and any hopes that they may get from such a drug. If that is the case and we do have a duty to grant whatever comfort there may be available, would it not be in order then for the Government, to allow the use, through the Medicare system or the Drug Program, the use of plausibles in that case, assuming that the particular drug is not effective, and I assume that is the Government's position.

HON. W.A. ROBBINS (Minister of Health): — Mr. Chairman, we are, of course, dependent upon the Food and Drug Directorate of the Department of Health and Welfare with respect to finding out whether foods or drugs are proper foods or drugs to be used in Canada and they have not licensed the sale of laetrile and they refuse to license the sale of laetrile because they simply say that they have not been provided with clinical evidence to merit its usage in terms of control of cancer. I note here a news item from San Diego, California, the first person to get legal permission to import laetrile into California is dead, a victim of the cancer that he hoped the drug would halt and it names the person and his location. He died of cancer of the pancreas late Saturday, three weeks after winning permission from a federal judge to bring the controversial apricot extract into the United States from Mexico. Laetrile is banned by the Food and Drug Administration as ineffective in cancer treatment. That's true in the United States; it's also true in Canada.

MR. LANE: — Mr. Chairman, are you taking then the position that the drug is ineffective. That is what your quote would lead one to believe, that the drug is ineffective. Is that what you are saying?

MR. ROBBINS: — We haven't conducted any experiments ourselves. The information we get from reputable people in the United States and the governmental authorities in the United States and the governmental authorities in Canada indicate that it is not effective.

MR. LANE (Qu'Appelle): — I revert to my first question. If a compound or whatever one wishes to describe the product is accepted as at least being an article of hope for those terminally ill, are you saying then that the Government has no duty to supply this product?

MR. ROBBINS: — Yes, I am saying we haven't because we would be going against the laws of Canada and we happen to be part of Canada.

MR. LANE: — How is it possible then for a doctor in Alberta to be distributing the product?

MR. ROBBINS: — We haven't any legal authority to do it here. We can't speak for what they do in Alberta.

MR. LANE: — Are they not under the same rules? You have quoted the Food and Drug Act, which applies consistently across Canada. I suggest that if individuals in Alberta are supplying the product, that you can't hide behind the Food and Drug Act for your reasons for not supplying it. Now are you really just saying that it's not effective and you simply do not intend to supply the product?

MR. ROBBINS: — We cannot be held responsible for other people in another jurisdiction who break the law.

MR. KWASNICA (Cut Knife-Lloydminster): — Mr. Chairman, I'm just a little bit concerned that the Leader of the Conservatives and the Member for Saskatoon Sutherland hasn't responded to any of the comments made today in the House. As the MLA for my constituency, I immediately took the comments made by the Leader of the PC Party on radio the other day very seriously after we had heard the evidence from Mr. Helmsing. I phoned the hospitals in my constituency. Now I have four hospitals in my riding and I thought that this kind of charge about the hospitals in the province needed to be looked into so I took the liberty to phone each of the hospitals this morning because this is serious, a serious charge. It has cast allegations on hospital boards, on administrators and I want to inform the Members, those Members on the opposite side over there who want to continue this type of rumormongering in the province. I phoned all my hospitals. I want to document the information that I received this morning by telephone.

I started at Lloydminster and I simply talked to the Administrator there and I asked him whether he thought his hospital was filthy. And his answer was immediately, "It is definitely not filthy." Then I explained what had happened in Regina and he said, "Yes I heard about it. I know what has happened in Regina the last few days." And he said I want to make it definite that the health of the patient is not in jeopardy in this hospital in Lloydminster.

The administrator in Lloydminster added information very quickly saying: "But, today as a matter of fact we are renovating in the hospital and we are putting in a brand new air

conditioning system, or phase three of it,” and he said that the hospital may not be as clean as we would like it to be while renovations are going on and I would like to point out to the Members opposite, the Conservatives, that maybe they ought to take a look at this localized situation and not say, ‘aha, but on April 14 or 17 or 18, Lloydminster hospital was not as clean as it should have been.’

Now that’s one hospital. All I can say is that the administrator there was absolutely — he couldn’t believe it, he was dumbfounded. Then I phoned Maidstone. That’s a 22-bed hospital. The administrator there hadn’t heard about the squabble down here at all and he simply said, “I can’t speak for any other hospitals. There’s nothing wrong here. It’s definitely not unclean.”

That was interesting so I went on to Neilburg, an 8-bed hospital there. I talked to the matron. The same questions were asked in the same order as I had been asking them all. How did they feel the cleanliness in their hospital was? She said, “I trust that ours is clean. We have been keeping the same housekeeping rules for the past several years. Cultures are sent, the water supply sample was just sent last week. Everything is the same as it was in the last four years. No problem here.”

And then I phoned Cut Knife hospital and that’s a hospital not far from North Battleford. I thought that the comments made there by the matron were very interesting. First question was, “Do you feel your hospital is unclean, filthy?” She said, “Oh, mine isn’t!” And I said, “Well we had some problems in the Legislature here, statements being made by the Conservatives in this House that the hospitals in the province are not fit, they are unclean, they’re filthy.” And she was just absolutely horrified. She said to that, Mr. Chairman, and I quote, “Oh, fiddle!” And she said, “Well, I don’t know where they get that information from; it is just a malicious rumor, one of the many that have been spread around lately.”

And that’s not me, an NDP Member for Cut Knife, speaking, that’s a matron in a hospital in my constituency and these are the very people that the Conservatives say, local autonomy, we’ll give you all the autonomy. Give it to them, let’s protect local autonomy. Where is local autonomy protected here in this House when the Conservative Members do the kind of things they have done in the last few days? They absolutely belittled them and that’s all.

Now these are just some of the comments I had to place on the record in this House because I think it had to be done. I want to make it clear once and for all — all the hospital boards and all the staff in my constituency are free from this really false information that has been given in this House. They have insulted the staff; they have insulted the chairmen of boards, the boards, all the local people and I just can’t stand for this kind of thing. The credibility of the Conservative Party is absolutely down the drain today when they pursue this kind of tactic. Mr. Chairman, I am waiting to hear more from the Member for Saskatoon Sutherland who should apologize to the hospitals in my riding, to all the hard working people there and the people of Saskatchewan and stop this bickering and stupidity and falsehood that they have been spreading around this province like you wouldn’t believe. And I would like to hear some answers.

HON. E.L. COWLEY (Provincial Secretary): — I just want to say a few words on these health estimates and in particular on the actions that have been taken in this House in the past few days by the Member for Saskatoon Sutherland and in particular the Leader of the Conservative Party.

Now, Mr. Chairman, I thought it was bad enough when the Member for Saskatoon Sutherland cast an aspersion not only on the Regina General Hospital, but on all hospitals in this province when he called them filthy. He later said that he was willing to change that a little bit and maybe just heavily soiled would do instead. I think, Mr. Chairman, it was the Member for Saskatoon Sutherland who was playing with words, because it is one thing to say that someone's house is heavily soiled and it is quite another thing to say that they are filthy. I think it carried a different connotation with it. But nevertheless we got into that debate here last Thursday and we went through it. We called for the first time in some quarter of a century, I think, a person before this House to testify. And following that we had a long, well I guess it was a rather short debate in which the Conservatives were so embarrassed they didn't even take part in it. And we passed a motion.

Now, Mr. Chairman, that seems to me that we sort of had laid the matter to rest and I would have thought that then all Members would have left here, gone away and we would have put to rest the issue of the cleanliness of our hospitals. I listened very carefully to the statements made by Mr. Helmsing and I listened very carefully to the questions put by Members on this side and that side of the House, and I want to say, Mr. Chairman, it really bothered me on Friday morning when I looked at the transcript of the statements made by the Leader of the Conservative Party on CBC Radio. Here we had spent the whole day, in fact a day and a half in this Legislature, we had called before us a reputable witness, I thought that we had made it pretty clear to all the Members of this House that there were no particular problems with respect to cleanliness in the Regina General Hospital. I thought that it was patently clear.

You know I listened to Mr. Bailey's question. He said, and I quote, "Mr. Chairman, so then it is possible then, with working under such stringent conditions that the amount of care that was previously taken in general housekeeping could have somewhat been neglected?" Mr. Helmsing replied, "Certainly not in the patient care areas. 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."

Mr. MacDonald, the Member for Indian Head-Wolseley asked a question and in response Mr. Helmsing said, "We have not been concerned that the sanitary condition of this hospital has been a hazard to health." Mr. Helmsing said later on, "The administration I do not believe has at any time indicated to officials of the department that the level of housekeeping at this point in time presented a health hazard as far as the operation of the hospital is concerned." Later on he said, "Let me again emphasize that in the patient care areas that the level of housekeeping has been maintained."

The Leader of the Opposition asked a question. He said, "Mr. Chairman, I have just 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: "No, not at this point in time." Mr. Malone: "Indeed, Mr. Helmsing, if you did have that apprehension I spoke about, I assume you would immediately communicate that apprehension to the Department of Public Health and responsible officials?" Mr. Helmsing: "That is correct." Mr. Helmsing said, "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's 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." And later 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."

Now, Mr. Chairman, I don't quarrel with those statements of Mr. Helmsing. I don't quarrel with Members raising questions to Mr. Helmsing in this House. But I tell you I am bitterly disappointed and I do quarrel with the Leader of the Conservative Party who sat here through all of those questions and answers the very next day saying the Regina General Hospital is now at the brink of dangerous conditions as suggested by Mr. Helmsing.

Mr. Chairman, that seems to me to be just twisting slightly Mr. Helmsing's statements before this House. That seems to me Mr. Chairman, to be a man in deep political trouble with his own caucus and the rest of this House, trying to billow himself out. That seems to me, Mr. Chairman, to be a Member who is too cowardly to sit in this House and respond to those charges. But when the issue is raised by the Minister of Finance, he toddles off out of the House and doesn't come back. Mr. Chairman, I think that Members of the Conservative caucus have an obligation to lay before this House the documentation for the statements made by the Leader of the Conservative Party on the CBC or he should stand in this House and withdraw those remarks and apologize to Mr. Helmsing.

MR. J.L. SKOBERG (Moose Jaw North): — Mr. Chairman, I think that it is very necessary that the Members of this Legislative Assembly look on what has happened in the last short number of days and reflect upon what it means in their respective constituencies and their respective communities.

I happen to sit on the Moose Jaw City Council and some years ago I sat on the Moose Jaw Union Hospital Board. At that particular time we had an obligation as the Moose Jaw Union Hospital Board to look after the supervision and administration of that hospital which included the surrounding municipalities.

Mr. Chairman, on Friday evening we had the availability of our Attorney General in Moose Jaw; he attended a meeting there. There were some 250 people at a banquet and at that particular meeting our Attorney General dealt with what had happened here on Friday previous and the Thursday and the questions that were asked in this House. Following that, I asked the people at that assembly at that time at that meeting whether or not they believe that the Moose Jaw Union Hospital was dirty and filthy. The answer came back loud and clear — it

was not. I asked the people at that meeting whether or not they thought the Providence Hospital was dirty and filthy and the answer came back, it is not.

Mr. Chairman, I do believe, as the other Members have suggested here today and previous to this day, that those people opposite and particularly the Member for Saskatoon Sutherland (Mr. Lane) and particularly the Leader of the Conservative Party, have an obligation to the people of this province to say which hospitals are dirty and filthy, if in fact they are.

Mr. Chairman, I am also suggesting that those people and those employees in Moose Jaw, both at the Moose Jaw Union and the Providence Hospital are represented by the Service Employees International Union. I asked the chairman of that organization whether or not in fact he had received any thoughts whatsoever or any information that those hospitals that they manage, that they clean, were dirty and filthy. The answer was absolutely not. The Member came into this House the other day with a letter from CUPE that did not say that the hospitals were dirty and filthy, but he insinuated that they were and he has repeated it many times since. The Service Employees International Union that look after the Moose Jaw Union and the Providence Hospital have said that those hospitals are not dirty and filthy. They have said that they may be short of staff, but at no time would they degrade their jobs to the extent that they would allow those hospitals to be dirty and filthy.

Mr. Chairman, I suggest that if the Member for Saskatoon Sutherland and if the Leader of the Conservative Party do not stand up in this House and say which other hospitals are allegedly dirty and filthy, then we in this province could expect an epidemic to come upon us and they will be responsible for not telling this House if in fact any hospitals are dirty and filthy.

Mr. Chairman, I should like to direct a question to the Minister of Health at this time. I am wondering whether or not his department has any drug called the truth serum which could be provided free of charge to the Leader of the Conservative Party and the Member for Saskatoon Sutherland.

Mr. Chairman, I suggest at this time that this House cannot stand for half truths, mistruths and outright lies unless those people are prepared to stand up and say what they mean. I say that without hesitation.

MR. CHAIRMAN: — Order! Order, please! I have brought to your attention before, the word — I have never quoted it, but it is the word “lies” which has been used on frequent occasions and I am afraid that you apparently are not taking note of what I am saying.

I would like to refer to Beauchesne, page 130, Item 3, Chapter 154:

The imputation of bad motives or motives different from those acknowledged misrepresenting the language of another or accusing him in his turn of misrepresentation charging him with falsehood or deceit or contemptuous or insulting language of any kind, all these are unparliamentary and call for prompt interference.

So to all Hon. Members I am interfering with this type of language. I ask you to refrain from using it for the betterment of the Legislative Assembly, for the betterment of progress of all people, for the betterment of your constituencies which you represent. This applies to all of you.

MR. B. ALLEN (Regina Rosemont): — Mr. Chairman, on a Point of Order.

Mr. Chairman, as you know I am a new Member of the Legislature and I am not familiar with all the rules. What is the way that a private Member would operate when he knows that a Member of the Legislature has deliberately lied, deliberately lied about a very serious question, public business of the province. He knows that he has lied; he can't say that he has lied, he can't tell the truth and say that he has lied because it is unparliamentary. What is the procedure that a private Member like myself might take under those circumstances?

MR. CHAIRMAN: — Order! Order please! As Chairman of the Committee I cannot proceed to give you the advice as to how you conduct your words. But I should like to quote to you, page 126, Chapter 145:

That it has been formally ruled by Speakers in the Canadian Commons that a statement by an Hon. Member in respect of himself and peculiarly within his own knowledge must be accepted, but is not unparliamentary to temperately criticize statements made by a Member as being contrary to facts, but no imputation of intentional falsehood is permissible.

A statement made by a Member in his place is considered as made upon honor and cannot be questionable in the House or out of it.

MR. G. SNYDER (Minister of Labour): — Mr. Chairman, would it be unparliamentary to suggest that the Leader of the Conservative Party and the Member for Saskatoon Sutherland consistently use the truth with wild and reckless abandon? I think, Mr. Chairman, if that is parliamentary, I think I would have to say that we on this side of the House, those of us who have been around for a few years have seen this Legislature subjected to a new low in parliamentary debate. If Members opposite, the Member for Saskatoon Sutherland (Mr. Lane) and his leader, both in and out of the House are able to take positions that have been renounced in total on the floor of this House; if the Leader of the Conservative Party can go on radio the day following and repeat understandings and allegations that have been totally refuted by a member who sat on the floor of this Legislature and under oath gave that understanding and commitment to all Members of this Assembly; if Members of the Conservative Party believe that they are at liberty to repeat those untruths outside of the House and sit here, Mr. Chairman, like a bunch of timid coyotes unable to rise to their feet to defend themselves, then this indicates to me that they use the truth with wild and reckless abandon.

They don't have the courage, they don't have the decency to stand in their place and defend the actions that they take in this House or out of the House. The Leader of the Conservative Party hasn't got the decency to sit here and face the music!

I think, Mr. Chairman, that the proceedings in this Assembly have developed to a new low since the Conservative Party acquired at least one new Member. Whether he is setting the tone for the Conservative caucus from this point on, time will tell. Like the Attorney General, I think we are all perhaps inclined to despair, if that is the case. The Leader of the Conservatives doesn't have the intestinal fortitude to stand and defend actions and defend statements which he made publicly over the radio on Friday, hasn't got the decency or the courage to stand in his place and defend the position which he took, I say in a deliberate effort to confuse and to mislead the public. So I say once again, Mr. Chairman, if it is parliamentary, that the Conservatives, particularly the new Member for Saskatoon Sutherland and the Leader of the Conservative Party used the truth with deliberate wild and reckless abandon.

MR. ROBBINS: — Mr. Chairman, I . . .

MR. CHAIRMAN: — Order please! I would say that it is quite in order for any Hon. Member (and I would hope that you would be all Hon. Members) to say something is untrue while it is false. According to the rules that are laid out for us to follow, I think that you cannot accuse a specific Member of quoting a deliberate lie. I have to make that judgment. I think many of your quotations and many of the things that you are saying perhaps are permissible if they are put in the right phrase and the right way of doing it. But I have to draw a line and this is what I am trying to do.

MR. ROBBINS: — The Member for Moose Jaw North asked if we had any truth serum available. We haven't, but we have a few swine flu shots left. I think it would be appropriate if the Members would offer themselves for immunization.

SOME HON. MEMBERS: — Hear, hear!

MR. R. NELSON (Yorkton): — Mr. Chairman, I too am very concerned about the level of debate. The Members in this House unanimously adopted a motion last Thursday, stating that the charges of the Conservative Members concerning filthy hospitals were unfounded. That was a unanimous agreement, and they voted for it, to a man. We also heard, as the Member for Biggar has mentioned, and other Members have mentioned, that the witness was called and brought in this Chamber under oath to give his testimony. Now then, the Conservative Leader steps out of this House after voting for that motion, states that the Regina General Hospital is in a dangerous condition.

Certainly that is not what he voted for in the motion. I say, Mr. Chairman, that that is a direct affront to the witness that was here, Mr. Helmsing. I say that it was a direct affront. I say that the conditions as reported in all of the reports that were laid before the Chamber concerning the Regina General Hospital definitely did not indicate that it was in any kind of a dangerous condition.

I therefore say, Mr. Chairman, that the Conservative Leader by stepping out of this House, if he is in any way telling the truth, must say that the witness was a liar while speaking here under oath.

He also indicated that there were other hospitals that were filthy as well. I couldn't help after hearing the Leader of the Conservative Party dealing with the question at 8:20 on Friday morning, I couldn't help but consult the administrator of the Yorkton Union Hospital. There is no way that I want to have any indication that the hospital in Yorkton was at all unclean or unfit for use. I asked Mr. Parsons what he felt about the cleanliness of his hospital. He said he thought his was one of the cleanest in the province. He said it was because they have good housekeeping practices among other things. He said we have an excellent executive housekeeper, we have an assistant housekeeper who supervises the workers at all times in cleaning, scrubbing of floors, dusting and so on. Besides that, Mr. Chairman, the lab is continually monitoring the central supply, the food services centre, the morgue, etc., for all sorts of bacteria that may be present. Two checks, Mr. Chairman, supervision of workers plus a continuous check through the lab. Mr. Parsons stated further that he continually checks these reports. I would like to give you an example of a couple of those reports, Mr. Chairman.

Oral thermometers are allowed a bacterial count from 0 to 5, the bacterial count on the oral thermometers was 1. Rectal thermometers, again allowable bacterial count 0 to 5, the actual count 0, that is on the last report that he had. The lab reports are continuously checked by the administrator of the hospital.

Not only that, Mr. Chairman, but the city of Yorkton like the city of Regina carries out continuous checks on garbage, on dietary areas, and checks for rodents and so on. They take swabs and do a continuous check. Besides, like the Regina General Hospital, the Yorkton hospital has hospital accreditation.

