# LEGISLATIVE ASSEMBLY OF SASKATCHEWAN May 9, 1983

#### **EVENING SESSION**

#### **COMMITTEE OF FINANCE**

#### CONSOLIDATED FUND BUDGETARY EXPENDITURE

#### **EXECUTIVE COUNCIL**

# **Ordinary Expenditure** — **Vote 10**

# Item 2 (continued)

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, I just confirm that the Premier will be providing us with copies of the amounts paid to the advertising agencies through information services. And, my understanding is that this will consist of a figure for the gross billings. My understanding is that the gross amount is paid to the agency of record. Dome or whatever other agency, and that Dome pays the agency which may do the actual placing with the media. If I am correct, then I would expect that the disbursements will show as paid out to Dome, and I ask whether I'm correct in the way they're set up and what we will receive.

**Hon. Mr. Devine**: — Mr. Chairman, I can provide general ball-park figures for 1982-83. I would advise the hon. member that we have to sort out — some of it was under the previous administration; some of it was under ours — but the total for placements was \$2,319,691; the total for production was \$1,023,968 for a total of \$3,343,587 which included some of the previous administration, some of ours. Under the total placements for Dome, the figure is \$1,360,671 for '82-83.

**Hon. Mr. Blakeney**: — Dome figure again, please.

**Hon. Mr. Devine**: — \$1,360,671.

**Hon. Mr. Blakeney**: — With what other agencies was the balance placed, ignoring small ones?

**Hon. Mr. Devine**: — Dome is the only one for placement.

**Hon. Mr. Blakeney**: — For what purposes was the balance spent? Something over a million dollars.

**Hon. Mr. Devine**: — There's out of the \$3.3 million expenditure, \$1.2 million was spent in the previous administration. Then there is some additional costs with respect to production which is not allocated through Dome. Dome handles placement which is outside of production and at least \$1.2 million that was already spent when we . . .

**Hon. Mr. Blakeney**: — What firms or companies received amounts in excess of \$10,000 for production?

**Hon. Mr. Devine**: — The five that we have used are Dome, Roberts & Poole, Marketing Den, Brown & Associates, Smail Communications and previously there was Dunsky,

Struthers and Westock.

**Hon. Mr. Blakeney**: — With respect to the five that you have referred to, are they all Regina or Saskatoon firms?

**Hon. Mr. Devine**: — Yes.

Item 2 agreed to.

#### Item 3

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, who is the director of planning and who are the senior people? If you've got the matter divided into resources, human resources or some other categories, could you give me the three or four top people?

**Hon. Mr. Devine**: — The major two individuals would be Larry Martin, my principal secretary, who provides the overall guidance from Executive Council. The director of operations, that would be Jon Jonsson. And that covers basic social and economic policy. It's in the process of some development, but under that there are various staff of some sort or other.

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, could you give me the names of the, let's say the two or three next senior people to Mr. Martin and Mr. Jon Jonsson?

**Hon. Mr. Devine**: — There's really just two others. One, Mr. Ian Bailey, is away on educational leave. But there would be Dale Botting and Tim Cascadden, and then some support staff.

Item 3 agreed to.

#### Item 4

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, I want to raise a couple of the items which I referred to earlier. And this has to do with the labour force statistics, and I deal particularly with non-agricultural employment. I note your statistics are regularly divided into agricultural and non-agricultural employment. And I wonder if you would give me the non-agricultural employment figure for the months of January 1982 and January 1983.

Hon. Mr. Devine: — Did you want . . . Pardon me, Mr. Chairman, January of '82 and January of '83?

**Hon. Mr. Blakeney**: — Correct.

Hon. Mr. Devine: — 341,000 non-agriculture for January of '82; 331,000 non-agriculture, January '84.

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, can you give me the same figures for February and March?

**Hon. Mr. Devine**: — 345 for February, '82; 336 for February '83; 349 for March, '82; 344 for March, '83.

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, so it's accurate to say that in each of the months of January, February and March, the employment figure for 1983 in the non-agricultural labour force is lower than the employment figure for 1982. No doubt the same will be true for April and the figures are just about at hand. You may have them, but just dealing with January, February and March, this illustrates that with respect to non-agricultural employment it is less in the first three months of 1983 and every month than in 1982.

With respect to agricultural employment and I'll just pick a month — February. Can you give me the agricultural employment figures for February of '82 and February of '83?

**Hon. Mr. Devine**: — Yes, Mr. Chairman. In February of '82 it was 73,000; February of '83 it was 85,000.

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, I wonder if the Premier of his staff can account or have any explanation for this substantial increase in agricultural employment from February, 1982 to February, 1983. It is odd on the face of it. One would expect the number of people working on Saskatchewan farms to be approximately the same in February of 1983 as they would be in February of 1982. There was no evidence that Saskatchewan farmers had money to hire agricultural labour in greater quantities in February of 1983 than in February of '82, and in any case, it's not a heavy month for hiring agricultural labour in any case; and yet we seen a 12,000 increase which is more than 15 per cent increase. Is there any explanation for that seeming anomaly?

**Hon. Mr. Devine**: — Well, Mr. Chairman, I'm advised there's possibly two or three explanations: one is, evidently if you go back and look at the years, year to year to year, you'll see some fluctuations in the numbers. Similarly, you'll see fluctuations in the non-agriculture area. For example, and I just throw it out for the hon. members, the service industry was up 3,000 in January, 7,000 in February and up 8,000 in March — non-agriculture.

Again, if you go back and look at some years, one sector of the 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or 12 sectors will increase, depending on various economic activities and stimulus, and some will decrease.

With respect to agriculture, it may be some renewed interest in agriculture. It may be some reaction to the farm purchase program. It may be several things.

Hon. Mr. Blakeney: — Yes, indeed, it may be several things, and I think we all know the explanation. The explanation is surely that a good number of people have lost their regular employment — and I invite the Premier to look at the manufacturing figures, that sector — and have gone back to their home on the farm, and I don't suggest they've all lost that employment in Saskatchewan. A number of them have lost the employment in Alberta as well, came back to Saskatchewan farms, and when asked what they do for a living they say they're working on the farm, as undoubtedly they're doing. They're assisting their parents or relatives, and as a result, therefore, we see the phenomenon . . . we're asked to believe that there are 12,000 more people working on Saskatchewan farms in February of 1983 than there were in February of 1982. We're asked to believe that, and we're asked to believe that the work on Saskatchewan farms has gone up more than 15 per cent — the number of people working — and I think none of us believes that any more work is being done on Saskatchewan farms in February of

'83 than in February of '82, and I think, therefore, we know that what has happened is that people have retreated to home base.

And the point I want to make is that these large increases in the number of people supposedly working on Saskatchewan farms account for all and more than all of the supposed increase in employment in Saskatchewan. When you have a story . . . (inaudible interjection) . . . I'm getting a good deal of help from the member for Turtleford and others here, but the question put by the member for Turtleford is: how can you have more than all? And they've quite easily had more than all — all in this case clearly represents 100 per cent, and there are very frequently cases where a difference can be greater than 100 per cent, and in this case it is greater than 100 per cent . . .

Mr. Chairman: — Order, order.

Hon. Mr. Blakeney: — The point I want to make is very clear, Mr. Chairman. It is that non-agricultural employment in this province has gone down in January from the last year, gone down in February from last year, gone down in March from last year, and I am confident the April figures will show that it's lower in April than last year, and that point must be made in the face of many, many stories to the effect that many new jobs had been created. The new jobs, so-called, and I use the February figures, had been created; 12,000 of them on Saskatchewan farms. And I ask whether these 12,000 more people, these 85,000 people on Saskatchewan farms are being paid any more than the 73,000 people who were working on Saskatchewan farms a year ago, and I suspect they are not. I suspect that these people are obviously assisting on farms, but they are there not because they wish to work on farms, but because there is no other place for them to work, that they are victims of the recession in Alberta and in Saskatchewan and in British Columbia, people who have left Saskatchewan farms to seek employment in industry, and people who have lost jobs in industry, and people who are therefore back on the farm. And if anyone wants examples of people who have lost jobs in industry in this province, one only needs to look at the figures for Ipsco (Interprovincial Steel and Pipe Corporation), and I have no doubt that some of those Ipsco workers have gone back to the farms from which they came. Look at potash and I have no doubt that many of the potash workers have gone back to farms from which they came. Indeed, in the case of potash, many of them never left the farms from which they came. Indeed, in the case of potash, many of them never left the farm. In many cases they live on the farm, work in a potash mine, and when they are working in a potash mine they are listed as a potash worker. When they no longer have a job in potash, they're called a farm worker. But we know, all of us know, that they have lost their job, just as surely as other potash workers have lost their job. And simply to record them as a farm worker does not disguise the real fact that they've lost their job.

And that point I want to make because the government opposite is consistently putting out figures which indicate that there are more jobs, and I invite anyone to look at all these figures and they will, lo and behold, find that all these extra jobs are on Saskatchewan farms, and that in fact in the non-farm sector there are fewer people working.

Now everybody who is out in the street in Regina knows that. They know the hard fact that jobs are harder to get and more people are unemployed, but none the less, they see a steady string of figures emanate from the government suggesting that tens of thousands of new jobs have been created. I simply want to point out the hollowness of the figures put forward by the government opposite, the hollowness of the figures which say that there are 15 per cent more people working on Saskatchewan farms than

there were a year ago. I don't believe that and neither does anybody else, and therefore the figures ought to be corrected or at least put out so as clearly to show that the non-agricultural work-force in this province is going down, that is, the employed work-force. The unemployed work-force is in fact going up very rapidly.

And, Mr. Chairman, if we took these 12,000 extra employees who are said to be working on Saskatchewan farms and added them to the unemployment rolls, then the unemployment rate in this province would not be 7 or 8 per cent, but would be well over 11 per cent — right up there among the higher ones in Canada. And that I think is the facts. And people know that; people know that they don't have a job at the steel mill or the potash mines, and they wonder how this can be, how is this consistent with the government's figures. And a clear analysis of those figures indicates that they are arrived at by asserting that there are many, many more productive jobs on Saskatchewan farms this year than last; that is not a fact, and that is why the figures are misleading.

**Hon. Mr. Devine**: — Well, Mr. Chairman, I won't add an awful lot except to point out a couple of things that may contest the hon. member's assertion that the only economic activity is in agriculture. I will admit, Mr. Chairman . . . I will admit that over the last 10 years about 50,000 people have moved off farms. The record shows that — in the province of Saskatchewan, 50,000 people. Particularly, I suppose, because in many cases they didn't have the wherewithal to purchase their own farm. They do appreciate though, Mr. Chairman, the fact that we do have a farm purchase program, and many people are saying, 'I now have the opportunity; I now have the opportunity to own my own farm.' And that does . . . And I readily take credit for the fact that more people are interested in owning their own farm now than they were a year and a half ago.

But I would point out to the hon. member, several areas have had significant increases in terms of employment in the non-agricultural sector. The service industry jumped 3,000 in January of '83 over '82; it jumped 7,000 in February '83 over '82; another 8,000 in March '83 over '82. That's non-agriculture.

I can find the construction industry jumped 2,000, '83 over '82 in January; 4,000 February; another 3,000 in March. We can find the financial, insurance, and real estate industry associated with housing jumped 1,000 in January; 1,000 in February; another 1,000 in March. Public administration — 1,000 in February; 2,000 in March. All right, so the combination of increases is both in the non-agriculture and in the agriculture. And in the agricultural sector, I'll admit there's an incentive to return to agriculture because of the farm purchase program.

