

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
Fifth Session — Eighteenth Legislature

March 30, 1978

EVENING SESSION

COMMITTEE OF FINANCE

Department of Health

Vote 32

Item 1 continued

Mr. E.L. Tchorzewski (Minister of Health): — Mr. Minister, at 5:00 o'clock I was just beginning to make some comments about the comments made by the Leader of the Conservative Party and the resolution which he had just moved which seemed somewhat unclear. I mentioned before we left for supper that in the resolution, no mention was made by the Leader of the Conservative Party about what indeed he was seeking in that he said that the consideration of the estimates of the Department of Health should not be proceeded with until the financial statements or the interim financial statements were tabled in this House. Well he in no way indicated what he meant by interim financial statements and therefore all we can conclude and all that anybody can conclude is that his only intention in moving that resolution was to take up more time of this House and stall for reasons that are well known by people in this Legislature.

Let me just give you an example of the kinds of things that have been happening since we began the consideration of these estimates. Yesterday, the Leader of the Conservative Party came into the House, used some of his strange arithmetic that he is so well reputed for and he said move the motion that this Legislature not consider the Department of Health estimates with the Saskatchewan Hospital Services Plan report was tabled. Well, there was a debate and we outlined to him and his caucus and we outlined to the Liberal caucus how the fiscal year of the hospitals of Saskatchewan had been changed, how they had supported the change of the fiscal year so that some of the difficulties that used to exist between the fiscal year of the province and the fiscal year of the hospital could be rectified and done away with and then the Conservative Leader found that he was cornered. He had moved again too hastily without knowing what he was doing. The Legislature defeated that resolution because it was nonsense.

Today, he asked for the financial and statistical information for the 1977 calendar year of the Saskatchewan Hospital Services Plan. I gave him the assurance that I thought that indeed we could provide that information; not officially, it won't be audited because the hospitals will not have their audited statements in until after the end of this fiscal year which is the end of this month. But we can provide that information and indeed will.

Well, once again, the member for Nipawin found himself cornered because he found that he could not delay any longer, so he did not give up. Just before 5:00 o'clock when he ran out of words in his 15-minute speech in trying to kill time, he moved another resolution asking for the interim financial statements. Once again whatever statements he was asking for no one knows, so clearly that's an indication that once again all that he is wanting to do is stall for some more time.

Now I have to ask, Mr. Chairman, what's going on? I have to ask and I'm sure that other members in this House and I'm sure even some members of the Conservative caucus are asking what's going on?

Well, I want to say what I think is going on and I think it's becoming very transparent. What is going on is that the Leader of the Conservative party and the member for Rosetown and the member for Estevan and the member for Prince Albert-Duck Lake are trying to take away the attention from what the real issues are. They are trying to take away the attention of the people of Saskatchewan and this Legislature, from the kinds of things that the people are finding out about the Conservative Party and also trying to take away the attention from the kind of spectacle that they have made of themselves in this Legislature.

Let me clarify first of all some mistakes that the member for Nipawin made in his remarks. We had a discussion today about the change in the fiscal year of Saskatchewan hospitals. He said and he asked – why change it for the Saskatchewan Hospital Services Plan and not change it for the Medical Care Insurance Commission? Well, that's very clear. The Saskatchewan Hospital Services Plan provides funding for the hospitals so therefore it makes good sense to have the fiscal years of both at the same time. The Medical Care Insurance Commission does not provide payments at hospitals. It provides fees for physicians and optometrists and the medical profession in general.

The member for Nipawin then proceeded to use his little games. He began to take a look at the Saskatchewan Medical Care Insurance Commission Annual Report 1977. He went to page 18 and he read some words. Simply because it said, Saskatchewan Hospital Services Plan Community Health Associations, that somehow that had to mean that that was related to the Saskatchewan Hospital Services Plan appropriation. Indeed, it had nothing to do with it at all, Mr. Chairman, and he knew it. He knew it, but he was trying again to misinterpret what is in these reports and in the appropriations for two reasons. (1) To stall for time, again, and filibuster this Legislature and waste taxpayers' money. (2) To try to mislead the people of Saskatchewan.

Some Hon. Members: — Hear, hear!

Mr. Tchorzewski: — I noted with great interest his attack on community clinics. He, again, made that attack on the rights of people, on the rights of people to join together in a co-operative effort to provide a service for themselves as they do for the community clinics. That is on record and he used this misinterpretation of this information to do that.

I want to say in this Legislature and put on the record, that this government and the New Democratic Party wholly supports the desire of people to set up community clinics. We always support the co-op movement in this province, which has helped to build this province. We will put every energy that we have in fighting the efforts by the Conservative Party, and even some of the Liberal members, in trying to destroy that co-op movement and the philosophy on which it was built.

Mr. Chairman, the Leader of the Tory Party also tried another trick yesterday and he carried on again today. When I listened to the member for Rosthern (Mr. Katzman) yesterday, I couldn't help but think that he was, as I call it – a closet Social Creditor with his funny money approach to some things. Well, as I listened to the arithmetic of the member for Nipawin, I had to conclude that somehow he might even fit in that category, too. And from the rumors that we have been hearing, of late, it may mean that he is already looking for some other political party to run to.

In that funny arithmetic that he used yesterday and again today, once again, there was

an attempt made to try to mislead the people and mislead this Legislature on what the facts were. He estimated a salary increase of 11 per cent for this year. I don't know where he gets his figures, where he gets the substance to make such a suggestion. It took what was the settlement last year and he began to try to swing it around to apply to this year. Presumably he took this 11 per cent increase in salaries for hospital workers by considering the '77-'78 per cent increase and the cost of 3.7 per cent for the Co-operative Wage Study. Well, I want to correct some of the assumptions that he made and some of the misinformation that he provided in this House.

First of all, the 3.7 per cent only applies to salary expense for the CUPE and SEIU employees, not all the hospital workers in Saskatchewan. The cost of implementing results of the study when applied against the total salaries and wages is actually 2 per cent, not 3.7 per cent. Because CUPE and SEIU employees represent approximately 60 per cent of all hospital employees. So total salary increases in 1977-78 would, therefore, be about 10 per cent and not the bloated figures that he was using.

I want to add one other thing for his clarification and for the clarification of the members of this House. The Co-operative Wage Study was fully funded in 1977-78 and, therefore, the allowance for salary increases in 1978-79 need only provide the results of the collective bargaining for the upcoming year.

I found, with great interest, the kind of thing that was attempted here, yesterday, in that the Leader of the Conservative Party was trying to create a situation in this House that would interfere with the collective bargaining process that is now going on between the Saskatchewan Health Care Association and Saskatchewan workers. That is the basic reason why a specific amount is never stated that is allocated for salaries, because we don't determine that precisely until the salary negotiations are complete. If we determined that, what would we be doing? We would be doing what the member for Nipawin wants done. We would be saying, you can do collective bargaining, but here are the limits and you aren't going any further.

He also used some comments about the increase in cost of non-salary items. He estimated that there would be an increase in cost of 15 per cent and he used SPC as an example. He neglected to mention that in the budget speech delivered by the Minister of Finance that SPC electrical rates this year will be frozen to no increase, and the maximum increase that will be allowed, if any is necessary for natural gas, is 8 per cent. Once again, he tries to use his own set of figures, rather than the ones that are the accurate ones.

Now, Mr. Chairman, let me just touch on some of the other comments that were made. I said earlier, that there is in this Legislature, the most unfortunate kind of development that I ever could possibly imagine would happen in here. Certainly, when I ran for election in 1971, I did not think that kind of thing would be happening in the 1970s – and that is, the deliberate . . .

Mr. Penner: — Didn't think you'd ever win did you?

Mr. Tchorzewski: — Oh yes I did. I was thinking I was going to win, that's why I'm here – it's the positive approach. (Inaudible interjection). The thing I am referring to, Mr. Chairman, is the deliberate attempt, not only to delay the people's business of this Legislature for some political reasons, for some grab for power, for some hunger for power; the rest of the world and everything else of importance doesn't matter. There are all kinds of examples and I won't talk about them, because this may be somewhat off the

subject. I could have talked about the filthy hospital debates which I stopped from talking about when you asked me to, Mr. Chairman. I could have talked about the attempt by the member to somehow influence the work of the Moore Committee, when he made his comments about asking the Minister of Social Services to resign a judicial committee. I could have talked about the attempt to use racial discrimination in the Pelly by-election by the Conservative Party and the Leader of the Conservative Party, and I could have talked about the constant attacks on the Public Service of Saskatchewan by the Conservatives and in this case, helped by the Liberals. Those are all examples of the kinds of things we have seen happening. It is an attempt to mislead the public. The reason why no one, Mr. Chairman, in spite of the things that the member from Nipawin talks about, the Conservatives won't put in deterrent fees, and all these other things the Conservatives might or might not do, in spite of that I am saying that, it is a question of whether he can be believed, or whether his party can be believed.

Mr. Chairman, the New Democratic Party and this government do not believe in deterrent fees. We do not believe in a health premium or a health tax, and it was this government that removed it in Saskatchewan, and it is this government and this party that are going to prevent it from coming back.

Some Hon. Members: — Hear, hear!

Mr. Tchorzewski: — The member for Nipawin says he suggested it. Well that's great, that's very interesting — he suggests it. He also said something else in his little speech. He said that none of his caucus, no Conservative, ever suggested there should be deterrent fees. Well, I want to say something about that. First of all I want to say, when I listened to him I thought of that little saying that someone once said, 'Methinks that she protests too much'. Now, all I can conclude from that and ask is, what is he afraid of? Why does he protest so much? Why does he say, as it is quoted here in The Leader-Post of this morning, "Collver critical of Manitoba Progressive Conservatives". That seems to be the kind of disunity of the Conservative Party across Canada that seems to be developing in the Conservative caucus in Saskatchewan (Inaudible interjection). I found that comment and that headline almost laughable, Mr. Chairman, and if it were not a serious thing that we were considering, I think it would have been laughable. Is he saying, when he says, "Collver critical of Manitoba PCs" he will tell the people of Saskatchewan that not one of them should vote for not one Conservative candidate in the forthcoming federal election? Because if he really means what he is saying about the Manitoba approach to health care, then surely he must object to the leader of the federal Conservative Party, Mr. Clark, who recently said that health insurance today encourages people to abuse the system by making unnecessary trips to doctors. Surely he would object to Mr. Clark saying that he will discourage what he sees as over-use, by establishing a system in his own words, and I quote: "To consider all or a portion of the doctor's visit as taxable income for the patient." In other words, the Conservative Party's policy (and the leader enunciates it), the Conservative Party believes that anybody who went to see a doctor would take the cost that was paid for the doctor or the hospital and have it become a taxable item. That's why nobody believes what the members opposite are saying. Now the member also said, Mr. Chairman, that none of his caucus have ever expressed any belief that there should be deterrent fees. Well, I want him to be reminded of something; I want him to be reminded of a certain Progressive Conservative Saskatchewan meeting in which Dennis Ham, the member for Swift Current, rose in the meeting and said that he would voice his personal support for reintroduction of deterrent fees. And then the member for Rosetown-Elrose (Mr. Bailey) . . .

Mr. Mostoway: — Say it again . . .

Mr. Tchorzewski: — Oh, he wants me to say it again. Well, this was Star-Phoenix, October 28, 1974. Dennis Ham, a candidate in Swift Current rose to voice “his personal support for reintroduction of deterrent fees” speaking as a Conservative, Mr. Chairman.

Some Hon. Members: — Hear, hear!

Mr. Tchorzewski: — Now the member for Nipawin (Mr. Collver) protests loudly that somehow the comments being made by the member for Rosetown-Elrose (Mr. Bailey) are being misinterpreted. He says he never said that people would be glad to pay \$10 a day to get into a hospital. Well I want to say that he did. He may deny it but the press knows it because they were here and people in the gallery know it because they were here and every member of this House who was here knows it because they heard it.

Some Hon. Members: — Hear, hear!

Mr. Tchorzewski: — Mr. Chairman, Saskatoon Star-Phoenix March 16, 1977 said, “There are probably people in Saskatchewan right now who would pay \$10 a day to get into a hospital” – unquote – member for Rosetown (Mr. Bailey). Who is going to believe them and who is going to believe the Leader of the Conservative Party when they try to enunciate that they don’t support deterrent fees? I don’t think anybody is going to believe them.

Now, Mr. Chairman, I could go on. The point I am trying to make with what I am saying is this; that it is not always and often not, what people say that makes a difference. It is not what is said, it is what is done after that, after what is said, that really makes a difference. It is not what is said, it is what is done after that, after what is said, that really makes a difference. You only have to look . . . (interjection) . . . I’ll get around to your party in a little while yet, too. Mr. Chairman, you only have to look at what has been happening across Canada to know what will happen in Saskatchewan if either the Liberals or the Conservatives were ever to form the next government again. You only have to look at the province of Ontario where they recently reduced taxes to mineral corporations. They reduced certain taxes to mineral corporations so that a mining company like INCO, which has laid off thousands of people, if it takes this ore out of Ontario and ships it out of the country for processing, it can deduct that cost as a tax deduction. You know why they did that? You know how they are paying for that, Mr. Chairman? They are paying for it by having the people of Ontario pay \$528 a year for health premiums. Now if that’s Conservative justice then there are no people in this country who ought to have it perpetrated upon them.

