

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
March 20, 1981

The Assembly met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

WELCOME TO STUDENTS

MR. PICKERING — It's a pleasure for me to introduce to you, and through you to all members of this Assembly, 14 grade 8 students from the Radville School. They are accompanied by their teacher, Robert Biss and chaperones Jerry and Jean Delanay and Mrs. Labbie. I hope they enjoy the question period and their visit to the Assembly. I hope they find it educational and informative. I'll be meeting with them for pictures and refreshments around 11:15. I wish all members to join with me in welcoming them and wishing them a safe journey home.

HON. MEMBERS: — Hear, hear!

INTRODUCTION OF GUESTS

HON. MR. KAEDING: — Mr. Speaker, it's an honour for me to be able to introduce to you this morning the High Commissioner for Lesotho to Canada, His Excellency Mr. Mothusi Mashologu, and his aide, Mr. Reginald Tekateka, who are seated in the Speaker's gallery. The country of Lesotho is a mountainous, land-locked, autonomous country wholly within the state of South Africa, about the size of Vancouver Island. It is a very mountainous country in which agriculture only takes about 13 per cent of the suitable land area. We have had close association with the kingdom of Lesotho over a number of years. A member of our agriculture staff has been there in charge of a water development project for a number of years, and these people are here to try to continue that program and to work an arrangement with us through the VADA (voluntary agricultural development agency) program. They have met already with a number of people in the city of Regina. They will be meeting with the Minister of Co-operatives and Co-operative Development. I think they are having a meeting with the women's division of the Department of Labour, and with the Department of Tourism. So they have a very busy schedule while they are here in Saskatchewan. I want you all to express your appreciation for their visit and give them a good welcome.

HON. MEMBERS: — Hear, hear!

MR. LANE: — I'd like to join with the hon. minister in welcoming the guests from Lesotho, and I hope they have an interesting, informative and educational stay here in Saskatchewan.

WELCOME TO STUDENTS

MR. LANE: — I'd like, Mr. Speaker to introduce to you, and through you to the Assembly, some nine students from Ranch Ehrlo which is in my constituency. They are seated in the Speaker's gallery. They are accompanied by Ian Grant, and I know all hon. members join with me in wishing them an educational and enjoyable stay this morning. I will be meeting with them for pictures and refreshments immediately after question period.

We'll be having the refreshments in the opposition lounge because it's a very crowded schedule for students today, Mr. Speaker. I'm sure all members will join with me in welcoming them to the Assembly.

HON. MEMBERS: — Hear, hear!

HON. MR. SMISHEK: — Mr. Speaker, I'd like to welcome to the legislature a group of 26 grade 6 students from the Dover School. They are accompanied here this morning by their principal, Mr. Wilson and by Mrs. Desjarlais. I extend to the students a warm welcome and hope that their visit to the legislature will be a rewarding experience which will help them in their social studies. I will meet with the students at 10:30 in the members' dining room in order to have a discussion and to answer any questions they might have on the proceedings of the legislature. Welcome again to the legislature.

HON. MEMBERS: — Hear, hear!

MR. KATZMAN: — Mr. Speaker, I'd like to introduce a group of 34 students and 10 chaperones in the east gallery who are here from Waldheim. I know that last evening the swimming pool at the hotel was used very much. My colleague saw you all enjoying the pool last evening. I'll be chatting with you later. Let's hope you enjoy the day.

HON. MEMBERS: — Hear, hear!

QUESTIONS

Information on Deputy Minister for Intergovernmental Affairs' Trip to London

MR. LANE: — A question to the Premier. The Deputy Premier is, of course, in London, England. A couple of weeks ago I asked you to report to this Assembly on the visit to England by the deputy minister of intergovernmental affairs. At that time you refused to table any information and refused to, for example, give to the Assembly and the public the list of names of those individuals that the deputy minister was talking to in lobbying for the so-called provincial position. Would you now be prepared to reconsider giving (in light of press stories yesterday which indicate that either you received bad advice when sending the Attorney General over, or the trip was really just for public consumption and not really with any redeeming merit) the information that I requested a couple of weeks ago?

HON. MR. BLAKENEY: — Mr. Speaker, the statement just made by the hon. member for Qu'Appelle, as the record will show, is a flat falsehood. He has advised this House that I would give no information in answer to his question. A simple look at the record will indicate that I gave a good bit of information. I was not able to give him the names of all of the people with whom we were speaking because I did not consider that advisable. I do recall advising him, for example, that Sir Anthony Kershaw was a Conservative and not a Labour member. That was advice which he hadn't had in his mind at that time. May I point out that our information is that the Attorney General's trip has proven to be of significance and has been productive. The report which we will receive from the Attorney General next week will indicate that.

SOME HON. MEMBERS: — Hear, hear!

HON. MR. BLAKENEY: — Certainly it has been more productive than any similar visits by the ministers of intergovernmental affairs, or the attorneys general from Manitoba,

or Alberta, or British Columbia, since they have made none. They have been happy to make their presentations solely by mail, and by the representations of their agents general there, although I do concede the fact that the Premier of Manitoba was in London at the early stages of the discussion. We believe that we are taking an aggressive stance. We believe that when we have the report of the Attorney General it will indicate some significant success at advising members of the British parliament of the position of the provincial governments. This, we believe, will have some effect. We cannot say it will have a decisive effect, but it will have some effect on the judgments made by members of parliament in dealing with the resolution from the House of Commons and the Senate of Canada, if in fact it arrives in Westminster.

SOME HON. MEMBERS: — Hear, hear!

MR. LANE: — Of course, what we're going to ask the Premier to do, and what the public is going to ask the Premier to do, is to prove the very statements that he has made. Now, you've indicated that you are going to have more success than the other provinces. The press reports indicate that in fact your partners in Ottawa, the federal New Democratic Party, are going over there and are having more success with the Labour Party, presenting their views in opposition to what you're saying over there. You've indicated you now have a report from the Attorney General. You just indicated that you received indications from the Attorney General that he's having a great deal of success, and that you'll wager that there will be a report here next week, so I am going to ask you right now to be prepared to tell this Assembly in detail what specific reports you have had from the Attorney General while he is in London.

Secondly, I would like you to detail the list of names of people the deputy minister of intergovernmental affairs saw, those parliamentarians he saw when he was over there, and your assessment of the effect that lobbying had. I want also the list of people the Attorney General is seeing in London, England, and your assessment of the effect on each one of the members.

HON. MR. BLAKENEY: — Mr. Speaker, I think a simple rereading of that question by anyone will highlight the fact that it is quite unreasonable to expect me to give a careful assessment of the results of a particular conversation which Mr. Romanow may have had with, let us say, Lord Goronwy-Roberts, the Labour foreign affairs spokesman in the House of Lords, before speaking with Mr. Romanow — or an assessment of his discussions with Mr. Denis Healey, the front bench member in charge of this matter for the Labour Party; or his discussions with Sir Anthony Kershaw; or his discussions with Mr. Denzil Davies, who is the second in command on this matter for the Labour Party; or his discussions with Mr. Nicholas Ridley, the spokesman for the foreign office in the House of Commons. As will be known, the foreign secretary, Lord Carrington, does not sit in the House of Commons, but in the House of Lords. He has a representative in the House of Commons, Mr. Nicholas Ridley, with whom Mr. Romanow had some detailed discussions. He also spoke, of course, with Joan Lestor, who bears the responsibility on this issue for the national executive council for the Labour Party. I spoke, I think, of Sir Anthony Kershaw.

He has had a good number of discussions. I think it is only courtesy and common sense to allow the Attorney General, when he will likely be in his seat on the next sitting day, to give his version of those discussions and not to expect that I would give it on the basis of notes I am getting. I think the House is entitled to the most accurate information. I am giving you the names of the persons to whom he spoke. He will make himself available, so that you can find out with precision what the results of his discussions are.

I do not know whether he will be able to inform you on all aspects of his discussions. We're fighting a tough battle, as members know. The allies of members opposite, in the province of Ontario, are trumpeting the fact that they think we're doing the wrong thing. We are fighting the battle against the Conservative Party in Ontario, which campaigned on the issue of supporting Prime Minister Trudeau. Accordingly, this is an uphill struggle against, as I say, the massed ranks of the Conservative Party in central Canada, but we are doing our best.

SOME HON. MEMBERS: — Hear, hear!

MR. LANE: — A supplementary to the Premier. The Premier has pointedly refused to answer my first question and my second question about who the deputy minister of intergovernmental affairs saw when he was in London, England. I can only assume that your reluctance, refusal or failure to answer indicates that either very few were seen, no one was seen, or there was no effect.

I am wondering why the Premier ignores, in his response, the stated fear of the federal government of a common western front, and why he didn't comment on the position of dividing western Canada instead of offering a common front attack on the constitutional position. I am asking you one more time: will you give, in specific detail, the names of the parliamentarians the deputy minister of intergovernmental affairs saw when he was in London, England, and if that is a full list of those the Attorney General saw, would you confirm that? If it's not, would you give us a complete list of those parliamentarians the Attorney General has seen while he is in London, England, because you have made the statement you are having some success. We will watch the vote of the House of Commons. Would the Premier give us the evidence so we could do our comparisons?

MR. SPEAKER: — Order, order!

HON. MR. BLAKENEY: — Mr. Speaker, I will take notice of the question on behalf of the Minister of Intergovernmental Affairs.

MR. LANE: — I have a new question to the Premier. Why is the Premier not prepared to give the specific information I have requested? Why would you want to take notice when you are getting reports from the Attorney General . . .

MR. SPEAKER: — Order, order. I will take the next question. The member for Qu'Appelle.

MR. LANE: — Why will you not give the specific information that we have requested. I think the public should be in the position of being able to determine . . .

MR. SPEAKER: — Order, order. I will take the next question. The member for Qu'Appelle.

MR. LANE: — New question. Would the Premier be prepared to give the specific information requested? You have had reports from the deputy minister of intergovernmental affairs. Why are you now afraid to give the information we are asking for?

HON. MR. BLAKENEY: — Mr. Speaker, I do not have the information with respect to the deputy minister's visit with me. I will not speculate on what my memory may tell me about who he met. If I happened to make an error, the member for Qu'Appelle would be the first to suggest I was misleading the House. I think it is only fair that the House has the appropriate information. The minister is not in his seat, as is well known. He will be here next week, we expect. Accordingly, I think that on Monday or Tuesday we will have the information and the Attorney General can assess whether or not the disclosure of that information will, in any way, impair the efforts which we are conducting on behalf of the people of Saskatchewan.

SOME HON. MEMBERS: — Hear, hear!

Tax Position of Options North Program

MR. ANDREW: — I have a question to the Minister of Revenue, Supply and Services. Mr. Minister, last fall in this Assembly I raised the question with regard to what I consider is a tax evasion by Options North Program of the Department of Northern Saskatchewan. At that time, the minister responsible denied any such tax improprieties. Yesterday or the day before, the provincial auditor's report was tabled in this Assembly indicating that the Options North Program, in his opinion and in the opinion of the Department of National Revenue, was taxable. Bearing in mind that the Department of National Revenue in Ottawa is collecting tax and your department is responsible for dealing with Ottawa on that particular question, can you advise this Assembly if you have had any requests for information from the Department of Northern Saskatchewan, if you have looked into this program, and whether or not you have made an assessment as to the taxability of that particular matter?