I think it is interesting to point out that . . . (inaudible interjection) . . . Well, let's pick one — 1977, 1981, pardon me — from January to March, January to April, was an increase of 12,000 people going back to the farm. This year there's an increase of 1,000, from 84,000 to 85,000. In '81 they went from 77,000 to 89,000, January to April. So as I mentioned earlier, it will fluctuate to some degree. But in general, farm and non-farm, the statistics show, compared to any other place in Canada, that we are increasing jobs at a faster rate, an increase in a larger extent per capita than any other jurisdiction — a combination of the two of them.

So he can contribute the increase in agricultural programs to the fact that people are moving back to the farm for whatever reasons. I would just say to the hon. member that the farm purchase program is well known to be extremely popular, probably much

more popular than, say, the previous land bank program. So if it's turning around to some degree, we'll take some credit for that.

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, would the minister, in this recital of non-agricultural employment, give us the figure for manufacturing in, say, March of '82 and March of '83?

**Hon. Mr. Devine**: — March of '82 was 29,000; March of '82 was 22,000 — '83, pardon me; it was 82 . . .

**Hon. Mr. Blakeney**: — Twenty-two — a drop of 7,000. Clearly, there must be very significant drops in many sectors, because the non-agricultural total in March is a good deal less than it was a year ago, and you tell me the service industry is up, and the construction industry is up, so some must be down pretty drastically. And manufacturing is clearly one that's down drastically. What others are down over 1982?

Hon. Mr. Devine: — Well, Mr. Chairman, this information is stuff I could send over. Xerox a copy of the sector by sector, month by month, for years, and we can go through it. I'm not quite sure it's the best way to go through — sector by sector. I can take any one that you're interested in, or we can Xerox one and send it over, and then we can all talk about it. You're right: some are up and some are down. No question about that. So I would not dispute that. Your interpretation of why some are up and some are down may be different than mine. Fair enough. We are leading the nation in the creation of jobs. We have interest in both the agricultural and non-agricultural sector. Some non-agricultural sectors are up: construction and service, etc., real estate. Some manufacturing is down. Farm machinery manufacturing, clearly, has had some difficulty everywhere in North America, from Massey Ferguson to Friggstad, and we know that, though that is in the agricultural sector. Some manufacturing in the non-agricultural sector has had some difficulties. So I'm quite prepared to share the information, or the numbers, and we can, you know, bounce back and forth as much as you'd like.

**Hon. Mr. Blakeney**: — Mr. Chairman, we can look at the numbers, but they will show that mining and manufacturing are the big drops, and we all know that. And the facts are very clear, and they're not denied, that in the non-agricultural sector as a whole, there are fewer jobs now than there were a year ago. Yes, there may be some more jobs in restaurants, but there are fewer jobs in factories and fewer jobs in mines. And that tells it's own story. That tells its own story. And it's pretty clear that if the non-agricultural labour force is less now than it was a year ago, we cannot talk very much about all the jobs we have created.

The theory that we are 'leading the nation' in job creation, is solely based upon this theory that we have got 12,000 more people working on Saskatchewan farms this year than last. And if you believe that, you still believe in the tooth fairy. Because there is simply no reason to believe that there's any more jobs and any more opportunity to make a living on Saskatchewan farms in February of 1983 than February of 1982. I'm not asserting that there's less, although it wasn't a great farm year. But I am saying that it is simply not believable, the government's story is not believable that there are 15, 16 per cent more jobs on Saskatchewan farms in February of '83 than there was in '82 and that's how we've led the nation in creating jobs.

That, I think, is not believable. Nobody is going to believe it when they know the facts. And I think we ought to make that clear so that members who haven't analysed the

figures won't delude themselves into believing that there are more jobs in this province now than there was a year ago, when in fact there are fewer. There are fewer and significantly fewer. And if we calculated the figures properly, we would have an unemployment rate in the 11 per cent range and not in the 7 and 8 per cent range as put forward by the government.

Hon. Mr. Devine: — Mr. Chairman, there are not fewer jobs in Saskatchewan. Over a year ago, there is many more jobs — thousands and thousands of jobs. And for everything that we have control over in this province, immediate impact, they're increasing — new jobs in the oil patch where we're . . . had an impact, new jobs in agriculture where we've had an impact. Let me give three examples to the hon. member that he knows that we don't have any impact over, that can have a decline and an effective decline in employment. The national energy program can have an impact on Ipsco, and that's generally accepted throughout the industry; U.S. farm income can have an impact on potash sales — nothing to do with the province of Saskatchewan; sawmills and plywood plants and so forth, in the province of Saskatchewan, and the employment there which may be in manufacturing; pulp and paper, linked to international markets we have no control over.

But, Mr. Chairman, where we have control over the economy, there is a positive increase. There's positive increases in agriculture. There's positive increases in the energy business within the area of Saskatchewan that we have control over. There's a major increase in the service industry. We looked at a major construction strike last year, and I don't anticipate one this year. We're looking at all kinds of potential for increase in manufacturing if the North American farm economy turns around. If 80 million acres of production are taken out of the United States, it can have an impact on farm machinery business right across western Canada, and indeed, in the province of Saskatchewan.

So, Mr. Chairman, the hon. member can say that Saskatchewan controls the world, it can control the national energy program, or it can control OPEC (Organization of Petroleum Exporting Countries) countries, or it can control American farm income, or control the North American demand for pulp and paper and plywood, and so forth. And he knows that's not true. So there's not much point in him attempting to mislead the public that it is doom and gloom as a result of policies in the province of Saskatchewan.

The farm purchase program is popular. The tax targets are popular. Oil and gas and economic activity related to that energy field are popular in the province of Saskatchewan, and employment is up in all of those including those that I've mentioned — service industry, and real estate and construction of housing and so forth.

So again, we can go back and forth with the numbers in the construction industry. It's up 3,000 since January. The manufacturing is up 1,000 since January. I'm sure that his view of the world may be different than mine, but in a general sense, the creation of economic activity and employment, where we have control of it, speaks for itself.

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, I am not denying that times are tough in Saskatchewan. I'm not denying that. Everybody in my constituency keeps telling me that. So whether it's due to national energy policies or cut-backs in agricultural production in the United States, or for whatever reason, my point is that times are tough and we ought to acknowledge that and not pretend that there are more jobs in the province than . . . (inaudible interjection) . . . There, he's still doing it. He

believes that there are 12,000 more jobs on Saskatchewan farms. It's only 12,000 jobs on Saskatchewan farms because your statistics say so. And there's no more money flowing to those people. There's no more cash income to pay these 12,000 extra people. And I don't believe, and you don't believe, that there's any more productive work on Saskatchewan farms in February of '83 than there was in February of '82, notwithstanding your figures, notwithstanding the figures put out by your bureau of statistics which say that the number of jobs has gone up 12,000.

**Hon. Mr. Devine**: — Mr. Chairman, these are federal statistics. They're federal. So I don't want anybody to be, and I'm sure the hon. member isn't being confused or misled that they're some sort of figures that are generated by the province of Saskatchewan. They're not. They are federal statistics. So we just want to make that clear. And we can agree to disagree about the success of Saskatchewan employment programs, and our nine-point job creation program and what housing has done, what our youth opportunities has done, and what's gone on in energy, etc., etc. So, fair enough.

Hon. Mr. Blakeney: — May I say, Mr. Chairman, that I'm not the only one who disagrees with the Premier's statistics. And I invite people to look at the report delivered by the president of the University of Saskatchewan to the university senate just recently, a few days ago. And I invite people to look at the table attached to his report which shows distribution of employment by age group, distribution of unemployment by age group, youths 15 to 24 years, for the month of January 1983, unadjusted, i.e., not adjusted for seasonal factors — seasonably unadjusted figures. And it shows and it categorizes the unemployment among youth between the ages of 15 and 24 in the maritime provinces, in Quebec, Ontario, Manitoba, Saskatchewan, Alberta, and British Columbia. The jurisdiction with the third highest unemployment rate for youth of the 15 to 24 is Alberta. And the jurisdiction with the second highest youth unemployment rate in January was the Maritimes. And the jurisdiction with the highest youth unemployment rate in January of 1983 was Saskatchewan.

These, again, are the figures put out by the University of Saskatchewan by the president of the University of Saskatchewan in his report to the senate. I'm happy to provide anyone with the figures. And people can say, in the face of these figures, that we're doing better than anyone else in Canada. Unfortunately, the president of the university, at least for this group, feels that we're doing worse than anyone else in Canada, and those are his figures, not mine. And I rather think that the president of the University of Saskatchewan would not be putting out figures which he felt were not reliable, and they are straight out of the StatsCan labour force survey. They, too, are federal figures. They, too, are federal figures. And I have to remind hon. members of that, that we in January of '83 were doing worse for our young people of 15 to 24 than any other jurisdiction in Canada, and that speaks for itself. That belies some of the enthusiastic, optimistic figures which come from the government but which have no basis out there in the real world.

**Hon. Mr. Devine**: — Well, Mr. Chairman, this is somewhat typical of the opposition that want to preach doom and gloom. They seem to enjoy gloom. They want to enjoy an attitude of feeling that, my gosh, this will be a depression, and if only it would come so we could all feel good about the depression.

The attitude in the province of Saskatchewan is an awful lot different today than it was when children were leaving by the thousands and thousands and thousands. People are returning to the province of Saskatchewan, and young people are staying in the province of Saskatchewan.

Let me give an example, Mr. Chairman. In 1982, in January, there were 26,000 people unemployed, and it increased by 3,000 by April, an increase from the former administration — 26,000 to 29,000 — an increase in unemployment. In 1983, when the whole country has an increase in unemployment, in Saskatchewan what does it do? It drops by 2,000 people, a decline of 2,000 people. That bucks every trend in North America, practically, and certainly every trend in Canada because we are creating jobs.

People — young people from Manitoba, young people from Alberta, young people from British Columbia — are thinking about coming home to the province of Saskatchewan, or indeed if they haven't lived here, to move here, because of the positive attitude. They don't like the doom and gloom in Manitoba. People over there like to talk about . . . These people in power like to talk about doom and gloom. Here they're talking about recovery. Here they're talking about being first-class. Here they talk about creating more jobs per capita than anybody else.

Well, Mr. Speaker, the nine-point program in job creation outlined by the Minister of Finance the very, very large public expenditures that we've created here to create jobs — like a \$360 million rural gas distribution program, the very major contributions that we've made to hospitals and schools and housing and so forth, and to the farm purchase program, have created jobs in this province despite, despite the loss of jobs every place else in the country.

We're the only province in the nation, agriculture and non-agriculture combined, with a net increase in the number of people employed, and we're proud of it.

Some Hon. Members: Hear, hear!

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, the Premier may be proud of the record of having the highest unemployment rate for young people between the ages of 15 and 24 years in the nation. He may be proud of that, but I am not proud of it. I am disappointed that we have dropped to this state, which will be the first time that Saskatchewan has had the highest unemployment rate for youth between the ages of 15 and 24, I venture to think for many, many years. And it is a sad story and we just have to look at our universities and technical institutes where people are crowding in who have no other employment and who are looking for some way to spend their time gainfully. And they are crowding in, no one can deny that.

The figures speak for themselves. And these figures, these again are StatsCan labour force survey figures, tell the story, a story that we haven't heard in Saskatchewan, with all the optimistic rhetoric. We haven't heard this story in Saskatchewan for decades. That we are at the absolute bottom of the heap, that young people have more trouble getting a job in Saskatchewan, even than in the Maritimes, even than in Quebec, and of course much more than in Ontario. That is a sad, sad story and one which, I think, the public of Saskatchewan is coming to appreciate, coming to realize and they certainly do not welcome the development. Many of them have never seen this in their lifetime.