Some Hon. Members: — Hear, hear!

Mr. Chairman: — Order, order. I would just like to draw to the attention of the member that I think we had better try and get back as close as we can to this motion.

Mr. Tchorzewski: — Thank you, Mr. Chairman. I admit that I may have strayed a little bit but I was trying to make a point and I was responding to the things that the member for Nipawin, the Leader of the Conservative Party was saying, that I am pointing out that what he says and what, in fact, really happens, are not the same thing. I think that’s an important thing to say in this Legislature because it is an important point that the people of Saskatchewan ought to know and which more and more of them are beginning to know and that is why they are so nervous. That’s why they are so paranoid

every time we talk about the policy of the New Democratic Party in the government about deterrent fees and health premiums. We believe that health care ought to be available to everyone in the province, regardless of income, equally available to all, without penalizing people because they happen to become ill. That's the policy of the New Democratic Party and this government and the actions that we have taken. The budget that we are providing in these estimates are an indication of that commitment. If you take the actions that are happening in other provinces you know that that's not the commitment of any of the other parties.

Now, Mr. Chairman, all I want to say about the resolution again, in conclusion is that that resolution ought to be defeated by this House. That resolution that the member has sponsored opposite does not say anything. It asks for something that is not available. It comes after the member has received an assurance that we will provide the 1977 information unaudited, because we don't have the auditor's statement from the Saskatchewan Hospital Services Plan. In fact, Mr. Chairman, it's a nuisance resolution and its only intent is to delay the proceedings of this House, and I think that's a showing of contempt for this House and this Legislature ought to defeat it.

Some Hon. Members: — Hear, hear!

Mr. Collver: — Mr. Chairman, I am sure that if you grant the same latitude in my remarks this evening, that you granted to the speaker from 7 o'clock to 22 minutes after, which developed quite some interesting theories about Item 1 for the Department of Health estimates, I'm sure that the people of this province will know who is delaying the business of this Legislative Assembly. Now, Mr. Chairman, I would like to, because we did not mention, I did not, in the hurry to write that motion, I did not mention in that motion that the SHSP financial statements were . . . what I had intended to say . . . I would like to withdraw that motion, if I may and place a new one that includes SHSP or if you want to defeat that one . . . I'll introduce it again after, if that's what you want to do. I was trying to save time of the House. I'd be happy to introduce the motion if the members, Mr. Chairman, if you will allow me to withdraw that and replace it with one that mentions SHSP formally, I will do so. If not, we can go through the motions of that motion and introduce another one.

Mr. Chairman: — Order. I'd like to inform the hon. member that he can only withdraw with the consent of the House.

Mr. Collver: — I believe I asked the House to allow me to withdraw that motion in order to introduce another one.

Mr. Chairman: — I will ask the House if they give him consent to withdraw.

Consent to withdraw motion agreed to.

Mr. Collver: — Thank you very much, Mr. Chairman, and at the conclusion of my remarks this evening I am going to move that the estimates for the Department of Health, not now be proceeded with but stand until an interim financial statement for SHSP for the year ended December 31, 1977 with comparative figures for the year ended December 31, 1976, are tabled in this Legislature. Now, Mr. Chairman, I don't know what it is that the Minister of Health has to hide in the SHSP financial statements. I don't really understand what he's trying to hide. Mr. Chairman, we would be happy to have him table the documents. Therefore, this motion should be acceptable. All we're

saying is we want the information in order to question the minister about the estimates for the future. Now, I don't think that's an unreasonable position to take. The minister says, we'll table that information in the Legislature when we feel like it but in the meantime, pass the estimates for next year. That's what he's saying, Mr. Chairman. Because all this motion says is, that what the minister offered to us, the interim financial statement of the period for the 12 months which is comparative with the previous 12 months, will be tabled in the House enabling us, Mr. Chairman, to examine the situation as it relates to SHSP with some degree of accuracy from last year, and then be able to ask our questions in estimates with some degree of intelligence. It is difficult to ask questions of a minister, that (a) doesn't have the answer and (b) doesn't have the information before the Legislature.

For example, the member for Saskatoon Centre says, 'hogwash'. And he knows about that stuff. Mr. Chairman, last stuff, yesterday, in this Assembly, last night the minister said the assessment, the court study reflected 3.7 per cent. Those were his words – in his words the study was 3.7 per cent. Today, he counters that and he says it is now 2 per cent – the wages, Mr. Chairman, he further states that the assessment for last year for power and gas for example, that he knows he says that Sask Power have frozen their rates, but, Mr. Chairman, I would like to remind the minister that that doesn't affect the expenditures of the Saskatchewan Hospital Association because what is reflected in the financial information of the Saskatchewan Hospital Association up until March 31, 1978, includes the rate for most of last year that was lower. So in other words, Mr. Chairman, the rate increase from last August or September when it was introduced is going to apply in 1978-79 and that rate increase was over 30 per cent and my assessment of 15 per cent was a very reasonable position to take – that it was a half of a year from last year that was on the old rate, and a half of a year from the coming year that is on the new rate.

So the minister is trying again to get out of the reasonable position that states that there are going to be increases in expenditures for this coming year for the Saskatchewan hospitals. Now, Mr. Chairman, we are concerned about what the minister has allocated for this coming year. We have said that. We want to know how he made out last year during the first few months of his sojourn as a junior minister in that government – a minister who is brand new to the job. We would like to see some kind of results of this young man who has taken over the Department of Health – a department that spends over 25 per cent of the budget of the people of the province of Saskatchewan.

There is a possibility, Mr. Chairman, I'm sure that the ministers and some of the younger ministers especially in the benches opposite, are attempting to put on a show for the people of Saskatchewan in this Legislature because of their leader's obvious intention to run federally for his party. There is little question about that. Anyone, Mr. Chairman, anyone who attended the Alternatives Canada Conference in Banff as I did, with the Premier of Saskatchewan, knows full well that his intention is to present not the position of the people of Saskatchewan but some position that would be more rational in a federal party and in a federal party sense.

(Inaudible interjection)

Mr. Collver: — Oh no, no, no. I would much rather fight what we have got.

Mr. Chairman, we believe very strongly that we have to have the information. The minister says he wants open government, Mr. Chairman. He says he doesn't want to delay the proceedings of this Legislature, and, Mr. Chairman, neither do we, but we are

elected by the people of the province of Saskatchewan to investigate the expenditures of the treasury benches. That's our job and all of the new regulations that have been brought in by this government, Mr. Chairman, with no legislative review, with the kind of executive branch control of the government which has the NDP catch-up clause that says, if this law doesn't apply we'll pass an Order in Council and we'll legislate anyway in the Cabinet.

What little power we have left in this Legislature is to investigate the expenditures of the treasury benches, and the only way we can investigate the expenditures of the treasury benches . . . for the Attorney General's benefit.

(Inaudible interjection)

Mr. Collver: — Well, I think he is going to vote for this motion now.

Mr. Chairman, the only way we can investigate it is to have the information at our disposal. He wants to . . . I have heard him on many occasions, Mr. Chairman, when bills are introduced in this House with that lovely catch-up clause at the bottom that says, the treasury benches are sacrosanct; they can do anything that they want. In every bill that they have introduced it has this. I have heard him say that this is absolutely necessary for the improved efficiency. Then when we come before this Legislature and ask the Minister of Revenue, for example, well how is your department going to improve the deficiency, he says, it will — I assure you it will. It's terrific — have faith. When we ask the Minister of Health, what are the estimates going to do — have faith; believe in us, we're going to make reasonable settlements; we're going to deal rationally and reasonably; we're going to be very reasonable people.

An Hon. Member: — Prudent.

Mr. Collver: — Prudent, yes, prudent. But, Mr. Chairman, no facts. He wants to deal in facts; he wants to deal in the way things are, but, Mr. Chairman, where is the way things are? We want the information. We have asked for the information; we have demanded the information. We have come before the members of this Legislature to say that in every other year when legislators were asked to examine the estimates of the Department of Health, the financial report for SHSP was available. In every other year, but this year it is not available. The minister says he will table it. We say, Mr. Chairman, that the ministers' word is good, therefore, let us postpone any more examination of the Department of Health until such times as he tables the information and enables us to do our job.

Therefore, Mr. Chairman, I should like to move this motion.

Motion negatived on the following recorded division.

YEAS — 17

Wiebe
MacDonald
Penner
Cameron
Anderson

McMillan
Clifford
Collver
Larter
Bailey

Ham
Berntson
Lane (Sa-Su)
Wipf
Katzman

Stodalka

Birkbeck

NAYS – 27

Thibault

Romanow

Byers

Baker

Matsalla

Robbins

MacMurchy

Mostoway

Banda

Whelan

Kaeding

Kwasnica

Dyck

McNeill

Feschuk

Faris

Rolfes

Tchorzewski

Shillington

Vickar

Skoberg

Nelson (Yktn)

Koskie

Johnson

Thompson

Lusney

Allen

Mr. D.M. Ham (Swift Current): — I think it's time that I go on record in this Assembly. Mr. Chairman, it would be made very clear for those members in this Assembly that are not aware of the fact that I represent a constituency, an area that was the forerunner, the beginnings of what we now call medicare in Saskatchewan or Swift Current Health Region No. 1.

At this time I will go on record, Mr. Chairman, to state that I have never and at this point will unequivocally state that I am opposed to deterrent fees and the people of Saskatchewan should know that. Whether it should be said in this Chamber or outside the doors of this Chamber, I am opposed to deterrent fees and will continue to oppose deterrent fees.

Mr. Tchorzewski: — Mr. Chairman, I just want to make a quick comment and then will give the opportunity to the member for Rosetown and all the other members to state their position. You know, I don't want television very much, Mr. Chairman. Occasionally I do take the time to watch things other than the hockey game and football games and the news as well, but recently I spent a week-end at home during Easter and I saw a very interesting commercial. I can't remember the precise name of the product, but I think it was called shikido and the commercial shows a rather attractive lady in front of the screen. You don't know what's happening till she reaches up and pulls off a plastic cover over her face and instantly she has changed her appearance and changed her position. And it's interesting to watch some of the members opposite under the heat of what is happening across Canada and under the thumb of their leader, all of a sudden taking a lesson from that television commercial and pulling off or putting on that veil over their face, actually when you really take a close look at it, awfully transparent, Mr. Chairman.

I don't know, I just want to make a comment on the resolution we just completed because I think it's relevant. I assured the members opposite that we would be able to provide them and that I will provide them with the statement of the year 1977 of the operation of the Saskatchewan Hospital Services Plan and I'm going to do that. I want them to know that and I want the Leader of the Conservative Party to know that. In fact, I am quite sure I will be able to do that as early as tomorrow. If the members opposite, Mr. Chairman, are really serious about doing the business of this House and doing the business of the people of Saskatchewan in this Legislature, they would proceed to move on with the estimates because with the time we have left, it is not likely that we are going to get to the Saskatchewan Hospital Services Plan which I think is subvote 25 in

the time that we have available to us today. And I issue that challenge to them, if they are really not attempting to delay the proceedings of this House, if they are not really attempting to try to take the issue away from some of the things we talked about, then let's proceed with these estimates of subvote 1 all day. Maybe we should give the Liberals a chance to make some comments yet. They might have a few to make. But if you are really serious about them, we should proceed because you will have those statements tomorrow.

The member for Swift Current now gets up in this House and makes the statement of denial, but he can't deny statements that have been made by the Leader of the Conservative Party of Canada. He can't deny statements that have been made by Dr. Dodd who was the Conservative candidate in the Yorkton constituency who said — he told a meeting he favored some measure to curtail needless medical treatment. He praised former Liberal Premier Ross Thatcher for bravery in introducing the utilization fee. Maybe that's why Mr. Colin Thatcher is now sitting on their side of the House. And he can't deny that he said at a meeting and publicly stood up and voiced his personal support for the reintroduction of deterrent fees. He can't deny that. He has been quoted and it's on the record.

Mr. S.M. Cameron (Regina South): — Mr. Chairman, I want to raise a matter of some genuine concern with the minister to take advantage if I can of an obvious attitude that he has at the moment, he has been very aggressive politically in terms of his estimates. Some of us are beginning to think he has a political goal in mind beyond where he currently sits. Let me take advantage of that, but I want to raise with him a matter of genuine concern and I invite members to consider it too, in the same spirit. That is this — in my experience here in the last three years and I am sure other members have found this too, we run across many couples and they are young couples who have to have children treated outside the province for disorders or diseases which we can't treat in this province. While the medical care insurance scheme pays the direct medical costs involved it doesn't of course pay the transportation costs or the living costs associated with taking the child outside the province for treatment.

