

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
Fifth Session — Eighteenth Legislature

March 28, 1978

EVENING SESSION
COMMITTEE OF FINANCE
HEALTH — VOTE 32

ITEM 1

Mr. Chairman: We are on page 51, Health, and we are on Item 1.

Hon. E.L. Tchorzewski (Minister of Health): — Before we begin, I will introduce my immediate staff and then the others as they come up from time to time. First of all on my right is Mr. Mel Derrick, who is well known, as the rest of the staff are. He is the Deputy Minister of Health. Ken Fyke, Associate Deputy over here. Carm Feader, Director of Admin. Services immediately behind me, and Lawrence Krahn from Administration Services.

Mr. Chairman: Thank you. We are on Item 1.

Mr. G.H. Penner (Saskatoon Eastview): — My learned colleague, the member for Indian Head-Wolseley, will be here a little later. I want to be certain that he will have ample opportunity to ask whatever questions he may wish. As a result in the meantime, I have a couple of questions I would like to ask myself. I want to join with the minister in welcoming the members of the department. I want to begin by offering some comments that the minister may wish to refer to or he may wish to answer. I begin by noting that the spending for SHSP in the 1978-79 year is budgeted to be up 10 per cent over what it was a year ago. I am sure the minister will be aware that the increase in expenditure from last year to the year previous, was up 20 per cent. During that period of time hospitals in Saskatchewan experienced an extremely difficult period — as the minister will be aware and other members of the House will be aware. It was a period of time when waiting lists in Saskatchewan hospitals came to the point where they were the longest they had been in the history of the province. It got to the point where staff cuts were required in hospitals because the number of positions that were being provided in the Budgets, were not allowing for the kinds of positions that hospital boards were finding themselves having to be in. I think it is fair to say that the government did not close any hospitals, but it is also fair to say that the government put Hospital Boards in the positions where they had to close beds . . . (inaudible interjection) . . . that's right, it probably amounts to pretty much the same kind of thing. We have that kind of situation that where the level of spending for SHSP was increasing 20 per cent over the previous year, we are in a position this year where the grants that are available in the Budget are increased 10 per cent over last year. We are also in the unfortunate position that since Hospital Boards financial years have been changed, Hospital Boards in the province are not in the position of knowing exactly what their budgets are going to be for the coming year, what the implications are going to be for the kind of grants that they are going to have. I think that's a particularly difficult situation for hospital boards to be in and I think it is extremely difficult for members of the House to have any kind of adequate assessment of what those grants are going to do when hospital boards don't yet know what their budgets are going to be for the coming year. So I invite the minister to comment upon that and to reflect upon the fact that when the change was suggested a year ago that some members in this caucus at least indicated that they were not in favor of it and we continued to be in that position.

I wonder if the minister would also care to comment about a plan that he administers that has become an extremely expensive plan and I am speaking of the drug plan and the minister smiles. He probably expected me to have a word or two to say about that because we have, over the past couple of years, made some direct comparisons between the cost of the Saskatchewan Prescription Drug Plan and the cost of the Manitoba Prescription Drug Plan. Both have the same goal, that is to provide drug care for people who need drug care, at least that's what I understand the goal of the Saskatchewan plan to be and that's what the goal of the Manitoba plan apparently is, at least according to their annual report. But consistently the Manitoba Drug Plan is provided to the people of that province for a third the cost of the Saskatchewan Drug Plan. We are in a position this year, according to these estimates, where the person who is the head of a family of four in this province is going to have to pay in taxation approximately \$100 a year in order to fund the Saskatchewan Drug Plan. The vast majority of those people will never possibly even use or come close to using \$100 worth of drugs per year.

Now there is one difference between the Saskatchewan plan and the Manitoba plan, of course, and that is that in Manitoba people will pay the first \$50 worth of use or the first \$50 worth of drugs that they need and the plan plugs in after that and looks after those people who have exorbitant drug costs. There is no question at all about the fact that there are some people who do have exorbitant drug costs, Mr. Chairman, those who are chronically ill, in some instances the elderly, who will be in a position where if they had to pay for their own drug cost it would break them and so there is need for some kind of plan. I submit to the minister that the plan that we have in Saskatchewan is too expensive for us, that for the vast majority of Saskatchewan people and I would venture to say something between 90 per cent and 95 per cent of them, they would be far better off financially if they paid the first \$50 themselves than they are right now when they are having to pay \$100 in taxes in order to provide the plan for their family.

One of the things that this Budget provided, Mr. Chairman, was an admission on the part of the government and the Department of Health with regard to level IV beds. The fact that there has been an announcement that funding for level IV beds is going to increase is both welcome and late. We have maintained the position ever since my late colleague, Mrs. Edwards, was a member of this House that acute care beds were having to be used in Saskatchewan hospitals for level IV patients, simply because there was no place for people who required level IV care to go. I take it that's been pretty well documented and it really doesn't matter which hospital you go to you will find that those acute care level IV beds have been used for level IV services because the level IV facility has not been available and so we welcome the move that the government has made in this regard and suggest that maybe the minister and his colleagues have been a bit late. Nevertheless, better late than never.

I wonder, finally, before I sit down and give the minister an opportunity to comment, if he wishes to comment further about the problems and whether his department has been involved in dealing with the problems encountered by the water supply in the city of Regina and report on an article that my colleague raised this afternoon in the House, something which I expect is not new to the minister nor new to his department. I wonder if he would care to speculate whether the people who live in Regina are more likely to have a problem with cancer because of the water they drink or whether people in Saskatoon are more likely to have a problem because they may smoke, for example.

Mr. Tchorzewski: — Mr. Chairman, I indeed would like to make some remarks on the remarks made by the member for Saskatoon Eastview on behalf of the member for

Indian Head-Wolseley. I will say some things specifically to the points raised but first of all I would like to make some general comments about the budget of the Department of Health in the province of Saskatchewan. As we begin the review of these estimates I think it's the appropriate time to do that. I would like to highlight some aspects of the health budget and provide some initial explanation to a number of items that I expect will be of interest to this House and particularly the members opposite.

As I said in my address during the Budget Speech debate our budget this year has provided for a substantial increase in funding for our health programs. The total 1978-79 health budget is \$435,626,000. This represents an increase of approximately \$31.9 million or a 7.9 per cent increase over last year's estimates. I would welcome the members opposite either Liberals or Conservatives to take any province in Canada where there are health budgets being introduced or any kind of budget being introduced this year or you take any year prior to this year and compare the increases that we are providing to the increases that are being provided for the purposes of health whether it is in Ontario or Alberta or British Columbia or any other province, or Nova Scotia to give the Liberal members opposite one province to their liking.

Now, Mr. Chairman, in addition to this amount there are a number of other health items found in other provincial departments which I did not mention in by debate during the Budget Debate which I want to mention now. You will find \$1,392,000 in the Department of Government Services budget for capital expenditures related to health programs and \$1,934,000 is found in the Department of Northern Saskatchewan Budget, a subvote for health Services. There is \$4 million in the Heritage Fund which is allotted for capital construction at the University Hospital and there is \$2.2 million found in the Municipal Affairs Budget for grants and support of an improved ambulance service. Now these additional health related expenditures amounted to some \$10.4 million which means that the global Health Budget for 1978-79 is actually \$446 million or \$446,123,000 to be precise and this figure is comparable to the 1977-78 estimates of \$407,439,000 and, therefore, the real increase in spending in the health field in Saskatchewan is 9.5 per cent. Now, once again, Mr. Chairman, we have provided a generous increase in support of the Saskatchewan Hospital Services Plan, the plan that the member opposite mentioned. In 1977-78 the SHSP estimate was \$232.3 million and this year we are estimating the expenditure to be \$255.9 million; a 10.1 per cent increase. That will provide and maintain a fairly high level of services in Saskatchewan, Mr. Chairman, which the people of this province have grown accustomed to and have a right to expect. And the members opposite may want to debate whether that is sufficient and I'm prepared to do that. I'm prepared to use some comparisons later in that debate if the opportunity should present itself to other places as well. Now, within the Hospital Plan Budget we have made provision for funds to provide immediate financial relief for nursing homes also which the member mentioned and I'm glad that he welcomes the move. But this funding for nursing homes which are looking after heavy care level III patients, I think will be a great benefit not only to the homes but to the patients because of the kind of level of services that will be able to be provided. And we have provided funds for the expansion of level IV facilities in the province overall. Now, Mr. Chairman, that's not something that just happened this year, it's not something that happened out of the blue because we decided all of a sudden that we were going to increase the number of level IV beds; it's something that's been happening since 1971 when this government was first elected. For example, in 1973 there were 671 level IV beds in the province of Saskatchewan, in 1977 there were 1,136 level IV beds in the province of Saskatchewan and we are saying in 1978 that we are going to substantially increase that again so it's something that we have been providing and bringing appropriate changes on, on an annual basis. But the

Budget also makes provision for the introduction of other things. For example, an ultrasound unit at the Pasqua Hospital in Regina. \$165,000 is budgeted in support of a 10 day bed care centre for senior citizens in Moose Jaw Providence Hospital, and funds are available for the introduction of a homorenal dialysis program in Saskatchewan which some of the members opposite have spoken to me about and are very interested in, particularly the member for Kindersley; a program which until now has only been available in referral hospitals in Regina and Saskatoon. I have announced already that we shall extend out-of-Canada hospital benefits for Saskatchewan residents and \$269,000 has been estimated in this Budget for these extended benefits. In the subvotes grants to hospital and health centres we have provided \$4.7 million, mostly for the placement and the improvement of hospitals and health centres in rural Saskatchewan, an area of Saskatchewan that was very seriously neglected by the former Liberal government which chose to close hospitals rather than improve them.

There is a new 45-bed hospital which is under construction at Kamsack and new hospitals will be built in Borden, Nokomis and Paradise Hill. Major renovations are being undertaken at North Battleford and La Ronge and Leoville and Herbert. The member for Morse will be interested in that, and Kipling. Small renovations are expected to take place in a number of other rural hospitals as well including Ste. Elizabeth Hospital in Humboldt.

As I have mentioned, we have provided nearly \$5 million from the Heritage Fund to complete the \$40 million major expansion of University Hospital in Saskatoon. Further, nearly \$6.9 million is being provided for the first major construction package of the Regina Regeneration Project. We expect that about \$4 million will be spent at Pasqua Hospital and about \$2.9 million will be spent at the Regina General Hospital.

In other areas of capital development and purchase we have budgeted \$170,000 to purchase a cobalt simulator for the Saskatchewan Cancer Commission and this device will facilitate greater precision and accuracy in radiation treatment. We will be expanding the capacity and the efficiency of the provincial laboratories by the purchase of a \$346,000 SMAC unit. This is a highly automated analyser which can measure up to 20 tests simultaneously and samples at a rate of 150 samples per hour. This elaborate machine will improve the diagnostic services to physicians and will speed up the diagnostic process for patients.

In the Saskatchewan Dental Plan which I know the member for Lumsden is especially interested in, and I want to have a few things to say about later. We shall be increasing the coverage in 1978-79 to include 4-year olds up to and including 11-year olds. As we predicted when we introduced this dental program, the cost per child served is lower in this public program than it would have been if the service had been left to the private sector alone. In addition children in rural Saskatchewan have access to dental service throughout the province and the utilization of this program by students is very high.

I am very pleased with the steady improvement in the cost per student of this program relative to the private sector and I am prepared to elaborate on this point as I have already said, during a detailed review of the dental plan budget.

I know some members opposite, and they have a right to do that if they have a point of view, will say that this is one of those 'frill' programs that we have implemented since 1971. Well I want to make it clear on behalf of the government and on behalf of myself and I know that I speak on behalf of most of the people in Saskatchewan, that programs

like the Saskatchewan Dental Plan are not considered to be 'frills'; that we intend to continue developing it.

I would like you to note also the subvote 6 which we will be dealing with in the health estimates entitled Community Health Services. This was formerly known as the Regional Health Services subvote and to improve the services in some regions of the province where it is difficult to maintain a resident medical health officer, we have provided three new regional administrative positions to ensure continuity in the administration of the regional preventative services.

Mr. Speaker, \$710,000 has been budgeted to support the Aware Program and the Feeling Good Program. Both of these programs have been widely acclaimed and well received by the Saskatchewan public.

After our review, last year, of the difficulties the College of Medicine was having in funding its service functions, we decided to increase our provincial support to the medical education system by \$746,550 to assist in the financing of service functions of the college. This increased appropriation along with other sums of money, which the Department of Health normally allocated for the same purpose, has been brought together in a new subvote which is entitled 'Grants in assistance of clinical services provided by the medical education system.'

So you can see, Mr. Chairman, that this year we have budgeted \$5,061,000 in support of these services. Now I could give many more examples of things that are happening with this 1978-79 budget, Mr. Chairman, and I am sure that before we are finished with the consideration of these estimates there will be plenty opportunities for that.

