

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
April 9, 1984

EVENING SESSION
COMMITTEE OF FINANCE

CONSOLIDATED FUND BUDGETARY EXPENDITURE

HEALTH

Ordinary Expenditure – Vote 32

Item 1

MR. CHAIRMAN: — Would the minister introduce his officials.

HON. MR. TAYLOR: — Mr. Chairman, I'd like to have my officials come in and, in a moment, introduce them to the members of the House. Thank you very much, Mr. Deputy Chairman, and Mr. Chairman. It gives me pleasure to introduce the officials that will be working with me through this set of estimates.

Seated right beside me is the deputy minister of Health, Mr. Ken Fyke. To my right is the associate deputy minister of health, Dr. Peter Glynn. Seated behind me, over this side here, is Mr. George Loewen, associate deputy minister of Health; Mr. Dick Bailey, assistant deputy minister of Health. And directly behind me, Mr. Lawrence Krahn, the director of admin. services.

Mr. Chairman, before I would start these estimates, I think I would like to point out a few areas that I'm proud of in Saskatchewan Health — things that have been announced and implemented in this recent budget. And I think it's only fair to share some of these new initiatives and developments with the members of the opposition. So Mr. Chairman, I would like to start with just outlining a few of the things.

First of all, I want to say, Mr. Chairman, that the total Health budget, including the Consolidated Fund, the Heritage Fund, and Special Projects Fund, is Mr. Chairman, one billion, thirty-nine point seven million dollars. And I want to indicate to you, Mr. Chairman, that this is an increase . . . this is an increase, Mr. Chairman, of \$57.1 million over last year, or a 5.8 per cent increase. A credible increase in health spending by this government.

SOME HON. MEMBERS: Hear, hear!

HON. MR. TAYLOR: — I'm very pleased with this, and I think it shows our commitment to first-class health care for Saskatchewan people.

And I want to highlight some of these budget increments — \$31.9 million in total for capital projects, \$31.9 million. An increase of \$5.4 million or, Mr. Chairman, in percentages that the opposition members may understand, 20 per cent increased over last year's budget in capital expenditures and health care.

And of course, I think the people of Saskatchewan know real well about the commitment announced here by my colleague, the Minister of Finance, of the five-year, \$25 million commitment to special home care construction, special care homes in this province. And as I said earlier, Mr. Chairman, when I took over the portfolio of Health, the Mental Health Association of Saskatchewan was doing a report because mental health services had been not attended to adequately over the past few years. I waited for that report to come in, and this year, Mr. Chairman, there are \$700,000 in this budget for new mental health services.

Another area that we hear a lot about, Mr. Chairman, is waiting lists in Saskatoon, and I want to

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indicate that we have annual cost implications this year of \$4.7 million to address that problem – a problem, again, that we inherited from our predecessors.

Again the chiropody service which is so well known by the senior citizens of this province, one that was promised to them, Mr. Chairman, in '75, promised again in '78, and '82. I found the chairs that had never been put in place and I'm proud to say that that service is in Saskatchewan by the end of this year in every health region for the senior citizens of this province.

So I think as we go on in the next few hours discussing the Health budget, the estimates of the Department of Health, I'm sure that the people of Saskatchewan will see that this government, this Devine government, this Conservative government, will certainly protect and improve upon the health care services, and that no longer with the phantom of T.C. Douglas shouting, "Don't let them take it away," ever surface again in this province.

MR. LINGENFELTER: — Mr. Chairman, I appreciate the opportunity again to quiz the Minister of Health on his health funding. I find it interesting that during the budget debate he spent about 10 minutes discussing the program of the Health department, and tonight he uses this forum to debate the budget. I wonder if it's just recently they found out what he did, or whether he's trying to correct some of the things that he didn't do during the budget debate.

Mr. Chairman, I find it interesting that, again, the minister rises to talk about the budget for Health has increased in the province of Saskatchewan. Mr. Chairman, I think that most people in the province realize the jiggery-pokery that the Minister of Health has used to raise the budget of Health over a billion dollars. Most people in the province are not so naïve that they would believe the minister, that this is new money put into the Department of Health.

They will know since he took office he has raided three other departments in order to get money to make his budget look better. He has gone to Urban Affairs and taken the ambulance money to put into the Department of Health; he's gone to Department of Northern Saskatchewan and moved money out of there; he's gone to the Social Services department and taken home care and nursing homes and put them into the Department of Health. Mr. Chairman, no new money, mind you, no new money – just money that was already in existence in other departments. And this minister will now stand here and pat himself on the back, pretending that he has got new money into the department to raise it over a billion dollars.

Well, I say that this kind of political manipulating with the Health department and those who are sick and ill is not going unnoticed. Nor is it going unnoticed that the loud talk that the minister does has very little to do with reality in the province of Saskatchewan in the health care program. We all know that many other provinces, many other Tory provinces, have gone to user fees and medical premiums. And I think in some ways what is happening here in Saskatchewan is even worse than what the other Tory governments are doing.

Mr. Chairman, when you have 5,000 people waiting to get into hospitals in Saskatoon, you don't need deterrent fees because, very simply, people cannot get into the hospitals in Saskatchewan. Eighteen hundred people, Mr. Chairman, are waiting on waiting lists for elective surgery in Saskatoon alone. It's gotten so bad that on March 28 of this year an article in the *Star-Phoenix* was titled, "St. Paul's Turns Away Ambulances." St. Paul's Hospital has been forced to close its emergency wards five times in just the past two weeks because it doesn't have beds available for admitting seriously ill or injured people.

Now, Mr. Minister, this is the reality of where the health system has gone under your mandate. And I would say to you, Mr. Minister that you're being unfair to use this forum to applaud yourself, when in reality small rural hospitals are suffering underfunding. Psych services in your budget have been cut in every area. And, Mr. Chairman, I would say that the construction of hospital beds (much needed hospital beds) in Regina, in the rejuvenation of the General Hospital in Regina, and the hospitals in Saskatoon is nowhere to be seen.

And I think that the minister is being unfair, as well, when he talks about his nursing home construction program. As the people of Regina will know, there are 1,000 people, or in excess of 1,000 people, on waiting lists for nursing homes in the city of Regina. And it's my understanding that in this year's budget, the minister has gone so far as to announce seven new beds will be built in the city of Regina. Now, for the minister to get up here and try to pretend that he is solving the nursing home problem in Saskatchewan by building beds where there's a thousand needed, and he's going to build 5 or 10 or 15, simply is not going to solve the problem. In fact, Mr. Chairman, when I check with the nursing homes in Regina, the administrators tell me that it's a three-year waiting period to get into nursing homes in Regina.

And the minister will well remember that he used to rise in this House, from this side, when he was in opposition, when the waiting lists in Regina were two or three hundred and talk about the plight and the terrible conditions of nursing home beds in the province. And now, when the nursing home waiting list in Regina has gone up by fivefold, he has the audacity to stand in this House and say what a good job he's doing.

Well, Mr. Minister, the people of Saskatchewan simply no longer believe you. The rural hospitals who are struggling with their budget, and having their ADC (approved daily census) count lowered each year below what the reality is, simply no longer have confidence in you, Mr. Minister, to get money. They're not satisfied of you robbing other departments to raise your overall budget. That's not good enough. They're on to your game, and I'll tell you that over the next year you will have problems that no other minister of health has had for many, many years. And I challenge you to go to your cabinet; to get the required money; to make Saskatchewan Health number one in Canada.

One other area, Mr. Chairman, that I will comment on right now is the area of funding for nurses' salaries in the province of Saskatchewan. The minister will be well aware that at the present time the nurses are in convention in Prince Albert; that they have a proposal to the government for a salary increase of 2 per cent this year, and 3 per cent next year.

And Mr. Chairman, I think it's shocking that this government does not have money even to meet that very honest and very, I believe, meagre amount of money for the nurses in this province at the same time as this budget would indicate that there's a 10 per cent increase for the doctors in this province – already they have got 5 per cent – that he would lead us to believe that the nurses of the province need 5 per cent over two years.

And Mr. Chairman, I would question the minister as to whether or not he's being honest with the nursing profession in the province when he treats them in that shabby manner.

Mr. Minister, I would like you first of all to give to me and to the committee a list of your personal staff in your office, and the salaries which they give: secretaries, executive assistants, and so on, and if you would send that across to me.

HON. MR. TAYLOR: — Fine, Mr. Chairman. I'll just comment on a few of the remarks that the hon. member raised. And certainly we will put together the package that he's asked about – the personal staff, as to their names, their positions, and their salaries.

He mentioned something about repeating some of the things from the budget speech. Well, Mr. Chairman, I make no apology that to some people you have to say things a couple of times before they really understand what you're getting at.

The member opposite was very critical, very critical, it seemed to me. He used the word, if I remember correctly, "raided." He said that I "raided" other departments. But I want to tell you that moving the continuing care branch into Health is probably a movement that was supported by the majority of people, the vast majority of people, in this province. Moving the ambulance

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service, which the government previously looked at as a transportation service – and we look at it as part of emergency health – into the Department of Health, I believe made eminent sense. And also, as you know, this government no longer treated the people in northern Saskatchewan as a separate entity. We brought the department of the northern services, health services, right into the Department of Health.

But he says, “This is the way that you increase the budget.” I would like to indicate to the member, because he is often wrong in his figures, that the budget for the Department of Health went up 5.8 per cent. Had we not considered those three things that he thought were brought in to beef up the budget, the budget would have went up 6.5 per cent. And I say to you, Mr. Chairman, I compare that type of raise with any jurisdiction in the Dominion of Canada. Those are the figures and those are the correct figures.

Now we talked a bit about Saskatoon waiting lists. I was in Saskatoon two weeks ago and announced some initiatives that will be taking place in Saskatoon that will allow an estimated 3,500 more people to go through the Saskatoon hospitals this year, and I think that is a realistic and a constructive way to look at reducing the waiting list problem in Saskatoon.

Mr. Speaker, I don’t think I have to go on in any detail about the special care home construction. Twenty-five million dollars over five years is a considerable commitment, and he talks about waiting lists. And I want to tell you, Mr. Chairman, the reason that there are a number of waiting lists at special care homes in Saskatchewan is because the government, the members opposite, when they were government, saw fit to place a moratorium, a moratorium on the construction of nursing homes. That’s why there is a waiting list. Now he talks about, they talk about . . . (inaudible interjection) . . . Oh, that’s a sore point. They don’t like to admit there was a moratorium but there certainly was a moratorium. A disgrace on your part, gentlemen.

