

**LEGISLATIVE ASSEMBLY OF SASKATCHEWAN**  
**March 19, 1981**

The Assembly met at 2 p.m.

Prayers

**ROUTINE PROCEEDINGS**

**INTRODUCTION OF GUESTS**

**HON. MR. HAMMERSMITH:** — Mr. Speaker, it is my pleasure to introduce to you this afternoon and to members of this Assembly, the Minister of Finance and Economic Development and Tourism for the Northwest Territories, the Hon. Tom Butters. Mr. Butters is accompanied by his deputy minister, Mr. Rod Morrison. They have been in Regina attending a conference of Canadian environment ministers. This afternoon I will be joining them after they take in some of the proceedings. We'll be travelling to La Ronge, and tomorrow we plan to visit the mine at Cluff Lake. Members of the House will be aware that uranium mining has been the topic of somewhat heated discussion in the Legislative Assembly of the Northwest Territories of late and, accordingly, Mr. Butters has expressed an interest in seeing first-hand how Saskatchewan has approached the development of its uranium deposits.

Mr. Butters was first elected to the Territorial Assembly in 1970. As I said, he is currently Minister of Finance and Minister of Economic Development and Tourism, but he has also served as minister of natural resources, cultural affairs, health, social services, education, justice and public service. He represents the community of Inuvik. I'm sure that if Mr. Butters and Mr. Morrison will stand, all members will join me in welcoming you to our Assembly.

**HON. MEMBERS:** — Hear, hear!

**MR. LANE:** — I would like to join with the Minister of Northern Saskatchewan in welcoming our colleagues from the Northwest Territories. I hope they find their stay enjoyable and enlightening. I'm sure that with the appropriate questions, you'll get some surprising answers on uranium and how it has been handled in this province. I'm sure very aggressive questioning on your part will give you some very useful information. We wish you an enjoyable stay and hope that the afternoon is of help to you.

**HON. MEMBERS:** — Hear, hear!

**MR. SKOBERG:** — It gives me a good deal of pleasure this afternoon to introduce some guests who are in your gallery. We have with us today, Mayor Herb Taylor from Moose Jaw, Alderman Peter Norys and his good wife, Mrs. Norys, and Andre Gate, the director of parks and recreation for Moose Jaw. They are here for the second reading of Bill No. 40, which I hope will come very shortly, on the Wakamow authority legislation. I might say that Mayor Taylor and Alderman Peter Norys and also Andre Gate have done a tremendous amount of work on the preparation of this bill. I know all members of the House and you, Mr. Speaker, will welcome our people from Moose Jaw.

**HON. MEMBERS:** — Hear, hear!

**MR. MUIRHEAD:** — Mr. Speaker, I also wish to welcome Mayor Taylor and his group. I had dinner with them today and we discussed this bill, which is coming up this afternoon. I wish you a good stay here this afternoon, and thank you very much.

**HON. MEMBERS:** — Hear, hear!

## QUESTIONS

### Romanow's Trip to England

**MR. LANE:** — A question to the Premier. News reports today indicate that the Deputy Premier, on his foray to London, has met as the news report indicates, "a thick brick wall" and has basically been getting the cold shoulder in England. As the opposition party, we, of course, have been urging that the government opposite make representations to London and we're frankly shocked to find the press reports indicate such a negative reaction to the provincial efforts over there.

My first question to you is: have you been in contact with Mr. Romanow? Secondly, what information did you receive from Mr. Leeson, who was over there on an advance party a couple of weeks ago: Did, in fact, Mr. Leeson give you bad advice and not tell you that the British reaction seems to have polarized and seems to be very strong against the provincial position?

**HON. MR. BLAKENEY:** — Mr. Speaker, I have not been in touch with Mr. Romanow directly. I have had a good number of reports from him and from his department, and from the agent general for Saskatchewan in Britain. With respect to the second question, I think the information we obtained from Mr. Leeson was not, in fact, in error. He indicated that there would certainly be problems, particularly on the government's side in Britain, since they feel (at least in the government, as perhaps opposed to the parliamentarians) strongly committed to dealing only with the federal government on a matter which they regard as a central government to central government matter, and it's not surprising that the advice they are getting from the federal government is to be less than fully responsive to the provincial positions.

**MR. LANE:** — Well, the Premier's answer, of course, very pointedly is only a partial answer in that the same news report indicates that the Deputy Premier of the government opposite had even less effect with the Labour Party, the opposition party in England. The New Democratic Party's federal secretary, Robin Sears, has been effective in confirming that Mr. Healey and others on the Labour front bench are inclined to support Mr. Trudeau's Liberals and the federal NDP on patriation. Now, I ask you again, did you have information from Mr. Leeson prior to Mr. Romanow going to England, that would indicate the Labour Party in fact polarizing in opposition to the provinces' position against unilateral patriation?

**HON. MR. BLAKENEY:** — Mr. Speaker, I did not have that information then and I do not have that information now.

**MR. LANE:** — Supplementary to the Premier. Would the Premier not feel that a deputy minister for intergovernmental affairs sent over to test the waters, to do some checking for the province, to find out what the situation is, should have been able to give him accurate information as to the opposition position in Great Britain, and as to the government position in Great Britain? And would not that deputy minister, if he were properly doing his job, have been able to tell you that Mr. Romanow's trip would seem

to be a waste of time?

**HON. MR. BLAKENEY:** — My answer to that is no, and no. I do not believe that anybody going to Britain, be it the deputy minister, or the Deputy Premier, or the Premier, or the Leader of the Conservative Party in this province, or any other premier in Canada, could come back with a definitive view of what the likely position of the Conservative members of parliament, or the members of the House of Lords, or the Labour members of parliament or the House of Lords, might be. Anyone can speculate on what they may be. The hon. member is now speculating on what they will be. I do not think anyone can be definitive on this point, nor do I think that merely because there may be opposition in some quarters that we should not go to Britain and make representations, as the hon. member for Qu'Appelle is apparently suggesting.

### **Joint Provincial Action on Constitution**

**MR. LANE:** — New question to the Premier. What I am suggesting is that when we have press statements which indicate that the Deputy Premier of the government opposite seemed shaken that he's been shuffled off to junior ministers, and that both parties in London, England, seem to have polarized in support of the federal government, it leads more and more to the conclusion that the action you have taken is too little, too late.

**MR. SPEAKER:** — Order, order! The member for Qu'Appelle is in fact giving a long preamble. His preamble and his question is in the nature of debate. He's giving information, not seeking information, and I'm quoting directly from the guidelines that rule this question period. I would ask the member to get to the question.

**MR. LANE:** — Given the evidence that's building, that the actions are too little, too late, would the Premier now be prepared to admit that his decision not to take common action with the other western provinces last September, when the constitutional package was announced, and his refusal to join the court action, was in fact seriously wrong judgment and really contributed to Trudeau's belief that he could proceed with the unilateral patriation given his stated and public fear of a common western front?

**HON. MR. BLAKENEY:** — Mr. Speaker, the answer to that is that I do not agree with the hon. member's presentation, and I will make two comments in reply.

First, with respect to joining the court action: the court action is designed to assert the proposition that all 11 governments must agree to any constitutional change. That proposition is, we think, not going to be easy to defend in law and is tactically unsound. There is clear support in Britain for the position we take that there ought to be a consensus of the provinces. This is the position taken by Sir Anthony Kershaw and the Kershaw committee of the House of Commons. I have seen no one in Britain support the proposition asserted by the six who are taking legal action. Accordingly, I think that that probably was not sound either in law or tactically, and I make that point.

I make the second point that if our effect in Britain (as the member for Qu'Appelle is apparently suggesting) has been lessened with the government there because of our reservations, but not firm objections to the Trudeau proposition, not total objection to the Trudeau proposition while it was developing during the fall — if our influence at Westminster has been limited by that, then certainly the influence of other provincial premiers has not been limited by that. And, I would have assumed that those provincial premiers, the six to whom he referred, including Premier Lougheed, Premier Lyon, Premier Peckford and Premier Maclean — the four Conservative premiers who took

part — would presumably have been much more influential than we have been. I see no evidence of that. I see no evidence that they have had any more influence than we have had.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. TAYLOR:** — A supplementary question to the Premier. Mr. Premier, I remember some time ago you stated that if you could not agree with the Trudeau package, you would be fighting it with all the weapons available at your disposal. It would seem to me that the attempt of Mr. Romanow to go over to England has been a strikeout; it has been a failure. It's obvious that you are not going to join the others in court. So for the people in Saskatchewan, would you answer me: when are we ever going to see these effective weapons, and what other ones do you have in store to safeguard the interests of Saskatchewan in this constitutional debate?

**HON. MR. BLAKENEY** — Mr. Speaker, we are reviewing all of the steps being taken by the other provinces, and presumably other provinces are assembling their weapons . . . (inaudible interjection) . . . Mr. Speaker, the member for Souris-Cannington is having difficulty finding his feet, but not his tongue.

May I say this: we do not think that the legal action by the six was tactically sound. Members opposite evidently take the other view. They are entitled to that view, but we think it was tactically unsound to launch the legal action on that basis. If we can find the appropriate forum to put our legal case, we will. There are other representations likely to be made at Westminster which we will undoubtedly pursue. I am at a loss to know what steps other provinces have taken, which you wish us to take, save only joining in the legal action which has up to now struck out.

**MR. LANE:** — Supplementary to the Premier. The Premier very pointedly ignores the statements in the late federal government document which indicated in no uncertain terms, that the federal government had a terrible fear of a common western front in opposition to the constitutional packages and, also, that it was vital to their success that they divide the western provinces, and that their likely ally was Saskatchewan. Will you not now admit that your failure to join the other western provinces at the outset in opposition to the Trudeau package is in fact a national tragedy and certainly a tragedy for the people of Saskatchewan?

**HON. MR. BLAKENEY:** — Mr. Speaker, I admit nothing of the kind. I am quite at a loss to know what the hon. member is suggesting would have happened had we done whatever he is suggesting we do. Nothing could have been clearer than our statements all through October which were addressed to the fact that we totally opposed the unilateral nature of the federal action, and that, unless the package was changed so as to be broadly acceptable across Canada, we would oppose it with all the weapons at our disposal. That is a rough paraphrase of the statements made, and the press releases issued, here in Regina immediately following the tabling of the federal resolution in Toronto following the premiers' conference of October 14, and in Halifax when I chose that occasion to make a detailed statement of the Saskatchewan position. Nothing, I think, could have been clearer than that our opposition was going to continue unless the resolution was changed to be broadly acceptable across Canada. No efforts were made to make it broadly acceptable across Canada. Our opposition was known from virtually day one.

**SOME HON. MEMBERS:** — Hear, hear!

### Alleged Pornography on Teletheatre

**MR. THATCHER:** — Question to the Premier, Mr. Speaker. Mr. Premier, your communications secretariat has informed the cable companies in Saskatchewan that they must prepare to remove all beer and wine ads from their medium, perhaps as early as the end of this month. With Mr. Speaker's indulgence, I would like to very briefly quote the Premier from his own letter to the editor in the *Prairie Messenger*. Briefly, the Premier stated this (in his own handwriting):

The Government of Saskatchewan takes the view that the legalization of beer and wine advertising could prejudice the ability of our younger citizens to develop lifestyles contributing to their personal health and the well-being of the community.

May I take from that that the Premier is suggesting that the adult movies which depict sex, contain foul language, etc., on the government medium, Teletheatre, which is 60 per cent government owned, are all right? Would the Premier indicate again whether or not his government, by leaving these movies on television which were brought to his attention last fall, is, in effect, giving the stamp of approval of this government to the pornography which is being seen on Teletheatre?

**HON. MR. BLAKENEY:** — The member for Thunder Creek, who has more than a nodding acquaintance with Teletheatre, is perhaps a strange advocate of the proposition that the programming by that organization amounts to pornography. I do not know whether it does or not. As I have indicated to this House before, I'm not a subscriber to that service. But I know that if the member for Thunder Creek feels that there is, in fact, obscenity involved, he will lay the appropriate charges. Our position is that it is not the role of the Government of Saskatchewan to censor television. That is proposition number one.