HON. MR. TCHORZEWSKI: — Mr. Speaker, I will take that question because I think it's probably relevant to the Department of Finance. As the member has indicated, reference has been made in the auditor's report to that issue. As was stated by the Minister of Northern Saskatchewan last fall, in checking with the Revenue Canada officials, it was indicated to DNS that nothing was being done that was wrong, and that it was appropriate. Since then the provincial auditor, as indicated in his report, has also requested information from Revenue Canada officials. They have written to the provincial auditor saying otherwise. We have been trying to get from Revenue Canada a clarification on the contradictory positions which it has taken in order that we may deal with this matter as best we can.

MR. ANDREW: — Supplementary question, Mr. Speaker. Perhaps a more pointed question to the Minister of Finance. Can you advise the Assembly, Mr. Minister, why an employee on educational leave in the south of the province is subject to taxation on the educational leave grant? The Options North program is identical and exactly the same, although it happens to be in the northern part of Saskatchewan, or DNS area. Why is it going to be taxable to those civil servants in the South who are on educational leave and not to the people in the North?

HON. MR. TCHORZEWSKI: — Mr. Speaker, it is well known that there are certain conditions in northern Canada and northern Saskatchewan which need special recognition. There has been a policy on the part of Revenue Canada, in many different things we do provincially, to recognize differences in cost of living and other kinds of factors. Therefore that has been one of the things which has been considered. It has been indicated by Revenue Canada, under agreement in previous years, that certain

things would not be accountable when one was calculating one's income tax in the North. That is not new in this particular case. It is a long-standing thing. Basically, what we need to do, and what we are attempting to do, is to get a clarification of what the present policy is and how it should be applied.

MR. ANDREW: — Supplementary question to the Minister of Finance. Is it the position and the practice of the various government departments, when you have what is set out to be a questionable matter of taxability, to not obtain a written ruling from the Department of National Revenue or make a telephone call to try to interpret what the tax legislation is?

HON. MR. TCHORZEWSKI: — We try to get a clarification from any agency, whether it is within our government or whether it is with other governments, in every way possible, including written clarifications. In this case, there were communications between DNS officials and Revenue Canada. Apparently, that was clarified at that time. There is reason now for us to seek further clarification, because obviously some of the information that has been provided to us has been contradictory. We are in the process of doing that.

Power and Gas Rates

MR. GARNER: — Mr. Speaker, a question to the minister in charge of Sask Power. You should be prepared for this question today. In light of the fact that you tabled your annual report yesterday, where we see a profit in excess of \$20 million, over a two-year period we are talking about a profit of \$60 million by Sask Power with retained earnings now at \$29 million. Would you now not agree that it is time to tell the people of Saskatchewan that you could freeze and will freeze the rates for one year (we're just asking for one year, Mr. Minister) in light of the fact of the increases which you have had in power and gas rates in the last year?

HON. MR. McARTHUR: — Mr. Speaker, the facts which the member raises do not in any way support the suggestion that it would be acceptable or wise to freeze power rates. The member indicates, first of all, a \$20 million profit. I think if he has any experience in reading balance sheets (which he may not), he may find that that figure, in relation to the overall capitalization of Sask Power, is a very small figure indeed. Certainly any of his friends in the private sector operating a power utility, such as they do in Alberta under a Conservative government, would not find that figure acceptable at all. In Alberta they take a figure like that and justify increases at least double those we have provided over the past two or three years in Saskatchewan, on the basis that they have to have profits far in excess of that figure.

Mr. Speaker, I would indicate to the hon. member . . . (inaudible interjection) . . . I appreciate the member for Qu'Appelle is not interested in the facts. I would indicate to the other hon. members that the retained earnings of the Saskatchewan Power Corporation, at the figure he indicates, in comparison to a total capitalization of about \$1.2 billion, is not a high figure at all. I would also indicate to the member that the profit figures are very modest ones compared to the overall capitalization. We try to set our rates in such a way as to recoup costs and provide some opportunity for some small margin of funds to assist with the investment program that Saskatchewan Power Corporation must undertake to meet power needs over the coming years.

I would suggest to the hon. member, if he compares those figures to any of his private sector friends (Alberta being the closest and best example), he will find those figures, in

terms of profits and retained earnings, are very conservative and very modest and do not in any way justify the suggestion that we could retain rates at a fixed level. We will certainly have to recognize that with rising costs there will have to be, hopefully modest, but nevertheless necessary, adjustments in rates.

SOME HON. MEMBERS: — Hear, hear!

MR. GARNER: — A supplementary, Mr. Minister. Will you not agree that a Crown corporation is set up to provide the best service at the most reasonable cost to the taxpayers of Saskatchewan? It's their Crown corporation. Will you not agree that investing money into Crown investments corporation does not put it in the taxpayers' pocketbooks in Saskatchewan? Also, will you not now agree, Mr. Minister, that the lights are not going to get brighter in Saskatchewan, that the only things which are going to get lighter are the wallets of the taxpayers in Saskatchewan?

SOME HON. MEMBERS: — Hear, hear!

HON. MR. McARTHUR: — Mr. Speaker, I will point out to the hon. member, if he wishes to check the figures, the rates of the Saskatchewan Power Corporation . . . Someone living in rural Saskatchewan drawing power from Sask Power Corporation gets lower rates than a farmer or resident of most rural communities in Alberta would get. I will indicate further to the hon. member that if he wishes to examine the record of rate increases justified for private utilities in Alberta, he will find, over the past few years, increases far in excess of anything that has been happening here in Saskatchewan.

I will additionally indicate to the hon. member that I would like to know, and I will be pleased to hear from the hon. member in Crown corporations committee, whether or not he is proposing to run Saskatchewan Power Corporation without any equity position at all — without any retained earnings at all. If it is his position that that corporation should be totally exposed to debt capital, with the interest burden which is associated with that now, with the kind of interest rates we face, with Tory economic policies (interest rates started under a Tory government), I would suggest that that indicates the hon. member knows absolutely nothing about managing . . .

MR. SPEAKER: — Order, order!

Grasshopper Infestation Warning

HON. MR. MacMURCHY: — Mr. Speaker, last Monday, the hon. member for Thunder Creek asked a question about a grasshopper outbreak. I think it would probably be important if I give all members the information as provided to me. Mr. Speaker, I am answering the question asked by the hon. member for Thunder Creek, for which I took notice on Monday.

I report to all members that the forecast for 1981 predicts that a total of 157,463 square kilometres will be infested compared to an estimated 189,277 square kilometres in 1980. Mr. Speaker, 28,179 square kilometres were severely affected in 1980; there are no areas predicted to be as severely infested this year.

The Department of Agriculture has approximately 150,000 gallons of poison in stock, which is sufficient to cover approximately 2 million acres. In 1980, approximately 21,000 gallons were used which is sufficient to cover 273,000 acres. In 1974, which was the last time a large infestation occurred, approximately 990,000 acres were

sprayed. The Department of Agriculture has extended its contract with the Saskatchewan Wheat Pool to handle the material through its service centres and selected local agents. The department purchased the material from the Saskatchewan Wheat Pool at cost, and supplies it to farmers at cost. Costs will be approximately \$1.50 per acre. Municipalities will be receiving notifications of these arrangements.

South Saskatchewan River Project Agreement

HON. MR. MacMURCHY: — Mr. Speaker, while I'm on my feet, I'll respond to the hon. member for Rosetown-Elrose on a question he asked yesterday with respect to irrigation. I'll go through this very quickly point by point.

1. It's true, as the hon. member pointed out, that in 1958 there was an agreement which states the province is committed to complete construction of the irrigation works to the extent necessary for full irrigation of not less than 50,000 acres.

2. Saskatchewan has developed 50,000 acres, of which 33,000 acres are under irrigation. The remaining 17,000 acres can be developed at farmers' options within this block.

3. The Saskatoon Southwest Water Supply Project, which is a development of the Saskatchewan Water Supply Board and the Saskatchewan Department of Agriculture, is part of the Diefenbaker project. That's the canal that runs up as far as Lanigan. Irrigation on that line has developed to the extent of 10,000 acres with a potential of another 30,000 acres. There's a group irrigation project south of Diefenbaker Lake, the Grainland Project, for example, of 2,200 acres.

4. The west side development (which we've been discussing in this Assembly and through which an agreement was reached with the hon. member, the Premier and me last spring), when it's developed and when negotiations are complete, should irrigate a potential 8,500 acres. So, in fact, we now have a potential of 90,700 acres ready for irrigation, of which 45,200 acres are already being irrigated.

MR. SWAN: — Mr. Minister, thanks for the information. It's surprising to me that your office in Outlook doesn't have that information (if, indeed you have this acreage under irrigation), because it was their figures which I gave you. If that department, which is supposed to head up the irrigation, isn't in touch enough to know that you have those acres, then I believe you need to have a look at the department. I would like very much to check these figures and see if, indeed you are living up to that . . .

MR. SPEAKER: — Order, order! Does the member have a supplementary? . . . (inaudible interjection) . . . Could you proceed with it?

MR. SWAN: — My supplementary, then, is: when will you proceed to bring the 500,000 acres, which are possible under this project, into the irrigation area of the province so that we can, as a province, benefit from the water provided by Diefenbaker Lake?

HON. MR. MacMURCHY: — Mr. Speaker, obviously from the information I've provided to the hon. member, the development, (as far as the government is concerned) is well ahead of farmers' response to the development. What has been developed is a potential of 90,000 acres — almost 91,000 acres — of which there are only 45,000 developed, as far as irrigation by farmers is concerned. We're well ahead of the farmers. I think, if

we continue to be well ahead of the farmers, we will be in very good shape as far as our irrigation projects around Diefenbaker Lake are concerned.

SOME HON. MEMBERS: — Hear, hear!

INTRODUCTION OF BILLS

Bill No. 41 — An Act to amend The Department of Health Act

Motion agreed and bill submitted to the non-controversial bills committee.

Bill No. 42 — An Act to amend The Local Improvements Act

Motion agreed to and ordered to be read a second time at the next sitting.

Bill No. 43 — An Act to amend The Department of Tourism and Renewable Resources Act

Motion agreed to and ordered to be read a second time at the next sitting.

Bill No. 44 — An Act to amend The Consumer Products Warranties Act

Motion agreed to and ordered to be read a second time at the next sitting.

ORDERS OF THE DAY

COMMITTEE OF FINANCE

CONSOLIDATED FUND BUDGETARY CASH OUTFLOWS

HEALTH

Ordinary Expenditure — Vote 32

Item 1 (Continued)

MR. BERNTSON: — I have a couple of questions to cover an area I missed yesterday. Since Judge Ted Hughes has left the province, who is now chairman of the cancer foundation?

HON. MR. ROLFES: — Elmer Schwartz.

MR. BERNTSON: — Okay, I have one other question. How many rural establishment grants have been made since the inception of the program, and how many were made last year?

HON. MR. ROLFES: — A total of four — none this year, one pending.