Now, may I make a few comments about some of the specific things that the member for Eastview spoke about. He made some reference to staff cuts in hospitals last year. We have heard that before. In fact, we heard it from both sides of the opposite side of the House. We heard it from Liberals who talked about staff cuts; we heard it from Conservatives who talked about dirty hospitals, because of the alleged staff cuts. Dirty hospitals, Mr. Chairman! I hear the member for Sutherland saying, "Did we clean them up?" Obviously, he has not yet learned. He said then and he cast a reflection on all of the 132 hospitals throughout Saskatchewan and all health care workers in Saskatchewan. He cast insinuations that were not true. And even though this House dealt with the issue and at least most of us thought had resolved it, he still persists in sitting in his desk – I don't think it is his desk, or maybe it is and claiming, did they ever get cleaned up, which leads us only to believe that he is still insinuating that Saskatchewan hospitals are dirty, which is not true and everyone in Saskatchewan knows it.

There were no major staff cuts in Saskatchewan hospitals, Mr. Chairman. As a matter of fact in 1976, during the time when those members opposite were perpetrating that kind of story across this province, there was an increase in 868 publicly funded health care jobs in Saskatchewan. That is their definition of major hospital staff cuts.

There is also another measure which we can use, which can tell a story and that is a very important one, and that is staff to patient ratio. I believe it will be of interest to the members opposite to know that in 1976 the staff to patient ratio in Saskatchewan was 2.1 to 1. In 1977 it was 2.2 to 1, indeed an increase in the ratio of staff to patient again, hardly an example of what one could define as major staff cuts in our hospitals. Now if we want to talk about staff cuts, you have to look at some other places, you have to look

at the province of Manitoba and the kind of things that are happening there. You only have to look at the province of Ontario and the kind of things that have happened there and are still being threatened to happen there, where there were hundreds of hospital beds closed and where there were hundreds and hundreds of staff people that were cut from the establishment of the hospitals. That's the difference between a Conservative or Liberal government, Mr. Chairman, and a New Democratic government such as we have in Saskatchewan.

I'm glad the member for Eastview welcomes, as I said a little earlier, the increase in level IV beds. I agree with him that there is a need. I don't think there is a member in this House who has spent any time talking to hospital people and people throughout Saskatchewan in general who would deny that there is a need for some changes in our level IV establishment. But also, I want to say that there is a greater need than that as well. There is a need to review the whole system of our classification system in the health care system. I think for one, that we have too many classifications and although we are, in this Budget, providing \$4 million to deal with an immediate problem, we are going to go further and explore ways in which we can bring about major changes in the delivery of care for chronically ill people and senior citizens and the like.

Mr. Chairman, I think I have covered most of the points which the member raised and I will see what other questions he might have.

Mr. Penner: — Well, Mr. Chairman, I'm amazed at the remarks of the minister. I don't know whether he is looking for a political fight on health estimates or whether he is particularly defensive about his department. He obviously prepared a fairly long rebuttal to some remarks that I made and he didn't touch on very many of them. Now, I want to go back and hit on some of them, since he has had the opportunity to make that beautiful little speech.

The first thing I want to say to the minister, is that the comments that you made about the increased funding for technology is something that we think is wonderful. But I want to say to the minister, for the people in Saskatchewan who are on waiting lists trying to get into the hospital, it is not very much consolation. And I suggest that the very fact that the minister didn't refer to that and didn't refer to the fact that waiting lists — have been as long as they've been, is an admission of the minister's admission of the very fact that we've been talking about. That in fact, waiting lists have been longer than they've ever been in the history of the province, that people wanting surgery have had to wait month after month, after month, after month in order to get it.

The other thing I want to say, Mr. Chairman, is that it's good to hear a Minister of Health finally get up in the House and admit that level IV beds, the most expensive beds in our health service delivery system had been used for level IV care because there wasn't enough space for level IV people. And I'm glad to hear the minister admit that. I think it's the first time in my time in the House that a Minister of Health has stood up and admitted that. Because there's always been an attempt to camouflage it, to say, no, that's not really true, you know . . . the gloom and doom boys are up and talking again. But in fact, we were right and we're glad to acknowledge the fact that finally you realize that we were right.

Now, maybe before I go any further, so that the minister can't forget those two items, I might just stop and see if he wishes to comment on those.

Mr. Tchorzewski: — Well, Mr. Chairman, because my initial remarks were

reasonably long, I passed over the one issue which I wanted to spend some considerable time on. That was the question of the drug plan which the member raised, and I shall do that now that I'm on my feet.

First of all, let me say something about the member's constant reference to waiting lists and to hospital beds. First of all, there are waiting lists in every major hospital in Canada. You are never going to get away from waiting lists, in major hospitals, anywhere. And I'm not sure that you should. That's why patients are classified according to categories of need, emergency, urgent, and so on. Now I want the House and the people of Saskatchewan and the members opposite to know that indeed, the waiting lists in Saskatchewan hospitals have decreased. They have not increased. They have decreased and they have decreased fairly substantially. Now, the member complains about the waiting lists. What did his colleagues do when they were the government? There were waiting lists then. Yes, indeed, they look after them. There is no doubt about it, the member for Eastview should know that the Liberal government of that day looked after sick people very well. When they had to go to the hospital they charged them a deterrent fee because they said that that was going to help them get well because they were going to remember every time, that every day added up and their cheque was going to grow in size that they had to pay while they were not working and therefore, were not earning a wage, if they were working people. Somehow that was going to help them get better quicker. Well maybe that helped to decrease the waiting lists, Mr. Chairman, but I'm not sure that in a just society that that is an appropriate way to decrease any kind of a waiting list. The fact of the matter is, that indeed, it did not decrease waiting lists. That was the Liberal answer.

That was the Liberal answer to the health pressures in the province of Saskatchewan. But then that wasn't the total Liberal answer because when there were waiting lists in the hospitals as there are now, they did not only put deterrent fees on them, they also said that well, we're going to close a bunch of these hospitals because that's one way to get rid of waiting lists. If there are no hospitals there are no waiting lists. That's Liberal logic. That's Conservative logic as other Conservative provinces will indicate quite explicitly. But we don't agree with that kind of an approach, we use a much more rational approach. And I just want to close on that one by saying that the waiting lists in the province of Saskatchewan are, in fact, decreasing in the last year.

Let's make one other little comparison. We have in this province the highest number of hospital beds per thousand people. You don't believe it. We have the highest. And you show me some statistics from any other province which will show in this House, that somewhere else they have a higher ratio of beds, per population, than we have in the province of Saskatchewan. I know what they are going to do, Mr. Chairman, I know what they are going to do. They are going to take out some figures or they are going to mix them up likely and they are going to say, well, but don't talk about the whole Saskatchewan scene. Talk about only the major hospitals. Well, I want to talk about only the major hospitals and I want to make a comparison between Conservative Alberta and now Conservative Manitoba. There really aren't too many Liberal places to compare to, unfortunately.

We have, for example, in the city of Regina a ratio of beds per thousand of 4.3. The members over there will point to that and say, well, but that is really not seven point something as you say across Saskatchewan. Well, it so happens, Mr. Chairman, that that is a pretty good figure, because in Winnipeg the ratio is 3.5 per thousand, not 4.3 as it is in Regina; it is 3.5. And in good old rich Calgary, Alberta, where they can afford to take off the tax on fuel, they take it off fuel and then they charge \$183 a family for

medicare premiums so they can subsidize all those tourists coming into the province of Alberta through health taxes. There's the ratio, in Calgary is 4.1 per thousand – lower than in Regina. So much for the arguments of the members opposite about waiting lists, Mr. Chairman.

Now, let's take a look at the drug plan, which I neglected (and I apologize for that) earlier to make a comment on. We are proud of the Saskatchewan Prescription Drug Plan. It is a good plan. It provides a good service to the people of Saskatchewan and it is not any more expensive than any other drug plan that you may find anywhere.

Mr. Penner: — In the world?

Mr. Tchorzewski: — Well the member laughs. I am talking about Canada, sorry I will qualify that. Knowing the record of the province of Saskatchewan under CCF-NDP governments I would be prepared to compare it to a lot of places in the world as well. Now, the member opposite for Eastview has talked about, in the past and I think this came out of the Saskatoon Star Phoenix, March 11, 1978, and he eluded to it again in his comments today. He said that the number of civil servants administering the drug plan cause it to be excessively costly. Saskatoon Star Phoenix, March 11, 1978. One of those off-the-cuff attacks on the public service that we have seen only too often in the last several months.

Let me give you an example of the efficiency of the Saskatchewan Prescription Drug Plan, Mr. Chairman, to other places. The drug plan's administrative costs, I maintain, that I put on the record are not excessive. The total administrative costs under the Saskatchewan Prescription Drug Plan amount to less than 44 cents per prescription. Now, let's make a little comparison to good old, free enterprise system in the province of Alberta.

The Alberta Blue Cross, we know that its administrative costs for prescription processed by the Blue Cross for the government of Alberta is more than 70 cents per prescription. That is a pretty good comparison.

The member said something about the purpose of the Saskatchewan Prescription Drug Plan; it is not just simply to provide drugs. That is one of the, I think, illusions that sometimes some people opposite, in particular, try to create. It was established to reduce the cost to Saskatchewan residents for high quality drugs of proven medical value and those qualifications do not exist in the Manitoba Drug Plan and it was also established to encourage the rational use of prescription drugs. Those objectives of the Saskatchewan Drug Plan have been well achieved, Mr. Chairman.

We have 1,350 drug products which are now on the formulary.

It is sometimes said by members opposite, and they use figure s- Manitoba figure s- that the cost of the drug plan in 1976 in Manitoba was something like \$5.4 million and I want to lay that one aside, because the actual cost of the Manitoba Drug Plan was closer to \$10 million.

Mr. Penner: — Not according to their estimates.

Mr. Tchorzewski: — Not accounting to their Annual Report, but that is because their

Annual Report does not include such things as the Social Service provisions, which we include in our report, does not include nursing homes and it does not include special benefits, all of which are included in the Saskatchewan statistics. If you take all of those in consideration you will find that the plan in Saskatchewan is very comparable to the plan in Manitoba. It is, in total dollars, costing us more money, but then it is a more comprehensive plan. It has provided in 1976-77 drugs to some 334,000 Saskatchewan families, whereas the Manitoba plan only provided for 67,763 families. Now when you say that you should adopt the Manitoba plan model and put it into Saskatchewan, you are essentially saying that you should take on almost 300,000 Saskatchewan families and say you no longer can benefit from the drug plan. Now that may be your position; it is not our position and it is not about to become our position. Now you say you should let them pay the first \$50.00. Well, if you see what is happening in Manitoba pretty soon it is going to be the first \$100 and then it is going to be the first \$200 and then it is going to be no plan at all, as we see happening in Ontario.

The fact of the matter is that the people who need to benefit the most are old people. That's who is paying the most in the Manitoba plan and I'll tell you why they are paying the most in the Manitoba plan because those people in many cases don't save those little receipts that they are supposed to save all year and then submit them to the plan, creating all kinds of red tape, which the member for Lumsden (Mr. Lane) often complains about in government and you are saying to the people of Saskatchewan, you are the ones whom we are going to throw all this red tape at because we know that many of you are just not going to bother and therefore we are going to have all kinds of savings of money. The plan we have here is to provide some service to the Saskatchewan people and it is a good plan, Mr. Chairman.

Mr. Penner: — Mr. Chairman, I continue to be amazed that the minister is so defensive. We were simply wanting to get a little bit of information from the minister and we have asked a couple of rather short little questions and he has been on his feet for two twenty-minute orations. Again, whether it's because he wants to have a fight over estimates or because he is just truly defensive I really don't know. The arguments that he puts forward border on paranoia. He is back on the deterrent fee kick again, you know, when all else fails, lash out at the old deterrent fee thing; that seems to be a favorite trick of the minister and it was a favorite trick of his predecessors. I don't know whether it is something they learn after they get there, that that's the information they are fed or whether they have just been ingrained with that before they ever moved into that portfolio but I say it's an old hackneyed argument that really has no value and has no worth today.

The minister's comments with regard to the drug plan are somewhat surprising. We've never suggested that the fee ought to go to \$100 or to \$200. I don't know whether the minister feels that those kinds of figures would be appropriate or not; we never suggested that. The fact still remains that most Saskatchewan residents today pay more for the drug plan through their tax dollar than they would if they went out and bought the drugs themselves and had no drug plan whatsoever. Those facts cannot be refuted by the minister or by anybody else. They're there for everybody to see if they want to open their eyes, Mr. Minister, and see them. I hope that you will take advantage of the opportunity to see that.

The comparable thing is for 1976 between the Manitoba Drug Plan and the Saskatchewan Drug Plan were \$5.4 million in Manitoba against \$17 million in Saskatchewan. Those figures are taken right out of the annual reports from the two provinces. In 1978 if we look at the something like \$21 million that is budgeted for the

drug plan and divide into that the number of residents in Saskatchewan and take a look at a family of four, families of four are paying in the neighborhood of \$100 a year in tax money for a free drug plan and I say again, very few families of four will pay \$100 a year for drugs in this province. So I want to say again to the minister that I think it's a perfect example of a plan that can retain the goal that the government has set forward – that the Department of health has set forward – but which can be provided to the people of Saskatchewan who need it for a good deal less money than the plan that you have presented to the people of Saskatchewan.