The Canadian Council on hospital accreditation sends two people who spend two days going over this hospital most thoroughly. Yorkton Union Hospital, I will state is fully accredited. If the Members would like I could take a picture of the plaque that is in front of our hospital and bring it to them and show them that it has full accreditation and again this year once more the hospital is coming up for its accreditation inspection. Mr. Parsons further stated that the inspection was a rough one. I, too, checked with the President of the local union, Mr. Grant Ross, of CUPE Local No. 600. He said, I can be quoted as saying that the cleanliness of the hospital has not deteriorated in any fashion in the past year. He said I haven't heard any complaints at all about cleanliness. On the way out of that hospital I was, you know, rather disturbed in that I found some cigarette butts in the ash trays, Mr. Chairman. I guess maybe that is the filthy part that they were referring to.

Mr. Speaker, I think the performance of the Conservative caucus opposite is despicable.

HON. D.L. FARIS (Minister of Continuing Education): — There is another aspect of this situation which disturbs me greatly and that is that Thursday, last, when the issue was in my mind, resolved in this Assembly, when we went to the extraordinary measure of having a private citizen come here and give testimony and then we passed a motion, all of the Members of this House passing that motion, I thought that would resolve the issue. Then to have a Member of this Assembly go

out and give statements to the media contradicting what we as an entire Assembly had done the night before, strikes me that we are getting into raising questions of the sovereignty of parliament. I know that there are Members here who would have differing views in respect to the person of John Diefenbaker, but I don't think there is anybody on any side of this House that would say that there is any man in the history of this country who stood more for the sovereignty of parliament than John Diefenbaker. I ask all Members of this House including those Members who like to call themselves Conservatives whether or not they think that John Diefenbaker the next day after parliament deliberating on a subject like this and making a decision, whether John Diefenbaker would then go out to the media with these misleading and untrue statements to the media. I wonder how many people then would think that John Diefenbaker would be back in the Assembly the next day knowing that his statements were being questioned, and Mr. Collver was here and knew that his statements were being questioned, would then walk out and not have the courage or the honesty to stand up and defend what he had again repeated.

Mr. Chairman, I think that the sovereignty of parliament, the parliamentary tradition has never been brought to a lower point than by the present, and I hope temporary Leader of the Conservative Party in this province. When he is unwilling to stand and defend what he says in public in this House, when apparently he gives orders to his Members not to rise and defend him even in his absence, then I think this is a very low point indeed. And what further troubles me is whether or not the Conservative press in this province which has been so demonstrative in the last months, will have the honesty to represent what has happened in this Assembly.

SOME HON. MEMBERS: — Hear, hear!

HON. E.L. TCHORZEWSKI (Minister of Education): — Mr. Chairman, I am deeply concerned with what has transpired in this Assembly, particularly what has transpired on the part of some Members of this Assembly after they leave this Assembly. I am concerned because I think we have seen now cast upon every Member of this House possibly, I think unfairly, and on politicians or people who are elected to Legislatures as a whole, some kind of a shroud of suspicion because of the actions of some Members of that Conservative Party seated on the other side of this House.

There is a bigger issue here, Mr. Chairman, than simply that specific issue that the Member for Sutherland raised, as serious as that is. We have heard from time to time across this country as we have in North America, people questioning our democratic political system and when I see the kind of unacceptable and disgraceful tactics used by the Leader of the Conservative Party (Mr. Collver) and the Member for Sutherland (Mr. Lane) one can hardly help but understand why there are some people who think the way they do about it.

There is another point here, Mr. Speaker, that the Member for Sutherland raised. He obviously cannot substantiate it; he dares not substantiate it because he has nothing to substantiate it with, but I know that the Leader of the Conservative Party right after the Question Period or shortly after, left. He is out in the country I suppose saying the same

things as the Member for the Conservative Party said in here which we thought were cleared up the other day by the testimony of Mr. Helmsing. That kind of political manoeuvring, Mr. Chairman, ought to be totally unacceptable. But it is not the first time that that has happened, because there have been other situations. There have been general allegations made without any substantiation provided to those allegations. We have heard the Conservative Party talk about, for example the educational system and we have heard the critics and the Member for Rosetown-Elrose (Mr. Bailey) say the curriculum is a mess. And when I got up and asked him what he means by that, he had no answer. And we have heard them say, Mr. Chairman, that there are problems in our public library system in the same way that they say that our hospitals are filthy, but when you ask them what they mean they have nothing to say. It has been made clear or obviously been made clear the kinds of deceitful things they've been talking about when they talk about the people on the welfare rolls, the old people and people who obviously need to be there and they throw them all into the same pot. If you ask them to substantiate it, Mr. Speaker, they cannot substantiate it. Now they have done it with the hospitals of Saskatchewan. By doing these things, Mr. Chairman, they have cast blame and suspicion on boards of hospitals, of school boards or members of school boards, on every teacher in Saskatchewan, on dedicated people who serve of their own free time, on our public library boards, so this is not an isolated case. It shows us something about the Conservative Party of Saskatchewan, Mr. Chairman. It shows us the very dangerous side of the Conservative Party of Saskatchewan.

We heard a speech in this Assembly in the Budget Debate about the Conservative Party that used to be. I know it's a long time ago, 1929 thereabouts. Some of the Members opposite rose and said we had nothing to do with that. But let me tell you, Mr. Chairman, that what we have seen happen in the last several days, clearly shows that there is no difference, there has been no change, there has been no transformation and the kinds of things that happened in '29 where people were pitted against people, where organizations were pitted against organization, where certain people were not allowed to come to this province because they came from the wrong part of the world, those kinds of things, Mr. Chairman, clearly are still the kinds of things that those Members opposite stand for because they have not yet had the courage to substantiate what they say, to get up in this House to either deny it or provide the proof.

SOME HON. MEMBERS: — Hear, hear!

MR. SMISHEK: — Mr. Chairman, this afternoon I started debate on this item, I started because I was very concerned about what happened last Friday. At that time the Leader of the Conservative Party was here and so was the Member for Saskatoon Sutherland. I thought it was important to draw to the attention of the House, after we heard a witness who gave evidence, in respect of the Regina General Hospital. The very next day the Leader of the Conservative Party, I think totally misrepresented the evidence, as the evidence will show, when he said on CBC at 8:20, "The Regina General Hospital is now at a brink of dangerous conditions, as suggested by Mr. Helmsing." Nowhere did I hear Mr. Helmsing suggest that. Mr. Helmsing said the exact opposite.

He went on to say that the Conservatives have further information to show that there are hospitals that are dirty. We begged them on Thursday and I beg them again to give us the information. It's probably during the period of that discussion that I simply asked the Leader of the Conservative Party to provide the evidence, to withdraw the remarks that he made, or stop spreading the big lie. Mr. Chairman, I'm prepared to withdraw that remark, because I don't want to use that word.

Mr. Chairman, it seems to me by the Conservatives, by the Member for Saskatoon Sutherland, by the Leader of the Conservative Party, saying what was said on Friday, after the evidence was presented here, it seems to me, and I'm not a lawyer, (we do have a half dozen lawyers) it seems to me if a person was in court and gave evidence or heard the evidence and the next day did what the Leader of the Conservative Party did, I think he would be held in contempt.

SOME HON. MEMBERS: — Hear, hear!

MR. SMISHEK: — Now, Mr. Chairman, I withdraw the reference that I made to stop spreading the big lie, but, Mr. Chairman, I do want to substitute that the Conservative Party or Members and particularly their Leader, stop holding this Legislature in contempt.

SOME HON. MEMBERS: — Hear, hear!

HON. R. ROMANOW (Attorney General): — Mr. Chairman, I don't know if much more can be said on this matter, but I feel obligated as well to enter into the debate very briefly on this particular point. I do so because this has been alluded to, at least I think it has been, while I stepped away out of the House for a moment this afternoon, because I don't really know where we turn in politics or political life after the situation that we're in today. The situation that we're in today, as of this afternoon, as I see it, really is this. There is an allegation, subsequently there is, what I would say, a modified withdrawal of the allegation. There is an outside witness, first in 25 years, called in to give evidence under oath. There is a resolution passed unanimously in this House. That I think would have ended the matter.

After that sequence of events took place, the Leader of the Conservative Party appears on CBC radio and makes the comments with respect to the brink of collapse already alluded to by my colleagues, totally in contempt of the proceedings of the Legislature.

I suppose the mechanism that really should be followed is to bring in a motion for contempt or a motion of censure of the Leader of the Conservative Party, as I would bring it in or perhaps as some Members might consider bringing it in.

I think when the Legislature takes a decision and when a Member goes out and wilfully and purposely ignores that decision, what other judgment can be made, but that it is contemptuous of parliament. I guess that we've gotten to that point of affairs in political life, now in Saskatchewan, that we treat what takes place here with indifference. We view that whatever takes place or whatever is said here can be interpreted in one's own special way. It seems to me that the MLAs and the media all share some of the blame for what I have described to be one of the lowest

states of affairs in Saskatchewan politics that we've been in for a long time, brought about by the Conservative Party, basically because of this issue, although it's not the only issue.

I am troubled after the sitting on Thursday night when I picked up the Friday morning paper, the day after. I read only the summary on page one of the Leader-Post, the Friday Leader-Post paper, April 15, 1977, had the following quotation:

After the sitting Lane (referring to the Member for Saskatoon Sutherland) insisted that he was correct in his initial statement about hospitals . . .

If you could just take that statement out, the initial statement was to the transcript that I have in front of me,

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

And it goes on. And a Member outside the Legislature, having heard all of the evidence, having voted with the motion, having said, it has been a debate or perhaps an unfortunate choice of words in cool, calm, quotation unless it's a misquote and I haven't heard him say that it is, gets up and he insists that his initial statement about hospitals was correct.

Now, what are we to do, Mr. Chairman? I don't know what we are to do and then in the same story, referring again to Mr. Lane, the Member for Sutherland, I quote:

He also said the matter was not over and the PCs would comment further.

Now, Mr. Chairman there are a number of issues one can see readily. There is this issue of what I say is the contempt of Parliament exhibited by the Conservative caucus. Mr. Chairman, this is from a caucus which says we are not punishing our criminals, that there is a lack of law and order and yet this Legislative Assembly which is the highest elective body in Saskatchewan, when it in effect promulgates an order or comes to a decision, it's the very same Members who talk about contempt of law and order and respect for our institutions who walk right outside the Assembly and say, I don't care what the decision was, I don't care what the remarks are, here is what I'm telling you for my political purposes the remarks are. Is it a wonder that things like crime and law and order and all of these issues are things which are fundamentally now at issue, when you get the elected representatives of whom we are to expect our public to follow, who our public expects to lead, taking this kind of a position. I don't know where we go from here. That's one issue.

Mr. Chairman, there is another issue on this matter as well. That is that statement that I quoted earlier, that the matter was not over and the PCs would comment further. Mr. Chairman, I think that it is fair and proper and correct for me as an MLA and as a Member of the Legislative Assembly and as a Member of the Government, to say that if that statement is true, that information must come forward now on Item 1, Health Estimates.

I think it is perfectly proper for me to say that I can't tolerate the suggestion that somebody might have some evidence that hospitals are filthy (scratch the word filthy) that they are unclean, put any word you want in there, less than clean than they should be, affecting patient care, and an MLA to say that I will not table that documentation until I see fit to do so, for my political purposes. What happens if we get finished with Health Estimates, Mr. Chairman and then some documentation is purported to be tabled, forgetting about the fact that a potential health hazard, if there is such evidence, may have continued for some days or weeks, forgetting about that? What does the Minister of Health do by way of rebuttal? How does the Minister of Health put forward his side of the story? How do we check into the matter to try and get it cleaned up?

So, Mr. Chairman, I don't know what in the world we're to do. I don't know what the public will say of this or what the press will say of this. It's our only way to get to the public. Sometimes I think I regret that I voted against televising the proceedings in this Assembly, having watched this important debate. I don't know what we should do. I just am perplexed at what I consider to be the sad state of affairs. If somebody in the Conservative Party got up and said, look we categorically withdraw these statements, then I think it would go a long way to at least taking away the concern of hospital boards. It would take away our concerns as Members of the Government. It would at least restore some kind of respect for the institution which is parliament, some kind of respect for the institution which is law and order, which we as legislators, seek to pass. They don't do it; they won't do it and I predict, Mr. Chairman, that it's more than that. I predict that if there should be a letter, as hastily drafted as such a letter may appear in hand writing, dated the day after the issue arose as per your telephone request, whatever the issue is, that we'll come back again and we'll be hit as a government unfairly again. The press will ballyhoo that again to the largest scenario that they can and they'll dismiss that as those NDP guys who are always paranoid about the press or whatever. That's what will happen. Mr. Chairman, I say that that is really a second issue in this matter.

I want to close my remarks, Mr. Chairman, by saying one more thing. I think that if there is nothing that this debate has proven apart from the fact that the Conservative Leader shows a contempt for parliament, apart from the fact that there is no credibility in the Conservative Leader, none. Credibility, Conservatives talking about a political sail and they have a political sail in the wind. They may have. Mr. Chairman, 1979 is a long way to go. Credibility of a leader and of a party is key to 1979. I say that when a leader gets up and shows that incredibility, if it was at all properly reported, I wouldn't count very much on that wind being in that political sail, unless you show a total contempt for what the public thinks out there, from what the public, really you feel can understand about this. But I say over and above those two issues of contempt of parliament and credibility of the Conservative caucus and I think there will be other instances to illustrate this too, there is this issue of concern for health.

Mr. Chairman, I submit to the people of Saskatchewan and this Legislature, that for the party that talked about putting care back into medicare, what their silence today has demonstrated is no care for medicare. No concern for hospital patients

who may be concerned about their irresponsible and wild statements. No concern about documentation. No concern about directly or indirectly smearing Mr. Helmsing or other hospital board directors. No concern whatsoever for that.

Mr. Chairman, this is not a party that is concerned about medicare and hospitalization. This is a party that doesn't know the fundamental philosophical basis upon which medicare and hospitalization is based. This is a party which seeks to adopt to its own bosom something which it would have opposed and indeed many of them did oppose in 1962 and earlier when the legislation was passed. This is a party which tries to clutch this principle of medicare and hospitalization when it shows a total disregard for that concept, not even knowing what it's about and a contempt for the Legislature and a contempt for the people who are concerned with respect to their safety in this whole debate.

Mr. Chairman, that is a fundamental issue. I say that on this issue alone I wouldn't count on too much political sail, if I were the Conservatives in 1979, because I don't believe that the people of Saskatchewan will for one moment entrust, that's the word it is, trust, the Conservative Leader and the Conservative caucus with medicare and hospitalization, based on what I believe to have been one of the shabbiest performances in the last several years in this Saskatchewan Legislature.

SOME HON. MEMBERS: — Hear, hear!

MR. C.P. MacDONALD (Indian Head-Wolseley): — Mr. Chairman, I don't really know how to begin this. Perhaps I should begin by saying, a plague on both their houses.

MR. ROMANOW: — Why, what have we done?

MR. MacDONALD: — Well, a couple of things. First of all I'm going to say that I think there are two sides to this issue. First of all I am extremely disappointed and we sat here on Friday, Members of the Liberal caucus, last week for two days and listened to this debate go on. The Leader of the Opposition (Mr. Malone) proposed a motion and tried to bring some common sense and bring the Assembly back to order. The press came out afterward and said that the Liberals and the Government ganged up on the Conservatives, because we voted for a particular resolution that all three parties voted for. We have stayed out of this particular battle for two reasons. First of all I have absolutely no respect for a party that will permit themselves to be called a liar on five or six or seven or eight different occasions and none of them have enough guts to stand up and say they're wrong.

SOME HON. MEMBERS: — Hear, hear!

MR. MacDONALD: — That's number one. I can have no support for a party whose Leader will permit a young, new member to come into this Assembly and make a mistake, serious and grave as it was, compounded then by the statements of his own leader and then when a resolution comes forward, that leader doesn't even have enough courage to stand on his feet and defend that new Member. I should like to suggest to anyone, had he or she been in this Assembly a few years ago that when a man named Ross Thatcher

was here, the fight would be going from now until Christmas before any new young Member would have been attacked in that fashion by anyone opposite. And I would like to hope that nobody in this Assembly will ever attack one of my backbenchers and I speak for all of us, for the battle would go on until Hell freezes over. And I say that in all honesty. I can have no respect for a political party and the use of the word 'filthy' in a hospital situation was a serious and a grave one. I believe it was compounded, as does the Government, by the statement on the CBC and perhaps that was even more serious, even more serious.

However, Mr. Chairman, I think we have flogged a dead horse. And what concerns me equally as much as my Members to the left, is the fact that the Government is using this issue to try and get off the health issue and get the people of Saskatchewan off their back for the very bad job that they did over the past year. And I make no apologies to this particular party for the stupidity of the actions that they have undertaken in the last three days and the gravity of the charges. But what bothers me as much is their inability, is the fact that the Government by spending three days about the one issue and the one estimate has successfully kept the debate off the thing that is of concern to the people. There are many, many issues in health that transcend the idiotic accusation of filth on the floors and corridors because no one would tolerate that and no one would stand for that. I would think that at any time and at any day in any week of the year that anyone could walk into the Pasqua or the General right after visiting hours and find it in a pretty unclean state, simply because 1,000 people had just walked up and down the corridors.

Gentlemen there are issues in health that are far more important and that's the thing that bothers me most about the Tories. They thought they had a real big issue, to talk about whether or not the maintenance staff swept the floors of the hospitals once or twice or three times. And that's the state of the capacity of their ability to oppose and point out the weaknesses of the government programs, particularly in the Department of Health. And for that reason, Mr. Chairman, I suggest to you that you went far beyond the laws that permit you to be a chairman of this House and I say that with due respect, when I hear Member after Member get up and make accusations of untruths and use the word 'liar,' and as I say, I say that with all due respect.

Mr. Chairman, there are issues in health that are serious. I am going to start now and turn to one of those arguments so that I don't become involved in this debate that has gone on for three days.

A week ago the Annual Report of the University Hospital was tabled in this House, a report that bore witness to everything and every accusation that had been against the NDP and its treatment of health and the near collapse of health services in this province. I want to read from just the beginning of it:

The year 1976 can best be described as a year of strikes, threats of strikes, budget restraints, staff cuts, late advice on operating budget and significant stress within the medical staff in regard to facilities available for service and teaching requirements. It is sincerely hoped that the day to day crisis decision making will not occur again in the magnitude experienced in 1976, which had never before been recorded by University Hospital to this degree.

Never before in the history of Saskatchewan or in the history of that University Hospital had they found the strains the mistreatment and the challenge to a base hospital which was also a teaching facility. Mr. Chairman, the Minister got up a few moments ago and the press reported that there was a surplus in Regina hospitals, as did the University Hospital report that there was a surplus. And he says in 1976 there were 1,145 fewer patients discharged from the University Hospital, which is a 9.4 reduction from 1975 and the Minister got up and said that. This is the lowest number of discharges in the last eight years. This reduction in in-patient activity was a direct result of budget restraints and an experiment with summer closure of our hospitals to reduce vacation relief expenditure. Of course, the use of the hospital wasn't carried on. Of course, there was a surplus at the end of the year. Of course, there was a surplus at the Regina General and Pasqua, because it hooked and strangled it. The administration, by reducing its budget was forced to cut back on beds and forced to cut back staff and the administration of the University Hospital makes it very, very clear that the reduction in patient care was a direct result of this particular problem of cutting staff.

I have a brief here from the Medical School and I will take full responsibility for it because I am not going to give the name of the person who gave it to me. I don't want to jeopardize his job or his future.

MR. ROLFES: — It's not the Liberal Party in power . . .

MR. MacDONALD: — That's precisely why they're afraid. The total budget for the University of Saskatchewan Medical School is approximately \$5.5 million a year. Approximately \$2 million of this is supplied by the earnings of the full time clinical staff, and he goes on to describe that the teaching members of the medical school are forced to practice medicine in order to pay for the upkeep of the hospital, that they are forced to go out and earn dollars to turn it over to the administration in order to pay the overhead of the University instead of teaching the medical students and providing education for our doctors.