MR. BERNTSON: — Terrific program. To what do you attribute the lack of use of the program?

HON. MR. ROLFES: — I guess there just hasn't been much activity in that particular area. It's a program that is there; it's for any Canadian graduate who wishes to avail

himself of the incentive, but I guess the activity just hasn't materialized as much as we thought it would.

MR. BERNTSON: — During the period that the program has been in place, how many graduates have we had from Saskatchewan colleges or schools of medicine?

HON. MR. ROLFES: — 125.

MR. BERNTSON: — How many are still practising in Saskatchewan?

HON. MR. ROLFES: — 84.

MR. BERNTSON: — Is that to say that only four out of the total 125, during that period, are practising in rural Saskatchewan or is that to say that only four opted for that particular program?

HON. MR. ROLFES: — The program is limited to areas of 5,000 and fewer, and four people in rural Saskatchewan, who are in a community of less than 5,000, availed themselves of the program.

MR. BERNTSON: — All right, how many are operating in rural Saskatchewan? How many of these graduates have set up practices in rural Saskatchewan — 5,000 or fewer?

HON. MR. ROLFES: — I don't have that information.

MR. BERNTSON: — Surely you have it.

HON. MR. ROLFES: — No, we don't have the information. It would be difficult for us to get, but we'll certainly give it a try. Okay?

MR. PREBBLE: — I just want to make a few comments and ask the minister two or three questions. The first area I want to deal with is the area of the budget for the cancer foundation. I am concerned, Mr. Chairman, about the fact that the cancer statistics and the new cases of cancer in this province are rising steadily every year. I note that over the last 25 to 30 years, in fact, we almost have a 2.5-fold increase. Between 1970 and 1979 we've seen an increase in the number of cases of cancer from 2,537 to 3,169.

Now, it's my view that we require more than simply a budget increase (and it's a significant budget increase for which I congratulate the minister) to the cancer foundation. It seems to me that we need, in addition to that, to change our general approach to the problem of dealing with cancer. To date our approach really has been one of surgery, chemotherapy, and various forms of radiation treatment. It would seem to me that the evidence is now very clear that the large bulk of cancer in our society, anywhere from 70 to 90 percent, is really being caused by lifestyle and environmental problems.

My questions, therefore, relate to two areas. First of all, I would ask about the money that has been allocated for cancer research. I ask the minister for some assurance that a substantial portion of that money, instead of being spent on traditional areas of cancer research, will be spent on looking at lifestyle and environmental problems, particularly the latter because so little is known about those.

Secondly, my questions relate to whether the minister is going to work in co-operation with the Minister of Agriculture and the Minister of the Environment to start dealing with some of the other obvious causes of cancer in our society which, to date, have been really not properly dealt with — barely touched — by either the federal or the provincial government. This includes such areas as establishing a pure food policy in the province of Saskatchewan so that our residents do not find themselves in a situation where they have no choice but to consume large amounts of food with additives in them, large amounts of food that are known to have levels of chemical residues in them, that I think are clearly unacceptable.

This would involve such things as promoting organically grown produce in the province; giving support to stores that sell such produce; encouraging a policy of agricultural self-sufficiency in the province that would help us to substantially reduce the number of, say, tomatoes, that we bring in from California that we know in some cases are treated with up to 73 different kinds of chemicals. Will action be taken in such areas as the proper disposal of the 1.5 million agricultural chemical cans that are disposed of each year? Will action be taken, in conjunction with the Minister of the Environment and the Minister of Agriculture, to reduce the 10 million pounds of pesticides that are applied in Saskatchewan each year? Is the Minister of Health going to increase the pressure that he has been placing on the federal Minister of Health with respect to reducing, and more properly regulating additives and their use in Canadian foods? Is a program to be embarked upon in Saskatchewan in an attempt to clean up Saskatchewan water supplies, which in some cases are contaminated with at least three different kinds of PCBs, seven herbicides, and thirteen pesticides — all of which can be found in a single sample of Saskatchewan water?

I think, Mr. Chairman, that those are some of the priorities the Minister of Health should be following with respect to the problem of dealing with cancer in Saskatchewan. My general question, therefore, is whether he feels that in the coming couple of years he will begin to initiate some actions in those areas?

HON. MR. ROLFES: — Yes, Mr. Chairman. There were a number of comments made by the member for Saskatoon-Sutherland. I think it would take too long for me to reply to each one of those in detail, but I think one of the first suggestions we ought to make in this House is that we set an example — we should have no smoking in committee of the whole. I think that would be a positive step that we could take right here, and we would see just exactly where members stand on this particular issue.

I think we, as publicly elected people, could certainly set an example for the province if we were to pass such a motion unanimously.

AN HON. MEMBER: — You sound a lot like Dick Collver.

HON. MR. ROLFES: — Well, no. I don't think so. I don't want to do away with medicare, as the former leader of the Conservative Party wanted to do.

I want to reply to the cancer problem that the member mentioned, and I want to indicate to him that I'm certainly very concerned about the increasing statistics as they refer to cancer. But I do think we are missing the boat on several counts if we don't convince people to stay away from lifestyle habits which cause cancer, and one of them certainly is smoking. There is more and more evidence that we could cut back on the number of cancer incidents anywhere from 30 per cent to 40 per cent, if we could get people to quit smoking.

Mr. Chairman, that is not the only problem with smoking. It doesn't just affect those people who smoke; it affects others who are in close vicinity to those who smoke, particularly young children. I am told (from the research that there is) that young children who are in the same room or in close vicinity to parents who smoke have a much, much greater chance of contracting cancer than those children who are in non-smoking homes. So I would simply urge all people, if we are convinced that we want to deal with this problem, that that is probably the most effective way in which we can control the increase in the incidence of cancer. I don't disagree with the member on that.

With regard to chemicals, pesticides, herbicides, additives — well, let me turn to chemicals, pesticides and herbicides first of all. My officials and the officials of the departments of agriculture and the environment recently met with federal officials of the Department of Health and Welfare to talk about this whole area of how to deal with the increased use of chemicals and pesticides, and how to dispose of the chemical cans, and so on, and what exactly to do with them. So the committee is working on these things. I think they realize that something must be done in this particular area. I don't think it is realistic to expect in the very near future (but I should leave that to the Minister of Agriculture) that there will be a significant decrease in the use of chemicals used for agricultural purposes. As I said in the House some time ago, the demand for an increase in food in this world is tremendous and it is somewhat incumbent upon our area, which is the food basket of the world, to produce as much food as we can. I do agree with the member in that I think all precautions must be taken to protect the health of those people who are in contact with the chemicals directly, and also those people who will be affected by the side effects.

I don't disagree with the member in what he is saying. I know some of these things involve other departments and we are working with them.

I don't want to make elaborate comments on lifestyles. I think my particular views on that are well known. As I said yesterday, I think we need to get to our young people at a much earlier stage. We have to make certain that we convince them that their lifestyles will have a direct effect on how long they will live and the kind of healthy life they will have. There is no doubt at all that the increased use of drugs, and the increased smoking and alcohol use, has a dramatic effect on the morbidity and the mortality rate of our people in this province.

As far as additives are concerned, I want to indicate to the member that not only in correspondence that I have had with the federal minister, but also in personal conversations with her at various meetings, I have attempted to encourage the federal minister to put in regulations that would restrict the use of additives where they are simply not needed. I want to, however, add that there are (and I think the member would agree) certain additives that are very, very beneficial. We need to continue to use those. But in many instances, they are simply put in in order to sell the product —to improve the looks of the product and to sell it. So in that particular instance, I think we have to do whatever we can to try to make the regulations and laws such that it is very difficult for the industry to add additives simply to sell the product.

As far as water supplies are concerned, I think that question would be better directed to the Minister of the Environment. Under the environment act, he is responsible for the quality of the water in this province. We will continue to have our discussions with him because it is certainly of major concern to me as Minister of Health, and I will continue

to hold bilateral discussions with my colleague, the Minister of the Environment.

MR. PREBBLE: — Well, I thank the Minister of Health for those comments. I point out to him though that I think his last comment reflects the need for more integration between the Department of Health and the Department of the Environment on a lot of health problems. In fact, in some ways I would advocate that logically the occupational health and safety division of the Department of Health and the Department of Environment may belong together more logically under one department and certainly should be working much more closely than they do now. Because of the fact that their functions overlap I believe there is need for a more integrated approach.

I just want to make a few other comments with respect to the budget. I'm pleased to see the pilot projects like the adult dental care clinic that is being set up, and the neighbourhood health centre for senior citizens start. I want to say to him that I was hoping that they would be initiated on a regional rather than a community basis, in the sense that it is my own view that the best way to have a successful pilot project is to have a number of centres operating so that they can be evaluated, rather than just a single centre. But I would hope that perhaps that could be looked at for next year, because I assume that the intention here is to expand these programs, if they are successful. Secondly, I naturally support the initiatives the minister is taking in the area of lifestyles. I mentioned to him in this House earlier that I would hope that when he's launching the Feeling Good program for this year he would look at things such as the ban on tobacco advertising, a ban on certain forms of junk food advertising. But I hope he will go beyond that in the area of preventive health, and look at some of the structural changes required within the food system and within the work area.

Of particular concern to me is the need for the Department of Health and the occupational health and safety division to have more input into the design of workplaces. It seems to me that a lot of accidents in workplaces are not the fault of the worker, as private industry so often tries to argue, where the worker is victimized. This is not to say that there is not much room for improved safety precautions on the part of the worker, but it gets at the point that many problems originate in the design of the workplace itself. I would urge the minister, in conjunction with the Minister of Labour, to work toward a program in which the Department of Health and the occupational health and safety division are required to be consulted in the design, prior to the construction, of any new workplace in the province of Saskatchewan.

Further, with respect to the workplace and the benefits offered to workers, I would urge the minister, in conjunction with the Minister of Labour, to look much more closely at some of the technological changes being introduced into the workplace in Saskatchewan to ensure the safety of these innovations before they are introduced. Typical examples are the video display terminals which are increasingly being used within the public service, with, in my view, insufficient scrutiny of the long-term implications they may have for the health of workers.

I also think, Mr. Chairman, that we should be looking at extended maternity leave provisions, and provisions to ensure that parents have time off work to look after their sick children. The Swedes have introduced such a program, and it seems to me that a basic part of protecting the health and safety of our children ought to involve the right of parents to look after their children when they are sick. I hope that the minister, in conjunction with the Minister of Social Services, would look at the possibility of introducing this kind of legislation.

I just want to finish off by saying that I hope the minister would look at such measures as introducing a school lunch program for the province, nutritional standards for food establishments and some sort of additional regulations, particularly with respect to the fast food industry, to ensure that some products in each store have some nutritional value and are reasonably healthy, so that a store does not end up just selling junk food.

As I did last year, I urge the Minister of Health to re-establish the nurse practitioner program in the province of Saskatchewan. I think it's unfortunate that this was phased out. It's view that the effectiveness of doctors could be substantially increased, and the preventive approach to medicine could be substantially improved, if nurse practitioners were used widely throughout Saskatchewan. I would say to the minister that this would allow the doctor to focus on serious problems and give patients with serious problems more time. It would also allow nurses who are working in conjunction with doctors to spend more time in counselling patients and giving patients advice with respect to preventive efforts that a patient, as an individual, might pursue. The doctors often do not have time to do this. I think it would substantially upgrade the quality of medicine in the province. I want to urge the minister not only to implement that program on an experimental basis, as was done earlier before it was cut, but to introduce it as a province-wide program.