Proposition number two: it is our role to attempt to limit the over-consumption of alcoholic beverages and if, in attempting to minimize the ravages of the use of alcoholic beverages in this province, we reach the conclusion that the advertisement of alcoholic beverages is unwise, we will pursue that policy objective. That has been true in this province for 30 years, under Premiers Lloyd, Douglas, Thatcher and Blakeney. It was a good policy for those 30 years. I think it continues to be a good policy, notwithstanding the fact that we now have cable television.

**MR. THATCHER:** — A supplementary question to the Premier. I am sure you are aware that Teletheatre consists of a board which is 95 per cent government people. The Premier may be aware that there is presently a movie being shown on Teletheatre, sometimes at prime time (my son reports to me he saw it at 7:00). The name of that movie is "Up in Smoke." The theme of that movie is a warped glorification of the pursuit of a better quality of marijuana. That is the substance of that entire movie. In that movie there is filthy language, explicit sex scenes and goodness knows what else. May I ask the Premier: in addition to giving the stamp of approval to sex and pornography on Teletheatre, are you now putting your stamp of approval on marijuana use among our younger people?

**HON. MR. BLAKENEY:** — Mr. Speaker, I can only recommend to the hon. member that if he feels he must have the programming on that very, very selected channel (which is

not available to ordinary viewers of television or listeners to radio, which is not available to ordinary cable subscribers, but only available to those people who pay the considerable extra fee, and get with it a program guide in his home, he ought to shelter his children against it. If I may give you some parental advice from another parent, you simply should not have that particular service in your home. You should content yourself with ordinary television and cable television.

**MR. THATCHER:** — Supplementary question. Would the Premier tell us by what morally hypocritical standard he can rationalize, on a medium such as cable television (which costs very close to \$10 (about \$9.25) a month in Regina as compared to Teletheatre, which is \$10 a month and available to anyone) removing the beer and wine ads which statistically have been shown elsewhere and in this province, not to contribute to the excess consumption of alcohol or even the increased consumption? Your own figures will tell you that. Your own minister has confirmed that in this House. On a medium that is 60 per cent owned by your government which controls 95 per cent of the people making the selection of what is to be on, how can you throw out these innocuous ads and allow this trash on Teletheatre? Yes, I have more than a nodding acquaintance. If I could take them off, I would, but your government people won't let me.

**HON. MR. BLAKENEY:** — Mr. Speaker, the hon. member obviously speaks on the subject with a great deal more knowledge than I do. He will, therefore, have an advantage over me with respect to who selects programs on this particular medium. I am frankly not familiar with it. He pointedly asks these questions when the minister in charge is not here. I think that is understandable in all the circumstances, since he wishes to put a particular point of view.

His point of view with respect to liquor advertising is not shared by any person who works in the alcoholism field. We have had considerable advice from people who work in the field of alcoholism. They advise us that the glorification of the consumption of alcohol in advertisements and otherwise does, in fact, contribute to the consumption of alcohol. The incidence of alcoholism is almost directly related to the consumption of alcohol and if we wish to limit alcoholism we ought to limit alcohol advertising, and that's what we intend to do.

**SOME HON. MEMBERS:** — Hear, hear!

### **South Saskatchewan River Project Agreement**

**MR. SWAN:** — A question to the Minister of Agriculture. In the agreement between Canada and Saskatchewan signed by T. C. Douglas and Douglas Scott Harkness on July 25, 1958, dealing with the South Saskatchewan River project, (and with the Speaker's permission I would like to read one paragraph from that particular agreement), it was agreed that:

Before the expiry of one year from the day on which the reservoir is filled to minimum irrigation level as determined by the minister, or of three years

from the date of the transfer of the reservoir to Saskatchewan under subclause (1) of clause 7, whichever is earlier, complete construction of irrigation works to the extent necessary to provide full irrigation to not less than 50,000 acres of land . . .

Mr. Minister, is it the policy of your government to sign contracts and not live up to the responsibility that you assume under those contracts?

**SOME HON. MEMBERS:** — Hear, hear!

**HON. MR. MacMURCHY:** — Mr. Speaker, I think the question was, does this government live up to the contracts that it signs? Yes, it does.

Mr. Speaker, I want to take notice of the question. I want to have clear in my mind the number of acres now under irrigation and also the number of acres that will be under irrigation as a result of the budget which came down 10 days ago, which is going to put more acres under irrigation in the Outlook area.

**MR. SWAN:** — A supplementary to the minister. I will give you the figure on how many acres you have now. That figure is 30,880 acres. The project called for 50,000 acres. That was a long time ago, because you have had 10 years to fulfil that and then some. My question to you is: when will your government take your obligation seriously and move to provide at least that minimum 50,000-acres figure? I am sure, Mr. Minister, that you are aware that the project itself calls for 50,000 acres in that one irrigation development.

**HON. MR. MacMURCHY:** — Mr. Speaker, in response to the hon. member for Rosetown-Elrose, I indicated to him that I would check the figures and make them available to the hon. member. I would also point out to him with respect to irrigation in Saskatchewan, that I don't think he would agree that we should have an irrigation policy which only applies to the Outlook area. Rather we should have an irrigation policy that applies to the entire province. We are attempting to develop an irrigation policy which not only provides development to the Outlook area, but also provides development to farmers right across this province.

**MR. SWAN:** — A supplementary to the minister. The contract that you signed for the 50,000 acres applied only to this one project and you can't avoid it by turning and asking how much you have in the whole province. It really applies to this one project. So my question was direct and it was a question dealing with only one specific area. When is your government going to fulfil the contract which you signed?

**HON. MR. MacMURCHY:** — Mr. Speaker, in response to the hon. member, I will go back to his original question to which he asked for a specific answer. I do not have the answer in my mind. I said I would get the figures for the hon. member, and I will answer him just as directly, when the figures are before me, as the question was asked.

## **POINT OF PRIVILEGE**

### **Denial of Uttering Obscenity**

**HON. MR. CODY:** — Mr. Speaker, before the orders of the day, I would like to rise on a point of personal privilege. I note from reading *Hansard* this morning, that the hon. member for Maple Creek indicated yesterday that I uttered an obscenity in the House,

directed to her on Friday last.

I want to have it on the public record, Mr. Speaker, that I unequivocally deny having uttered any obscenity to the hon. member for Maple Creek, or any other member in this House.

## **ORDERS OF THE DAY**

### **GOVERNMENT ORDERS**

#### **SECOND READINGS**

#### **Bill No. 40 — An Act respecting the Establishment of the Wakamow Valley Authority**

**HON. MR. SNYDER:** — Thank you very much, Mr. Speaker. I am both pleased and honoured to have the opportunity today to offer second reading of Bill No. 40 — An Act respecting the Establishment of the Wakamow Valley Authority, and I want also to join with the member for Moose Jaw North in welcoming those people from Moose Jaw who have had an intimate relationship with, and have contributed many genuine efforts to, the work that has been done to this point, with respect to that matter.

I believe, Mr. Speaker, that in order to give members of this House a better idea of the source of the legislation, I want to spend just a moment or two, if I may, in outlining the recent history of the Moose Jaw River and its valley.

Mr. Speaker, the Moose Jaw River and its tributaries have a long history of damaging floods, with the largest recorded ones having occurred in 1948, 1969 and 1974. I am sure that members will recall the 1974 flood and the damage that it caused. At that time, approximately 500 residences and commercial structures were flooded to various depths, and about 1,400 people were forced to evacuate their homes. As a result of the 1974 flood in Moose Jaw, about \$1.7 million was paid out in flood damages and compensation claims.

Mr. Speaker, this government did not sit idly by and wait for the next flood. The province, in conjunction with the federal government under the Canada-Saskatchewan Qu'Appelle agreement, has carried out a number of activities in the Moose Jaw area, and is intending to reduce flood damage in the future. Over \$1 million was spent to divert Spring Creek to lessen flood damage in the city, and close to \$900,000 has been spent to date to acquire 25 flood-prone properties in the Moose Jaw River flood plain, and an additional \$169,000 has been provided to acquire six flood-prone properties in the Thunder Creek flood plain.

The Qu'Appelle Valley flood management board has also agreed to provide about \$47,000 to assist in the construction of a by-pass around the Golf Dam, and \$30,000 for the removal of bridges now acting as flood constrictors, and another \$242,000 for dredging the Moose Jaw River to improve its flow characteristics. To modify the high-pressure dam, \$110,000 was spent. I think, Mr. Speaker, that this is a very impressive list, but there is even more.

Under the Canada-Saskatchewan flood damage reduction agreement, \$103,000 has been spent to date to prepare detail maps of flood hazard areas. This information I understand has been used extensively by the city of Moose Jaw in preparing its new zoning by-law.



Mr. Speaker, the actions noted above have been taken in recognition, I believe, of the destructive powers of naturally occurring floods. However, structural works and property acquisition will not in themselves prevent flooding in the future. The city of Moose Jaw believes, and the province concurs, that the most appropriate long-term solution is to minimize the number of man-made structures that are located in the area of the Moose Jaw River valley, subject to recurring flooding. However, at the same time, it must be recognized that the river and its valley within the city have features of significant natural beauty with great potential for recreation and conservation.

Mr. Speaker, let me provide this House with Moose Jaw's opinion with respect to this issue by quoting from its June 1978 brief to the provincial cabinet when we met there. The brief says and I quote:

We . . . solicit the support of all for this far-reaching concept of flood control and parks development in the Moose Jaw River valley.

Well, Mr. Speaker, in proposing The Wakamow Valley Authority Act, this government is responding creatively to the well-founded request of the city of Moose Jaw. Again, let me quote from the city's brief to the provincial cabinet on the need for such an authority. The brief goes on to say:

Mr. Premier and members of the cabinet, we need your help. We suggest that there be a joint effort of the government and the city, under a legal authority.

I think Mr. Speaker, then, that this bill is clear evidence of the government's readiness to work co-operatively with the municipal levels of government on a basis of local initiative and local autonomy.

**SOME HON. MEMBERS:** — Hear, hear!

**HON. MR. SNYDER:** — Through the Department of Urban Affairs, this government has assisted the city of Moose Jaw with 50 percent of the \$124,000 cost of preparing the Wakamow Valley master plan and related materials. To help the new Wakamow authority get started on specific capital projects, this government is also committed to a one-time capital start-up grant of some \$200,000. Mr. Speaker, this government believes, as do its municipal partners, that there are four major benefits to the establishing of the Wakamow Valley Authority for Moose Jaw. They are:

1. Because the authority will be separate from the day-to-day political and staff concerns of its members, under those circumstances we believe a separate agency can devote its attention to the implementation of that long-term plan;
2. Another advantage has to deal, I think, with the source of funding which will be separate and apart from other parks and recreational activities in the municipalities, making implementation of the long-term plan more likely. It does not at the same time, take away resources from these other activities;
3. It makes it possible to give an intermunicipal body key municipal implementation powers, such as the power to raise money, that cannot be given under present legislation;
4. An authority will provide a focus for explaining and interpreting the Wakamow Valley

to residents and tourists. The authority will help to give this important urban natural resource an identity and a personality of its own.

Mr. Speaker, I am sure that all members here are aware of and support the very fine work that has been carried on by the Wascana Centre Authority in Regina. The above benefits of a separate authority also apply to Wascana, and I think it has to be said, apply in large measure and are responsible for the phenomenal success that the Wascana Centre Authority has enjoyed. The partners to the Wakamow project are confident that over the long term the Wakamow authority can achieve equally significant results in Moose Jaw.

Mr. Speaker, let me take a moment or two to briefly outline the major features of The Wakamow Valley Authority Act to this House. I am sure that the House will want to look at a number of other detailed provisions when the bill is before committee of the whole. I'll attempt to deal with the broader principles in generalities.