It is interesting to hear the remarks of the minister with regard to the number of beds in Saskatchewan compared to the population. He may wish to update the figures a little bit. My concern in past years when we have come to health estimates has been with regard to the number of beds available to people in Saskatoon. We know that the national average of beds per population is something in the order of 5.4 per thousand. We know that the Saskatchewan average is about 7.4 per thousand. But we know that in the urban centers and we can take Saskatoon if you like, it is closer to four beds per thousand, insofar as the Saskatoon city is concerned. Now, I don't think that those figures are refutable. It's true that a good deal of money has been spent in Saskatoon at University Hospital, but it is also true, that that money has been spent not so much to increase the number of beds for patient care, as it has been to upgrade and assist the teaching of medicine. Nobody can deny the importance of the teaching of medicine, but that money has really not been put in to that hospital to increase the number of beds. It has been put there to increase the teaching in the medical profession. I invite the minister to comment on that.

Mr. Tchorzewski: — Mr. Chairman, the one thing the member forgets to mention about the University Hospital expansion, is that it will very substantially increase the facilities for ambulatory and outpatient care – which is the major area in which medical services are developing today – and that is going to make a very major impact on the utilization of beds and on the services that are being provided in the city of Saskatoon. You can't make only one argument by taking an isolated part of the project, which indeed is to improve the medical training facilities, and that is important. I know we both agree on that but it does more than that. The other aspect of it, which is the major improvement in ambulatory and outpatient care, is a very major development in the city of Saskatoon. Everyone in the city who is associated with health care will recognize that and will say so.

Now, the member again makes reference to waiting lists in hospitals, and I just want, for his information and for the information of the House and to put on the record, to say that in Saskatoon hospitals the waiting list has decreased by something like 25 per cent, between December of 1976 and December of 1977. That is a pretty good record, Mr. Chairman. It goes to show that the things that are happening with outpatient care and development that have taken place are very positive. That is, to a large extent, a tribute to the people in the city of Saskatoon who are involved in the administration and the running of the hospital system. They are doing a pretty good job to make the hospital facilities there, as for hospital people throughout Saskatchewan, as efficient as possible.

Going back to the drug plan. The member for Eastview argues that the cost to a Saskatchewan taxpayer is so much greater than it is in Manitoba. Well, let me give him an example of the difference in cost between the Manitoba plan and the Saskatchewan plan. I am just going to quote some comparisons here. In Manitoba, a person with only

occasional illnesses, receives no benefit at all. In Saskatchewan he does. The treatment for chronic conditions can cost a family considerably less in Saskatchewan as compared to Manitoba. A patient with asthma for example, who uses four Intol capsules per day, would pay \$29 a year in Saskatchewan compared to \$111 in Manitoba – that's what they want to put on the people of Saskatchewan, Mr. Chairman. A patient who takes four Aldermet capsules per day for high blood pressure, would pay \$29 in Saskatchewan compared to \$72 in Manitoba – that's what they would impose for a drug plan in Saskatchewan if they were ever to get the chance, Mr. Chairman. Because of the drug plan, patients with arthritis save \$70 to \$250, and with Parkinson's disease, \$200 to \$340, and with emphysema, up to \$900 – that is what Conservatives and Liberals, who criticize the Saskatchewan drug plan, using figures that they like to use, that is the kind of plan they would establish in Saskatchewan. They have clearly stated that on many occasions already, and the people of Saskatchewan, I can tell you, Mr. Chairman, are listening very carefully.

But there is more to it than that. Because of the way the drug plan is established, and because of the negotiations that go on with Pharmaceutical distributors, there is an annual saving in the cost of drugs of some \$4 million a year to Saskatchewan citizens. Something else that the drug plan in Saskatchewan does, which the one in Manitoba and nowhere else in Canada does, is that the formulary system in this province assures that people who are getting the drugs through the plan, are getting drugs that are of proven value. Not just drugs that some pharmaceutical manufacturer has developed and provided a great promotion for, but drugs which are shown to have proven value – that's a plus that I think there is no other plan in Canada can match.

What the member is arguing, Mr. Chairman, and I will say that and stop, is he would like to say to Saskatchewan senior citizens, a 70 year old couple or a 70 year old single person in a nursing home or wherever, that they have to pay the first \$50 and it could be more depending on who made the decision, they would have to pay the first \$50 and then they would have to have to pay 20 per cent of the price above that which the Manitoba plan does and that they would have to save their receipts and essentially what they would be doing is extending credit to the government as the people in Manitoba have to do when they have to wait to get paid, they're extending credit to the government of Manitoba.

Mr. Penner: — Well, I continue to be that way though. I'm afraid, the minister talks about prices in Manitoba, \$74 and \$200 and some odd dollars and so on. I don't know whether he's deliberately wanting to mislead the House. My understanding is that in Manitoba there's a \$50 ceiling and that people pay the first \$50 and after that the plan plugs in and the plan pays the costs beyond that. The suggestion was made, Mr. Chairman, that drugs purchased in Saskatchewan prior to the development of the formulary were somehow not the proper kinds of drugs suggests somehow that prior to the introduction of the formulary that doctors and druggists were not providing Saskatchewan residents with top quality drugs. I'd like to see the evidence of that, Mr. Chairman, because I had never heard anyone make that comment before, never suggested that drugs used prior to the introduction of the formulary weren't reasonable and quality kinds of drugs in the province. I have another question I want to ask the minister, and that is when will hospitals know what their budgets are going to be for the 1978 fiscal year?

Mr. Tchorzewski: — First of all, Mr. Chairman, in answer to the member's question I'm told about the middle of April they'll know. Now I'm glad the member opposite made some comment on the \$50 as it exists in the Manitoba plan because once again it

provides me an opportunity to outline to the members opposite that sometimes what they say are indeed, not what is and if they would look at the Manitoba plan they would find that it works this way. That a person has to pay for the first \$50, that's the receiver's cost and, after that, he does not get the plan to pay all the cost of the drugs, he pays 20 per cent of the price of the drug after that, if he has saved his receipts and then the plan pays the other 80 per cent. And that's why the figures I have used show that there is such a wide spread in the benefits between the Saskatchewan plan and the Manitoba plan. In some cases in the extreme, a spread as great as \$900 to \$1,000 because not only basically of the \$50 first of all provisions but because of the 20 per cent and 80 per cent where the patient has to pay the first 20 per cent and the plan picks up only the next 80 per cent and that only is if he has been able or he has managed to save all of his receipts and his bills and is able to claim them.

Mr. C.P. MacDonald (Indian Head-Wolseley): — Mr. Chairman, just to supplement what my colleague from Saskatoon has said. It's rather interesting that the minister likes to point the finger at the province of Manitoba. A very short time ago, on December 28 the minister issued a release saying that there would be a 6.4 per cent increase in drug dispensing fees. And, of course, what he did, he turned around and put the 20 per cent on the old and all the people that have to pay the cost of drugs. He didn't bother to turn around and admit that the government had just received some \$500 million in oil revenue, all the tremendous natural resource revenues and he put that 20 per cent on the residents of Saskatchewan and particularly those who are most in need of help. Those, of course, I don't have to repeat the figures which indicate which residents in the province of Saskatchewan utilized the drugs in majority. All I'm saying is that here on January 9 the pharmacists put out a press release expressing disappointment in the minister's decision. On December 28 he turned around and agreed that this was and announced the increase. Can the minister tell me why that the Government of Saskatchewan can turn around and spend millions of dollars on many, many other things and yet they refuse to pick up at least a portion of the increased prescription costs to residents of Saskatchewan.

Mr. Tchorzewski: — Mr. Chairman, I would be most pleased to respond to the comments made by the member for Indian Head-Wolseley. First of all, again he only takes one thing and puts it into isolation and that's very easy to do. He forgets to mention that we have provided in this budget a major package for senior citizens that is, far and beyond from a benefit point of view, greater than the minimal increase in the prescription fee or the dispensing fee the Saskatchewan citizens have to pay. I can tell the member opposite if he wants to use that Saskatchewan dispensing fee as a comparison to Manitoba I can read again the - oh, he was here. I don't need to read again - the cost that senior citizens would have to pay in a place under that kind of a plan in Saskatchewan. If the gentleman or the lady was a person suffering from emphysema he would have to pay under that plan as proposed by the Liberals opposite, and I have heard the member of the Conservative Party propose precisely the same kind of a plan in Saskatchewan, he would have to pay an addition \$900 that he does not have to pay under the Saskatchewan plan now. We said when we implemented the Saskatchewan Prescription Drug Plan that we would provide a drug plan that would provide drugs at greatly reduced costs and that's precisely what we have done. That cost of a prescription consists of two parts, there is a dispensing fee and a drug material cost and consumers pay now under the new negotiated agreement with the Pharmaceutical Association a maximum, and I say a maximum, \$2.45. There are some 70 pharmacies in the province who charge less than the maximum of \$2.45. The province does pick up some of the cost of that dispensing fee, indeed, it picks up 80 cents of it, so that the dispensing fee is greater than \$2.45 or the amount that the pharmacist receives. So,

Mr. Chairman, I maintain again as I have in my remarks earlier that Saskatchewan residents save more than \$1 million as a result of things like the price competition because of the competition among pharmacies. They saved \$4 million in 1976-77 because of the reduced cost in the drugs that the Saskatchewan Drug Plan has been able to purchase. They also save, if you want to compare to the Manitoba plan, as much as \$900 because of the system of dispensing fees that applies universally to everyone that we have in the province of Saskatchewan.

Mr. MacDonald: — Mr. Speaker, once again I'm going to get on to something else. My colleague said such absolute nonsense, he turns around and he says, why some of the pharmacists don't charge \$2.45. Do you know what some of the pharmacists in Saskatchewan have decided to do? They have decided that some of the old people and the sick people can't afford the \$2.45 so instead of the government subsidizing them, the pharmacists are subsidizing them. He turns around and he talks about the great benefits to the senior citizens in this budget. I think the member for Wilkie has turned around and indicated that's 16 cents a day. It isn't very much, particularly in the light of the news that came out in Saskatchewan today that the city of Regina has the highest increase in the cost of living of any city in the Dominion of Canada. The city of Saskatoon was number three and one of the things that certainly has increased it is that deterrent fee, that abhorrent deterrent fee that the NDP put on the drug costs in the province of Saskatchewan. Don't laugh, you know I remember when the Liberals turned around in 1967 or whenever it was, and I think I sat over there at that time, and I remember they turned around and said, why, now when you go to a hospital surely to heavens it wouldn't be too bad to charge that \$2.50 for the food and the milk and the meat and the potatoes that you eat but the Saskatchewan government will pay for all those costs of health. Now you are talking about the dispensing fee. I say, Mr. Speaker, that that is semantics, that the NDP has put on a very vicious deterrent fee and the people that are paying for it are not Cy MacDonald and his family because they're not sick, the people that are paying for it are the people in Santa Maria Home, the people that are paying for it are in Pioneer Village and when the minister turns around and makes the comparison, not only that I will tell you the taxpayers are paying for plenty in Saskatchewan as my colleague has indicated.

I would like to go to another subject. The minister indicated that the budget for the province of Saskatchewan for hospitals would be out about April 15 and I remember when the former Minister of Health changed the act, if I recall the financial year of the hospitals, one of the things that we said that one of the great tragedies is that now the taxpayer and the Legislature will no longer have the opportunity to scrutinize the budget of hospitals in Saskatchewan. Now I want to say, Mr. Minister, that for example, never before in many years despite inflation has Department of Health estimates gone up less than the year 1977-78. For example, the total budget for ordinary expenditures in the Department of Health has gone up 7.9 per cent, less than 8 per cent. A year ago it was more than two and one-half times that much. The Saskatchewan Hospital Services Plan 10 per cent; the Saskatchewan Medical Care Insurance Commission, 8.7 per cent. I don't think we have to tell the minister the kind of a turmoil that was created and generated by the Department of Health estimates and the amount of money allocated to Saskatchewan Hospital Services Plan a year ago, when of course, the University of Saskatchewan Hospital or the Medical School in Saskatoon laid off staff after staff. I have another one here, hospital closing 20 beds, St. Peter's Hospital in Melville. We could go on and on and the kind of tragedy that resulted from these dramatic cuts of the former Minister of Health one year ago when health estimates were far in excess of what they are today, when the increase allocated to hospitals was far in excess of what it is today, generated the kind of controversy and the kind of limitations in health care

in Saskatchewan and particularly zeroed in on those hospitals in urban centres because of the political significance that the government didn't have enough guts to turn around and treat rural hospitals and zero in and establish the beds in urban centres where they were required despite all the evidence over the years that that's where hospital beds should be located because every time someone is really sick in Wilcox or Milestone or Pangman they end up in Regina or in Weyburn.

Mr. Minister, I predict that the 7.9 per cent increase in the Department of Health estimates this year and the 10 per cent in the hospital plan and the 8.7 per cent in the Medical Care Commission will generate some real difficulty, some real difficulty with hospitals right across the province and I was wondering if the minister could turn around and indicate to me if preliminary budgets or tentative budgets have been sent out to all the hospitals in the province of Saskatchewan and if he can tell me the number of patient-days approved one year ago and the number of patient-days that will be approved this year.