HON. MR. ROLFES: — Mr. Chairman, I can assure the member I will scrutinize very closely *Hansard* again with my officials to make sure that we address ourselves to some of the problems he has mentioned. I just want to remind the member that if we were to implement many of his programs, it would involve thousands and thousands of dollars, and many, many personnel. I would simply ask for his support at the time we set the budget for next year.

I don't disagree with many of the things the member has said. Yes, we would like to establish more pilot projects, but if the money is in short supply, you take what you can get. We managed to get several pilot projects in various areas. It's a start. If they prove successful we will certainly expand.

On the nurse practitioner, I suppose our experience with that wasn't that good, consequently it has not got off the ground. Again, we will have another look at that to see what we can do in that particular area.

In many of the other areas he did mention (some pertained to labour, some pertained to education) I will simply give the member the assurance that I will do whatever I can in my capacity as Minister of Health to work with my colleagues to try to carry out some of these suggestions he has made. I think many of the suggestions are very good. I think it would certainly improve, over the long period, the health standards of the people of the province. I think that is the objective of everyone in this House, and is certainly the objective of the Department of Health. I appreciate his comments and I will continue to keep those in mind as I establish next year's budget.

MR. BERNTSON: — Just to wrap up the questioning on the rural establishment grant. I understand the program has been in place for three years. Is that right?

HON. MR. ROLFES: — Since 1979.

MR. BERNTSON: — Okay, this is the third year. During that period, we have had 125 graduates from the Saskatchewan school of medicine, 84 of whom are still in

Saskatchewan. We have lost fully one-third of the graduates of the school of medicine to other jurisdictions. Of the 84 we kept in Saskatchewan, only four that we know for sure have gone to rural Saskatchewan communities under 5,000 people. I am sure the minister is aware of the problems that small communities in rural Saskatchewan have attracting doctors. Since this particular program has been somewhat of a failure, does the minister or his department have any other initiatives on the drawing board that might help the smaller communities in rural Saskatchewan attract Saskatchewan-trained physicians?

HON. MR. ROLFES: — Mr. Chairman, I don't want to get into a debate with the member opposite on this particular topic, but let me just point out a few things. First of all, I think we have to be very careful when we talk about Saskatchewan graduates and Canadian graduates. Historically, Saskatchewan graduates (for the last 15 years or so) have not wanted to go into rural Saskatchewan and practise alone. They like to be able to practise in groups, and that is a difficulty that I think we are experiencing at this particular time. However, as was mentioned yesterday, the retaining of our Saskatchewan graduates has significantly increased. We were at one time at 33 per cent; we are now at 59 per cent. So we are getting somewhere.

This is not unique to Saskatchewan. Every other health minister has the same problem right across Canada. Everybody wants to practise in a large centre. I want to say to the member that, certainly, I wish the establishment grants program had been more successful. We are constantly looking at it. If it needs revision, we are prepared to look at suggestions. We are in contact with the SMA and the SHA constantly. They think it's a good program. I think we have to give it a little more time. If, in three or four years time, we have the same results, we can say the program really wasn't that successful.

But I do think you can't just look at numbers. If you ask the people in the Hudson Bay area, they will tell you that it was a good program . . . (inaudible interjection) . . . That may be, but even some friends that we have are better than we are ourselves, and have tremendous qualifications. I think if you asked the people in that area, they would say that the program has worked.

We need to do more, and I think the college needs to do more, in convincing graduates that a good practice can be set up. We need to provide some back-up services and, as I said last night, we're discussing with SMA about visiting specialists to go out into rural Saskatchewan. I think that's something that is necessary, and we need to look at other ways of backing the people in rural Saskatchewan as much as we can.

MR. BERNTSON: — I agree with everything you've said as it relates to visiting specialists, etc. I agree that the people in Hudson Bay should be pleased with the program, because they, under the program, got an excellent physician from Antler, Saskatchewan in Souris-Cannington — terrific guy!

But the fact remains that the purpose of the program, the rural establishment grants program, was to attract Saskatchewan-trained physicians to rural communities under 5,000. That was the purpose of the program. In three years you have 4 out of a total of 125 graduates going to rural Saskatchewan. Obviously, it hasn't worked to the extent that even you would like to have seen it work.

Are there any other initiatives on the drawing boards in your department recognizing that we have problems attracting doctors to rural Saskatchewan, particularly the smaller communities in rural Saskatchewan? Have you any other initiatives on the

drawing boards to help in this regard?

HON. MR. ROLFES: — Actually, there is one program. The verdict is still out on it because it was only started last year. It is the extern program, whereby the medical students between years 3 and 4 spend three months of their summer employment in rural hospitals. These are programs which are administered by the Saskatchewan Health Care Association and funded by the clinical services fund through my department. I think that fund is administered by a committee involving the college of medicine, ourselves, and the Department of Continuing Education. We believe that if we can get some of these students out into rural Saskatchewan while they are going through their program, and get them acquainted with it, maybe we will have some success in convincing them after they graduate that it's not such a bad idea to live in rural Saskatchewan. Many of them simply don't want to live in rural Saskatchewan. As many of the doctors of the SMA said to us, "Well, you know they don't think that they have all the amenities they can find in the big city." I don't know what we can do to convince them otherwise, maybe if they get some experience out there, they will stay. Maybe they will find out that there are a lot of good things in rural Saskatchewan you can't have in the cities.

MR. BERNTSON: — I think that is probably a step in the right direction. Has the minister's department given any consideration to the decentralization of some of the more modern, technical equipment, such as an ultrasound unit in Melfort, or in Swift Current or in Estevan to provide for the rural doctor some of these diagnostic tools which aren't otherwise available without coming to Regina or Saskatoon? I think that would go a long way toward enhancing the role of the rural physician, as well.

HON. MR. ROLFES: — That would buy about one-quarter of an ultrasound. I think the member makes a good point. I am told by my officials that ultrasound equipment will be, I think, located in all our regional hospitals this year. So far, I think we've had them basically in Saskatoon and Regina. This year they will be in such places as Prince Albert, Moose Jaw, Swift Current, North Battleford, Yorkton — in those regional hospitals. I think, to put them in the community hospitals at this particular time is just too extensive a program. Maybe in the future we will be able to revise our policy again and have a look to see if we can put them in larger community hospitals. But at this particular time, it is regional hospitals.

MR. BIRKBECK: — Thank you. I want to ask some questions on a narrow scope as they relate to my own riding. I am not going to take too much of the time of the committee. But I do have a concern and I will express it in the broad context first, and then relate to it in my own area.

My concern very simply is that we seem to have a centralization of hospital services, in particular operative services. I am not talking about the medical specialists — neurosurgeons, and the like, I am talking about the routine operations. I say routine because with the advanced technology in medicine, they are routine today. If we go through them we can take a look at the appendix operations, certain ulcer operations, hysterectomies, prostate operations, gall bladder operations, all of those operations which we today recognize as being routine operations.

I suppose it is fair to say that throughout rural Saskatchewan the maintenance of a good hospital, which can provide those kinds of routine operations along with other medical services, is absolutely vital to maintaining the rural fabric of the province. I know there is no disagreement between you and this side of the House, as to the

necessity of maintaining a rural-based population throughout Saskatchewan. I say that on the basis that it is far less expensive to maintain an individual in rural Saskatchewan than it is in urban Saskatchewan, in cities such as Saskatoon, Regina, Moose Jaw, Prince Albert and some of the smaller cities.

I believe it is of benefit to the mental and physical health and long-term well-being of the people of Saskatchewan to reside in rural Saskatchewan, given that opportunity. We don't need to go through all of the various segments in which we see a decline. We see a decline, Mr. Minister, in terms of our rural population. We see a centralization of the schools, and we see a declining enrolment there of the young people entering the schools. That's an evolutionary thing. I don't say that's any direct fault of the government; I just say that is one of the problems which we have.

We have a centralization in the educational system, I suppose brought about because of that declining enrolment and less numbers of students in the smaller schools. This has led, of course, to more bussing of people, and generally speaking, a more difficult situation in rural Saskatchewan throughout the educational system. Mr. Minister, you know as well as I do that it is vital to have a school in place in a rural community (it doesn't matter which one it is) and it is considered very vital to have a railroad going through that town, although, I must confess we have a town which does extremely well without a railroad. That happens to be Wawota. By and large, as a rule of thumb, it's considered to be the more accepted way of life if one could have a rail line running through the town, an elevator terminal for grain delivery and a school system. I lay those examples out to bring us up to hospital services.

I suppose the best example could be my own parents, who, for many years, lived and farmed in the Welwyn-Rocanville district. When they sold their farm and retired, one would have thought that it would have been routine for them to retire in the small village of Welwyn or the town of Rocanville. But they chose not to. They chose to retire in Moosomin. Understandably their friends and people who knew them said, "Well, why did you retire in Moosomin? You never had anything to do with Moosomin, other than the occasional trip there to shop, or what have you." My father, being an avid curler, liked to take in a number of bonspiels there. But there was no reason why they should have retired in Moosomin, except one. That was the fact that there was a hospital in Moosomin.

You will find that, quite consistently throughout the province of Saskatchewan. When people retire they will move to where there is a hospital, as people who move into a province take up residence in a town which has elevator terminals, an educational system and hospitals, thus taking in the whole array of services for that particular community. I am saying the hospital is a vital part of the community, and when it's removed, you will find the community dying. Today, the across-the-board figure is that about 45 per cent of our rural villages, town and hamlets are declining; they are beginning to slowly deteriorate. I must say however, that this deterioration has not been as great as we had expected it to be.

Ten or 15 years ago, I'm sure any number of you heard it said, "That little town will be dead in 10 years; it will be a ghost town." But they are still there. Surprisingly enough the decline has not been as rapid as some people had thought.

To return to the essence, the real importance of a hospital, I say that if you remove the hospital services from rural Saskatchewan, you will see a decline such has never been witnessed in this province or in this country before. It would hasten the decline to a

degree which is unpredictable at this point, except to say that it would be a tremendous decline. So hospitals are a basic element of maintaining the rural communities in our province. I know the minister and the government here in Saskatchewan today agree there is a desperate need to maintain the rural fabric of our province for the long-term health interests of people of Saskatchewan.

When we take a look at our own particular hospital, Mr. Minister, the records will show that, in fact, it did more operations 15 or 20 years ago, than it does today. Personally, I find that distressing. The argument and the position which I want to advance to the minister recognizes the very real importance of maintaining rural hospitals, and not just as a hospital which is used as a recovery unit. That is what seems to be happening. In my view, the rural hospitals are becoming nothing more than giant recovery rooms. Patients come in from rural areas to the main operating facilities at Regina and Saskatoon. They then return by ambulance (or whatever carrier) to their own local hospital where they stay for 2, 3, 5 or 10 days or whatever is necessary to recover.