And he goes on to give me the figures in 1973 and 1974 showing the University budget and its source. And he goes on to show the resources, for example, he says 5.9 millions Manitoba, 3.9 Saskatchewan, MCIC 2.1, 1.9 and so forth. What he goes on to say, the yearly average clinician earning, with more time and a higher fee schedule in Manitoba is \$16,000 and \$23,000 in the University of Saskatchewan in the medical school in Saskatoon.

He goes on to point out in his letter about the gravity of the situation when medical people, who are supposed to be teaching young new doctors are forced to go down and practice medicine in order to pay the salaries of the maintenance people and the dieticians and the hospital workers. And then you turn around and talk about health care and you get so sensitive when any person or any individual talks about health care in the Province of Saskatchewan.

And so you know something? The budget this year is the biggest demonstration of the truth of exactly what I am saying, because I am going to ask the Minister to please get up and explain how you can turn around and give us 60 per cent increase

the University Hospital from \$10 million to \$16 million. In other words, the very thing that these doctors have been saying that the annual report of the University Hospital stated publicly is proven by the fact that the Minister in an effort after the bird has jumped through and flown out of the cage, has turned around now and they're trying to correct the measure.

Mr. Minister, I want to ask you a few questions. The Leader of the Opposition asked if there was an investigation in the Medical School in the city of Saskatoon. And then the Premier got up and he said, 'well there isn't but I've had some of my staff do some inquiries.' I want to know the name of the individual because I have been told and it certainly doesn't come from the Premier's staff. I want to know if he has provided a written report which the Minister has seen? What kind of instructions did he receive to go and interview, for example, all the professors or all the teachers in the medical school? What was his name, what was his purpose and where are some of those recommendations, Mr. Minister, that that person came forward with when he completed that investigation?

HON. W.A. ROBBINS: — Mr. Chairman, the Member for Indian Head-Wolseley refers to the University Hospital Board report and he quotes from some criticisms and that is quite valid; there is nothing wrong with that. We don't object to the fact that they have some criticisms, but he refuses to quote the good points in the report and there are a number of them which we could easily cite and they are quite apparent to any person who wants to peruse the report.

He talks about a lot fewer patients through the hospital but the hospital was closed on a summer closure basis of their own volition. They made that decision. Their hospital board made that decision and obviously that would have some impact in terms of the total number of patients that would go through the hospital in a year. He continuously talks like other Members opposite about the cutbacks. If you look at the actual expenditures, the increase in expenditures is in excess of \$5 million to that one hospital alone, in one year, up from \$20,555,000 to \$25,103,000. Now obviously we have to have some reasoned control in relation to the allocation of funds to hospitals and all we do is set standards. We look at the University Hospital, we set standards comparative to other teaching hospitals across the country and on that basis we arrive at certain standards which SHSP takes to the hospital. They are then given a global budget. Within that global budget, they may vary, they have flexibility. It's clearly stated in the report and the Member knows that. The increase is 25 per cent in one year. That's the same Member over there, Mr. Chairman, who was standing not too long ago congratulating us for attempting to get some control on health costs and claiming that we should go out into the rural areas and make all the savings on the rural hospitals.

The only place you are going to save any money is in the large hospitals which spend 75 to 80 per cent of the total budget in any event. There is nothing new in the way the medical faculty of the College of Medicine is paid. It's exactly the same as it has been for 15 years or more. Those problems have been around for more than 15 years and he knows it. Part of the remuneration is from the University of Saskatchewan and part is from MCIC billings which goes into a pool from which are paid those sums of money, such as travel and conferences for faculty. He knows that. He is just trying

another political ploy. I would like the Member to face up to the facts. We don't mind the criticisms as long as they are valid reasons, sound criticisms. But you can't just pour millions upon millions of additional dollars in there and not expect to get some results. Obviously we have to have some consultation with those people.

I think you asked a question with regard to an investigation. It is not an investigation as such, but there was a committee set up, with terms of reference being continuing education and health. Dr. Graham is on that committee. I don't know Dr. Glynn; I haven't met him. Dr. Wallace, Mr. Fyke, the Associate Deputy Minister, he was in the department when you were in government, a capable civil servant. Mr. Adams, who is the Assistant Deputy Minister of Health is on that committee. They met with the president; they met with the Dean of Medicine and people from other teaching hospitals and the College of Physicians and Surgeons. Those problems have been around for 15 or 20 years and the Leader of the Opposition knows that and so does the Member for Indian Head-Wolseley.

We don't say things are perfect. We have never said they're perfect. But we say that we have funded those hospitals well and that they have not suffered from what the Liberal Members are pleased to call so-called 'frill programs.' And all you have to do is look at the statistical facts if you want to read them and pay some attention to them. You will know that it clearly illustrates that progress is being made on a reasonable basis in terms of providing them with the necessary funds. I stress again that the 21 largest hospitals are on global budgets; they have flexibility within those budgets and you know they have flexibility within those budgets.

We had a hassle in the House the other day with regard to the Regina General. Regina General had a surplus of \$78,347. They could go and hire more housekeeping staff if they wanted to — nothing to stop them. They have control of that budget. Incidentally their budget exceeded \$19 million or will exceed \$19 million in the current year. That hospital and the University Hospital, the two largest in the province, take up a very, very substantial amount of the total hospital budget.

MR. E.C. MALONE (Leader of the Opposition): — The Minister has nicely skirted the issue. Sure problems have been there for years. But I'll tell you what hasn't been there for years, is that the staff at the University of Saskatchewan Medical School have not had to devote most of their time to practice as distinct from teaching and research. The reason that those people are at that medical school is to teach. Now supplementary to their teaching is research, supplementary to that is practicing. One of the reasons they practice, of course, is to raise money. Another reason that they practice, of course, is to have somebody there to use for the teaching function they go through with the students. Now, of course, there is always a problem as to the amount of time divided between teaching and practicing. What has happened at the University, as I am advised is that the professors are spending approximately 75 per cent of their time practicing and trying to divide the rest of the time, the other 25 per cent, between teaching and research. And that is the problem.

Now, as the Minister well knows, because of that situation morale at the University was very, very, low. He knows very

well, as well, that many of the professors at the University were considering leaving the University because they were there to teach not to practise. If they are going to be in the situation where they devote most of their time to practising they might as well go downtown and make more money doing it.

Indeed, Mr. Minister, what is unusual about the situation is that it was only when the Dean of Medicine wrote to the Premier and brought the situation to his attention that anything was done about it. And I say that that is indeed unusual. Now why was it necessary for the Dean of Medicine to go beyond your department, or beyond the Department of Continuing Education and go to the Premier with the problem? I suggest the reason was that he was getting no action from your department or the Department of Continuing Education. And you say that there was no inquiry involved and I suggest to you, Mr. Minister, when you have a number of people like you have listed make an investigation inquiry, ask questions, whatever euphemism you want to use, it demonstrates that there is a problem. And what we are trying to illustrate is that there was a very real problem. What I am trying to find out now is whether you have done anything to solve that problem because I believe at one time people in Saskatchewan took legitimate pride in the medical school at Saskatoon. I fear very greatly that they will not be able to take that same pride in the years ahead unless something is done to improve the quality of teaching there. You have very confident and able people on staff and if they are not allowed to teach, if they are not allowed to perform the function that they are there to fulfil, the quality of the medical school is going to go down. You know it as well as I know it.

I am going to ask you two or three questions which I hope you can answer. First, did this committee which I understood was chaired by Mr. Adams, prepare a report and if so are you prepared to table that report? Secondly, whose function is it to administer the College of Medicine? Does it come under the Department of Public Health? Does it come under the Department of Continuing Education or does it apparently come under the Premier's office because it appears only when the Premier becomes involved that there is anything done? Thirdly, would you not agree that it would be much better for the College of Medicine to be administered only by one department be it Continuing Education or be it Department of Health? Now I wonder if I could get answers to those questions?

MR. ROBBINS: — First of all, Mr. Chairman, perhaps we should point out to the Hon. Leader of the Opposition that all medical schools engage in teaching, research, service and administration, all of them, no matter where they are. The University of Saskatchewan Medical College is not unique in providing some service to patients. It is necessary to become proficient in their particular field. I note that the Member said that 75 per cent of their time was spent on teaching; that is a totally incorrect figure; it is less than 50 per cent.

MR. MALONE: — . . . Practice!

MR. ROBBINS: — I am sorry, in practice. Less than 50 per cent of their time is spent in practice. They claim they are practising too much. That's true. That claim has only been made recently. The committee was set up before the Dean of Medicine wrote to the Premier and well before and we in the Department of Health

have no authority over the University Hospital and the College of Medicine. They are run by the University of Saskatchewan. It is the President of the University of Saskatchewan who is in charge of that operation. Nobody is complaining about the amount of time.

Now have I missed any of your question, please repeat them?

MR. MALONE: — I have more things to say but I ask you if you will table a copy of the report, if there was a report from the committee of inquiry or whatever euphemism you want.

MR. ROBBINS: — We can't table it because we haven't received it yet.

MR. MALONE: — Would the Minister not agree with me though that by the very nature of the fact that such a committee was established, it indicates that there is a problem. I am not suggesting the problem can't be solved, is irreconcilable but I suggest to you when the Dean of Medicine has to take it upon himself to write to the Premier, not to the Minister of Health, not to the President of the University, not to the Minister of Continuing Education but to the Premier, indicates to me that there is a very real problem. I suggest to you as well that the Dean had written to all those other individuals involved and didn't receive satisfaction. Now whether it is up to your department to give him satisfaction remains to be seen but I am suggesting to you that there seems to be a very, very great problem.

Now, the figures you gave me earlier about 50 per cent is spent in practising and 50 per cent in teaching. What that is the overall figure, all faculty members. Now many of the faculty members because of their particular specialty or because of their particular interest don't have to practise at all. But most of the ones that are involved in obstetrics and general practice and the more common things that are taught at the medical school, I am advised both by students and by teachers that these particular individuals are required to practise to such an extent that they can't properly fulfil the role of teaching. And I might advise the Minister that this doesn't come to me by way of a leak or by somebody feeding the information that is perhaps improper. It comes to me by way of university students at the College getting in touch with me during the Sutherland by-election and expressing their concerns, graduate students, as well as several of the faculty member expressing their concerns.

Now I am not trying to make political headway or political points on this particular issue. What I am trying to do is demonstrate to the Minister that there is a problem at that particular College. I fear very greatly that if the Minister's attitude of, 'well, it's not for the Department of Health anyway, or there was an investigation already going on before the letter to the Premier arrived,' if that type of attitude prevails there is really going to be no solution to it until somebody else looks into the situation and comes up with some more meaningful suggestions for a solution.

MR. ROBBINS: — We are quite willing to admit when there are problems and we have said that many times and we have not tried to say that there weren't problems. You raised the question

that because the committee was set up there must have been a problem. Of course, governments set up committees all the time, all across Canada because they have problems to study certain situations. The Dean of Medicine went to the Board of Governors first where he would logically go and they said to him, if you are not satisfied go to the Department of Health, so he came to us. And that is when the committee was set up. And then because I suppose he had some considerable concern with respect to not getting quick answers he contacted the Premier, and what's wrong with that?

MR. MALONE: — He didn't get the answer.

MR. ROBBINS: — What's your question then, what specifically is bothering you?

MR. MALONE: — It strikes me as very apparent from what you have just said that one of the problems is that the Dean doesn't know who to go to. You talk about him going to the Board of Governors. Now obviously there is no satisfaction there. I'm not putting any blame on the Board of Governors. He comes to your department, there's obviously no satisfaction there. I don't necessarily put any blame on your department. He gets to the Premier and finally it appears something is done. Surely this illustrates to me that Medical School is neither fish or fowl, as nobody seems to take the responsibility for solving the problems that occur. I'm advised that if somebody in that faculty takes the problem to the Department of Health it is usually shunted to the Department of Continuing Education and vice versa. Now would you not agree with me, that perhaps the College of Medicine, because of its unique situation, because it's partly a teaching institution, a practising institution, and uses, I don't know how many millions of dollars of taxpayers' money, could be under one Cabinet office or another, so that when problems do arrive or arise, they can be dealt with in an expeditious manner.

MR. ROBBINS: — Well, Mr. Chairman, the Dean reports to the President of the University. The problem is he doesn't like the answers he's getting. So he goes elsewhere. I'd like to remind the Leader of the Opposition that in 1969, under a Liberal regime the College of Medicine complained about funding. I'm not being critical in that sense, I'm simply reminding you of it. And the Government of the day made an input of \$500,000. But they did not cure the basic problem, which the committee is now investigating.

MR. MALONE: — Will you give me an undertaking then if you can that when the committee completes its investigation which I understood it wasn't doing, it was doing something else, but we now have an admission there is an investigation, that you'll table the results of the findings of that committee?

MR. ROBBINS: — Yes. I see no reason why we wouldn't.

MR. MALONE: — When do you expect that investigation inquiry to be completed?

MR. ROBBINS: — When we get it. The Dean's been away for a month. That's a bit of a problem.

MR. MALONE: — There seems to be a sort of an innuendo that this is being brought about by the Dean and he's acting improperly. And I don't think that dignifies the Minister in any way . . . your reference to him being away for a month, I suspect he's away on business or probably a well deserved holiday. But would you please just tell me when you expect this report to be completed and whether you'll table it upon its completion?

MR. ROBBINS: — Well, we want to review the recommendations with him. How can we review them with him, if he isn't here?

MR. MacDONALD: — Mr. Minister there are a couple of other things I want to bring up. I want to ask you specifically if you have made allowance in your budget to reduce the amount of practice time for those people who are teaching at the University Hospital? Let me read you again what this individual said:

The University Hospital operations cannot be separated from the Medical School function.

You say that we agree.

The University Hospital is the main teaching centre. In spite of this, the Provincial Government continues to finance essentially as any other hospital in the province.

That's the point that the Leader of the Opposition and I are trying to make.

Little allowance is made for the enormous teaching requirements and the many very special services that any University Hospital Centre must supply.

He goes on:

The recent cutbacks in staff and funds with little allowance for capital expenses and none for replacement for worn and obsolete equipment is a threat to the continued safe management of patients and adequate teaching at the hospital itself.

Can the Minister tell me specifically have you reduced the requirement for the teaching load or practice load or the clinical load of members of the teaching faculty of the Medical School? The Minister turned around and said they received a global budget. He said they turned around and said they had vacation time. The Minister knows that's not true because we've got the report here. And it's just like everything else. When you come to the Department of Health, you put yourself in a little shell, into protective custody, you say, look because we gave medicare in 1962, they'll say anything about hospitalization or medicare. This is what the report also says:

Surgical operations are down 6.3 which relate directly to the drop in the number of patients. Bed closures due to staff decreases in the hospitals have created problems with increasing waiting lists, reducing the number of patients

available for student teaching and indeed reducing the number of elective cases admitted and place the more urgent acute cases.

I could go on and on, and this report as I said, is an indictment, an indictment about the Government. Can you tell me, Mr. Minister now, before we go on to another subject. You've agreed to give us the report I take it, when it is tabled, from your inquiry. That's number one. Second, can you tell me if you increased the budget of the University Hospital so that people teaching in the Medical School will not be required to spend as much time in practice and clinical work as they have in the past?

MR. ROBBINS: — Well, first of all, Mr. Chairman, we do not treat the University Hospital the same as others because it is the largest budget; it has the largest per diem in the province and it gets most of the elaborate equipment. We don't apologize for delaying the purchase of a CAT scanner. The obsolescence factor in those is fantastically great, and it made some sense to wait a year. He asks if we have increased the budget so they can decrease teaching. No, we don't control it; that's through the University. They bill MCIC. We don't control that. How could we?

MR. MacDONALD: — Mr. Minister, I am going to get off this subject now until we get your inquiry and then we'll have a great deal more when we get your report, because we are going to take that inquiry and compare it with the problems and recommendations of that inquiry and then see what you have. We know how the university operates. We will be prying into the University Hospital and Medical School. It is very difficult to do it through the Department of Health. All I want to point out to you is that everybody is aware of it and your budget increases this year just demonstrated it, grants to the University Hospital from \$10 million to \$16 million, right in your own Estimates.

MR. ROBBINS: — Strictly construction.

MR. MacDONALD: — Is that strictly construction? And your increase is 20 to 25? So there we have \$5 million in operating and \$6 million in capital. It clearly demonstrates that everything these people have said is true, everything. It's far beyond anything else you've done in any other department. And all I am saying, Mr. Minister is that it is the morale and threat of resignation from the Medical School in Saskatoon that was real. It was of such a serious nature that the Premier personally intervened. You have now an inquiry; you have investigated it yourself . . . before. Pardon . . .

MR. ROBBINS: — Before they contacted . . .

MR. CHAIRMAN: — Order, order! May I just remind the Hon. Members that any reply they make, if they make it from their seat will not be on the tape. I would appreciate it if you would rise to make a reply.

MR. MacDONALD: — Thank you, Mr. Chairman. I am going to get off that and, as I say we would appreciate it very much if when the inquiry

comes in after the Legislature is over, if you would forward it to the Opposition office.

Now I want to talk about doctors and the numbers of doctors. We have on record the number of doctors that are coming and the whole philosophy of immigration or bringing in doctors to the Province of Saskatchewan. You have a bill before the House which for some strange reason you are not proceeding with, the Medical Profession Act, and of course it's brought about very simply as a majority of the complaints in the medical profession indicate are caused by a very simple policy in Saskatchewan, the fact that doctors in Saskatchewan that come to the Province of Saskatchewan do not have to write the same exams as college graduates or medical graduates in Saskatchewan and throughout the rest of Canada. They can come into Canada without writing, from what I understand it, and I want the Minister to tell me if I am correct, without them writing the general examinations for Canada across the country and that we are the only province in Canada, as I understand it that does this and the Minister can inform me if I am correct in this assumption as well.

There is a great deal of concern by the medical profession and I don't think it's a question of discrimination. It is the fact that Saskatchewan treats doctors from foreign lands differently from other provinces in Canada. They don't have to write that examination when they first come to the Province of Saskatchewan as they do in other provinces in Canada. This can, first of all, hurt the quality of standards. Now I want the Minister to comment on this.

Second, is the percentage of doctors that are of foreign extraction in Saskatchewan higher than any other province in Canada? They inform me that it is. I wonder if the Minister can tell me exactly what is the percentage of doctors who were born and educated outside the Province of Saskatchewan as compared to those of Canadian background and Canadian education.

Could the Minister tell me that and could he inform me what is the specific complaint of the medical profession in relation to examinations.

MR. ROBBINS: — Mr. Chairman, first if I may I would like to go back to the Member's comments with regard to the hospital and he is now using the argument that we were pressured into spending a lot more money. When we applied some restraints to hospitals, that Member was one who praised us for it. We had to get some control and we were giving out too little for a while, at least he happened to express this view and now when we make large increases he criticizes us for that. I wonder where the logic is in this approach, both sides of the coin.

He asks questions about the physicians. There are 860 physicians in the province. If he looks on page 48 of the MCIC report he can work out the percentages for himself; they are all listed there and where they came from, Saskatchewan, other provinces, United States, United Kingdom, etc. Page 48. If he had read the report, Mr. Chairman, he'd have this information in advance.

MR. MacDONALD: — First of all I am going to tell the Minister, don't say that I said that about the University Hospital. In fact, let's get down and I'll tell you what I did say. I said, you

generated a lot of programs for political reasons and you threatened basic hospitalization and medicare programs, that's what I said. When I talked about hospitalization I said there are two areas of the province that need hospital beds, one is Saskatoon and the one is Regina and the rest is in rural Saskatchewan. They are not the same kind nor the same quality of beds and it's about time you tried to direct the beds into Saskatoon and Regina. That's right . . . that's right! You should tell the folks back home, tell the folks back home, because that's why you people are doing such a bad job in health, that's why everybody in Saskatchewan is down your back. It's because you spread the health dollar so wide in Saskatchewan that there's no money for hospitals, no money for medicare.