**Hon. Mr. Devine**: — Well, I don't know where the hon. member is getting his figures. I've got *The Labour Force*, catalogue number 71001 monthly, Statistics Canada, and it has for January: 15 to 24 years of age, the rate of unemployment for Saskatchewan is 17 per cent, and that is the lowest in the nation. For 19 to 19, it's 16.6, and that's the lowest in the nation. And for 20 to 24, a sub-category of the 15 to 24, it's third lowest in

the nation. So, in overall, 15 to 24 in January, and I don't have April or March, it was the lowest. And we have created jobs faster than anybody else since January. It was the lowest, 15 to 19; and it was the third lowest from 20 to 24. I mean, you can argue with the federal statistics if you like, but we've created more jobs per capita than anybody else that I can find, from January to April, and the figures show that we were the lowest in January, so we're certainly in the ballpark.

Hon. Mr. Blakeney: — Well, Mr. Chairman and Mr. Minister, I will send to the Premier the material that was published by the University of Saskatchewan and by the president, and he can argue with the president if he doesn't like the president's figures. There's no . . . (inaudible interjection) . . . That's right. I identified these at the outset. I identified these at the outset as coming from the report of the president of the University of Saskatchewan to the Senate of the University of Saskatchewan, and I have confidence in the figures, although members opposite may wish to pooh-pooh them. They're certainly doing their best to pooh-pooh them.

But the facts are very, very, very clear on the campuses and on the streets, that there are a very large number of young people looking for jobs. And if the members opposite don't know it, if their constituents have all the jobs that they want for their people the age of 15 to 24, I'm; delighted to hear it, because I can refer some names to perhaps my colleagues in Regina, of young people in my constituency who've asked me whether I know where they can get a job. I haven't been able to recommend any. I haven't been able to recommend any, and it may well be that other Regina members can, but I regret to say I have not.

I have certainly had more difficulty this year assisting young people to find employment than in any year that I know of. And I'm not talking about employment in the government. I'm talking about employment in the private sector. I have fewer suggestions to make to them this year. And it is in the nature of the work of an MLA that you're asked by parents and sometimes by young people, whether you can make any suggestions as to where young people could get jobs. And as I say, I'm having more difficulty making suggestions of where to look in the private sector this year than in any year since I have been in public life.

I simply make that point. Members opposite may pooh-pooh them. But I say those are hard facts, hard facts which, whether you admit them or not, are realized and being lived with by many, many people in this province.

**Hon. Mr. Devine**: — Well, Mr. Chairman, it's precisely because we do care that for the first time in the history of Saskatchewan, the Premier has a formal youth advisory council, particularly to focus on jobs. And these young men and women are from every walk of life in Saskatchewan in terms of education. There's technical schools, they're from high schools, they're from universities, there's native young people involved, to counsel us and counsel the administration on a regular basis; and formal meetings with the Minister of Education, the minister of culture and youth, and the Premier; to create and help advise in creation of a nine-point program in this province.

And similarly, Mr. Chairman, the hon. member knows that the kinds of policies that he may be talking about are those practised at the national level by Mr. Trudeau. And we all know how popular they are: to nationalize more companies, to have a bigger and bigger growth in the public sector and that led us down the road to where we're into so much problem today. It's not popular here; it's not popular across Canada. It certainly isn't popular in British Columbia and it won't be popular again here for a long, long time.

Hon. Mr. Blakeney: — Well I think we know that the Premier believes that he's giving employment by having a youth advisory council and I have no objection to the youth advisory council. It must employ eight or 10 young people — eight or 10 young people. Not the first in the history of the province by any means by the way, but never mind, I let that pass. The Premier is very, very fond of saying that this is the first time something has happened simply because he is not aware of it, but I let that pass. I simply say that in the judgement of this party, the party I represent, not enough is being done to provide jobs for young people. I will leave it at that. I have made my point and I believe that the figures show that the situation is serious and that not enough is being done.

Item 4 agreed to.

#### Item 5

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, who is directing the office of intergovernmental affairs?

**Hon. Mr. Devine**: — Richard Latillie, Mr. Chairman.

**Hon. Mr. Blakeney**: — Would the Premier repeat that name, Richard . . . Latillie? Mr. Richard Latillie, has he been in the employ of the Government of Saskatchewan for long? More particularly, was he in the employ of the department of intergovernmental affairs, and when did he take employment with that agency?

**Hon. Mr. Devine**: — He was an executive director of intergovernmental co-ordination, and he began December 13, 1982.

**Hon.** Mr. Blakeney: — Could you name the two or three other most senior people in the intergovernmental affairs branch?

**Hon. Mr. Devine**: — John Munro, intergovernmental officer 4; he started July 1st. Gerald Adamson, intergovernmental officer 3; he began January of 1983. Alan Sobel, intergovernmental affairs officer 3; January 1983.

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, is the John Munro, the same John Munro who was previously associated with the John Diefenbaker Centre at the University of Saskatchewan?

**Hon. Mr. Devine**: — Yes, Mr. Chairman.

Item 5 agreed to.

#### Item 6

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, one brief question here. Would the minister indicate what the other expenses are — the 260,800. More particularly, does that include government-sponsored banquets? If so, I would like a brief statement on the banquet policy.

**Hon. Mr. Devine**: — The other category, or other expenses, include hospitality grants, and expansion in variety and quality of gifts that trade missions or international people

may require. When you compare to '82-83, it's reduced because of a number of major events that were substantially cut — 1982-83, the royal visit, patriation ceremonies, grants with respect to what was estimated for the World Assembly of First Nations conference and so forth.

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, with respect to the hospitality grants, does that make reference to the grants given to organizations who are sponsoring banquets for groups which include people from other provinces?

**Hon. Mr. Devine**: — Yes.

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, can you give me a brief statement of what grants is paid to, let us say, an Elk's national convention which might be in Saskatoon, or a quarter-horse national convention in Saskatoon?

**Hon. Mr. Devine**: — I'll see if I can find the quarter-horse. Well, it ranges anywhere, I suppose, from 700 . . . \$240 up to as high as 5,000. We've had, for example, the 63rd Annual Convention of the Catholic Women's League of Canada, \$5,000; the Academy of Country Music Entertainment, 4,500; Saskatchewan Teachers' Federation, 1,200; the Nuffield Farm Scholars International conference, 2,000; the Canada-wide Science Fair, 4,000; Dance in Canada Association conference, 1,600; banquets for curlers, \$240.

**Hon. Mr. Blakeney**: — Sorry, I didn't make my question clear. Is there a formula and if so, roughly what is it?

**Hon. Mr. Devine**: — Well, I'm not sure if this is . . . It may be what the hon. member is asking for. The criteria for hospitality grants are as follows, (a) to (f):

The organization must be non-political; the organization must be inter-provincial, national or international in scope; the function being held in the province must be an annual meeting, convention, sporting event, or similar gathering; government assistance will be limited to once every five years for each organization; a majority of the representation of delegates must be from the province of Saskatchewan and the organization must be non-profit; it may not be a trade organization, the purpose of whose meeting is sales or the promotion of a product.

I don't see anything here with respect to per capita, but maybe there is something. But that's a general guide-line of how it's used.

**Hon. Mr. Blakeney**: — I won't pursue this matter, Mr. Chairman and Mr. Minister. If there is a per capita formula, I would be obliged if the Premier would send it to me so that I might reply to enquiries.

Item 6 agreed to.

Items 7 to 9 inclusive agreed to.

#### **Item 10**

**Hon. Mr. Blakeney**: — I want to ask you a question on 10. Mr. Chairman and Mr. Minister, with respect to grants to planning and research institutions, could the

minister give me three or four of the main grants too so that I may get the idea of what types of organizations are receiving grants?

**Hon. Mr. Devine**: — I would include The Institute of Public Administration of Canada and its Regina regional group; the Institute of Intergovernmental Conference Secretariat; The Canadian Plains Research Centre; The Canada West Foundation.

Item 10 agreed to.

Item 11 agree to.

Vote 10 agreed to.

# CONSOLIDATED FUND BUDGETARY EXPENDITURE LEGISLATION

# **Ordinary Expenditure** — Vote 21

# Item 1 (continued)

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, with respect to a couple of these, perhaps I can ask a few questions. With respect to Legislative Counsel and Law Clerk, the work with respect to the review of regulations being carried on by the Legislative Counsel and the Law Clerk for some years: is that work continuing?

**Hon. Mr. Devine**: — I'm advised it is.

Item 1 agreed to.

#### Item 2

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, with respect to the Ombudsman, I note that the pressure on the Ombudsman's staff continues. Was any consideration given to expanding the number of staff available to the Ombudsman?

**Hon. Mr. Devine**: — Just very briefly, Mr. Chairman, I believe we increased the budget to the Ombudsman by 8.8 per cent. Generally, I think that you will find the Ombudsman is quite prepared to participate in our productivity measures, and has advised my staff that he is, and he's happy with the 8 per cent increase, or over 8 per cent increase, and is quite prepared to carry on his responsibilities — in fact, even expand his responsibilities, given the increase in his budget.

Item 2 agreed to.

Vote 21 agreed to.

# CONSOLIDATED FUND LOANS, ADVANCES AND INVESTMENTS

### SASKATCHEWAN MINING DEVELOPMENT CORPORATION

Vote 66 — Statutory

# CONSOLIDATED FUND LOANS, ADVANCES AND INVESTMENTS

#### SASKOIL — Nil Vote

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, I really have a couple of questions to ask here; first I ask why, when you have made changes in royalties which make activities by oil companies more attractive in Canada and in Saskatchewan and thereby make it more profitable for an oil company to operate, which you have done and which I take it you take some credit for doing, why would you under those circumstances cut off all capital for Saskoil? Why not give them an opportunity to participate in this added development and enjoy the opportunity to make the additional profit that is available to other oil companies?

**Hon. Mr. Devine**: — Mr. Chairman, I believe I touched on some of this, or most of it, when we were going through Energy, but two or three reasons: one, the profitability of the company is up as a result of work that's being done in Saskoil, and also as a result of the royalty and tax change. So they are generating funds and they're in a — I don't recall the number right now, but they've generated a fair amount of working capital. I think they had something like \$10 million that they would have projected now, for the '83-84 . . . (inaudible) . . . Number two, during the years, or those years they were receiving equity advancements, you might call it, they were pursuing the policy of land acquisition. At this time, they are taking the land that they have and are developing it in the most profitable fashion possible, so they're not under direction to expand more and more, but to say, 'All right, you've got this. Now let's see what you can do with it.'

So generally, those two factors: one, that they are generating internally money for operations, which looks like it's going to be able to handle their activities; and they've stopped the land acquisition bent that they were pursuing.

**Hon. Mr. Blakeney**: — Mr. Chairman and Mr. Minister, I touched upon the same subject in Energy estimates, but I'll ask it again. Will Saskoil have available to it capital funds if the direction of the upgrader indicates that there should be a participation by Saskoil as one of the partners to a consortium?

**Hon. Mr. Devine**: — Well, Mr. Chairman, we certainly haven't ruled out Saskoil or SMDC or any other Crown corporation — resource Crown — being involved in a refinery or a processing operation or anything else. We haven't said that it's in it; we haven't said that it's out of it. But certainly if it seems to be in the best interest to use that vehicle, or that financial instrument, or that resource instrument in the financial fashion, by all means, we would give it very serious consideration.

**Mr. Chairman**: — I'd like to thank the Premier and his officials.

**Hon. Mr. Devine**: — I would like to take this opportunity to thank my officials for all their hours and hard work. Thank you.