It becomes far more serious than just a person coming in for a routine operation. In my view, as it affects the rural areas of Saskatchewan, it could enhance the deterioration of the health of the people. I will give you this example. I will use a prostate operation as being one of the routine operations. When people come to the Plains Hospital in Regina for that operation, they witness patients going through that Plains Health Centre, like so many cattle through a chute. They see these other patients at various stages of their operations and, by the time it is their turn, they are absolutely petrified. I know of a great number who are, and were. If that operation could have been performed in their own local hospital, they would, in all probability, not have been required to go into that hospital until the day before or even that day. The people they would meet, who were in there for those same kinds of operations, would be people they knew because they would be from their community. So, it would not be as distressing a situation in a local hospital, if those routine operations could be performed there, as opposed to having them done in the city of Regina and the Plains Health Centre — the example I used. Those are some of the concerns that I had expressed to me regarding those kinds of operations.

I don't want to speak for too long about the ambulance service. The ambulance service is under the Department of Rural Affairs. I personally don't agree with that. I believe that the ambulance service should be under the Department of Health, not the Department of Rural Affairs. I'm sure, Mr. Minister, you will find that the R.M.s in this province would agree with the concept that the ambulance service be moved under the Department of Health.

You say, "All right, what would be the advantages of doing that? What would be the advantages of having hospitals in rural Saskatchewan equipped to handle routine operations?" You would have fewer deaths related to an inability of the system to provide service, if that were in place. The argument comes back: how many people died in the ambulance coming from Moosomin to Regina in any given year? The answer to that is not very many. Not very many. If you have any statistics on that, I'm sure I would appreciate them. But I would venture to say that there are very few. But how many patients died 24 or 48 hours after they got to the hospital? You would find that the numbers would increase quite substantially.

What we have in terms of medical service to a patient who is seriously injured in an emergency accident in rural Saskatchewan right now, as they're transported from that

part of the province to the main operative centres, is nothing more than a baby-sitting service. Generally speaking, there is no professional medical attention administered to that patient en route from the point of the accident or the local hospital, which they initially went into, to Regina, Saskatoon, or whatever major health centre it might be. As I said, it's primarily a baby-sitting service, if I could explain it that way to express my view of the minimum service that is provided, and the direct health service that is administered, to that patient while he's coming in.

As it relates to the ambulance service attempting to cope with the problem of getting these numbers of people into these centres, I suggest that that would be relieved if you had hospitals in rural Saskatchewan which could perform the kinds of operations which are necessary and essential out there, notwithstanding the fact that it's a major ingredient to maintaining the rural fabric of the province. If improvements to the rural hospitals through increased capital expenditures were to save even one life through the course of the year, then I know, Mr. Minister, that you would agree that is something we should seriously be looking at.

Now, when you address yourself to the question of whether or not we start to make capital expenditures to rural hospitals as opposed to centralization, you have to be reasonable in your assessment of those two approaches. What I am saying is that we need to slow down the centralization, and we need to gradually begin the reverse trend so that we can put those kinds of facilities into place. I'll get around to those facilities in a moment.

The point that I want to make on centralization is that I don't see the difference between, say, my driving 130 miles (and I use my own home town as an example) to a hospital in Regina, or the people in Regina driving 130 miles to a hospital in Moosomin. In other words, if an individual required an operation that could be done in Regina and could also be done in Moosomin if the facilities were there, and given the condition that the hospital in Regina was full and the patient couldn't be accommodated, that person would drive the 130 miles just as quickly as we have to drive that 130 miles. We must; we're forced to; we have no alternative. I tell you, you would not detract from your overall approach in health, which I believe is pretty fair, Mr. Minister. You have made some good improvements throughout the system, and I believe, on balance, we have a pretty good health system here in Saskatchewan.

I don't know why members opposite would seem surprised at that statement; I'm fair enough. I believe we have had some real improvements in the medical field, and that has been translated into real opportunities for the people of Saskatchewan throughout our hospitals. All I'm arguing here today, and the very point I want to make and will be persistent on, is that there is a tremendous need to upgrade the status, in terms of operating facilities, in rural Saskatchewan.

I want to make it clear and use this particular opportunity in health estimates to announce to you my intention to reflect the interests, the concerns and the real — in fact, desperate — need of the people of that community. That doesn't just take into consideration Moosomin. That takes into consideration my whole riding and the hospitals within that riding.

Mr. Minister, I believe we can set out a hospital service centre for the majority of the people in that given area. My suggestion is that you seriously consider looking at the feasibility of a brand new hospital for Moosomin, to serve that entire area; take into consideration that it is 130 miles to drive into Regina; take into consideration the fact

that they have 100 miles to drive to Brandon, Manitoba; and take into consideration that they have 100 miles to drive to Yorkton. Take into consideration, Mr. Minister, the fact that they are a long way away from any major hospital centre that can perform special operations and routine operations. It's the routine operations that I am mostly concerned about. Certainly for the special operations that are required, where specialists and very high technology are involved, I don't have any argument whatsoever with you, Mr. Minister, they should be located in major centres.

That's what I am going to be fighting for, not just as it relates to my own riding, but as it relates to rural hospitals throughout this province. Where we see geographically a need, where we see that the numbers warrant it, and where we see that the transportation facilities will enhance the position of a new hospital, then we need to move in that direction. If you take our area and put a brand new hospital in there, let's move now very quickly into the kinds of facilities we're going to be looking for.

In a new hospital facility, we would look for operating facilities with adequate medical staff, with adequate equipment to handle all routine operations. And for that matter, as the member for Souris-Cannington has suggested, we would look for facilities that would provide for a specialist coming out from Regina, from Saskatoon, from the major health centres to those rural hospitals. The specialist would be able to move in there for a day or two of a week, or every two weeks, or whatever would be necessary for the patients. We would like to see those operations performed in rural Saskatchewan so those local people, Mr. Minister, could have those operations done in their own given area. That would make far more sense. You wouldn't have to have ambulances running back and forth to get the specialists out there. You'd only need one vehicle or an airplane. That's all you would require. But the way it is now, you're bussing patients to Regina and bussing patients to Saskatoon in the same way we are bussing students all over the place in Saskatchewan because of a centralization in the educational system.

So, if you put a new hospital in place in Moosomin, with those kinds of facilities to provide for those kinds of operations, to provide that kind of medical service not just for the Moosomin area, there are people that would come down from near the Yorkton area, there are Manitoba people that would come, and there are people who would come from right down near the U.S. border and from halfway to Regina. It's in a prime location to serve as a major health centre in Saskatchewan. It's one of the most progressive centres on the Trans-Canada between here and Brandon, if not the most progressive. It's a choice location. What would you do with the old hospital? The old hospital would just meet the nursing home bed requirements that are in that area. And I'm not going to get into that. I'll deal with that when the Minister of Social Services is available.

But as it relates to your department in terms of nursing home beds, you could provide them the use of that old hospital for level 4 facilities. I know there is a report that is coming down, if not available now, on that particular hospital, which will indicate that economically it will make far more sense to build a new hospital facility than it will be to upgrade the standards of that particular hospital to the point where it will meet the requirements of the Department of Health and, for that matter, the requirements of the people of Saskatchewan. That will ease the whole nursing home situation there, and not just in a close proximity of that town; it would cover a very broad area.

So, I wanted to take this opportunity, through the estimates in health, to advise you, Mr. Minister, of my intention to reflect the concerns, interests and desires of those people to have an expanded hospital centre, a brand new hospital to serve a tremendous

number of people in a fashion which I believe you and I agree on.

The last point I want to cover, as it relates to this particular subject, is that people will say, "Well, I suppose the hospital services are centralized in Regina because we can't get a specialist or a surgeon to live in rural Saskatchewan (out in the middle of nowhere, if one wanted to use that term)." That may be their perception; I don't believe it is. People have a tendency to believe that is why the surgeons aren't staying out there. "If the surgeons don't stay, why should we have operating rooms? We'll have to put them in Regina where these people can work and fulfil their careers and professions in medicine."

I don't agree with that because we have one right now in Moosomin who is going to be there for about six months. Mr. Minister, I can tell you that he would like very much to live in Moosomin. He would like very much to fulfil his professional career in surgery in that town, in that hospital. But he has been told that if he wants to fulfil his career to the extent of his professional abilities in surgery, then he had better get out of Moosomin. He could only be told that for one reason, and that is because the facilities are not there to meet the requirements of the college of physicians and surgeons. They are not there because there has been a centralization in the hospital centres, and capital expenditures each year in the budgetary estimates are going into those major centres, rather than into what could be major health service districts in rural Saskatchewan.

If we had a brand new hospital with the facilities I have described, that surgeon would be able to come to Moosomin and say, "You have tremendous facilities here. I like this community. It has a broad area to provide service and is in a position to take the overflow from Regina or Saskatoon." It would have the facilities to accommodate specialists who come out and help with diagnosis and operating procedures. What I am saying to you, Mr. Minister, is that a whole new concept could be adopted by the Department of Health and it would be in line with your particular government's policy and philosophy in meeting the needs of the people of Saskatchewan in terms of delivering health services to the rural parts of this province.

Mr. Minister, those are my comments. In a very general way, rather than ask a number of questions back and forth, I wanted to make those comments all in one, to express the problems we are looking at in that area, as well as other areas which have identical situations. What I am saying is that we are not prepared to accept, out of the resource potential, the economic potential of Saskatchewan, a reduced health service in rural Saskatchewan. We already have more money coming in from our area than is going back out. That is not an accepted practice. I say that, not as it relates just to health; I say that as it relates to the total budgetary expenditures for the province of Saskatchewan through this government. I want to know in a general way if you can agree with the particular concept that I described to you here this morning, as to how we might better provide health services to rural Saskatchewan, and in so doing enhance that rural fabric of this province as is desired by the people of Saskatchewan. This should be possible if you are consistent with your government's philosophy and policies in maintaining rural Saskatchewan. Well, Mr. Minister, I thank you and the committee for the time that I've had to put forth my particular position. I would just hope that in a general way that you could agree with the comments that I've made here this morning. Thank you Mr. Chairman.

HON. MR. ROLFES: — Mr. Chairman, I do not intend to make a detailed reply to the member's statement, and I hope he doesn't take that as me thinking that his words were any less important than he considers them to be. I can appreciate some of the remarks

that he has made. But we did have an hour or an hour and a half discussion yesterday on centralization and I think we had a very worth-while discussion. I agree with the member for Maple Creek who, as the health critic, brought her concerns to my attention, and also with the member for Indian Head-Wolseley, and today, the member for Moosomin.

I don't disagree with many of the statements you have made. We are very, very much aware of the centralization that is taking place. I just want to repeat, though, that it is imperative that we, as the public representatives in our area (it's easier for me because I come from a larger city) do the work at the local level to convince those people that those hospitals are right now equipped to do many of the surgical operations. People by-pass them and drive 130 miles to Regina. It is a psychological battle that we have to fight. It is not just facilities.