Mr. Minister, is it your intention to proceed and I ask this in all honesty, is it your intention to proceed with that particular bill so that doctors who immigrate into Canada and come to Saskatchewan will have to pass the MCC examination? Is that what you call them? Is it your intention to proceed with that? Do you agree that this is a concern? There is getting to be a surplus of doctors from foreign countries as compared to Canada and I use all countries, England, Great Britain, wherever they may come from, the Far East, wherever it may be. Is it a concern of the Department of Health that there is a surplus? The balance is getting too heavy one way or the other. From what I understand there are about 40 per cent to 45 per cent, I haven't figured your percentages out. I knew where the page was. I wanted you to tell me.

Would the Minister suggest there is an overbalance and is it your intention to proceed with the Bill?

MR. ROBBINS: — Mr. Chairman, I first have to go back to his argument about hospital and medicare, that the basic programs have been starved. They have not been starved. They have never had as much money. Their increases have been in the range of 20 per cent per year or more and that's higher than any province in Canada and he knows it.

Let me talk about The Medical Professions Act. It will come into the Legislature in due course. There are two kinds of licensing, discretionary and mandatory. Ours is mandatory. We have a concern about the fact that when other provinces do not have mandatory licensing with the exception of ourselves and Newfoundland, that doctors funnel into, if they are registered with the General Medical College in Great Britain, then they can be registered from the West Indies or Africa or India or any place else. There is a tendency for these people, because they want to get out of these countries to come to Canada and if it's mandatory they be licensed in Saskatchewan and not in the other provinces, it's natural that they come here.

MR. MacDONALD: — One other question. Does the Minister think that there is an overbalance? Are there too many doctors of foreign extraction or foreign education and background in the Province of Saskatchewan as compared to Canadian medical students or those from the Province of Saskatchewan?

MR. ROBBINS: — We are not concerned with the balance of so-called foreign doctors; we are interested in the quality of doctors, what value they give us in terms of good care. We are concerned to some degree with regard to graduates out of our own colleges

who may have some difficulty finding placements in future years because there are surpluses appearing out of the medical colleges right across Canada.

MR. MacDONALD: — One final question. Is the Minister convinced that we have enough doctors in the Province of Saskatchewan at this time? Is there a continued shortage? I noticed there is an increase. Can the Minister give us an indication as to whether or not if he passed the Medical Professions Act, will it jeopardize small communities or will there become a shortage of doctors? Have you enough doctors now, in your evaluation?

MR. ROBBINS: — I'll quote the executive director of the College of Physicians and Surgeons who says there are enough. We admit the distribution is difficult but that's difficult in many provinces and it's bound to continue that way.

MR. G. LANE (Qu'Appelle): — Mr. Chairman, Mr. Minister, I was hoping earlier to make some comments and fortunately tonight is probably one of the great political events of all times and that's the Conservative Nominating Convention in Pelly which I must attend. However, I've got a couple of comments.

There was a very noticeable lack in the Government's attack today in attempting to cover up some of the things that Mr. Helmsing said the other night. We seem to be avoiding, as was mentioned by the Member for Indian Head-Wolseley, the real issue and that is the inadequate efforts of the Government opposite to come to grips with rising health costs. Today was just an example of the vindictive approach of the Government opposite. I can recall a year ago when the nurses wanted more money and the Minister of Health was going to kick the heck out of the nurses, how bad they were for demanding money. I can remember last March in this Assembly before the Minister went . . . avoided the House for some time when there was a cutback at the University Hospital and a cutback of five per cent across the board, the staff was laid off at the University Hospital, whom did he blame? He blamed the University Hospital and he blamed the individual boards.

There were serious morale problems stated by the Director of the Regina General Hospital. Not one Minister over there dared to answer that.

I am going to quote from Mr. Helmsing, on page 128,

To this date we haven't seen any evidence of that. That is not to suggest that we might not have some difficulty 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.

Now if you don't say that that's borderline, then you are being blind to the fact. The fact is that when the Hon. Member for Saskatoon Sutherland asked you the real issue on which you are burying your heads like ostriches; it is the fact that health care is deteriorating under management of your Government and that's a fact and that's what the people of Saskatchewan know and that's why they are down your back and that's why they are angry at the Government opposite.

Mr. Speaker, we could go back to a year ago when the Government opposite cut back on health beds by five per cent at one time and then I believe a second five per cent. Who did they blame? They blamed the nurses; they blamed the hospital boards and they blamed the Government of Canada, not bad management by the Government opposite.

We had at the introduction in the Debate of Item 1 a comment by the Minister which I think is indicative of the blind approach of the Government opposite. He made the statement that the Government opposite underestimated the demand on SAIL when the program was started. Underestimated the demand on SAIL, I think was basically the tenor! The demands were far greater than you expected. Any person with any administrative or marketing ability could have told you that if you set up a program you create demands, you establish a situation which creates demands and you are bound to have a greater use of services when you supply something like that. You know it and yet for some strange reason you didn't take that into account.

When the Saskatchewan Medical Association criticizes the Government opposite you attack the Saskatchewan Medical Association. You don't say whether or not their criticisms are fair and that you are studying them. All you say is that they are bad guys and we'll reply later, that they are unfair. It's impossible and the public of this province has learned that it's impossible to get into a reasonable discussion with you about your handling of the health situation in this province. The fact is that you are so defensive, you are so defensive about your position that you strike back with a vindictive, narrow, negative approach, not attempting to come to grips with a specific problem. You have cut back on vital equipment and I think — Mr. Minister, I could give a list — I think it has been well documented publicly and I am referring to the SMA brief. I quote.

The SMA stresses that these budget restrictions make it impossible for the health care centres to keep pace with those enjoyed by the rest of North America.

Now that's what they say. You obviously disagree but what you do is, well, is that a fair criticism; it's too general; it's not specific and they are a bad bunch of guys.

Doctors, and I am quoting from the Leader-Post, Thursday, April 7, where a doctor, J.D.R. Whittick in a letter to the Editor called the Minister insensitive and I think that's right. I think that's right! He says that Mr. Robbins is totally insensitive to the concerns of physicians about the present and future health needs of the citizens of Saskatchewan. He should not be the Minister of Health. That's what a doctor says.

Now, Mr. Chairman, the fact that has become obvious is that the Government opposite really doesn't know what to do with increasing health costs. The fact is . . .

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

INTRODUCTION OF GUESTS

HON. E.C. WHELAN (Regina North West): — Thank you, Mr. Chairman. Through you I would like to introduce to all Members of the Legislature about 20 or more

young ladies who are members of the Sherwood Brownie Pack No. 28, seated in the Speaker's Gallery. These young citizens of Regina North West are accompanied by their chaperons and leaders, Carol Foltz, Ruth Cooke and Marilyn Ochitwa. We are pleased that they have taken the time to come and visit us and we hope that their stay with us is pleasant, educational and informative.

HON. MEMBERS: — Hear, hear!

Department of Public Health cont'd

MR. MacDONALD: — Mr. Chairman, I have one or two questions because I don't know where to ask them. If I recall, in the last election campaign, the NDP made a great promise about a chiropody program. Has there been any progress in this? Has the Government made any moves in this regard at all or what is the situation or do you have some immediate plans to open up and expand another frill program?

MR. ROBBINS: — Mr. Chairman, we have reviewed this situation. We don't propose to proceed immediately with a chiropody program because we have given higher priority to a home care program.

MR. MacDONALD: — Well, Mr. Minister, have you done anything in this regard; have you made any public expenditures in the chiropody services or have you just done nothing? Is it at a complete standstill?

MR. ROBBINS: — Yes, we had done some advertising for staff and secured some staff, but we were unable to retain this staff. They left. We have about \$30,000 worth of equipment which has been in storage and the program will go into effect later.

MR. MacDONALD: — I thought maybe there were a few dollars spent in this program.

Would you tell me where you got the staff from and how long they were employed?

MR. ROBBINS: — There are no chiropody schools in North America. They came from Great Britain. We had six of them and they left. Some of them stayed a few months; some stayed up to a little over a year.

MR. MacDONALD: — Let's see if we can get this straight, Mr. Minister. Did you advertise for them in England and recruit them in England and bring them over and pay their expenses over and so forth?

MR. ROBBINS: — We recruited them in Great Britain.

MR. MacDONALD: — Now, you recruited six people in England, brought them over, paid their expenses to come to Canada and bought some equipment. I understand the equipment is out in an office in the Golden Mile Plaza. Is that correct? Could you tell me, Mr. Minister, if that equipment is sitting there? You just mentioned that it was in storage. You brought six people over,

I wonder if your officials could tell me what it cost to bring them over? I wonder if you could tell me also why these people were not retained? Did you dismiss them?

MR. ROBBINS: — No, we didn't dismiss them.

MR. MacDONALD: — What was the reason that they left the department?

MR. ROBBINS: — Some of them left because they felt they could do better in terms of setting up their own practices and some of them returned to Great Britain.

MR. MacDONALD: — Now let's be a little more frank, Mr. Minister. Now you recruited six people in England, you brought them over to initiate a chiropody program, you brought them over here, you established them within the department. In a very few months, they left the department. Some went back to England. How many went back to England and how many are still in the country, in Saskatchewan?

MR. ROBBINS: — Sorry, Mr. Member, I gave you some incorrect information. We had six positions; we only recruited four. One returned to England, one is in Moose Jaw, one is in Prince Albert and one is in the community clinic in Saskatoon.

MR. MacDONALD: — Yes, their names were Butler, Walton, Worby and Graham is that correct? Now you brought these people over from England. Have any of them, have you any chiropodist or whatever the word is, working with the Department of Health?

MR. ROBBINS: — No.

MR. MacDONALD: — I understand you retained one to take a survey for a while, is that correct?

MR. ROBBINS: — Yes, there was a survey with a number of people involved in it. The results of the survey haven't been finalized.

MR. MacDONALD: — The results of the survey have not been finalized. Well, then, what made you decide not to proceed with the chiropody program?

MR. ROBBINS: — It is pretty hard to proceed without any chiropodists.

MR. MacDONALD: — Well, Mr. Minister, let's be honest, the reasons that the chiropodists left the department was because there was no program, is that not correct?

MR. ROBBINS: — That is partly true but the other side of the coin is that physicians can look after foot care problems of people

and do, a goodly number of them do and because of cost constraints and the fact that we were running into some problems in terms of federal cost sharing we just gave it less priority and gave more priority to some other programs.

MR. MacDONALD: — Could the Minister tell me or have his officials tell me what was the total cost, and I am sure that you will have those fairly close, of the advertising program, the movement from England to the city of Regina or the Province of Saskatchewan and the total salary bill for those four people that were recruited?

MR. ROBBINS: — We haven't got them easily available but we can provide it for you.

MR. MacDONALD: — May I perhaps do some evaluation and some estimates? I would suppose to recruit those four people, bring them over from England, I'm in the travel business, I am sure that it would cost you probably a couple of thousand dollars depending on whether they were married with a family and what they brought with them. I would suppose you would have to pay them in the neighbourhood of \$15,000 or \$20,000 a year, and you would have to set up the machinery. You said you spent \$30,000 on equipment, would have set up the office with the desks and the typewriters. I suppose you wouldn't bring four chiropodists in without putting in two or three girls, secretaries and so forth. Would it be fair to say, Mr. Minister that what you did cost you \$100,000 for that kind of a very costly mistake. Would that be a fair estimate?

MR. ROBBINS: — We are going to get the figures for you. We don't accept your figures at all.

MR. MacDONALD: — It may well be more, but the point I want to make Mr. Minister . . .

MR. ROBBINS: — It may well be less too.

MR. MacDONALD: — It could, but you told me the equipment alone was \$30,000. You brought four people from England and you paid them. Mr. Minister, I just want to use this as another illustration of the kind of poor business management that is going on in the Government. We watched the Minister of Saskatchewan Telecommunications (Mr. Byers) here this afternoon invest \$2.5 million for an installation that is down at Outram, Saskatchewan.

MR. BYERS: — That is false!

MR. MacDONALD: — We'll get him in here. Get the two button . . .

MR. BYERS: — \$35,000, not \$2.5 million.

MR. MacDONALD: — Mr. Chairman, \$2.5 million you told us this afternoon, Mr. Minister, and we are going to have more to say . . .

MR. CHAIRMAN: — Order, order!

MR. MacDONALD: — Mr. Chairman, \$2.5 million! Now we watched you also do the same thing and the interesting part about it is that you recruited the people.

MR. BYERS: — Mr. Chairman, a Point of Order. The Hon. Member has suggested that I told this House that Sask Tel spent \$2 million for a receiver and an antenna at Outram. That is totally false; the cost of that equipment was \$34,000.

MR. CHAIRMAN: — Order! I think the point is well taken. I think we are all out of order. I would ask you to address your remarks to Item 1 of the Health estimates.

MR. MacDONALD: — I will do so, Mr. Chairman, I just used that as an illustration of bad management by the Minister in charge of Sask Tel.

Now I would like to refer to the same thing, the tragedy of what you did with the chiropodists. You went over to England and you recruited them, you brought them over to Canada, you set them up in your department, you bought them equipment and then you decided to take a survey to see if you needed them. Well, you certainly didn't have the results of the survey. You know that is true. If you want to stand on your feet and deny it I will let you stand on your feet. You turned around and brought four people over here to set up a program because it was a political promise.

I am just going to read you a letter from another person just to show the political frills that I am talking about and the kind of political health program that the Minister is becoming involved in and the NDP will be becoming involved in. Here is a news release, Thursday, April 14, that is about four or five days ago.

Ideology is interfering with the effective provision of health services. It is a strong but constructive attack on Saskatchewan Government health policy.

“Dr. Clive Dennis, Executive Director of the Prairie Institute of Environmental Health said Thursday that the emphasis being placed on health programs, conceived for ideological reasons, with little thought to the actual health benefits of the Saskatchewan population has had three noticeable results. It has made the health profession redundant and unnecessary in the planning and direction of programs. Two, in a period of fiscal restraint it is diverting much needed financial resources away from essential health services, noticeably the long term care of the elderly. It is delaying the effective integration of the public health and family physician services without which progress towards an effective preventive health service will be slow.”

It goes on but all I am pointing out, Mr. Minister, that here is another frill which was a political election promise, a political election promise to set up chiropody services in Saskatchewan. So what you did, you brought over four

chiropractors, you bought a bunch of equipment and hired a bunch of people. You flew them from England, you paid them a salary, then you decided to take a survey, or at least a survey that was to establish the need was never even completed and then all of a sudden you began to realize that it was a frill, that all of a sudden, you didn't have the money. You began to cut back in the other services and here is another illustration, and it is a practical illustration, and a real illustration of the kind of thing that the NDP has done with the health care program in the province.

I have one more thing to ask you, Mr. Minister on this chiropody subject. You told me you have no chiropodists working for the Department of Health. We would like to know when you get them, the figures, on the total cost of the advertising, the recruitment, the sending over from England to Canada and the total cost of the salary bill plus the equipment and any rented space and the support staff that goes with them, the whole business. I would like you to send it over, if you will. Now Mr. Minister is there any intention of proceeding with the chiropodist program in the Province of Saskatchewan in this year's budget? Has there any money been set aside for it?

MR. ROBBINS: — No, we didn't set aside any money in this year's budget. When we proceed with the program, we will announce that in due course. I want to point out, Mr. Chairman, that the Member talks about a chiropody program. This was a start only. We would need a lot more than six positions if we were going to have a full-fledged chiropody program. It was, in effect, an attempt to get started in the program and see how it would work. The equipment isn't lost, the money isn't lost. We could sell the equipment today for perhaps more than we paid for it. We applied necessary restraint. We had the intestinal fortitude to delay the program because we were caught in the situation of needed restraint in relation to cost-sharing with the Federal Government. We don't make any apologies for that at all.

MR. R.A. LARTER (Estevan): — Mr. Chairman, I would like to ask the Minister just about the chiropractors. Normally when you are recruiting some people from outside of the country, the expenses of recruiting these people are a condition of employment. When they come over they must stay with the Government so long before they have a refund or they owe the Government for a certain time before they get their way paid over. Is the Government of Saskatchewan entirely obligated for the complete moves and possibly even the returning of these people to England?

MR. ROBBINS: — We'll double check it. There is an obligation for them to pay back part of these expenses.

MR. LARTER: — Mr. Chairman, Mr. Minister, in the case where it is partially the Saskatchewan Government that is opting out or not going through with, or not carrying on with it, then would I be safe in saying that the obligation would fall almost entirely on this Saskatchewan Government, on this?

MR. ROBBINS: — There would be some obligation on them and some obligation on us.

MR. LARTER: — Mr. Chairman, one more question on Item 1. The Opposition, I believe, asked the odd question on the Drug Plan and did some comparing with Manitoba. I wonder if the Minister could tell me because there is some controversy on which is the better plan. Are you studying the Manitoba plan so you can implement the best of both plans? If there are some weaknesses in our own Drug Plan can we make some improvements by learning from their experience?

MR. ROBBINS: — We studied the Manitoba model before we ever started our plan. The basic difference perhaps is in our plan. Proven therapeutic drugs are the ones that are covered.

Item 1 agreed.

ITEM 2

MR. R. KATZMAN (Rosthern): — Could the Minister tell me how many sanatoria are still operating?

MR. ROBBINS: — We don't operate any sanatoria.

MR. KATZMAN: — Is this strictly a grant?

MR. ROBBINS: — Yes.

MR. KATZMAN: — Could you assist me? In the Saskatoon Sanatorium there are very few TB patients left. I understand there are about 12. Are negotiations going on to move them into the University Hospital and therefore have none left at the present sanatorium?

MR. ROBBINS: — Not to the University Hospital.

MR. KATZMAN: — What hospital then?

MR. ROBBINS: — The proposal is to transfer the inpatient treatment of tuberculosis patients to some selected general hospitals. They will mostly be in the northern areas, La Ronge, Ile-a-la-Crosse, places like that. Most of the people who suffer from this particular ailment are native people.

MR. KATZMAN: — Do you have any involvement, for example, in the buildings or are they the property of Government Services, the sanatoria?

MR. ROBBINS: — The Department of Government Services provides the facilities. It is owned by the Government, yes.

MR. S.J. CAMERON (Regina South): — Mr. Chairman, I wonder if I might ask the Minister a series of questions about the use of laetrile in that Mexican clinic. May I ask you if the National Government to your knowledge has done any studies of the clinic in Mexico and has it, itself, done any studies of the effectiveness or otherwise of this laetrile treatment?

MR. ROBBINS: — Our understanding is that the Federal Government requires anyone who wants to prove that laetrile is an effective drug or useful in terms of treatment of an illness, must provide clinical evidence. I am reading from an extract of the Department of Health, Education and Welfare.

Laetrile is an unapproved new drug. It is not the subject of any current new drug application and investigational new drug. It may not be shipped within the jurisdiction of the Federal Food Drug and Cosmetic Act for any clinical use.

This is in the United States.

The most recent attempt to secure authorization for such shipment was made by MacNaughton Foundation of California which was submitted (and they go into some technical detail) on April 6, 1970. It was terminated on May 12, 1970, because of serious deficiencies in the clinical data provided.

The second one, Western Journal of Medicine, "Vitamin Fraud and Cancer Quackery," by David Greenburg:

Some lay the claim that laetrile or amygdalin has the properties of a vitamin, is shown to be false from the normal properties characteristic of vitamins. There is no substantial evidence that any vitamin prevents the development of or has the beneficial effect on the treatment of neoplasms. The published literature does not support the assumption that cyanide presumed to be released from decomposition of laetrile has a specific action on neoplastic cells.

The last one is a news release from Health and Welfare Canada, Departmental Position on Alleged Cancer Drug:

Mr. Lalonde said that taking into account all known facts the Health Protection Branch cannot permit laetrile to be distributed in Canada.