But, let me indicate to you, they say something about positions – positions within the hospitals. I want to indicate this to you, Mr. Chairman, that during this government’s term of office, we’re funding hospitals for over 410 new nursing positions since we took over – 410. And I want to tell you that 410 is no coincidence. Because if you want to look back (and I challenge every member in this House to look back, whatever side they’re on) and see the deletions in nursing positions in 1976, which were approximately 400 positions taken out of the hospitals so that the government officers could buy potash mines. We’ve put them back in, and I want to tell you the rates. The new positions in 1982-83, 150; in 1983-84, 180; and in 1984-85, 80. A total of \$12 million in new nursing positions. I think that’s very interesting for the opposition to know.

You asked me a question about the people in my office. I will give you the name, the position, and the monthly salary.

June Butz, a secretary, at \$2,445 per month; Krishan Kapila, ministerial assistant, \$4,000; Jacqueline Acton, ministerial assistant 2, 2,670 per month; Sharon Andrews, ministerial assistant 3, \$2,810 per month; Rita Flaman, ministerial assistant 2, \$2,353 per month; LaVonne Rheault, secretary, \$1,559 per month; Charlene Wagner, secretary, \$1,701 per month; Marion Williams, secretary, \$1,894 per month; Leslie Ferguson, a clerk, \$1,000 per month.

If you want that, you’re welcome to it.

MR. LINGENFELTER: — Mr. Minister, I don’t know whether or not you have a new office facility or not, but to have that many people in your office is, I think, very impressive to say the least.

Do you have a Legislative Secretary as well, and what kind of staff would that individual have?

HON. MR. TAYLOR: — I have one Legislative Secretary, Larry Birkbeck, the MLA for Moosomin, and he has no staff.

MR. LINGENFELTER: — Mr. Chairman, I listened with interest to the minister talking about how nurses and nursing staff has increased in the province. I have here an ad from the *Leader-Post* of the weekend, which gives quite a different story of how nurses are being treated by this government.

And here, again, I would like to tell the minister the real story about how nurses are faring under the Conservative government.

The ad is called “The Squeeze on Nurses Hurts Us All”. And, a couple of points that they raise in this ad about the contract that the government is asking them to sign. It says that:

It does nothing to alleviate the unsafe staffing condition existing in many hospitals.

It discriminates against nurses by imposing provincial wage guidelines retroactively.

It attempts to impose a two-year agreement and forces nurses to accept one of the lowest wage offers of any employee group in the province.

It will result in continuing deterioration of the quality of patient care to the detriment of Saskatchewan people.

Mr. Minister, I wonder if you could look at the ad – you showed it to me, so you have it there – and comment on it, whether it is accurate what the nurses are saying, or whether you have proof that would indicate the nurses are not correct in their assumption of the deterioration of health in Saskatchewan.

HON. MR. TAYLOR: — On the first topic of personal staff, I would just like to indicate to the member that actually the size of the whole Department of Health has increased by approximately a third.

And I was just doing some figuring here. Looking at the staff that my predecessor and your government had, at today’s status it would have been \$15,000 a month, six people add another third, which would come to nine, as I have in my staff, and at \$20,000. So on a per capita basis, this is exactly the same thing. Now, maybe you were dissatisfied with what your minister had, I don’t know.

In regard, in regard to the whole aspect of negotiations with the nurses: as you well realize, negotiations are taking place at this time. As I said in the House to you earlier today, I have faith that the SHA and SUN would come to an agreement. I would not want to comment at all on the negotiations, because I wouldn’t want anything that I would say to affect those negotiations, in any way, shape, or form.

MR. LINGENFELTER: — Mr. Minister, I wonder, while I wouldn’t want you to comment on any detail, or infringe on the negotiating that’s taking place, I wonder if you consider the offer being made by the nurses for 2 per cent in the first year, and 3 per cent in the second . . . Could you tell me, Mr. Minister, whether you feel that is reasonable, or an unreasonable request from the nurses at this time?

HON. MR. TAYLOR: — You know, I see this interesting because I just heard the other day, or today, some comments to my colleague, the Minister of Agriculture, where they were criticizing that he had made a comment, some comment that may have affected the negotiations and the breakdown. Here I hear this minister standing up asking me to make a comment. I said no.

We believe in free collective bargaining. I believe both of those sides to be sincere, and I’m very optimistic that they will work out a settlement. So I will make no comment whatsoever about

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negotiations, because I think that would be certainly not in the best interests of an agreement.

MR. LINGENFELTER: — Well, Mr. Minister, you may not have the moral courage to comment on a settlement that is reasonable. But I can tell you that our caucus would take the stand that a 2 per cent increase in the first year and a 3 per cent increase in the second is not unreasonable. And, Mr. Minister, I believe you have an obligation to put the money into the Saskatchewan Health-Care Association so a settlement can be reached at an early stage. I'll tell you, Mr. Minister, what you are attempting to do is force confrontation in your department in exactly the same way that the Minister of Agriculture and the Minister of Labour did with the milk strike which we had to deal with in this Assembly today. And I predict that if you continue on this path, that we will be called on again in this Assembly to deal with yet another strike and this one of far greater magnitude, that when the nurses of this province cannot get a contract, and when the health care in this province is sabotaged by you and your department.

I say, Mr. Minister, that your neglect in this area to become involved and to allow for the proper funding of a nurses' contract will lead to a strike and you, Mr. Minister, will be responsible because of your lack of action. I say to you again, there is a 2 per cent increase in the first year and a 3 per cent in the second year. By not commenting and by not putting money into it, you are taking a position. You're taking a position as clearly as if you would stand in this House and say no, the nurses of the province are being unreasonable.

If you believe they were reasonable, then tomorrow at your cabinet meeting you would pass a motion, have it voted on and allow for that 2 and 3 per cent agreement to be accepted by the Saskatchewan Health-Care Association. And I say to you, Mr. Minister, that failing that, anything that fails or is less than that, that you then become responsible for the strike that will occur.

HON. MR. TAYLOR: — Well, Mr. Chairman, I haven't heard of any indication of a withdrawal of services. This member opposite sounds to me like he's encouraging and wanting to see a nurses' strike in this province. I don't want to see nurses strike. I believe that the collective bargaining can work, and I want to give it every opportunity to. But I can tell you that I remember back into the actions a few years ago, and I didn't hear the minister of health of that day, in 1976, doing an awful lot to prevent a 10-day strike that happened in this province and the nurses at that time. So I have no indication, at this point in time, that there will be a withdrawal of services.

And I think to stand here in the legislature of Saskatchewan and indicate that that's going to happen is certainly the wrong way to be going. We believe in free collective bargaining. I said many times, I believe the SHA and the SUN are dedicated, concerned people, and I'm very optimistic that they will work out a settlement.

MR. LINGENFELTER: — Well Mr. Chairman, I wouldn't question the minister on whether the Saskatchewan Health-Care Association and the nurses are honest people. That isn't what we're questioning. What we're questioning, Mr. Minister, is your ability to inject the proper amount of money into the Saskatchewan Health-Care Association so that a settlement can be brought about. We're not talking about other people and blaming other people for a settlement not taking place. It's fairly obvious why a settlement can't be reached, and it's simply because your government will fail to give the nurses the same kind of increase that you have already allowed for the doctors. You are failing to give the nurses the increase that you gave yourself.

This Assembly, last December I believe it was, passed a bill which allowed for your salary, Mr. Minister, to increase by 5 per cent – and mine. And I would agree with that bill, and I did. But, Mr. Minister, how can you in all honesty stand here today and say that one of the most influential professional groups of people – the nurses of this province – should get a pay increase less than half of what you gave yourself?

And let me say another thing: a 5 per cent increase on your \$60,000 or \$70,000 a year would amount to, I suppose, in the area of \$3,000 or \$4,000. A 5 per cent increase on a nurse's salary of

\$24,000 or \$25,000 would be about a third of that. But you're not even giving them a third. You're saying, "No, a third of that is not enough. Take one-sixth, and go to work and keep up the good work you're doing."

But when you're talking about incentives in the oil industry, and talking about incentives for big business, Mr. Minister, you are not giving the same incentives to the nurses of this province. And I think that's unfortunate. And I would encourage you to, at the earliest opportunity, to give the kind of reasonable increases to the nurses which they are deserving of.

HON. MR. TAYLOR: — Well, Mr. Chairman, I could just indicate, as I have before, that certainly the SHA and the nurses are in negotiations. Those negotiation is will be continuing on, and I'm optimistic that they will come to a settlement. And I think any statement by me at this point in time regarding those could jeopardize those negotiations. So I think that would be my answer.

MR. LINGENFELTER: — I'll ask you . . . I don't intend to leave this nursing issue quickly, because it's a very pertinent question, and it goes further than just the contract that we're talking about.

Can you, Mr. Minister, in light of the fact that you're not allowing the 2 and 3 per cent increase in the coming year, can you explain to me why in two other areas where nurses have become the main contact with people who need health care – the dental program and the home care program – why in those two areas have you chosen to cut back if it's not because you're attempting to lower the profile and the type of status that nurses have in this province?

I will tell you, Mr. Minister, that in your absence last Thursday, the Premier of the province, I believe, explained why the nurses are being treated in this way. He said – and you can look in *Hansard* of Thursday of last week – that the nurses of this province were earning too much by comparison to doctors.

There was, and he said, Mr. Minister, that the difference between the salary nurses were getting and the salaries doctors were getting, that there wasn't a big enough spread and that's why the nurses needed 2 per cent, and the doctors 5.

And I believe that you and your government are trying to down play the role of nurses – not only in the contract that you are now reneging on, in giving the nurses the proper amount of money and funding that they need, but also in the role they play in the dental plan and the home care plan – to re-establish the doctors in the medical profession, as the only people who can deal with the people who need health care in this province.

And I say that's unfortunate, because I believe very clearly that nurses can play, and should play, an even bigger role in the delivery of health care and health services in this province, and I find it unfortunate and disappointing that you, Mr. Minister, have taken a different road, and have put us back 10 or 15 years in where nurses are in the province of Saskatchewan, in terms of delivering health care programs.

HON. MR. TAYLOR: — Mr. Chairman, I take exception of the gentleman opposite misquoting the Premier of this province. He tried it this afternoon, and he's trying it again – trying to indicate that the Premier said something that he never said at all. And we have *Hansard* of April the 5th right here, and the Premier's comments are in there. And, what that gentleman is saying is not anywhere related to what the Premier said on Thursday, April the 5th in this House. So, I would like him to retract those statements, because the Premier said nothing of the type that he is trying to indicate, second time today, that he did say.

As regards the dental technician, certainly there is a reduction because we have turned some of the dental care over to the private sector, as the member well knows. And secondly, regarding home care, there is an increase, Mr. Chairman, of 7.8 per cent over 1983-84, so I can't see where he sees such a reduction in home care nurses.