#### CONSOLIDATED FUND BUDGETARY EXPENDITURE

#### **HEALTH**

# **Ordinary Expenditure** — Vote 32

# Item 1 (continued)

**Mr. Shillington**: — Thank you, Mr. Chairman, Mr. Minister, I wonder if you could inform the Assembly of any programs you have to promote good health and good health styles. I'm thinking of the Aware program which won critical acclaim, and indeed popular acclaim as well, while it was in effect. I'm wondering if this government has any similar intentions to promote healthy life-styles, and to promote health as distinct from providing curative services.

**Hon. Mr. Taylor**: — Yes, I'd be glad to expound on that for you. Of course, we have the health promotion branch. There's money in the health promotion branch for promoting various aspects of a preventative nature. The community health services section of the department — there's various publications and items that are put out through there. We have the alcoholism commission who does a lot of work on this type of program. The dental plan — a component in the part of the dental plan, especially with younger children, is of a preventative type of nature. And recently, and going on — I think it started this week-end — and you probably heard some of the clips on the radio, and also some of the exposure on the television, with the Safe Grad program . . .

As well as that, this year we brought in certificates for people who have quit smoking, and I'm sure you're aware of those. In fact, I think you even suggested a person to receive a certificate, if I remember correctly. And those are going over very well, accommodating and congratulating people who have kicked the bad habit of smoking.

Mr. Shillington: — Well, I take that, Mr. Minister, to be a rather rotund way of saying, 'No, we don't have any.' And none of those programs are particularly new. I refer to the Safe Grad program. That was a program which was in existence when I was minister of health, and it has, I think, gone on every year since, so it's not particularly new. I'm surprised the Minister of Social Services looks so surprised at that revelation. She was involved in the trustees' association when that program was implemented.

Mr. Minister, I take that to be a rather empty pantry. I take that to be a rather empty pantry, Mr. Minister, and I'm disappointed that there isn't something along the lines of the Aware program — an advertising program which promotes healthy life-styles. In the scheme of your department, it's not a large sum of money. Indeed, I doubt that you could measure the expenditure of your department close enough to be able to cover a program such as Aware. I suggest to you, Mr. Minister, given the size of your department, the amount of money is almost immeasurably small. I would recommend to the Minister some such program which promotes health life-styles — either temperance in the use of alcohol or Participation or something along those lines.

I think the programs which we have had have been quite effective. There was a study done on the Aware program and I forget the precise details, but I was quite surprised that as many people were conscious of it and as many people felt that it had affected their drinking habits. It was in the range of 40-50 per cent, somewhere there around, felt that it had affected their drinking habits.

Participation and those life-style programs weren't wholly responsible for ushering in a consciousness of a healthier life-style that I think exists today, but they certainly played a part, Mr. Minister. And I am disappointed that your government has chosen

not to follow this — the lead given by both this government and the federal government, and I'm sorry that you seem prepared to allow this, I think, very worthwhile work to fall into disuse.

**Hon. Mr. Taylor**: — I don't disagree with you that this type of program or programs are valuable. This year the emphasis on the expenditures was put on some of the curative, or shall I say, more the acute type of treatment. I mentioned them the other night and you were here and I won't take the time of the House by reiterating them again in any great detail, but we did put quite an emphasis on cancer, on open-heart, on pediatric intensive care, just to mention three of them. So the emphasis were there. That doesn't mean that we are not going to be in the future putting emphasis on programs such as you pointed out. I would want to say that actually we are asking for some local initiative in this regard.

In the hospital budgets, we've put forth money for small-hospital incentive programs and such things as diet counselling and health education. I spoke the other night about well-elderly clinics. I mentioned that on Friday I was meeting with the home care boards. We had a lengthy discussion on ways that they could bring in pilots — pilots that they at the local level think will help to have improved programs for seniors — all of these things.

Now, I agree with you that these are valuable . . . I want to assure you that we have no intention of not proceeding with those. But I will say that in this year, the priority was made to go with the open-heart, with the cancer treatment, things of that nature. So I hope that gives you some indication that we are concerned. And I take what you say in good faith, as I think the Aware program did have some good merits to it.

Mr. Shillington: — I'll leave the subject, Mr. Minister, by saying that the cost of your curative services will always soak up the entirety of your budget if you let it. If you don't make a conscious decision that some money is going to be put into preventative services and life-style health programs, the curative services will always soak up the entire budget. They're capable of soaking up your entire budget and a good deal more. And I say to the minister that if you wait until you've got some extra money for the lifestyle programs and the health promotion programs, it's never going to happen while you're minister. Nothing but a conscious act of the will will ever make it happen.

Mr. Minister, I want to deal with what has undoubtedly been the most controversial aspect of your tenure as health minister, and that is the cut in psych services. I want to know first of all, how many positions were cut, and how many of those positions were filled. I also want to know what the positions were which were cut.

**Hon. Mr. Taylor**: — There were 28 in all. If you would like me to go through what each one was, or if you want me to supply that information to you across the floor, I'd be glad to do that.

**An Hon. Member**: — You can supply it across the floor.

**Hon. Mr. Taylor**: — Yes, fine, we'll do that. I wanted to go back to just what we were discussing a minute ago, because I thought you'd be interested in knowing this. On the Safe Grad this year, and I grant you, the Safe Grad program has been going on . . . It was under your administration and we've continued it, and I think it is a well-received program across Saskatchewan. There was one new wrinkle though, that I thought was

interesting, is that this year we're using Saskatchewan students — that's Saskatchewan talent that you see in those programs, in the Safe Grad — and I think that's a commendable thing, and I just thought I'd bring it to your attention.

**Mr. Shillington**: — Mr. Minister, are you able to supply those figures now? Do you have a sheet you can supply me right now? I'd ask one of the pages to bring it to me.

Mr. Minister, this move has been the subject of an endless amount of criticism. Perhaps one who was more specific than many was, in fact, the president of the Saskatchewan Mental Health Association, as one might expect. He stated that the elimination of 35.5 full-time equivalent positions . . . That was his figure; yours is 28. Dealing with the 28.1 counted 11.5 in the psychiatric services, 17 at the Saskatchewan Hospital in North Battleford for 28.5, and 5 at the psych centre in Weyburn, which would have been 23, and I wonder if you could supply that sheet. It would help a good deal to give me the exact . . . it's being brought.

Okay, in the meantime the, Mr. Minister, I wonder how you justify those cuts. I would have thought that if anything, an increase here would have been justified. As Mr. McCorriston points out, in a time of economic uncertainty and a time of high unemployment, the stress is greater, the need for mental health services would appear to be greater, and I wonder how in a year such as this you can justify cutting the psychiatric health services, I'd appreciate it, Mr. Minister, if you'd relate those cuts in some fashion or other to the needs of the province.

**Hon. Mr. Taylor**: — We'll have that document for you in a minute; it's just being photostatted. But I will repeat, and we can go through these in detail when you get your copy of it, the majority of those positions that were deleted, especially at the Saskatchewan Hospital in North Battleford, were of an ancillary or a support nature. They were not the hands-on-treatment of the patients and I think, and I'm going from memory, that actually the ratio of hands-on treatment nurses to patients has increased this year. The question was asked, 'Where can we make some cuts that won't necessarily upset or change the delivery of service?' and some of them were, and they were in the ancillary ones. You mentioned about the difference between the 28 and the 35 . . . (inaudible) . . . You mentioned there was 7.5 of those were non-permanent type of man-years.

**Mr. Shillington**: — Mr. Minister, you yourself indicated that you felt there was a need for strengthening of psychiatric services. I quoted the other day, and I want to repeat for your benefit, an interview which you gave in November in the 'Department of Health Report' — that's the name of the document. After you had presumably had six months or so to learn your job, you then said in an interview with this publication:

I think was have a good base to work from. There are definitely some areas that have to be looked at. The whole field of mental health perhaps is one area that could stand some improvement with greater services in that field.

Now, Mr. Minister, how do you square that comment in November with the hatchet job of March 28th, 29th?

**Hon. Mr. Taylor**: — Well, really I don't think we would want to call that a hatchet job. I have explained to you that there were some cuts in the ancillary services. But I would just like to point out, as I said earlier, my concern was with the hands-on ratio of nurses to patients. And in 1978-79 it was 0.71, the ratio; 1979-80 it was 0.72; 1980-81 it

was 0.79; 1981-82, 0.78; 1982-83, 0.80 and 1983-84 — that's this year — 0.82. So really the ratio of nurses to patients has been increasing, and that isn't in my mind a savage cut.

The same thing with the psych service branch — the people out in the field, the community branch. And I'll start in '72, the ratio was 1.97, and it increases to 2 in 1980; to 2.09 in 1981; to 2.10. So from 2.10 to 1.97 in 1972-73 is an increase and I cannot see how those can really be termed as cuts to service to the people that are needing psychiatric service. The figures don't prove that statement. And I will supply these to you if you would like those too, for your consideration.

**Mr. Shillington**: — Yes, I wouldn't mind that if you're able to do that, Mr. Minister. It's something other than what I've got here.

Mr. Minister, you're, I suggest, toying with figures, Mr. Minister. You cut 28 positions, and I want to read some of them for your benefit — a therapist (group) level 2, a laboratory assistant, a nurse's aide, a pharmacist, a speech and language pathologist, a senior nurse, hospital administrator, laboratory technologist. Mr. Minister, these are services provided directly to the . . . These are people who provide services directly to the mentally ill.

Mr. Minister, what's your position with respect to the 28 you cut? Were those people doing nothing of any value? Is that your reason for cutting them, or will you be honest and simply admit that you chose to cut in psychiatric services because it's the group that's least able to speak on behalf of themselves and lobby this government? Won't you admit, Mr. Minister, you made the cut here because it was politically cheapest and had nothing to do with the needs of these people? As you yourself admitted in November, their needs are for greater services rather than less.

**Hon. Mr. Taylor**: — Well, most certainly I cannot agree with that assertion, and I think you know very well that that's wrong, also. Many of those positions were vacant; a number of them were ancillary; and I think you mentioned one nurse position. I would like to indicate a few facts here, just to disprove what you had said.

In this last year, eight new positions have been added to the child and youth services across the province. We've put \$200,000 into crisis intervention services in Regina and in Saskatoon. We've put \$250,000 for Regina to the Phoenix and Regina crisis service and other organizations. Increased funding to the mental health, Saskatchewan went up by 7 per cent to over \$202,000, and 9 per cent and this is interesting — and 9 per cent increase in the overall budget of the psychiatric services from 1982-83 to 1983-84, from 27.9 million to 30.4 million; increased funding for behavioural problem patients and special care homes, those people who may have Alzheimer's disease or something of that nature; funding for additional staff and minor renovations and provision for day and night care and respite programs totalling \$832,000. Now I think, in all fairness, hon. member, those are some fairly substantial contributions to psych services in the province of Saskatchewan.

I would like to contrast that with a bit of the past record — that between 1972 and 1982 there were 19 psychiatrist positions deleted in this province, and between 1972 and 1982 there was a reduction of 150 nursing positions. Now I would say, if you're going to be fair and discuss this in a gentlemanly fashion as it seems you are wanting to do, and I certainly want to do, that if you want to discuss the merits of it, certainly those points that I've brought out indicate that there has been a commitment and a substantial commitment.

I won't deny that there were some cuts in positions, many of them vacant, at Saskatoon hospital, North Battleford, but I would think if you took those last statements that I put out, and balanced those against those cuts in ancillary services, one could not help but deduce that the commitment of this Department of Health to psych services in this year has been substantial.

**Mr. Shillington**: — Mr. Minister, today in Saskatoon Dr. Andre Masters was quoted in the Saskatoon *Star-Phoenix*. I want to quote the second paragraph of that news report for you, since you may not have had the benefit of seeing it personally.