The facilities in many of our rural hospitals are adequate facilities, are excellent facilities for many of the surgeries that people come to Saskatoon and Regina to have done. So I do want to refer members to the budget speech of the Minister of Finance, page 22. I think that very succinctly puts the philosophy of the Government of Saskatchewan. It says:

Our health care system reflects this commitment (the commitment of good rural health care system). Ninety-seven per cent of Saskatchewan's population lives within 25 miles of hospital services and a resident physician.

If you look at the projects again this year, there are I think 10, or 11, or 12 rural hospitals where we are doing some work in upgrading. There are dozens of requests that have come in from rural areas, and I already asked the department to give me a list of all the requests from rural Saskatchewan and the particular requests made, so that we can address ourselves to them.

Thirdly, I do want to say to the member, that as far as I know, we have received no request from the Moosomin hospital board. Until we do I think it's somewhat premature for us to say that we're going to do this, or that, or something else. After all, those people have to pay for it in some part, so we will certainly look very sympathetically to any requests coming from the Moosomin hospital board. Just to encourage the member a little bit, and to indicate that things are not quite as bad in Moosomin as maybe some of us think, in 1970, for example, all the activities or procedures that were performed in your hospital on an in-patient basis were 1,493. Now, in 1979-80, that figure has gone up to 1,949. So you had a fairly good increase — almost a 30 per cent increase. You are more fortunate than some other areas have been over that period of time, in that yours has not decreased but increased. The activity at the hospital has certainly increased.

The whole issue of centralization: as I say, the government is well aware of the trend. We are attempting to address ourselves to it and I would hope that in future budgets from this government — not just one more budget — we will address ourselves to that so we can either stop that trend of centralization or at least decrease it as much as we can.

I don't disagree with many of your comments and we will attempt to address ourselves to them.

MR. ROUSSEAU: — Mr. Minister, your predecessor some time ago (probably around three years ago) set up a task force on the rehabilitation of the disabled. You finally got the report from the task force in January of this year. You included in your budget for 1981-82 a token amount of \$1.9 million for rehabilitation of the disabled. I think you will agree with me, Mr. Minister, that in the Year of the Disabled this is indeed a very meagre amount of money to direct to that area.

I have a couple of questions I would like to ask respecting that. How many in Saskatchewan are disabled? Do you have those figures? Are you going to improve on that amount — I mean significantly improve on that amount — next year?

HON. MR. ROLFES: — I was looking for a memorandum that I had received from the Department of Finance. Again, I don't want to get into a long-winded debate with the member for Regina South. But it simply is not true to say that there is only \$1.9 million in our budget. If you go through the total budget of the government . . . (inaudible interjection) . . . but there are other forms of rehabilitation . . . (inaudible interjection) . . . That's nonsense. When you talk about rehabilitation I think it has to be understood you are not talking about only injured people; you are not just talking about senior citizens who need rehabilitation. Every level 4 facility is a rehabilitation facility. Now don't tell me that you can run a . . . (inaudible interjection) . . . Your statement is that we have \$1.9 million in the budget.

Mr. Chairman, I want to make it very, very clear that the total budget for rehabilitation includes level 4 facilities, it includes many of the assessment units that we have in our hospitals, it includes many of our group homes, it includes many of the activities of the alcoholism commission, because those are all rehabilitative activities, and those people are handicapped.

You cannot, Mr. Chairman, make the statement that we only have \$1.9 million for rehabilitation. The total budget, if we take all the departments, in rehabilitation for the senior citizens who are handicapped, for the injured workers who are handicapped, or for those who are born handicapped, is about \$82 million. Will that be increased in the future? Hopefully, that \$82 million will be increased. When we build the rehabilitation centre here for Regina, that will significantly increase the budget because we will need operating grants for that particular service.

We hope to decentralize, as the report said, the services to people where they reside. We don't want to centralize it in Regina or Saskatoon. We recognize that we may have to. We may have to have people come into Regina for specific rehabilitation activities, but from then on it should be carried out in their own region or in their own communities. That is the intent of the program. As we expand the program and move along with it, hopefully, the budgets will also increase. They will have to increase in order for us to carry on in that way.

MR. ROUSSEAU: — The \$82 million which you referred to has always been in your budget. Level 4 care has been here for many years, as have all the other programs to which you are referring. I am referring to your budget. As a result of the completion of the task force on the rehabilitation of the disabled, you increased your budget this year by \$3 million — \$1.1 million of that to look after your government buildings. They should have had that many years ago. Even your new ones aren't meeting the necessary requirements, I might add. So that leaves \$1.9 million for people who have never had assistance from the health department. Young children who are either retarded or

disabled in one way or another have never had that assistance. That task force was established to provide some rehabilitation for those people. You came out with \$1.9 million.

I ask you again (setting aside and forgetting about the \$82 million which has always been there for your level 4 and all the rest of them): what amount of money will you be providing in excess of that \$1.9 million, which I am referring to, in the future? Even this year with a \$2 million surplus in your budget, you could have provided that much more and come out with a balanced budget. Yet in the Year of the Disabled, you came up with an amount of money which won't even scratch the surface and come close to meeting the requirements which are needed.

HON. MR. ROLFES: — Well, I think, up until now I have attempted to, but some people are taxing my patience, I suppose. I want to make it absolutely clear. I want to read back the words of the member for Regina South. I can't predict what your intentions were, I can only read what you said. Let me read back to you what you said in your budget critique. This is what you said:

The Government of Saskatchewan has benevolently allocated \$1.9 million for the rehabilitation of the disabled.

That is not correct. I know what you wanted to say. You wanted to say, "The Government of Saskatchewan has allocated an increase of \$1.9 million." If I were to read this, or if people outside were to read it, they would say, "You mean to tell me that all the government is spending on rehabilitation in their total budget is \$1.9 million?" That is what I am arguing with you. It is an increase of \$1.9 million as a result of the task force report and if that is what you're saying, I agree, that's what is in the budget.

But the task force report was only received in January. The budget was set by that time. We had anticipated what some of the recommendations were going to be and I said to the treasury board and to my officials, "Look, this is going to be the Year of the Disabled. Let's see what we can put into the budget for this year and start on some of the projects." We did manage to put in \$1.9 million. In late January when the report came in, the recommendation was made and we received a commitment from the government to establish a rehabilitation centre. We hope to get that rehabilitation centre off the ground within a year's time. We think it will cost a total of about \$20 million and will probably cost annually about \$6 million to operate.

There are other initiatives, as I said yesterday, that we hope to initiate this year and many of them won't cost very much money. So yes, there are going to be substantial increases in the future and we will work on those as quickly as we can.

MR. ROUSSEAU: — It's all very well for you to quote from what I replied to in the budget and perhaps I left out a couple of words but so did you in your budget. You're saying, and I'll read to you:

I am pleased to say that we have budgeted \$3 million for new initiatives for the disabled, including \$1.1 million . . .

There's nothing in here about additional; new initiatives could mean anything. The fact is (and you agree with me) that it was a result of the completion of the task force report. Particularly in 1981, which is the Year of the Disabled, in view of the fact that you had \$2 million left over in the budget and in light of the fact that you claimed the budget was

completed so you were still able to get out another \$1.9 million or \$3 million actually. I suggest that you could have improved on that.

We could go back and forth on it all day. You still haven't replied to me because I am interested as well as those people who are very involved in this particular program. We are concerned. You know you have the Year of the Disabled this year. It's fashionable to be talking about it. You've provided \$1.9 million. Does that mean that next year there's no more for that particular program or are you going to do better on it? And really, that's what I want to know. Are you going to seriously consider that report as a necessity in our society and get on with what these people are asking for and give sufficient funds to see that these people will once again become productive in our society?

HON. MR. ROLFES: — Yes, Mr. Chairman.

MR. PICKERING: — Thank you, Mr. Chairman. Mr. Minister, a couple of days ago I brought to your attention the new program on speech therapy to be initiated this year in the province. You indicated that it was not in place. I've done further checking throughout the province on this. For example in Melfort-Tisdale, the square bounded by Humboldt, Hudson Bay, Wadena and Nipawin, there is only one therapist allowed to this entire area. This position has been vacant since last August and won't likely be filled until this coming August when graduates are available from Minot. No one is taking the case load in the interim period and the next therapist will pick up where they left off. It serves approximately 83 to 85 schools.

Going to Estevan and Weyburn, their case load is too busy to serve in Stoughton or any other large town. These people have to come in to Estevan or Weyburn if they want therapy. The time is too valuable to spend on the travelling. Before September they had a case load of 50, but this went down so that it now is about 20 to 30. The therapist just wasn't doing justice to the individuals she was serving.

In Prince Albert they have a long waiting list — three to six months. North Battleford, another large area, is bounded by Meadow Lake Provincial Park on the north, Unity on the South, Alberta on the west and Blaine Lake on the east. The population figure is about 86,000 people and there is only one therapist in the entire region. They have been stretched very thin. They have opted to specialize with preschool children, because it is impossible to serve everyone.

In Yorkton-Melville, which is an area of 10,000 square miles, the program serves all age groups. The tendency is, of course, to concentrate on the preschooler. They have 40 on the waiting list. It takes approximately an hour for the assessor to assess. They have six assessed and waiting for the program, 54 on the program (which takes one-half hour), and 22 waiting for a review.

I have brought to you attention that in Moose Jaw, all rural patients have been completely cut off, many of whom are to start school this fall and as a result could quite possibly lose a year in school.

I would like to ask the minister if you would now at least consider putting some of the critical cases back on the program so that they don't lose a year in school?

HON. MR. ROLFES: — Mr. Chairman, I want to say to the member that I appreciate very much his remarks in this particular area, because it's an area in which I think we need some upgrading. We have, at the present time, 17 speech therapists. There are four who are on bursaries and who will be coming back, but even with these four, I think we need more speech therapists. I know that they are in short supply. That's why the Department of Continuing Education has put on a program to entice more people into this particular area. I don't disagree with many of the comments that you have made. We are, I think, completely aware of the situation and we just need to address ourselves to that this year.

Coming to your specific question, I can't guarantee that. If you have any specific cases, I wish you'd bring those to my deputy's attention and we'll see if we can't deal with individual cases. I can't make a guarantee that those, who perhaps in your opinion are in desperate need of speech therapy, will be put back on the program. I can't make that guarantee, but we will do what we can on any specific case that you may bring to our attention.

MR. PICKERING: — Mr. Minister, I did bring one specific case to your attention. That, in particular, is one that I would like to see you deal with as soon as possible. I have received nothing back from Moose Jaw that they are accepting this child. From talking to his mother, I know there are times when he is unable to say anything because of a critical stuttering problem, and I would certainly like to see you get him back on the program, at least.

How many therapists would you need throughout the province of Saskatchewan to carry the case load?

HON. MR. ROLFES: — Probably about another 10.

MR. PICKERING: — I understand speech therapy is not taught at universities in Saskatchewan. Have you put any pressure on the Department of Education to include this at the universities in this province?

HON. MR. ROLFES: — That really should be directed to the Minister of Continuing Education.

AN HON. MEMBER: — Put pressure on him.

HON. MR. ROLFES: — . . . Well, that we will do. I do know he's negotiating with the two western provinces, Alberta and B.C. I think we need to join our forces from time to time as we did in the veterinarian area and as we do in some other areas. It's too costly sometimes to implement those programs in your own province and I think we need to join the forces of the four western provinces for some of these programs. This may be one; I'm not sure, but I will certainly bring your concerns to the Minister of Continuing Education. I know you will also remind him during his estimates which will be coming up . . . (inaudible interjection) . . .