MR. CAMERON: — May I say I appreciate what the regulations are from the National Department of Health and Welfare and as you know there are the proponents of the Mexican clinic and the proponents of the use of the drug have a whole series of sort of medical opinions that they use in advancing their argument that it is effective and I see, of course, arguments traditionally made by the medical profession against the drug not suggesting in any way that the drug is harmful in use but simply indicating that it is of no value. But my question really is: do you know whether the National Department of Health and Welfare has conducted any of its own studies or tests or indeed even examined the clinic and if so what the result of those tests were?

MR. ROBBINS: — We are not aware that the federal department has conducted any clinical studies. They ask for clinical studies from research foundations and groups of that type. I read you Mr. Lalonde's statement and I can read you more of it if you wish to have it. They are simply saying that the Health Protections Act cannot permit laetrile to be distributed in Canada.

MR. CAMERON: — I can well appreciate that. In other words, I am fully aware of the fact that they are taking, in effect, a passive attitude, that is to say, they say, come forward and show us the proponents of laetrile, that it has some effect, that it is an effective drug, satisfy us on that ground and we then would take a look at licensing it. That's a passive role. I am wondering if they have taken a more active role? That's my first question. And secondly, whether if any of the Ministers' conferences that you have had, whether there has been any request from any of the provincial Ministers of Health to the National Government to take a more active role in examining the usefulness or otherwise of that drug?

MR. ROBBINS: — No, in answer to your first question, not that we are aware of. We did bring it up at the last Health Ministers' Conference because there seemed to be a lot of pressure in this province and the other provinces were not really concerned about it and we couldn't get any real response from any of the Health Departments. I would like to make it clear, Mr. Chairman, that we do not say that a person couldn't have laetrile and give it to the physician and if their physician is willing to administer it to them that they couldn't have it. We don't say that. It would be up to the physician to make the decision whether he did or didn't and the same thing could apply in hospitals in that regard. We are simply saying that because it comes under the Food and Drug Directorate in Ottawa, it is not permitted in Canada in terms of sale. It can't be sold to people. It can't be distributed to drug outlets or drug stores.

MR. CAMERON: — Again you misunderstand me. I appreciate your position; yours too has been essentially a passive position instead of an active one. By passive I mean to say that you accept, in effect, the dictum from the National Government which says this drug cannot be sold in Canada because it has never been proven to our satisfaction to be useful. Provincial governments it has been my view, across the country are taking that same sort of passive position with respect to the use of that drug. Now I am wondering, have there been any kind of studies conducted by the American Government that you may be aware of of that clinic or of the use of that drug?

MR. M. KWASNICA (Cut Knife-Lloydminster): — While you are waiting for an answer I would just like to make a comment or two. I have been doing some reading on laetrile in Mexico, and not that I am an expert on it, but I am surprised that the Hon. Members call laetrile a drug, when really it is nothing more than B17, Vitamin B17, and you can get it in various strengths and you can administer it through tablet form or through intravenous systems and whatever, but all under the jurisdiction of a doctor. You might be interested to know, too, that laetrile is taken in large quantities by the Hunza, the people who live in Pakistan in the Himalayan Mountains; they will sit down and eat apricot kernels that are dried and they will eat 40 or 45 after a meal. They won't throw the kernel away. Apricot kernels particularly contain B17 in large quantities. It is interesting to note, too, that that society, that culture has no cancer at all. They just don't have that particular ailment that we do. But that is off the record and it is not authentic but these are the things and I have been able to find out. It's a vitamin, it's B17 and I think that

Many of us really are missing it in our diets and probably that is one of the reasons why we are very susceptible to cancer.

MR. ROBBINS: — Mr. Chairman, the Member asked if there was any further evidence from the United States. I believe and I read again from the Department of Education and Welfare, Public Health Service, Food and Drug Administration, Washington. They say and I am simply quoting them:

Laetrile contains cyanide, one of the most toxic substances known. Some sources of laetrile frequently publicized by its proponents are seeds or kernels which when crushed can release the cyanide. These sources include the kernels of apricots, peaches and cherries. The scientific literature contains several reports of fatal and nonfatal poisoning due to the eating of apricot kernels. Because the margin of safety between the fatal and nonfatal dose is slight there is a distinct possibility that reported cases of nonfatal poisoning may point to many more unrecognized fatal poisonings. Certainly laetrile is not a vitamin as its proponents have insisted. Two federal courts, one in California and another in New Jersey have ruled that laetrile is an unsafe food additive and a drug that is dangerous because it can delay treatment.

We have a letter addressed to Mr. Andrew L. MacNaughton, and incidentally he visited us here not too long ago, of the MacNaughton Foundation in California and I would be willing to send you a copy of this. It is from Marc Lalonde, the Minister of Health and Welfare in Canada, if you would like a copy of it.

MR. CAMERON: — Well, I tell you what I was going to ask of you and it's this. It occurred to me some months ago when I saw a committee in Saskatchewan being formed and saw some of the material they put out with respect to it. Now clearly what is happening in connection with laetrile is what happens so often. You get a group of people, in this case the MacNaughton Foundation and MacNaughton as we all know originates in this country, you get those people as proponents of the use of laetrile and, of course, they make all sorts of claims about the effectiveness of it and the medical profession being sort of a dinosaur in its attitude in not accepting what they've been saying about it. That's on the one hand.

Then, of course, you get on the other hand, the sort of traditional medical view which is, it has never been proven to do anything really and as far as we are concerned it is still useless. I noticed you indicated in the quotation from the American source that it is considered dangerous because it delays effective treatment. And that is true; that is one of points of the opponents of laetrile. One of the points they make is that one shouldn't sort of rely on it or think that it is in any way useful because people may be drawn to do that to accept laetrile treatment when they really ought to be getting some treatment of some other variety which is more effective. But I wondered at the time if we aren't in respect to laetrile and the Mexican clinic in one of those traditional sort of early periods about something where you get a group of people being strong advocates of the use of the thing and the traditional medical view being it is useless. In the meantime governments which should be perhaps playing a more active role in this sense are sort of lying back and saying, well, we are not

satisfied. Nothing has been brought to us to satisfy us that it can be effective. That is the traditional passive role of government. It occurred to me at the time and I wondered whether we ought not in Saskatchewan to, as we have leadership in respect to cancer treatment and that is recognized across the nation, whether we shouldn't commission a task force of three or four experts in this area to examine first hand the clinic in Mexico and the treatment that they give to people and to take a look as best we can at the substance whatever it is, drug or otherwise, that they are using there. I wonder whether you would consider, as a matter of fact, in the course of the next year, in panelling a task force of this variety with recognized Saskatchewan people in the area of cancer, to go down there personally and have a look at it.

Now, it may well be, it may very well be that the traditional medical view is correct, that is to say it is a useless substance. The claims that are made in respect of it are really misleading to people and they are falling sort of prey to exaggerated claims and so on, that may very well be true. On the other hand I suppose it is possible that some of the claims being made by the proponents of the treatment in the clinic in Mexico may have something too. At the moment none of us is really coming to grips with that in terms of government to take an active look at it. I wonder whether it wouldn't be money well spent for us to send three or four people of long standing experience in the cancer area from Saskatchewan to have a look at that clinic and have a look at the treatment and what results if any, they are getting from it.

MR. ROBBINS: — We had that suggestion brought to us. We took it to the experts and the experts advised us against it. That's all I can tell you. I try to keep a very open mind about these things but we obviously can't research all of the things that come as possible cures. In addition we have had consultation with the deputy minister in Ottawa with regard to it and I must stress again that it comes under the control of the federal authority. Surely no one is going to say that we should be importing it here against that authority.

MR. CAMERON: — No, no, look . . .

MR. SMISHEK: — Mr. Chairman, on a Point of Order. I wonder under what conceivable pretext we are discussing laetrile under Item 2 which is Tuberculosis Sanatoria and Hospitals Act. Now I could understand the discussion of that subject under Item 1, which is already passed or probably under Item 17 which is the Saskatchewan Cancer Commission, which this compound has been purportedly alleged to be a cure for cancer, but I don't see how it can be considered as an item under Item 2.

MR. CHAIRMAN: — I agree that the Minister makes a point but the Minister of Health was answering questions on it until now. I would ask the Hon. Member to try to relate it to the proper section.

MR. CAMERON: — I am happy enough to defer my questioning until some other item. I suppose I could make an argument that this is the proper place to do it and I might even persuade you. Maybe I ought to make the argument that it is entirely unrelated to

the kind of things we do in respect of TB. We may be in 1977 where we were in respect of TB in 1927. But I will ask my questions if you prefer to have them later under some other item sure.

Item 2 agreed.

ITEM 3

MR. E.A. BERNTSON (Souris-Cannington): — Mr. Chairman, just one question. I see there is a \$40,000 increase in the air ambulance service expenditures and I have no particular quarrel with that. My question is: would some of this expenditure be to look at the feasibility of perhaps using helicopters for air ambulance? I don't know if this is feasible or not but it seems to me that there are certain advantages inherent in helicopter use as opposed to fixed wing use, but maybe the cost is prohibitive, I don't know. I just wondered if you had done any looking into this particular aspect?

MR. ROBBINS: — We have looked at that. They use helicopters to some extent in Alberta. We recently had a patient who was transferred 272 miles from Medicine Hat to Calgary by helicopter. The cost was \$892.86. The cost if we had taken the patient in our own ambulance plane would be \$266.56. We can't see any advantage.

MR. MacDONALD: — Mr. Minister, in talking about ambulance services in general, I appreciate that this is their ambulance but perhaps we can save some money or add some money by not having them fly all the time. I have had a great deal of discussion with ambulance operators in rural Saskatchewan. A genuine concern is being expressed that unless something is done to increase the remuneration there are not going to be any ambulance operators in rural Saskatchewan whatsoever, and I think you can appreciate the reasons why. The Minister is probably aware of them more so than I am because I don't deal with the subject all the time.

First of all the cost of vehicles and equipment is going up very dramatically. Wages and salaries are going up very dramatically. Fuel and costs of every kind of variety are going up. Has the Minister had any exploratory talks? Now, I understand there is a meeting, if my memory serves me right, some time early in May, with ambulance operators in Saskatchewan. Could the Minister indicate what the purpose of this particular meeting is? Is there some way that there is going to be an attempt to salvage the operators on a private initiative basis? I think there is only one way to do that and that is to recognize that an ambulance operator in rural Saskatchewan may only take one patient Tuesday but five on Saturday. But the fact that the vehicle is there and the operator is there and the service is required is one of the difficulties that is going to be there. Can the Minister give me an indication what the Government has in mind in this because if we don't do something we are going to have to use those two planes to fly from Lumsden because we are not going to have anyone else to do it.

MR. ROBBINS: — We certainly share your concern. We know there are problems in the ambulance field and we intend to be meeting with the ambulance association immediately after the House closes.

If you shorten these questions we will get to it quicker. We can tell you that a minimum subsidization program would cost at least \$2,000,000 and if you got to an ideal overall system it would be \$10,000,000. Now, you may call that one of the frills after we get it started.

MR. MacDONALD: — See that is what I call the basic programs that are keeping the people in the hospital. If you are saying now a minimum subsidy program would be in the neighborhood of \$2,000,000, can you give me an indication as to what kind of subsidization we are talking about at a \$2,000,000 cost?

MR. ROBBINS: — Not really at this time because this is a subject of discussion with the Ambulance Association. I just would like to add one other point if I may. We know that they do have some financial difficulties but we think they are far from collapse in many instances. We know the rural areas where the populations are sparse are a bigger problem, obviously.

MR. MacDONALD: — One further question I'll get to. I did hear some rumours that the Government was thinking of reducing air ambulance operations. Is that correct?

MR. ROBBINS: — Road ambulance people in the North have asked us to cut back on the use of air ambulance because it interferes with their business in terms of road ambulance. That is the only indication we have of a request to cut back on air ambulance utilization.

MR. MacDONALD: — The people in the North?

MR. ROBBINS: — Some of the road ambulance operators in the North are arguing that if they didn't have to compete with the air ambulance they could do better with their road ambulances.

MR. MacDONALD: — Yes, are you talking in the . . .

MR. ROBBINS: — Up at La Ronge, that area plus Meadow Lake.

MR. MacDONALD: — Has the Government made a decision in this regard?

MR. ROBBINS: — No.

MR. KATZMAN: — On the air ambulance, Mr. Chairman. I spent a bit of time at the airport in Saskatoon and was informed by the air ambulance pilots that those aircraft are being lost to them and are going to be used by DNS this summer for fire control. Are you aware of that?

MR. ROBBINS: — The Department of Government Services and CVA control the aircraft. They move them about. They also guarantee we will always have aircraft available. Were you there as a visitor or as a patient?

MR. KATZMAN: — Well, I also know they are looking at helicopters to replace them with. When you gave that \$800 figure were you referring to your cost because you have an airplane on full call all the time or were you hiring a machine for one special occasion for which the costs are always higher?

MR. ROBBINS: — We are talking about a bill we received from Alberta for the use of a helicopter in relation to one of our patients.

MR. KATZMAN: — Now was it a private helicopter or a Government of Alberta helicopter? I am trying to figure out if it is a commercial rate you were paying. If you had a machine on a 12-month basis it wouldn't be as high.

MR. ROBBINS: — They don't own them; they use private helicopter.

MR. LARTER: — Mr. Chairman, just one more question on ambulances, and I agree, I believe it is a universal problem with respect to the price of keeping up ambulances. I know there are some municipalities in British Columbia where the municipalities run the ambulance service. For instance, at Port Alberni, the municipality has the ambulance service and no one has privately entered into it at all.

MR. ROBBINS: — The British Columbia system is a total system. It is run by the province. It may be used in the municipalities and is very expensive. We would like to see the municipalities involved and some of them are already, I believe even in the Member for Indian Head's area, maybe in his old area down around Milestone.

MR. LARTER: — The reason I ask that is as you mentioned some of the municipalities are involved in it. At Estevan the municipalities are involved as well as the city and although the ambulance is naturally striving to get a higher fee all the time I think it is working out fairly satisfactorily. They are striving for more money for it all the time, but it might be worth looking at this sharing.

MR. ROBBINS: — Yes, we are aware of that. Estevan is one of the brighter spots in the province, that is other than the Member.

MR. KATZMAN: — On the air ambulance, could you tell me if this figure includes the bringing of patients by a conventional ambulance to the place where the airplane lands and taking them from the airports to the hospitals?

MR. ROBBINS: — This is exclusive of any ground ambulance cost.

Item 3 agreed.

ITEM 4

MR. CAMERON: — Mr. Chairman, perhaps this is an appropriate item for me to raise the concern I was talking about earlier to the Minister of Health because it would involve recruitment of people. When I asked you earlier whether you had considered, as a matter of fact, taking a first hand look at the clinic in Mexico and trying to come to some direct assessment about the use of this material in cancer treatment you had indicated that you had considered that and the experts had said no, I gathered from your comment that you left it there. What I want to ask you is, why would one be so readily deterred by the experts that say No? Why did they say No? What danger or hazard or risk is there in taking a look at it?

MR. ROBBINS: — Well obviously, I must get my advice from people who are involved in the field in the Cancer Commission. These are people who are well trained medically and their advice was there was no evidence and they were opposed to going to Mexico in order to do some investigation at this time.

MR. CAMERON: — I can appreciate the need to seek and the need to follow advice in respect of the question, is it a useful treatment, or is it not a useful treatment? Certainly, there is a wide area of error for expert advice to you. The question though is not that question. The question is: should the Department of Health of the Government of Saskatchewan investigate first hand that particular treatment to determine in a first hand way whether or not there might be some usefulness in that treatment?

MR. ROBBINS: — Well again, I come back to the experts. The people in the Cancer Commission who have experience in this field say they can't find a shred of evidence to prove there is any value and they advised against sending people down. Why would we send other than people out of say the Cancer Commission who are trained in the treatment of cancer and they didn't want to go. They felt it was irrational to spend tax dollars to go down there to get involved in a study which would have to be conducted over a long period of time because you would have to have test studies and monitoring of a group of people for a good number of years into the future and they advised against it. I can give you advice today with regard to cancer. I suggest if you quit smoking cigarettes there is less chance of you getting lung cancer but you may not pay any attention to it.

MR. CAMERON: — Well, I say to you again, if the question you put to them was, is there any usefulness at all in this drug, and they had had a first hand examination of the treatment and the drug itself and they came back to you and said, no there isn't, that's one approach. The other approach though is this that there are many people, some of whom are responsible people, who are saying that the traditional medical view in this area is wrong, that there is evidence, and they point to all sorts of evidence. It isn't for me to assess it. I have no idea whether their views are soundly based or whether they aren't but I do know there are a number of people that do say, as a matter of fact, that that treatment is of some value. Now I know that

traditional medical treatment on the other side says, no it isn't, it's useless. Now, my question is: in those circumstances where the group of people, some of whom are very responsible people, say we ought to have a look at it, and then the group on the other side saying, oh no, it is of no value anyhow. Then I think it behoves us as public men in administering public departments to take a more active role than what we have been taking, just in case, just in the small event we may be overlooking something here and as you know there are many Saskatchewan people with cancer in sort of desperate moments who are going to Mexico and seeking treatment there currently.

As a matter of fact, I think what I would like to see us do, believe me I am even halfway reluctant to do it, but it does occur to me that just on the off chance that there might be something there I would like to suggest that the Department of Health in Saskatchewan, which I said earlier has had a traditional sort of leader, played a traditional leadership role in the country in terms of cancer treatment and in North America, should empanel a group of people knowledgeable of this area to go to Mexico and take a first hand look at that clinic to see what they are doing, investigate the claims that are being made and come back with some sort of better answer having looked at it first hand than we currently have. To that end I am going to ask the Assembly to consider, not forcing your hand in any way, but to simply consider this proposition and accordingly, Mr. Chairman, I move seconded by Mr. MacDonald:

That this Committee urge the Minister of Health to consider empanelling a three or four member task force of experts in cancer treatment to investigate the use and utility of laetrile to include a first hand on-site inquiry of the Mexican clinic currently treating cancer with laetrile.

MR. MacDONALD: — Mr. Chairman, just before you call the vote I just want to make one comment and to realize exactly what the motion is, presented by the Member.

MR. CHAIRMAN: — Order, I find the motion in order.

MR. MacDONALD: — I just want to finish the argument that I was about to present to the Assembly and to the Minister in particular, if you notice the motion is very carefully worded. It doesn't try to instruct. It doesn't try to make any kind of a confrontation as to the political sides of this Assembly. It merely asks the Minister and his officials to consider carefully the advisability of going down and first hand seeing and generating some interest. You know from experience the practical results from such an investigation could be very widespread. You might really encourage the Federal Government to take some leadership and some actual clinical analysis and so forth. I sincerely hope that the Minister and the Members of the Assembly will accept the recommendation of the Minister from Regina South.

MR. ROBBINS: — Mr. Chairman, perhaps I should just make a comment on it. The Member said he was in no position to assess the value of this product and, of course, neither am I. He says

we should be dependent on experts. We are dependent on experts and we have already considered this and asked our experts about it and they advised us against that approach. That is all I want to bring across to you. The experts that we have contact with are the people who work on cancer in the Cancer Commission. Who else do you suggest we go to? I notice the Hon. Member for Regina South says, responsible people. I wish he would name some of them. I am not arguing whether laetrile is useful or not. I don't know, and I have no way of assessing it except to go by the advice that was given to us by the people who work in the field. If those are the experts you are referring to, if those are the experts we have already gone to, we've already considered this project or this proposal. They advised us not to do it.

MR. CAMERON: — Mr. Chairman, now let's be fair about this. I asked you a series of questions before I made this motion. Those questions were asked for a good reason. They were asked to determine genuinely what, if anything, your department had done; what, if anything, other provincial health departments have done and what, if anything the National Department of Health and Welfare has done. I didn't ask those questions idly; I asked them to determine whether there had been a first hand examination and study.