Dr. Andre Masters denounced the government for guaranteeing the full 32 million on the coliseum while imposing severe cuts in psychiatric services. He demanded (this is the subject of the question.) He demanded the major recommendations of a new task force report on mental health services before the coliseum is built. He reports 106 recommendations will be made public.

My question, Mr. Minister, is: what task force report, and what about the man's point, that you should deal with health services before you deal with recreation services?

**Hon. Mr. Taylor**: — Well, I'm sorry to hear that Dr. Masters is against hockey. I think he's in a minority position in Saskatoon, from my read. I think he's being unfair also, and I'm sure you do, when he says we're putting hockey ahead of people, because I remember a few years ago (and I'm not going to say this about you), but, you know, there was some talk that maybe you were putting potash ahead of people. But let's not get into that type of a discussion, because, you know, I think that Dr. — and if I remember, if I remember correctly, I think I remember correctly, I think I remember this Dr. Masters — and I haven't got time to go down to the library to extract some of his writings — but it seems to me, if I remember correctly, that Dr. Masters was quite verbal with the pen a few years ago, in 'Letters to the Editor.' I think it's the same gentleman, and he wasn't too complimentary of the past government's actions on psych services.

You ask about the report. The report is a report being brought forward from the Saskatchewan Mental Health Association. It's been about two years in the making. I believe it's going to be introduced to the public in the not too distant future. The report was headed up by Dr. Ian MacDonald who is soon to be named the dean of medicine of the University of Saskatchewan. That report, as I understand it, will be made public in the next week or so. I have not seen the report as of yet.

**Mr. Shillington**: — Is it your intention, Mr. Minister, to release this report to the public?

**Hon. Mr. Taylor**: — It's not my report. It will be released by Saskatchewan Mental Health. It was at their convention on Saturday. I believe there was to be a new chairman coming in to . . . Yes. Dr. Miller of Regina here, is the new president and my officials tell me that his report is to be publicly released by the Saskatchewan Mental Health, not by me, on May the 18th.

**Mr. Shillington**: — I want to ask you about the grant to By Ourselves. It struck me again, for the sum of \$30,000, that group was able to provide what I think was a very significant service for those suffering from mental health problems. As the name

suggests, the thrust of the organization was that there was a good deal mentally ill people could do to help themselves and to make their own way, and thus go 'by ourselves.' One of the things they did was provide a drop-in centre and mentally ill people were able to get strength from each other. And I wonder, Mr. Minister, how you justify cutting that grant and thus cutting the service. As I say, \$30,000, given your budget, is hardly a measurable amount of money.

**Hon. Mr. Taylor**: — Yes, I have met with By Ourselves I think, three times in my office. I'm aware of their concerns. I'm aware of the drop-in centre that they operated and I'm aware that they were given a start-up grant of \$30,000. We have been able to help them get a grant that will keep them operating for another six months on the NEEDs (new employment expansion and development) program and my officials here are meeting with them and helping them look at various methods of getting financing. In fact I understand that there's a meeting with my officials on this Friday. So we are working with By Ourselves.

I could point out that we did give another group similar to By Ourselves a start-up and a little bit of assistance to get started, called the Crocus Co-op in Saskatoon. And I think you realize that By Ourselves had that start-up grant. And we are doing everything we can to see if there are ways that we can help them find the financing, to have financing to continue for another six months. We're in continual consultation. And I'm optimistic that something will be able to come out of this.

Also, as I indicated to you previously, I am going to view some other type of services similar to what By Ourselves, and service to psychiatric patients, similar to Phoenix House and so on, to see some different ways of perhaps addressing the situation. And I feel that we'll come back with some ideas that we can put in some programs that will certainly help and I'm optimistic for By Ourselves.

Mr. Shillington: — Well, Mr. Minister, that's a strange statement. You say your officials are consulting with them. I wonder why on earth your officials didn't consult with them before the budget instead of doing it afterwards. Why on earth wasn't the merits of By Ourselves recognized before the budget, and thus the grant maintained so that they could maintain their services. Why throw these people to the wolves and then scurry around to try and undo what you've done? Why not meet with them ahead of time? If you have had, I suggest, Mr. Minister, you would have recognized the merits of this group and you would have continued the funding and not been as brutal as some of the members opposite would urge upon you.

**Hon. Mr. Taylor**: — Well, as I pointed out, I was in consultation with them. We had met before the budget, and they are not out of money. They were in my office as late as last week and they indicated that they can see their way clear for another six months. And my officials are working with them to try and help them find funding so that they can continue, and I think that's co-operating with them. And my last . . . I saw the By Ourselves fellows on Saturday, told them that we'd be meeting. They seemed very happy about that and didn't express any displeasure to me that my officials weren't doing all they could to help them out.

**Mr. Thompson**: — Thank you, Mr. Chairman. I have a few questions to the minister. The first one is: Mr. Minister, does the Department of Health have a director of northern health services?

**Hon. Mr. Taylor**: — We have an acting director at this point in time, Mr. Ken

Smallwood.

**Mr. Thompson**: — Is he stationed in La Ronge?

**Hon. Mr. Taylor**: — He is right now.

**Mr. Thompson**: — Mr. Minister, you have a director of northern health services, and I'm just wondering what he administers. Is it everything within the northern administration district under the old lines that used to be there?

**Hon. Mr. Taylor**: — Essentially the same as what was the health part of the Department of Northern Saskatchewan. It did not include the hospitals, and his jurisdiction does not include the hospitals either.

**Mr. Thompson**: — The director of northern health services does not have hospitals in northern Saskatchewan under his jurisdiction. Is that what I'm to believe?

**Hon. Mr. Taylor**: — The hospitals in northern Saskatchewan are under the Saskatchewan Hospital Services Plan, under the direction of that aspect of my department, and that is headed up by Mr. Rick Roger.

**Mr. Thompson**: — Does he have responsibility for the administration of the hospitals, the nurses, the doctors that operate them hospitals?

**Hon. Mr. Taylor**: — No, the hospitals have their own independent boards, the same as any other hospitals, for that type of decision.

**Mr. Thompson**: — I want to ask a few questions regarding the situation in Uranium City and the hospital that you have there which services that Athabasca basin or that far northern area. And, as you know, it's a fairly serious problem that they have up there. I wonder, could you indicate how many doctors they have in Uranium City to operate in the hospital, and just what duties that they do carry out as practising physicians?

**Hon. Mr. Taylor**: — Yes. I have two doctors there, Dr. Sharpe, Dr. Savage. They're under contract to the board and they carry out the same duties as any other doctor would in any other jurisdiction.

**Mr. Thompson**: — Is there an anaesthetist available at all times in Uranium City hospital?

**Hon. Mr. Taylor**: — No, they wouldn't be providing anaesthetic, because there's usually just the one doctor there. They're on contract and they give 24-hour coverage, but it's usually just the one doctor.

**Mr. Thompson**: — And the statement that you made that doctors in Uranium City are carrying out all the duties of a physician in any other hospital in southern Saskatchewan would not be true, because it's been brought to my attention that operations such as the removal of appendix, the delivery of babies, is not done up in that hospital. In fact, I've been told that all the pregnant mothers are flown south to Saskatoon for delivery of their children. Am I right in this, or is this wrong information?

**Hon. Mr. Taylor**: — I didn't mean to mislead you in any way, shape or form. I maybe should have said in the same procedures as would be done in a comparable sized hospital. And I'm sure you're well aware that in many of the hospitals in southern

Saskatchewan, there isn't anaesthetic procedures performed there either.

I understand that you are correct and most of the births are flown out to Saskatoon, would it be, or Prince Albert. But in case of emergencies, they will do deliveries there. But your information would be correct.

Mr. Thompson: — It seems sad that we have a facility of that nature in Uranium City and that expectant mothers have to fly down to Saskatoon, which is a tremendous cost to the individuals who are living in that area for the delivery of babies. And I only assume that operations such as appendicitis, or appendix operations and that, are also flown out south to be performed. And I'm just wondering if it is your intention to gradually phase that hospital at Uranium City right out, and maybe change the operation around to the eastern part of that region, into Stony Rapids. Or is it your intentions to keep operating that hospital with the doctors commuting from Saskatoon and not being able to carry out all the duties of a physician, such as the removal of appendix, minor operations and delivery of babies? Do you have any plans of moving facilities or making a major facility in the eastern part of the region where most of the population will now exist because of the closure of Eldorado Nuclear mine at Uranium City?

**Hon. Mr. Taylor**: — I think your last statement has a big impact as you well realize, coming from the area, the impact of the closure at Eldorado that caused the population to go down. I want to stress a couple of things with you. There is no attempt to close the Uranium City hospital in the foreseeable future. I think my colleague, the Minister of Northern Saskatchewan, announced in the house here, on the 23rd of April that Uranium City hospital would be staying.

I can understand your concern about having to fly mothers out for delivery, and perhaps for operations. But I want to tell you that my commitment is to the safety of those individuals. And if that mother is going to be having to have a safer delivery and that child have a safer birth by being flown out, then I think that is the bottom line. It's the safety of those individuals. I would hate to say that we're going to do it here and then jeopardize the lives of the mother or the child. I would prefer to bring them out, although that may be a bit of an inconvenience. It may be viewed as that. But I think, in the long run, if you can have a safe delivery and a safe baby born, that's what you want, and that's what I want. And unfortunately with the population going down, we haven't been able to maintain all the services there that we were previous.

Mr. Thompson: — Yes, that's fine. I want to say that when you take the populations that we have in Black Lake and fond-du-Lac and Stony Rapids, and I want to give you an example . . . You talk about safe deliveries, and that was the main reason for putting the hospital in Uranium City — to provide these types of services. And that's one of the main reasons to get the health centre in Stony Rapids where you would have a nurse that would be able to take a pregnant mother into Uranium City when they had problems. But, I want to just remind you that . . . You might say that you're flying to Saskatoon for a safe delivery, but when you have to fly 5, 6, 700 miles and the climatic conditions the way they are in northern Saskatchewan, and when the sun goes down sometimes it's not that easy. It's quite easy to go from Camsell Portage if you have to, or from Fond-du-Lac, even with a ski-doo, to get a mother in to the hospital where you have the facilities.

But let me tell you, to get her 600 miles or 700 miles south to Saskatoon, is sometimes a little different situation where you can't even get airborne.

Why, I remember being in Stony Rapids two years ago with a young social worker, and we got stuck in there, and thanks to this young social worker who had taken courses looking after individuals — Red Cross courses or whatever it was . . . For three days aircrafts couldn't get off, for three days in Stony Rapids they couldn't get off the ground to take this little boy who had a severe cut, a head cut, and this young social worker took over and phoned the doctor from Uranium City and administered to that young fellow and done a tremendous job. And, finally, three days later, when the weather lifted, they could fly him out. But assuming that young child would have been a pregnant mother who went into labour — it just doesn't wait three days. So there are some pretty serious conditions and I would think that if we don't get the type of services that we need up in them facilities there's going to be some real horror stories when you have this freezing rain and aircrafts can't get off to fly to Saskatoon.

I think that I would ask your officials to take a serious look at that because it's tough to live up in Camsell Portage and Fond-du-Lac and Uranium City and that area. And I would just ask that you take a serious look at providing these facilities in that northern region where infants, babies can be delivered, because I think . . . You talk about a safe delivery; I think there's going to be some pretty serious problems down the road as time goes on and mothers have to be flown out for these deliveries. And I know that you can say, 'well, fine, we take them out, we put them in a waiting home for a week or two weeks ahead so that they are down there when the child is born.' But it doesn't always work out that way. Sometimes they have a habit of coming two or three weeks ahead of time — or a month — and that's usually when the weather is the worst, so you have these problems.