I raised with the minister an example of this some few months ago and had a reply from the minister indicating that this isn't covered and it is to this effect: A young couple has a child who requires treatment at Sick Children's Hospital in Toronto and this happens a number of times and I am sure all members are familiar with cases. What is required is that the child frequently has to go to Toronto and spend some period of time there in the company of one or the other parent of the child. The transportation costs of the child and of the parent are not covered under the insurance plan. What I would like to do is to ask the Minister of Health to consider and to examine a proposal whereby the transportation and related costs would be considered as an insured coverage or an insured service under the plan. What I would like to know from the minister . . . well, if my friend to the left, the sort of yappy member for Saskatoon, is not interested in my resolution I urge him to take an interest, because there are people in his constituency who are currently consulting the member for Saskatoon Eastview about their problem and you ought to know about that.

Some Hon. Members: — Hear, hear!

Mr. Cameron: — If you had any interest in your constituents' problem what you would do is be joining with me in this resolution. What I want to do is ask the minister to examine . . . (interjections) . . .

Mr. Chairman: — Order, order.

Mr. Cameron: — I want to ask the minister to ask his department to undertake a review of the history of this respect, that is to say how many such cases have existed in the course of the last five or ten years. What would be the cost of providing the transportation and related costs of a child accompanied by a parent in those circumstances and what difficulties are there with respect to an inclusion of that sort of service under the plan? What I would like to invite the minister to do is to take those things under serious consideration, go back to his department and in due course and perhaps in the next sitting of the legislature, come back either with a proposal to amend the regulations or the plan or the law to provide for these costs or alternatively, to indicate to members why we are unable to do it. That is to say, the number of people in these circumstances, the cost that would be associated with them, the difficulties, if any, that may arise in respect to including that service under the plan. I needn't tell members, I am sure, of any individual cases because we have all seen them and there is very real hardship attached in many instances.

Now I know that one of the reasons that the Department of Social Services will provide financial assistance in some cases in those circumstances. Let me say, though, that before you are entitled to have the money from the Department of Social Services, you may have to make out a case, in effect, for destitution. That is debilitating to people and it requires drawing down their reserves — and we are talking in the main about young people — to a level that isn't fair to them, before they are entitled to go to the Department of Social Services. What is happening in many of these situations is that the friends of the people that are found in these circumstances are getting together and raising money for them. That's a very kind and generous thing to do and a very charitable act but the recipient of that, I am sure, in many cases is quietly embarrassed at having in effect his or her friends to look after them in these circumstances.

Now, what we have here is a plan essentially of insurance to insure us against the devastating costs associated with health care. But when a child is required to have treatment outside the province because we can't here treat the child, then I think we ought to be prepared to treat the transportation and the associated living costs as part of the same costs in the same way as we treat the medical costs.

Therefore, I would like to move, Mr. Chairman, seconded by Mr. Macdonald, the member for Indian Head-Wolseley:

That this committee urge the Minister of Health to undertake a full examination of providing transportation and related cost of children and one parent where a child is required to be treated medically outside the province, such provision of cost to be part of the insured medical services available to Saskatchewan people.

Mr. C.P. MacDonald (Indian Head-Wolseley): — Mr. Chairman, I don't want to prolong the debate in this regard but I think it would be remiss if I didn't say just a few words. Yesterday or the day before, it seems to me we have been on Health estimates for about two weeks, and if the minister would kindly keep quiet and not talk so much you wouldn't have to accuse them of filibustering. I think you are doing a better job than anybody, but the other day he did project a document indicating that the government had reviewed the cost, or the assistance, or the payments for medical services outside the province of Saskatchewan. I would like to point out to the minister that in many

cases, as the member has indicated, all of us has had experience with them, that it is an unfortunate set of circumstances that two neighbors or two children, one can get treated in Saskatchewan and one cannot. It becomes a very, very real hardship. The Department of Social Services is not the place to find assistance. To go there and bare your soul to indicate that your own resources are not available is something that most people do not like to do. I would like to ask the minister to consider carefully this motion, all members, it's the kind of a thing that says we in Saskatchewan are supposed to provide health care as an insured service, here is a health problem and we can't look after the health problem in the province of Saskatchewan, surely then those related costs should be considered part of the insured services.

Mr. Tchorzewski: — Mr. Chairman, I will not take a great deal of time to speak on the motion. I am going to ask all members of the House to support it and I will explain why, but first of all for the benefit of the member who moved the motion and wondered whether I had other ambitions, I want to assure him that I declared myself not interested in running federally. I don't have any further ambitions than what I have here and to represent my constituency. I also want to advise him that when he is defeated as a federal candidate in the next election campaign that he should try to get himself a job in Ottawa and persuade the federal government to get back off their position where they refuse now to share any expansion of health care services, otherwise there may have been across Canada in many provinces, including maybe Saskatchewan, some expansion of services already. It is an unfortunate position that the federal government has taken in that they have reneged and said we are no longer responsible for health care, on the cost sharing basis for health care programs. I hope that he can use his influence to see if he can bring that about.

Furthermore, I want to say that we already have been exploring exactly the kind of alternatives, as I mentioned to the member for Saskatoon I believe last night. I'm sorry that the member for Regina wasn't here, we are already exploring alternatives including the ones he mentions and how we might deal with that unfortunate kind of situation. We have done some work already and we have changed the extended benefits under the Saskatchewan Hospital Services Plan which was distributed to all members here yesterday. So we have already made some moves in rectifying some of the discrepancies that exist and, indeed, I would be most happy to continue the investigation that we are making and hope that we can come up with an adequate solution for the kind of situation that has been mentioned here two times already in the last two days. So I am asking the House to support the motion.

Mr. Cameron: — Mr. Chairman, I want to say in conclusion that I am pleased with the substance of the response that the minister will undertake. The motion is designed to underline the point more formally, the point that was made with you in the last session, the point that was made with you by me in some private correspondence and the point that was made again by my seatmate the other day. What we want to do, of course, is move off the sort of consideration of the things the sort of consideration of the thing soon and to get all the facts before us to see whether it isn't possible to do this. I would think that all members would want to do it if it is at all possible.

You indicate politically, you make a little point about the federal government and its withdrawal of some financial support. It is always interesting to see those arguments come from the other side of the House. The Attorney General and your Premier are always talking about the incursion of the federal government into your jurisdiction and always decrying that fact.

Secondly, is that the federal government, as you know, under the new arrangements moved to you greater taxing power than you have had as a province in a very long time, partly in response to the cutback in these other areas.

Thirdly, is that the Minister of Revenue, the former Minister of Finance, keeps decrying the large federal deficit. Yet we always see, despite those arguments on the one side of the question, all kinds of comments such as yours on the other side of the question. Political response aside, I am pleased at the response you have given us. I hope that in voting for the resolution we will underline as members, our desire to if at all possible amend the act to provide this kind of service.

Mr. Bailey: — Mr. Chairman, I am pleased to hear the response from the minister and I am quite sure that when the vote is put it is going to receive the support of this House. I have some reservations about one member, however, Mr. Chairman, supporting this particular motion.

I have before me page 1270 of Hansard, January 3, 1978 and it is going to be interesting to me to see how the hon. member for Yorkton (Mr. Nelson) votes, because at that particular date, and I quote. He spoke into Hansard and it says, “Mr. Nelson: Let’s cut out hospitalization.” I hope that he will support this particular motion as well.

Motion agreed to.

Mr. Chairman: — Item 1 agreed? Item 2 agreed?

Mr. Collver: — Mr. Chairman, No, on Item 1. We said, No, from our chairs and we were on our feet. I think that is trying to bully through the legislation . . .

Mr. Chairman: — Order, order! Was the hon. member in his seat when he said No?

Mr. Collver: — I wasn’t the only one who said, No, Mr. Chairman. There were a number of others.

Mr. Chairman: — I am very sorry. I did not hear No.

Mr. Larter: — Mr. Chairman, No was voiced by about three people in this caucus.

Mr. Chairman: — In order, then to accommodate you I will go back to subvote 1 but I did not hear it.

Mr. Collver: — I do appreciate that because we have a number of questions to ask of the minister, in a general way, on Item 1 that relate to the provision of health care services for the province of Saskatchewan. The fact of the matter is, Mr. Chairman, that to go through item by item before this minister has been allowed to present what he has already agreed to table in this Legislature, would be the height of indignity for the people of Saskatchewan. He has agreed to table the results for last year. Why doesn’t he do so tonight, I ask the minister? You have this information. Will you table the information for SHSP tonight?

Mr. Tchorzewski: — I will not, because I don’t have it in the way that I would want to table it. It is going to take some time to prepare. There has been already been some considerable work done by the officials, in preparing it. As I said, I am sure that we can have it ready and it will be tabled for you tomorrow.

Mr. Collver: — Mr. Chairman, since the minister has agreed to table this information tomorrow, why, then are we in such a hurry to proceed with the Health care estimates? Is he afraid of what that information will show? Is he afraid that the information might show, for example, a dramatic increase in in-payments to the community clinics in the province of Saskatchewan? A dramatic increase, an increase such, that the fee-for-service doctors are being short-changed? Is that what's happened, in the last year and therefore the provision for this year would carry it even further.

The minister suggested earlier, Mr. Chairman, that community clinics were a co-operative effort of the people of Saskatchewan. And I would ask the minister to remember one thing, to remember one thing. The community clinics are funded on a line by line basis by the government of the province of Saskatchewan. Federated Co-ops is not. The Wheat Pool is not. Other legitimate co-operatives are not community clinics, Mr. Chairman, are funded in such a way that it makes it almost impossible to determine whether the government of the province of Saskatchewan is rewarding its friends in the medical business to the detriment of everyone else or whether it is allowing its theory to override common sense.

Mr. Chairman, it is important, no it's essential that the people of Saskatchewan have an opportunity, because of the stated stand of the government opposite which states that the community clinic principle in the provision of medical care, in the province of Saskatchewan is the one that the people should follow. And, Mr. Chairman, that kind of statement, that kind of provision, by this government, has to be subjected to the scrutiny of this Legislature. That's only one of the items that should be scrutinized in the provision of health care for the people. Because if the minister is saying, Mr. Chairman, if the minister is saying, that he is not afraid of any bit of information that's going to be divulged in the SHSP financial statement, that he has agreed to table tomorrow, then he is not afraid to allow the opposition members a couple of days to examine it, and then raise the issue in estimates, as we well should, as is our sworn duty. Now, it's not possible, I know. The minister realizes this and I know that you realize it, Mr. Chairman. That it's not possible if you pass that item on the estimates, it's not possible to raise that issue, insofar as the remaining estimates are concerned. The rules don't permit the members to raise a broad, general question such as whether or not community clinics is the way of the future, the wave of the future, as suggested by the NDP in many election campaigns in the past.

And, their attitude in the Department of Health is the same, that that's the way to go. Therefore, we'll have to pay them more than the doctors who are out there on a fee-for-service basis. We'll allow them, said the Department of Health, to retain their lab, we'll allow them to retain their x-ray facilities, but we won't do it for fee-for-service doctors. Fee-for-service doctors shall be ordered to close their labs and close their x-ray facilities so that their patients have got to be subjected to the indignities and inconvenience of having to traipse to the hospital and then traipse back to the doctor's office again to receive a report on their lab and their x-ray results whereas in the community clinics this doesn't have to happen. That's the kind of policy that is enacted by the members opposite and by the government through the Department of Health. Yet, at the same time, Mr. Chairman, they don't want to pay the price of having this information brought to the people of the province of Saskatchewan. It's like, Mr. Chairman, when they developed their advertising programs for election purposes. They sit down and they work out half statements and then state that those half

statements somehow indicate that a political organization, or someone in competition with them, or someone that is trying to present a different story, that this is what they believe. And using their power as government, using the administrative and executive assistance at their disposal and the tremendous amount of money at their disposal for advertising, they attempt to mislead the people of Saskatchewan even though, even though, members in this Legislature, not only deny what the advertising states as it relates to deterrent fees, not only deny it but specifically states that they, as individual and we, as a party do not favor deterrent fees – and yet the government members opposite persist in advertising that this is true. Mr. Chairman, what I would like to ask of those sincere members of the government opposite, is that the kind of government that you support? Is that the kind of Treasury bench, is that the kind of party organization that you support? It is one that goes out of its way to mislead and misrepresent, in terms of the people of the province of Saskatchewan, when individual members of this Legislature, specifically and categorically deny the kinds of allegations made in advertising by the party opposite.

Mr. Chairman, we believe that the estimates this year for the Department of Health, under-estimate the needs of the health care of the province of Saskatchewan. The minister has stated that there are several factors which are going to influence an increase of health care costs. So I am going to start out by asking the minister tonight, to cost for us if he will, what he stated yesterday. I am sure that his officials have at their disposal, the estimated costs of the various changes that they anticipate in 1978 and 1979. What in the overall total of health care expenditures for the province of Saskatchewan is going to be the estimated cost for 1978 and 1979 and the estimated increase in cost, for the 2,000 senior citizens who are going to require health care in the province of Saskatchewan, the minister mentioned the other day who use 40 per cent of the health care needs of the province. There are 2,000 new senior citizens coming on stream – what is the estimated cost of that?