I think it is a fair assessment of what you told me in response that your department had not conducted a study, that you knew of no other provincial health department that had done so, that the National Department of Health had not done so. I kept saying that the governments are playing a passive role in this respect and I think that you were agreeing with me that they were. Okay, that is what I received by way of response to the many questions I asked you. That being the response, I then suggested to you that maybe what we ought to do, even if there is even a small scintilla of possibility here that those people may be right, that we ought to spend the few public dollars it takes to go and have a first hand look at the thing. Give me a little while and if you give me a chance to think about it and make some contacts I will be happy to recommend one or two people to you. Medical people, I think could be persuaded in the interests of the province, to spend some time looking into this thing first hand.

As my seatmate has indicated the Motion is worded carefully. It is merely asking you on behalf of the Members of the Assembly to consider, consider anew, taking a look at empanelling a group of three or four people to go down there and have a look at it and determine the use to which it is being put and its possible utility.

I would hope that you wouldn't take a sort of negative attitude toward that and I hope that if Members of the Assembly would ask you in that way to consider it, that you would give some pretty good weight to the views of the Members of the Assembly in that consideration in doing that kind of thing. As I say, seriously if you are worried about the people, if you give me an opportunity I will contact some people and try to make some recommendations to you.

MR. ROBBINS: — The only point I was trying to make, Mr. Chairman, was that the Member is asking that we consider sending three or four people to Mexico. I said, previously, that we were approached

with that kind of a suggestion, which actually came from Mr. MacNaughton. I said I had a letter here or a reply from Mr. Lalonde and I was quite willing to send it across to the Member for Indian Head-Wolseley. People in the Cancer Commission, who work on cancer all the time, trained doctors, some of them with many, many years of experience advised us against that approach. Now that is not to say that we didn't have a study or that we did have a study. We didn't have a study but that was their advice. Who else are we going to get advice from with respect to this approach?

MR. MacDONALD: — Mr. Chairman, I just want to say one thing and I don't say this disparagingly about the medical profession. But their traditions, by nature must be cautious. They want it to be demonstrated that before they become involved with a new drug or a new technique, that they must be very, very careful. The history of medical advances is not necessarily related to the traditional comments of the medical profession and I would hope that the Minister would take that into account when considering this Motion.

MR. ROBBINS: — Mr. Chairman, I am still asking that that point be considered on the basis of the fact that these people are the people who work in the field and they advised us against it. I want to make that very clear. The Member for Indian Head says these people are cautious and maybe they are, but I know of people in this city who have passed away as a result of cancer and I know other doctors who, when approached outside of this province and approached with respect to whether or not laetrile should be used, said, No. I don't know why they came to that decision except that their training and their experience and their beliefs in relation to this particular product is such that they don't believe that it could be usefully used.

MR. LARTER: — Mr. Chairman, just a few remarks on the Motion.

I don't think there are too many families even in this Legislature who are immune from being touched by cancer. I personally know a number of people who have used it. I think what the Member for Regina South is trying to say is, let's not leave any stone unturned if there is a ray of hope. I don't think that as a province which is supposed to be one of the forerunners in the treatment of cancer, that we especially should go on the judgment of someone else. I think we should look personally and look first hand at this, if there is just one ray of hope that possibly there is something there. We have looked so long and so far for cures for cancer, let's not just overlook this one ray of hope. There are a lot of people being treated with this and swear by it. Rightly or wrongly it might not be what it is doing, but let's not take away that ray of hope.

MR. ROBBINS: — Mr. Chairman, I must read from a news release, "The National Cancer Institute of Canada has evinced extreme concern about the publicity purporting to show therapeutic value for laetrile. On the basis that this drug is of no proven clinical value, therefore, the institute considers the promotion of this drug may constitute a cruel hoax at least and may even be harmful by delaying or preventing access to treatment of known value. An identical position has been taken by the Canadian Medical Association."

I don't know who else to go to to get information with respect to cancer treatment other than the medical people.

MR. KWASNICA: — I am rather interested in this particular Motion and I don't think that the laetrile debate belongs to any particular political party and I would like to see all Members examine this particular Motion which is not really doing anything that's startling. Many Members on this side of the House are aware that there has been pretty heated debate in our particular annual conventions about laetrile and I think there is a resolution that has been passed calling for us to do something in this regard.

I should like to see, on this particular motion, two lay people go along, for the simple reason that the Minister has mentioned that if you ask the people who work in the Cancer Commission they advise against it. I don't have anything against professionals, but all these professionals know is their particular training which is cobalt or whatever device and that is all that they have ever been trained in and the blinkers are on, once you get a specific training. I would really like to see this particular Motion passed, perhaps with the addition of two lay people. I am sure like the Hon. Member has suggested he can give names. I should like to point out, too, that perhaps one of the reasons why laetrile has been condemned by the United States Public Health Service, Food and Drug in the United States, and certain organizations in Canada, is that the cancer research in the United States, as all of us ought to be aware, more people are making a living off trying to find a cure for cancer than there are that die in cancer in one year in the United States.

When you have an organization that has been rooted in this kind of a system, is making a living off doing lab experiments on rats which is totally useless, what have they proven in the last 20 years? Here they have laetrile which has not been, in my estimation, all the reading that I can do, properly tested because it is always used as the last resort. The medical profession will say, okay we give up, you have three months to go. Then the person goes to some other source usually the clinic in Mexico and they say, gosh what do you expect us to do, you are so far gone now there is no chance for laetrile.

Now there are books available and there are doctors in the United States who are medical doctors who can vouch for this particular treatment for cancer and really I don't see anything objectionable to this particular Motion, with the exception of putting two lay people on, and not experts. Lay people who are knowledgeable we can find easily to take a look and go down there. I would say, too, that in my own constituency two cases have come up in the last year that point out the need to look for something other than the surgery and the cobalt treatments because that is not the end of the line by a long shot. If we are that narrow and think that is the only way to go and to find some sort of help and cure for cancer, then we are really missing the point.

I would urge Members to support this Motion.

Motion negatived on the following recorded division:

YEAS — 16

Kwasnica	Stodalka	Anderson
Feschuk	Clifford	McMillan
Faris	MacDonald	Larter
Allen	Cameron	Berntson
Koskie	Nelson (Assiniboia-Gravelbourg)	Katzman
Malone		

NAYS — 20

Blakeney	Baker	Kaeding
Bowerman	Kowalchuk	Rolfes
Smishek	Matsalla	Cowley
Romanow	Robbins	Shillington
Messer	MacMurchy	Vickar
Snyder	Mostoway	Nelson (Yorkton)
Byers	Whelan	

Item 4 and 5 agreed.

ITEM 6

MR. LARTER: — Mr. Chairman, on Item 6, I wonder, there are only four positions more, from 321 to 325 and the budget in this case is up \$1,177,910, I wonder what this amount of money is made up of besides regular salary increases?

MR. ROBBINS: — The 1976-77 base from which we began was \$3,936,180. There were some deletions, minor, \$36,240. We had an adjusted base of \$3,899,940. Now the salary adjustments, there was a 14 per cent increase on average the year before totalling \$703,710 and there were increments of another 4 per cent — \$155,990.

There was some additional staff, four, and there is provision for an increase in the current Estimates when the settlement is made, coming out to the figure of \$5,144,090.

Item 6 agreed.

ITEM 9

MR. MacDONALD: — Mr. Minister a couple of questions on this one.

First of all I notice that there is an increase of seven staff members from 26 to 33, which is an increase of over 25 per cent in the personnel in one year in the Hearing Aid Program. I notice, also, that the total cost of the program has gone up something in the neighbourhood of a quarter million dollars. Can the Minister tell me first of all, what the reason is for increasing the number of positions by 25 per cent in one year?

MR. ROBBINS: — There are two audiologists and two audiologist technicians who were temporary. They were transferred into permanent. We added one audiologist technician and one hearing aid repairman. In terms of the volume, the demand was heavy and to catch

up and get rid of the backlog particularly in some areas of the province it was necessary to hire some additional staff.

MR. MacDONALD: — Can the Minister tell me now how many people received a hearing aid through this hearing aid plan?

MR. ROBBINS: — In total or just the last year?

MR. MacDONALD: — Last year.

MR. ROBBINS: — There were 2,568, with 4,855 being tested, given audiology tests. Some 2,000 or more of them were advised not to get hearing aids.

MR. MacDONALD: — There were 4,000 tested approximately. Can the Minister tell me what was the wholesale cost or the purchase price of hearing aids?

MR. ROBBINS: — That is \$94.32.

MR. MacDONALD: — All right, \$94. Now can the Minister tell me how much he evaluates the total cost or how much does amortising over a year — we are talking about \$1,200,000, we are talking about \$2,258. How much does he figure it costs for one test for one individual; and what is the total cost for the hearing aid, not only the wholesale cost, but the spreading of the staff salaries, the travel expenses, etc.? What is the real cost of one hearing aid device and what is the real cost of one test?

MR. ROBBINS: — The cost of the hearing aid was \$94.32, of the total cost in terms of evaluation, audiologist testing and that sort of thing, it was \$128.65 for a total of \$222.97.

MR. MacDONALD: — Mr. Minister, I don't quite agree with the cost of your programs. I have just taken the total number of hearing aid devices, okay, that you gave out last year. It came to 2,568, correct? Is that what you said? All right 2,568. So I assess that you will service that many people again this year and we are saying that approximately, and it may be up or down a hundred figures. It may even be fewer. We are also taking the cost of this year's estimates, \$1,217,470 and that cost comes to — if you divide those two it comes to \$475.

MR. ROBBINS: — You are looking at the estimates coming up. These are the people already serviced a year ago. You don't know how many people are going to be serviced this year.

MR. MacDONALD: — I am using this as an assessment of what it may cost this year. It should in all probability be fewer which would increase the cost. I am saying that if the same number of people received hearing aids this year, approximately, and I think that is a fair assessment, you want to tell me that there is going to be more or less of what your estimates are, I would think in all probability there would be fewer, because you must be catching up now. The program is two or three years

of age. In fact you might well be down to 2,000. If you divide that into the total estimate, the estimated cost of the program this year would be \$475.

I am not talking about the test. There are another couple of thousand people here who are tested, but I would suppose that test if I went down town to get that test . . . perhaps a hearing aid doctor could give it to me. I would pay even \$25 for the test or whatever it may be. But it is still an awfully costly program, Mr. Minister, isn't it? Wouldn't you estimate that if this year we serviced the same number of hearing aids as last year, we are talking an awful high cost for a hear aid.

MR. ROBBINS: — I think, Mr. Chairman, the Member is missing certain points. There were 2,287 people who had hearing aid tests by trained audiologists. Those tests cost \$128.97 each on average.

MR. MacDONALD: — How much?

MR. ROBBINS: — \$128.97 . . . I am sorry \$42.80.

MR. MacDONALD: — That is more like it. If that is the case, Mr. Minister, and I am doing a very rough calculation, we can knock off \$100,000, that's all. So we are really talking about \$42, approximately 2,000 people, we are talking \$84,000, we add a little bit because there were a few more than the 2,000, so let's take \$100,000. Deduct \$100,000 from \$1,217,000 — it is a very expensive hearing aid, a very expensive hearing aid! Mr. Minister, you have just said that it costs \$42 for a test. You calculate it for me, over 2,000 tests, we will give you \$100,000. We then take \$1,117,000 and we will take 2,500 people. Will you tell me what its costs for a hearing aid? That is the problem whenever you get into government programs. I wonder if that is all the hidden cost. What about space, all the rest of it, is that all in it?

I am going to ask the Minister a couple more questions. We have that calculated now to \$455. You must be turning around now and doing some jumping around. Now tell me this, Mr. Minister, in that \$1,217,000, does that include space? Does that include depreciation on capital equipment? Does that include everything or are there some additional hidden costs in there?

MR. ROBBINS: — No, it doesn't include space.

MR. MacDONALD: — So, it doesn't include space. Does it include capital cost, depreciation of capital cost or amortization of capital costs?

MR. ROBBINS: — Mr. Chairman, if the Member would look on page 20 and 21 he would have all those figures, he wouldn't have to work with a calculator and make all the mistakes he has made.

MR. MacDONALD: — Mr. Minister don't tell me I am making mistakes now. We want your answer Mr. Minister because we don't agree with your report. It seems that every time you talk about one of these programs that you say you don't include space, you don't include this. We have calculated approximately \$450 for a hearing aid in 1977-78, according to your estimates and if the same number of people get a hearing aid next year it will cost

\$450. It doesn't include space, depreciation and how many other things we don't know. I would say in all honesty it might well be costing \$500 per hearing aid. I think that is a fair and honest assessment. If we are talking \$500 I tell you that the Minister of Health should recommend to the Minister of Finance that you scrap the program, bring back the private operators and give them \$400 and you will save yourself a heck of a pile of money. This isn't counting the tests, because we have deducted the tests, so don't say that the tests are involved. I think you could get the Elks Club of Canada to come in here with one of those good testing units and probably service a lot more people. If you wanted to give a private operator the \$100,000 or the \$42 that it costs to test them I am sure you can get the testing done.

I suggest to you, Mr. Minister, that that is the cost and you certainly haven't demonstrated that it isn't because my figures don't agree with your report. You told me it cost \$220 or whatever it was for a hearing aid and \$94 and then you gave me \$222. I just think it is double that. I am just pointing out that that is what we talk about when the Government gets involved in these frill health programs. For example, I am very interested in what it is going to cost you for SAIL, because the Red Cross claims that it is costing the Government a fortune compared with what they would have provided that service for. I have talked to people in the Red Cross and they say it is costing more. I would like the Minister to tell me what is the real cost. You told me \$42 a test, that is \$100,000. Now you tell me how much it is going to cost in real costs for a hearing aid from the Saskatchewan Government Hearing Aid Plan next year?

MR. ROBBINS: — Last year the real cost was \$222.97. You can project all you like into the future. The figure you are looking at includes \$469,000 of hearing aids and inventory, batteries and things like that which are there for resale, which you missed entirely, of course.

The Member talks about getting them cheaper from private individuals. I know people who are buying hearing aids who were paying \$600 and \$700, three, four and five years ago. They didn't get proper audiological tests either.

MR. MacDONALD: — From what I understand there are still quite a few people going and getting \$700 and \$800 ones, because they want good ones. Let me ask the Minister this question. You told me you had a big inventory. Has there been any waiting period for anybody to get a hearing aid in Saskatchewan?

MR. ROBBINS: — In Regina, yes.

MR. MacDONALD: — But that is a lot of inventory when you are talking \$94 for a hearing aid. You tell me you have half a million dollars worth of stock. That's what you told me. It costs \$94 for them to buy one, you have a half million dollars worth of stock. You tell me that you have to wait in Regina. Where the heck is this half million dollars worth of stock? That is an awful lot of hearing aids.

MR. ROBBINS: — Mr. Chairman, obviously the people who get hearing

aids have to have a proper audiological evaluation before they get the hearing aid. The waiting period of two and one-half months or so in Regina is related to people who are lined up waiting to get their evaluations.

MR. MacDONALD: — Isn't it the same in the country at a lot of places where people have to wait?

MR. ROBBINS: — Do you want them read off? As of March 31, 1977 there were none on the waiting list in Saskatoon, none in Rosetown or Kindersley, 30 in Melfort-Tisdale; 29 in Prince Albert; 20 in North Battleford; 227 in Regina; 57 in Swift Current; 27 in Weyburn-Estevan; 90 in Yorkton; and 65 in Moose Jaw.

MR. MacDONALD: — Mr. Minister, I am going to make the same speech again. I am telling you you can calculate 2,500 into \$1,117,000 and even somebody in Grade Two will get \$450. It doesn't include space; it doesn't include depreciation and how many other costs I don't know. All I am suggesting, Mr. Minister is that it is a very expensive program. If you want to call it stock, whatever it is, I will tell you that that is an expensive program, a very expensive program and it will be rather interesting when we get to the next one, like the dental plan as well. I suggest to you, Mr. Minister, that program is a costly one. It is not saving the taxpayers of Saskatchewan anything. I think you could probably get that program cheaper from a private operator without any question.

MR. ROBBINS: — Mr. Chairman, the Hon. Member keeps referring to what is going to happen in the Estimates next year. He doesn't know how many people are going to be serviced. If he looks at the facts in the annual report he finds the cost is \$222.97 per person on terms of those tested and hearing aids supplied.

Mr. Chairman, he talks about what one could do in the private trade and perhaps it could be done through the private trade but people did not get the proper audiological evaluations. I have teachers at the School for the Deaf telling me in Saskatoon that those children now get proper evaluation in terms of audiological tests. They didn't get them before.

SOME HON. MEMBERS: — Hear, hear!

MR. MacDONALD: — Mr. Minister, let's have a couple of questions. One of the things I was wondering about is how this new microwave tower at Outram is going to tie into your hearing aid testing program?

SOME HON. MEMBERS: — Hear, hear!

MR. MacDONALD: — The second thing I want to . . .

MR. ROBBINS: — We should provide you with a hearing aid for nothing. Maybe you would then hear things properly.

SOME HON. MEMBERS: — Hear, hear!

MR. MacDONALD: — Would the Minister tell me this. Can you give me what

your department estimates the requires will be for senior citizens for hearing aids?

MR. ROBBINS: — Between 2,500 and 3,000 but we must do some revaluations in terms of people who have come back for repairs for their hearing aid etc., so it's a continuous program in that respect.

MR. MacDONALD: — That's what we thought. You agree with my figures, 2,500. You said between 2,500 and 3,000. I say between 2,000 and 2,500. How's that? We'll split the difference at 2,500. Okay, and that gives you \$450, exactly what I indicated.

Mr. Minister, I'm not going to comment. We'd like to get into the next sub item now and then maybe we'll sum up these frill programs at the end and do the calculation of the cost of them all, so maybe it might be very interesting.

MISS L.B. CLIFFORD (Wilkie): — Mr. Chairman, I just have one question. At what intervals in the rural areas are people available to test ears for your Hearing Aid Programs?

MR. ROBBINS: — There is a clinic in every regional health office one week out of each month. If there is an additional number of people coming, they will stretch it to two weeks as they've done in some places like Moose Jaw, etc.

MISS CLIFFORD: — Well, Mr. Chairman, in the Rosetown-Kindersley area I was informed that it has been up to two months, first for the fitting or the testing and then for the fitting. So my only suggestion is that perhaps your department could look at better accessibility in service in the rural areas, even though you are having some problem in the cities as far as waiting. When it gets further than two months, or over a two-month to three-month period, it's a little long for this type of service.

MR. ROBBINS: — We appreciate that comment and that's why we've added some staff, to meet those problems.

Item 9 agreed.

ITEM 10

MR. W.H. STODALKA (Maple Creek): — Mr. Chairman, would the Minister indicate as to whether or not he's going to extend the program or has he officially announced whether you are going to enrol people beyond the years '67, '68, '69, '70 and '71, as I believe they are already enrolled in the program?

MR. ROBBINS: — Adding one year, '72.

MR. STODALKA: — You're adding one year. Well then the Minister should be able to give us a pretty good idea as to how many people or how many students will be enrolled in this particular program during the next year. He already has the five years the '67, '68, '69, '70, '71. Could you give us an estimate

as to how many you expect will be enrolled in the program this coming year, including those in that additional year, whom you are taking into the program?

MR. ROBBINS: — 77,799.

MR. MALONE: — I wonder, while we're trying to make some calculations here, whether you would tell me, Mr. Minister, how many positions are covered by Other Personal Services? It moved a lot from last year into Permanent Positions. I'm just wondering how many are left over?

MR. ROBBINS: — The equivalent of 39 temporaries.

MR. MALONE: — Of the graduating students from the college this year, will you be absorbing all of the graduates within the Dental Program?

MR. ROBBINS: — As near as we can tell, yes.

MR. MALONE: — Of these positions, I believe it adds to 451 when you take the Other Personal Services in with the Permanent Positions, would you tell me how many of these positions, 415 are filled by dentists, dental nurses, dental assistants, dental hygienists and equipment technicians?

MR. ROBBINS: — As of April 1, 1977, approved? Do you want this broken down? 376.