Mr. Tchorzewski: — Mr. Chairman, on the question of specific patient-days I would suggest, although we are prepared to answer it here, that would be a kind of a specific question which would be better dealt with under the specific subvote of SHSP but we can provide it. As soon as the fellows are able to put the information together, I will give it to the member.

On the other question, the first question about the budgets and where they have been provided to the hospitals all of the budgets from the hospitals are not in. We are working on them and as I have indicated, by about April 15th all of those indications will have been made. It is not going to create any difficulties for the hospitals; they have not expressed any concern to us about it. I can assure the member opposite that all of that system is working very well. Once again, he uses figures about increases in the health budget for this year. Unfortunately he wasn't here earlier when I explained in my initial statement that indeed the increase in budget for health care in Saskatchewan if you take into consideration the money provided in such places as the Department of Northern Saskatchewan is 9.5 per cent which is really quite a substantial increase. Now it's not a 20 per cent increase as it was last year but then the trend in the increase in costs has also decelerated. If you want to use one example use the example of salary adjustments. The increases in contract negotiations are not as substantial as they have been in previous years and being that that is a very major portion of running health care institutions, obviously the increase in the costs related to that are also going to be decreasing quite substantially.

Just in case the member is curious and the House might want to know how the increase in Saskatchewan health funding this year compares to other provinces, another example of the positive attitude that this government takes towards social programs such as health care, whereas we are providing a 9.5 per cent increase in health budgets for the province of Manitoba they are providing 2.9 per cent increase for health care. As a matter of fact, I have here and I know that the Conservative members opposite will be very interested in this because this is part of the Conservative philosophy you see, it's part of the Conservative attitude towards restraint, it's part of the Conservative consciousness about the needs of people who need health care. Here is an article from the Winnipeg Free Press, a very recent one, dated March 25, 1978 in which the headline says in good old brand new Conservative province of Manitoba, 1,000 hospital workers facing layoff by Yule.

Now, that may sound even worse when you find out that it goes further to say:

A good possibility exists that about 1,000 hospital workers will lose their jobs in Winnipeg, alone, between now and Christmas unless health institutions can persuade the provincial government to allocate more than 2.9 per cent in additional money for operating expenses.

That's the new responsible, restraint government in the province of Manitoba, Mr. Chairman. A new responsible restraint government in Manitoba like the government of Ontario.

In Ontario they provided some tax concessions in their Budget. First of all they increased medicare premiums or the medical tax by 53 per cent so that a family has to pay \$528 a year, so that some people now, some families, pay more in health premiums than they pay in their income tax. That's Conservative restraints, that is Conservatives creating responsibility. Liberals did the same thing in Saskatchewan, creating responsibility among people who receive health care. At the same time, in Ontario, they reduced a tax, they provided a tax concession for a mining company who can take out the raw resource, the raw mineral, and if they take it out and ship it out of the country to process somewhere else they can write that off as an operating expense. That is a strange kind of priority, Mr. Chairman. That is not the priority in Saskatchewan. We are providing 9.5 per cent increase in our health budget, whereas in Manitoba it is 2.9 per cent and in Alberta it is 6.2 per cent and in Ontario it is only 4.5 per cent. And that is where our priorities are and we are proud of it.

Now the member opposite asked some questions about patient days. I have here the information now and I can give it to him. The patient days in 1977 was 1,709,000. The estimated patient days for 1978 is 1,714,000.

Mr. MacDonald: — Can you tell me, first of all, let's tell the minister to get off the baloney of turning around and making analogies with other provinces when he only picks out an isolated item and we don't know the set of circumstances or where they are. Let's sit down now and talk about the province of Saskatchewan.

First of all he has just said that the increase in health costs, this year, is 50 per cent less than they were a year ago. He has also just indicated now that it has gone from \$1,709,000 to \$1,714,000 in patient days. Could the minister please tell me now, where are the increase in patient days located? Are they in any new hospitals? Can he please indicate to me where those particular increases are?

Mr. Tchorzewski: — Mr. Chairman, I am not sure that we can sort of provide that information off hand. The budgets, as I indicated, are not going to be completed with the hospitals until the middle of April and until they are completed it is difficult to precisely give that information. I could give an estimate or a guess, but I don't think that's an appropriate kind of an answer when you are considering Estimates in committee. So that is the best that I can give the member.

Another point I want to make is that the establishment of these kinds of things has generally been kept, information between the hospitals and the Department of Health. It has been within the purview of the hospitals to release their financial statements and their information on request. I don't think it has been the practice in this House to deal with matters that have been of a confidential nature between the hospitals and the

Department of Public Health.

Mr. MacDonald: — Mr. Chairman, what the minister is really saying is that the Department of Health estimates in 1977 are a farce. First of all the very, very basic fundamental issue as to what hospitals are going to be paid, what their budgets are going to be, the number of patient days that they are going to operate under, the increase in their costs that they are allocated by the Department of Health, the number of staff that they are going to employ, the number of nurses that might be cancelled or hired or whatever it might be, is not available to the people of Saskatchewan. It is not available to members of the Legislature. What you are really saying is in 1977 this Legislature has no control, no information will be provided, nothing, because they know they are not going to be provided until April 15. For the minister to suggest that to give a general overall assessment of the number of patient days, is not in any way of a confidential nature and the minister knows it. In the past you could always get the overall figures. What he is saying is that confidential information is in relationship to individual hospitals.

I am going to ask the minister, again, can the minister tell me how many rural beds of less than 20-bed hospitals, how many patient days have been reduced in rural Saskatchewan on 20-bed or less hospitals?

Mr. Tchorzewski: — Once again, that's a detailed analysis which we are prepared to get into, but it is the kind of thing that ought to be considered when we talk on a specific subvote. I can give you some information of the records for 1976 and 1977 which I think, Mr. Chairman, quite adequately answer the question that the member opposite asks, because the real issue as I understand him, is the question of whether there is an adequate approval of average daily census according to utilization and demand. Well, I want the House to know that in 1976 the approval in Regina was 1,907. The actual utilization was 1,794. The approval in 1977 was 1,907; the actual was 1,878. Based on the record and the experience of previous years, we will again establish the budgets and approvals for this year, so there won't be any greater problem this year than there has been in other years and as the figures show there has not been a problem.

Mr. MacDonald: — You know that in the year 1976 there were some hospital beds closed for periods of time. There was difficulty with nurses. There are all kinds of extraneous circumstances which caused and had a relationship on the utilization. What you have to do and provide in the actual number of patient days of course, is a relationship to the total need for the community of Regina and the rural population around it at certain high points in the year and not just at the low points when hospital beds are closed. I can remember, and I'm not sure what even the period of time was, when whole sections of the Regina General Hospital were closed, that's in all aspects. For example, the Plains Hospital didn't even have all their beds in utilization in 1976, if I remember correctly and that's off the top of my head. So I suggest to the minister that that's not accurate. Now, I'm going to turn around and repeat my argument because it looks like we're not going to get a . . . I'm going to repeat it, that the idea of bringing in the Department of Health Estimates prior to the approval of budgets of hospitals in the province of Saskatchewan makes this exercise in the Legislative Assembly a farce. I'm going to come back to it when I get into the hospitalization aspect. I want to get into one more thing. There's an article in July 30, 1977:

Province getting ready for a surplus of doctors. Canada could be hit with a surplus of physicians by 1981, a report by a federal and provincial committee on manpower in the health profession shows. The surplus in

Saskatchewan would be most evident in urban areas. Thus it's preventing us being examined by the Department of Health, etc.

It's got another one here on June 12, 1977:

Province to monitor doctor recruitment.

There's another one here: Bill 51 not to be reintroduced.

I want to ask the minister again, if he can give me some specific figures on the number of Saskatchewan residents who took up the medical profession, are now practicing in Saskatchewan, or Canadian born doctors are practicing in the province of Saskatchewan and how many foreign trained doctors, or foreign born doctors if you want to call it, immigrant doctors are now practicing in the province of Saskatchewan.

Mr. Tchorzewski: — The numbers that the member asks for, I will make a comment first of all, on the question of the beds which you raised. I want to tell the member as I thought I did earlier, that indeed, we will provide an analysis of beds as he requested, given the time to put them together and I'll provide them to him later whether we're on subvote one or whether we're on the subvote related to that directly but we will get it. One of the things he asked in the latter question was . . . (inaudible) . . . in Saskatchewan by place of graduation. And if you would look at the Saskatchewan Medical Care Insurance Report for 1977, on page 48, you would find that in 1977 under All Physicians they're 914; Saskatchewan trained 186; other provinces, 233; United States, Central and South America, 16; United Kingdom and Ireland, 307; continental Europe, 26; Asia, 122; Africa, 23 and Australia, 1.

Mr. Stodalka: — Mr. Chairman, I'd like to ask the minister a few questions about the payments out for services that are extended for medical services received outside of the country. The minister, earlier this evening, has been extolling the virtues of the government and telling all of us how well the government takes care of us people in Saskatchewan and I think, maybe, before I begin my series of questions, I should just outline to the members of this Assembly, something that I'm familiar with, a problem that I have in the constituency of Maple Creek, and a problem that I have been unable to resolve with the Minister of Health.

The story I would like to tell you, is about a Grade Eleven boy who last fall had a rash that appeared upon his leg. He was referred to the local doctor, and the local doctor sent him to the University Hospital in the city of Saskatoon. And after the boy was in the University Hospital of Saskatoon for some length of time, the diagnosis was made that he was suffering from plastic anemia. Now, plastic anemia is something that is not treated in Canada or at least the success rate in Canada is not nearly as great as the success rate in a hospital that is located in Seattle, Washington. I might say that the treatment that is given in this case is that you must find some donor whose bone marrow matches that of the individual and then there has to be a bone transplant. It's a very serious disease, in fact, one of the articles that I have written indicates that there is about a 50/50 survival rate. Now, this particular boy was referred and his parents were referred to the institute in Seattle, Washington. Naturally they were very concerned and they wanted to have the best possible treatment that they could have for their son. The rates of this institute in Seattle, Washington are extremely expensive because of the nature of the equipment and the type of treatment that is involved. They only have about 20 people staying in the treatment centre and the rates run between \$700 and \$800 per day.

Yesterday morning I had a visit from the father of this boy; the boy has been in the hospital for 40 some days and he has already received a bill for \$32,000. This is only a partial bill, the remainder of the bill will be coming at a later date and the boy is still in Seattle, Washington.

The minister in answer to a letter that I wrote to him indicated that his level of support for this boy would be \$85.00 per day until they reached a maximum of \$4,000, a maximum of \$4,000 and then it would revert to a payment of \$30.00 a day for 90 days. If my arithmetic is correct, this is about \$2,700. Now the bill is already \$32,000. The minister indicates that regulations within The Saskatchewan Hospitalization Act limit him to these payments. We all know of course where regulations come from, regulations are changed by the Cabinet. Now I understand that there may have been some revision in rates since the time that the letter was written and I would like the minister to comment on the revised rates, the extent that they have been revised exactly; we will be able to calculate then the total amount of support that this parent is going to get. I was a little alarmed when I read the minister's letter and I have it here with me; when he indicated that if the person did not receive the funds from the Saskatchewan Hospital Services Plan, he should go to the welfare office. He said he should apply to the welfare office and of course, why should he apply to the welfare office? We all know why, because this particular man is not a very large farmer, but he does have some property. When you start measuring the value of his property, then of course the payments that they might receive from the Saskatchewan Services Plan would take that into allowance. It will be interesting to see what he will have left or what aid that he will receive under the plans of the Department of Social Services.

I would like the minister to comment and to indicate what level of support he is now prepared to give people, people who are receiving this type of services outside Saskatchewan. From information that I have received, I understand that there are approximately four people in the province of Saskatchewan that are suffering from the same disease.

Mr. Tchorzewski: — Mr. Chairman, I would have provided some information in the House earlier had I been here this afternoon. But it was necessary for me to be away, so I did not. But the member will have now received from one of the pages a copy of a comparison between the way it was and the way it now is as a result of regulations which were passed by the Cabinet this morning. Regulations that are in keeping with the comments I made in my speech during the budget debate; in keeping with the statement I issued by press release on the same day; in keeping with my stated intentions on behalf of the government to review and change the extended benefits under the Saskatchewan Hospital Services Plan. It's exactly the kind of example that the member uses now that prompted me to ask the department to do a thorough review of the benefits that were provided under those kinds of circumstances because there were indeed some hardships, I might add, and I don't have a copy of the letter that I sent to the member, although I recall writing to him about the issue and I believe I also indicated in the letter and if I did not maybe I should have, that we were doing a review of the plan as it was. I am pleased to say to the House that that review has been completed and the regulations have been passed. If the example is the one I think it is, it's a young boy who needs a bone marrow transplant in Seattle, Washington then he should not find himself in any great difficulty.