The authority itself, Mr. Speaker, will have six voting members, three of whom will be appointed by the city of Moose Jaw, two from the province and one from the R. M. Of Baildon No. 131. The annual budget of the Wakamow authority will be set at an amount equivalent to two Moose Jaw mills or approximately \$290,000 in 1980. The city will contribute 60 per cent of that amount; the province will annually provide 40 per cent of that amount; and the R. M. Of Baildon No 131 is committed to spend a flat annual amount of \$1,500. This membership and funding provision, Mr. Speaker, I believe attests in a very major way to the fact that this project respects local autonomy and leadership, while at the same time ensures that the province acts in a supportive capacity for this very major program.

There is a total of approximately 2,500 acres included within the Wakamow boundaries, all within the city limits of our city of Moose Jaw. About 950 acres are designated in what is being termed the "management" area and another 1,600 acres are designated as "advisory" area. The management area is that portion of the valley with the most potential for recreation, conservation and historic interpretation. It's also the area with the greatest potential for flood damage. Accordingly, this is the area for which detailed development plans have been prepared and the area within which Wakamow will exercise most of its responsibility. Much of this area is already being used for recreational purposes. In the advisory area, Wakamow will have a lower level of responsibility, restricted to advising the city as to how development in the advisory area will affect the management area. Mr. Speaker, these boundaries clearly mark Wakamow as an urban park project.

Similar to Wascana, Wakamow will have the power to pass a wide variety of by-laws to control land use on public land, to control noise on public land, to protect water quality, to protect rare and endangered plant and animal species, to regulate traffic, to protect health, and so on. Such power may be necessary in order to maintain a park-like atmosphere. Of course, exactly which by-laws are required at any point in time will be determined by that authority which, of course, has not yet been established. However, Mr. Speaker, the legislation requires that any by-laws passed must be advertised so that the general public is kept informed about the authority's activities.

Mr. Speaker, The Wakamow Valley Authority Act, while similar in some respects to the highly successful Wascana Centre Authority Act, also contains a number of features important and specific in terms of the Moose Jaw situation. In particular, the partners in Wakamow are well aware of the fact that there is private residential land located in the

management area, and that the use of this land is already directed by the city of Moose Jaw zoning by-laws. That's why, Mr. Speaker, this act does not require that the Wakamow authority approve each and every building activity which is to take place. There are quite a number of specific exemptions for residential projects, including the construction of new homes and normal renovations, upkeep and accessory uses, such as garages. These will continue to be directed by the city zoning and building by-laws, and I think this is the way it should be. Wakamow will concentrate its attention on reviewing the larger projects to ensure that they conform to the master plan and that they are aesthetically attractive.

A second important feature of The Wakamow Valley Authority Act, Mr. Speaker, is the provision for appeal, and I think this is also extremely important. The legislation requires that a Wakamow appeals board be established with the city and the province and the R. M. each appointing a member to that board. If a landowner in the management area is aggrieved by a Wakamow decision, he or she may appeal to that appeals board. A further appeal is also provided for to the existing provincial planning appeals board, the final level of appeal being to the court of appeal on a point of law only. This appeal procedure is modelled very closely on the procedure already in use in municipalities for zoning appeals.

Mr. Speaker, the provincial and municipal partners in Wakamow are confident that the rights of landowners will be adequately protected with such a rigorous appeal procedure.

Certainly, Mr. Speaker, the Wakamow act provides for the right of first refusal in the management area. What this means is that when an individual wants to sell his or her land, he or she must first offer it to Wakamow at prevailing market prices. If neither Wakamow nor its partners want to purchase the land, then the individual may sell it to anyone else.

You will recall that I mentioned earlier that a number of homes in the Wakamow area are subject to recurring flooding. Accordingly, owners of these homes may have a difficult time in selling them on the open market. That is why, Mr. Speaker, the partners in the Wakamow project have included a right of first refusal provision in the act. Owners do not thereby have a guaranteed purchaser, but they do at least have the possibility of a willing purchaser.

It is a fact of life, Mr. Speaker, that the power of expropriation must sometimes be used to further the public good. It is not inconceivable that at some future time, the authority may require this power and it has accordingly been provided for in the act. However, Mr. Speaker, the province and its municipal partners in the Wakamow project have no desire to force existing residents from their homes. Therefore, a fourth special feature of The Wakamow Valley Authority Act is that the authority will not be able to expropriate owner-occupied homes in the Kingsway Park, Churchill Park, River Park or Wellesley Park areas of Moose Jaw as long as they are lived in by the present owner and his or her spouse.

In fact, Mr. Speaker, this is a continuation of the present general policy of the city of Moose Jaw and is as ironclad a guarantee as it is possible to give existing residents that they have nothing to fear from the Wakamow project. I believe it clearly demonstrates good faith on the part of the province and the municipalities.

Mr. Speaker, before concluding my remarks, I want to turn for a moment to the

opportunities for public review and comment provided during preparation of the Wakamow project. The Wakamow plan was first presented at a public meeting in Moose Jaw in May 1980, almost a year ago, and followed by a two day drop-in centre at City Hall. At that time questionnaires were handed out inviting citizens to give their ideas and offer their opinions on the project.

During the summer of 1980, the city of Moose Jaw staff presented the Wakamow plan to various service clubs and organizations. In early September of 1980, the basic principles of a proposed Wakamow Valley Authority were distributed to all households in the city through the *Moose Jaw Shopper* and in addition were hand delivered to residents of the Moose Jaw valley. Furthermore, this material was sent by certified mail to those landowners who happen to reside outside the city of Moose Jaw.

A meeting with the valley landowners was also held in mid-September for the specific purpose of explaining the principles behind the proposed authority and its proposed boundaries. This was again followed by a drop-in centre at Moose Jaw City Hall.

I think it has to be said, Mr. Speaker, that all of these actions have to represent clear evidence that the provincial and municipal partners in the Wakamow project have worked hard, exceedingly hard, to ensure that the project is known and that it is understood by Moose Jaw residents. This government and its municipal partners believe that the people of Moose Jaw and area are eagerly awaiting The Wakamow Valley Authority Act, so that the implementation of this exciting long-term project can begin.

I want to say, at the same time, Mr. Speaker, that Wakamow will welcome the involvement of service clubs and other groups who may wish to participate in this exciting adventure. As evidence of this, I just want to take a moment and read into the records also, a letter from the Kiwanis club of the city of Moose Jaw which arrived on my desk only a short while ago. This letter says:

Dear Mr. Snyder: This letter and certificate indicate our appreciation for your appearance at our supper meeting on the February 27. We appreciated your comments concerning the Wakamow authority, and of course, we share your hope that the authority be established during the present sitting of the Legislative Assembly. You have provided us with sufficient encouragement that our executive have agreed to earmark \$8,000 for the beach project plus 50 per cent of the earnings of all of our projects in preparation for the time when we begin work on further development of Kiwanis Park. (signed by) Dave Schneider, President, Moose Jaw Kiwanis Club

**SOME HON. MEMBERS:** — Hear, hear!

**HON. MR. SNYDER:** — Essentially this concludes my remarks with respect to The Wakamow Valley Authority Act. To sum up, the province, at the request of the city of Moose Jaw, and in co-operation with the rural municipality of Baildon No. 131, has developed legislation for a river valley authority, unique to the Moose Jaw situation. In so doing the three parties have balanced the long-term recreation and conservation needs of Moose Jaw and area with the legitimate concerns of private land owners in the Wakamow area. The result is an act which I believe will, in the long term, permit the conservation and the sensitive recreational development of a valuable urban natural resource while at the same time permitting existing resident owners to remain in the area if they so desire.

Accordingly, Mr. Speaker, it is with a great deal of personal pride and pleasure, that I move second reading of this bill.

**SOME HON. MEMBERS:** — Hear, hear!

**MR. MUIRHEAD:** — Mr. Speaker, in response to the Minister of Labour's presentation of this bill, and on going through it, I have no qualms nor can I see anything against it at this time. Today the member for Moose Jaw North and Mayor Taylor, some other guests, and I had lunch together, and discussed this for the first time. I was able to ask some questions which will definitely help us to proceed with this bill much more quickly.

I asked some questions and was informed that the council in Moose Jaw unanimously supports this bill, as do the municipal councils. My concern was that even though the councils were in agreement and passed it, sometimes people come along after and show concern. I was informed there have been public meetings and there have been no objections.

I say to you, Mr. Speaker, and to you, Mr. Minister, that if all things are as I've heard today, there will be no problem having this bill go through this House. I was also informed that there is a need to have this bill passed before April 1, because of some technicalities. From what I have been told today, and from your presentation, Mr. Minister, we on this side of the House will do everything we can to help get this bill through.

There was one request that I had, and that was that I wanted to see, in writing, any meetings (public meetings) or, council meetings, so I could take it to our caucus and discuss it. As I said, all things being equal we will be able to proceed.

In the meantime, I beg leave to adjourn debate on this bill.

Debate adjourned.

## **COMMITTEE OF FINANCE**

### **CONSOLIDATED FUND BUDGETARY CASH OUTFLOWS**

#### **HEALTH**

#### **Ordinary Expenditure — Vote 32**

#### **Item 1**

**MRS. DUNCAN:** — Would the minister like to introduce his officials?

**HON. MR. ROLFES:** — Mr. Chairman, it is my pleasure to introduce the people who are with me today. Sitting beside me, to my left, is the deputy minister of health, Ken Fyke. To my right is the associate deputy minister of health, Clem Reid. Sitting directly behind me is Dr. Peter Glynn, the acting associate deputy minister, and beside him is Lawrence Krahn, who is the director of administration.

There will be others coming in, Mr. Chairman, but I will be introducing them as we need

them during my estimates.

Before I take my seat, I would like to make a short statement. I indicated to my critic yesterday that I would give her a copy of it because it does contain a fair number of statistics. She may want to allude to some of them as we proceed with my estimates.

Mr. Chairman, the total budget for the Department of Health for this fiscal year will be \$604,496.790, which represents about an \$80 million increase, or 15.3 per cent over 1980-81 estimates. Now, additional funds for health programs and health related facilities are to be found elsewhere in the estimates as well. There is \$2,707,600 for the health services branch of DNS (Department of Northern Saskatchewan), and \$3,397,540 in the budget of the Department of Government Services for ordinary and capital expenditures on health-related facilities.

Further, there are three health items for which funds have been allocated from the heritage fund. These are: \$6 million for capital expenditures at the University Hospital; \$1,591,000 for initial work on a new provincial laboratory building; and \$300,000 for initial planning work on the new Saskatchewan rehabilitation centre. These additional items bring the total estimated expenditure for health for 1981-82 to \$618,492,930 — an increase of 86.5, or a 16.3 per cent increase over the estimated expenditures for 1980-81.

The Department of Health budget provides \$351.4 million to the Saskatchewan Hospital Services Plan. This total does not include \$15 million allocated to the Regina hospital regeneration program, or a further \$4 million for hospital renovation and construction projects in a dozen other communities.

The Saskatchewan Cancer Foundation receives a substantial increase of \$2.4 million, or 30.1 per cent, to a total of \$10.2 million. The increase includes \$405,000 for a cobalt simulator for the Saskatchewan Cancer Clinic, and \$285,000 for a cancer research program.

Other funds for research include the grant through the health research fund, \$750,000, and the grant for radiation research of \$400,000. These grants, together with the \$1 million for the psychiatric research division of the psychiatric services branch, bring the total funding of health research for 1981-82 to \$2.435 million.

Another area of note is the Saskatchewan dental plan, the budget of which increased by over 30 per cent to \$13,075,860. This increase includes provision for extending coverage to 15-year-olds beginning this fall, so that all children and youths ages 4 to 15 will be eligible to enrol. The increased budget also includes funds for the pilot project to provide adult dental care in a rural area.

There are also substantial new funds for other initiatives we are taking in the field of community programs and preventative services. The budget of the community health services branch has risen by \$1,458,100 or 17.1 per cent to just over \$10 million.

Finally, I would like to point out that the budget for health promotion increases this year by \$400,000 or 49 per cent to \$1,230,870. The media campaigns carried out under the Aware and the Feeling Good programs have been highly successful. At least, we think they have been. We are anxious to build on this success, and have therefore provided funds for the continuation of Feeling Good and for the development of a new media campaign dealing with a range of lifestyle-related health issues.