MR. MALONE: — Are you telling me that all of the people provided for under the plan are professional people?

MR. ROBBINS: — I'll list them if you want them: 21 dentists, 145 dental nurses, 2 dental hygienists, 165 dental assistants. Other Personal Services include medical accounts clerks, stock clerks, dental equipment technicians, storekeeper, systems analyst, clerk typists and there are 34 of them.

MR. MALONE: — In the way that you've given me the figures, I can't follow, when I'm following the report. The report would seem to indicate that there are five categories of professional workers, if I can use that word, that is trained people — dentists, dental nurses, dental assistants, dental hygienists, and equipment technicians. Now what I'm asking you for is the total that fill those particular categories.

MR. ROBBINS: — Have you copied them down, 21 dentists, 145 dental nurses, 2 dental hygienists, 165 dental assistants, and 7 dental equipment technicians.

MR. MacDONALD: — Now, Mr. Minister, could you tell me a little bit about the Dental Program, just so you can give us a little bit of an indication. How many times is every child that's taken in — now we're talking about taking in the '72 children this year, the ones born in '72 — how many times will each of those

children be seen other than for treatment itself? What I'm referring to is, how many times will each of those children be seen at a minimum, those that are being brought into the program, 1972?

MR. ROBBINS: — Four to five visits each.

MR. MacDONALD: — Each child, regardless of whether he or she gets anything filled or anything, four or five times? Now, can you tell me how many visits would the children that were originally put into the program in '67 get?

MR. ROBBINS: — Two to three in that category.

MR. MacDONALD: — Two to three. Now what percentage of the 77,000 children received treatment? When I say treatment, I mean filling or whatever else that has to be done, specialized treatment.

MR. ROBBINS: — 86.1 per cent.

MR. MacDONALD: — 86.1. Now, would the Minister like to define for us, treatments, so that all the Members of the Assembly will know what you are talking about when you talk about treatment?

MR. ROBBINS: — Dental examinations, dental health education, topical fluorides, which I suppose is some treatment of the teeth, tooth brushing and restoration and fillings.

MR. MALONE: — Of those treatments, how many are given in a group rather than individually?

MR. ROBBINS: — It's all individual.

MR. MacDONALD: — Another question. I want to know now, how many, what percentage, what number of children actually receive fillings? I know and I appreciate the education on how to brush teeth. It's important, down and up and sideways, and so forth, very, very important. I'm not in any way being disparaging about the need for hygienic treatment in the mouth, or hygienic education for the treatment of the mouth, but how many now, of the five categories, how many of those 77,000 children in a year receive actual fillings and actual dental work within the mouth?

MR. ROBBINS: — Approximately 90 per cent of the children receive fillings or restorative care.

MR. MacDONALD: — 90 per cent you said. Now can you tell me another thing. I know that you have these in the school; do you pay the school boards any rent for facilities?

MR. ROBBINS: — I'm informed, no.

MR. MacDONALD: — You don't pay them anything for the heat, or the light or the water? It's all supplied free of charge? Is that correct?

MR. ROBBINS: — Correct.

MR. MacDONALD: — In this amount of money again, is there any depreciation of capital equipment involved?

MR. ROBBINS: — Yes.

MR. MacDONALD: — Good. Now why is it that in one program you have depreciation and the other one you don't, Mr. Minister? Some time we have to get into that discussion. So is there any other additional cost that might not be included in the thing, because then I would assess, if you paid for space, I would think it would be somewhere between \$90 and \$100 a child?

MR. ROBBINS: — The rental space in the schools is in the Education budget and it shows in a note on page 30 in the Dental Report, the Department of Education covers the costs of establishing dental clinics in the elementary schools, and gives the figures of \$1,081,459.47.

MR. MacDONALD: — So, really you would add another million to the costs here.

MR. ROBBINS: — But this is going to be used over 20 years. How could you add the whole cost in?

MR. MacDONALD: — Aren't you renting? Don't you pay rent or upkeep and heat and light?

MR. ROBBINS: — Depreciation is computed on . . .

MR. MacDONALD: — What would you suggest we do with it when you have space in the school?

MR. ROBBINS: — But I'm saying that you can't add a million dollars in costs in one year.

MR. MacDONALD: — What would you say?

MR. ROBBINS: — Well, obviously it's going to be used over many years.

MR. MacDONALD: — How many?

MR. ROBBINS: — Who knows. When we get up to 18-year old children, it might be going for 40 years. It's been going on in New Zealand for 30 years.

MR. MacDONALD: — Well, Mr. Minister, why would the Department of Education charge a million dollars? Wouldn't that be for heat and light and space or is that all capital you are talking about?

MR. ROBBINS: — The capital cost works out to \$1.77 per child.

MR. MacDONALD: — That's what is in the million, is it?

MR. ROBBINS: — Might I suggest you read the Annual Report. It's all in here.

MR. MacDONALD: — No, I'm asking you, Mr. Minister, because you give some backward statements. We just want to know. In other words you are talking about a million eight there.

MR. ROBBINS: — \$1,081,000.

MR. MacDONALD: — All right \$1,081,000. Is that strictly capital or is it capital and heat, light, maintenance, etc.?

MR. ROBBINS: — The cost of establishing dental clinics in the elementary schools. It is the capital cost.

MR. MacDONALD: — Thank you. That's what I asked you. Now, could you tell me is there any charge for maintenance, for heat, light, water, for space requirements, etc.?

MR. ROBBINS: — No, it's part of the school. It was already there.

MR. MacDONALD: — I know the school was there, but you know when you rent the school gymnasium out after hours, you charge for it, because that pays for the heat and the light. Now, Mr. Minister, I calculate that somewhere around \$86.3 per child without accounting for any of these other factors that we're talking about. Perhaps I would think when you're talking \$1.75 per child, would \$90 per child be a fair assumption of the actual cost?

MR. ROBBINS: — It's \$107.86. If you look in the report you will see it.

MR. MacDONALD: — We're talking next year, 77,000 kids.

MR. ROBBINS: — We don't know what it will be. We think it will be down lower, yes.

MR. MacDONALD: — Don't be so glib. We're trying to help you out.

MR. ROBBINS: — That's your calculation. Well, don't try any more. You're not helping me at all.

MR. MacDONALD: — We would estimate that last year it was much more, but this year, remember you have made some great pronouncements about how much it's going to cost as the more children you include.

MR. ROBBINS: — Costs are down from \$158 to \$107 in one year.

MR. MacDONALD: — That's pretty good. So we're suggesting, you are suggesting it costs \$107 per child. I would agree that that's approximately what our calculations would indicate that it would have cost. Now, once again I'm going to suggest to the Minister, that that's a pretty high cost. However, the service is provided, so we'll just take a look and we'll have to watch that as the years go by. How many of the treatments or the fillings are actually supervised by the dentist?

MR. ROBBINS: — All of them.

MR. STODALKA: — Has the Minister ever done a study as to what the average Saskatchewan family was spending per child? When I hear \$107 for somebody in the age group of seven-year old, eight-year old, nine-year old, ten-year old, I know, being a family man that I don't think we had many dollars worth of expense at the time with our children when they were in that group. The expense came later on, when they became teenagers and yet the amount of \$100 and some per year seems excessive even in the case of teenagers.

MR. ROBBINS: — The fact is most of those children weren't getting any dental care at all. Here's an example. Here is a child that had two teeth looked after. The cost was \$708.60.

MR. STODALKA: — What did they do? If they were under the Dental Program and had any orthodontic work done you'd probably have \$700 or \$1,000.

MR. ROBBINS: — We paid for it, but that was the cost. If they are getting two fillings, they will pay up to \$100 for them.

MR. STODALKA: — I think we're still running around though aren't we? We're talking about what it costs the average child and it's \$107. Is that not an excessive figure, \$107 for a pre-teen child?

MR. ROBBINS: — No, it isn't. It isn't in today's world at all.

Mr. Chairman, may I point out to the Members opposite that in 1969, that the children born in 1969 had an average of five decayed teeth. You look at the cost. You go to a dentist today and find out what it costs to fill one tooth. It will be in the range of \$40 or more. I saw one the other day with two teeth filled, \$85.

MR. LARTER: — Mr. Chairman, I should like to make a couple of comments before we leave Item 10. I realize that in the case of Item 9, there were only a few people involved and there wasn't too much of a fight put up to prevent this happening with the Hearing Aid Program. I know, in the case of the dentists, I know that in Item 1 the Minister of Health mentioned why didn't the dentists offer a program; they didn't offer us a program. I

know that the dentists of Saskatchewan were willing to go along with any program that you suggested to them or had stated to you and had given their willingness to work with a dental program with you and it would have given everyone in Saskatchewan a choice of dentists. I don't know how well your Dental Assistants Program is working out but I know that the dentists of this province did offer this to you and they were rejected entirely. You said that it would have been too expensive or they didn't offer us a program. I suggest that your department could have set up a program and that these dentists were willing to go along with it. I believe they even made overtures to whatever rate set within reason; they were willing to go along with that. I should like to have your comments on this.

The other day you mentioned that the dentists didn't set up a program; they wouldn't set up a program, or they hadn't set up a program. I still suggest to you that they were willing to look at a program that you would set up and were willing to go along with it.

MR. ROBBINS: — We refer children to private practitioner dentists and that is the one that I just noted here — \$708 for some treatment. The point that we think that should be faced up to is that Saskatchewan has never had enough dentists, particularly in the rural areas. We simply say that those children would not be getting the dental treatment, even if you had a private program with dentists and we have some proof of it, because if you go to Newfoundland, Nova Scotia, Prince Edward Island and Quebec and Manitoba, those are the ones who have the programs besides ourselves, the three that use private practitioners and a fee for service, have serviced 36.4, 28.4 and 35 per cent of their eligible children. In our plan we have serviced 86 per cent. Manitoba has a plan somewhat similar and they have serviced 82 per cent and Prince Edward Island, which has the progressive Liberal Government has serviced 85 per cent.

MR. LARTER: — Mr. Chairman, I am not arguing that. I know that you have a higher rate, but all that I am suggesting to you is that the dentists were willing to go along with the program and I realize that these other provinces may not have programs set up. I am suggesting that if the Government has set up a program, the dentists were willing to go along with your program. Granted, these other provinces may not have these programs. What I am suggesting is, here you couldn't set up this program, but you want to get involved and you have to be involved in almost everything to do with people in this province. You can't stay out of it. I am suggesting that the dentists were willing to go along with a program of your choice.

MR. STODALKA: — Mr. Chairman, the Swift Current Health Region is presently operating a program for children that are under 14 years of age. Has the Minister any figures as to what it is costing the Swift Current Health Region per person that is enrolled? The Minister has given an indication to us that there aren't any other plans in which people, of course, can get this service. The Swift Current Health Region has had these plans for years and years and anybody under 14 years of age in the Swift Current Health Region has this service available. Have you any statistics, any figures, that show what it is costing the Swift Current Health Region per student in that area?

MR. ROBBINS: — No, we haven't because they won't supply us with the figures. I know they have a dental tax. I believe it is \$14 per year for family and they pay 50 per cent of the College of Dentistry fee schedule.

MR. STODALKA: — I would suggest then that the Minister should get some of the information from that area. For \$14 I am able to insure three teenagers.

MR. ROBBINS: — They also have a 56 per cent enrolment.

MR. STODALKA: — I believe you have been lining up your staff for next year. Have you any indication as to how many new dental nurses you are going to be hiring during this coming year?

MR. ROBBINS: — Sorry, Mr. Chairman, we couldn't hear the question.

MR. CHAIRMAN: — Order, please!

MR. STODALKA: — I understand that you have been lining up your staff for the next year and you have been placing your people in this program. How many new dental nurses are you going to employ this year, how many people, in other words, out of the graduating class that is coming out of the institute?

MR. ROBBINS: — Ten new positions, but we expect there will be 50 dental nurses hired because of vacancies.

MR. STODALKA: — How many graduates are there in the institute this year?

MR. ROBBINS: — About 50.

MR. STODALKA: — In other words all graduates of the institute will most likely find employment in Saskatchewan this year?

MR. ROBBINS: — Yes.

MR. MALONE: — How many graduates will there be next year?

MR. ROBBINS: — We think about 50 again.

MR. MALONE: — The point is, Mr. Minister, are you intending to absorb all the graduates every year as they graduate?

MR. ROBBINS: — We can't prevent them marrying and quitting their jobs.

MR. MALONE: — Well, if you want to prolong the agony, just keep answering like that. Is it your intention to absorb every graduate as he or she graduates from the college?

MR. ROBBINS: — Yes, it is except that we have an agreement with Manitoba and we supply them with some positions too.

MR. MALONE: — How many are going to Manitoba this year?

MR. ROBBINS: — About 20.

MR. MALONE: — If 20 are going to Manitoba and 50 are graduating, and you are hiring all 50 . . .

MR. ROBBINS: — There are 50 from Saskatchewan and 20 from Manitoba. That adds up to 70.

MR. MALONE: — Yes, but the question is: how many people are graduating? You may be having a lot of fun over there, joking with your officials and so on. I asked you, my colleague from Maple Creek asked you, and the answer was 50. Now you tell me there are 70 graduating. Give us straight answers and we will get through these Estimates.

MR. ROBBINS: — Fifty for the Saskatchewan Plan and 20 for Manitoba.

MR. MacDONALD: — Mr. Minister, how many graduates, not for the Saskatchewan Plan. Why didn't you say that in the first place!

MR. ROBBINS: — Thought you could add it on your calculator!

Item 10 agreed.

Item 11 agreed.

ITEM 12

MR. STODALKA: — I don't know if this is the appropriate section or not, but you have been doing a study on the nursing care centres that you established throughout Saskatchewan a number of years ago. I think of one that was in our area at Fox Valley at which you had a nurse attached to a small facility that you had in the area. Are you going to continue this particular program? Is it something that we can expect that the nurses will be replaced in the homes?

MR. ROBBINS: — The answer is, No, not at the present time, We are awaiting the report of the committee, which will be down on April 26.

Item 12 agreed.

ITEM 13

MR. MacDONALD: — I have a few questions here and I suppose this particular one on vital statistics could generate an awful lot of questions, but I will ask just one or two. Is the birth-rate

16.6 per thousand, a slight decrease over 1974, but a little bit higher than 16.3 as it indicates, the lowest ever in Saskatchewan? Also, talking about the marriage rate, it is going down. However, the fact of the birth rate being lower, can you tell me and I just want few figures on abortion statistics in Saskatchewan and some relationship to some of the medical services provided, can the Minister give me (I understand the abortion rate in Saskatchewan is down) the 1975-76, 1976-77 figures?

MR. ROBBINS: — 1,236 in 1976 and 1,063 in 1976.

MR. MacDONALD: — Mr. Minister that is pretty dramatic, and when I say dramatic at least it is a substantial reduction of some 200. Does that mean that your Government has tightened up the regulations of the Department of Health? Can the Minister give me any reason for that reduction?

MR. ROBBINS: — It is the position of the committee that operate in these hospitals and we don't interfere with them in any way, shape or form. They make the decisions.

MR. MacDONALD: — I have only one other observation and that is, on Table 4, Page 42, the Saskatchewan Medical Care Insurance Commission, there are a few things — and I am not much of an expert on these, I'll be the first to admit it — but there are some very substantial increases in some of the D&C operations, tubal ligations and this kind of thing, if you notice, D&C from 8,144 in 1975 to 8,597 in 1976, which is quite a very substantial increase. We are talking here about 400 whereas the number of abortions was only down 200, if I understand the figures correctly. You get into the tubal ligation and there it was 3,296 this year; it is up to 3,408 and I am wondering is there any relationship; has your department any feeling about this, even though the abortion committees may be tightening up in the hospital itself, in the decision-making as to abortions. Is it actually becoming more easy for a woman to get a D&C or a tubal ligation and this kind of thing? Is there a relationship and I am not suggesting that you have any responsibility for the number of tubal ligations, but it is a social problem that we are talking about; do you think there is any relationship here?

MR. ROBBINS: — To the best of our knowledge we are not aware of any change from previous years' procedures; that's just the statistic of what occurred.

MR. MacDONALD: — Could the Minister tell us something else which I really think is the significant thing about abortions, and I won't prolong the discussion on it. Could the Minister — he says that it is related to the Abortion Committees in the hospitals, and I am sure it is, they have to give the approval — could the Minister indicate the number of applications for abortions to these abortion committees in 1975, 1976 and 1976-77, which would really give us an indication as whether or not they are doing a tighter job?

MR. ROBBINS: — The information is not reported to us by the hospitals.

MR. MacDONALD: — You have no idea of how many cases the abortion committees sit on? Is this not a statistic that would be of some value to the department and perhaps to the general public?

MR. ROBBINS: — We don't ask how many tonsillectomies or any other medical procedure. We don't necessarily get that information.

MR. MacDONALD: — I fail to understand that. You certainly do ask. You have a whole list of selective procedures here, with the number that you do provide the information.

MR. ROBBINS: — You are missing the point. What I am saying is that we don't know how many people came into our hospitals for tonsillectomy and the tonsillectomies weren't performed. How could we? Or any other medical procedure. And the same thing is true in terms of abortion.

MR. MacDONALD: — No, let's get away from the apples and the oranges here, because someone comes in and is diagnosed to have a required tonsil operation certainly is not the same as somebody coming in and making an application for an abortion. You say then that you carry statistics for one and why should you for the other.

MR. ROBBINS: — I said that we had no way of knowing how many people came in who are potential tonsillectomy operations, who actually didn't get a tonsillectomy operation and went away. We don't know how many applications they had.

MR. MacDONALD: — Why not keep a record of the number of applications? Surely there has just been a major research program in Canada.

MR. ROBBINS: — It is possible that you could have an application turned down by the original physician and that person would go to another physician and it is performed.

MR. MacDONALD: — What I am asking is how many; I didn't ask you if there was a repetition of applications between someone in Saskatoon or Regina. I am asking you a very specific question. How many applications were presented to the abortion committees in the hospitals in Saskatchewan for approval in 1975-76 as compared to 1976-77?

MR. ROBBINS: — We don't know; it is not reported to us.

MR. MacDONALD: — It is unfortunate, Mr. Minister. Would the hospitals object to that kind of information being transmitted to you?

MR. ROBBINS: — We don't know whether the hospitals would do it or not. We don't require them to do it.

MR. MacDONALD: — Have you any figures on the number of abortions or does your department take any evaluation or estimate of the number of abortions performed on Saskatchewan citizens outside the Province of Saskatchewan? Do you have any information in that regard?

MR. ROBBINS: — It looks like 64, MCIC paid for 1,127; 1,063 occurred in the province and therefore it would be 64 outside.

MR. MacDONALD: — Now, 64 have been performed outside of the Province of Saskatchewan. Could the Minister indicate where those occur, in other words is it at the border line, Medicine Hat?

MR. ROBBINS: — I didn't say the number performed; I said the number we paid for.

MR. MacDONALD: — How many did you pay for?

MR. ROBBINS: — Mr. Chairman, 64 is the difference between the 1,127 that MCIC paid for in 1976 and the 1,063 that were performed in the province as reported.

MR. MacDONALD: — I appreciate that Mr. Minister; now I would like some supplementary information in that regard if you don't mind, in order to find out if that is where they are going and as to the reason they are going. Would the Minister indicate, I am sure that MCIC would have some kind of an indication, as to whether these were paid for in Medicine Hat or on the border, somebody from Maple Creek perhaps going to Medicine Hat. You don't have any idea or any . . .

MR. ROBBINS: — MCIC records would have it, but that is confidential information.

MR. MacDONALD: — As to where the bills are paid to is that confidential?

MR. ROBBINS: — Confidentiality is related to the claim and on whose behalf it is paid for etc.

MR. MacDONALD: — We are not interested in who the claim is. Could the Minister find out the geographic location of the claims paid in a general way?

MR. ROBBINS: — We think it would be quite an expensive procedure to dig that information out and we really don't see any point in having it.