Mr. Tchorzewski: — Mr. Chairman, there is no such estimate. The member assumes in making his question (which makes absolutely no sense at all and he knows it – once again he is trying to stall this House), he assumes that every one of those 2,000 people are going to use the hospital and medical services of Saskatchewan. Now there is no way you can estimate that and I think it is even safer to assume that it will not, in fact, be the case. We do not establish the budgets on those kinds of basis. We establish budgets on the experiences of the past, keeping in consideration what might be the anticipated increases in costs in a general way, and then appropriations are provided. I have indicated for three days now that as has been the case in former years, we have in the Department of Health appropriation sufficient funds, to not only maintain the level of health services provided for all the people of Saskatchewan of all ages, but also in some areas (and I outlined that this afternoon), we have cases where we are trying some innovative approaches. We are indeed expanding in some cases, as we are with the provision of additional levels for beds, as we are with the additional funding for the nursing homes for heavy care type of patients, as we are, in this new approach at Moose Jaw, with the day hospital for senior citizens. So, for the member to argue that somehow there are going to be cuts and reductions in services, I have to say (and the budgets in the past and the budget here today indicate), there is no substance to what he is saying, and cannot be substantiated, I am prepared to stand up here today and say that I will be standing up here next year and indicate to the member (as experience will show) that what I have said and what we have shown in the information that we have provided, is true.

Mr. Collver: — Mr. Chairman, I might like to suggest to the minister that even if he is

going to be in that portfolio next year at this time, (which might be doubtful) and even if he is sitting on that side of the legislature this time next year, which according to some members opposite, it might be doubtful – the point is, we can't examine 1978, 1979 next year, and the minister knows it? We can't examine 1978-79 until 1980 and the minister knows it. There is no way to judge in 1979 whether or not a minister was presenting the truth in his attempt to say everything is fine, everything is good, everything is wonderful. Next year because we don't get to examine the expenditures for '78-'79 or the provision for health care in '78-'79 until 1980 and the minister believes that by that time there will be another provincial general election and the kind of nonsense that has pervaded this Assembly in the last day or two, pertaining to the presentation of information to the people of this province to which they are entitled, would not be brought to light before the election. That's what the minister thinks. The minister has stated some other increases in the health care system today that he hadn't mentioned before; let me ask him this. What assessment did his officials place on the cost for the coming year of level IV beds?

Mr. Tchorzewski: — The budget speech indicated that we have allocated in additional \$4 million for additional moneys for level IV beds.

Mr. Collver: — Is the minister saying that he has no assessment of any kind whatsoever for the fact that the population of Saskatchewan is aging and that that again process increases the cost of medicare. Is there no established number that his officials derive that would state that because of this, his officials said that over the next five years the population is going to grow from 11 something per cent to over 13 per cent, is the minister prepared to assess a number to that?

Mr. Tchorzewski: — Mr. Chairman, the determination of the moneys that are required take into consideration a lot of factors. They take into consideration that the utilization and the projected increase of utilization of services and that has tended to be around, I believe, 2 per cent - 2 to 4 per cent, the utilization aspect of medical services. We take into consideration the mix that there is; that includes the mix of population, the mix of female-male population as well as age, it takes into consideration the mix of the kinds of treatments that are being provided because they vary from time to time and those things are all taken into consideration. If the member wants me to provide him with more specific details on the weight put on each of those, I will ask my people to see if we can work that out and by the time we get to consideration of Medical Care Insurance Commission and SHSP, which is in the latter part of the Blues, this information we will have for you. That is why I mentioned earlier that by the time we get to the SHSP which is certainly not going to be tonight, you will have the report which I will provide tomorrow, once we have been able to get it all ready and I have looked at it and therefore we should proceed with some of the other items.

Mr. Collver: — Mr. Chairman, would the minister be prepared to present to us tonight then, an assessment roughly. I am sure he doesn't even have to do it roughly, I am sure his Deputy Minister has this information at his fingertips. Could the minister provide us then, what assessment for all of those factors combined would be in terms of increased utilization, mix and increasing age of the population, what would be the total assessment of the increased budgetary requirement for that?

Mr. Tchorzewski: — Ask and you shall receive. The staff has already provided me with the Medical Care Insurance Commission breakdown of increases that have been budgeted for this year according to some of the categories which I mentioned –

because of increase in population - \$340,000. This is the increase to the Medical Care Insurance Commission – because of increase in fees - \$4,363,000; because of increase in per capita use of medical services - \$1,434,000; because of increase in coverage of foster parents - \$10,000. I can't give you those figures for the Saskatchewan Hospital Services Plan precisely, because as I have already indicated we do not yet have all the budgets for the hospitals in and put together, which we will have by about the middle of April, because of the new fiscal year. But that is the information that you requested on the part of the Medical Care Insurance Commission.

Mr. Collver: — Mr. Chairman, other than the increase for medical fees, would the minister not agree that those items would be an increase relative to the change in population, not relative to any other factors. Certainly the increase in medical fees is one that would be budgeted normally, but would the minister be prepared to say that the rest of those items would be approximate assessment for MCIC for the change in population, change in mix, change in utilization?

Mr. Tchorzewski: — Your question isn't clear. Can you tell me what you mean by change in population? There is a change in population in total numbers; there is a change in population in ages; there is a change in population on male or female mix. Tell me what you mean in your question.

Mr. Collver: — My question is this, and perhaps I could eliminate it by saying this. What I am looking for is the amount of increase that your department assessed with reference to the change of all descriptions in the population, not a change in costs of an item. For example, they have estimated \$4 million increase in medical fees, but the other items were estimated or assessed on the basis of a change in the mix of population for all reasons. That is what I mean by change, in other words, as opposed to a change in price level, as an example.

Mr. Tchorzewski: — In answer to the member's question and I think this is the answer that he is seeking, the change in population is not the sole reason. It is not, I would suggest, the major reason. There are other things that are much, much more significant from the point of view of impact of cost, change to technology, for example, the provision of ultra sound at the Pasqua Hospital, these kinds of things, change in numbers and types of specialists dealing in particular areas. All of those things are the major factors.

Mr. Collver: — Mr. Chairman, but what I am getting at is this. There are two basic kinds of changes that occur in a budgeting system. The first kind of change that occurs in a budgeting system is brought about due to inflation, an increase in price level. General speaking you can say that the increase payment to the medical doctors in Saskatchewan, because the population relatively has been relatively static, in terms of medical doctors; that the change generally is a change in price level. So you could say that the increase of some \$4 million, I would gather is the number you quoted. I didn't get a chance to write it down, the change of \$4 million payment to physicians is a change relative to a change in price level.

I am trying to get at those other kinds of changes that occur, not because there is a change in price level, but because there is a change in population mix, because the population is getting older, because there is higher utilization of the health care system.

So your officials have given you one for MCIC. I would like to know, first of all, what is

the total of those other kinds of changes that you mentioned. I didn't write them all down but I'm sure you could just add them up quickly. I just want it in round numbers, don't go to the penny or anything. Secondly, would you assess that those changes on MCIC approximately, as a percentage, would be approximately the same percentage for SHSP?

Mr. Tchorzewski: — I just consulted with my staff; the member once did a similar kind of break down for hospitals under SHSP, is that what the question is? Because if it is, as I said earlier, we can't break that down because we don't have all that worked out and will not have until all of the hospital budgets have been considered.

Mr. Collver: — Mr. Chairman, what I said was what was, what was the number for MCIC and would the percentage change for MCIC for those change factors, approximate those with the SHSP. In other words . . .

Mr. Tchorzewski: — I just finished telling you I can't tell you that until we have the statistics for the SHSP after all the hospital budgets have been thoroughly considered and allocated.

Mr. Collver: — So what the minister is saying, surely . . .

Mr. Tchorzewski: — It could be but I'm not precisely going to tell you it's going to be exactly the same.

Mr. Collver: — No, I didn't ask for an exact number. I asked for an approximate number. What we would like to know — the Attorney General is making some kind of gestures with his hands — I don't know whether they are fish stories — well, an approximation, about that close for Mr. Attorney General. Have you got that. I want it that close. Would you give me the number, Mr. Minister, for MCIC however for the changes in population?

Mr. Tchorzewski: — The total increase for MCIC that I talked about is \$6.2 million.

Mr. Collver: — Mr. Chairman, the \$6 million represents approximately 7 per cent of MCIC expenditures for last year. Would the minister be prepared to say that the changes therefore for Saskatchewan hospitals — I'm not trying to pin him down to an exact number — but plus or minus 1 per cent or 2 per cent would be 7 per cent?

Mr. Tchorzewski: — No, I can't say that and I won't be able to say it until I have the SHSP and hospital budgets worked out as I have already stated.

Mr. Collver: — Well can you give us any kind of an idea at all since you don't have those hospital budgets here, could you say it would be 5 per cent, would that be reasonable?

Mr. Tchorzewski: — No, I want to be in keeping with the member's desire to have facts in this House. When they are provided and when I have those facts I will provide them. I will not work on assumptions.

Mr. Collver: — Well, Mr. Chairman, I don't quite understand then how the minister can suggest that this House can proceed with these estimates without knowing this kind of information. Now, the reason we ask for that and let's assume and I will hold the minister to his comment because he doesn't know, but let's assume that SHSP has

changed by some 7 per cent for changes in population and changes in mix, that there is going to be an increase in hospital care for changes in the fact that the population is older, the fact that there is a different, higher utilization and so on, of some 7 per cent. That would approximate \$15 million in the current year. Now, Mr. Chairman, here is the fact, here is the point, here is what concerns us, here is why we are concerned about the minister's refusal to answer questions and why we are concerned about the minister's refusal to table the documents now. The minister has just told us that on three factors alone excluding inflation, excluding and I'm taking the presumption of 7 per cent on SHSP, that some \$25 million have been allocated by his department officials – for level IV beds, \$4 million MCIC \$6 million, and SHSP if you take the 7 per cent of the factor, \$15 million. That means that of a budget of \$435 million in total, some \$410 million is the amount, Mr. Chairman, after deducting the amount that we are allowed for those changes and increases. That means, Mr. Chairman, that in allowing his budget for 1978-79 the minister has allocated some \$7 million on last year's expenditure of \$403 million for increases in salaries, increases in costs, increases for power and lights and so on, some \$7 million on \$403 million.

Now, Mr. Chairman, that represents 1½ per cent. Is the minister trying to tell this Assembly that he is going to be able to settle or the hospital association is going to be able to settle with the employees of the Saskatchewan Hospital Association for an increase of 1½ per cent?

Now, Mr. Chairman, for the benefit of the minister who keeps worrying about stalling the Assembly when people are trying to get just some information from him, perhaps if he'd listen to the questions asked, he might possibly be prepared to answer them. Perhaps if he did his homework when he came into this House, he would also be able to answer the questions.

The minister has stated this evening, that he has allowed in his budget \$4 million for the increase in level IV beds. That's what he said. He nods his head yes. The minister has said that he has allowed in his budget an increase of \$6 million for MCIC for those items of change in population, change in the age of population and increased utilization. That's what he said. Those two items alone total \$10 million. It is logical to assume, Mr. Chairman, more than logical to assume that if there is an increase in MCIC or of some 7 per cent for utilization type factors that there will be an increase in SHSP where utilization factors of approximately the same per cent. That's only logic. The minister refuses to give us the facts, so we have to presume that. If that's the case, Mr. Chairman, that means that some \$25 million have been included in this budget for increase in level IV beds and the change in utilization of the plan by the people of Saskatchewan for one reason or another. That means that the same allocation for last year as applied to this budget, would have to deduct the \$25 million allocation for this year. That brings the allocation down to \$410 million.

Last year, Mr. Chairman, was expended some \$403 million. That's an increase of \$7 million or approximately 1.6 per cent. Is the minister attempting to tell this Assembly that in the negotiations with the hospital association in Saskatchewan that for 75 per cent of that expenditure which the minister agreed to yesterday was the employee or wage portion of the total expenditure, that for 75 per cent that they are going to settle for 1½ per cent?

Mr. Tchorzewski: — Mr. Chairman, I'm not telling the member that, that's his funny arithmetic and if he wants to argue his arguments on the basis of that kind of an arithmetic, he may very well do that. He has been doing it for three years and every time

he's done it, he's been proven to be wrong and he will be proven to be wrong again. Just let me give you an example of the weird arithmetic that he is talking about. He claims that there will be a 7 per cent increase in utilization in hospitals. Well, anybody with any amount of mathematical skills and I don't pretend to have very many, because that's not my particular specialty. But anybody can figure that from that 7 per cent utilization rate increase, utilization of hospitals would double every 10 years. Now surely, surely he can't be even deceiving himself to such an extent that he would believe if the rate of utilization of hospitals would double every 10 years, an example of the kind of mathematics that he is attempting to use again to make a point that is completely irrelevant and staff the proceedings of this House. He wanted information on the amount of the increase in funding for the Saskatchewan Hospital Services Plan and hospital care. I have provided that already yesterday; I provided it the day before yesterday when he was not here and missed much of the debate when most of the questions that he is now asking had been answered. Had he been here he would know the answer to those questions.