I just ask you if you would take a look at that.

Hon. Mr. Taylor: — Well, to the hon. member I say — as the father of four children — he's absolutely correct. You never just know when that stork is going to come, do you? And I listened with intent to your suggestion. I want to say to you that this year, this past year, as you well know, has been quite a transition year for the Uranium City, the town of Uranium City, and the people there. I remember, I think it was in August or October, I forget just the exact date, but there was the concern raised. I remember your colleague raised it about medical service. And we very quickly got a contract with Dr. Sharpe and Dr. Savage and they have supplied medical service and I think good medical service over this year.

And that has necessitated — and you're correct — bringing people out for deliveries. I think we would be taking a serious look at your suggestion because I think you made it as a serious concern, a heartfelt concern. We were looking at the report of the future of Uranium City, as my colleague, said on the 28th of February. It will remain the service centre for the Athabasca basin, and I believe there's about 2,000 people in that area — I'm going by memory, but I think that's about what there is. And the contract with the doctors comes up in August of this coming year. We will be renegotiating. We will take into consideration what you have told us tonight because I think some of the things you pointed out are correct and it may well be that we can negotiate some type of contract, some type of service, now we know that that is going to remain for the foreseeable future as the delivery centre, to take into consideration births in Uranium City.

Again I will still say, if it looks that it should be flown out — the person should — we would do that. I stand by that. That may be the safest. But I listen with interest to what you're saying and it may well be that we would be able to bring about some change

where birth can take place there and have the attending physicians there.

**Mr. Thompson**: — Thank you very much. I want to now move a little bit farther south into the Ile-a-la-Crosse region, and I wonder if you could indicate how many doctors you have on staff in the Ile-a-la-Crosse hospital and how long that the two doctors that you have there now have been practising in Ile-a-la-Crosse.

**Hon. Mr. Taylor**: — There are two doctors there. I met them both when I visited Ile-a-la-Crosse and their contracts are up for renegotiation in June. They have been there roughly a year, each of them.

**Mr. Thompson**: — Yeah, well. I guess that is the problem in Ile-a-la-Crosse, that the turnover of doctors is quite high and I know that that causes quite a concern for that particular region.

Could you indicate if you have any plans for the expansion of any health facilities up on the north-west side of the province? In particular, I would be asking you from Green Lake to La Loche. I would omit the far north. We've discussed that, and I would be talking about Pinehouse west and La Loche, Buffalo Narrows, Ile-a-la-Crosse, Beauval area.

**Hon. Mr. Taylor**: — Last summer I did visit that area. I haven't been up to Uranium City since taking over the portfolio. I plan to go and see that facility there also. But I have visited Pinehouse; I have visited Ile-a-la-Crosse and Buffalo Narrows, La Loche. My first visit was to get to know the staff and see the facilities that are there. We haven't had any definite proposals for changes or expansion into clinics in the area. I think I will be taking another tour back up through there this spring or summer and viewing them, but at this point in time we have no definite proposals for anything.

Mr. Thompson: — Thank you, Mr. Minister. I appreciate the fact that you plan on taking a trip up the west side, because I think that it would be good for you to have a first-hand look at the situation that we do have up there, and the type of isolation and the problems that do exist, as there's a lot of the citizens up there on the west side have to travel, you know, 100, 130 miles to get to health facilities. Some of them by choice decide that they're going to use the facilities in Meadow Lake, and it's quite a trip to get down there.

I want to now turn to dental care in northern Saskatchewan. I wonder, could you indicate how many practising dentists we have on the west side of the province?

**Hon. Mr. Taylor**: — Yes, we have one private dentist, two dentists on the staff of the dental plan, and one part-time supervising dentist, so that I guess is three and a half . . . (inaudible interjection) . . . At La Ronge. Maybe you were wanting to know just the West, though, were you? The one is in La Ronge, the private dentist.

Mr. Thompson: — That's where I get quite concerned. When you indicated in the House some time back that you were going to turn the dental program back to the private dentists, and what concerns me . . . As you indicated, we have one dentist in northern Saskatchewan, and he is situated in La Ronge on the eastern side of the province, and we have that large block of people that are up the west side, with no dentists. I wonder, could you indicate what your plans are for recruiting and trying to staff . . . I know that we have the facilities for dentists, and we do have dental therapists and dental nurses that are working up there, but could you indicate what your plans are

for recruiting and staffing of permanent dentists, say, in the west side, in the La Loche, Ile-a-la-Crosse, Buffalo Narrows region?

Hon. Mr. Taylor: — First, I wanted in my statement the other night . . . I could see when I mentioned it that you had some concern, and I think the questioning ended about 10 o'clock and you didn't get a chance to ask your question. Although we are turning a number of the adolescents over to the private plan — that is more in the urban centres here in Regina and Saskatoon — we wouldn't be doing that in the North.

You asked about the recruitment of dentists along the west side in northern Saskatchewan. I can give you a commitment that we will try to see if we can. I don't know how big the population base would be for a dentist to be in there. I can tell you that I have met with the students who are graduating from the dental schools in Saskatchewan. I went up in Saskatoon and had a good visit with them. I would certainly indicate to them and make that commitment to you that there is an interest for a dentist to be in that area. I couldn't give you the assurance that we could recruit one. But I'll give you the assurance that we would use whatever powers (I don't know if powers is the right word or whatever; influence is a little better word, isn't it? I don't like the word power) influence to try and attract some young person to go up there and practise if that's your desire.

Mr. Thompson: — Yes, I want to say that I would urge you to use your influence and to see if you can get dentists in there. I think, you know, we have over 2,000 people living in La Loche and they have to drive 200 miles to get to the nearest dentist, which is at Meadow Lake. And I'm sure that you will agree that to drive 200 miles to get a tooth pulled or a tooth filled, it ends up costing a lot of money. And with a population of La Loche of well over 2,000 now, and in that surrounding area, and with the facilities that we have in the North that the dental therapists and the nurses are using in the schools an din the health centres, I would just encourage you to do whatever you can to see if we could get a permanent dentist at least some place up in the North. If we could get one at least in one of them areas, it would be a lot easier for the citizens living in northern Saskatchewan. With that, I guess that's the end of my questioning to you, Mr. Minister.

**Hon. Mr. Taylor**: — I would just reaffirm my commitment to use what influence I may have to try and ... Well, I will lay out to any young graduate the potential that does exist there. I wanted to pit out though that in service to the adult population, that in cases of emergency we do allow the dental plan to give emergency service. So if there's somebody who's got a terrible toothache or something, and rather than having to drive 200 miles with that, if it's a case of an emergency, the dental plan are authorized to minister to that person . . . (inaudible interjection) . . . The therapist, yes, that's right.

**Mr. Engel**: — Thank you, Mr. Chairman. Mr. Minister, just as your estimates were called by the clock the other night, we were discussing this same topic about dentists. And I was wondering what areas . . . Were there some specific areas where you suggested that the 16-year-olds and over would seek their dental care from a dentist? Are there some specific areas that have been excluded from that general program?

**Hon. Mr. Taylor**: — The exclusion would be children where they are more than 50 kilometres from a private practising dentist.

**Mr. Engel**: — More than 50 kilometres. Well, say down in my area, for example: what

about young people in the Wood River School Unit, for example, are they in or out?

**Hon. Mr. Taylor**: — If you could come with some questions, my official who has that information will be here in a minute. We can't provide that to you right now, but we're working on it.

Mr. Engel: — Well, the problem that I saw is that . . . Might even include my own daughter, but she goes to school in Lafleche, and she's been well taken care of by the dental technicians in Gravelbourg. Now, Gravelbourg doesn't have a dentist, and if you're going west, I think the closest dentist would be Swift Current. You know, that whole block of southern Saskatchewan down there from Assiniboia to Shaunavon doesn't have a dentist that I'm aware of. I'm sure there isn't one in there, and it's almost as bad as the area in the extreme North.

**Hon. Mr. Taylor**: — We're getting the information for you. I wouldn't want to give you the wrong information, so we're taking it under consideration and the official who is in charge of the dental plan will certainly be looking at your situation there so we can advise you more specifically on your . . . Wood River school division? Fine.

Mr. Engel: — The other thing I might suggest that we had a fairly good dentist in Gravelbourg. I'm not sure why he left, but — and that is in a public practice like my colleague was suggesting in northern Saskatchewan — but if I could lean on the minister a little bit to use his good office to try and recruit a dentist for some of our communities in southern Saskatchewan. About what size of population will you consider would be practical for . . . How many people does it take to support a dentist?

**Hon. Mr. Taylor**: — I'm advised about 4,000 population in the catchment area to employ a dentist.

**Mr. Engel**: — I think in that case, you'd say an area that would support about four doctors would normally support a dentist.

**Hon. Mr. Taylor**: — I suppose that's correct although there are . . . in my own area, we do have a fellow who practises in Weyburn and then comes up for a couple of days. So with the improved transportation and so on, dentists are setting up I suppose what you'd call satellite clinics in . . . It's in the doctor's office. So although you mightn't be able to have the 4,000 population, you may be able to get one on a couple of days which would, of course, take care of the need. That's the situation in the area I come from — seems to be working quite satisfactorily.

Mr. Engel: — I think that would be an excellent idea because if you have a situation . . . I can remember in my time, Willowbunch used to have a dentist, Gravelbourg would have one. There were dentists scattered along . . . Ponteix. And today, none of those areas have one. So I think if you could use your office to encourage that, I think that would be greatly appreciated. And then because there is such a broad area there that doesn't have a dentist, if that particular school unit and the next one just . . . I'm getting into the Shaunavon constituency, now. But in that big block area there, if those school units aren't exempt, I'd suggest you take another look at it because I'm sure they are more than 50 kilometres from either Swift Current or Assiniboia. Not that I'm trying to take some work away from the dentists there. I'd hate to see one leave from there because you have to book at least six months ahead to get into either of those dentists that are there. And they're very busy. So I'd encourage . . . That's one issue.

The other issue that I was going to ask you about: what is your present policy regarding recruiting doctors and providing medical staff for rural Saskatchewan or some of the smaller towns? Have you a policy regarding that or what is your principle there?

**Hon. Mr. Taylor**: — Well, on the former question of the dental plan, I have to indicate to you that we would not be able to give you the whole detail tonight on Wood River. But we will provide it for you. I do want to say that we will indicate, or use our influence, that there is a need for a dentist in that area, whether full-time or itinerant, and I want to just say perhaps this change in the dental plan — putting these over to the private — may be beneficial to their area because with that volume of students that may have to be treated there, then that may be an added factor that makes it more economically feasible for a private dentist to come in which would look after the adolescent school population as well as supply to the people in the area that you're describing.

So with that, I would then move to the question on the recruitment of doctors for small towns, small hospitals. That is left up to the hospital boards. They do the search and the recruitment for their own hospitals.

**Mr. Engel**: — Regarding encouraging young graduates or medical students that graduate as doctors, encouraging them through an assistance plan on their student fees, is that program still in place where they can work off some of their tuition fees in a small hospital?

**Hon. Mr. Taylor**: — On the recruitment of doctors, I meant to mention to you when I was up before, hospital boards or village councils too, are trying to recruit doctors. They tell me that the medical bursary plan was discontinued two years ago — it isn't in effect.