Mr. Speaker, I think with that short statement some of the questions the members wanted to ask have now been answered. I will now give the floor to my critic.

**MRS. DUNCAN:** — Thank you, Mr. Chairman. I would like to approach the health estimates in a little different fashion this year. I would like to discuss with you various proposals which we on this side of the House would like to see instituted in the health field in Saskatchewan. We feel that they are of utmost importance if we want to continue to provide Saskatchewan residents with a rather comprehensive type of health delivery system.

The things which were read in the budget speech, Mr. Minister, indicate that a lot of moneys are going to urban centres, namely Saskatoon and Regina. We don't necessarily disagree with this stance. I think in these days of inflation, and when you consider all the other departments that are fighting for the tax dollars, we have to utilize our health dollars to the best of our ability. I think it is reasonable to say that centralization of advanced technology and specialists will continue to be centred in urban areas such as Regina and Saskatoon. But perhaps we are on a rather dangerous road, in that our rural health delivery system is in jeopardy of being eroded somewhat as we concentrate all things in larger centres.

It seems to me that we have a host of programs available to the people of Saskatchewan, not only through the Department of Health but also through the Department of Social Services. Yet quite often these programs and services are somewhat fragmented. There doesn't seem to be any corresponding between the two departments. I think this probably has a greater effect on rural Saskatchewan than it does on urban Saskatchewan, where these programs are more readily available. I believe that one area we have to look at is the cost to patients travelling from rural areas to urban centres looking for health services not available in their urban areas.

I would just like to ask the minister whether or not his department has looked into the possibility or the feasibility of somehow integrating and consolidating services, not only within his department but within the Department of Social Services? I believe truly that the social aspects of services available are interwoven with the health problems of the people, and you can't really separate one from the other. Mainly, I would just like to ask whether or not you have been thinking along the lines of setting up (I don't know what you would call them) area boards that would provide a comprehensive array of health and social services to rural areas?

**HON. MR. ROLFES:** — Mr. Chairman, I think the member opposite makes some telling points which governments right across Canada are concerned about. You would have enjoyed the conversations we had at the last health ministers' conference. Almost every minister was concerned about the centralization taking place in his respective province. We set up at that conference a manpower committee to deal not only with manpower as it pertained to each province and the numbers of manpower but also what we could do to get some of the specialists into various areas in the provinces and away from the big centres. The hon. member from Ontario, Dennis Timbrell, was saying that he had a difficult time getting people into fairly large cities other than Toronto. And because it was difficult to get people there, you had difficulties in making the facilities and equipment available. So, I do think you are addressing yourself to a problem that we have been concerned with for a long, long time, although I must admit we do not have the answers to that.

One of the problems is that you have to respect local government and each little local government wants to have the facility in its community; that's understandable. If you by-pass them — you know, a nursing home in any community — it may well mean the continuation or the demise of that community. But if you really took it on economic grounds, or if you really said, "Let's look ahead 20 years or 30 years." you may by-pass some of the smaller towns and say, "Well let's locate it in a larger town." I don't want to sound pessimistic because that hasn't happened in this province. But I do think you are right when you say we have to worry about centralization.

Recently we had a session with the Saskatchewan Medical Association and the Saskatchewan College of Physicians and Surgeons that we call our annual think tank. I brought this very point up with them; I was concerned about the centralization in Saskatoon and Regina; and what could we do to convince the people in rural Saskatchewan that many of the health services they go to Saskatoon or to Regina for, they could get just as well in the smaller areas. Maybe they would have to by-pass their own community hospitals for certain things, but why not stop at the regional hospital? We know that because of high technology and because in certain areas you need the specialists to take care of the operations, or to do the examinations, you must have those performed in the larger cities. I think we all accept that. I think everyone at that meeting was concerned about what was happening, but we really didn't, I don't think, have a solution for it. We have had discussions with the Department of Education and the Department of Social Services. We have, to some extent at least, tried to make it as decentralized as we can. I think you need only look at many of our regional boards which we have set up. We have psychiatric services, for example, in every region of the province. We have community health services in every region of the province. There are 45 different home care boards in the province.

One other problem which we do have, and I think we have to come to grips with it again some time in the future, is all the different boundaries that exist. There is a different boundary for home care, a different boundary for education, a different boundary for psych services, and so on. If we had coterminous boundaries, I think maybe we could co-ordinate our activity a lot better. But I think that was looked at some years ago before my time, and certainly no agreement could be had at that time.

I don't know if the member remembers that last year I told her about a thrust group which I had set up involving about 150 or 200 people . . . (inaudible interjection) . . . about 400, I'm told. We've looked at a number of different areas as to how we could deal with a particular problem and deal with a particular group of people, not here in Regina and not in Saskatoon, but out in the areas in which they reside. We looked at what services we had to make available.

I believe, if I remember correctly, (I've been reading a fair number of reports, but if I'm wrong it will be on the report that I'm wrong), the task force on rehabilitation made a point of that. They wanted it decentralized and they wanted some services out where the people resided. I agree with that. I agree with that recommendation although, at the same time, I agree that we can't build rehabilitation centres in all the regions. That's impossible, so you need one or two rehabilitation centres with all the back-up facilities and with the specialized personnel so people can come there and get their rehabilitation. Then we continue with the services out in their own districts. So, I think the member is quite right in her assessment of the problem. We are certainly aware of it and we've been working on it for some time.

**MRS. DUNCAN:** — I agree with what you're saying. I don't ever want to suggest that I



want to by-pass the local boards, but I think what you mentioned about coterminous boundaries probably is the key to enabling us to provide these services to people in a specific area with a comprehensive array of services.

I know that smaller hospitals are having a rather difficult time because of low patient ratios and things like that. But surely, our smaller hospitals in rural areas could have their roles redefined. Instead of downgrading them or whatever, maybe we could expand the services that they could offer, such as working on a lot of aspects of home care (which I know belongs in social services). Surely smaller hospitals could handle special homes and home care. Community services centres, I know, aren't being utilized to the fullest.

What you said about centralizing things in Saskatoon and Regina — I don't think in this day and age that we can possibly get away from that, but perhaps some arrangements could be made with the medical society so that specialist services, not really requiring specialized types of equipment, would be able to go out into rural Saskatchewan to a region for, say, two days every six weeks. I am sure the doctors themselves know the inconvenience and, in some cases, very definite hardships that are placed on patients who have to drive from Meadow Lake or wherever, to Saskatoon or Regina for specialized treatment. Has your department been looking into this aspect?

**HON. MR. ROLFES:** — It almost seems as though the member had an agenda from our think tank. I appreciate very much the problems you are bringing up. Again, I brought this up with the physicians at the think tank. How can we give more assistance to the doctors in rural Saskatchewan, who may not have the specialist at their fingertips? We did discuss how we could increase the visiting services of specialists that we presently have. There are some going on right now, but we certainly wanted to increase that. My department is working with the SMA (Saskatchewan Medical Association) to try to work out something which will expand that particular service.

I want to indicate to the member that (I forgot to mention in my first statement in response to her) level 4 in rural Saskatchewan was a response to the problem that existed of centralization, with many of our senior citizens moving into bigger centres, particularly Saskatoon and Regina. Some of us suggested to the then minister of health that maybe what we ought to do, in order to help the rural community hospital, is give them additional level 4 beds on top of the allotment they had for acute care beds. I think some of the hospitals still haven't picked those up, although others have. I think in that regard many of the senior citizens have been able to stay in rural Saskatchewan.

I don't disagree with you, again, on the home care. There's nothing wrong with our rural hospital, our community hospital, working with the home care board and running either the program directly out of the hospital or providing some of the services of home care out of the hospital. I think we need to find whatever additional services the hospitals can render and can give to the people in that area. Whatever services we think are worth-while, we have to try to fit in with the rural hospitals. Times are changing and the community is changing very rapidly. In redefining the role of community hospitals, we have to be very careful that we do the consultations with the hospital board and that we consult very, very carefully with the doctors involved. If we redefine the roles and don't involve the medical profession, and because we redefined them the doctor leaves, we're in serious trouble.

I don't disagree with you. I think we have to walk that very slowly and make sure that we have the hospital boards involved and have the medical profession involved, so that

they agree with what we want to do.

**MRS. DUNCAN:** — I think we agree with you, too, Mr. Minister. The needs of a rural hospital or a rural area are very different than the needs of your larger urban centres. Is there any thought given to having specialized people within the department handling one separate from the other?

**HON. MR. ROLFES:** — Mr. Chairman, some of this is being done at the present time. My officials tell me that the South Saskatchewan Hospital Centre, here in Regina, is providing some services to some of the rural hospitals. I think that in southeastern Saskatchewan there are some services being provided in the medical area, but certainly some in the area of administration as well. It is very difficult, from time to time, for hospital boards to get highly qualified administrators for a very small hospital. Again, that is understandable. They are simply unable to pay the high administrative salaries that these people will require.

I would like to see (and we are working on it) what we could do from our base hospitals, in Saskatoon and Regina, in providing various kinds of services to our regional and community hospitals. Here again, we need to have further consultations on this. I don't see why we couldn't provide some additional services on a regular basis out of those base hospitals where we have the personnel and capabilities. I think that has to be pursued and discussed.

Again, with the thrust you're putting forward, I certainly can't disagree with it. In fact, we are pursuing it at this particular time.

**MRS. DUNCAN:** — I want to get back to discussion on level 4 for a minute, if I may. I've had several inquiries over the past three weeks from people who are very concerned because they have heard rumours that level 4 care will be transferred out of health and into social services. Do you know anything about this.

**HON. MR. ROLFES:** — I would like to introduce to you Duane Adams, the former associate deputy minister of health. He's here in the capacity of chairman of MCIC (medical care insurance commission).

I've been given to understand that there are consultations taking place at the present time with the Saskatchewan Health Care Association and with the Saskatchewan Association of Special-Care Homes. We expect that the consultative process will probably take another couple of months. It is hoped that at that time an announcement can be made.

**MRS. DUNCAN:** — Does that mean that you are considering transferring level 4 care out of health and into social services? Who initiated the talks you are having? Was it a request of the health care association that this transfer take place, or was that an initiative of your department?

**HON. MR. ROLFES:** — Mr. Chairman, those consultations took place when I was the minister of social services. I had many requests from the senior citizens council of the special-care homes association to have discussions with them about all levels of care at that particular time. It was in connection with home care and how we should have a look at the levels of care that we have. The consultations were started a couple of years ago. But, they requested some consultations, we have requested consultations. The option

of whether level 4 care will be transferred to social services certainly is being discussed.

**MRS. DUNCAN:** — If the transfer takes place, will level 4 care still be covered under MCIC or the Saskatchewan Hospital Services Plan?

**HON. MR. ROLFES:** — I think you just used the wrong word. You meant covered under SHSP (Saskatchewan Hospital Services Plan). It is being discussed. It may continue or it may not be continued under it. We don't know until the consultation process is completed. It could be that it will be funded in some other way. It could remain under SHSP, I really don't know at this particular time.

**MRS. DUNCAN:** — I find your answer a little disturbing. I'm thinking of the elderly people who are lying in special-care homes assessed as level 3 who are actually level 4. I think this brings us back to what he said earlier about providing health services deliveries in rural areas. Many of our rural hospitals did take the 2-bed, level 4 option that was offered to them. I don't know whether they were happy to take it because most of the hospitals, I think the vast majority of them, felt that 2-bed option was just not adequate to the needs of their areas. I think you find more and more nursing homes are actually becoming extendicare homes. We have a 61 patient home in Maple Creek and about 31 of them are assessed at level 4, but there's no place for them to go. I think if there is going to an amalgamation it surely will have to be well thought out. I'm going to check on this by the way.