There is an increase in the 1978-79 budget over 1977-78 for the Saskatchewan Hospital Services Plan and grants in assistance of clinical services provided by the medical educational systems of 12.3 per cent. Now, 12.3 per cent is not an insignificant amount of an increase. It is adequate to provide the level of services that we have; it is far greater than what is being provided anywhere else in Canada. It is certainly greater than 2.6 being provided in Manitoba and is certainly greater than the 4.5 per cent being provided in Ontario. It is certainly greater than the increase being 4.5 per cent being provided in Ontario. It is certainly greater than the increase being provided in Alberta and you can go down the list from Newfoundland to British Columbia and the only place you will leave out is the province of Saskatchewan where we have an increase of as large as 12.3 per cent. Now, if the member chooses not to recognize that – in recognizing that it means that there is sufficient funding to provide a high quality of care in our hospitals in the province of Saskatchewan – he can do that.

I have given the indications of why I believe and the government knows, we have adequate funding, and I know that the hospital world and the medical world in Saskatchewan know as well.

Mr. Collver: — Yes, Mr. Chairman, would the minister be prepared to tell us what is the estimated cost of substantial increases in payments by the Saskatchewan Hospital Services Plan for treatment received by Saskatchewan residents while outside of the province?

Mr. Tchorzewski: — Mr. Chairman, once again that is an item that should be asked under the particular subvote and I would suggest that the member should be asking that question at that time.

Mr. Collver: — Mr. Chairman the reason the question is being asked now is that it is another cost of the Saskatchewan Department of Health that has not been included in terms of any inflationary increase. That's supposedly in accordance with the budget speech from the Minister of Finance where he was trying to get the maximum mileage and the maximum benefit out of the so-called 'terrific increases' in allocations for health. He said, and I quote:

... substantial increases in payments by the Saskatchewan Hospital Services Plan for treatment received by Saskatchewan residents while outside of the province.

We are attempting to figure out and determine what portion of the minister's allocation for his budget was for inflationary increases for wages and what portion of his budget was for these great program — new programs that the minister is suggesting are going to be increased. I want to ask the minister once again, what is the cost estimate by his officials for the substantial increases in payments outside of the province?

Mr. Tchorzewski: — O.K. We have it now. The additional cost to provide the extended benefits is estimated to be in 1978-79, \$269,000.

Mr. Collver: — What is the estimated cost of an increase of 20 per cent in funds for health promotion to permit continuation of the Aware and the Lifestyles program? What is the amount included there?

Mr. Tchorzewski: — We're looking for it again. When we get to the subvote 1 will provide it to the member.

Mr. Collver: — What allocation has the minister made in his assessment of the increased cost of administration for the new hospital at Kamsack?

Mr. Tchorzewski: — The subvote where we deal with hospital construction, we will provide you with that information as well.

Mr. Collver: — Mr. Chairman, what the minister is attempting to say is that without the information being tabled in this Legislature, quickly get off the period of time when the rules state that you can ask general questions about the total expenditure. Mr. Chairman, if we can't go back to subvote 1 again, the Attorney General knows that, we can't go back and say, because we are not provided with the information, once we piece together all the information, to find out, Mr. Chairman, as time is going on, to find out that the minister not allowed anything for increased wages. That's what is becoming increasingly clear, that he is going to require those local hospital boards and those local hospitals, for example in my constituency in Nipawin, if they are to maintain anything like the needed service that needs to be provided to that community, they are going to have to place a deterrent fee and a big deterrent fee on the local ratepayers of that community. Otherwise, Mr. Chairman, they are going to have to bring about a dramatic reduced level of activity in those communities.

Now, Mr. Chairman, you don't get it both ways. The members opposite know that. The Minister of Health knows that. More than 25 per cent of the budget of the province of Saskatchewan is spent on this department and we can't get legitimate information from the minister. But we are going to keep asking, Mr. Minister, until we get the information. We are going to keep at this until the people of Saskatchewan are aware that in the 1978-79 fiscal year their health care is going to be reduced again. They are going to be faced in the forthcoming year, Mr. Chairman, with such dramatic decreases that the hospital waiting list will increase even further, that people with legitimate illnesses will not be able to enter the hospital except after long waiting periods and even longer than what they are today. We are advised by those that are in a position to know and I am sorry that the minister never consults, for example, with the president of the Saskatchewan Medical Association and others, we are sorry he doesn't because he might be prepared . . . (interjection) . . . well there's someone that's actively involved in . . .

Mr. Romanow: — He is a politician for the PCs . . .

Mr. Collver: — He was a duly elected president of the Saskatchewan Medical Association who has expressed not only to the people of Saskatchewan but to the government, his very real concern about the deteriorating conditions in Saskatchewan hospitals. Now the Attorney General says, oh, that's political. But, Mr. Chairman, we are expected to believe the non-political Minister of Health when he says, trust me, trust me . . . (interjection) . . . well, we feel, Mr. Chairman, I want this Assembly to know that the Progressive Conservatives in Saskatchewan are actively pursuing a course in which the doctors of Saskatchewan are going to be happy. I want you to be aware of this, Mr. Chairman, the fact is that not only will the doctors be satisfied, but the nurses will be satisfied and more importantly the people of Saskatchewan will be satisfied, because, Mr. Chairman, that's who counts here.

We think that the minister has got to justify this dramatic decrease that must come about as a result of this budget and show us, point out to us, what treatments are going to be eliminated from the coming budget year. When he allocates to those local hospital boards who are expressing concern all over the province of Saskatchewan. When those allocations are made, when that line by line examination is completed, as the minister suggests which will, of necessity, the minister says, occur after we have examined the estimates, after the Legislature adjourns, after the Legislature prorogues. Then and only then will those hospital boards be able to know that either they have got to put on a deterrent fee of magnitudes that they cannot possibly do on those local ratepayers or they have got to cut back services so badly that those local people are not going to have their health care needs met.

Now, Mr. Chairman, we are concerned about this and we are not prepared to accept the Minister of Health, who is going to go on and on and on not answering the questions, not providing us with the information. Let me just remind you, Mr. Chairman, what he said tonight, the increased level IV beds - \$4 million, the increased reutilization factors - \$6 million for MCIC (Medical Care Insurance Commission). He will not tell us the increase for the Saskatchewan Hospital Services Plan, but when he says that 7 per cent . . . (inaudible interjection) . . . Oh no, he will not. Not the increased utilization.

Mr. Tchorzewski: — 12.3 per cent.

Mr. Collver: — Mr. Chairman, 12.3 per cent — that is an allocation to the Saskatchewan Hospital Services Plan. That is not the amount that is allocated to the SHSP (Saskatchewan Hospital Services Plan) for purposes of taking into account the increased utilization by patients, by doctors, by others, by increased utilization because of population change . . . (inaudible interjection) . . . Well, I don't know about that. I don't know how you would know anything, member for Saskatoon Eastview. You have probably been in them more frequently than the rest of us; however it's the kind of hospitals that you enter, Mr. Member.

Mr. Chairman, what he stated tonight is that the budget speech by the Minister of Finance, who stated that the addition of two more age groups to the children's dental program so that all children born from 1967 through 1974 will be covered. Is the minister prepared to tell us tonight what that portion — what that amount is? Mr. Chairman, I notice the minister is paying attention now, again. The Minister of Finance said that an additional two age groups would be added to the dental program. That's over and above the inflationary increase. How much would that cost?

Mr. Romanow: — Mr. Chairman, I have been watching these estimates with some interest now for four hours today and I probably missed two or three days. I think I am

very fortunate that I missed them, judging by the tenor and quality and competence of the questioning this evening.

I simply want to say, Mr. Chairman, that I never was one who supported television in the Legislature but the member for Nipawin, the Leader of the Conservative party, is fast convincing me the other way round because if the people of Saskatchewan could see the kind of rambling, inane rambling, Mr. Chairman – that is the best way it can be described in this operation – from 7:00 to 09:00 p.m., with wild predictions of decreased medical services and hospital services – the kind of wild predictions we got last year from the Tories about filthy hospitals. Remember those, Mr. Chairman, under this particular vote, where we had to bring in outside people for the first time in the history of the Saskatchewan Legislature? Here we see this kind of prediction again, just made by the Leader of the Conservative Party. Well, I think, Mr. Chairman, that that is an insult to this Legislative Assembly and an insult to the people in the province of Saskatchewan. We are elected here to deal with specific issues of health matters and to have the Conservatives carry on this kind of a shoddy display, Mr. Chairman, is one – speaking for one member, I certainly find very deplorable indeed. I would say to the Leader of the Conservative Party, can we try to elevate our sights just a little bit? Let us move on to the specific subvotes. You have got 24 or more of them there; you have been around now for four days on the general policy; you have made all kinds of predictions; you have got answers to the specific questions for the specific votes that you can have there. Stay as long as you want but please, please do not take up the time of taxpayers and elected representatives in this kind of aimless peroration about health services in the province of Saskatchewan.

Mr. Collver: — Mr. Chairman, that is a very admirable little speech by the Attorney General in trying to tell the opposition members what the duties are; however I do recall reading about the Attorney General's performance when he was in opposition and most especially, Mr. Chairman, was I interested in – Well, it is hard to get the information from those days directly because, of course, they did not record Committee of Finance, but what was recorded, Mr. Chairman, in newspaper articles and other things was the fact that the Attorney General, in attempting to devise and develop the necessary attack that he felt was reasonable, as a member of the opposition, in a particular department. He felt that he had to go on continuing answering the questions until they were answered. That statement has been made many times by the Attorney General when he was sitting in opposition. Sure there's a difference. He stated at that time, Mr. Chairman, the Attorney General stated at that time that the then Liberal government of the province of Saskatchewan was hiding facts from the people. Oh yes, it is a statement the Attorney General has gone through time after time to say what they believed in, Mr. Chairman, was open government.

Mr. MacDonald: — Let me ask a question . . .

Mr. Collver: — Well perhaps if the member for Indian Head-Wolseley (Mr. MacDonald) would be prepared to answer the questions that have been asked here on behalf of the Minister of Health, I would like to listen to him too. I give him the floor . . .

Some Hon. Members: — Hear, hear!

Mr. MacDonald: — Well, just to get on and get away from this facetious argument, Mr. Chairman, first of all I want to tell the member for Nipawin and surely the Minister of Health should be able to tell him and respond as quickly as I can, that it doesn't make any difference how much you use a hospital bed; you get paid the same amount of

money. You can't over-utilize it because it is on an approved patient-day basis and the approved costs, as you put in a budget for so many salaries or so many people and that is approved and that is the amount of money you get. It isn't a question of over-utilization. So if you turn around, for example, a hospital bed is almost impossible to use more than 85 per cent of the time, just the people going in and out. So it isn't a question . . . if you have a hospital bed and you are going to be paid for it in the hospital and you have a week that that particular bed isn't used, you don't lose any money. So it isn't a question of utilization or over-utilization. When you turn it around and ask cost, it is an approved budget, the budget is paid to the hospital for that much money and approved recognized costs. That's why it doesn't make any difference whether there is such a thing as over-utilization or not.

Mr. Collver: — Mr. Chairman, I know that the member for Indian Head-Wolseley has far more experience in these things than many people but I don't think he has had too much experience in this. I might like to explain to the member for Indian Head-Wolseley what it means to line by line budget. Mr. Chairman, first of all what happens is this. Hospital boards come to the Government of Saskatchewan, to the Department of Health and they present their budget to the Minister of Health. Now the minister goes through that budget rather carefully and he, as he suggested the other day, allocates or allows so much for approved positions, right? And he approves those positions as to 10,406 positions and he approves costs, line by line without any allocation for any increase. Then they also estimate what utilization the hospital is going to have. Then they work out the patient-day ratio that they are going to pay. Now when the member for Indian head suggests that it is not important what is allocated or allowed for salaries, the member for Indian Head quite simply doesn't understand anything about budgeting. That's certainly what we got from it, Mr. Member and Mr. Chairman, that's what anybody would get from that minister's statements.

The fact is that it is extremely important to the local hospital boards that the Government of Saskatchewan allow in its budgeting sufficient to meet the costs of employees of those hospitals because if it doesn't it means that they have to cut employees, Mr. Member for Indian Head-Wolseley. Once they have presented their line by line budget, and the minister approves so many positions, then it means that if that amount is not allocated for increases and they have to negotiate an increase with the union, it means that they are going to have to cut staff, Mr. Member for Indian Head-Wolseley, to allow, Mr. Chairman, the hospital to meet the current needs. If they have to cut staff then they have to cut services. If they cut services then the health care for the people of Saskatchewan is not going to be met. It is the line by line budgeting that the member for Indian Head-Wolseley is forgetting. Sure they make an allocation for patient-days after they go through each hospital board and allow them line by line. But they allow them, Indian Head-Wolseley, that they are not going to be able to meet the current needs on the same basis as last year. The minister knows that and the Attorney General knows that. Does the Attorney General say that he agreed that the health care budget for the province of Saskatchewan, for this year, is going to require hospital boards to either levy a tariff against the local ratepayers, or cut the services? Is that what he is agreeing to?

Mr. Romanow: — Mr. Chairman, I did not say that and the hon. member knows that I did not say that. I say to the hon. member I don't know really what the political objective is here, for the PCs on this vote. You have been around on this point and you refuse to ask it under the proper vote. You refuse to take the figures the Minister of Health gives you. You have health officials, by the load, sitting here assisting the minister in giving you advice and that is not good enough. Now, look it. If you are going to wait until there

is a federal election or something and you want to try and delay this so there can be a switch over, that is playing pretty shoddy politics at the expense of the taxpayers.