Mr. Engel: — I just want to warn the minister that that is the one issue that elected me down in that area in 1971. The other night when we were in the House here, your colleagues took credit for winning the election in B.C., so I will also give you credit for winning the election back in '64, and the same breed of cats were in power at that time. And I want to warn the minister that that kind of a policy that the Thatcher administration was practising in particular, under . . . Mr. Grant was a good fellow, likely as well intended a minister as you are, but in his endeavours to make Saskatchewan's health care the best in Canada — same words that you're using, the same words that you're using, Mr. Minister — but what happened? That one issue, like I said earlier, is what elected me in '71, and I'm sure a lot of my other colleagues that got elected that time. And that issue was the disregard and the complete overlooking of what kind of service can be provided by small hospitals.

And I wanted to tell the minister that during those days they tried to influence the program, saying, 'We will close the small hospitals and when they got a terrific community reaction, they found a better way of closing these hospitals, and that was by just not encouraging doctors to go there. And I have the same problem arising now, where you stand up in this House and you say, 'The village council or the hospital board can recruit a doctor.' That's not enough, Mr. Minister, to get some of our young grads after they've lived in a city.

I can tell you from experience just from my own family. My son came back to

Saskatchewan after graduating from Queen's, and they think once you're in a big city, that that's where you got to live, and that's the only place that you can be, and they really don't want to take a good look at rural Saskatchewan. So I think the message you have to give these young grads . . . And you have to put a little pressure on, and once they move in and find out how wonderful it is to live in a small town, they'll settle down and stay there for a while, once they get their practice established.

Now I've got several hospitals that I am very familiar with that are having problems keeping a doctor, and I'm wondering, have you got some plans or some intentions to encourage them? You take a town the size of Coronach. Gravelbourg's almost the same population; they're supporting three doctors and the doctors are living comfortable. And yet here we have a place like Coronach, and to get the right person to get down there and get established is going to take some encouragement by the Department of Health.

**Hon. Mr. Taylor**: — Well, I have no disagreement with you on the joys of living in small-town Saskatchewan. I live there myself, as you do, and I think we share that. I want to assure you that there is no intention of this government to be closing the small hospitals. I think proof of that . . . I believe you were here when I mentioned about the small hospital incentive program there, of well-elderly clinics and things of this nature, pilot projects on how small hospitals can better serve the population with outreach services. That's what we're looking at. So I think, when you hear that, it would allay the fears that it would be an attempt to try and pinch down on the number of hospitals. That isn't the concern and I think proof positive is that we are in the throes of building a 10-bed hospital at Cut Knife, Saskatchewan.

As far as the young doctors coming to rural Saskatchewan, I think there is an onus upon the small towns to go out and indicate to these young people the benefits that they can have by living there. And I think some of them are doing this very well. We do have a program: it's called, a summer extern employment program for medical students between their third and fourth year, and I have seen young students who have been out in the small towns. That program is in place. There also is a medical establishment grant available on a shared basis between the provincial government and the town to attract doctors to areas that are not serviced by a doctor, where it would indicate that there would be a viable practice. Now whether the specific case of Coronach would fit that criteria I couldn't say at this time. But I would certainly be interested in discussing it with the appropriate municipal groups or hospital board, and so on, to see if it would be applicable to the town of Coronach.

Mr. Engel: — I understand that the hospital there sent notices out to their staff that by a certain date their hospital would be closed. Do you not have medical people on staff in your department that you can provide emergency coverage for these hospitals? You know, there's some real serious concerns down there. You've got a coal mine and a power plant there, and some construction still going on. I think that it's imperative that the department make every effort to see that they don't have to serve notice by the end. I believe it's the end, of this month —maybe it's even sooner than that — that that hospital is going to . . . And their staff received notice; I think it's about a week and a half ago that they received notice. And was that notice given for two weeks or a month? I'm not just sure of the details, but I know the staff contacted me when they received their notice.

I think you should either send one of your staff people down there to cover. I know the former administration did that on occasion when a small hospital in an area like that

... There's 1,300 people living in the town alone, plus the surrounding district. There's ample work there for two doctors and I think this is why they're having trouble keeping a doctor, because he's overworked and just gets tired of it and decides to move into a practice that's going to be less strenuous on him, to give the kind of coverage that they need to do down there. And I would urge the minister to see if you can cover that situation off before they have to close that hospital down, and possibly even lose that power plant for a time, because I'm sure the workers there would take some drastic steps if there wouldn't be a medical facility nearby.

**Hon. Mr. Taylor**: — Well, I would say . . . I think your first question was: do I have people on staff in the Department of Health, doctors that I could send out there? No, I don't. I have doctors on staff, but they have jobs that they're doing within the department. If I had a relief pool . . . (inaudible) . . . to say, they would have . . . Of course, what would they be doing if they weren't needed out there? So I don't have those types of personnel.

You ask: are there agencies who would assist? Yes, there are two basic agencies, the Saskatchewan Health-care Association and the College of Physicians and Surgeons, who will look for locums to come and fill in until a community can attract a permanent doctor.

I am advised here that in the case of Coronach, and I realize that the notice had been sent out by the board . . . It was a board decision to do this. I understand that they have been successful in placing a Dr. Sherwood, who was the former resident physician, to return from Spain to provide one month medical coverage, and effective June 1st, a Dr. Hogan, who is currently in South Africa, has made a verbal commitment to set up a three-month medical practice in Coronach. The hospital is confident they have got the lead on these positions, so it would look like you've the one fellow coming for a month, the other fellow coming in for three months, and, as I say, I couldn't say at this time for sure if they would be eligible for an establishment grant, but I think we would certainly enter into discussions with them.

**Mr. Koskie**: — Thank you, Mr. Chairman. I just want to know, Mr. Minister, the Ontario health minister the other day indicated that in his view there were in fact too many doctors in Ontario, too many doctors in Ontario, and what I would like for you to give me: one, the total number of practising doctors, and if you could give me sort of the comparative tables as to the number of doctors we have in Saskatchewan per 1,000 population vis-à-vis the other provinces so that we have some kind of a comparison in respect to the situation.

**Hon. Mr. Taylor**: — We'd have to send you that information, but there's no reason why we wouldn't. We'll gather it together and give it to you.

**Mr. Koskie**: — Now, in respect to Saskatchewan graduates, do you have an particular programs which in fact would be an incentive for our graduates to establish a practice in Saskatchewan? I know it varied throughout the years. Some years ago, when I was a mere boy and worked with the Department of Health, and . . .

**An Hon. Member**: — Some centuries ago.

**Mr. Koskie**: — Years and years ago, there were student loans with forgivable portions of it if they maintained a practice in the province for a number of years, and I just would like you to indicate what programs, if any, to help to provide an incentive for our local

Saskatchewan graduates to maintain a practice in Saskatchewan.

**Hon. Mr. Taylor**: — Yes. I would elaborate on that. Before I did, I would like to indicate to the member from Assiniboia-Gravelbourg, if he would be interested in knowing this, that I understand that there is dentists going from Moose Jaw to Gravelbourg now four days a week, that that's starting. So the itinerant program is probably coming into your area.

**An Hon. Member**: — Do you have his name?

**Hon. Mr. Taylor**: — No, I don't have the name. I just understand that's taking place. I will search it out in more detail for you, if you would like me to.

The establishment program is for up to \$15,000 to a Canadian-trained physician establishing a first-time practice in a grant-approved location. So that's the program that's in place for a Canadian-trained physician to go in to establish a practice anywhere in Saskatchewan where ... Matched by the community.

**Mr. Koskie**: — . . . (inaudible) . . . a \$15,000 grant for an approved location. Could you indicate to me what constitutes an approved location?

**Hon. Mr. Taylor**: — The grant eligibility locations are communities in which the largest participating municipality has a population of 5,000 or less, or a municipality which has a hospital, or a municipality which does not have a hospital but where doctors normal live and practise full-time.

Mr. Koskie: — And could the minister indicate how many of these medical establishment grants were issued or were approved during the course of the . . . well, from May the 8th were issued or were approved during the course of the, well, from May the 8th, '82 until May the 8th of 1983, some such date.

**Hon. Mr. Taylor**: — We don't have that at our fingertips right now, but we'll get it for you and provide it to you.

**Mr. Koskie**: — Throughout the province during the course of the past year, were there any hospital closures in any of the communities throughout the province?

**Hon. Mr. Taylor**: — Spalding Union Hospital was closed. They're trying . . . Spalding Union Hospital is closed, and an attempt to recruit a physician . . . Etonia Union Hospital was closed, and a physician has been recruited and is expected to take up residence. This was dated April the 30th, so Etonia should have their doctor now, and Spalding is attempting to recruit one.

**Mr. Koskie**: — And in respect to nursing homes, you recently came under the direction of the Department of Health. I just want to ask you: has a new system of classification of individuals for nursing homes . . . Has there been a new classification adopted? I know you were well-meaning and on the way to adopting another classification. I was wondering whether you have done anything with that.

**Hon. Mr. Taylor**: — No, there isn't. There was a consultation process going on that the written submissions had to be in by April the 1st. That date has passed; I have not received the report at this point in time. But my answer would be no, there has been no

change in classification.

Mr. Koskie: — As you know, under our administration we undertook to essentially be the last dollar insurer in respect to nursing homes, nursing home care, and what I'm asking the minister: in the event that individuals, or children of individuals who need nursing homes, has your department looked into setting up some form of a system which would assist people in locating nursing homes? I know that certainly in some areas, it's very difficult to find a bed. And the people are — the children who are often looking for the home, or the space for their parent — do in fact make a considerable effort, but in all homes in the surrounding area have been canvassed and they have no success, and at the same time that individual requires nursing care home. What I'm asking you is: what really procedure have you established which will be of assistance that I might pass on to the people of Saskatchewan?

**Hon. Mr. Taylor**: — I'll go back to answer your question on the establishment grants to doctors. In '82-83 there were three awarded. If you would like to know the locations — Watrous, Midale, Moosomin.

Your next question was about finding places for children, finding places for their parents in nursing homes. Now that's one of the reasons that we have brought together the departments of continuing care and Health. We're hoping that through this amalgamation that the home care and the special care homes and the hospitals can work in closer co-ordination. And I think if that can be brought about, this will to some degree help in people finding places and also helping people who are maybe needing to be in, or maybe some who are, can go to the hospital for a while and not have to go into the nursing home, or where we can provide outreach services, as I described earlier, from the nursing home or from the hospital via the home care vehicle so that those people don't have to be searching for the nursing home, that they can stay longer in their own personal homes. That is the concept that we're looking at, and I think by them all working together in one department that co-ordination and consultation will be facilitated and we will see some improvement.

As far as can a person get into a certain nursing home, the homes have their own assessment boards. You apply to those to see if you can get entry into that home, and also the continuing care branch do give some assistance to people to try and indicate where they may be able to find placement for people in homes within as close proximity as possible to their place of residence.

**Mr. Koskie**: — Another subject. Could the minister indicate to me the number of social and health centres that are established in the province — the total number of them, and are all of them still functioning?

**Hon. Mr. Taylor**: — Do you have any more questions? We're busy looking for that information for you.

Mr. Koskie: — I want to know: what is the policy of the Department of Health where an individual is a patient in the hospital and the hospital indicates that the patient can be in fact discharged, but the individual requires nursing home care, and if indeed there is no nursing home available? Can you indicate what is the practice vis-à-vis the charges to the individual who may stay in the hospital beyond being dismissed or allowed to go home?

**Hon. Mr. Taylor**: — Yes, I do have the answer for your previous question. And it's on

the annual report, 1981-82 annual report, page 40, community health and social centres. They're all listed on there. You have a copy of this report, I'm sure, in your possession. If you do not, I would be pleased to have this page photostatted and sent to you. That's on page 40 of the report.