**HON. MR. ROLFES:** — Let me say to the member that I don't take exception to your statement that you find it somewhat disturbing. I think it has to be remembered that we are in a consultative process, and there's no sense in having consultation if we are going to tell them exactly what we want to do. You may as well send out a memo saying this is the way it is going to be. We want their input, and we've had some very good consultations. I announced last year that with the former minister of social services, Mr. Koskie, we set up a regional assessment committee. I think it has been understood for a long time by many professional people that the artificial or arbitrary levels of care that we have right now — levels 1, 2, 3, and 4 — may be a disservice to the patient. We ought to have a look at them at least to see if we can't change them.

Many of the senior citizens told me (when I was in social services, in a survey we did) that they didn't want to be transferred from their community to another community. They were level 3; suddenly they became level 4 and they are transferred from their home town 50 miles away. And they said, "We really don't want to do that. We'd rather stay where we are." And that was another reason why we established level 4 in rural hospitals; we didn't want them to be transferred somewhere else. I think with the new classifications that may come about, you will find many of the nursing homes will be able to maintain or retain the patients that they have regardless of whether they are level 3 or level 4. It shouldn't make any difference really. We have to make sure that we have sufficient personnel or the right kind of personnel to take care of the patient. This is really all part of the process right now, the consultative process.

**MRS. DUNCAN:** — That's an argument my colleagues and I have been making from this side of the House for the three years I have been here. Once you get to a certain age in your life, you don't want to have your whole life disrupted and to be moved away from your family and friends and visitors and whatever. Let me ask you, have you reassessed or have you evaluated the program which you now have in place where hospitals have the two-bed level 4 option, the ones which have taken it? Have you evaluated whether

or not it is sufficient or whether or not it has been increased? If you haven't, are you planning such an evaluation?

**HON. MR. ROLFES:** — Mr. Chairman, first of all that whole basis of level 4 in the rural hospitals is part of our continuing care. We are going to assess all the level 3s and 4s over the next two or three months. That is the particular process which we are going through right now. We certainly will consider requests which are coming in. I think it must be remembered, however, the primary function of the hospital still is acute care. We have to make certain that is not being impaired while they are taking on level 4 patients, but certainly I would be looking very generously, I hope, on requests which may come in. I want to tell the member that I can't do that in this year's budget, but certainly for next year's budget, if requests come in now, I will give some priority in our request to treasury board for funds to support that kind of a program.

**MR. THATCHER:** — Mr. Minister, a matter came to my attention from one of the constituents of the member for Moose Jaw North about a week ago; so many of his constituents turn to me when they have a problem, rather than calling the member for Moose Jaw North — or Moose Jaw South, for that matter. But anyway, Mr. Minister, I have not brought my notes with me. I didn't know your estimates were up today. That is my fault, not yours.

But the call was something to this effect. A member of the family was in Extendicare. If I recall the figures correctly, it was costing approximately \$720 per month. Now, I may be wrong with my figures and I'm subject to correction, but it was in that range. They indicated to me that the cost per month had gone up \$140 for 1981. Mr. Minister, is that possible and is that accurate?

**HON. MR. ROLFES:** — Mr. Chairman, I would like to inform the member for (somebody wrote down "Palm Springs" but that's not your riding) Thunder Creek that I cannot give him that answer. He must direct that to the Minister of Social Services. The Minister of Social Services is responsible for levels 1, 2, and 3. I don't have that information. That comes under social services.

**MR. THATCHER:** — Mr. Minister, I am going to ask you another question that these people raised. Is it equitable that those who may be in Extendicare homes and who had some assets should be forced to use all their assets until they are, in effect, gone, while those who did not have assets or had divested themselves of their assets prior to going into these homes, and I don't think that would be an uncommon situation — I wonder whether it was equitable to bleed the people down who had some assets, and to pick up the entire cost of those who had none. May I ask you if it is the philosophy of your government for this to be a common practice?

**HON. MR. ROLFES:** — Mr. Chairman, the philosophy of the Department of Health is that all level 4 people are insured, as is acute care. I do not want to get into social services, even though I am the former minister of social services. These are the health estimates. I am afraid that if I give my personal view on it, the member will pursue it further, because I have already answered part of his question. What I am saying is that the present policy of the government is that level 4 is insured and acute care is insured. I think that question would be better directed to the Minister of Social Services.

**MRS. DUNCAN:** — I would just like to make a comment if I may. We received numerous letters expressing dismay at what my colleague for Thunder Creek just alluded to, and that was the fact that people on level 3 and level 2 have to pay, and people on level 4

don't. I think it would be a dangerous course for your government to take — to consider splitting the costs between level 3 and level 4 patients just to make it a little bit equal. People seem to think that everybody is equal at one time or another. I think you should consider that fact when you are having your ongoing consultations about moving level 4 out of health and into social services.

I would like to talk for a minute on the need for transportation services in rural Saskatchewan to our large urban centres. Could you tell me whether or not any thought has been given to transferring ambulance services from urban affairs to health?

**HON. MR. ROLFES:** — The answer is no.

**MRS. DUNCAN:** — Has your department been approached to bring ambulance services under health?

**HON. MR. ROLFES:** — Yes.

**MRS. DUNCAN:** — Are you not giving any consideration to the request?

**HON. MR. ROLFES:** — We are.

**MRS. DUNCAN:** — Could you tell me whether you have come to a conclusion?

**HON. MR. ROLFES:** — At the present time, yes, we have. If you look at our budget, it's not in my budget. So for this budget, yes, we have made a decision. I think that for next year's budget, we will have to go through that process as we prepare the budget. But for this budget, the answer is yes, we've made a decision. It remains with urban affairs.

**MRS. DUNCAN:** — People who are in hospitals in rural Saskatchewan, who are not in a crisis situation, often will have family members take them to Saskatoon, Regina, Swift Current or wherever. Has any thought been given to formulating a total health transportation scheme where the cost would not be borne by the patient? If we are going to say we are not going to charge for health, and if we continue to have centralization of health services, surely consideration has to be given to rural residents who have to travel to get these services.

**HON. MR. ROLFES:** — Let me start by saying the member did indicate that she thought that — maybe she implied that — if we went that way, it may assist centralization. If she didn't, I believe it would. One of the things I am concerned about is the number of people who come to our base hospitals in the two major cities for services that they could probably just as well receive in their own community or regional hospital.

If we were to start on that particular road, it would be an increasing incentive for people to by-pass their own hospital. Secondly, I don't believe that the costs are that astronomical for the individual involved. We have a very good highway system in this province — as was indicated through the estimates of the Minister of Highways. We have a very good STC (Saskatchewan Transportation Company) service. Senior citizens are subsidized on STC. I can't give it the high priority that you would like when I look at all the other requests made of me to provide additional health services. So, I would give it low priority for those reasons. Many of the other requests are more important, and I fear that it may add to the trend of centralization.

**MRS. DUNCAN:** — I appreciate your answer, but I think you must admit that centralization is a fact of life. I don't think your government is prepared to double or triple your budget to enable you to provide the same services that we are able to get in Saskatoon and Regina, in places such as Gull Lake, North Battleford or similar places. But it is a fact of life, and I don't think we will ever overcome that in the foreseeable future. That's for sure.

The cost, you say, is not that great. I don't think you can really say that conclusively. Ambulance services, air services, and car transportation all cost a lot. I think if I were sick — even if it weren't a crisis, or a life-or-death situation — I surely wouldn't want to be riding on a bus for six hours.

**HON. MR. ROLFES:** — Mr. Chairman, we do have an ambulance system which is subsidized through the Department of Urban Affairs. I know that, from time to time, there are costs that the individuals have to incur. I would reiterate though, at this time, that there are many, many services performed by the University Hospital (about 70 per cent) rendered to people who live outside of that particular area.

The other base hospitals in Saskatoon and Regina — about 45 per cent to 50 per cent of all the services rendered are to people who live outside of their area. That's what I'm referring to — those services which could be provided by the regional and community hospitals. Those are the matters that concern me, not the matters where people must go to the base hospital because that's where the specialists and the facilities are to provide those services they require. I'm concerned about those that could be provided in the community and regional hospitals.

I met recently with a group of doctors in a regional hospital. That is the very point they made with me. They said, "Here, we have 70 doctors. How can we convince people that we are just as qualified, just as capable, and have enough back-up services to render most of the services that the people from this region are looking for in Regina or Saskatoon?" In this particular case, it was Regina. That is the area which concerns me, not those where they must go to Saskatoon or Regina, because that is where we have the specialists, that's where we have the high-technology equipment which you can't put in either the regions or in your community hospitals.

**MRS. DUNCAN:** — How do you overcome that? I think that is quite true. We have people in our area who go to Swift Current or to Medicine Hat; they get to Swift Current and they go to Regina; they go to Medicine Hat and they go to Calgary. Do you think an educational program sponsored by the Department of Health, perhaps patting the doctors on the back for once, would help?

**HON. MR. ROLFES:** — Mr. Chairman, let me say to the hon. member that I would not be opposed, if it were in conjunction with the local hospitals. I really believe a selling job must be done by the board of each hospital and by rural municipal councils and town councils. They must sell their people on the value of their hospitals, and the services which their hospital can provide. If we do it from Regina, people will say, "Oh yes, you are trying to save money. You don't want us in Saskatoon or in Regina where we can get the best services." They will think we have ulterior motives. I don't think it will be as effective. I think it must be done at the local level. I know that some are doing this. Some are recruiting better doctors and more doctors. Meadow Lake is a good example. I think they have an excellent clinic in Meadow Lake. They are now keeping many of their people there who otherwise were going to North Battleford. Hudson Bay is another good example. Many of those people were going to Yorkton and Regina and are now staying in Hudson Bay. Some of that was our doing, through incentive grants, medical establishment grants. We are moving in that direction. It is a slow process. I really think it could be effectively done at the local level by all of those groups I have mentioned.

**MRS. DUNCAN:** — Do you have a program to encourage people to take paramedic training, such as ambulance drivers or firemen who might be able to assist in times of need?

**HON. MR. ROLFES:** — We have what is, I think, called an ambulance driver attendant program. It is not the same as paramedics, but it is run by continuing education. It takes place over the course of a year. I am not sure of the length of the course. The Minister of Continuing Education would be able to give you that. I do not have that information here. I am told it is about 100 hours.

I recently met with three doctors who attempted to convince me that we ought to move in the area of paramedics. They made some very telling, convincing points. I think once we get into that area we have to fully understand it is going to be a fairly expensive program. Again, I don't know how fast we can move on that. But it is something we have under discussion at the present time.

**MRS. DUNCAN:** — Could you tell me whether or not ambulance drivers are required to have certain training, or more training than just a St. John's Ambulance course, or whether or not nurses are required to accompany patients during transportation?

**HON. MR. ROLFES:** — My understanding is that we have issued some new regulations in this particular regard. I can send you a copy of that. Do we have extra copies here? We will supply you with a copy of that. It does list all the requirements that they have to abide by.

**MRS. DUNCAN:** — I'm going to just deviate for a minute, Mr. Minister. I was very interested in this headline in the *Leader-Post* the other day: "Rolfes Says He Would Welcome Ban on Extra Billing." (I thought I would jump in before the member for Saskatoon-Sutherland on this one.) It wasn't the headline that alarmed me as much as down in the small print. It says:

Rolfes said Saskatchewan's position favouring a ban on direct billing was started following the release of the Hall report last year.

Could you tell me whether or not that was a misquote or are you truly considering breaking the Saskatoon agreement of 1962 and banning direct billing in the province — mode 3?

**HON. MR. ROLFES:** — Mr. Chairman, as soon as I got the *Leader-Post* I read the article. I phoned Janice Hackel and told her that she had made three basic errors. One was the direct billing, and she admitted that it should be extra billing. One was where she said Monique Begin had the big stick of \$8 million; it should have been \$8 billion. The other one was where she said the EPF (established programs financing) program came into effect in 1975; it actually came into effect in 1977 and ends March 31, 1982. She apologized and said that there should have been a correction in today's paper or yesterday's, I'm not sure.