I note with interest the figures the member uses of \$700 and \$800 a day charges that people have to pay to be in the hospital. I want to say, Mr. Chairman, that that's a

perfectly good argument for a medicare program in the United States of America as it was a perfectly good argument for a medicare program in the province of Saskatchewan in 1962, although the figures even now in Saskatchewan, because of the efficient hospital and health delivery system that we have in this province, would not come near this kind of an expenditure of \$700 to \$800 a day to be charged for people who need health care, charged to people because they don't have a medicare program and all I can say to the United States people is that they had better get after President Carter who has a commitment to implement one. We have had people from various elected levels of government come to Saskatchewan. I have met with some of them, my officials have met with some of them, in which we have given them the information that they have required and asked for in our medicare and hospitalization program and I only hope that they are able to implement one in the United States.

Getting back to the point that the member raised, I am pleased to say that in cases such as this case with the bone marrow transplant where there are no such services provided in Canada, indeed I think it is the only one provided in North America, the chances are quite sure that he will be getting 100 per cent coverage so that there will not be a problem for his parents and that is one of the major points and one of the major changes that we have provided in the regulations as we have brought them up to date.

Mr. Stodalka: — For his consideration then in this particular case, I would just like the assurance of the minister, as this happened in the month of December, that his regulations will not be effective tomorrow but that it will be retroactive to such time as this boy was admitted into the hospital for treatment. Just a final question then, I would hope that the minister would find some way of advising the parents of the situation or the changes in the regulations so that you can at least take some of the worry that is presently on those parents' minds.

Mr. Tchorzewski: — I will write them a personal letter.

Mr. Lane (Sa-Su): — Mr. Chairman, I will keep my comments shorter than I did last year. Perhaps we could get it going for a week or so again but I'd just as soon get right to the meat. I hear one of the members say over there that I am probably going to be critical again. I invite the minister to have a look at me, I am a product of your health care system, should I give them my run and jump speech? Just as the member for Saskatoon Centre is a product of your education system. I rest my case.

You know, Mr. Chairman, when I got this little comparison across the floor from the Minister of health it says to me and I think it is common knowledge that there is nothing in this world, Mr. Chairman, that will bring to the House, the Legislative Assembly, so many comparisons or that will invent so many health care programs that don't work or that will talk so much about high principle and strike such low blows or befriend so many stray animals or kiss so many babies as an NDP that is about to be turned out of office, as these people in Saskatchewan are. When I say that they cling to high ideals and strike low blows, I invite the member to look at an article on the third page of one of our province's major newspapers, the headline is "Free Medical Care Part of PC Package". At a time when the health care minister in Saskatchewan was saying this can't be done, this is silly and the PC Party of Saskatchewan was advocating the removal of any kind of deterrent fees or fees or upfront charges or anything of that kind to the people of Saskatchewan. I say to the Minister of Health that if your health care system was so good they wouldn't have toppled you in B.C. the way they did. If the health care systems under the NDP were so good they wouldn't have toppled you in Manitoba the way they did and I say that your health care system in Saskatchewan is not

all that good and you're going to be toppled in Saskatchewan by the PC Party. Now, Mr. Chairman, I have a specific area of concern that I'd like to ask the minister about. You have a program running on television. The NDP Party are the experts and I say that they will complete the hat check here because we know what the NDP stands for here. It's to nationalize the damn potash party in Saskatchewan. Now, I ask you, Mr. Minister, this feeling good program that makes most of the residents of Saskatchewan sick every time they see it, could you tell us what the total cost of that program is, where the television ads were produced, what the cost of the production was, what the cost of advertising is and all the peripheral costs in the program, in other words, the development of the symbol, what it was worth, the cost of the entire promotion. Now, before you answer the question I'd just like to indicate to the minister that I'm not alone in this. Many people have expressed this same feeling to me. They think the program is a silly program. Anyone knows, of course, that if you don't smoke your lungs are going to be in better shape and eat your greens, they say eat your greens and the Minister of Social Services perks up because he's thinking of the golf greens in his correctional institutes, but worst of all, what this program does is it parallels a program that has become a nationally known program, in particular the Participation Program. Indeed, it's had international notoriety and it's recognized as a valuable program and it's evolved out of the city of Saskatoon. Now, I ask you and I'm sure that the member for Saskatoon-Eastview will join with me in our demands of you why, first of all, did you develop this seemingly useless program? You've been attacked by your own membership for this feeling good program. You could have used the hundreds of thousands of dollars and I'm sure that's the number you're going to be giving me for the cost of this promotion, you could have used that for some good, perhaps, a down payment on a cap scanner, perhaps opening up some of those beds that you brag about and you have in terms of the proportion the number of beds I agree, but many of them aren't doing anything. Or why, at the bottom line did you not make that money available to the program of Participation instead of running a competition program which really basically is only used to pat the Government of Saskatchewan on the back.

Mr. Tchorzewski: — Well, Mr. Chairman, I'm rather pleased that the Conservative caucus has come to life, once again, displaying as is usually the case, their capability of not stating or at least not researching the background of what they say. If the member, who happens to be a member from Saskatoon, a city which has been very prominent in the Participation Program, as I agree with the member, a very commendable program, that's done an excellent job, if he had as much as at least made some contact with the people involved with Participation, he will have found that the Lifestyles Program which is now operating in Saskatchewan and will be operating this year at the cost of \$350,000 was developed with the full co-operation of Participation and the involvement of the Participation organization. A very prominent member of Participation, Dr. Don Bailey, from the University of Saskatchewan, is a member on the advisory committee, of the Saskatchewan Lifestyles Program. We did not develop in isolation as obviously the member opposite likes to operate. So it's not a duplication; it's a parallel. The two are working hand in hand to do a job that is very greatly needed in Saskatchewan as it is needed in our North American society and it is a job that begins to come to grips with at least this small way, the question of prevention. The member said, well, you should take that \$350,000 and you should buy another cap scanner. The old Neanderthal approach that says you let them get sick and then you build all these institutions and buy all these gadgets and we'll look after them after they get sick. Don't worry about it when they're healthy. We'll look after them when they get sick. Well, I want to say, Mr. Chairman, that it is time that we changed some of that emphasis. We need to provide all those essential services for people when they are sick, but we better start paying some attention about providing some of the funds in the programs on the

prevention side so that we have a more adequate balance that we've had in the past. I admit that we have not had that balance even in Saskatchewan. We haven't had it across Canada, we haven't had it in Saskatchewan and what we are doing is making some effort to provide that balance in this way. It's as Participaction has been doing, providing some alternative choices that people can make on their own and I might add to the member that I don't know where he gets his comments of criticism and his view and he has a right to it that it's not a good program but the response that I have had indicates that it's a heck of a good program and that it's having some influence and I don't know whether the member – I've never got that intimate with him to know whether he's got a family – but I've got a family of four children at home, and I can tell you that the short time that that program has been on, it has had impact on those four children of mine and I think that's starting in the right place. It's starting in the right place, like yours where they have had compulsory physical education program in our schools. It's beginning to teach our children in our schools how to look after themselves so that they can stay healthy and when they leave school they develop some of the habits which hopefully they will continue to maintain in their middle years and their later years. What we are doing and we are proud of it is putting more emphasis on prevention that we have ever done before.

The program also parallels, I might add, another program which has had a national and indeed international reputation and that is the Aware Program. I don't think there is any member in this House, maybe there is, but I would be surprised if there is who would say that the Aware Program has not done a significant job. And so will the Lifestyle Program, I predict.

The member asks some specific questions about where it was produced. It was produced in the province of Saskatchewan, 100 per cent, using Saskatchewan personnel and utilizing Saskatchewan actors. As I mentioned already, the cost of the budget, the budget for this program this year is \$350,000.

Mr. H.W. Lane (Saskatoon-Sutherland): — Mr. Chairman, I don't think that the minister has ever heard anyone from this caucus and in particular myself criticize in any way the Aware Program. Now there's a program that in terms of lifestyle modification has some guts in it, that gets to the root of the problem. Now there's a big difference in the Aware Program which in a series of well planned and I congratulate your government and you, if you had anything to do with it, on that Aware Program because it isolates specific problems and comes to grips with them and singles them out so that anyone who would be in need of benefit of that particular kind of knowledge, can see it. It comes right out and hits them in the face. It's quite obvious. Now there is a far cry between that and the kind of nonsensical gibberish kinds of ads that go on that Feeling Good Program. I would like you to put on the table one instance that you have been able to see apart from any kind of indoctrination you have done on your own family, where that's going to be any kind of useful prevention program.

The minister invited me, Mr. Chairman, to ask where have criticisms come from. Well, you know as well as I do, Mr. Chairman, that the Saskatoon Community Clinic was one of the first to come down heavily on this program and condemn you and I suggest, Mr. Chairman, to the minister that the Saskatoon Community Clinic is not exactly a hotbed of Toryism, or a pit of support for our party. I would suggest that you won't have any arguments with me on that particular point.

Now I congratulate the minister on the fact that these ads were produced in Saskatchewan and I take his word for it that they were produced with Saskatchewan

actors. It's a far cry from some of the contracts that have been let recently by the hon. minister who sits directly in front of him, who let some recent potash contracts of literally hundreds of thousands of dollars spent outside of the province of Saskatchewan by the Potash Corporation of Saskatchewan, over the backs of people who could have provided the same services in the province of Saskatchewan.

Again I ask you, why did you not use – now you indicate to the House and the hon. members here that you developed this program in conjunction with that particular program known as Participaction. Why did you not if you felt that the money was a worthwhile cause, get in behind the kinds of things which Participaction is doing, because in terms of my own evaluation and at least the number of people I talked to, the Participaction Program has the Feeling Good Program beaten, the Feeling Good Program is just plain useless. And I ask you once again, what was the total cost and would you please delineate the costs of the Feeling Good Program?

Mr. Tchorzewski: — Mr. Chairman, the point is that I think we should not lose sight of, the point of the whole exercise in the Life Styles Campaign is to communicate and the technique used is a method that is applied which indeed communicates and does get to the people and that's the true test of whether it's effective or not. Now the member opposite me thinks it's gibberish, the fact of the matter is, it works. I don't think it's gibberish. I think it's very well done, very professionally done with some very excellent expertise behind it that is going to do a job. Now maybe the members think that there should be somebody sitting in front of the screen moralizing to those who are listening; well I want to say to the member opposite, that that would not have much of an effect and we choose not to use that approach. We choose to use an approach utilizing one of the most effective media, the most effective media, maybe I should say one of the most effective media that we have today – television. And we are using yet another media as well but we are using a technique that is communicating and is doing a good job. You have to keep in mind that the program was only launched in November and in the early stages of the Aware Program it is not what it is going to be as the program develops. It is not something that happens on one weekend and somebody decides we are going to do this and on another weekend just before the weekend they decide they are going to do that. There is a pattern established where it is going to get specific, it is going to deal with nutrition, it is going to deal with difference alternatives. It is going to deal with the question of smoking and it is going to get specific and that is the part of the scheme of the Feeling Good Program.

The member, once again, tries to make a mountain out of a molehill and does not, indeed, have all his facts straight when he does it. He says that it has received criticism from the community clinics. Well that is a bunch of nonsense, Mr. Chairman. It has not received criticism from the community clinics. That is what you said. I saw one letter . . . well, that's not the community clinics. Mr. Chairman, there was one letter and the member made no reference to the one letter. He talked about the community clinic, once again, trying to cast, as Conservatives have been known to do, a completely negative reflection of community clinics in the process of trying to criticize the Lifestyle Program. There was one letter, Mr. Chairman, by a doctor, that was responded to by Dr. Don Bailey from the University of Saskatchewan, and I am glad that he did because I thought it was an excellent reply. That was the extent of the criticism that the member tries to portray as, sort of, all the people of Saskatchewan, almost.

Now, why is it a separate program? Once again, I will repeat as I said before the program has the full co-operation of Participaction. It was developed as a separate program to

give it an unique identification. I want to say that even will all of the efforts that will be done by the Feeling Good Lifestyle Program and all of the efforts that is being done by Participaction Program, all of that in my view is yet not enough. If we are going to come to grips with the issue that I mentioned earlier, dealing with prevention, we are going to have to do more, but at least we are starting, which is more that I think we can say for lots of other places on this continent. At least we are starting and we intend to do something about it.

Mr. Lane (Sa-Su): — Just one more question, if I might.

In terms of the concept of getting at the root of the problem, mainly the prevention business, if you can show to this House some time from now that this program has, indeed, worked, I will be the first to congratulate you because I think that that is an admirable kind of goal, to tackle the problem at the prevention stage. In some ways coming back to the Aware Program, I think that that program has, indeed, made many people aware of drinking habits, of drinking traps and so on. I think in terms of the real program, in terms of the alcoholic, Lord only knows they know how to drink. It is how to stop drinking that they have a little trouble with. I don't think that your program has really gotten to the guts of that particular problem, but I do agree that in terms of the general society it has gotten a lot of people thinking about the drinking habits and so on. I think that is good.