Okay, I appreciate that too.

MRS. DUNCAN: — Just one question on that, Mr. Minister. Are you actively advertising in other areas throughout the world for a speech therapist?

HON. MR. ROLFES: — No, we're not.

MRS. DUNCAN: — Are there any plans to do so?

HON. MR. ROLFES: — Not right now because in the staff allotment we presently have, we only have one vacancy and somebody is coming to fill that one vacancy.

MR. PICKERING: — I understand, Mr. Minister, that the majority of speech therapists coming into the province are coming through the Minot University. Have you contacted any who will graduate this year?

HON. MR. ROLFES: — The problem we have right now is that when that one person, who is a Saskatchewan resident, comes back from Minot, the complement allocated from my department will be filled. What I am saying is that we need to get more staff in this particular area; we need to convince the government that we need more staff. When we fill that one vacancy, our complement is filled. I am saying to you that I feel we don't have sufficient staff in this particular area. We need to try to sell the government on more speech therapists in the province.

MR. PICKERING: — Well, Mr. Minister, I wish I were the government. I would certainly be putting a little more pressure on you. You are the government, why aren't you putting pressure on to put more money into that area? The need is critical. You're saying we need 10 more and you only have one lined up. Why aren't you advertising to get more speech therapists in the province and allocating more money for this area?

HON. MR. ROLFES: — Mr. Chairman, we can go round the mulberry bush again. Every member on that side has asked for something which would increase staff. I have my own pet areas where I think we should increase staff, or in which we need more staff. I'm simply saying to you is that within the budget we are presenting to you, under allocation of staff, we have one vacancy and that vacancy will be filled.

If I get more staff next year, I would like to see more public health nurses, and I would like to see more nutritionists, because it all fits in my idea of preventive health services. But within the priorities we established within our budget (as I indicated yesterday) I did receive a 16.3 increase over the estimate of last year, and that will probably be the highest in Canada. That is a pretty good budget. If I could have had 20 per cent, I would have taken 20 per cent. I think 16.3 per cent is not bad. We will make some new initiatives next year. That is all the guarantee I can give you today.

MRS. DUNCAN: — I would like to come back briefly to The Prescription Drugs Act, Mr. Minister. Do you not think it would be more beneficial if the patient were also notified that her drug profile was sent out to her physician and to her pharmacist. I think we must realize there is today a stigma attached to drug addiction. The patient might be hesitant to talk to her physician about the problem but if she knew the doctor had that specific information, it might break the ice and lead to easier treatment for drug addiction.

HON. MR. ROLFES: — Mr. Chairman, I suppose one could make arguments on both sides in this particular matter. First of all, let me say that it is not a breach of confidentiality at all. We passed the amendments to the legislation two years ago to give us the legal right to do so, with full co-operation from the members opposite and the pharmaceutical association and the medical association.

I think, in this particular instance, since the information is only sent out to the

pharmacist concerned and the medical doctor involved, the best person to make a judgment as to whether or not his patient should be given this information is the doctor. There is nothing to prevent the doctor from saying to his patient, "Look, I have your profile," or, "I am asking for your profile," if he feel it is in the best interest of his patient.

I think, in some instances, we could jeopardize any success which the doctor may have had with that patient if we informed the patient that the doctor is going to have the profile. I'll give you one example. You may have a psychiatric patient. If that person has been seeing a doctor because he has psychiatric problems (or several doctors) that patient, if he knew the doctor had his profile, may simply stop going to the doctor for help. I think we would be jeopardizing any success the physician may have had. Nothing in our legislation prohibits the doctor from advising the patient that he has the profile. I think they are in the best position, as I indicated before, to give that information to the patient.

MRS. DUNCAN: — I would just like to say, Mr. Minister, that when this amendment was introduced and passed in 1979, we, on this side of the House, agreed with the intent of the particular amendment. But the concern that was raised by this side of the House, at that time, was how this amendment related to doctor-patient confidentiality. I think we still have that concern today. Could you provide me with the number of patient profiles sent out last year? I don't want the names, just the number. And, what drugs are you mainly concerned with about over-use or over-abuse? Can you provide me with that information at a later date?

HON. MR. ROLFES: — Yes, we certainly will. It will probably be Monday before we can get that information to you. Okay? I'll also give you a statement on the release of patient information by the Saskatchewan Prescription Drug Plan policy statement. I think that will probably be of some help to you.

MRS. DUNCAN: — I'd like to discuss the auditor's report for a few minutes if I may. Do you gentlemen have one with you? Page 18. With regard to the Saskatchewan Hospital at North Battleford, the auditor raises some very real concerns about the placement of patient's funds. These are patients who have been certified as incompetent. I gather from this that the regulations are very strict as to how those funds are to be handled. It would look like, in some instances they are not being handled the way they should be. Are you aware of this problem, and have you consulted with officials at the hospital to see what corrective measures they're going to take?

HON. MR. ROLFES: — Yes, corrective procedures have been taken.

MRS. DUNCAN: — What is the bazaar account where a lot of this money seems to be transferred to? Would you know?

HON. MR. ROLFES: — Yes, that's money accumulated through patient activities. The patient may have done some work or may have created an article and sold it. That's what the account is. It is money that's held in trust for the patient.

MRS. DUNCAN: — That's the bazaar account? That's not the patient's trust account? There are two different accounts.

HON. MR. ROLFES: — No, that is the bazaar account.

MRS. DUNCAN: — In your corrective measures, it states here that in some cases where

payments were not made for reason of recent discharge, etc. the undelivered cash was deposited, to the credit of the bazaar account. Could you tell me whether patients who rightfully earn that money will be receiving it, whether or not they have been discharged?

HON. MR. ROLFES: — I am told that all patients received the appropriate amount of money owing them.

MRS. DUNCAN: — Thank you. I would like to move on, Mr. Minister. To the native health aspect in our province. Yesterday afternoon you provided us with some statistics as to how beneficial it was to live in Saskatchewan — our life span and all of those things. Do you have comparable statistics on people of native ancestry?

HON. MR. ROLFES: — No, we don't have those statistics available. I think we could get them for you, but we do have some difficulties (and I don't want to make any excuses). In so far as status Indians are concerned on and off the reserve, in our opinion and in the opinion of the FSI (Federation of Saskatchewan Indians), are they the sole responsibility of the federal government. We may have some difficulties, but I think we would be able to get you some statistics in this regard.

We do know, for example, that the morbidity rate is considerably higher than it is for the white population. We know that the admissions to hospitals are considerably higher. We know there is an alcohol problem. We are devoting a fair amount of funds to the AMNSIS (Association of Metis and Non-status Indians of Saskatchewan) and to FSI to cope with this particular situation. And I think that the initiatives which are taken by the social planning secretariat will really address the crux of the problem. The problem, I think, is that we have to let native people become self-sufficient, not in our way, but in their own way. I think we have to give them some help. I think in all our endeavours, it is no longer (and never was, I guess) profitable for a white man to say, "Okay, if you only do this you will be successful." It is time that we had some faith in the native people. I think the budget that the Minister of Urban Affairs has in the social planning secretariat clearly indicate the commitment which we have to native people. I think we realize that something has to be done.

But at the same time, I think the federal government has to meet its responsibilities to status Indians. They simply can't say that they won't supply them with services on the reserves and make no services available. Then they arrive in our cities and we have to cope with them. It is a serious problem and I think the initiatives we have in our program, not only in social planning secretariat, but in the social services department, in education and in industry and commerce, and our affirmative action program, clearly indicate that we think it is a serious matter which has high priority. We are also hiring a native health officer and consultations will start very shortly to deal with the problem. In fact, I just signed it this morning before I came into the House. We are dealing with these matters and giving them very high priority.

MRS. DUNCAN: — We could talk a bit on the incidence of suicide among our native people and it is shockingly high compared to any other ethnic group in Canada. I take it from the statistics in the paper the other day, it is higher in Saskatchewan than anywhere else. Your health officer, he or she, is going to be charged with a great responsibility and I would assume various things. Can you tell me if in psych services there are any plans to hire and train people of native ancestry to work with the people who need the help the most?

HON. MR. ROLFES: — Mr. Chairman, through our affirmative action program, which I totally support, we are hoping to train a number of native people who can then work within the Department of Health and help us in gearing up programs that are suited for the native population. We certainly hope the native health officer will be able to work with native people in developing programs and developing government policy for native people. That person, whether it is he or she, will be a very important link between the native people and the Department of Health so the native people can have real input into our program for native people.

It has to be a total government program. As I indicated, so many departments are involved. To a large extent education, social planning secretariat, social services, health, industry and commerce, agriculture are all involved. I think this is the way to proceed. It has to be a total government commitment. I hope we can continue with some of the successes that Mr. Smishek had in his department. He certainly has my full support in attempting to upgrade the program for native people. I agree with you. I think the conditions for many of our native people are not unique to Saskatchewan; they're similar right across this country. It's a shameful situation.

I think that in our own conscience (by "our own" I mean the white man's conscience) we will certainly have to answer to someone for those conditions. We are addressing ourselves to that, and hopefully within the next few years, the fruits of those endeavours will show up.

MRS. DUNCAN: — I hope so too, Mr. Minister. I think that in the area of native needs, perhaps we've been going about it the wrong way. Statistics show that in 1964 only 36 per cent of the Indian population was on social assistance. In 1978-79 that had risen to over 70 per cent. Somewhere along the line we may have taken a wrong turn. Perhaps getting the natives involved in their own solution is a better approach.

In your preventive aspect within your department, you stated shortly before that the needs and aspirations and requirements of our native people are totally different from other segments of society because of different cultural backgrounds, and whatever. Are you preparing, in conjunction with the FSI or whatever, preventive programs earmarked specifically for natives — such as nutrition, education, health care and things like that?

HON. MR. ROLFES: — I'm not going to give you an exhaustive list. Yes, we are taking some initiatives. The budget indicated that we are looking at a neighbourhood health centre in, I think, northwest Regina which is mainly for native people.

Also announced in the budget was a prenatal counselling course in North Battleford, which is again for native people. This is for pregnant women to help them know what to do so their babies are not underweight.

We are also sponsoring a study by the FSI on native health studies. I think it's \$50,000 this year. As far as school lunches and education are concerned, I think the Minister of Education could tell you of real successes we have had, particularly in Saskatoon. The school boards co-operated very well and have taken the initiative and made public statements that they are in favour of these programs and are committed to them.

I think it will need some pushing and convincing and financial backing by the provincial government. When the minister responsible for the social planning secretariat

presents his estimates, he will be able to give you more details than I can. But these are some of the initiatives in which we are involved, and a few of the others in other departments.

MRS. DUNCAN: — Just one more question on the subject. You said that urban affairs is involved with health, education, agriculture, all of those. Do officials from all these departments meet periodically to consult with one another and to co-ordinate the programs so that people aren't running here and there and everywhere?

HON. MR. ROLFES: — There is a deputy minister's committee that meets periodically on all of this.