**MR. THATCHER:** — Mr. Minister, this, I suppose, is as good a time as any to perhaps question you as to the progress that you may have made in the past year in improving the quality of our doctors. I think, in your estimates last year, we finally did pry some admissions out of you, reluctantly and begrudgingly, that perhaps the quality of the doctors in this province is not all that it could be, or maybe should be. I'd like to ask the minister if this situation is still true, that some doctors are practising in Saskatchewan who are not qualified or would not be licensed to practise in other provinces? Is this still true? I suspect that it is but I will still pose this question to you anyway.

But more importantly, Mr. Minister, I'd like to ask you if this climate still exists (a climate which existed a year ago) where the stick of complete subservience to the government is still being held over our doctors? When I say that "big stick," I mean the removal of the mode 3 billing. The mode 3 billing was part of the bargain which brought our present medicare system into being, some 20 years ago.

Mode 3 was the agreement which broke that very agonizing and traumatic strike which brought medical services in this province to a virtual standstill, a situation which none of us want to ever see recur. I want to ask the Minister if he feels the climate has been improved by the recent assertions by the federal minister of health. Goodness knows, as I watch her on television, I wonder: where did Pierre Elliott dredge that one up? Surely to goodness, with all those people, he must have been able to come up with a



better one than that. I would like to ask for the minister's comments on the atmosphere doctors are presently under, where they have little enough independence on their own. State socialized medicine has not been successful in other countries. I refer to Great Britain. Why do so many doctors want to get out of Great Britain and get over here? Maybe ours isn't perfect, but obviously that little bit of freedom makes it better than what they have in Great Britain. Obviously, where they have outright socialized doctors, the quality of doctors and medicine have declined.

I want to ask the minister about the club (I was going to say gun, but I'll just say club) which is being held by this Minister of Health (and now the federal Minister of Health who has a big club, no question about that) at the heads of doctors. Do you think that is conducive to the development of good relationships with the medical profession? And though it may very well pain the minister across the way, I think he has to concede there are two things that have to be in place in any successful medicare program — a doctor and a hospital. You can have one but if you haven't the other it just will not work. And so my question to the minister is this: do you think having half of those basics in the state of flux they are, is conducive to a good medical care system?

**HON. MR. ROLFES** — Mr. Chairman, I'd like to make a few comments. I can voice my personal opinion as to why the doctors want to leave England. I suppose one of them is that they have a PC government and they like to come where there is an NDP government. And secondly, I suppose the member would agree with me it's because the PC government is a Thatcher government.

But I want to indicate to the member (I think that the doctors would verify this) that certainly the relationship between the doctors of this province and the Department of Health and me are very good. We had, I think, an excellent (I'm not even saying a good, but an excellent) think tank a few weeks ago. We had discussed many problems which beset Saskatchewan medicare and hospitalization. I think we had a good go at it. I think the relationship again between the SMA and MCIC is very good. I think in part that is due to our chairman, Mr. Duane Adams, and the relationship he has been able to set up with the medical people. Many have told me on a private basis that they are satisfied with the relationship he has been able to set up. So I can only say to the member that I think the state of health in this province is very good.

I don't want to comment on whether the atmosphere is worse or better because of statements made by Monique Begin. I think each and every one of us has to make our own judgment on that. I think if you want to know the answer to that you should perhaps ask the medical people. I don't think that I would be qualified to answer that for you. So on the whole, I'm satisfied with the relationship that we have with our doctors in this province. They certainly know my personal stand on extra billing. I've made it clear a number of times. We indicated that to Emmett Hall when he had his hearings, so that is certainly no secret. Despite that, they respect my stand — they don't agree with it, but they respect it, and I think our relationship with them is good. In our discussions I think we have been very frank and honest with each other, and I would say there is certainly a pretty good relationship.

**MR. THATCHER:** — Mr. Minister, I take your word that relations with the medical profession are wonderful with a grain of salt. I do this because I am informed that the exodus of top-quality, Canadian-trained doctors (and specifically Saskatchewan-trained doctors) is continuing this year as it did last year. Our best doctors, trained in Canada and Saskatchewan, continue to leave. They fulfil whatever obligation they may have to the provincial government with regard to help they may have received to get

through college, and the moment that is fulfilled they move elsewhere.

And the reasons for their choosing to move elsewhere are interesting. Of course one of the predominating factors is that the average income for doctors is below the national average for doctors in Canada. It is indisputably below the national average. Then, when we compare their salaries and their fee schedules to those in the United States, it's way, way out of whack. And then we wonder why they don't stay in Saskatchewan. Now, I don't say it's all dollars, but certainly dollars have to play a pretty significant role.

You can play with all the money you want, but if you don't have the hospitals to handle the people in the latest technological fashion, and if you don't have top-quality doctors to fill these hospitals to see the patients, you simply don't have a top-quality program. Because of your fee schedule for doctors, you are not keeping the best doctors in the world in Saskatchewan. I'm talking about the ones that were educated in Canada and in Saskatoon. They are indisputably among the best in the world. Where are they going? Some go to Alberta and some go to Ontario, and an awful lot of them go to the United States because of the big dollar.

Whether it's right or wrong isn't important. The point of the matter is that they are going there because you are cutting back on their fees. Now, Mr. Minister, can you show me a way to raise the quality of our doctors in another fashion, other than making money available? This is true in other fields as well, whether it's in medicine or in the trade union movement or whatever; money certainly is a consideration in an individual's decision as to where he will live. I suggest to you that by being overly tight with the fee schedule, along with the fact that our doctors' incomes in Saskatchewan are well below the national average for Canada (according to DBS), you are not going to keep them here in Saskatchewan.

What have we replaced them with? That, I guess, is the burning question. We spend a lot of taxpayers' dollars to educate doctors in Saskatoon and elsewhere in Canada. We put out an awful lot of taxpayers' dollars; everybody in this Assembly knows that the tuition paid by students covers a very minor part of the cost of their education. Probably it's a safe assumption that in medicine the proportion picked up by the taxpayers gets even higher, so we spend all this money to educate them.

You know, Mr. Minister, you've made a reference to my being in Palm Springs, and it's true. I go there occasionally — from time to time. I have an ailment that gets cured on the golf course. Let me tell you, Mr. Minister, it's shocking to see the number of doctors down there from Canada. It is shocking to see the number of them in their mid-30s educated in Canada who are in Los Angeles. They tell me the same is true in Phoenix.

I suggest to you, Mr. Minister, that it's astonishing that we're pumping all this money into educating the best doctors in the world. Make no mistake, the Americans know that these doctors are as good as there are in the world and will recruit them to go down there. And what do we replace them with: Do we replace them with their equivalent? I wonder. I'm in no position to evaluate them, but I know this: you license doctors in Saskatchewan who can't practise elsewhere. I know how good the universities in Canada are; I know the universities are good in most of the United States and I know they're good in Great Britain. But there are many qualifications that are very difficult to evaluate. If we're already exporting the best in the world, obviously there's something wrong, and I suggest to you, much of that is in your attitude toward them, Mr. Minister.

If you have another way to keep the best doctors in the world in Saskatchewan, other

than money and a favorable climate for them, I'd be delighted to hear it. I'm sure you will jump up and say, "Oh yes, you're in the hip pocket of the medical association," and all that. Go right ahead. I don't deny that I am friendly with many doctors. As the member for Moose Jaw South knows, I live on a street with many doctors, including a 70-year old doctor who beats me going to work every morning. I go reasonably early; he beats me every morning. And yet I am long at home, watching the national news, when his car comes back up the street. The member for Moose Jaw South knows the doctor I'm talking about. You make him into a civil servant and you won't get that kind of production out of him. He goes out early because of the feeling that he has toward his practice and his profession, and to write his case histories. You make him into a socialized doctor, into a bureaucrat and, let me tell you, he will not be leaving his house until 9 o'clock and he'll be back home at 5 o'clock, instead of working from about 6:30 to 11 o'clock at night.

Mr. Minister, if you could tell me another way to keep the doctors here, other than money, I'd love to hear it.

**HON. MR. ROLFES** — Mr. Chairman, I am sure that as long as I am the minister and as long as the member represents Thunder Creek, that question will be raised in the annual estimates. I want to indicate to the member that there are many reasons why people leave the province and come into the province. I am sure that if the member turned his mind back a few years from 1964 to 1967 (I don't have the figures here, but I think we could go back and check those), there probably wasn't very much difference in the number of doctors who left the province at that time compared to the number of doctors who leave the province at this particular time. In fact, I would venture to guess that there has been an improvement in the number of our own graduates who stay in this province now, compared to the time when (as he would I think, have to admit) they had a government which, as he said, probably was in the hip pocket of the medical profession.

There are many reasons. Money is not the only factor. If we were to look at the income of our doctors in Saskatchewan, I would venture to guess that, with the exception of perhaps two or three provinces — perhaps I shouldn't say that, because I can't back that up right now; I haven't the figures here — we certainly rate higher than the national average in income for our doctors. So the member is not right in saying that the income for our doctors here in Saskatchewan is below the national average. I don't know what figures you are using, but that is simply not true.

Our records in MCIC (medical care insurance commission) indicate to us that the turnover of doctors has gone down from 12 per cent to 9 per cent. Last year, of the people who graduated from Saskatoon (if I'm not mistaken) 59 per cent stayed in this province. Now that's not bad. As my officials tell me, that's up from 33 per cent.

Now there is a last point I wish to make and I know what the member will say. We have had a significant influx of doctors into this province. I want to simply remind the member that I don't license those doctors; the Saskatchewan College of Physicians and Surgeons does. I would doubt very much that they would license a doctor, who, in their opinion, is not qualified to provide services to the people of this province.

You are implicitly criticizing the Saskatchewan College of Physicians and Surgeons. I know that that is not what you are attempting to do. You are attempting to criticize me as the Minister of Health. What I am simply saying to you is that I think the facts don't back up the statements you have made.

I will leave it at that and I am sure the member will accept my very telling arguments.

**MR. THATCHER:** — Mr. Minister, if I may respectfully suggest, knowing the combative nature of the minister and knowing that he probably anticipated that I would raise this subject because I raised it last year, I'm sure if there were such figures to support his argument, he would have had them ready. I'm sure he would have had his executive assistant or his departmental people pulling those out.

Mr. Minister, I am informed by the medical association (and I don't have my figures in front of me either, but that's my fault), that the average income for doctors in this province is below the national average. Let's not spend any time going through that, other than to accept my word that it is true.

When you refer to the fact that the licensing is done by the Saskatchewan College of Physicians and Surgeons, you know very well that they license on the basis of guidelines set down by the Government of Saskatchewan. Mr. Minister, you know very well that some years ago your government threatened to take away all of its licensing powers unless it accepted certain provisions in its licensing powers, which it did. You know very well that in the early '70s your government threatened that it would license and that if the college didn't license or accept certain provisions that it would take the power to license from the college. That's common knowledge. In fact, I think it's somewhere in the press report, which again, I haven't brought with me. But there was some debate about that in the early 1970s.

So don't tell me that the college of physicians and surgeons is licensing in precisely the fashion that it would like to. It is licensing, in some respect, under the provisions that were thrust upon it by the Government of Saskatchewan. Make no mistake, a government, when it chooses to come down on any group, has a great deal of very awesome power.

In order to keep some control, it accepted the majority of your provisions and a compromise was worked out. But in that compromise, Mr. Minister, you know very well, there are provisions which enabled the licensing of a position in this province which would not be acceptable elsewhere in Canada, with the exception of one Atlantic province. In other words, there are doctors practising medicine in Saskatchewan who could not practise in B.C., Alberta, Manitoba, Ontario, Quebec, Nova Scotia, or New Brunswick and I am not sure which of the other two they could go. I think it's Newfoundland.

Mr. Minister, that situation has been true for a long time. It was true last year. It was a provision I hoped you would correct. As a matter of fact, your government, two or three years ago, was concerned enough about it that you introduced legislation in this Assembly, and for some reason (which has never been clear to me) that bill was withdrawn. In other words, you lost your nerve, I guess. I wonder why you lost your nerve. It is very interesting to speculate. Did you lose your nerve because you knew that you were probably not going to be able to keep our best doctors in Saskatchewan?