I am saying to the hon. member, you know that. You say you have a new wave of political thought in the province of Saskatchewan. Show it, show some leadership and let's move on to the specific items, O.K.?

Mr. Collver: — No, Mr. Chairman, I don't think any one is agreed. I appreciate the sincere tone used by the Attorney General in this particular matter. I wonder if the Attorney General recognizes what has happened here this evening.

We stated tonight in no uncertain terms we are prepared to go on to other estimates. There is no question about it. All the members opposite had to do was to agree to postpone the examination of the Department of Health until such time as the minister tables the information that we need to do our job. Now, surely, that is not too much to ask. The minister voted against it; the Attorney General voted against it; every member of the NDP voted against it. Mr. Chairman, we don't have the information. We can't do our job without the information. The only weapon at our disposal, Mr. Chairman, the only one is to make sure that these estimates don't go off Item 1 until such time as we receive the information that the minister has already agreed to provide.

The Attorney General wants to talk about responsibility. He goes on, tonight, to vote against a very reasonable motion that would have postponed, only postponed briefly according to the Minister of Health, until tomorrow, the examination of these estimates until we had the information at our disposal. The Minister of Health agreed to provide the statements. We have no other option in opposition and the Attorney General knows it. If we are to do our job, and we want to do our job . . . I beg your pardon. What was that, Mr. Member for Quill Lakes? Well, the member for Quill Lakes says, one hour and five minutes to go. We are perfectly prepared to go on to other estimates. The Attorney General quite easily could ask the Chairman to go on to other estimates in some other department. When we get the information that we are looking for, then we will go on in the Department of Health. That is a reasonable course of action; that is the course of action any responsible government would take. But, Mr. Chairman, instead of that the NDP decided to thwart the efforts of the opposition to get the facts.

They decided, tonight, that they would vote against that reasonable request to get information that the Minister of Health has already agreed to table and to get the information prior to our examination of the estimates.

Now, the Attorney General knows, and knows very well, that the only option left to the opposition then is to delay until we receive the information. We are more than happy to go on to other estimates tonight, more than happy to go on with the Department of Health as soon as that document is tabled. But, Mr. Chairman, I think the remarks of the Attorney General, tonight, have been shortsighted, have been unreasonable and unrealistic to suggest that some kind of political motivation should be attributed to us because we are here trying to get the facts from the Minister of Health and the Minister of Health refuses to get those facts, the question then becomes, not only in our minds, but in the minds of the people across this province, what is there to hide? Is in fact this budget correct and health standards are going to be maintained or is in fact going to happen like it did last year where the people are surprised with the long line-ups and have to stand and wait in line for 14 months for a hernia operation and two years for hip replacements?

Now, Mr. Chairman, we have raised this matter before. We have asked the Minister of health quite reasonably to provide this information so that we can do our job, so that we can find out whether or not the government is allocating sufficient to meet the needs of the people, or whether, in fact, they are allocating too little, in which case they are going to have to do one of two things. Either cut the service, which the people of Saskatchewan are not prepared to accept, or conversely raise the taxes further to meet a bigger deficit than that which is already predicated.

Mr. Chairman, surely it is reasonable for us to request this information. I am going to ask the Minister of health again, will you agree to withdraw the consideration of these estimates on Item 1 until you table the information that is needed?

Mr. Romanow: — Mr. Chairman, I would like to make a comment on that because as House Leader, from time to time, I have something to do with respect to the ordering of the business of the House. I say to the Leader of the PC Party, no, I don't intend to recommend to the Minister of Health and I don't think he intends to adopt the position that we should be withdrawing the Health estimates, simply because you don't have one facet of information which you say is important. Nobody in your caucus understands the point that you are taking.

There have been about 15 reports tabled for the Department of Health. You say that we should stop the Department of Health estimates until we give you the one. You haven't asked any questions related to that . . . Oh, they are on the subvotes! Now, Mr. Chairman, the member comes to the subvotes when it suits his convenience to argue the subvotes, but when we argued on the general point he wouldn't.

Mr. Chairman, the members says out loud, rhetorically he asks, do we know what is happening? I tell you if you could see yourself in the caucus, we know what is happening. The disintegration of that caucus is happening, tonight, by that kind of aimless dissertation. You know that it is the old story that it is not the son that is out of step, it is the army that is out of step. That is the position that you put yourself in by that kind of ludicrous arguing. I am saying that that is a high degree of irresponsibility.

We had Revenue estimates here before and you kept that for three or four days of dragging it. You are doing it for one reason only. You are doing that because you want to get over the official opposition's category. That is the simple reason. We had the Department of the Environment. That was another one.

You say that is responsible opposition. I say that is irresponsibility to the highest degree. It is irresponsible and it wrong politically and it is wrong for the Legislative House business point of view. Absolutely wrong. You look at all those reports. The Minister of Health wanted to make this point. I am sorry, but now that I am on my feet I am making it. Look at all those reports and not touched on from 3:00 o'clock today until 9:00 o'clock. You fellows should be ashamed of yourselves. You should be ashamed of yourselves, because the simple fact of the matter is that it is a very childish performance which is going on, that is not befitting of a political party which says that they think they can assume office.

I don't care. You can lecture us about your responsibility and things of that nature, but the people of Saskatchewan know, when they see that the reports are not even being touched on, on Vote 1, challenging the Chairman; ruckus, riotous situations all afternoon and early evening. Mr. Chairman, I say this is a very bad show for the PCs of Saskatchewan.

Mr. Collver: — Mr. Chairman, it is very interesting that the Attorney General should suggest and hold up a great number of reports in his hand, like that, and say, look at all we have tabled in the Legislature. The only thing is that he didn't say that we haven't tabled this one, which represents 75 per cent of the spending. These, all of these, represent 20 per cent, 25 per cent. This one over here represents 75 per cent. It has not been tabled . . . the rules of the House says the minister responsible for Sask Power and the fiasco they are in.

Mr. Chairman, the fact of the matter is that the House Leader knows, and the Minister of Health knows, that when you have 75 per cent of your expenditures budgeted for next year on SHSP and we have no report or no information on it, it is impossible to know as a general rule what these expenditures are. That is what Item 1 is all about.

Now, the minister, Mr. Chairman, has a perfectly valid option. The Attorney General right now can rise in his place and evoke the rules, close this debate off and we get on to Item 2 — just like that. He can tell the people of Saskatchewan the Conservatives are irresponsible. He can tell the people of Saskatchewan that the Progressive Conservatives in this Legislature are not entitled to this information. He can say to the people of Saskatchewan that the Progressive Conservatives, in trying to find out whether or not health care needs are going to be met in 1978 and 1979, and being foisted information that is incomplete, inaccurate and inadvisable, Mr. Chairman, we say to the Attorney General right now, and I say to him, if he wants to get on with the Department of Health before this information is provided to this Assembly, then invoke it. Show power, you got the people, invoke the rules. And I challenge the Attorney General to invoke the rules on this principle.

Mr. Romanow: — Mr. Chairman, the Leader of the PC Party has every right to make a fool of his party and himself without me invoking or trying to invoke what the member says, are closure rules. I don't want to. In a democracy, anyone has got the right to look foolish — even the PCs of Saskatchewan, especially the Leader of the PC Party. That is the situation you are in — I can't stop the fact that you people want to waste the taxpayers money, I can't stop that fact — it is a decision you will have to make. But you know, Mr. Chairman, the Leader of the PCs is smarting with all kinds of difficulties. He has got internal caucus difficulties and this relates to subvote No. 1 — that is part of the reason for the day — serious caucus problems. He has other difficulties relating to certain members who are not here today. That is another situation. As a result, one way to get off it is to go on at length on subvote No. 1. Now, Mr. Chairman, I think I have made my points. If I was the Minister of Health, I know how he has tolerated this kind of badgering and this kind of aimless questioning. I think he has done an admirable job. He says he is going to provide the material in question tomorrow. That apparently is not good enough. There are no other questions which the boys have. I guess all we can do is suffer them, and suffer them as best we can, Mr. Chairman. But I think the people of the province of Saskatchewan will have to be the ultimate judges of this very, very bad show this evening.

Mr. Collver: — Since the Attorney General and the Minister of Health is not prepared to invoke the rules of the House to get on with the business, then I suggest that all they have to do is table the document and we will get on with the business of the Department of Health. The other thing, Mr. Chairman, is this. Here is another option. I think this House could move to leave Item No. 1 now, and return to it when the document we requested is tabled. I think that is a reasonable request so I say to the Attorney general if

he wants to go on with the business, is he prepared now to go on with the further items in the Department of Health, but return to Item No. 1 when the document filed by the minister, which he has agreed to table tomorrow, is tabled in this Legislature.

Mr. Romanow: — Mr. Chairman, the Conservative leader makes a suggestion which I think has to be judged by his actions. His actions to date lend no hope for the possibility of a reasonable debate on health policies — none. And for the government, and after all we are the government still, you may not like it, you may be wanting to defeat us, but we are the government and we are trying to govern — we are trying to get the estimates through the House, trying to get on with the business of the people — that's our objective. Your objective is to play political games all you want and make speeches, and delay and filibuster and drag, and do anything else you want in that area, but there is no reason why we should accept that kind of a tactical suggestion because of your views on this thing. As far as I am concerned, I just would not be prepared to recommend that to the Minister of Health or to anyone else. I think, Mr. Chairman, it is very significant to note that, apart from the Leader of the PCs, virtually no one else in the PC caucus has spoken on this particular issue or doddled it as long as it is. No one else, Mr. Chairman, for hours — no one else has any questions on any of the other plans which relate to the Department of Health. I think that highlights the very point I am trying to make. So my position, Mr. Chairman, if they want to continue on fine, let them keep going — there is nothing I can do about that. I am entitled to draw the conclusion, on behalf of the members of the House, that this is an act of irresponsibility and I am entitled to point that out to the people of the province of Saskatchewan, which I intend to do at every opportunity that I can. I am entitled, also, to draw, under some other circumstances, some very legitimate political conclusions as to why they are doing it. Mr. Chairman, I think it is obvious to most people in the province of Saskatchewan and in the Legislative Assembly. That is my position.

Mr. MacDonald: — Mr. Chairman, perhaps I can offer another amiable solution to get out of the childishness that is going on here and maybe — I am not sure, Mr. Chairman, that we should not go and ask the Speaker if he cannot find a way and a means to move the desks from here to there. I am not sure whether that would make any difference or not. I think the way you earn your respect in this place is how you perform — not really where you sit.

Some Hon. Members: — Hear, hear!

Mr. MacDonald: — What I also would like to tell the Leader of the Conservative party is that there is an item — a subvote, on SHSP and the information that he is requesting is on SHSP. Because the Saskatchewan Hospital Services vote covers such a wide latitude I am sure he has no question that it will not be possible to ask at that particular time. He says that all the other documents are on subvotes. I would suggest to him, so is the document he is requesting a subvote. If you want me to give you the subvote . . . all I am suggesting, Mr. Chairman, is let us find out. I do not think the request of the member is that unreasonable. I think the government should go along. I think both of you are being childish. Let us get on with the business; let us go to work. Do not sit here I say. Either stand Item 1 or please tell the member for Nipawin that there is a subvote (I think it is subvote 27) and let us get on at — 25, and if you will look at that, the total of the Saskatchewan Hospital Services Plan is included in that particular subvote. We could get on maybe, because I think there are some interesting questions on individual subvotes that might be worthwhile.

Mr. Tchorzewski: — Mr. Chairman, just one comment and I want to support what the

Attorney General said. I have said, on a number of occasions, what the member for Indian Head-Wolseley has said, that there is a subvote here called Saskatchewan Hospital Services Plan. There are two or three others, in conjunction with it, that can be considered and all questions that the member wants to ask can be asked there. It has no bearing, for example, on subvote 2, The Tuberculosis Sanitarium and Hospital Act; it has no bearing on personnel recruitment and training; it has no bearing on the Saskatchewan Hearing Aid Plan, which I am sure members have questions to ask about; it has no bearing on the Saskatchewan Dental Plan and you can go down the list. We could have, this evening, discussed very thoroughly, every one of these subvotes for the benefit of the members here and for the benefit of the people of Saskatchewan who have a right to know. The reason it has not been discussed, only the members over there know. Mention has been made what those reasons might be but that will remain as it is. The fact of the matter is we could have been discussing those things. The only reason we have not been discussing is that the Tory caucus over there has not allowed it to happen.

Mr. L.W. Birkbeck (Moosomin): — Mr. Chairman, there are a few things I want to say about this debate tonight in regard to these Health estimates. So often I have heard the Attorney General get up in this House, after it has run into many difficulties and gotten bogged down on numerous occasions, and not because of the opposition; I have listened to him get up and take any one or two or three forms. Tonight he took a soft approach, speaking to the people of Saskatchewan, pleading like the Sermon on the Mount, as if he were the greatest thing since sliced bread but you know, Mr. Attorney General . . .

An Hon. Member: — I wish I had said that. (Laughter from some hon. members).