MRS. DUNCAN: — About the last subject I'd like to cover, Mr. Minister, is 'Saskatchewan Health for Children and Youth,' the report by Dr. Russell. It probably is one of the most comprehensive, detailed reports on the health of children and youth done publicly across Canada. I think this is an area in which we, as legislators, have fallen down. It seems to me that over the years the feeling has been that if their acute health needs are met, if their educational health needs are met, then things should be rather rosy. But the statistics have been growing each year for alcoholism, suicide, drug abuse, teenage pregnancies; they have been going up and up since 1971; and I think we have been extremely lax in this area, in addressing the problems or the causes of these alarming statistics. And I would just like to say that, though it is a good report (and I did catch part of your news conference when it was released), I am really perturbed that you are going to have yet another set of officials study the task force study. Someone else is going to study the study, and I feel that the needs are acute, the needs are there, and we have to take action today. We can't delay another two or three years to bring in programs. I know you have announced a few of Dr. Russell's recommendations, and you will be coming in with them forthwith, but I think the Department of Health can't do it itself. The Department of Education definitely has to work in conjunction with you and extremely, extremely closely, particularly in rural areas where we don't have qualified counsellors to counsel children on their social problems.

I would like to know what particular thrust your department has in this year's budget to implement some of Dr. Russell's recommendations.

HON. MR. ROLFES: — I will just give you the main ones. We have a prenatal nutrition project, as we have already indicated. We have a school of health project (a demonstration project) which will be, I believe, in the Moose Jaw health region. Now, here again, we have to deal with the Department of Education on this, but I think that should be proceeding very quickly. And we also have a child safety program to prevent major accidents to children. These are three major items, I suppose, that we have in this year's budget. The problem again with this particular project (and I'm not making any excuses) is that the report came in too late for the budget. It missed the budget cycle. So I want the committee I have set up to study the report and give me suggestions as to how we can initiate some action for next year's budget to implement many of the recommendations. But I think we had anticipated some of the recommendations that were coming and took at least a few steps whereby we could carry out some of the recommendations. So there are three major ones here. I think you will see a lot more implemented even during the year, and certainly in next year's budget. I think it should get high priority. I was somewhat — not shocked I suppose — but disturbed by some of the facts that were in the report and I think it tells us something about our society and what's happening to our society. I don't know all the reasons why children feel that life isn't worthwhile

living. Many of our good students are committing suicide and go on drugs or turn to alcohol for a solution. But I do think in part it's because our moral standards have decayed. In part it's because of the family breakdowns. I think in part it's due to the kinds of programs that we see on TV and the advertising that we talked about yesterday — the glamorous life if you only do this. I think a lot of that we have to counteract, but that takes some time. We certainly are aware of it and hopefully we'll address ourselves to that problem.

MRS. DUNCAN: — The statistics on suicides are particularly alarming to me. I think in my first term in 1979 I talked about the alarming rates of suicides among our young children in Saskatchewan. What types of programs are you specifically gearing to help that troubled child? The suicide rate went from 8.5 per 100,000 in 1971 to 31.1 per 100,000 in 1977.

HON. MR. ROLFES: — Just a very quick comment on that. I think I have to admit that there aren't any specific programs in this year's budget and the reason of course is that, as I said, the report just came too late. That is one particular area that I think we have to address ourselves to and I'm not making any excuses.

If you go back to my 1971 maiden speech in this House, I felt and I still believe that if we want to make any particular headway in that area, it must be done through the educational system. I think the educational system is in touch with these youngsters at a very early age and should be able to identify, diagnose and give a prognosis on what needs to be done. What we need to do and what school boards need to do is hire specialists in our school systems, not in the high school, (not that we don't need them in the high schools, but if you want to be really successful you must provide those professional people at the elementary grades) but particularly in kindergarten, grades 1, 2 and 3 and make help available to those young families. The parents of those young children need help and simply do not know how to deal with the problem children.

That doesn't get me off the hook. I still think that I need to do something in my area and I will attempt to do that and also encourage my colleagues.

MRS. DUNCAN: — I think we're about ready to move from vote 1, Mr. Minister. I'd just like to say that the health budget focuses a lot of attention and money on programs for the urban health care delivery system and looking at it in isolation, I can support this thrust. But, unfortunately, the health budget still tends to ignore or perhaps misunderstand a major factor in health care delivery in this province and that's the rural health concept aspect. When you consider that nearly two-thirds of our population does not reside in our major urban centres, to ignore the realities of the rural needs perhaps is a little dangerous and perhaps not logical.

I think the rural health care system has to be strengthened in many aspects. I am sure that if the role of rural health were reoriented it could play a very major and large role in our overall health care system. When I say overall health care system, I do include social services in this because I, for one, find it very difficult to separate the two. I think they are interlocking and interjoining.

I think that there are ways the rural system can be enhanced. I think perhaps during the course of the next year, your department officials should look at the very different aspects between rural and urban health systems, and perhaps you will try to implement some of the suggestions we talked about earlier. I think rural Saskatchewan is a very appropriate area to integrate and consolidate a lot of the programs which are run by

health and social services.

As I stated before, when we are living in such inflationary times, we have to get the very last penny squeezed out of every tax dollar spent in rural Saskatchewan for health. It would be a lot easier for the elderly to go to one area or one building for a whole range of health care needs. More emphasis, I think, has to be placed on our rural hospitals. Surely, the city hospitals are taxed and there are long waiting lists during the year. As you stated and as we stated on this side of the House, that is a psychological problem in one way, but by encouraging specialists to have a "flying doctor" type of program where specialists could move out to the rural hospitals or the regional hospitals on a consultative basis once a month or whatever, it would encourage people to stay in those areas for the more non-specialized needs. Even within a given area, some areas have one or two doctors. Areas which have one doctor could perhaps be encouraged to co-operate with doctors in a nearby area so that a lot of these things could be done in local hospitals. Perhaps we have to establish a type of committee that could advise the department on the very basic priorities as we see them in rural Saskatchewan.

Another area I hope you look at is the integration of the ambulance system and perhaps the provision of a helicopter service such as they have in Alberta. I know that for extremely critical cases, which are sent to either Lethbridge or Calgary, a helicopter with a doctor and a nurse on board and quite an array of life support equipment lands right in a parking lot. I am sure this is an area that you can look into.

I think another area which you have talked about since you have been health minister is the education of the general public on the preventive aspects of health care. I am not really knocking you, but I see little evidence in the budget that you are taking a main thrust in this area. Certainly it has been increased in some areas, but I think we do need more programs than just Aware and Feeling Good. You said yourself that they were total successes and I think if they are total successes, you can move into other areas.

Another area of major concern is that of level 4 care and nursing home care. We talked about this earlier. I think the question of levels that exist in nursing homes today has to be dealt with by your department and by the Department of Social Services. I think a review is long past due. Physicians, nurses, ordinary people on the street and families of patients in nursing homes would like this pressing problem solved once and for all. Perhaps in the ensuing fight to get people onto level 4 from level 3, perhaps the actual needs of that patient are sometimes ignored. When it comes down to it, level 4 is really a nursing care level. I think if you are proposing putting level 4 into social services it will be counterproductive. Removing level 4 from the Department of Health is perhaps not logical when most of the services provided for that level are health related. Perhaps you could look at bringing the other levels into health rather than taking one level out. I think you should allow the same benefits to patients currently receiving levels 1, 2 and 3.

I would like to thank the minister for his forthright answers and thank his officials coming the last two days. I would just like to make one more comment.

You made a comment about the former leader of the Progressive Conservative Party wanting to destroy medicare. I think that's a rather low blow. I think we have demonstrated on this side of the House, that the concerns of people in Saskatchewan, as far as social and health needs, are very much a concern we all share. To say we would destroy medicare is totally ludicrous and a below-the-belt blow, I would say. I'm going to sit down, Mr. Chairman, and should the Minister of Health say something to annoy me, I might get up. If he closes nicely, we can go on with the vote.

Item 1 agreed.

Items 2 to 10 inclusive agreed.

Item 11

MR. BERNTSON: — Just a quick question on this, Mr. Minister. This health promotion; I take it that is your Feeling Good ads, etc. One weekend when I was home (I'd have to check my calendar to see which weekend that was) there was a 20-minute or 30-minute production on television which was produced by the Saskatchewan Department of Health, advancing terrific stuff on lifestyles, etc. Could you indicate to the House where the production was done and by whom, and at what cost, etc. and if it's an ongoing program? I only saw it the once.

HON. MR. ROLFES: — Would it be all right if we sent you those figures? We're not exactly sure on those figures. I think it was an agreement between ourselves and CBC to produce this program, but we don't have the exact figures here. We are quite prepared to table them for you.

MR. BERNTSON: — Okay.

HON. MR. ROLFES: — The one on being food wise. Is that the one you're talking about?

MR. BERNTSON: — I believe that was it. I only saw it one Sunday, but I was told that it was a series of programs. Would you check that out, as well?

Item 11 agreed.

Item 12 agreed.

Item 13

MRS. DUNCAN: — Would you tell me why there is quite a substantial drop in personnel in that department? Have they been transferred to other areas or what?

HON. MR. ROLFES: — They have been transferred to the general hospital.

Item 13 agreed.

Items 14 to 23 inclusive agreed.

Item 24

MRS. DUNCAN: — Will some of this increase be used in capital costs to upgrade some of the facilities that we have?

HON. MR. ROLFES: — No.

MRS. DUNCAN: — Is it all administration?

HON. MR. ROLFES — It is 43 per cent for grants to third parties.

Item 24 agreed.

Items 25 to 29 inclusive agreed.

Item 30

MRS. DUNCAN: — Would you tell me, Mr. Minister, why the grant wasn't increased to keep up with inflation. It's statutory.

HON. MR. ROLFES: — It was an agreement of a few years ago when the former minister of health said we would make a commitment, I believe, of five years. The agreement was that we would put in \$750,000 and they would be allowed to spend \$250,000 of that; the rest would have to be invested and they could use the interest. What we have done this year is to not only allow them to spend \$250,000 but to spend \$500,000 (instead of the \$250,000), plus the interest.

MR. BERNTSON: — Of the \$250,000 they have been allowed to spend each year, has it been spent each year on research? We're still far short of the \$300 million that Alberta put into research.

Item 30 agreed.

Items 31 to 36 inclusive agreed.

MR. BERNTSON: — Mr. Chairman, with leave of the House, I wonder if we could go back to the research grants. Would the minister provide a list of specific research projects which have taken place under this?

HON. MR. ROLFES: — Yes.

Vote 32 agreed.

SASKATCHEWAN HERITAGE FUND

BUDGETARY EXPENDITURES (RESOURCES DIVISION)

HEALTH

Provincial Development Expenditure — Vote 32

Items 1 and 2 agreed.

Vote 32 agreed.

CONSOLIDATED FUND

BUDGETARY CASH OUTFLOWS (SUPPLEMENTARY)

HEALTH

Ordinary Expenditure — Vote 32

Items 1 to 3 inclusive agreed.

March 20, 1981

Vote 32 agreed.

The committee reported progress.

The Assembly adjourned at 1:07 p.m.