Coming back to this specific program, the minister says that I would like to see the particular ad moralize. Well, not that is not it. If that was the attitude that I was taking then I wouldn't have held up to you as an example the kind of stuff that is being done, in Participaction, because it is positive, it is very forthright and it is a very happy kind of positive program. All I am saying is that that program seems to set out, in some specific, things that people can do. Now, the Feeling Good Program as far as I follow the ads, I can't see what the possible use of them is. If I didn't know it was a Saskatchewan government ad, I'd wonder if it wasn't some new program coming on the CBC network. I would like to ask the minister once again very specifically: What is the total cost, and could you give me the break down that you anticipate spending on the Feeling Good Program from start to finish, including production, the development of the logo, (and incidentally in that regard, would you please tell me where the logo was developed for the Feeling Good Program) and generally all costs and a total with a rough break down if you could?

Mr. Tchorzewski: — Mr. Chairman, in answer to the member's question, the answer is: in permanent positions and salaries we have allocated \$47,530; in other services, \$18,550, and the other expenses, which is the advertising package, are \$435,850. That is a package for both the Aware and Lifestyle programs. Do you want me to break down the Lifestyle Program by itself?

Mr. Lane (Sa-Su): — Yes.

Mr. Tchorzewski: — I am sorry. The earlier figure of \$350,000 was only a portion which is strict advertising. That is why there is a difference in the earlier figure and the total figure which I am giving you now.

Mr. MacDonald: — Are you finished?

Mr. Tchorzewski: — No, not quite. I want to say that I tend to agree with what the

members said earlier about the impact of Aware. I never suggested that he, or anybody in the House disagreed. In fact, I said I thought every member of this House would agree that it was a good program and had some significant impact. I am quite confident and I have a great deal of faith, that the Lifestyle Program in five years, (the time that the Aware Program had, five years about), is going to have a similar kind of impact. Keep in mind something else, that the Participaction Program deals with physical exercise and that's good because it has people out doing something rather than sitting around, which is good. The Lifestyle Program is going to deal with more than that. It is going to deal with attitudes toward smoking and nutrition and other kinds and aspects of lifestyle that are just the activity portion and that's important. That is why I keep saying that the two complement each other and the two are working in co-operation with each other because together I think that they and the Participaction people will tell you we believe we can have a very significant impact.

Mr. C.P. MacDonald (Indian Head-Wolseley): — I was listening to the member for Saskatoon-Sutherland (Mr. Lane). I took a few notes from my book here, and I want to add a comment or two. First of all, I want to say that the people of Saskatchewan right now are being subjected to the most massive public advertising program perhaps per capita ever visualized in the Dominion of Canada that I am aware of and perhaps in the North American continent. The taxpayer of Saskatchewan, in a time of restraint, in a time of high inflation, is spending more to advertise government programs, nonsensical programs many of them, than at any time in the history of this country. I am suggested to the Minister of Health that this is not a decision of the Department of Health; that this is a decision of the Government of Saskatchewan or the NDP Cabinet to find another program to spend \$.5 million in government advertising. He talks about the impact on his children. On Saturday night, between 11:30 and 12:30 my children attempted to watch the late movie. At that time they watched four times within that one hour period that film of Saskatchewan Crown Corporations, the one about the Family of Crown Corporations, where they turn around and watch the bus driving down a rural Saskatchewan town or whatever it may be. You may laugh. You may laugh if you like but I think that's a disgrace to a political party; I think it goes back to the same thing as the Pelly by-election; I think it goes back to the same thing as civil servants; it goes back to this government using the taxpayers' money to save their political hides. They are using this program, a cheap imitation I say, of Participaction. I think if the Department of Health wants to get on to some programs and wants to advertise, they can get on to a lot better and they don't have to imitate a very popular national program. When you turn around and see \$65,000 in salary and services to produce it, all I'm going to say, Mr. Chairman, I have to agree with the member for Saskatoon-Sutherland, that this is once again the propagandizing of the people of Saskatchewan, of the NDP using taxpayers' money. I was coming in from a little rural town in Saskatchewan today and I heard two ads on land use; I heard another government ad between Vibank and Regina on one radio station. I would like to suggest that all my colleagues, I hope, will ask the same kind of a question as the member of Saskatoon-Sutherland, what are the costs of this? We are saying that it is over \$500,000 for this little program, Lifestyle.

I am going to ask the minister, can he tell me, seeing we are on the advertising program, what the advertising budget is for Aware; what the total advertising budget is for the Department of Health for the year in the upcoming budget. So that we may be able to do an analysis of just what this one government department is costing the Saskatchewan taxpayers in the year prior to a provincial election in an attempt to save its political hide.

Mr. Tchorzewski: — Yes, indeed, Mr. Chairman, I would be most pleased to answer

that question.

First of all let me tell the member that the advertising budget in the Department of Health since 1975-76 has decreased. In 1975-76 the advertising budget was \$919,282. The advertising budget for 1978-79 is \$892,470. The Aware and Lifestyle Programs component of that is \$710,000. In other words, it makes up the major portion of the advertising budget of the Department of Health and I am glad that it does, because it puts the advertising where it needs to be the most. It puts it on the preventative end of the advertising budget of the Department of Health, where it needs to be. Now, the member says, why tell the people of Saskatchewan about these things? Well, I want to tell you, Mr. Chairman, and this House why we should tell the people of Saskatchewan. We should tell the people of Saskatchewan because they have a right to know. Now, I know, that maybe that's one way that some governments of some political persuasions use restraint. They announce programs, they put in millions of taxpayers' moneys into the programs and then they don't bother to tell the people who need them the most to make use of them. That's the kind of attitude maybe those chaps over there would take. But that's not the kind of attitude that we are prepared to take. Now, there have been comments made in the past and I know that by waving this, I may generate a debate, and that's good. I'd like to. We sent out, with the last health card, a brochure in the mail called, "Saskatchewan First in Health", and I can tell you, Mr. Chairman, that it was one of the best kinds of things from the point of view of information I have had experience for a long time. And, once again, we did it on the basis of the people have a right to know.

When they have a budget in their government, that their tax money and their resources money is paying for it to the tune of \$422,000,000, then they have a right to know how to make use of the programs that that money is paying for. And I want the members opposite to know, who seem skeptical about this, that as a result of that pamphlet, I received in my office three letters that were critical, one critical, two not so critical. But I received almost 900 which we replied to, seeking further information. Almost 900 inquiries from people who are asking questions like, how do I get to take advantage of the hearing aid program. I can't hear very well. Well, how do I get to utilize various health care programs? If we had not told those people about those programs, Mr. Chairman, and where to go to take advantage of them, even today they would not know, even though their tax money was paying for them. So I say to the member opposite that we have been very efficient. Our advertising budget has decreased in the last three years but we are still doing an adequate job because of the priorities that we have established with it. We are going to continue doing it because back to the reason I gave initially, the people of Saskatchewan have a right to know about the programs which they are paying for and which they have a right to receive because they are of benefit to them. We are not prepared to conceal them.

Mr. Chairman: — Order, order please. Just a minute and I'll let the member proceed. I am finding it very difficult to hear to my right in particular, for the commotion and the voices that I can hear above the speakers. I would kindly ask the members, if they have to speak, to whisper and not be too loud about it. I am finding it difficult and I think all members must be.

Mr. MacDonald: — Well I wouldn't listen to the minister either if I were you. Mr. Chairman, first of all I want to say that it's unfortunate that Mr. Broadbent doesn't agree with you. He considered the federal government being a very disgrace to their integrity when they put forth a pamphlet.

I want to ask the minister . . . First of all I want to tell him, we're not talking about political information. We're not talking about information on government programs. I am also going to suggest to him was that \$990,000 the last election program? How much of it was spent? Because if it wasn't in the election year, I suggest to you it wasn't even spent. I am going to repeat once again and I am going to tell you, Mr. Minister, that the taxpayer of Saskatchewan is sick and tired of turning on his television station and being told that he owns Saskatchewan Power Corporation and it's one of the wonderful family of Crown corporations that is working for the people of Saskatchewan, when in reality all they are doing is paying higher power bills and higher gas bills every month. They are sick and tired of it and it's about time the Government of Saskatchewan stopped. I think the Department of Health and this particular program is also utilizing the taxpayers money and the budget of the Department of Health to do nothing more than to promote the NDP and not preventive health. If you want to turn around and find some government programs I think you will find lots of them. Mr. Minister, please tell me how much of that \$990,000 three years ago was actually spent?

Mr. Tchorzewski: — I am indeed very happy to know that the member considers happy lifestyles synonymous with NDP. That's a very positive development that has occurred in this House this evening. Mr. Chairman, if I can make a brief reference to his comments on Saskatchewan Power Corporation and other Crown corporations. Indeed the people of Saskatchewan do own SPC, Sask Tel, Saskatchewan Minerals and Potash Corporation of Saskatchewan. That is why they are in a position now, to some extent anyway where 25 per cent of our revenues are coming from mineral resources because of the good management that has taken place. They own it, Mr. Chairman; they are proud of owning it. They are not prepared to let Liberals and Conservatives do something in such a way that will destroy that kind of ownership.

Some Hon. Members: — Hear, hear!

Mr. Tchorzewski: — The member asked what portion of the 1975-76 advertising budget was spent. I am very pleased to tell him the figures that I gave him was the amount that was spent.

An Hon. Member: — That was the election year.

Mr. Tchorzewski: — It was the election year but there is also a provision in The Election Act that says you can't advertise while an election campaign is on as the member very well knows.

Mr. Lane (Sa-Su): — That is one question in relation to this Feeling Good Program that the minister still has not answered. I think it has just slipped his mind. I'd ask again, where was the logo developed and by which firm and what was the cost of that particular logo?

Mr. Tchorzewski: — It was developed in Saskatchewan and it was developed with a very significant role played by the advisory committee working along with Dunskey advertising.

Mr. Lane (Sa-Su): — Which one?

Mr. Tchorzewski: — Dunskey advertising and the advisory committee that we established prior to the implementation of the program.

Mr. Lane (Sa-Su): — Dunsky advertising, faith and begorra. They got it again. What was the cost of that particular logo? How much money was paid to Dunsky for the logo, developing the logo?

Mr. Tchorzewski: — It would be included in the general service. We would have to — my people tell me they would have to dig it out if you want a specific figure. We can't give it off the top. We will try to get it for you. In fact, we will get it for you. We don't have it right now.

Mr. Katzman: — Am I correct in the Budget Speech delivered . . . We see a figure of 19.97 for medical and hospital plan and a figure of 5.73 for health. I understand that is basically the health costs we are talking about in your Estimates, page 41 of the budget speech.

Mr. Tchorzewski: — Read that to me again. I don't have a copy of the Budget Speech.

Mr. Katzman: — O.K. You have two figures, medical and hospital plan and the health plan. One is 19.97 per cent of the Budget and the other one is 5.73 per cent of the Budget which makes it 25.7 of the budget, correct?

Mr. Tchorzewski: — Not quite. It is close enough because what you have there you are looking at the grant, right? Medical and hospital grants 19.97, health 5.73. I do not think that these two pieces of pie include the figures of some \$10 million which I mentioned in DNS and Government Services and so on.

Mr. Katzman: — O.K. Going with those figures, now the education figure and I am just using this as an example, is 22.31? Am I correct?

Mr. Tchorzewski: — That is what it says.

Mr. Katzman: — If you go back to page 40, you will see that the Education and Health tax is going to collect this year, your estimated amount is \$204 million, correct? Do you agree with me? O.K. you are agreeing. Let's assume, I am going to have to take and the two of them add up to 48; I am going to divide the two percentages, add up to 48; I am going to divide the 48 into \$204 million. If you are following me, that comes out to be health costs of the Education and Health tax, the 25.7 per cent works out to be, \$109,225,000. The education portion by the percentage of what they are going to get out of the budget works out to be \$94,775,000. Quoting Mr. Robbins, who suggests the estimated number of people in Saskatchewan in the year '77-78 will be 950,000, let's find out what the hidden hospitalization premiums in Saskatchewan charges every person in this province with the figures that I have just quoted and you've agreed with, work out to be \$114.97 per individual in this province for hospitalization tax. That is the figure that you just agreed that you are charging hidden tax.