MR. LINGENFELTER: — Well, the point in the dental program is exactly as you stated. You are taking away the role of the dental nurses in the school and turning it back to the dentists. Every study that has been done on the dental program in Saskatchewan would indicate that the health of the children's teeth in this province as a result of that dental program are second to none in North America, and what you are doing, Mr. Minister, by taking away the role of the dental nurses in the school and turning them back to the dentists is, in fact, two things: one, encouraging the children of this province to have poorer teeth, and secondly, on the issue that I was talking about, down playing the role of dental nurses in the province. And here, Mr. Minister, I find it disappointing that you would encourage that kind of a return to an earlier time in the province of Saskatchewan.

HON. MR. TAYLOR: — You know, Mr. Chairman, there's a couple things need clarifying. First, there are no dental nurses. There's dental therapists and dental assistants, and certainly I'm telling you what is correct. If you'd learn what . . . (inaudible interjection) . . . My friend on the other side, because he gets caught up in not knowing what he's talking about, it hurts a bit. I understand. A little touchy there.

But, Mr. Chairman, let me indicate to you — yes, we have turned some of the dental plan over to private practice dentists, so that many of those private practice dentists, Mr. Chairman, can maintain viable practices in rural towns in Saskatchewan.

And I feel from his comments that he feels that the dentists cannot do adequate work. He said the dental plan is going to be destroyed because dentists are doing the work and not dental assistants. I'd be very interested in the reaction of the dentist to the gentleman's comments. Certainly, we believe in a strong dental program. We'll maintain a strong dental program, and I want to say at that 14 years of age, where some of them are turned over to the private practice and actually the whole idea of good dental habits, good dental care and so on are well established before that, that time. I want to say, that there are more children in the dental plan now than there were in 1982. So if that's an erosion in the plan, I fail to see it.

MR. LINGENFELTER: — Well, Mr. Chairman, I think that the point that the minister is attempting to make is probably missing most people because it very, very simply isn't very accurate that turning the clock backward to an era when the dental nurses and therapists didn't go into the school and trying to make it sound like it will be better when that disappears, simply is not accurate.

I would like to ask the minister on another item which we commented on earlier. Can you tell me, Mr. Minister, the amount of money which was transferred from the Department of Social Services in the area of home care and nursing homes? What would that amount reflect in this year's budget that came from Social Services to Health in those two areas?

HON. MR. TAYLOR: — Mr. Chairman, my answer to the member would be none, in the current budget, but I think you're really asking about the last budget . . . (inaudible interjection) . . . No, you asked me for the current budget. None is the answer.

MR. LINGENFELTER: — Well, Mr. Minister, what I would like to know is in the area that was in Social Services last year, what would that amount be in terms of this year's budget?

HON. MR. TAYLOR: — That's a different question. You asked me what was transferred over . . . (inaudible interjection) . . . You asked me what was transferred over. The answer is none. Now what is your question this time? Have you got the right question? Repeat it please.

MR. LINGENFELTER: — In your trying to establish that you are getting so much money for the Department of Health, I'm trying to establish the jiggery-pokery that you're using in transferring money from one department to the other. And what I would like to know is from

the Department of Social Services in this year's budget, the money that will be in the area of home care and nursing home grants in this year's budget.

HON. MR. TAYLOR: — Now I want to give you the exact information and I wonder do you want to know northern health also, because that would be part of it too? Would you like to know that? And ambulance? Okay, fine. In the area of grants for home care, \$17,400,000. In the grants for special care, \$148,570,000; and in the grants for special home care or special care facilities, \$5 million; for ambulances, \$350,580; and for Lakeside Home in Wolseley, \$1,545,770; for Northern Health Services, \$4,352,610. Also, some ambulance services grants, and we'll get those for you . . . (inaudible) . . .

MR. LINGENFELTER: — Well I think that we see here, Mr. Minister, if you hadn't transferred that \$250 million in the Department of Health, the Health budget, by the old standard when you took office, would be about 750 million. And I think in all honesty, Mr. Minister, you owe the people of the province an apology for attempting to, for attempting to misrepresent the amount of money — new money — that you have been able to get out of the department. And I would ask you, Mr. Minister, if that isn't accurate.

HON. MR. TAYLOR: — I also would want to add, so that you have the exact figures for the grants to the ambulance boards, and that's subvote 33, another 4.9 or \$5 million onto that total picture.

But actually, no, you're not correct in your figures. Your last year — and I'd like you to remember these — in your last year in government the total budget was \$576 million. Deducting these other things that we've been talking about, this year would have been 853,875,140. So \$300 million more.

MR. LINGENFELTER: — But I think, Mr. Minister, that when you're relating to the public how much you have got in new money in your department, I think that the terms you're using, of over \$1 billion is false advertising, to say the least. And if you were in the private sector, I think that there could be a little case made against the kind of advertising that you are trying to do, Mr. Minister, because it very simply is not true — that you have been able to garner \$1 billion in money for the Department of Health. What you have done is taken from other areas to make yourself look good, and to try to win the next election on this kind of new money going into Health, which is simply not accurate, but is coming from another department. Mr. Minister, I suppose next year if you need some money, you'll have vet med out of the Department of Agriculture or something, trying to bolster your budget so you can say how much more money, how much more money you have received.

I would like to ask you, Mr. Minister, if you can tell me, or if you would know and have the facts of how many rural hospitals at the present time are in a deficit position.

HON. MR. TAYLOR: — While we're looking up that answer, I would like to indicate to you that no matter which way you want to slice it, you know, if you want to say well, you always have to go back and compare to when we left power, and that's how much it would be. I've shown it even on those bases, it's a substantial increase, a very substantial increase. But no matter which way you slice it, the important thing, Mr. Chairman, is that this government is spending in excess of \$1,000 for every man, woman, and child in Saskatchewan for health care. No matter which way you look at it, over \$1 billion in the budget, in excess of \$1,000 for every man, woman, and child in the province of Saskatchewan.

In regard to the deficits of the hospitals, my officials indicate to me that the '82-83 final settlement data is available, and I'd be glad to provide it to you. I don't have it at my fingertips, but we'll get it to you. The '83-84, at this point in time, is not. It will take about another two or three months, he indicates to me, until that all comes in. If you want it when it comes in, I'd certainly supply it to you. But the '82-83, we can get for you as quickly as the officials can put it together.

MR. LINGENFELTER: — Yes, okay, if you will send me that. I have a question now on the recruiting of rural doctors, and you will be well aware, Mr. Minister — I have brought to your attention in Shaunavon, for example — where rural hospitals are in dire straits, in many cases, in attempting to get doctors into the province. You will know that while the overall doctor supply, I suppose you might say, in the province shows that there are plenty in the urban centres of Saskatoon and Regina, I think that you would agree that in many rural centres there is a great deal of difficulty in recruiting doctors. I wonder if you would outline the process by which a rural hospital, which is having trouble, can get help from your department, and what you are doing to encourage doctors to either move to the rural areas from the city, or, if that fails, how you would give an incentive for doctors from out of the province, to come to and stay in the rural centres.

HON. MR. TAYLOR: — I would like to indicate to the member that your observations I concur with, and that in the field of general practitioners we do, in some cases, have a surplus in the urban areas, and, as you are well aware, in some rural areas there is some difficulty in recruiting and retaining. You asked: how would a small hospital best go about trying to recruit a doctor? I think the groups that could certainly be of some assistance would be the SHA and the College of Physicians and Surgeons, and the College of Medicine are some of the groups that could be of assistance in this regard. You wanted to know what my department was doing in this whole aspect of trying to attract, and have better qualified, and positions filled in rural Saskatchewan. I would make note of a news release that went out on April 9, and it says here:

“The provincial government is making additional funds available to the College of Medicine for specialty training for general practitioners from rural Saskatchewan,” Health Minister Taylor announced today. “The funds will be used to allow general practitioners to take short-term training of up to six months, in anesthesia, obstetrics, gynaecology, and pediatrics, to help them better serve the people in smaller communities.

So we have put some funds into some-short term training, so that a doctor in rural Saskatchewan can upgrade their skills and so on, and bring those skills to the people in the rural areas.

MR. LINGENFELTER: — Well I’m sure that that may serve a useful purpose in some cases, but I don’t think it deals with a the problem that we’re having, for example, in Shaunavon, where a doctor from Manitoba had been recruited and come to work for four months, but because of regulations in your department they could only work for four months and then had to move out of the province. It would seem strange to me that you would have a regulation that would allow a doctor to practise for four months, that they were qualified enough to practise and carry on a medical profession, but after they’re here four months they suddenly become unqualified and have to move back. And I think the people in rural Saskatchewan have difficulty in understanding how a doctor who can come to their community and practise, and be qualified, suddenly becomes unqualified after they have been there four months.

The other interesting fact of the four-month locum, as it’s called, is that if they were to move from Shaunavon to Regina, they could then practise for four months in Regina. And then they could move to Wolseley if there were a facility there, and practise for four months there. And it seems to me that it’s an attempt to, rather than facilitate smaller centres in getting doctors, to attempt to, I suppose you could say, discourage doctors from coming to small communities. And it seems to go against what we’re trying to do in rural Saskatchewan, and that is to maintain a high quality health care system.

HON. MR. TAYLOR: — I think you will remember . . . I can remember the debate on that act, in 1979 when it was brought in, The Medical Profession Act. And certainly that is what is — sets out these conditions of practice. I know the case that you are alluding to, and of course the college of Physicians and Surgeons is charged with carrying out the requirements of The Medical Profession Act, which is the same, I think, in every province in Canada. But the type of

restrictions that you're indicating are – were brought in under that act in 1979, and I can remember some of the debate that took place at that time.

MR. LINGENFELTER: — Well I agree that the bill was brought in in 1979. It was a massive document, and I can remember very well in caucus dealing with clause after clause in that Medical Profession Act. But I think, like any act that is brought into the Assembly and passed, that as years pass – and it's now five years since that act was implemented, that amendments have to be made to them. And I wonder, Mr. Minister, if at this time you have any plans to bring in amendments to The Saskatchewan Medical Profession Act to allow for that red tape to be cut. Because as you will know, when legislation is brought forward, many times it doesn't work as is expected, and that amendments are in order. And I'm just wondering, on behalf of my constituents in Shaunavon and the board, who are having a great deal of difficulty . . . They would be interested in knowing whether or not you intend in this session to bring in amendments which would allow for a doctor, who is qualified to practise in the province, not to have to move after their four-month locum expires.

HON. MR. TAYLOR: — In regard to this, I have had meetings with the Saskatchewan Medical Association, the College of Physicians and Surgeons, and the College of Medicine, and I have indicated to them my concern about the physician supply for rural Saskatchewan and have asked them to form a committee and come to me with recommendations.

As far as revising regulations, and revising regulations, I think our record has stood well. I think there is about 800 or 900 regulations that have come under revisions since we took office and I'm not saying that the Medical Profession Act would not be revised.

But I am saying that I think it would only be right for me to wait for some input from those three groups, and I have asked for a committee to be put together.

AN HON. MEMBER: — Which groups?