Mr. Birkbeck: — Yes, and there, Mr. Attorney General, is the responsible government sitting right behind you as they laugh at any word spoken responsibly from this side of the House. I can remember when the Liberals to our right, when we first came into this Legislature they said, look at those Tories. They just sit there. They say nothing. They have never got anything to say. Now we have got the Liberals over there, the same group, only fewer of them and they are saying, the Tories are saying too much. They are delaying the debate. They are prolonging things. They know how fast they are going to sink into third party status.

But that is not the problem with the Liberals. The problem that we have is with the government. I am not going to address my remarks to the Liberals to the right of me. I'll address my remarks to the government opposite. There are a number of members across this floor who are responsible members and good ministers of government who on most occasions provide answers to questions. The Attorney General is one that doesn't answer a lot of questions asked in this House. But what he spoke about tonight, about trying to shut the Conservative caucus on questioning in estimates whether it is in Revenue or whether it is in Health or what it is, highlights to me what this government has been doing for a long time, long before I came in here but more importantly, ever since I came in here. They are not prepared to answer to anything even an oral question in the question period. They will take notice of it or give you some huffy-puffy answer that doesn't get you anywhere. We can introduce motions in this House, Mr. Chairman, as you are well aware; we don't necessarily get answers. We can introduce a bill in this House and you know very well, Mr. Chairman, this government — all 39 members — will stand up and defeat it and none one of them at the back will think for one second about the bill, whether it is a good bill or what it is. We had a good motion introduced by our member for Prince Albert-Duck Lake and it didn't receive the support of the

government.

I spoke in this legislature with regard to metric conversion. No, no support from the Liberals even or the government. Now we are back at a different time and a different place and now we have got the support of both. Estimates is the same thing. Now I see a lot of support staff that the Minister of Health has in here tonight. You have been asking for questions, Mr. Chairman, you have been proper in asking that our questions be directed that are going to deal with estimates in their entirety that other items can be discussed as we go down the items. Let's just take a look at the last one.

We have the last one right here and it says \$435,626,010. We are nearing half a billion dollars for health care in this province. So often . . . half a billion, yes, half a billion is what I said. The Minister of Health and the former Minister of Health have said in this House and so have other government members repeatedly – health care costs are higher in other provinces, in particular Tory provinces. I don't want to debate that; I want to debate what the costs are to Saskatchewan people right here in Saskatchewan. I see a figure that is approaching a half a billion dollars and I tell you, Mr. Minister of Health . . . no, it is not too much, but I want to tell you that you have got to come clean with the people of Saskatchewan and quit misleading them and saying that these costs aren't being reflected on the taxpayers of this province, because you know they are and I know they are. You talk about blatant lies and innuendoes that are cast about this province from these Chambers. Mr. Chairman, that is the type of thing that we have to debate here tonight. We are talking about estimates and I will ask a question. I will ask the Minister of Health to answer this question. He hasn't answered any others. What is the cost to those people in Saskatchewan that are responsible for this \$435 million? What is the cost per capita to those who are responsible to bear those costs? Can you answer that question, Mr. Minister of Health?

Mr. Tchorzewski: — I am tempted to say, agreed, Mr. Chairman. The member talks about the number of dollars and that it is a reflection on the taxpayers of Saskatchewan. Of course it is a reflection on the taxpayers of Saskatchewan. The taxpayers of Saskatchewan is a fair and just way as they only do in the province of Saskatchewan pay for their health services. Fortunately, though, they don't pay as great a burden as they do in other provinces because of two reasons. Because we have resource policies that contribute very substantially to the consolidated fund, resource policies that provide 20 per cent of the revenues of the province of Saskatchewan coming from our resources . . . (interjection) . . . 26 per cent, where as you get in Ontario only .2 per cent of the revenues come from the resource companies and the resources of that province, so indeed it is a reflection on the taxpayers of Saskatchewan but it is a good reflection and better than anywhere else in Canada. It is a good reflection because they don't have to pay unfair health taxes as they do in Ontario and Alberta and British Columbia and soon will in Conservative Manitoba. They do it through the income tax system which is progressive and they do it through resource revenues which makes sure that the revenues that come from our resources stay in the province of Saskatchewan and don't get siphoned off as they did during Liberal years and are getting siphoned off in every Conservative province in Canada at this time.

Mr. Birkbeck: — Mr. Chairman, you would be aware and the Attorney General, if he were listening which he isn't, he is over there visiting again as usual, if he were listening he would realize the Minister of Health did not answer the question that I just asked him. He circled around and he talked about resource revenues and, Mr. Chairman, if you had been there and if I had been the chairman, with all respect, I would have ruled him out of order.

Mr. Chairman: — I think I will make that decision myself and I don't need to be told whether I am right or wrong. You have the privilege of challenging it afterwards.

Mr. Birkbeck: — Mr. Chairman, I'm not challenging your ruling whatsoever, I am only telling you and I'll tell the Minister of health, you never discuss - Mr. Minister, are you listening or is the Attorney General going to answer for you? You never answered the question that I asked you. It's the question that the people of Saskatchewan want to know and I would suggest to you that you would do well to attempt to answer the question. I said you have lots of support staff there to work it out. I'm sure they've all got mini calculators and this could be done. Surely it can, but rather than that you skirted it, walked around and around it and discussed resource and blew up your resource policy because I know that's what you are out there saying that, oh, yes, all the profits we're going to make in that potash industry is going to pay for our health care services. That is not so. Now, Mr. Minister of Health, would you mind trying once more because I would suggest to you that if you calculated that 300 . . . (interjection) . . .

Mr. Minister of Health, if you would look at the figures and the numbers of people who work in this province and that actually pay taxes one way or another, you would know that that figure could be in excess of \$1,300. So work it out, if it takes you a while, all right, let's take a while and let's get the answer.

Mr. Tchorzewski: — Let me help the member, Mr. Chairman.

Mr. Birkbeck: — Do you need help?

Mr. Tchorzewski: — If the member would spend a little time, take a pencil in hand and apply it to paper, he could take \$435,626,010, divide it by almost 1 million which is the population of Saskatchewan and I hope that maybe he has already attempted to do that but somehow he has not learned how. I can tell him that roughly it will work out to about \$457.89. Now, also keep in mind that that \$435,626,010 it is less than the total revenues from our resources in the province of Saskatchewan which is \$468 million, I believe, \$462 million. Now that \$457.89 that you break down by using that kind of mathematics, would give you even less than what the Ontario government is collecting in health premiums from the people of Ontario - \$528 a year from a family. The member asked the question. There is his answer which he could have figured out for himself anyhow.

Mr. Bailey: — I would like to ask some questions of the minister on a different topic right now.

I followed an hour-long program on television not too long ago in regard to the very distinct problem which is known as the North American problem by the different health experts. I am also looking at some statistics from our own Department of Health, federal Department of Health. That is the area of venereal disease which is now being considered as our number one communicable disease. I wonder, Mr. Minister, if you have any information - what is the situation in Saskatchewan, is it comparable to the national level of this disease and also with that, the amount of attention that is going to be spent this year by your department is taking a look at this very serious matter?

Mr. Tchorzewski: — I can give you the situation. That is a perfectly good and legitimate question. I think it is a good question in an important area. I can give you the statistics of cases reported in Saskatchewan and we are trying to find how that might

compare nationally. I don't have it right in front of me but maybe it will come before I finish my answer.

In 1973 the reported cases were 3,826 in 1974; 3,584; in 1975, 3,854; in 1976, 3,523 and in 1977, 3,612. I don't see that there is any particular trend there. All I can say is that it's a small reduction in 1977 compared to what it was at the peak that I have here of 1973.

Now, I have some specific examples of certain diseases and these are case rates for 100,000 population for western Canada by province in all of Canada, the comparison you asked for.

If you take the example of syphilis, in 1974 the rate in Canada was 16.8; in Saskatchewan it was 11.7. In 1975 the rate for syphilis, 17.4; in Saskatchewan it was 8.9. For 1976 I don't have the federal statistics but I can tell you that in Saskatchewan it was 6.

Mr. Bailey: — Thank you, Mr. Minister.

It would seem then, that for the figures you have given since 1973 the figure has remained fairly constant, with a slight trend up and down slightly between 3,500 and 4,000 is the figure which you have given me for the total which would indicate then, Mr. Minister, by your figures that the problem in Saskatchewan is not as acute as it is in other areas of Canada, and indeed, North America.

Studies that we have and the materials that have been put out by, mainly by doctors, would indicate that the numbers which are reported or the numbers that are in the hands of the Department of Health, like yours, sir, indicate only those which are reported and there is an indication that a good number of these go unreported. This is the area on which I would like to ask a question — is the Department of Health in Saskatchewan at the present time, undertaking or planning any means by which they can get to the unreported cases? Now, I am not saying that you can have a witch hunt but if you will note that it is necessary if you are going to make any impact at all upon the spread of our number one communicable disease. The various departments of health are taking some very strenuous action in this year, 1978. Is your department planning any action or new programs to reach and to counteract this particular problem?

Mr. Tchorzewski: — First of all, the latter question. We recently recruited, among one of our new medical health offices, Dr. R. Mathias, who has a special and particular interest in this field. It is our hope that he will be able to assist a great deal in improving a system which is now (and I don't say this in a political sense at all) one of the best reporting systems in the country. That is recognized by the other provinces and by the Federal Department of Health and Welfare. Having said that, I can also say that the incidence of the reporting is improving all the time. It has been improving for the last several years. The problem is, that there is, as the member knows, a stigma that is attached that we nor anyone else has been able to break down.

You will be aware of the public education programs that we have had and other organizations have had and I am persuaded that that has had some significant difference. So there have been some, I think, fairly positive indications of the kind of developments that are taking place. There is no denying that there is probably a substantial number of cases that go unreported because of the stigma and whatever other reasons there might be. But we are making efforts on the continuing basis to try to

improve that every year.

Mr. Bailey: — Thank you, Mr. Minister. The question which I have next for you, is mentioned in reply to the question which I had in regard to the public education program. You will recall that a few years ago we had some difficulty and some objection from getting a proper educational program dealing with venereal disease of the high school. I am not too sure whether the education shouldn't have gone to some parents before it went to the high school.

I suggest to you, and I present this to you in the way of a question. Do you not think it advisable at this particular time where we have health programs quite extensively in the province — I am thinking of such programs as Aware, such programs as Feeling Good and probably have some other programs. Have you anticipated or have you given any consideration to going more openly via the media as you have with the other programs, in educating the general public to this number one communicable disease that we have?

Mr. Tchorzewski: — I have been informed that, and I don't know whether the member is familiar with them, although I think he is, that there is quite a substantial supply of films in the field that are provided to schools. There is a mechanism for a continuing review to see that they are updated. We make them available on request. We encourage their utilization and we inform schools and others of their availability.

As far as the question, I think you would probably also admit, a public advertising campaign through the media. I think that is what you were referring to. Those kinds of plans are not included in the present appropriations although there may be some interest in the future.

Mr. Bailey: — If I understand you correctly, I know the films and materials, but you are not then planning in the year 1978 to launch a campaign, a public campaign, to draw to the attention of the citizens of this province, to the awareness of Canada's number one communicable disease; that you haven't voted moneys for it. Did I hear you correctly in stating that?

Mr. Tchorzewski: — That's right. There are no moneys provided for that particular specific purpose in this subvote. It has existed before, some of those efforts have been made. The results, I am informed, were not particularly successful. Certainly in the consideration of the review of films and other alternatives, we are also prepared to consider whether we can do a better job of the former method of using the media. At the present time we are not in a position to do that.

Mr. Bailey: — Mr. Minister, your Aware Program, is it not in part funded by the federal Department of Health? Am I not right in assuming that a portion of the Aware campaign that is launched, is not some of that cost borne by the federal government?

Mr. Tchorzewski: — The member is correct. Out of the budget for Aware of \$360,000 the federal contribution estimated in 1978-79 is \$90,000.

Mr. Bailey: — The total cost of the Aware Program during the last budget year was \$360,000?

Mr. Tchorzewski: — This coming year.

Mr. Bailey: — This coming year and of that \$360,000, \$90,000 will be borne by the federal government. I am assuming that if the Department of Health were to launch a campaign similar to the Aware campaign on the topic which I have brought to your attention . . . are you aware that the federal Department of Health would be prepared to pick up a portion of an intensive advertising campaign? Could you answer that question for me?

Mr. Tchorzewski: — I can assure the member that from the experiences that we have had there is no such assurance at all, that the federal Department of Health and Welfare would provide that kind of commitment. One of the unfortunate things is that from time to time those kinds of commitments have been made in the past and then with very little notice pulled out and withdrawn. There is no such assurance.

Mr. Bailey: — Mr. Minister, doesn't it strike you as strange that if the reports coming out of the federal Department of Health as well as the CBC program itself — and I believe there is a great deal of truth to the program — there is some responsibility if I can hear you correctly as saying that the federal government then is negligent in their responsibility and in attacking Canada's number one communicable disease. It seems to me, Mr. Minister, that while we may brag in Saskatchewan by saying that our number of reported cases and so on are pretty well remaining constant, we do have some responsibility here. I suggest, too, that your department should have some responsibility in suggesting to the federal Department of Health that some funds be made available so that this year, 1978, can be a year in which we can look at a very positive aspect and a very positive look towards controlling this particular disease.