**Mr. Koskie**: — Could you just outline briefly the formula for the funding of the social and health centres?

**Hon. Mr. Taylor**: — Services provided in the 11 community health and social centres include out-patient medical services provided by a visiting physician, basic laboratory and in some cases X-ray services, plus 24-hour on-call nursing, and in several cases, social activities for the elderly. And the total cost of that is in the annual report, also.

**Mr. Koskie**: — What is the formula? I asked for the formula for funding.

**Hon. Mr. Taylor**: — Line-by-line budget basis.

**Mr. Koskie**: — What does that mean?

**Hon. Mr. Taylor**: — Line-by-line budgeting means that you draw up a budget with expenditures here, on this line and that line, and you bring it in, and you consult with my fellows, and you come up with an acceptable expenditure. And then the next year you look at those lines again. And there's certain increases that may be justified, and you look at those, and you agree on those. And that's the money that you receive that year. And that's basically what a line-by-line, item-by-item type of budget . . . (inaudible) . . . that makes it plainer.

**Mr. Koskie**: — I'm just wondering whether in the review of the line-by-line budgeting . . . Could you indicate whether, in fact, the social and health centres received a rate of increase commensurate and in accordance with the general guide-lines of your expenditures in Health.

**Hon. Mr. Taylor**: — Yes, approximately 7 or 8 per cent would be the increase.

Mr. Koskie: — I was wondering, in looking at sort of the cost of health, whether you have reviewed or established or put into practice any methods that might in fact probably cut down on the overall cost of the health care system, and I'm thinking of the establishment of nurse practitioners, or I'm thinking of the establishment of midwives or midwifery in the delivery of children, certainly a practice that is established in England. It works. I a told, quite well.

I know that we initiated nurse practitioners and I think there was a fair amount of, not a great deal of support at the officials level and the Department of Health, if I may draw a general conclusion. Nor, indeed, was there a tremendous amount of support from the medical profession. But I really think that rather than going the Alberta route of imposing user fees on hospital care and user fees on out-patients and destroying the very foundation of medicare, I'm wondering whether in fact you as Minister of Health in a province that indeed has led all provinces in innovations of programs during the term of our office. I'm wondering whether indeed you are looking at some of the very innovative programs that they are used to in other parts of the world, indeed certainly in Sweden, when I had the opportunity of visiting. I know that they are adopting many

innovative types of delivery of the health care which will help to minimize the cost and I think provide good services to the general public.

So I'm just asking you whether you are looking at any innovative approaches in the areas of nurse practitioners or midwifery or whatever.

**Hon. Mr. Taylor**: — Well, that was quite a long question. I hope I picked up all the things that you had drawn our attention to. One thing that stuck in my mind was something about you saying that you had been the innovators or the developers of the best health care, something of that nature.

**An Hon. Member**: — Absolutely.

**Hon. Mr. Taylor**: — Well, I just want to correct that statement a bit, because I don't think it would be right to let it pass uncorrected. And I remember the other night I raised this. I remember distinctly a chiropody program for senior citizens — a chiropody program that was promised in 1975, and promised again in 1978. Was it delivered? No, it was never delivered. It wasn't promised in 1982, but it is being delivered by this government.

And I want to tell you another little story that I remember, and I remember this from in opposition. I remember having a parent phone me . . .

**An Hon. Member**: — This is a story.

**Hon. Mr. Taylor**: — This is a story, and this is a heart-rending story, and I would ask you to bear witness to this story, my friends. A parent phoned me and said, 'Look it, I have a little boy and he can't leave hospital because he has a heart condition.' There are certain apparatuses in existence called apnea monitors. And I want to explain what an apnea monitor is, Mr. Chairman. It's a little cushion that you . . . (inaudible interjection) . . . Oh no, I know you don't want to hear this one, because this shows the callousness of your past government. And an apnea monitor is a cushion that you can lay that baby on, and should that baby stop breathing a signal will go off, and the parent can come and save that baby from instant crib death.

I tried and tried and tried to get the then minister of health to provide through sale or whatever means an apnea monitor. My answer was, 'It cannot be done.' I'm not that kind of a man; if there's a will, there's a way. A good lady at the University Hospital in Saskatoon heard my quest — read it in *Hansard*, phoned me and said, 'Lookit, Mr. Taylor, I think we can get one.' I said, 'You tell me where, because let's do it.' She found one from a real estate person who had saved his son in Saskatoon. We got that apnea monitor. We sent it to Calgary, and we had it checked out to see that it would function right because you have to be very careful there; they have to function right. That went then to that young boy. And I could bring him on the floor of this House today, and I'd love to. That went to his home, and I see that boy now — five years old, a beautiful little boy that might have otherwise died.

When I came in as Minister of Health, because many people knew of this they phoned me, because there are many little babies like this. And they said, 'Can you get an apnea monitor? In all due respect, in my department they said, 'No, we haven't got apnea monitors.' I said, 'Maybe we haven't got them now, but we're going to have them.' And I want to tell you that today the people in Regina, the people in Saskatoon, with babies who have these . . . (inaudible interjections) . . . Let me finish, because I know it's a

sore spot for you fellows. There are parents today renting them, 21 of them at the Regina General Hospital that you can rent, and I'd like to show youth letters of congratulations because those apnea monitors are available. They're available to the people of Saskatchewan.

Some Hon. Members: Hear, hear!

**Hon. Mr. Taylor**: — And that, my friends, is compassionate and concerned health care. And if you want to know what innovations are, I tell you, that's just one idea. And you just hang onto your seat the next three years, cause you're going to see renovations and improvements. I just mentioned small grants to small hospitals, grants for new innovative programs, chiropody programs — your heads will spin in the next three years at the innovations that will come out of the Health department with the fine minister and staff we have.

Some Hon. Members: Hear. hear!

**Mr. Koskie**: — I wondered whether I should get into this, because I want to say, Mr. Minister, that our pomposity is only exceeded by your arrogance.

I want to say this: let us get one fact straight. Saskatchewan founded hospital services care. Saskatchewan government under the CCF founded medicare. Saskatchewan government founded the best dental care program in North America. Saskatchewan government under the NDP brought in SAIL (Saskatchewan Aids to Independent Living) program, and drug programs, and hearing aid, and the list goes on.

But I want to say, Mr. Minister, but want to say, Mr. Minister, as long as there was an NDP government here in Saskatchewan, I want to say that medical and health services were safe in Canada. But if one looks across Canada, and one looks at the wealthiest province in this nation, with a heritage fund of \$9 billion sitting there, and today what they're doing is taxing the sick — \$20 a day, user fees in rich Alberta.

And also what I want to say, in the recent budget that is going to be brought down in Ontario, they looked in the trash-can and the press found that what is going to happen in Ontario is also user fees. I want to say, Mr. Minister, you have one job to do, and that job is to stop the Tories across Canada from undermining the health care programs that was introduced by the New Democratic Parties. I want to say that you have a heck of a big job to fulfil.

I want to say, just sitting and gloating and blowing, just because you have taken certain parts of Social Services into the Department of Health and attempted to build up as though you're spending more money, is not very impressive to the people of Saskatchewan. I think you have an opportunity, because the people of this province certainly want to continue a medicare program without user fees and without user fees in hospital. And I want to say, Tory government after Tory government is undermining it. And you know what, Mr. Minister, you say, 'You have no concern because I am Minister of Health.'

I want to tell you a little story of what happened in Australia. In Australia they started a medicare and a health service program. Yes they did, in Australia. And then the Tories came to office, and I want to say, that this last year in Australia, that right-wing Tory government was thrown out of office and the democratic socialist government is reinstituting and putting into place the health care system that they had built in

#### Australia.

I want to say, Mr. Minister, one thing is very clear, very clear. The right-wing governments in this country are certainly determined to undermine the health care system in this country. We see the right wing government in British Columbia putting on premiums and deterrent fees; we see the richest province in Canada under a Tory government in Alberta destroying the very basis of medicare; we see it happening in Tory Ontario. And I say to you, Mr. Minister, don't stand up there and brag because, who put medicare and hospital services in place? It was the New Democratic and CCF government, and you know it.

And I want to tell you . . . I want to tell you, Mr. Minister, you have an opportunity to join, to join and support the federal Minister of Health and Welfare . . . You have an opportunity, Mr. Minister, to join and to voice your concerns with what they're doing in Alberta and what they're doing in Ontario. I want to say, that unless you take a public stand, that as Emmett Hall has said, that if in fact you first of all get premiums on to a health care, then the next step is user fees, and finally there is a major erosion of the basic of universality of a health care program. I really want to say, Mr. Minister, it's a very serious situation. You have it eroded in British Columbia, you have it recently eroded in Alberta, you have a major erosion taking place in Ontario. And those are Tory governments, Mr. Minister. And I want to say to the people of Saskatchewan, how can you trust a Tory when Tories in other provinces are destroying what we built in this province?

#### Some Hon. Members: Hear, hear!

**Hon. Mr. Taylor**: — Well, Mr. Chairman, I don't know whether he was singing, 'My boomerang won't come back' or he sounded like somebody from about four years ago who duped the province saying, 'Don't let them take it away.' Well, I tell you the people of Saskatchewan have long since ceased to believe that nonsense, and the record of this government in the last year proves that the people's trust in this government was the right trust.

You know, you stood up and you called me arrogant, and I appreciate you calling me arrogant because if you think talking about the lives of young babies — babies that would have died — is arrogance, then I don't mind being termed arrogant by someone like you.

I want to tell you what your government did. You rested on your laurels. You thought you invented medicare and health care and everything about it. Well let me give you the record.

# Some Hon. Members: Hear, hear!

**Hon. Mr. Taylor**: — If you would just quit beating your hands for a minute and listen, you will find out what the record of your government was in health care. This was what we inherited; Saskatchewan ranking eighth in health care in Canada — eighth in all of Canada; cancer treatment allowed to deteriorate to where we had to put in \$17 million this year to improve the treatment of people with cancer.

#### Some Hon. Members: Hear, hear!

**Hon. Mr. Taylor**: — Hospital staffing standards were lower than in most other province sin Canada. Talk about cut-backs. In 1976 alone the NDP took 400 positions

out of Saskatchewan hospitals — 400.

And what about on the mental health services where the NDP are so vocal? I heard the member from Regina talking about that — mind you, in a much politer fashion than his counterpart from Quill Lakes. A deletion of 150 nursing positions and 19 psychiatrist positions in the period of 1972-82; in 1976, 43 positions, 30 of which were nurses, Deleted; in 1979, 35 positions were deleted, 21 of them in nursing. I don't hear you squawking back much any more when the truth starts coming out. And what about all your campaign programs? What about all your promises in '78 and '75 campaigns? The ones you never fulfilled. Well you didn't get much chance to fulfil them in '82 because the people turned you out, and thank goodness they did.

Some Hon. Members: Hear, hear!

**Hon. Mr. Taylor**: — How many times are you going to promise the elderly a foot care program that you had no intention of delivering? I remember the promise of a vision care program for the elderly in 1975. Where did it go? The promise to provide dentures to the elderly at reduced cost, and the promise to extend the alcohol education program and rehabilitation counselling — all empty promises by a government that wanted to stand up and pat themselves on the back that they invented health care. Now you used your founder. Mr. Douglas, to do it successfully in '78. You scared the people, but the people changed their mind and the people voted for the Progressive Conservatives in '82. I will stand on the record of this government in health care, and as I told your member the other night, our contribution to health care in Saskatchewan exceeds any other province in the Dominion of Canada this year.

Some Hon. Members: Hear, hear!

**Hon. Mr. Taylor**: — I think on that note, Mr. Chairman, it would be a fine time to see that it is close to 10 o'clock.

The committee reported progress.

The Assembly adjourned at 10:00 p.m.