HON. MR. TAYLOR: — The SMA (Saskatchewan Medical Association), the college, and the College of Medicine, to address just what we're talking about, the whole issue of supply and also training, training of people at the College of Medicine to better service the rural needs of Saskatchewan. So I would be awaiting their recommendations; but I'm saying at this point in time, certainly I agree with you, acts come in, acts may need to be changed, and this may be one.

MR. LINGENFELTER: — Well I think, Mr. Minister, as well, I would encourage you to take in to your review when you're looking at it, the words of the more locally based hospital boards. I know they are represented, but I think if you were to open yourself to briefs from some of the hospital boards who are directly affected, that it may be well worth your while. Because I think over the next few years, if we don't change our policy in terms of recruiting doctors, that many hospitals in rural Saskatchewan will be forced to close.

And I wouldn't want to suggest for a moment that this would be a plan of the government to make it so difficult to get doctors in, that then it becomes the responsibility of the board to close a hospital. But I think, Mr. Minister, if this problem goes on much longer, then people may begin to suspect that the government of the day is using this tool to go through the process of having boards close their hospitals because they can't get doctors.

And I would hope that you, when you're reviewing this, and that you would do it very quickly, because I don't think that you have to study it a very long time to realize that there is a significant problem, and that there is a solution to it. Not saying that you shouldn't go through the consultative process; but I think many people will begin to wonder whether it isn't a plot of the government to close rural hospitals, using the lack of doctors as a means to do it.

And I know that rumour is prevalent in rural Saskatchewan, as in my constituency we have

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Kincaid, Climax, and Shaunavon, three of five hospitals who are having a great deal of difficulty recruiting doctors. And if you translate that into all the rural constituencies, you will add up into close to a hundred hospitals, likely, that are having difficulty in getting their doctors recruited.

HON. MR. TAYLOR: — Well, Mr. Chairman, I guess I'm disappointed that the member opposite would try and draw a long bow to say that there was a plot to try and close rural hospitals. Certainly that's not the case, and he knows that's not the case. Because I want to indicate to you that tonight is the first time in several years, while Health estimates have been on, that there hasn't been a rural hospital closed because of medical manpower.

Secondly, you know very well that I announced the whole concept of integrated facilities. Integrated facilities where towns such as you indicated, small towns who tell me: look it, Mr. Minister, want to keep our hospitals. But the hospital may not be that viable a unit at this point in time. But we have no intention of closing those hospitals. We want to bring in an integrated unit where they can deal with two things they tell me they want to have services for. Number one, services for their people in their area should they be ill, should they be having babies, whatever it may be. And at the same time, services for their elderly people.

We've come up with the idea of an integrated facility, Mr. Chairman, where those two things can be encompassed to make that small rural hospital a very viable unit, a unit that will serve the needs of that community, and a unit that will be capable of attracting and maintaining and establishing a good practice for a doctor. That's what we're doing, Mr. Chairman. We have no intention of closing small hospitals, and there is no plot, and the member opposite knows there is no plot to try and make it difficult by this government for our hospital boards to get doctors.

Why would I set up the committee? Why would I set up a committee to look at the whole aspect of training and recruiting doctors? And I want to say, furthermore, I'm informed that right now there are meetings going between the College of Physicians and Surgeons, and the federal Department of Immigration to examine matters related to the entry of foreign doctors into Saskatchewan.

So there is no attempt to limit small hospitals from getting doctors. As they said earlier, there is a distribution. The supply problem isn't so great. There is a distribution problem in this province, and through that committee we will be getting recommendations on how best to address it.

MR. LINGENFELTER: — Mr. Chairman, I was not accusing the minister of having some devious plot to close rural hospitals. What I'm saying is that there are some administrators who are hinting that that may be the intention of the government. And some board members on the Shaunavon Hospital Board, as well, have indicated to me that due to certain things that are happening, the amount of funding on the average daily census, as well as the fact that they are having a great deal of difficulty in getting a doctor in, because of the red tape in your department. They are the people who are saying that it's possible that this government intends, over the next year or two, to close rural hospitals.

But what I would like to follow up a little bit is a comment you made about joint facilities, or some sort of a combination. Are you referring to a nursing home, hospital combination, or what? Can you give a little explanation there, sir, of what you're talking about.

HON. MR. TAYLOR: — I want you to feel free to go home this weekend and tell Shaunavon that I'm not going to be closing their hospital. I think that will help you out a great deal, and I think you need help.

Secondly, I want to indicate to you on the integrated facilities, too, that I have a letter ready to go to ask for a proposal . . . happen to be a couple of towns called Mankota, and Kincaid, which I think you're rather familiar with, too. You wanted to know what the integrated facility is. It's where we're going to be looking at that hospital plant, seeing if there is some areas of that plant

that are underutilized. For example, as I travel around, I've been to a large number of hospitals in Saskatchewan I see that many of the pediatric units are not fully utilized, and rightly they shouldn't be, because the pediatric units, Mr. Chairman, are for the children. And the places for the children are with their families and in the schools, and not in the hospitals. So I think that is an indicator of good health care.

But if we do have those kind of areas in hospitals, and those same communities are indicating to me that they need care for their senior citizens, then maybe we should be looking at re-utilizing some of that hospital space – perhaps building on if the structure is such that we can add on – where we can minimize the maintenance staff, use the same maintenance, same dietary, same administration, and same board. And that could bring an integrated facility which would use nursing power which may, in some cases, be under utilized at certain times, over onto the facilities of looking after the elderly.

It's going to take a little education, but the read I get from the people working out there in the hospitals in Saskatchewan are that we're willing to go ahead with this type of thing and we will make it work.

So that's basically what we're looking at in the integrated facilities in the hospitals. I think there's 17 communities where we have indicated that perhaps an integrated facility may be a feasible option to look at.

MR. LINGENFELTER: — I guess the only thing, Mr. Chairman, and Mr. Minister, that I would question is whether, in fact, this is a new program.

While I was minister of social services, you'll know that the hospital and nursing home in Norquay and Invermay were combined, and the boards are a common board, and all of the things that you're talking about were in place in those facilities.

You will also know that there in the past have been level 4 patients in hospitals. And I think here what we're seeing is a repackaging, Mr. Minister, and an expansion of a program that has been in place for a number of years. And I think it's unfortunate again that you would try to play politics with an idea that has been around for some time, where hospital boards and nursing home boards like those in Invermay and Norquay got together, I believe, in 1980, and formed a joint facility. And now you're attempting to say that this is Graham Taylor's idea, and trying to take credit for it.

Very simply, that isn't true, that this was your idea. And they were in place, and operated very well. I would encourage you to continue that program that was started back in '79 or '80, but I would question whether or not you should continue to issue press releases about programs that were started by a previous government in attempting to take credit for them.

HON. MR. TAYLOR: — You know, I listened with interest. I don't think you'll ever hear anywhere where I say it's Graham Taylor's program. Where this program came about was visiting communities, local communities, who said two things, and I'll repeat them: we want our small hospital to remain, we want it viable, and we want our citizens looked after.

Now I understand, and I know there were a couple of areas in Invermay and Norquay, where there were attachments on, built onto the hospitals. What we're looking at is a fully integrated program – an integrated program where there may be some retraining of staff, there may be more closer co-operation with administration and boards. So who takes the credit for it?

I don't think that's the big issue. I think the big issue is servicing the needs and listening to the people of Saskatchewan. And they've come through loud and clear asking for that. One budget for the whole unit, all under health care.

That's why – that is why we brought continuing care from Social Services into Health one year ago, so that communities could deal with one entity and discuss hospital care, care of the elderly, and all these sort of things that out of that has come into greater facilities, and I look forward to the establishment of these, and I think there'll be a real boon to many communities in Saskatchewan.

MR. THOMPSON: — Thank you very much, Mr. Chairman. I have a number of questions that I want to ask you tonight, Mr. Minister. I listened to you talking about health care in the province, and that you are listening to people, and that you want to have Saskatchewan as the number one province in health care. Well I just want to indicate to you, Mr. Minister, that there is a lot of concerns in northern Saskatchewan that we in this province are not number one in health care. I will get to some of the documents that I have here, and that you and your department will have in your possession.

But first of all, I want to start off with the doctor situation that we have in northern Saskatchewan, in particular, in the Uranium City area and in the La Loche area. My first question, Mr. Minister, is regarding the doctor situation in Uranium City to serve Camsell Portage, Fond-du-Lac, Stony Rapids, Black Lake area. I wonder if, at this time, you could indicate what the status is of the doctor that's in Uranium City now, and just how long will he be there? And what are your plans for, to serve that area as far as the doctor is concerned?

HON. MR. TAYLOR: — At this present time there are two doctors. I'm informed that one is staying till the first of June and one, at least, till the end of July, so that there are two doctors serving that area that you described at this present time.

MR. THOMPSON: — You indicate that you have two doctors up there now and one will be leaving at the end of June; one will be leaving at the end of July. What are your plans after that period of time? Are you going to continue to operate that hospital in Uranium City, or are you looking, are you continuing to operate, are you planning on operating that facility in Uranium City, or are you looking at other alternatives? I . . . Moving the centre to Stony Rapids?

HON. MR. TAYLOR: — Our plans are to, at the present time, to continue operating the hospital at Uranium City. And I want to indicate I had a conversation with Doctor Mike Spooner who is looking into the whole aspect of supplying medical manpower for what we call the northwest side of the province which you're very familiar with. And I talked to Doctor Spooner on Friday, and Doctor Spooner's up there right now trying to work out something with the College of Medicine here . . . Doctor Spooner's over at the Plains Hospital here in Regina, would be able to supply manpower on a contract basis with us for that area. I'm confident that perhaps Doctor Spooner can work something out.

MR. THOMPSON: — With the two doctors that you have in Uranium City now, are they carrying out the practices that would be carried out in a southern hospital? Are they handling all the emergency cases that are up there, deliveries and appendicitis attacks? Are they doing the operations now in Uranium City Hospital?

HON. MR. TAYLOR: — I would think in answer to that, to the member, that I think those doctors are using their medical judgement. They're handling what they feel they can handle there best, and what they cannot handle there again is taken up by air ambulance to basically, I think, the University Hospital in Saskatoon.

MR. THOMPSON: — Are they in a position to handle deliveries or appendicitis operations?

HON. MR. TAYLOR: — In regard to appendicitis, that really requires three physicians, so they wouldn't be able to do those. Those would have to be taken out. In regard to deliveries, I think again it comes back to their medical judgment. If they feel they can handle that delivery properly there, they would; if they felt there were some complicating factors, then they would

make that medical judgement of moving the person out, and again I think it's mainly to University Hospital.

MR. THOMPSON: — Could you give me the number of births that have been delivered in Uranium City hospital in the last six weeks?