Mr. Minister, I want to sum this up by placing this question to you. Has this matter ever been discussed at the federal health conferences with the health ministers of the ten provinces.

Mr. Tchorzewski: — First of all, in my term as the Minister of Health in Saskatchewan it has not been discussed. I have only gone to one provincial meeting with the provincial ministers, it was not a federal-provincial meeting but I am informed that it indeed has been discussed and the urgency of the situation has been discussed at federal-provincial meetings. I regret very much also to inform the House that in those discussions no success at all has been achieved in persuading the federal government or the federal officials that they ought to provide some funding in this field so that they can share in the effort that is required.

Mr. Bailey: — A final comment, Mr. Minister, could you then assure this House that the next time that you meet at the national level with the ten provincial health ministers that you, as the Minister of Health in Saskatchewan will draw to the attention of the other ministers and perhaps with your initiation we can commence a more positive program in the country. Could you give us that assurance and I think that it would be appreciated not only by this House but by the people of the province as well.

Mr. Tchorzewski: — I am certainly prepared to take that under advisement. Any area of need we constantly consider and it is a question that I think certainly is worthy of discussion among my colleagues across Canada, including the Federal Minister of Health and Welfare.

Mr. R.A. Larter (Estevan): — Mr. Speaker, I would like to — the member for Nipawin (Mr. Collver) mentioned the fact that there had been in the past and the situation is

possibly a little better but not too much better on elective surgery. The Plains Hospital has 100 beds that are furnished and empty. Could the minister tell us when these 100 beds are going to be open?

Mr. Tchorzewski: — First of all let me directly answer the question. As the level of referrals increases that level of increase will be used to determine the phasing in of those beds that the member speaks of. There are actually 57 of those beds that are yet there to be phased in. The phasing of them will depend on the level of increase in referrals. It will depend on the recruitment of certain specialists. It will depend on the renovations which are now I believe beginning. They certainly have been approved for the cardiac catheterization facility and all of those things have to be taken into consideration. As those indications are made available then they will be phased in and the phasing in will depend on that. Certainly we can't precisely predict what those things are going to be but they will determine it.

Mr. Larter: — Would the Minister of Health suggest then when certain specialists in Regina and numerous specialists tell us that these beds could be phased in and could be filled on elective surgery at the present time that it could happen as soon as the government will permit these beds to open.

Mr. Tchorzewski: — Well, first of all I want to make sure the member does not misunderstand. The rate of implementation or the rate of phasing does not depend necessarily on the government. He indicated that might be the case. The fact of the matter is, the specialists' appointments are joint appointments. This is a teaching hospital, it has got to have a broad range of specialization. Those appointments are joint appointments by the College of Medicine and by the hospital and so, those appointments will determine, to a large extent, what happens with those beds. I might also add for the member's information, there are presently discussions taking place on 22 of those beds, and that is, in the area of psychiatry, 10 beds, in the area of neurosciences another 12 beds. I again restate that the determination of the phasing in will depend on the appointments that are made in the specialized fields by the joint appointment committee of the College of Medicine and the hospital itself.

Mr. Larter: — I agree with the minister and I commend you for your plans for the future use of these beds. But it still stands that there are people in this province waiting for elective surgery, and there are surgeons in Regina waiting to do the work on these people. I can see you phasing these into psychiatry whenever you want later on, but why can't these beds be utilized for people that are waiting for hernia operations, or rupture operations and back operations, many operations that can be done right now and those beds utilized. The minister has to remember (in many cases you refer to how many beds Saskatchewan has) that this is a vast province, and many of these beds are in hospitals that cannot do elective surgery and cannot do minor surgery. So we depend on the hospitals in the larger cities for the rural patients and so it is very important that these beds are opened at the present time.

Mr. Tchorzewski: — Mr. Chairman, I restate what I said two days ago. Every major urban hospital in this country has got a waiting list, that is why there is a categorization of the type of patient. If it is urgent, the patient will get in and have his operation. I would also like to inform the member that waiting list that he and his colleagues so often talk about, in the last year have been showing some pretty significant indication of decreasing simply because of efficient operation of the hospitals and because of the allocation of beds for the particular areas of need. A good example I could give the member is what has recently happened in the St. Paul's Hospital in the city of Saskatoon

where orthopedic surgery there was a great deal of pressure on it, with assistance from the Department of Health and some funding there was a study made by the board and by the personnel at St. Paul's Hospital and there has been a reallocation of some of the beds and there are more beds available for orthopedic surgery. There has, as a result, been a very dramatic decrease in the numbers of people waiting and a decrease in the length of time for people who are waiting for orthopedic surgery. So those things are happening and the problems are not as great as sometimes some members for their political reasons try to portray them to be.

Mr. Larter: — Mr. Minister, I am not portraying this for political reasons. I suggest to you that anxiety caused in families around this country for a person waiting. I don't care if its for a hernia operation, the discomfort and the anxiety caused to families waiting for a bed and I say the surgeons are here to do this work and you are not permitting them to do this work. I ask you again, would you consider opening those 57 beds in the Plains Hospital?

Mr. Tchorzewski: — Just one brief comment. I share the anxieties that people have. I happened to have experienced some of those anxieties and understood them in my own family. But I want to say this that I am certainly very proud of the fact that in Saskatchewan at least those people know that when they finally get to have that surgery, when they get to have that treatment they are not going to be burdened with thousands of dollars of medical costs. They know that it's available and they know that it's available to all of them. I think that that is a point that we can well make in Saskatchewan and compared to anywhere else in Canada. Now give that availability universally to everybody in spite of income increases the number of people who are prepared to go for an operation when they need one instead of encouraging them because of the fear of financial pressures to keep away, then that's good. I suspect that in other places in Canada, such as Ontario and Alberta, there are people as there were probably people in Saskatchewan before medicare, who are suffering quite immensely because of the financial burdens that they are burdened with because of the kind of ruination of the medicare system that is happening in those places.

Mr. Larter: — Mr. Chairman, I would like to ask the minister, he would probably agree then that these people who cannot get the surgery and have to wait a number of months they may die but they'll die happy because they have got a full wallet. Is that what he's getting at?

I would like to ask the minister also if only a government can afford to keep a factory going at two-thirds capacity. In the private sector you try to run a factory at two-thirds capacity you would go broke. But the government has the money to put up that mansion and then can't use it all. I thought that would be a nice thought for the people of Saskatchewan.

I would also like to ask the minister if there are plans in the future for having elective surgery for communities that have the proper surgeons around the province, such as Weyburn, Estevan. Are there any plans of granting these hospitals more use of elective surgery in these places in order not to dump the load on Regina, so more Regina people can use these new facilities?

Mr. Tchorzewski: — Mr. Chairman, the qualification of the physicians in the hospitals throughout Saskatchewan, physicians who are granted hospital privileges by the boards, of those hospitals, will determine the kind, to some extent, the kind of

surgery that those hospitals are able to determine.

The College of Physicians and Surgeons offers and is prepared to provide advice to hospitals on the kind of surgery that hospitals, with their facilities and with the kind of specialization their qualified surgeons they have are able to carry out. The hospitals of Saskatchewan rely, very greatly, on the College of Physicians and Surgeons and, generally if not almost totally, follow the advice of the College of Physicians and Surgeons. And, we too, rely on that advice, that they provide to the hospitals.

Mr. Larter: — Mr. Chairman, is there, though, where there are qualified physicians that qualified according to the College of Physicians and Surgeon standards, are there plans for your department to insist in upgrading if there are special units needed for these hospitals to take away this elective surgery load from the cities. I know that in Estevan in particular there are people perfectly qualified to do this surgery. Are there any plans in the future for doing this work?

Mr. Tchorzewski: — For elective surgery, I do not know that hospitals do not really have the facilities required of them to be able to carry out the procedures that they are carrying out or want to carry out. If the member would not mind, I would like him to give me some specific examples of special units that he thinks might be necessary. I cannot recollect requests that have come to us from hospitals for special units because most of them are equipped with operating theatres and recovery facilities and all of those things connected with elective surgery.

Mr. Larter: — Mr. Minister, all I am asking is, if these hospitals do have the qualified people, and I am not suggesting they are not equipped, but I am saying that if they are equipped physically to handle this type of work, why are these hospitals not being phased in a little more? I know they are worthy and accredited by the Department of Health.

Mr. Tchorzewski: — We do not know of any hospitals that are under-facilitated in that way. We provide funds to hospitals on the basis of the population they serve and if the member has a specific example, I would appreciate it if he would bring it to our attention. Once again I suppose . . . Well I am not going to argue the point . . . It is 10:00 p.m. now. The Conservatives have succeeded in filibustering again for three hours or so and wasting the time of this House but if the member wishes to give me an example, a specific example, we can look into it and maybe we can provide him with an answer today. If not, we will provide him with an answer after we have made the appropriate inquiries into what may have been brought to the department's attention.

Mr. E.A. Berntson (Souris-Cannington): — Mr. Chairman, I wonder if the minister would consider decentralizing elective surgery, as such. In centres like Estevan, Swift Current, etc., we have lots of very, very well qualified doctors who do not have the volume of certain operations to maintain the expertise. Naturally we want the people of Saskatchewan to get the very best of health care. So they come to Regina, clog up our health delivery system to get the very best of surgeons on the job. Whereas, if we had people, for instance, a dozen hysterectomies a week going to Estevan to the hysterectomy specialist — if he is doing them once a month, he cannot possibly be expected to perform at peak efficiency. So would the minister give any consideration to the decentralization of elective surgery?

Mr. Tchorzewski: — Well, that's the first speech by that member in this House since this House came into session. It is very interesting to hear him ask a question. If you

show them enough patience, Mr. Chairman, give them enough time, they will all get up eventually and make a 15-second speech.

I'm not sure what the member is getting at but the fact of the matter is all of those hospitals now are doing elective surgery, every one of them. There is nothing prohibiting them from doing elective surgery. If there is a referral by a doctor from any area of Saskatchewan to a particular specialist, that's a decision between the doctor and the patient. Is the member suggesting that the Department of Health or that the Minister of health or that the Government of Saskatchewan should interfere with that relationship between a doctor and his patient? He must be suggesting that because that is the thrust of the question. No, we are not prepared to do that. That is a decision between the doctor and the patient where it ought to be because the doctor knows best in consultation with the person whom he is trying to serve. The elective surgery is there, they do it in Estevan, they do it in Weyburn, they do it in Moose Jaw, they do it in Swift current, they do it in Humboldt and they do a tremendous job, I might add.

Mr. Bailey: — No, despite what the Attorney General said earlier that there had only been one member on these questions. I want to assure the Attorney General and the Minister of Health that during the course of the discussion today I have appreciated the answers that he has given on two basic topics that I raised and I appreciate it very much. I found his answers very interesting and stimulating. So, Mr. Attorney General, I think you were quite wrong in stating that there has been nobody else into the questioning at this particular time because I spent a good deal of time and I want to thank the minister and his advisors very much for the information given.

I sometimes think, Mr. Chairman, that I should have been the critic for Health because I have an idea that I can probably brag of more hospitals in my constituency than any other member in the House. I doubt if any other constituency has seven hospitals located within the borders as I have and I say that with some sort of pride, Mr. Minister . . . (interjection) . . . yes, they are all operating as well. It is regrettable at this time, Mr. Chairman, and it is close to 10:00. I did want to thank the minister and I have some sympathy with the staff that he has brought in for the long delay. I am sure that it must have been a very boring and tedious time for you gentlemen. It is regrettable however, that perhaps you should give some reflection as to why it has taken so long. I think the minister has opened up this evening more than he has previously and we are looking forward to the tabling of the estimates tomorrow in this House.

I suggest that in the future, Mr. Minister, and to other members as well, that they prepare themselves for the estimates like all of the departments and perhaps this type of questioning would not prevail.

However, in closing, Mr. Minister and your advisors, I want to thank you, Mr. Minister, and the advisors for the notes that I have taken and other members of my caucus. I am sure that everyone, despite the attempts at times of the minister to do his little politicizing, shall we say, that Saskatchewan is very proud of its health care system. I think he realizes that at the same time he cannot be immune from questioning from the opposition and I think that he has borne up well to those questions. In closing, I thank the minister. I wanted to make sure that the Attorney General knew that there were other people involved in this, quite extensively and I suspect that he, like some of the others, have become slightly disturbed with it . . . was absent from the House and I can assure him that the member for Nipawin (Mr. Collver) was certainly not the only one answering the questions . . . (interjections) . . . pardon? No, this is not my farewell speech. I just wanted to convey to the minister my thanks and to the members of his staff which he

brought into the House.

Mr. Romanow: — Mr. Chairman, my colleague, the Minister of Finance, was anticipating that the Conservatives might let the vote go but we can be assured that the political objectives have not been met. Those were very nice words from the member for Rosetown-Elrose (Mr. Bailey). I hear the nice words but he doesn't act like he speaks.

The committee reported progress.

The Assembly adjourned at 10:03 o'clock p.m.