You knew that your best graduates from Saskatoon were going to fulfil the

commitments to stay in the province which they had to the government, as far as health and aid is concerned.

Incidentally, we both know that's the reason that you have 59 per cent here from last year's graduating class. They are fulfilling loan commitments to the Government of Saskatchewan. That's why the figure is that high and no other reason.

But why did you pull back that legislation? Because you knew that you couldn't keep our good doctors here. Where were you going to get them from? In other words, you were going to have to take doctors who weren't going to be acceptable elsewhere. You were willing to acknowledge that in the eyes of the medical profession, we were the bottom of the barrel, and that we would accept doctors with qualifications nobody else would accept. I challenge the minister to refute that. Besides, I need a cup of coffee.

**HON. MR. ROLFES:** — Mr. Chairman, first of all, let me tell the member that I wholeheartedly agree with him when he made the statement that government has awesome powers. I experienced them in 1969 and 1970, when I was a teacher in this province and the awesome power of the government at that time got me into politics. I want to thank the hon. member if he had anything to do with it at that time.

Mr. Chairman, I'm not going to get into the debate on why or why not Bill No. 51, or whatever the number of the bill was, was withdrawn. I was not here at the time (in the House); I was away, but I can tell the member that we have been looking at the historical problem he is referring to. We have had, I would say, some intensive discussions with the parties concerned, including the college of physicians and surgeons. No decisions have been arrived at, at this particular time, so I don't want to make any further comment on it because discussions are being held.

I think The Medical Profession Act has not been overhauled since 1972, when the last amendments were made (or maybe even before that). I think we need to update The Medical Profession Act, and that is one area we are looking at. I know the college is interested in discussing it with us, and those discussions are going on at this particular time.

**MR. THATCHER:** — Mr. Minister, the indisputable fact (I think you have alluded to it a trifle) is a question of money with these doctors. Nobody wants to see extra billing. I'm sure that doctors don't want to. Why would a doctor want to extra-bill? When he bills to the medical care insurance commission, he is going to get paid. The moment he has to start billing his patients, he has collection problems, he has extra office costs. Why would he want to?

Mr. Minister, we were nitpicking a couple of minutes ago about whether they were slightly above the national average or a little below the national average. Suppose it is the national average? Suppose you are right? Let's go to your extreme and say that we are a little above the national average.

Suppose we say that we're going to keep our top quality doctors here. We simply have to be competitive with provinces like Alberta and British Columbia. Our system isn't worth the powder to blow it up, if the people who are doing the key work aren't up to snuff. That's just common sense. You don't need to be a Ph.D. in anything to figure that out. If our hospitals aren't top quality, there isn't much point in our doctors being top quality, or conversely.

All right, this whole thing has been over money. I suggest to you, Mr. Minister, that it's

not good enough for us to be slightly above the national average in doctors' incomes, and expect our best doctors to stay here.

My colleague, just before she left the Assembly for a moment, pointed out that we used to have a genetic scientist in the field of medicine in the province. She left for a similar position in Alberta which paid her twice the salary. Now, maybe those kinds of salaries shouldn't be, but the fact is, they're all around us. They're in Alberta; they're in B.C.; they're across the line — with much more attractive climates.

Now, Mr. Minister, I suggest to you that this continual hassle over most fee billing is not going to keep any doctors here. I suggest that in the interest of everyone, we keep the best trained doctors in the world where they are — and that's right here. Sure, you can't keep them all. But certainly our goal should be to keep a significant percentage, well over 50 per cent, in fact better than that, up to two-thirds, of each graduating class.

Mr. Minister, I cannot help but say that I have far more faith, and I think everyone here has far more faith, in the University of Saskatchewan, the University of Alberta, the University of British Columbia, and the University of Manitoba, wherever you want, than a bunch of universities that we know nothing about. I think we have faith in what we have here. I think we have to keep that kind of people here. That means we have to pay them because the opportunities are just too great for them to go elsewhere.

Mr. Minister, I think it is also common sense that we are not going to keep them in this situation of lower incomes, and rattle sabres at them at the same time.

Not only are you a little bit low on doctors' salaries, but the Hall report came down, (putting the numbers in front of you) fairly hard on the Government of Saskatchewan, as far as overall health expenditures are concerned. It's not just simply that the doctors' fee schedule may be a little out of line (maybe the national average, maybe a little above) but according to the Hall report, when you go into provincial government expenditures on hospital and medical care insurance programs by province (1978-79 figures), we are sixth. That's sixth out of ten. That's very clear.

Now, you can argue with that if you want, but that's what the Hall report says. Take table 4, which is the total health expenditure by provincial government and related contributions by province, and go to 1979-80. Saskatchewan is sixth, indisputably. I suggest to you, Mr. Minister, our doctors' salaries fall somewhere in a similar situation. Probably, they're about sixth out of ten. I suppose they would roughly follow the provincial government's overall expenditures.

Then you go a little further in the Hall report, to total health expenditures by provincial governments as a percentage of total provincial government budgetary expenditure, 1979-80. We're fourth. That's budgetary expenditures, not actual. In per capita health expenditures by provincial governments, again in the Hall report, in 1979 and 1980 we were sixth.

Your government has been predicated for many years on its commitment to health and medical care in this province. We have heard many, many speeches from your side of the House on how Saskatchewan has been a leader in this field. Some of the things which you said are true (when I say you, I mean your government). Obviously, some of the things are inaccurate.

Now, Mr. Minister, I have outlined a problem with these doctors which, I think, is real

and very serious. It is not a particularly popular proposition to be saying that our doctors should be getting more money. I know it is not popular. It is a heck of a lot more popular to say, "Whip those guys into line," like so many of your backbenchers do over there. It is much more popular to say, "Don't let them extra-bill. Put them under total government control. Do this and that to them." That is the popular way to go. But Mr. Minister, I think you and your departmental people know, that in the situation which exists in North America, that is the incorrect route, because you know what you will have left. You will have nothing left. You will have none of our good, Canadian doctors. They will all go. You know the opportunities are elsewhere.

Even further, Mr. Minister, I suggest to you that some of these numbers which came from the Hall report (and the Hall report, I believe, is one which you endorsed and received very enthusiastically) suggest that you have fallen down badly in the second half of the 1970s as far as expenditure in the field of health are concerned. In fact, I think it is even a fair assessment to say that maybe we haven't had all that wise a choice of expenditures, as far as our selection of where to place the available dollars goes.

**HON. MR. ROLFES:** — Mr. Chairman, this always happens when you get into estimates. Somebody gives one statistic, and another ones gives another statistic to disprove what the first person said. One can use any kind of statistics he wants.

I said to the member, in a previous answer, that I could not give him the figures for all of Canada. I have the figures for Saskatchewan. I don't mind giving them to the member. A specialist in this province in 1980 made \$100,000. A GP in the province made about \$82,000. All physicians on an average in 1980 made about \$90,000. I want to tell the member that that is more than the doctors make in B.C., Manitoba, or most of the other provinces. It is true. Those figures are there and people can look at them. I will have to admit that the doctors in Alberta make more than the doctors here in Saskatchewan.

**AN HON. MEMBER:** — Herman, you're giving the wrong numbers over there.

**HON. MR. ROLFES:** — Well, I am telling you that those are the facts. Mr. Chairman, I just want to make a correction. The member said that we had a geneticist in this province a few years ago who left, implying that she left because the fee-for-service somewhere else was better than here. I want to inform the member that she was a faculty member of the University of Saskatchewan. It had nothing to do with the fee schedule which was established by MCIC. That was an agreement at the University of Saskatchewan. It had absolutely nothing to do with the fee schedule which we have set up.

**AN. HON. MEMBER:** — She left for more money, whatever the situation.

**HON. MR. ROLFES:** — Well, it was. Well, if Colin Thatcher leaves this province to go to Palm Springs because he can make more on a ranch in Palm Springs than he can here, surely you don't blame the Minister of Health for it. I have nothing to do with that. It's a non sequitur. You can't just bring in everything and blame me for it. It has nothing to do with me and it has nothing to do with the fee schedule . . . (inaudible interjection) . . . Well, that's fine. Let Gordon answer his own.

Secondly, Mr. Chairman, let me just refer to extra billing. Extra billing, here in Saskatchewan, amounts to a little over 2 per cent, I believe. If you include direct billing it is about 3.1 per cent; it varies a little bit. The interesting thing about extra billing is that almost all of it is done by specialists who are already making the most money, who have the highest incomes in this province. It is not done by (and that's the implication

you want to leave) those people who are making the \$80,000 or the \$90,000. It is not done mainly by those people. So I think your arguments simply don't follow from the assumptions that you have made.

I wish I had done a little more background work on this and gone back to '64 to '71, because in part, I think, some of our problems may stem from there. If you look at the statistics, Mr. Member (and those, again, are available), Saskatchewan led all the provinces in the increase in health budgets from 1975 to 1980. In fact, in hospital and medical expenses, we led all the provinces. Saskatchewan had an increase in '75 to '80 of 50.4 per cent; Canada as a whole had 41.6 per cent; B.C. had 41.3 per cent; Manitoba had 38.8 per cent (it's getting worse); Ontario had 34.5 per cent; and Alberta had 29.3 per cent.

So this government has done well in the expenditures for health increases over the last five or six years.

Mr. Chairman, the other point I have to make is that the member seems to leave the impression that the health situation in this province isn't good, that we're all suffering because there is something lacking. He alluded twice (or three times) to saying "You can't keep those good doctors unless you have good hospitals." One can therefore ask: is he saying that our hospitals aren't good? I'll be ready to compare our base hospitals to almost any other base hospitals. I think we have the most up-to-date technology; we have certainly the highly specialized personnel. I just don't think that that is a reasonable argument to use if you're trying to leave that impression.

Secondly, Mr. Chairman, we should have a look at some of the accomplishments, for example, in Saskatchewan. The hon. member, if he stays in Saskatchewan, rather than going to Palm Springs, has a better chance of living longer. Maybe we should encourage you to go to Palm Springs. That's a fact our people live longer in Saskatchewan. (I said maybe we should; I didn't say we were going to.) People in Saskatchewan certainly have a chance of living longer here than anywhere in Canada. In part that has to do with the health system that we have provided. Maybe it has to do with the more comprehensive health system that we have and the emphasis that we have attempted to place on preventative health.

But I think it also has to do with the quality of doctors and the dedication of our doctors here. We have many, many good dedicated doctors. We have to because, if you look at the extra billing, most of them are well satisfied with the working arrangements in this particular province.

I want to indicate to the member that males and females in Saskatchewan have the highest life expectancies in Canada — 71.1 and 78.6 years, respectively. I think we should have a look at that.

I also want to tell the member that the perinatal mortality rate has gone from 20.1 deaths per 1,000 live births to 10.7, from 1973 to 1980. There has been a decline in accrued death rate from 8.5 to 7.9 deaths per 1,000, from 1973 to 1980.

I want to tell the member (if he lives until he is 70) that a 70-year-old has a 57 per cent chance of reaching his 80th birthday in our province, compared to only 52 per cent for the nation as a whole. Now, similarly, a 70-year-old woman has a 73 per cent chance, compared to 70 per cent in Canada as a whole.



Now, when you look at all of those statistics, Mr. Chairman, I think that, on the whole, we can be justly proud. I think I can say, without too much difficulty, that Saskatchewan leads the other provinces in most areas in the health care field.

I want to also indicate to the member that last year we were able to attract from Ontario probably one of the top oncologists in Canada. He came to Saskatchewan. We are doing this kind of thing over and over again. There are other things which they feel we have in Saskatchewan that they don't have in other provinces, and it just isn't money. Even on the money part, they do well here in Saskatchewan compared to about 90 per cent of the provinces in Canada.

**MR. THATCHER:** — Well, Mr. Minister, I listened to you ramble on, and I couldn't help but think, my goodness, you go away for a couple of days for a golf holiday and you have it hang on you for evermore.