HON. MR. TAYLOR: — I couldn't right now, but I'd be glad to supply it for you. We'll extract that information. My people from the northern health services are here, so we will get that information for you.

MR. THOMPSON: — It is taking place though, is it not? Is it taking place, or is it not taking place? What I would like to know is: are there deliveries in Uranium City hospital, or are all the deliveries being flown out to Saskatoon?

HON. MR. TAYLOR: — I don't know that information, but as quickly as I can get it, I'll supply it to you.

MR. THOMPSON: — Okay. As I indicated last year when we were going through your estimates, I felt that there was going to be some serious situations that were going to take place in northern Saskatchewan because of the fact that we didn't have resident doctors up there to handle these cases, and they had to be flown six, seven hundred miles south for medical care. I just want to indicate that that is still a serious problem, and I would ask that the Department of Health take a serious look at establishing . . . either making sure that that Uranium City hospital is going to be fully manned year round or in another area up in that Athabasca basin.

A little closer to the south, just to show you how serious the problem is in an isolated community, about three months ago in the community of Patuanak there was an individual in that community who got sick in the evening, and they could not take that person out because he was too sick to move in an ambulance — he couldn't be driven out. There was an airport with no lights on, so the aircraft couldn't land there. As soon as daylight came, they came in with an aircraft and flew that individual to Saskatoon for an emergency operation.

That's fairly close to Saskatoon, about three, four hundred miles, but when you get up into Stony Rapids and Fond-du-Lac and Black Lake and Uranium City, then you're looking at six, seven hundred miles, and it's a very serious situation, especially for the individuals who have to live up there, and that's the type of services they have. So I would just ask you, Mr. Minister, to do whatever you can to solve this problem and make the folks up there who are relying on these services feel more at ease.

HON. MR. TAYLOR: — I'd like to address the sincere concerns of the member from Athabasca. I share with you those concerns, and I think you've painted a pretty true picture. I've been in Fond-du-Lac and Black Lake and through those areas, and I realize that to come out by plane from there to Saskatoon is a long trip. That's the reason I have Dr. Spooner up there today. I would be just as happy as you would be, sir, if we can work out a pattern of having a constant supply of medical manpower in the area. I can assure you, and assure the people of that area, that we are doing everything within our power to do it, and I just hope that it can come to fruition because it will certainly improve health services to them. And all I can say is we're doing the best we can.

MR. THOMPSON: — Thank you, Mr. Minister. I now want to turn to the situation we have in La Loche where we have not had a resident doctor since last July. And I want to indicate that it's now being served, I believe three, four times a week by doctors from Meadow Lake, and these doctors have to fly from Meadow Lake to La Loche to service that hospital and then back out. It's a brand new 12-bed hospital and it's a shame that we can't have a resident doctor in there, not one doctor, but two doctors as your staff would indicate that it's far better to have two doctors, and I agree with that.

Could you indicate to the House tonight just what the status is regarding the doctors from Ile-a-la-Crosse or from Meadow Lake. Will they continue to man that hospital? And for how long? And what are your plans for getting a resident doctor, a permanent, resident doctor or doctors into the community of La Loche?

HON. MR. TAYLOR: — That's correct. Meadow Lake doctors are serving in there four days a week, and we've indicated to the Meadow Lake people that our ultimate goal is to have a permanent resident doctor in La Loche. And as I say, Dr. Spooner is looking at that whole west side — as I like to call it — delivery of medical services. I want to say, though, that we're very pleased with the Meadow Lake doctors serving at this point in time, that the ultimate goal would be to have a resident physician as was the case up to what — a year ago or whenever Dr. Hoffman was it, left?

MR. THOMPSON: — Well, I'm most certainly am happy with the fact that the doctors from Meadow Lake are coming up there and so are the citizens from the La Loche and in that area. But it most certainly is not the most convenient way to staff a hospital, and I want to add that it's not the safest way to handle a hospital because there's a lot of flying involved, and I know that these doctors are flying from Meadow Lake to La Loche and back with single-engine aircrafts, and mainly because of budget restraints. And I think that your department should make sure that when doctors and patients are being moved back and forth from la Loche because they're flying around 200, 200-and-some air miles over bush and lakes.

And I think that's it's just not fair to the doctors and the patients who are being flown back and forth from Meadow Lake to La Loche in a single-engine airplane. The risk is just too great when you're flying in that type of country, and at 40, 45 degrees below zero in the winter, and in the summer time with the heat and the turbulence that the small aircrafts can encounter. And the main reason I think that they're using these smaller aircrafts is because of budget restraints, and I would just ask your department to take a look at that and most certainly make an effort to staff that hospital with permanent doctors.

HON. MR. TAYLOR: — We haven't changed anything, but we would take a look at that, but I think your last statement is the ultimate goal what we're striving towards, and that is staffing the hospital with a permanent doctor. And I hope that that can come about as quickly as possible.

MR. THOMPSON: — Well yes, I agree with that, and I would also ask you to take a serious look at more funding for transportation costs between Meadow Lake and La Loche.

Would you have, Mr. Minister, the amount of money that was spent on medivacs in the Uranium City area and the La Loche area in the last year?

HON. MR. TAYLOR: — I am sorry, we don't have that information at this time. We're pulling it together, because there's two or three factors in there. Some is the Department of Health's money, some is the Department of Social Services', and some is federal money. But as soon as we have it, we will give that to you. But that may take a bit of time, because it isn't all in at this point in time yet, but you have my commitment that as soon as we know that figure, I'll supply it to you.

MR. THOMPSON: — Okay. And when I'm asking for the dollars on medivacs, I'm asking strictly for air fares. Not taxis or private transportation.

HON. MR. TAYLOR: — We will give you that.

MR. THOMPSON: — I now want to turn to the problem that we're having up there with dentists. As you are aware, we have dental equipment throughout northern Saskatchewan, and in most of the health centres, and on the reserves. But there still is a lack of dentists in northern Saskatchewan. I wonder if you could give us an update as to how many dentists, permanent

dentists we have in northern Saskatchewan, and what are your plans for recruiting new dentists to live in the North?

HON. MR. TAYLOR: — There's one private practice doctor from Prince Albert — dentist, excuse me, from Prince Albert — that goes into La Ronge. That's the only private practice dentist that works in the North.

We have been in discussions with the dentists in Meadow Lake to see if they would supply some services in those areas. I know from personal experience that Dr. Miller in Grenfell, in the neighbouring town to which I live, goes into the North to do work, but that is, I think, on treaty Indian people under the federal government. That's the areas I know about in dental work in the North. So, one private practice person coming into La Ronge, and looking at perhaps some extension from Meadow Lake, and then, of course, whatever the federal government does up there, also.

MR. THOMPSON: — That is one of the problems that we have in northern Saskatchewan. It's one of the problems we have with the bureaucratic system in the South. They seem to think that everything should go to La Ronge, and that is where everything is centred in northern Saskatchewan. And that is just not true. The biggest population in northern Saskatchewan is on the west side, in that far northern area, and down the centre through Pinehouse and in that area. And that's where we don't have any services.

To send the dentist from Prince Albert to La Ronge most certainly is not solving the problem that we have in northern Saskatchewan. It's making it sort of lopsided, because when you have to drive from la Loche or from Buffalo Narrows or Pinehouse to Prince Albert . . . And Pinehouse is a good example. A little while ago I was in the dentist's in Prince Albert, and I met four young fellows who had driven in from Pinehouse to get dental work done in Prince Albert. When we have a beautiful health centre, in Pinehouse, all the equipment is there, but there's no dental therapist or dental nurse. No dentists to handle it, so they have to drive out.

And that is what's adding to the high cost of living in northern Saskatchewan. It's bad enough to live up in northern Saskatchewan, and in that far north and pay a dollar a pound for potatoes in Uranium City, but then they have to drive 200, 300 miles just to get dental service done, down to Meadow Lake, or Prince Albert. And it's a serious situation, especially when we have all that money invested in the chairs and all the equipment to work with and . . . I just don't know. How many dental therapists do we have working northern Saskatchewan for the Department of Health?

HON. MR. TAYLOR: — I didn't get your last statement. Regarding the private practice dentists coming from Prince Albert to La Ronge, and I understand very well that La Ronge is not the whole northern Saskatchewan. I've travelled in there quite a bit since becoming minister to become more familiar with the geographic patterns there, and the settlement patterns. And you're entirely right, however, that private practice dentist . . . We don't direct them over there at all. That's of his own volition to go there. Now, I missed your last statement, and if you want to repeat it, if it was a question, I would reply to it.

MR. THOMPSON: — Could you indicate how many dental therapists that you have in your employment in the Department of Health in the northern . . . Would we use the old northern administration district?

HON. MR. TAYLOR: — Under the dental plan we have in the north two dentists, but one position is vacant at this time. We are actively recruiting at the present time. We have eight dental therapists and 10 dental assistants. So, a total of 20 people. One vacant right now.

MR. THOMPSON: — You have one full-time dentist in northern Saskatchewan at this time.

HON. MR. TAYLOR: — Yes, at the children's dental plan we have two, but at the present time one is vacant. But we are actively recruiting at this time.

MR. THOMPSON: — What you're saying is that the full-time dentist you have only provides services to the schools then, for the children. Is this right?

HON. MR. TAYLOR: — That's for the children's dental plan.

MR. THOMPSON: — Okay, Mr. Minister, to get off the dental portion of my questioning, I would ask that you instruct your department to make an effort to get some permanent dentists up into the north. I don't know how the program is working right now in the schools, but I would most certainly encourage you to fulfil that obligation to the citizens up there, and make sure that we have a full dental services in the schools.

I would most certainly appreciate it if we could get full-time dentists up there to handle the adults also, because as I indicated before, it's a real handicap to have to go south. And when you're in La Ronge, it's not bad, you have a good paved road into Prince Albert, but when you live in Pinehouse, and Patuanak, and them places, it's a little different. The roads are different, and it's pretty tough. It's tough from any place up there.

I want to, now, turn to a petition that was sent around in the community of buffalo Narrows, and your department would have copy of it. And I'm just wondering, Mr. Minister, if you could comment on this petition and indicate if you have acted upon any of the concerns that were in the questionnaire.

HON. MR. TAYLOR: — I haven't seen that petition. It hasn't reached my desk yet, at all, and my officials indicate that they didn't receive the old petition. They don't know what questions were asked, things of this nature. If you have it there and would like to give it to me, we would certainly look at it and get back to you on it. But I can't comment, having not seen it at this point in time.

MR. THOMPSON: — Yes, I'll pass that over to you, and I wouldn't want you to comment here tonight, but you can give me the answer any time you are through looking at that.