Mr. Tchorzewski: — Mr. Chairman, I don't know what — I guess maybe I missed the question but I think I know what the member is getting at. He is somehow saying that the E&H tax is a premium on health. Now I want to say that I don't agree. I don't know how the member develops that kind of logic. The E&H tax, Mr. Chairman, the 25 per cent of the budget which is made up of resource revenues whereas in a place like Ontario it's 2 per cent of the budget and other related kinds of revenue go into what is called the Consolidated Fund. Out of the Consolidated Fund the Government of Saskatchewan in allocating budgets to various departments takes the funds. If you talk about a hidden

health premium I suppose you could say that no, we're not really taking it out of there, we're taking it out of the, I think, \$426 million in resource revenues and, therefore, the resource companies through the revenues that they pay and the revenues we make are paying for the health care and the services in the province of Saskatchewan. That's the argument I'm going to make and therefore, I think, that that's why in Saskatchewan we don't charge \$528 a family in health premiums like in good old Tory Ontario or \$183 a family like in good old Tory Alberta. We are not proposing what is now being proposed in Manitoba – I seem to have lost it – but deletions of all kinds of programs including doing away with the subsidy to the pension for senior citizens. The good old Tory philosophy in approach and restraint are cutting back on the budget for the Manitoba Alcohol Commission. Good old Tory budget restraint and good management. There is no health premium in the province of Saskatchewan and I'm proud of it. I can tell you one thing, as long as there is a government of Saskatchewan that is a new Democratic Party government, there is not going to be a deterrent fee in the province of Saskatchewan. I can tell you one other thing. Mr. Chairman, those Conservatives or those Liberals because we know their record and we know the things that are taking place across the rest of Canada and those boys can deny all they want, they can read articles saying we don't believe in deterrent fees but I can quote back to them several of their members who have been recorded in different places saying they believe in deterrent fees. They can't deny that. And the diction is proof, you know the taste is the proof of the pudding and if you look at the taste in Ontario and if you look at the taste in British Columbia and if you look at the taste in Alberta and if you look in the sizzle that's just happening in Manitoba that soon will become a very bitter taste there, you know that the action of Conservatives is to impose deterrent fees on people who are ill. That's not the action of the NDP in Saskatchewan is a pretty good example of it.

Mr. Katzman: — It is interesting to note that the member wants to quote some of our members' personal feelings. Let's quote Randy Nelson. "Let's get rid of hospitalization in this province," he said it, it is in Hansard. It is there. If the minister would like to back up a little bit here, in the budget you say – and unless you are calling your Minister of Finance a teller of untruths – education and hospitalization tax and there is a figure quoted. The figure in the budget for those two items is on page 41, the percentage of your totals. Those two items correspond and that is where, and it is a fact, your NDP government is charging it, that you are charging the citizens of Saskatchewan \$114. If you want to take that average family of four that you always like to refer to that makes \$459.89. That is the hidden tax that you are charging the people of Saskatchewan under education and health tax for premiums, deterrent fee as somebody calls it. That is the premium you charge yearly. It is there unless you are calling your minister a teller of falsehoods. He also states how much you are going to get percentage wise – two figures there. Put the figures together and check it against your education tax, the percentage they should get, and there it comes out. Don't stand up and philosophize and say you don't charge it. It is there!

Mr. Tchorzewski: — Mr. Chairman, the member for Rosthern sounds like a closet Social Credit with the ideas on funny money.

With his analysis on an item that ought to be more appropriately asked under the estimates of the Department of Finance, I might add, on his analysis if you carry it further the province of Ontario which has an education and health tax of 7 per cent and not 5 per cent. Or you could take the province of Newfoundland which now has a good

old Conservative government, a sales tax of 11 per cent. You would have to take that and you would have to add that on top of the \$528 health premiums that the people of Ontario pay and then add that altogether and then you would see what kind of a figure in the so-called hidden health tax he talks about, the people over there are paying. His argument doesn't make any sense, Mr. Chairman, and I think that he knows it.

I want to say this, that with an income tax which is progressive, people pay according to the ability to pay. With an education and health tax, those people who spend on more luxurious items, are paying according to their ability to pay. That is the fair way. If you have a specific health premium, as in Ontario or Alberta, you are penalizing everybody. You are charging \$528 for the family with a \$60,000 income and you are charging \$528 for a family with a \$9,000 income and that is not justice and that is wrong. We are not prepared to do it here. We are prepared to take money out of general revenues. Sure, people pay, nobody denies that people pay for health care through their tax dollars. No, we don't. We are saying that they pay in the progressive way according to ability to pay and they pay very much less in Saskatchewan because we have a resource management policy that brings revenues from resources that is equal to none anywhere in Canada except, maybe, in Alberta and simply because of a windfall oil revenue, which is there only once.

Mr. Penner: — I have a question that I would like to put to the minister. I was rather impressed with the way in which you dealt with the problem my colleague for Maple Creek raised with regard to out-of-country hospital costs. I want to raise a particular case. I would be happy to share information with the minister or with his department people privately, although I do not want to use any names publicly and some of his people may be aware of it. This is a case within the country of a young girl in Saskatoon who required a type of respiratory technique in order to remain alive; it could not be dealt with in Saskatoon and she had to go to Sick Children's Hospital in Toronto at the age of three. The mother was advised by her doctor that the child ought to remain in hospital in Toronto until she was seven; that it was too dangerous to bring the child home. The parents, to make a long story short, persevered with the doctor and ask if they could be taught the technique to look after her. The doctors taught them the technique and they brought her home. In place of having spent four years in hospital in Toronto they now have to take the child back and forth three or four times a year in order that the throat fittings, whatever they may be, and I am not an expert in the medical field, can be changed as the child grows. The family was told that MCIC would carry the cost for the child if the child remained in Sick Children's Hospital in Toronto. The cost over a four year period, at \$245 a day as most members will be able to quickly calculate, is astronomical, but that the costs for the plane fare back and forth, for one of the parents and the child, three or four times a year would not be covered.

I wonder if the minister would first of all indicate whether he is aware of the situation; whether anything has been done or can be done in situations of this type, which I am sure are not numerous and yet happen.

Mr. Tchorzewski: — Well I think I know the case that the member is talking about and I really think we should as he has avoid talking about names of the specific people.

There have been, in that case, funds provided to the individual through the Department of Social Services which are additional funds to those funds which the health component covered. We have under review, (and indeed have had for some time), what more we could do and how we might be able to change some of the policies we now follow to be able to accommodate at least to some extent the kind of circumstances the

member talks about. It is difficult, because they are so varied, to have a blanket policy that applies across the board.

I might also add that there is no other province in the country that I am aware of (at least that we are aware of up to now) where transportation is covered. We have, to some extent, provided as I said, additional funding. We have under review now (and I know the member can rightfully say we have had under review a long time) but it is pretty complex, what more we could do. We have both the Department of Social Services and the Department of Health jointly trying to come forward with some recommendation that I can look at.

Mr. Penner: — If I could just comment very briefly on that. You are right, of course, in the sense that it has been something that has been under review for some time. I think one needs to be conscious, while the Department of Social Services may provide some assistance, that families are often not really interested in that kind of assistance. Many families are very proud people and they are not looking for that.

I am wondering, because of the tremendous difference in cost, really the tremendous saving to the provincial taxpayer, because we are talking on the one hand something in excess of \$300,000 as a cost and on the other hand something in the neighborhood of about \$6,000 as a cost, whether there can't be some provision made that gives the minister discretion in a situation of this sort. Whether it means an amendment to the act — probably requires more than a change in regulations in order to give the minister some discretion, but sure when there is that tremendous difference in cost some discretionary power in the hands of the minister in order to give assistance would be worthwhile contemplating.

Mr. Tchorzewski: — Well I can't add more than I have. I have already indicated as the member knows that we are trying to find some way in which we can be of greater assistance. I want to say that I know that there is an attitude in some cases where people are reluctant to get services from the Department of Social Services. I think that's wrong. We have to, as a government, and I think every member opposite as a responsible member of this Legislature, has to honestly explain to his constituents that the Department of Social Services provides a broad range of services. Unfortunately and I am not going to accuse all members opposite, or all members in this House, or all people, of sort of always saying that the Department of Social Services is a welfare department. It's more than that. It's a Social Services Department. We can't have a department for every attitude and I think that is a realistic comment to make. I appreciate the reluctance and as I have said and I have assured the member, we will do the best we can in trying to find the alternatives that will be of the best possible assistance in that particular case which is indeed to some extent, one with some difficulty.

Mr. MacDonald: — Another subject for a moment and let's talk about a practice that has been prevalent in the Department of Health for a number of years. I want to enquire as to whether or not it is still prevalent — where the treatment of individuals who work in hospitals is different in two hospitals and a difference in the treatment of hospital boards. I want to bring it up about the approval of approved costs in hospital budgets. In other words, when a hospital submits a budget to the Department of Health they submit so much for the payment of staff, so much for drugs, so much for food, so much for maintenance costs and so on. Can the minister tell me if there is any distinction now or has there been in the past in relation to the approved costs between hospitals as to the payment of funds in their budget for people who work on the hospital staff with

equivalent stature or qualifications or equivalent positions?

Mr. Tchorzewski: — Yes, there is a difference in the arrangement with hospitals that are unionized and those that are not, the reasons being that hospitals where there are unionized workers there are considerations such as union dues and there are considerations such as other fringe benefits that come along with union contracts. I think that is a very legitimate kind of difference.

Mr. MacDonald: — I am going to tell the minister that never, and that there is no other province and no other state in North America that treats nurses or hospital workers in one hospital differently than another or treats hospital staff boards differently than another because one happens to be unionized and one happens to be not and the distinction has nothing to do with union dues — it's 8 per cent. It is a deliberate attempt on the NDP to force hospitals to unionize in order to get their budget approved equal to the hospital next. Now let me give you an example. Let's take Wolseley and Indian Head — those two hospitals are 20 miles apart; they both submit a budget; one of them happens to be unionized and one of them happens to be not. I use those as two illustrations and I don't even know if the circumstances in the hospitals are that way. We could use Climax and Frontier. And all of a sudden we find that one hospital has an approved budget that is 8 per cent for staff costs higher than the hospital down the road. If you go to the hospital board to enquire why — I can tell you hospitals where the same administrator administers both hospitals. One receives 8 per cent more on his budget for staff than the other hospital does and it is very clear and very blatant just as the minister has indicated. It is because one is unionized and the other is not and there goes the former Minister of health, the man who put that in, is trying now to tell them the reason why and I would like the minister to stand up and tell how he can discriminate against individuals with equal qualifications and who perform the same job. I would say that maybe it's an issue for the Human Rights Commission in the province of Saskatchewan. How they can discriminate between hospital boards who are trying to serve the sick and the public in the same area of health care because one happens to be unionized and the other does not. I say it is a deliberate attempt of the NDP to force hospitals to unionize. This has been going on for some period of time. As a matter of fact, Mr. Minister, it's been rather successful in the objective that the former minister, the Minister of Finance originated it for and that is that it has forced many, many hospitals in Saskatchewan to unionize. I want to ask the minister how he can justify that particular policy and ask him if he doesn't believe that that's against the Human Rights; ask him if he doesn't believe that it's blatant discrimination between hospital boards and ask him if that's not blatant discrimination between individuals.

Hon. W.E. Smishek (Minister of Finance): — Mr. Chairman, the hon. member talks about a small differential of 8 per cent between the unionized and non-unionized hospitals. I want to inform the member that when I became Minister of Health I found that under the Liberal policies in terms of the approved budgets between some of the unionized hospitals and the non-unionized hospitals, there was a difference of as much as 50 per cent.

If you talk about having a policy of discrimination, Mr. Speaker, there has been no more blatant discrimination than under the Liberal administration. At least we have narrowed the difference to a small 8 per cent. Now there are reasons for that, Mr. Chairman. I don't know what the situation is like right now but there are very, very few hospitals that are not unionized. If my memory serves me right there are no more than about 200 hospital workers who are not organized in perhaps a couple of dozen small hospitals and we do find that their wages, there are some differences. Once they become

organized and start paying the same wages, then the same approval for budgets will be made.

Mr. Speaker, I want to remind the hon. member when he occupied the Treasury Benches, when he now talks about the human race, when he talks about discrimination, his conscience should go back seven years. Where was his conscience then? Did he all of a sudden discover his conscience seven years later, Mr. Speaker? All of a sudden he talks about virtue. Where was he seven years ago? Why didn't he talk about that kind of a policy under the Liberal administration? That was the time when he should have talked about a conscience, Mr. Speaker.

Mr. MacDonald: — Mr. Speaker, first of all I say to the minister that's garbage. What hospital has a 50 per cent differential in budget approval because one was unionized and one was not? Don't stand up and put that garbage. Go get the facts and put the name of the hospital and prove that it was for approved wages and not for other things. Don't give me that. The NDP policy is specifically for union and non-union employees and nothing else and the minister knows it. That is deliberate discrimination and I suggest to you that the union employees should be the first to stand up in this province and cry against that kind of discrimination.

I say to you too, Mr. Minister, you are right that there are very few hospitals that are not organized now because that specific policy of the Minister of Public Health is the one that turned around and forced those hospitals to unionize and go talk to the hospital boards around the province and they will tell you that it was rank discrimination and they will tell you that was one of the reasons that forced them to turn around and the workers got unionized because workers themselves, who did not necessarily want to become organized into a union, they were very happy and contented with the treatment they received from the hospital boards. They realized that in order to get equal wages with the hospital down the street or down the road they had to become organized. And the minister knows that and it is rank discrimination and it is about time that this government stopped it. I think it is also time, and I say again, that the Human Rights Commission take a look at this. I think it is also time that CUPE and the union — and I am not interested in what happened 20 years ago. I have listened to that Minister of Health stand up and talk about deterrent fees until I am sick of it. I remember one time here, I think for eight months I listened to it, and it's like a broken record. You turn around and you take a look at everything else that they do in the province of Saskatchewan and it makes me wonder — to put a deterrent fee on the old and the sick and the halt and the lame and the drug dispensing fees and then he turns around and says — ah, the terrible Liberals. Tell me, Mr. Minister, that that particular policy is discrimination and I think that CUPE owes the hospital workers who are not unionized an explanation why they are not fighting against it and I think the Minister of Health and everybody in the province of Saskatchewan should know it.