MR. MacDONALD: — I just think it would be interesting because it would

indicate to us if the abortion committee was really tough, it would force people to go to New York or somewhere in that area. However, if you don't have it, it is unfortunate. Maybe you could give us a little further information before we get off this. Under what set of circumstances would MCIC pay for an abortion outside of Saskatchewan for a Saskatchewan citizen? Could the Minister give me that because most bills that MCIC pays are outside?

MR. ROBBINS: — They get paid at the same rate as they would have been paid had the medical procedure been performed in Saskatchewan.

MR. MacDONALD: — Mr. Minister, suppose for example, somebody would go to Winnipeg to get an abortion. Why would MCIC pay for that? That is not an emergency. It is not the same kind of circumstances as somebody gets into a car accident or when he breaks a leg. Why would they pay for somebody to go outside the Province of Saskatchewan and have an abortion?

MR. ROBBINS: — It would be the same as if you went to Winnipeg and had your appendix out.

MR. MacDONALD: — Is there any approval procedure in this regard?

MR. ROBBINS: — If you went to Winnipeg and had your appendix out, your physician would be paid on the same basis as if that operation was performed in Saskatchewan and you don't have to have prior approval. You don't have to have it for an abortion.

MR. MacDONALD: — Well, Mr. Minister, I am going to get off this. Maybe some of my colleagues have another one but there is a principle here that I am referring to. Abortion is controlled on a national basis and if an abortion committee refuses to accept an abortion in the Province of Saskatchewan and that patient goes outside the Province of Saskatchewan to get an abortion then there is something wrong with the application of the law. Similarly, if someone comes to Saskatchewan to get an abortion that has not been approved in some other province and that was really what I was trying to get at and I am not sure what that means or what it doesn't mean but it seems that the application of the law would not perhaps be the same in all provinces, that . . .

MR. ROBBINS: — I just say those committees operate under federal law.

MR. MALONE: — I think it is very obvious what the Member is trying to get at which you are nicely dancing around. Let me pursue it. The abortions that were paid for by MCIC that were conducted outside of this province, did MCIC make any inquiry to see if the person receiving the abortion has applied to have the abortion in Saskatchewan and was refused by the therapeutic abortion committee at the hospital that she applied to?

MR. ROBBINS: — That would be considered an invasion of the privacy of the individual and MCIC would not make an investigation.

MR. MALONE: — You don't go beyond. If somebody from Saskatchewan has an abortion in Calgary or Winnipeg or whatever, a bill comes in you just pay it? There is no investigation or anything else, is that correct?

MR. ROBBINS: — No investigation.

MR. MALONE: — What you are just saying then is that an abortion is available to anybody from Saskatchewan anywhere in the world if she shops around, let's say in Canada, if she just shops around and finds a therapeutic abortion committee that will approve that particular abortion, whether she is refused in Saskatchewan or not?

MR. ROBBINS: — It would be no different if the reverse were true and the person came from Manitoba to Saskatchewan.

MR. MacDONALD: — What you are really saying is abortion on demand as far as MCIC is concerned, isn't that what you are saying?

MR. ROBBINS: — No, I am not.

MR. MacDONALD: — Just a minute.

MR. ROBBINS: — The federal law is consistent across the country.

MR. MacDONALD: — Suppose somebody flew to New York, and you just said you didn't investigate, to avoid the Canadian law or to Philadelphia and she just sent in the bill, MCIC pays the bill. Isn't that abortion on demand?

MR. ROBBINS: — It is an insured service under the federal Act.

MR. S.J. CAMERON (Regina South): — I ask the Minister if MCIC paid for a single abortion performed outside of Canada?

MR. ROBBINS: — It is likely we have but we have to check to find out.

MR. CAMERON: — Well, let me ask you then the serious question about how MCIC could pay for an abortion performed outside of Canada when that abortion would then be illegal, that is it would be contrary to Canadian law?

MR. ROBBINS: — Treated exactly the same as is treated with all other provinces under the federal law.

MR. CAMERON: — Don't you have to distinguish between abortions performed within the Canadian jurisdiction and abortions performed outside? For this reason abortions performed within Canada have to be performed within the four corners of the Criminal Code, that is to say they have to be approved by a therapeutic abortion committee in a recognized hospital. Before abortion can be

performed lawfully in this country you have to have the approval of the therapeutic abortion committee in a hospital. Abortions can be performed outside of the country in New York and in London without requiring the approval of the therapeutic abortion committee.

MR. ROBBINS: — Insured service.

MR. CAMERON: — I am astounded. I would like to ask you if you can give us the numbers of foreign abortions that MCIC paid for?

MR. ROBBINS: — We will get that information for you.

MR. CAMERON: — Would you consider then something else? Am I right in making the assumption that a woman who could not get an abortion under Canadian law, who sought and got an abortion outside the country could submit claims to MCIC and be paid in respect of it?

MR. ROBBINS: — Yes, and it is not different than any other province in Canada.

MR. MALONE: — Just one other question while we are on the subject and then we will get off it. You indicated in your figures about the number of therapeutic abortions for 1976 that it was down from 1975 by I believe 37. I am surprised the Minister doesn't have these figures in his head. He rattled them off just a minute ago.

MR. ROBBINS: — Mr. Chairman, 73.

MR. MALONE: — I'm sorry, 73. I wonder if the Minister would tell me in the year ending 1975, not 1976, 1975 how many D&Cs there were to terminate pregnancy?

MR. ROBBINS: — It will be in the 1975 Annual Report. We haven't got it here right now, but we could get it, or you could check your old one.

MR. MALONE: — I just happen to have it here. And I note that in 1975 there were 320 D&Cs performed to terminate pregnancy. In 1976 there were 540 D&Cs to terminate pregnancy, which is more than the drop in therapeutic abortions. I wonder if the Minister could explain the reason for the increase in that one particular year and whether or not you would conclude that that increase came about as just another method of obtaining a therapeutic abortion?

MR. ROBBINS: — I am informed that the D&C operation does not necessarily, is not necessarily connected with the pregnancy. It could be for many other reasons as well.

MR. MALONE: — If that is the case then why do you show it in your statistics as being done to terminate a pregnancy? That is

how you show it, and a number of other reasons too.

MR. ROBBINS: — Tell us where.

MR. MALONE: — Page 58, obstetrical procedures, D&C to terminate pregnancy, 540.

MR. ROBBINS: — What are you reading from, the SHSP report?

MR. MALONE: — That is right.

MR. ROBBINS: — I am still quoting from the MCIC report page 42. You are reporting from page 58 of the SHSP report. The figure in the other report, of course, is much, much larger in total because it includes other than cases connected with pregnancy. You were looking at SHSP report and I was looking in the MCIC report.

MR. MALONE: — I put a proposition to you which I will repeat. You earlier said that the number of therapeutic abortions were down and I noticed that and I think that that is a good thing. At the same time that I note that they are down I note that the D&C to terminate pregnancy category is up significantly, if I can use that word, from last year, it is up from 320 to 540, some 220 surgical procedures up in one year, which is far more than the number of therapeutic abortions that dropped. So I am asking you if you would not conclude that this has just been another method being used to have therapeutic abortions?

MR. ROBBINS: — We have no knowledge of why there should be the variation at all. We simply get information with regard to D&Cs and with regard to abortions and that is reported. We have no way of knowing why that should occur.

Item 13 agreed.

Item 14 agreed.

ITEM 15

MR. MALONE: — Could you explain what this item is for Mr. Minister? Just explain what this service is, health promotion?

MR. ROBBINS: — It used to be health information and promotion grants plus the Aware Program and it is now consolidated into one.

MR. MALONE: — How much of it is Aware? What percentage?

MR. ROBBINS: — Mr. Chairman, \$331,720.

MR. MALONE: — So the Aware Program is not funded through the grant to the Alcoholism Commission?

MR. ROBBINS: — No.

MR. MALONE: — I have often wondered why not. It seems to be a logical place to put it. Is there maybe some good reason?

MR. ROBBINS: — Because it is a health education program and not related strictly to people with alcohol problems. It is related to the general population.

MR. MacDONALD: — How much of this total expenditure is straight for advertising on television and radio?

MR. ROBBINS: — \$276,000.

MR. MacDONALD: — I didn't hear that figure. I was busy . . .

MR. ROBBINS: — \$276,000.

MR. MacDONALD: — Could you ship over one of those \$450 hearing aids?

MR. ROBBINS: — They only cost \$222. I think you need a few '222s'.

Item 15 agreed.

Item 16 agreed.

ITEM 17

MR. MacDONALD: — Is this where the CAT Scanner is going to be located, the University Hospital is it?

MR. ROBBINS: — Yes, it will be in the University Hospital.

MR. MacDONALD: — I think we can still talk generally about equipment and so forth in this Item. I would presume, Mr. Chairman. Can the Minister tell me, has the Cancer Commission requested any equipment last year that was not approved by the Department of Health?

MR. ROBBINS: — Some was deferred.

MR. MacDONALD: — Could the Minister indicate what was deferred and the value of it.

MR. ROBBINS: — It was deferred I should point out by agreement with the Commission. The simulator was deferred; it cost about \$175,000 and it was deferred based on the CAT scanner being ordered later, because there is a connection between the two.

MR. MacDONALD: — That is the only equipment requested by the Cancer Commission that was deferred?

MR. ROBBINS: — This time, yes.

MR. MacDONALD: — We are talking about the last fiscal year.

Has there been any equipment requested by the Cancer Commission for the next fiscal year that has been refused.

MR. ROBBINS: — The next fiscal year, No.

MR. MacDONALD: — So we don't have to worry when you slash and hack and cut your budget and all the rest of it, that you are going to do that to the Cancer Commission. You will see that they get the equipment that they want and they require. May I make that general conclusion, Mr. Minister.

MR. ROBBINS: — If we were slashing and cutting and so on we wouldn't be up to \$404 million would we?

Item 17 agreed.

ITEM 18

MR. LARTER: — Mr. Chairman, I would like to ask the Minister, we are up \$1.5 million here on this one. I see there are 22 new employees. If you go on to 14 and 4 per cent ratio on wages boosts it still doesn't take it up anywhere near the \$1,501,000. I wonder if you can give me the difference?

MR. ROBBINS: — Well, we started out, Mr. Chairman, with the base in 1976-77 of \$2,969,000. There were some deletions. There were minor — \$78,000; salary adjustments were \$525,210, a 14.2 per cent increase. There were 4 per cent additional sums \$115,610 for increments in the agreement; there were additions in terms of staff as you already noted costing \$439,810. And we made provision for an increase in the current contract which is being negotiated coming out with the figure of \$4,163,067.

Item 18 agreed.

Item 19 agreed.

ITEM 20

MR. MacDONALD: — Just a couple of quick questions here. How many patients are left in Weyburn?

MR. ROBBINS: — We are talking about the Psychiatric Centre not SVECH, as you are aware, and the number of patients as of December 31, was 38.

MR. MacDONALD: — That is \$2 million to operate for 38 patients?

MR. ROBBINS: — Those are in-patients; they are coming and going all the time.

MR. MacDONALD: — Could the Minister tell me — the reason I left it for

Weyburn as I am not too familiar with your psychiatric centre program — how many people are left in North Battleford in the hospital, the mental hospital?

MR. ROBBINS: — About 320.

MR. LARTER: — A question, Mr. Chairman, the patients that have been let out into the various homes in the southeast from the Weyburn hospital, this shows up under social services is this correct?

MR. ROBBINS: — They are financed through the Department of Social Services once they are placed in an approved home.

MR. LARTER: — I am trying to find out if these people that have some of these people in their homes, if it is being budgeted for this year for increases for these people. It costs us \$60 to \$90 a day to keep them in the hospitals and they are only getting \$12 to \$20 a day.

MR. ROBBINS: — There was an increase on April 1. I can get it for you I think . . . Level I went from \$190 up to \$230, an increase of \$40 per month; Level II from \$240 to \$290, \$50 a month; Level III \$300 to \$360, \$60 a month. Of course, there is more care required as you go up on the levels.

Item 20 agreed.

Items 21 and 22 agreed.

ITEM 23

MR. MALONE: — One can't help but comment on the fact that the Government through taxation will receive, estimated in this current fiscal year something like \$65,500,000 from taxes on the sale of liquor. Yet it is prepared to grant to the Alcoholism Commission only the sum of \$3,200,000, just to round it off. I do compliment the Minister by allowing for the slight increase of about \$1 million.

I wonder . . .

MR. MacDONALD: — One week's profit!

MR. MALONE: — One week's profit as the Member points out.

I wonder if the Minister could . . .

MR. CHAIRMAN: — Order, Order, please!

MR. MALONE: — I see the Government is rather touchy about this particular item and I don't blame them for being sensitive. They certainly ought to be sensitive about the niggardly amount that they have granted to the Alcoholism Commission. I wonder if the Minister would undertake to advise this House whether he agrees that this amount granted is sufficient for the Commission to carry on its duties, particularly in view of the fact that the Government, by various methods obviously

encourages the purchase of liquor and in doing so, of course, the Government gets the biggest reward from it because of the amount of taxes it brings in.

MR. ROBBINS: — The increase, of course, to the Alcoholism Commission is about 33 per cent, if you look at it. Figure it out. That is not the total amount of money spent by government in terms of alcohol problems. There is a grant of \$3,191,000 to the Alcoholism Commission. There is \$331,720 spent on the Aware Program. There is \$482,000 spent in the budget of Northern Saskatchewan with respect to alcohol. There is \$117,700 spent in the Department of Education in the Driving While Impaired Program. There is \$1,104,030 spent on in-patient care for alcoholism through SHSP. There is \$422,120 at St. Joseph's Hospital in Estevan through SHSP. There are out of province hospitals, Heartview Foundation Mandan, N.D., where \$65,000 is spent. The total through SHSP is \$1,595,650. Through MCIC the Alcoholism Psychosis, \$13,500; principal diagnosis \$181,250; cirrhosis of the liver, \$47,650; Department of Social Services and the Department of Indian Affairs and Northern Development another \$439,770. The Department of Social Services on behalf of the patients at Calder Rehab in Saskatoon; Meyers House in Regina another \$51,500 for a total of \$6,452,070, which is 10 per cent of the assumed profit. And if we could only convince you fellows to quit drinking we would get that profit down.

MR. MALONE: — The Minister has again demonstrated his only answer to problems, and that is to get up and quote figures. That is what you have been doing ever since these Estimates started.

Nobody is denying the fact that you have spent that amount of money, but I wonder if the Minister would not agree with me that alcoholism is a growing social problem, that alcoholism is a problem that really is a sociological medicine in this day and age. I wonder if the Minister wouldn't agree that perhaps even more should be allotted from government funds to meet this problem whether it be grants to the Alcoholism Commission, ads for Aware and a number of other programs that you have mentioned.

MR. ROBBINS: — Yes, and we would like some sharing from the Federal Government because it is a major problem, particularly with the native population.

MR. MALONE: — That is your answer is it? If the Federal Government will share you will spend more. Is that the only answer you have to give this House?

MR. ROBBINS: — We will consider it if they put up some money.

MR. MALONE: — I wonder then if the Minister feels that way, if he would move a resolution to that effect. As the Minister knows it is impossible for us on this side to move a resolution about government spending or we would do so. But seeing the Minister is so sincere in his remarks about this problem, I wonder if he would be prepared to present a resolution in this House for the consideration of all Members. I think he would find a receptive ear on this side of the House in the Liberal Party. I would ask the Minister to move such a resolution.

Hopefully if we pass the resolution the Government will do its utmost to implement it.

HON. E.L. COWLEY (Provincial Secretary): — Mr. Chairman, I noted with interest the comments made by the Member for Lakeview and I know that neither the Minister of Health nor I are lawyers and we have trouble drafting resolutions. There is no difficulty at all for the Member on that side or indeed the Leader of the Opposition to draft a resolution urging the Government to spend more on alcoholism research, publicity or whatever the Member wants. I am sure that he wouldn't want this House to do without his legal talents and so I am sure seeing as there is no problem with respect to the rules, with respect to this, that we can see forthcoming very soon a resolution from the Member for Lakeview.

MR. MALONE: — If anybody on this side of the House drafts a resolution calling for the spending of money the Chair usually rules it out of order but if the Minister would like to just give us a moment and stand this item, indeed we will be prepared to draft such a resolution and I hope you people will be prepared to support it.

MR. ROBBINS: — Mr. Chairman, we have made representations to Ottawa on many occasions. We had discussions with the Department of Health with respect to this sort of thing and I want to point out that we are the only province, at least initial province, to start out with an Aware program in an attempt to alert people to the problems in alcoholism.

MR. MALONE: — You are begging the question, though, Mr. Minister. The Provincial Secretary has indicated that he would be prepared, I gather, to support such a resolution, but these are your Estimates, you are the Minister involved. Would you be prepared to support such a resolution? In fact I would be glad to come over and sit down with you to discuss the wording of it.

MR. ROBBINS: — I should like to see the resolution first.

MR. MALONE: — Can we just stand this item then, Mr. Chairman, and we will draft such a resolution.

MR. CHAIRMAN: — Order! Is the Committee agreed to stand this item?

MR. MacDONALD: — Mr. Chairman, I will talk while he is drafting. Mr. Minister there is one other item . . . We will wait until the Minister comes back . . .

MR. MALONE: — Mr. Chairman, I would like to move a motion, seconded by the Member for Regina South (Mr. Cameron):

That the total amount of the expenditure of the Department of Health related to alcoholism and alcohol related diseases be no less than 25 per cent of the estimated receipts from the Saskatchewan Liquor Board.

I wonder if the Minister of Health would be prepared to second such a motion?

MR. CHAIRMAN: — I have examined the motion and I find that it would be committing the Government to extra expenditure. I refer to page 217 of Beauchesne, or 251, Item 4:

Private Members may introduce resolutions that do not directly involve the expenditure of public money and have no operative effect but simply express an abstract opinion on a matter which may necessitate a future grant.

I have examined the resolution and find that it would be committing the Government, so I would have to rule the motion out of order.

MR. MALONE: — I certainly respect your opinion, Mr. Chairman, and I think it is a proper opinion. I was trying to say to the Members opposite a moment ago that no such resolution by a Member from this side of the House would be accepted. I congratulate you for not giving in to the pressure that was put on you by the Members opposite to make such a resolution be in order. But there is a very easy cure to the situation, Mr. Chairman, the Members opposite have indicated their interest in this type of resolution. The Member for Biggar (Mr. Cowley), of course, felt that it was an appropriate resolution and I can only suggest, Mr. Chairman, that unless one of those Members introduce a similar resolution that we can assume that they are not interested in providing any more money for the treatment of alcoholism and alcohol related diseases in Saskatchewan. So I invite the Members opposite before the Attorney General tries to adjourn the House to introduce such a resolution and let's run out the clock, Mr. Chairman, and debate the whole issue.

MR. SMISHEK: — Mr. Chairman, I wonder if we could stand the clock for a few minutes.

MR. MacDONALD: — No, Mr. Chairman, I'd like to call it 10:00 o'clock.

SOME HON. MEMBERS: No, no!

MR. SMISHEK: — Mr. Chairman, I am sure the Hon. Member would agree . . .

MR. CHAIRMAN: — Order!

MR. SMISHEK: — Mr. Chairman, I might inform the Hon. Member about the alcoholism programs in Saskatchewan and what has really happened. When we took office there was no more than \$500,000 being spent on the Alcoholism Commission.

MR. MALONE: — On a Point of Order. Mr. Chairman, the Point of Order is that there was a resolution coming. I would not have to bring this to your attention. There is no resolution forthcoming apparently so I bring it to your attention that it is 10:00 o'clock.

MR. SMISHEK: — It seems to me in all fairness that when the Member for Lakeview made a speech, I am sure he would like to hear a rebuttal, but there is always another day, Mr. Chairman.

The Committee reported progress.

The Assembly adjourned at 10:05 o'clock p.m.