In closing off my questioning of your department, I want to touch on a few things here, and it's regarding the northern health care examined, and it's a examination by your department, associate deputy minister, Mr. Loewen. Dr. Michael Spooner, as you indicated, is in Uranium City now, and Ken Smallwood, your northern director from La Ronge. They were carrying out a study of northern services in Northern Saskatchewan and, as indicated in this report, there is some major concerns up there, and when we're talking about doctors you indicated, it's indicated in this article of the *Star-Phoenix* on February 6th, 1984, and this study was to be completed and on your desk in two months, which would have been two, three, days ago.

It's indicated in here that in the last four years the hospital in Ile-a-la-Crosse has gone through 55 doctors. I wonder if you could confirm that figure as being accurate. It seems like a lot of doctors that have gone through that one hospital as indicated in here – 55 doctors in four years.

HON. MR. TAYLOR: — It's brought to my attention that, as the press sometimes do, that's inaccurate reporting. There was to be no report coming to my desk within a certain period of time. That again is the whole manpower package that Dr. Spooner's trying to put together.

In regard to the 55 doctors at Ile-a-la-Crosse, we can't substantiate that figure, but we will research that and see if that is correct. I've indicated that the press reporting – as we both know as being elected officials – sometimes the press get things a little bit wrong.

MR. THOMPSON: — Now I'm not too sure. When I read this press release, and I see that

the hospital in Ile-a-la-Crosse has been through 55 doctors in the last four years, then I start to wonder, you know, if you're ever going to solve that problem up there.

I just hope that this is a misprint, but in closing, Mr. Minister, I would urge you to take the concerns that I have presented here tonight and have your department act on them as efficiently as possible, and as soon as possible, and with that, I thank you very much.

HON. MR. TAYLOR: — Mr. Chairman, I want to just thank the member from Athabasca, because I know the concerns he raises are very sincere concerns. He's concerned about the services for the people that he represents, and I want to say you presented your case in the polite fashion, the mannerly fashion that you did last year, and I give you my commitment that we will do all we can to address those situations you have brought to me tonight.

MR. YEW: — Thank you very much, Deputy Chairman. Mr. Minister, just recently here a fairly large delegation came into Regina to visit a good number of the cabinet ministers related to a fairly broad range of issues.

One of the issues raised was with respect to health and medical services in northern Saskatchewan. And they spoke with respect to concerns related to the upgrading and modernizing of hospital and medical clinics in northern Saskatchewan. They also spoke about concerns related to ambulance services, and as well, the very essential item related to northern Saskatchewan, and that is training of native people in the medical and health services sector.

I assume that you received a good number of these concerns. And I want to ask the Minister of health what his reaction was, and what his government is prepared to do with respect to those three items that were raised during those discussions with yourself and the northern local government members that were visiting the various cabinet ministers, one of which was related to medical and health services.

HON. MR. TAYLOR: — To the hon. member, I want to indicate that, unfortunately, the day that the delegation was in I was unable to meet with them. I had another commitment, but my Associate Deputy, Mr. Loewen, met with the group and did discuss some of the things that you have indicated.

In regard to the training of native people in working in the health-care field, I have seen the work of the native health officers, community health workers as we call them in the North. I think they do an admirable job. And the discussion that took place between Mr. Loewen and the group was that perhaps we can enhance the training of it so that they can develop a few more skills in dealing with the people and we're supportive of that program. I think there was a feeling that there can be some development there.

In regard to the ambulance, I think the only area that was discussed regarding ambulance was the . . . and I don't know if you would really call it an ambulance, it would be the transportation vehicle they need at Ile-a-la-Crosse. I discussed this briefly, a while ago, with Sister Philomena Dobmeier, who runs the hospital there. I think what their request is that they want a vehicle that they could take people from the hospital to the lake, if they are going on plane from the lake, or out to the landing strip, which I believe is about five miles or something from the hospital. I know that they are raising some money locally for this, and I think that we would be able to look at doing something along this line in conjunction with them. Mr. Loewen said that those were the issues that were discussed at that meeting.

MR. YEW: — Thank you very much, Mr. Minister. With respect to the community health worker program itself, you state your position is to encourage that program to expand. I wonder, Mr. Minister, if you can indicate to the members of this Assembly, and to the people in northern Saskatchewan, what priority you have placed, in terms of a budgeted allotment, for that particular branch, and also, for that particular program, and also what you mean by expanding

the program?

HON. MR. TAYLOR: — Yes, the discussion . . . I think you wanted to know what I'm envisaging in expanding the skills of the community health workers, a program that I think you support and, as I say, I think is a very valuable program, also. I think the kind of skills we'd be looking at there, perhaps, could be more knowledge on nutrition, things of this nature; perhaps some training in C.P.R., first-aid, some of these things that would give them just that many more skills that they could deal with their people. And I think the big thing is, of course, that they understand the cultural aspects and, of course, that they speak the language. I think with expanding some of these skills, we can enrich that program to better serve the needs of northerners in northern Saskatchewan.

MR. YEW: — In terms of budget allotment, Mr. Minister, has the budget for the program decreased or increased?

HON. MR. TAYLOR: — I should add, too, that in the discussions (and I think again this goes back to listening to people) that the delegation that was here were encouraged to suggest ways that they felt the skills of the community of workers could be upgraded, too; and an open invitation was given to them to go back home and talk about this and, if there are areas that weren't discussed that they thought would be an improvement to the program, to be in contact with Mr. Loewen. So we look forward to any suggestions that they may have that could improve the service and expand the skills of these people. A 5 per cent increase in the budget.

MR. YEW: — Hon. Mr. Chairman, now, Mr. Minister, in reviewing the 1983 budget we discussed the new hospital that was proposed by the former administration for La Ronge, for the town and the area of La Ronge, and I wondered, Mr. Minister, if at this time you can indicate to the members of this Assembly as well as to the people in northern Saskatchewan (particularly the communities in and around La Ronge) what your plans are with respect to the major . . . one major concern that the community in that area has, and that is the government's position with respect to the building of this new hospital that is needed direly by the area. And as well, former administration had envisaged renovating the existing facility to meet the needs of community health nursing, nursing home for the community. I wonder if the Minister may comment or advise as to the status of this new hospital that was proposed in '82?

HON. MR. TAYLOR: — Well, I want to assure the member that there has been no cancellation. There's been a deferral of the La Ronge hospital and certainly, there has to be some discussions as to better packaging together the whole delivery in La Ronge. Certainly, I think we have to look at the needs for the care of the elderly and just how we would address this with home care and through the needs for a special care home. I can assure you that members of my northern health services branch will be in active discussions with the people in La Ronge to better address this because I think it's very important, as I explained to the member from Shaunavon a little earlier, and I think you were present at that time, the whole concept of integrated facilities to better serve come communities. Now I'm not saying that we're looking at an integrated facility for La Ronge but I'm saying this, that if we're going to be doing something in La Ronge, we should be doing (and I think you would concur with this), we should be developing the package that will best serve those needs of La Ronge citizens, i.e. a hospital and continuing care, along with home care, and to more efficiently deliver these programs. It is my concern to have all of them working together.

In many cases in the past (again this goes to the reason that we brought them all into one department), the acute care hospital was out here doing it's thing, and the special care home was out here doing it's thing, and somewhere in between was born a home care system, and it was trying to do their thing. Now I think you would agree that if we could envelop all those together in a community like La Ronge, where we would have each one working together for the better placement of those citizens, which may mean that they could move in and out of facilities rather than into a nursing home and stay there until they pass away . . . Maybe into a hospital and

back into the community before going to a nursing home. That's the kind of package I envisage for communities, and that's the kind of discussions that my northern health services people will be continuing to have with La Ronge, with the ultimate goal of creating a facility that will best service that community's needs in terms of those three mandates that I have the responsibility for.

MR. YEW: — Thank you, Mr. Chairman. Mr. Minister, I believe my colleague from Athabasca has mentioned it but I will just reiterate that many of our northern communities are isolated. The communities north of La Ronge are vast distances to travel and services that the South appreciate, that South has access to many services that we haven't got; the cost of living is much higher; as well, transportation and communications in many of the communities is still at a huge disadvantage when compared with southern communities.

You indicated in this House last year at this time, approximately this time, that you were conducting some discussions with the Lac La Ronge Indian Band and I . . . If my memory serves me right, you indicated that a study was being conducted by your officials with respect to the cost sharing of this facility, this new hospital for La Ronge. As one can appreciate, there is certain jurisdictions involved in this major project, being the fact that we have population of treaties and non-treaties, etc. I wonder if the minister, at this point in time, can indicate to me whether or not this study is completed?

HON. MR. TAYLOR: — There really isn't any type of a study going on. The problem that has to be addressed and there . . . I don't know, there are about four banks up there I believe, and they have to pass their BCR — their Band Council Requisition.

That was the kind of discussions . . . I remember meeting in La Ronge with a group discussing the hospital, and there were representatives of the various banks there, and certainly that has to take place.

I don't believe there has been any movement on that since that time. But that would have to be worked out as to what amount of the cost of the hospital would be shared by the various bands, and, of course, as you are well familiar with, they would have to have — the band would have to pass that BCR.

So really there wasn't a study. There were those discussions going on, but I don't think there's been any BCRs passed regarding the commitment the bands would make to the hospital.

MR. YEW: — It seems to me, then, Mr. Minister, that no further improvements or discussions were held since the last review of the budget for 1983. I wonder if the minister can indicate to me, and to this Assembly, whether or not your administration, your department, will undertake to designate officials from your department to go forward with this survey that is required in order to determine the cost sharing of this new hospital. I'm sure that is one area that you will want to determine first, before you proceed with the project.

So I guess my question to you, Mr. Minister is: will you designate a number of officials, one official, whatever, to proceed with the discussions with the Lac La Ronge Band and hopefully try to determine what the provincial and federal share of responsibility is?

HON. MR. TAYLOR: — Yes, certainly. We're quite willing to continue discussion, and as I . . . I won't go into the answer I gave you previously, but I think you understand that we have to look at the whole pattern there, and continuing care is one major aspect of this. And I think there have been some discussions over the last year regarding the whole continuing care situation.

But I think you're asking me: will I designate some individuals to continue these discussions? And I certainly will, and I'll do that for you right now, because they're here in the building.

I will designate Mr. Ken Smallwood, who is here tonight with us, who is the director of northern health services, to continue discussions, and certainly Mr. Steve Petz from my continuing care branch will be in discussions on it, and SHSP is headed up by Mr. Rick Roger. So most certainly we will continue discussions along the line as I indicated to you, to try and put together that package of all these three elements that will best serve the needs of that community.

MR. YEW: — Thank you very much, Mr. Minister. I certainly look forward to some positive results with respect to that commitment. I just hope that that project is given sincere, utmost priority, with respect to the communities adjacent to Lac La Ronge, because that service is a must in that district.