I think the tables which I quoted earlier from the Hall report, the minister chose to gloss over. On the question of doctors, I guess we can go around and around the gamut all we want and not get anywhere. It's like religion and politics. But, none the less, Mr. Minister, it is indisputable that it is a hassle to go to a doctor. If you're working and the problem isn't all that bad, you are not going to go to a doctor because of the line-up and the hassle involved. It has become so bad that, in many of our hospitals, the emergency ward has become nothing more than an out-patient centre.

Mr. Minister, I don't think you'll find even all that many people on your side of the House who will agree, out in the corridors, that the quality of doctors is what it should be in Saskatchewan. Many of the members on your side, politically are not going to come out and argue with you. But, out in the corridors, they express concern about the qualifications of some of the doctors who are allowed to practise, and I'm a little disappointed that you weren't able to report to the Assembly that some progress had been made in this area. But I sincerely hope that the minister will consider legislation which will bring the standard of quality required by the statute books, or by the licensing bodies, up to a level comparable with that of other provinces, because I don't think any of us are satisfied with the situation which allows sub par people to practise medicine. Medicine is much too important.

Anyway, Mr. Minister, I noticed one area that you chose not to address yourself to was the question of some of the numbers I gave you from the Hall report. As I recall from press reports, you endorsed the Hall report. I would like to spend a brief moment on some of these tables.

Mr. Minister, in terms of per capita health expenditures, Saskatchewan ranks sixth, according to the Hall report. Now, that's per capita. I think that's a pretty devastating statement we are sixth out of ten. We spend less per capita than Newfoundland, Prince Edward Island, the list just goes on. We're sixth out of ten.

Mr. Minister, I want to ask you, in a government that has always prided itself on its medicare, whether you're proud of that fact. I want to ask you if you're proud of the fact that, in total health expenditures, the province that you delight in casting aspersions on, Manitoba, spends more, according to the Hall report, than the province of Saskatchewan. I've listened to many of you get up and say, "Oh, horrible Manitoba. They do this and that. Besides the fact that they're Tory, they don't do anything in the field of health." Well, I don't know whether what you say is true or not. But I do know

that, according to Mr. Justice Emmett Hall, they spend more in the field of health than you do. Furthermore, according to Mr. Justice Emmett Hall, the per capita expenditures of that horrible province of Tory Manitoba in health are more than yours. My question to you, Mr. Minister, is: are you proud of where we stand in 1981 as far as our financial commitment to the field of health is concerned?

**HON. MR. ROLFES:** — Mr. Chairman, I want to make two points. First, the total amount of money that is being spent on health doesn't necessarily indicate a standard of health in that particular province. I would like to indicate to the member (the officials just handed this to me):

The U.S. devotes a greater proportion of its GNP to health than any other country in the world but has the next worst mortality rate among western nations.

Canada spent, last year, about 7.1 per cent. The U.S. spent about 8.6 per cent. We are proud in this province of the effective and efficient way in which our hospitalization system is being run. There is no doubt at all — very proud of it!

In many areas, Saskatchewan is still a leader. Certainly, as Minister of Health, I (I think any member in his particular portfolio) would like to see improvements and increases in funding. I'd love to see some. I'd like to see a lot more in preventive health. I've said this for 10 years, since I've been in this House. I'd like to see a lot more in preventive social services and education — a lot more in the future. I think, it would save the citizens of this province and all this country a lot more money.

I'd like to spend more money on promotion of different lifestyles. I think, if we all took individual responsibility to know how to cope with stress and what smoking and what alcohol do to our health system, we could all help to maintain good, healthy bodies.

Secondly, on improving the health standards of our people in this province.

I do want to refer to table 6 of the Hall report. I hope that is the one you have before you. I don't know where you get your figures from. Start from the bottom. British Columbia spends \$629 and some cents; Alberta spends \$640. This is for 1979-80. Quebec spends \$633. All the rest spend less than we do. I don't know how you can say we are sixth. How can you possibly say that? There are only three out of ten who are above us. It depends on which way you are looking at it. You are simply not right in saying that. We are certainly above the average. I am certainly, as I said, very proud of the health system and the health budget that I am debating in the House today.

**MR. THATCHER:** — Well, Mr. Minister, I will answer that last question very simply. The column you are referring to in table 6 for 1979-80 contains estimated figures — according to the people who prepared the Hall report. They were not actual figures. So, what I was using when I said we placed sixth were the 1978-79 figures because they were actual figures. The 1979-80 figures were cut off approximately in May. So, in the estimated figures, you come out fourth. That really doesn't mean very much. You come out fourth when you talk about per capita health expenditures. That is what you budget for. I think I presented that to you. When you get it down to the nuts and bolts, what you actually did spend compared to other people, you go back down to sixth again. I am sorry about that; that's the way it is.

When we get down to actual figures, you can nitpick. You know when the report came

out. It came out in August of 1980. They had to cut their numbers off in May. At least that is the information they gave to us. Obviously, they had to estimate; sure you came up to fourth. When we are simply talking about it, you people took fourth. But when it comes down to what actually happened, you go down to sixth. In other words, you guys talk a lot but you don't deliver — according to Mr. Justice Emmett Hall.

Mr. Minister, the key point is that the problem with our health program in Saskatchewan now is you people's resting on your supposed laurels. You are still back in 1962. You are still congratulating yourself that you introduced medicare. You talked about Saskatchewan's leadership. Where is your leadership right now in the field of medicine or in the field of health? Are you telling us that our hospitals are that much better than in Alberta, Manitoba or Ontario? Are you telling us they don't have the same kind of technology we have? I am in no position to assess it, but I have every confidence the other provinces are quite capable of getting top-quality technical people, regardless of the political stripe they may be. Are you telling us they don't have good equipment? Are you telling us they don't have a few good doctors too? Mr. Minister, you tell me where the leadership is now. I don't see it. You are in the past. That leadership was many, many years ago. Where is it now? Is it in the field of cancer? I don't know. The other provinces seem to be doing an awful lot in cancer. Is it in psychiatric services? I doubt it. It would be very interesting to know where the leadership is in 1981. Tell us where it is factually, not rhetorically, over and above the other provinces.

Very respectfully, Mr. Minister, I think you've fallen into the trap of your predecessor. You're living in the past, and the past is not 1981.

**HON. MR. ROLFES:** — A man once said that in order to know where you want to go, you have to know where you came from. That famous man, of course, was our Premier. I have a lot of respect for him.

I want to tell the member that yes, I will take credit wherever I can for my party, and the CCF's being responsible for bringing in medicare and hospitalization and forcing other governments in Canada to accept medicare as we have it today. I'm going to continue to protect the principles of medicare wherever I go. I will continue to present to this government the priorities in the health field which I believe in, as long as I am the minister — and even if I am not the minister. I will continue to protect those priorities, which will, in the long run, improve the health conditions of the people in this province.

I happen to believe that we ought to put more money up front for preventive health services. I think it's imperative to do so. I've said many times, and at the same time we must be prepared to fund our hospitals and our medicare system. We are doing that. There's an increase of approximately 16 per cent in our budget this year, which will probably be one of the highest increases in Canada. I forget what the increase was last year, but it was, I think, 13 per cent. Again, it was one of the highest in Canada. I'm simply indicating to the member that health in this province has been a high priority for this government and will remain so.

I want to refer to the figures the member has. I don't know where he got those figures. I'm not sure you got them from Emmett Hall's report. These are the actual expenditures that I am reporting to you. According to those figures we are not sixth, but fourth. Now, that may be nitpicking and perhaps we should be number one. I'm not going to prolong that particular discussion.

I do want to tell the member that I think we are still leaders. We have a better dental

program, a better drug program, and a better SAIL program than most provinces. We're experimenting in the adult dental program this year. We have a hearing aid program, which most provinces do not have. I could go on and on.

I think that when one talks about health, one cannot just talk about hospitals and medical services. You are talking about treatment-oriented health; I am talking about total health. I know that maybe you won't accept my view of what's best in total health, or the holistic approach. But, I certainly can tell the member that, if he thinks that health care is equated with hospital care and medical services, then I think he's way out in (I was going to say left field) right field somewhere. You have very few supporters in that regard. That is not what is meant by health care. We have to get away from measuring performance in health care by those two aspects alone. There is much more to health.

In the 1980s I would hope that this government, and all governments, will come to grips with their duty and responsibility to make people aware of their responsibility for the maintaining of good health practices. In so doing, governments will not only cut down on the health care moneys that are needed, but will improve the total health situation in the province and, hopefully, in the country.

**MRS. DUNCAN:** — You actually didn't give much of an answer to the member for Thunder Creek. You stated that your first priority lies in preventive medicine and I believe you stated the same thing when you first became health minister in 1979. You announced at a press conference that emphasis would be placed on preventive health care. Yet we see little evidence that preventive health care has increased. I do recall the only two health educators in rural Saskatchewan being taken out of the field and transferred to Regina.

You say we lead in dental programs and in the SAIL program; perhaps that is true. I question whether we lead in the field of prescribed drugs. I am going to have more to say about that a little later. I think, Mr. Minister, it was put to me by one of your members (I won't mention which one because he'd probably get into trouble) who said, "We were leaders (he was talking about your government) 20 years ago, but we're not leaders anymore." I believe that your government, as a whole, confuses quantity with quality. One of the failings of your government, especially in the field of health and social services, is that you are quick to announce programs and to take credit for them, but you are not very quick to fund those programs adequately so that they may be truly effective and productive. You don't give them enough manpower to do the job they are supposed to do.

**HON. MR. ROLFES:** — Mr. Chairman, I have just a few comments. I think here again we're in a philosophical argument, and one can go round and round the mulberry bush and never come to an end. I indicated in my initial comment that health promotion is up 49 per cent, and I indicated that we need to do a lot more in that particular area. I have had a number of discussions with the Minister of Education, and it is no secret, I firmly believe that a lot of the preventive services can be performed through education in our school system. I think we have to get to our young people. I hope I'm having some influence on the Minister of Education, and that we will find new curriculums addressing this particular matter.

I think we are being successful. I think our Feeling Good and Aware programs have been successful. In all those programs I have mentioned there are some problems, but every program that has human beings working in it will have some problems. Look at our dental program, our drug program and our SAIL program. I just recently had

somebody in from the federal field, from your party, who praised our SAIL program here in Saskatchewan. He thought it was one of the best, if not the best, in Canada. I think you probably know who I am referring to; he was just recently in Regina and probably met with you too. He didn't have to tell us that; but he said that was a fact. There are short-comings in our programs, and I know inflation is taking its toll on the way we can expand our programs to make them available and all-inclusive. But, having said that, I think this government has been fairly generous in financing those programs and at the same time trying to expand in some other areas while at the same time making certain that the fundamental programs of your health care program — the hospitals and medical services — are well funded.

I don't know where members get this idea that the people out there are not happy with the programs we have. I know they would like to see improvements; so would I. We are always looking for a new way of improving, expanding and adding new services. But there is only so much money that we are going to get. I was very pleased with a 16.3 per cent increase. It's one of the highest in the province. The increase for the cancer program is about 30 per cent. I'll admit a few years ago we had some problems with our cancer program. The opposition drew it to our attention, and we acted. I have a letter here from the chairman of the cancer foundation praising the government for the increase in the funds, particularly the research funds. We responded to a particular problem. The opposition quickly drew our attention to it, and we responded. Maybe we should have responded earlier, but I think the opposition, in part, has to also play its role, and it did at that time.

Generally speaking, I'm happy with the budget I have. I will be looking at new areas next year. In fact, I have already made a whole list of things that I want to expand next year. We certainly are leaders. There are people coming in from other provinces who are constantly looking at our program. Last year, Ontario came and wanted to look on our advertising program on Feeling Good because they thought it was a good program. And they adopted parts of it. We went to B.C. to look at their anti-smoking campaign. I think we have to do something in that particular area because there is overwhelming evidence of the disastrous results to people who smoke. Well, I'll leave it at that because I think we have a good budget. I'm pretty happy with it. I wish that every year I could expect 16.3 per cent. I would be very pleased.

The Assembly recessed until 7 p.m.