Mr. J.G. Lane (Qu'Appelle): — I have a series of questions on health financing, first.

The Estimates for 1977 indicate that there were approximately \$138 million federal contribution to the health estimates and . . .

Mr. Chairman: — I think that the member for Qu'Appelle has the debate now and I would ask other members to kindly refrain and give him his opportunity.

Mr. Lane (Qu'Ap): — I have indicated to the minister that there will be a series of questions on this so I would like to do it under the broad subvote 1.

Under the Estimates for next year we are looking at a federal contribution of roughly \$6,600,000. Now first of all, the figures that I have given you for 1977 estimates, do the estimates for this year accurately reflect the federal contribution to our health care system in Saskatchewan?

Mr. Tchorzewski: — The member raises a point that has been of considerable interest to us as a provincial government for a number of years. He will know and the House will know that in recent years the federal government chose to opt out of their responsibility in the health sharing in this country and go to a different system of financing which will, in many cases, provide less dollars to the provinces and less dollars to some specific provinces. They opted for a new approach that will provide greater benefits to some richer provinces and not such great benefits to some other provinces. We objected to it very strenuously because we said that one of the functions of the federal government is to make sure that services such as health services are provided equally to all of the people of this country. You take a look at what's happening in Canada around the national unity debate you have to harken back to the things that were said during that period of time and conclude that the things that we said as the Government of Saskatchewan through our Minister of Finance and the Premier and our Minister of Health made an awful lot of sense. What we are now in with the figures that are in the blue book is at the tail end of the federal funding which will provide fewer dollars for health care.

Mr. Lane (Qu'Ap): — You still haven't answered my question. My question was, does that \$6 million approximate figure in this year's estimates truly reflect and accurately reflect the federal contribution to our health care system in Saskatchewan?

Mr. Tchorzewski: — No, it does not because a grant now is involved, a straight grant and a transfer of tax points. This is a global kind of figure that is better argued or better answered under the Department of Revenue or Department of Finance in Estimates because we obviously won't know the whole total picture but it still goes back to what I said. That may not be the total figure because some of the funding is now, as I understand it, an unconditional funding. It's not a 50-50 sharing health care program as it was so there may be out of general revenues moneys that may or may not have been federal money used for health programs as well. The \$9 million is a specific money that is tagged for health or various kinds of programs.

Mr. Lane (Qu'Ap): — They are your figures, why did you tag \$6,600,000 instead of say \$130 million as federal contribution? Why did you pick those figures is what I'm trying to figure out?

Mr. Tchorzewski: — Because the \$6.6 million is what's left of the old financing scheme that existed. That's why that figure . . .

Mr. Lane (Qu'Ap): — O.K. Now the old financing scheme set out in, well I guess roughly back to 1975, looking at estimates for 1975 at that time the federal contributions to health were \$98 million and in 1977 they were roughly \$138 million contribution to health. Now the line of questioning I want to pursue is that your great rush of new programs started at the time when the federal contributions to health were massive and were on a 50 per cent, roughly, cost shared program or approach. Now, I want to know whether any of the programs that were implemented in that '75-76 range, and that is roughly the dental program, the drug program, the SAIL program and all these things,

at the time that your programmed these based on a 50 per cent federal contribution, did your department do five year budgeting or projections of each of these new departments that came in under that time period?

Mr. Tchorzewski: — Let me say, Mr. Chairman, that the only shared funding that existed at that time was for hospital and medicare with the federal government. Now, let me finish. There has not been any cost sharing for the programs which the members opposite refer to as the frill programs, such as the Dental Plan and the SAIL program or others and in the projections that the department made, we were not counting on any cost sharing programs from the federal government because there was no way you could guarantee it. I think that the experience that we have had in their opting out of the sharing that they had for hospitalization and medicare proved the assumption that were then made to be very correct.

Mr. Lane (Qu'Ap): — You use the words 'frill program'. I think I am capable of choosing my own words on this . . .

Mr. Tchorzewski: — You said it.

Mr. Lane (Qu'Ap): — No. I did not. At the time of the implementation of these programs we went on a great orgy of new programs for awhile and the minister can well recall the programming that went on. I want to know, SAIL program, Drug Program, Dental Program, at the time of implementation of these programs did your department have five year projections as to the annual cost of those programs?

Mr. Tchorzewski: — The member asks whether the department made projections of the estimated increase in costs. The answer is, yes. Indeed the department made projections over the estimated increase in utilization and the increase in costs and so on. But as I said before for these so-called 'orgy' of new programs as the Conservative member from Qu'Appelle chooses to call them, I prefer to call them good programs that are providing a good service and I would like him if he thinks they were an orgy to tell us which ones he would do away with, just for the record and just so that the people of Saskatchewan will know so that some day they are not faced up to what they are faced up to now in Manitoba. We did not in, those projections, I might conclude anticipate federal cost shared funding. But the projections indeed were there.

Mr. Lane (Qu'Ap): — O.K. I would like to know then as it pertains to the dental program what your department projects the costs of administering the dental program and the amount of funding necessary. I realize that this is only the projections that I am asking for. I don't know what is coming into next year's budget. What will the cost of that program be in the fiscal year ending march 31, 1980 and 1981?

Mr. Tchorzewski: — The information that I am able to provide because of what I have here is that you will note that in the Saskatchewan Dental Plan we have for '78-'79, \$7,195,940. We had projected for '78'80, \$8,954,000. This is all sort of subjective because depending on the number of age groups you put in, depending on the number of returnees. The projection for '80-'81 is \$10 million.

Mr. Lane (Qu'Ap): — What about the SAIL program and the prescription drug program?

Mr. Tchorzewski: — O.K. SAIL - \$1.6 million '78-'79; \$1.7 million '79-'80; \$1.8 million '80-'81. Drug Plan - \$21.8 million '78-'79; \$24 million '79-'80; \$26.5 million

'80-'81.

Mr. Lane (Qu'Ap): — O.K. I think what we have just seen is an indication of why the health care systems in Canada are in deep financial trouble. Because what we have done and what successive governments have done, is decided to implement a program and allow for natural increases every year during the existence of the program, on the very assumption that the money is always going to be there; that the revenues are going to increase greatly; that there is no restriction on this that we can just institute a program, let the thing grow ad infinitum. I suspect that that is exactly what has happened with the government opposite. Take a look at the dental program.

In 1976-77 that was estimated at roughly \$4,800,000. In 1980-81 we are looking at over \$10 million. Doubled in roughly five years. Massive expansion of a program. The same thing with the drug program. Drug program \$21 million up to \$26 million. I am trying to - \$17 million in 1976-77.

Now the minister can't argue if he has any sense of fiscal responsibility whatsoever, that this can continue to go on. Massive increases! We look at the number of employees in the dental program. I think I have the figures out. We go from \$322 million and we are now up to \$386 million. You know this can't go on. Unfortunately it can't go on.

Now, what areas has the government done research in as to restraining these ever-escalating costs, which it, I suggest, didn't really consider or taken into serious account when they started to institute these programs.

Mr. Tchorzewski: — Mr. Chairman, the member's comments show that the planning of this government is such that it's responsible and that we look ahead at where we're going and we don't shoot in the dark as the member likely would from year to year. Every department of government makes projections on years ahead depending, of course, and subject to changes that are made annually through a very strict and a very disciplined financial analysis as the member for Indian Head - Wolseley (Mr. MacDonald) will know because he has been on the Treasury Benches. It is done by the Treasury Board and budget bureaus every year. So those are projections assuming that things are as they are and assuming certain things about the development of a specific program. That does not mean that before that period of projection is arrived at that there may not be some changes in the meantime. That's what responsible government is all about . . .

An Hon. Member: — Up or down.

Mr. Tchorzewski: — . . . up or down, precisely and if the government should decide that it wants to and ought to because there is a need to accelerate the growth of the dental plan for children to include a larger number of age groupings, then it's going to go up. That makes good sense. That's a decision that a responsible government that is looking at its ability to pay based on the revenues that it's getting, that it has got to meet, and that's a decision that we, as a responsible government, have been prepared to make.

Now, the member talks specifically about the dental plan because he seems to think that that is a pretty prime example of great costs that are incurred in health care programs. Well, I want the member to know that there is another aspect of determining the efficiency of a plan and the cost benefit that he has not mentioned. In 1974-75 the cost per child for the Saskatchewan Dental Plan was \$115.29. In 1976-77 it was

\$83.52. I think that's a pretty good example of an efficient government that is reducing the cost per unit in a service that is being provided. Now the member says, according to my figures. Well, let me use his figures, O.K.? His figures talk about things like the renovations provided in schools for dental chairs and the life but even if you include the cost of that and its depreciation, and I am only now using estimates, you will find that that 1976-77 figure of \$83.52 goes up to \$87.70 and it was, as I said, when it initially started \$115.29. Now I think that's a pretty good example of some pretty good management. I think that's an example of some pretty good productivity from employees who are the dental nurses and the dentists and other people in the program. It is something that members opposite fail to recognize among our public service in the province of Saskatchewan that they do a pretty outstanding job and we're proud of them.

Mr. Lane (Qu'Ap): — Well, which is totally irrelevant to the argument, of course, and we thank the minister for his comments. I find it very strange that the same minister can stand up and talk about fiscal responsibility portraying himself as an expert when we're faced with the words of the Comptroller of the province of Saskatchewan and I am referring to Public Accounts of 1976 wherein under questioning Mr. Schneider said,

The total cost of the program (and he's referring to the dental program) can't be determined from our present accounting system because there was a fair amount of indirect costs that we haven't allocated or charged back to the plan itself. For example, there are the central agencies that are involved in part of the process, such as ourselves, PSC (Public Service Commission), the Purchasing Agency, in which these kinds of costs are not allocated back to the program. So to get an actual cost of the program would be almost impossible I would say.

That's a quote from the Provincial Comptroller. Your Provincial Comptroller. Not mine. So don't try and tell me that you all of a sudden know figures and have got accurate figures when the Provincial Comptroller tells us before the Public Accounts Committee that it's impossible to determine them. I don't accept your figures and I don't think anybody making a fair assessment would accept your figures. My only objection to your figures is not one we can argue for or against the existence of a dental program. That's not the question. The question is, once we have agreed upon a dental program, then we should be entitled to judge our capability of supplying that program or the type of program we want by having a detailed and minute cost-benefit analysis and be able to project with great accuracy the costs and to know all of the costs of that program. I say to you that given your present approach of hatching programs in times of great federal contribution, if we go back to all of them, that's when they came about, when you decided you had unlimited funds that we would be in a position as a province to be milking the federal trough dry at that time on equalization payments, that's when all the programming came into effect. I suggest to you that from a program point of view that your record is probably well above average but when it comes to financial controls, I suggest to you that you are possibly one of the weakest governments around when it comes to financial controls in our health system. You got up here tonight and you have in effect said the Provincial Comptroller is a liar. You have said that the Provincial Comptroller's figures are no good. I think it is incumbent upon yourself to tell us what recommendations you have made to the Minister of Finance or the Minister of Revenue to get rid of the Provincial Comptroller whom you have called in fact a dishonest person, or an incompetent person or a liar. I'd like to know what you have done about making representations about getting rid of the Provincial Comptroller if your figures are right, because that is what you have done tonight. You have stood up and defended the

dental technicians, and fairly and properly, although irrelevantly but at the same time you have attempted to discredit tonight one of the people responsible for the financial control of the Government of Saskatchewan. I think from that point of view it is typical of the minister opposite and typical of the government opposite, to build up the ones who can spend the money and kick out the ones who are supposed to control it. That is the attitude that prevails in your government and it is one that prevails particularly under your administration.

Mr. Tchorzewski: — Mr. Chairman, those are some very interesting comments by the member opposite. I want him to know, Mr. Chairman, I am prepared to match the credibility of my figures to the credibility of Conservative member allegations and insinuations in this House and outside the House in the last three years, anywhere at anytime.

I have given the figures of the cost of the dental plan, Mr. Chairman, and whether you include some of the other costs beside the operating expenses or not, relatively the decrease in cost per unit per child is still going to increase the same amount. Even the member opposite in his great knowledge of accounting can't argue against that. I have said that the cost in 1974-75 was \$158.29 per child; in 1976-77 it was \$83.52 per child and that is indisputable. Nobody can argue against those figures. They are correct, and if you want to throw in another match that includes the costs of the renovations in schools you will find that the decrease in cost per unit is relatively going to do the same. That was the point that I was making. The member opposite can argue all he wants, Mr. Chairman, but the facts are there. He can twist around statements made anywhere and statements that he may make of his own but he can't argue against the figures as they are.

Mr. Lane (Qu'Ap): — Mr. Chairman, that is absolute nonsense and the member knows it.

The Committee reported progress.

The Assembly adjourned at 9:58 o'clock p.m.