As I've mentioned before, you know, we have this problem of isolation; and as well, when it comes to that particular area, there is a problem with respect to people of native ancestry. We have this communications problem, cultural and social failures. I was pleased to note . . . I mentioned that I was pleased to note that you will put some emphasis on the training of native staff, with respect to the medical and health services area.

My next question deals with the community in Sandy Bay, Mr. Minister. Last year's session of estimates we were lacking — well, in fact, as late as July of last year we didn't have any public health nurses in the community. You indicated to me, at the time, that you would designate three public health nurses for that particular community. AS late as end of November, I believe, that you made a commitment that three health nurses would be stationed in Sandy Bay, and that further to that, you would also insure that public housing accommodations were available to them. I wonder if the minister may comment on that — the status of the health nurses in Sandy Bay?

HON. MR. TAYLOR: — You have the three nurses in place there in Sandy Bay. On the housing — if that hasn't been addressed, if you know something about that that you should be relaying to me, I ask you to tell me, because I haven't had any indication in the last while that the housing was a problem.

I remember the situation. I remember the two residences, and you and I were there together in June last year some time. And then there was the trailer, I remember off to the side; and if there's something in the housing that hasn't been addressed, feel free to indicate to me now. But as far as the positions, they're full.

MR. YEW: — I may come back to you with respect to the housing question, Mr. Minister. But it was my understanding that a certain nurse was living too far a distance away from the community health clinic, which jeopardized some of the medical requirements of the community.

However, like I was saying I would have to check back and see what the status is with respect to this. But, my understanding was that you'd look into the matter and try to resolve it.

But any way, I'll go on to my next question, Mr. Minister. In your budget you indicated that . . . Pardon me, your budget indicates that for northern home care programming you have a cut from 18.3 million down to 17.4, and it indicates to me that there's a number of staff cuts as well.

I believe it's 74 person-years down to 71. I wonder what areas, Mr. Minister, specifically are affected.

HON. MR. TAYLOR: — The indication that I have here is that, when the northern home care was transferred from continuing care to northern health services, that the figure at that point in time was \$477,000 and in this budget is 630,900, which is really a 32.2 per cent increase in northern home care; and there was also one person transferred from Social Services to northern health to facilitate the program. So there really was an increase.

MR. YEW: — Mr. Minister, with respect to the various clinics, for example the dental clinics in northern Saskatchewan, I understand that we have six throughout the North. Further to that, we have community health centres. Can the minister indicate to us if you will be building any new clinics in northern Saskatchewan to accommodate those two areas I've mentioned?

HON. MR. TAYLOR: — No, we have no plans at the present time to construct new clinics.

MR. YEW: — I'm not sure whether this is in your department, Mr. Minister, but I wanted to find out, anyway, whether or not the perishable food transportation subsidy to remote fly-in centres in northern Saskatchewan was under your branch. I wonder if you may want to comment on that.

HON. MR. TAYLOR: — Yes, it's within my department, and it's in place.

MR. YEW: — It's in your department, Mr. Minister. I didn't get the drift of the . . . Is that program intact? Is it still applicable to the five flying communities? Has the contract for it . . . I assume that it hasn't been tendered yet because the estimates haven't been completed. However, will that contract to freight perishable foods into these northern remote areas be publicly tendered?

HON. MR. TAYLOR: — It never has been tendered, as my officials say, since the inception of the program, but if there are competitors who would like to compete for it, we could consider public tendering. I have another answer here to what we were discussing earlier about the nurses in Sandy Bay, regarding the accommodation. I'm informed that two have their own accommodation, and that one is married The Bay manager. I suppose that's the Hudson Bay Store manager in Sandy Bay.

MR. YEW: — Thank you, Mr. Minister. I didn't quite get the response to the initial question though. With respect to the perishable foods transportation subsidy, I wondered if that would be publicly tendered, and I think you mentioned that it hasn't been the practice of your department to publicly tender this contract. And if it wasn't, how was it carried out? My second question is: what is the amount of this program?

HON. MR. TAYLOR: — That was inherited from the Department of DNS (Department of Northern Saskatchewan) and we just continued the policy that the former department of DNS had. The total amount of dollars is about \$300,000, I think, split almost equally between the ground and the air carriers.

MR. YEW: — Thank you, Mr. Minister, I understand then that you will publicly tender those two programs with this oncoming program for this fiscal year.

HON. MR. TAYLOR: — No, I didn't say I was going to publicly tender it. I said if there were those that were competing for it, we would give it consideration. I don't know if there are competing firms wanting to get the tender, but if there are, we would give it some consideration. And I want to be very clear. I did not say: yes, we are going to publicly tender it; I said we are continuing the policy that was there previously.

MR. YEW: — When do you expect to proceed with the program then, Mr. Minister?

HON. MR. TAYLOR: — The program is in place right now. We don't have to proceed. It's been going on all the time.

MR. YEW: — I raise that question, Mr. Minister, because of the fact that we are reviewing and debating on estimates for this fiscal year. My understanding is this fiscal year's budget allotment hasn't been expanded and carried out yet.

HON. MR. TAYLOR: — I could have failed to understand your question. The program has been going on all through the last year. It's been going on for two years; it's continuing to go on. I don't know just what you're asking.

MR. YEW: — Well it's my understanding, Mr. Minister, that the funds have been . . . for last fiscal year's operations, of any government for that matter, funds for that last fiscal year have been spent, and any program that you have, like this program on perishable foods and the carrying out of this program, are delayed until the budget has been approved. Am I not correct?

HON. MR. TAYLOR: — It's included in the northern health subvote. It was the same last year as it is this year.

MR. YEW: — Okay, that's fine. But anyway, getting back to that particular program — it's being carried out, and I ask the minister then: who has been given the contract to freight this commodity, the perishable food supply, to these remote northern areas?

HON. MR. TAYLOR: — The land contract is Merriman Transport out of La Ronge and the air contract is Nipawin Air Services.

MR. YEW: — Well, I have no further questions, Mr. Minister. The reason I was trying to get that information was that concern was expressed that local northerners could very well carry out that contract, instead of having to get someone from the outside to carry out the service. That was my main concern, because there are firms located right in La Ronge and La Ronge north that could carry out this contract without having to go to the outside for that contract.

HON. MR. TAYLOR: — Well, I believe Merriman is one of those local contractors, are they not?

MR. SHILLINGTON: — Mr. Chairman, my initial questions have to do with Regina General, and the renovations to Regina General which happen to be in the heart of Regina Centre.

But, Mr. Minister, I would appreciate if you would begin by outlining for me reasons for the freeze on, I think it was phase two and phase three of the renovations. Now, I stand to be corrected. I'd ask the minister if you could give me the reasons for that freeze?

HON. MR. TAYLOR: — I would think that the member was asking the reason for the deferral of the Regina General. Basically, I would express this in terms of that I'd like to take what I call a balanced approach towards hospital construction in the province. When I mention a balanced approach, that is construction in Regina, and in Saskatoon, and in the rural areas of the province.

And of course, we have put about \$70 million into construction of rural hospitals. As you know, there has been a \$50 million, five-year package for the Saskatoon hospitals, and in Regina here we have looked at the completion of the Pasqua Hospital, which was underway at the time, and the construction of the rehab centre.

I should point to you that we are certainly having ongoing dialogue and discussions with the board of the Regina General Hospital, and I meet with them on a regular basis to look at ways that, perhaps, we can phase in some of the requirements that they feel are pressing at that hospital.

MR. SHILLINGTON: — Well, Mr. Minister, I take it as noteworthy that the minister never denied that the remainder of those renovations are necessary. If my memory serves me correct, that hospital was getting into such bad shape in the early '70's that the hospitals' association threatened to decertify that as a hospital.

I take it, Mr. Minister, there's no question but what the renovations are needed; the jobs are needed. Will the minister simply come clean and admit the reason why you're not going ahead

with the renovations is because you have rifled this province's finances so badly, you are so impecunious as not to be able to pay for something as necessary as renovations to Regina General Hospital.

HON. MR. TAYLOR: — No, I don't deny that there are some needs for some regeneration of facilities. Facilities become older and need to be upgraded or, in some cases, replaced. And that will be an ongoing situation. But certainly, one must realize that you can't do everything all at one time. And therefore, I think the wise thing is to target projects and complete those projects and move on to the next ones. I have discussed this with the board of the Regina General Hospital. I think they understand very well the situation, and there is . . . it is a deferral. They know that, certainly down the trail, there will be improvements at the Regina General Hospital and we're working in concert and together to bring about those type of improvements.

MR. SHILLINGTON: — Well that's an indefinite deferral, Mr. Minister. That sounds very much like a freeze. To anyone other than this government with its practised art of newspeak, indefinite deferral would speak of a freeze on the renovations.

Mr. Minister, the renovations are clearly necessary. The jobs are necessary. I would urge the minister to get on with those renovations before serious problems build up, and they're going to. The waiting list, which I'm going to get to in a moment, in this city are getting serious, but of more concern is the quality of care at that hospital. It is as good as it can be, given the nature of the hospital, but the renovations are needed, and I suggest that this government should try and find some other deserving soul to carry the burden of your restraint program, other than the ill.

I have a few suggestions if the minister wants to make a note of them and pass them on to the Minister of Finance. You might try big oil. You might try levying some decent royalties on the oil companies. I think you'd have every bit as much activity in the oil field, and you would have a lot more money for things like the hospital. Mr. Minister, if you had not accumulated a deficit at a rate which must be unprecedented in Canadian history, you would have another \$100 million or so, and you might have been able to use some of that to rebuild the hospitals.

I don't accept for a moment, Mr. Minister, your pleas of impecuniosity, a plea that you just don't have the money. That is a situation largely of this government's making, because you chose to give away tax cuts to the wealthy and largely multi-national corporations, who need it least. I suggest to you, Mr. Minister, that you get on with the job of enacting a fair tax regime, and if you did, you'd have the money you need for the essential services, like hospitals in Regina.

HON. MR. TAYLOR: — Well, Mr. Chairman, to put it very pointedly, I would stack up the record of this government in construction, hospital construction, and its special care home construction in the last two years against any of the years of the previous government. I want to indicate to you, the waiting list in Regina, at the present time — only 17 per cent of the patients for elective surgery wait longer than three months in Regina. So I think you are distorting the waiting list situation. I don't think that is too bad a figure at all. And certainly I could take the time and go through all the achievements that we have done, but I know that you are well aware of them, and I just say, simply and succinctly, I'll put our two years against any of your years — in fact, your past ten years.

MR. SHILLINGTON: — Well, Mr. Minister, you are going to have the opportunity to stack your two years or three years against ours. And when that day comes I don't think you're going to like the results, because I think this is an issue which you are going to pay for.

Mr. Minister, I'm not in a position to argue with you over the length of time, whether it's 90 days or 120 days or whatever. I can tell you that there is a good deal of anxiety in the public with respect to the quality and the timeliness of health care. I receive a goodly number of calls from people who say, "My mother, wife (substitute any pronoun you like) is ill. I can't get her into a hospital." And I say, Mr. Minister, that the waiting lists are perceived by the public as intolerably

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long. And I think if this minister were being more candid with himself, perhaps more to the point, than with this legislature, you'd admit that the waiting lists in this city are intolerably long, and you'd try to do something about it other than provide a lot of excuses for your own inaction.

And I'd ask you, Mr. Minister, at this juncture: what is the minister's plans? What plans does this department have to increase the number of beds available in Regina so that the waiting list which are of concern to people are reduced?

HON. MR. TAYLOR: — You've asked what we are doing to alleviate the waiting list problems here in Regina, I think was the question.

First, as you're well aware, we are completing the third phase of the Pasqua, which is running ahead of time — faster than had been anticipated. That's number one. Number two: we are building additions in the new rehab centre, which you are well aware of the announcements there. Number three: ongoing discussions are taking place with the General Hospital. And number four: the Wascana Home Care District has finally been launched and starting to operate, which again should help alleviate the waiting lists of hospitals, because some of the people who previously had to go to the hospital because there wasn't that type of support, with the support of the Wascana Home Care District, may be able to not have to end up in the hospital.

So those are some of the things that we're doing to address the waiting list problem which I say does not seem to be too serious in Regina at this time.

MR. SHILLINGTON: — Could the Minister tell us how many additional beds will be provided by the balance of the renovations in the Pasqua Hospital?

HON. MR. TAYLOR: — There will be 350 renovated and improved beds at the Pasqua Hospital. Those are not additions. We are still following the guide-line that was accepted by your government in 1973 of 1,200 beds for Regina, that is the target. And of course, in addition to that, as I said earlier, the Wascana Home Care District is now finally functional, and I believe that they will have some impact upon the need for hospital beds also.

MR. SHILLINGTON: — Let me ask the question again. How many hospital beds are there available in the city of Regina now, and how many additional beds will come on stream over the next year?

HON. MR. TAYLOR: — Well presently, 1,193 beds in Regina and the target again as I said earlier, still 1,200 with regeneration. You mentioned something about waiting lists. I'd like to give you a little information. In 1978-79 the waiting list in Regina was 2,361; today it is less than 2,000.

MR. SHILLINGTON: — Well, Mr. Minister, I rest my case. I am suggesting to you that there is an intolerably long waiting list as evidenced by the indicator, I think, on which MLAs rely the most, and that is the volume of complaints to your office. Mr. Minister, you aren't doing a blessed thing about it.

You are going to bring on, apparently, seven new beds. That is less than clear from your answer, since 1,200 is only a target, one that I gather you may or may not meet. Mr. Minister, it's apparent from your answer you haven't got any plans to bring on any new hospital beds in this city, and I tell you that simply won't do. There is a need for additional hospital beds in this city, and it is disappointing that you have passed by the latest period when the jobs were needed as well, and you would have got competitive bids from the contractors.

Mr. Minister, since it is patently obvious that economic times are not going to improve so long as we have this incompetent government in office, does the prospect of doing it in the future, during the recession which seems to be continuing, does the prospect of doing those renovations, which are clearly needed during this period of recession now not appeal to you? Is

that not a factor in your consideration as to whether or not to provide the increased beds now, as distinct from later.

HON. MR. TAYLOR: — Let me indicate to you once again. We are doing much more right now than you ever did at any time in the past. And regeneration . . . building nursing homes, all the things that I laid out to you previously this evening. \$25 million in nursing homes which I say isn't much different than a moratorium. Pasqua Hospitals' being regenerated. A new re-hab centre's going to be up and going within two years. Now we are making a number of capital commitments in the whole health care field. I've been informed that the situation in urology here in Regina today is that if a patient is referred on Friday, they can have their surgery on Wednesday, and I don't think that's too long a waiting time.

MR. SHILLINGTON: — Well, Mr. Minister, to put it mildly your views are not universally shared in the city of Regina. Mr. Minister, the situation in Saskatoon is even worse, as I think Mr. Minister would candidly admit that the waiting lists in Saskatoon are worse. I am reading from a copy of an article in the *Star-Phoenix*, dated March 28, 1984, the headline of which is: "St. Paul's Turns Ambulances Away." I was frightfully . . . as bad as the situation was in Saskatoon, I'm surprised that ambulances are going from one hospital to another trying to unload what must be critically ill patients on unwilling hospitals.

Mr. Minister, the budget speech promised some alleviation of the hospital shortages, of the bed shortage in Saskatoon. I am wondering if the Minister could share with this House the details of your plans in Saskatoon, and perhaps you could tell us how many additional beds will come on stream in Saskatoon during the oncoming year?

HON. MR. TAYLOR: — Well I indicated a little earlier to the member from Shaunavon, but I don't think that you're in your place at that time, so I'll reiterate that. But about two weeks ago, I went to Saskatoon and announced a number of initiatives that would address the waiting list problem immediately. And those were to take the psychiatric patients from City Hospital and renovate the City Hospital Nurses' Residence, freeing up 25 beds in city Hospital. There also is an opportunity in the renovation at University Hospital to free up about 30 beds there for chronic care people that will again alleviate the situation and allow more people to come through the hospitals. Also some money for day surgery at St. Paul's. The estimate of those measures will, within this year, allow 3,500 more people to pass through those Saskatoon hospitals. I think a rather sizeable commitment.

Now that is not all, because we have put together, with the Saskatoon hospitals, a 50 million, 5 year package which the joint planning facilities committee of the Saskatoon hospitals are working out at this time. By that, I mean all three hospitals are working together to see how those 50 millions of dollars can best be spent to address the situation of waiting lists in Saskatoon. The report of that committee for the first expenditure in the \$50 million package will be coming to me approximately the first of June. So I would say those two things, coupled together, indicate some significant moves on trying to address and alleviate the waiting lists of Saskatoon hospitals.

MR. SHILLINGTON: — Mr. Minister, if all you are spending is \$50 million, I don't want to sound like C.D. Howe saying, "What's a million!," but the cost of renovating hospitals and providing additional beds is very, very steep, as we found out in this city when the renovations to Regina General cost in excess of \$100 million. I believe that figure's accurate.

Mr. Minister, if all you are providing is \$50 million, then you are really trifling with the problem. And I suggest to the minister that a good deal more than \$50 million is going to be needed to solve what is clearly a critical situation in the city of Saskatoon.

And I wonder if the minister hasn't considered doing something significant instead of trifling with the problem.

HON. MR. TAYLOR: — Certainly. As I indicated to you, this is a five-year plan, a commitment to the hospitals. They have accepted it. I'm very proud to say that all three hospital boards are working together on the joint facilities planning committee.

I realize this isn't the end of the line. There will be further moneys required down the trail, but I want to congratulate the Saskatoon hospitals on working together to address this situation. And, as I say, it's \$50 million for the next five years.

However, I must indicate, as well, the other initiatives that will allow 3,500 people to pass through those hospitals this year because of these initiatives just announced. That, coupled with the 50 million, I think, will go a long way to addressing some of the waiting list problems in Saskatoon.

MR. SHILLINGTON: — Mr. Minister, I have a constituency question, if I may . . . Let me ask you another question. It is perceived that a significant factor in the shortage of hospital beds is the number of hospital beds being taken up by what are really nursing home patients. And perhaps the minister can outline for my benefit the plans that are afoot to increase the number of nursing homes in Regina, and perhaps Saskatoon as well. That's a very big question, but I'd ask the minister for a comment on the number of nursing homes which are intended to be provided.

HON. MR. TAYLOR: — In Saskatoon, as I pointed out previously, there's 30 beds going to be brought on-stream at the University Hospital in their regeneration, and there's a new 50-bed home going to be constructed at the site of the Circle Drive Alliance Church, and a new 238-bed level 4 facility in Fairview area of Saskatoon.

In Regina, we have at the Lutheran Home 11 beds for the hard to manage, the people who suffer from Alzheimer's disease and related diseases, basically suffering from dementia. We're also looking at discussions with Souris Valley Extended Care so that we can take some of the Weyburn people who are in here down to Souris Valley, and certainly, of course, as I said, the completion of Pasqua and the rehab centre will be going up within the next two years. Then of course, the whole Wascana Home Care Program that is just coming into place, and it's hard to tell at this point in time what the impact of that will be, but I think it will be considerable.

MR. SHILLINGTON: — Perhaps the minister can just give me a simple figure: how many new nursing home beds in Regina; how many new nursing home beds in Saskatoon?

HON. MR. TAYLOR: — Eleven new beds in Regina for the hard to manage, and approximately a hundred beds, new beds in Saskatoon.

MR. SHILLINGTON: — Well, Mr. Minister, no one's accusing you of flooding the market, to put it mildly. I understand that your response would be humorous if it weren't so tragic, just so inadequate. Mr. Minister, I gather there are about 1,200 people on the waiting lists of various nursing homes in Regina. My perception of the problem is, it is going to continue to grow, as the number of older people increase as a percentage of our population. And I wonder, Mr. Minister, how you ever expect to catch up to the problem, never mind getting ahead of it with such inadequate response. On the new beds, my calculation meets about one-twelfth of the need. How on earth are you ever going to catch up to the problem that way, much less get ahead of it; particularly when, as I say, the problem appears to be one that's going to grow.

HON. MR. TAYLOR: — Well, I think there are some substantial announcements. I think the \$25 million package over five years is really addressing the situation, and no matter . . . you can sneer at how beds are here, how many beds are there. I can tell you one bed, one bed, is an increase over a moratorium that was here previously. That's the problem, the moratorium. You snuffle at \$50 million. I tell you I'd like to have the \$600 million dollars that you put into uranium, and now you say, "Close her down." If we had those dollars in Saskatchewan, the shortages of nursing

homes would not exist today.

Why is there a shortage? Because you squandered the money of this province, you threw it around, like I said last year, feeding cows with their milk pail, and trying . . . (inaudible) . . . rather than feeding one at time. That's what you did. That's the problem with nursing homes and waiting lists. The fault my friends, lies with you, with your great greed of taking over everything in this province, potash mines, farms, and uranium. If I had those dollars today, those waiting lists would be reduced a great deal.

SOME HON. MEMBERS: Hear, hear!

MR. SHILLINGTON: — You can always tell, Mr. Chairman, when you hit a sore spot with the Minister of Health because he drags out his uranium speech. Mr. Minister, the reason why you can't afford to provide the basic services which this province requires is because you have incompetently managed this province's affairs. You've given away tax dollars to big companies who don't need it. And that's why, Mr. Minister this government doesn't have any money, and is in a serious, so serious a financial situation it can't provide basic services.

I suggest to you, Mr. Minister, that had you not made unrealistic promises during the election to foreign international firms who don't need it, you wouldn't be in the tragic situation you are in now, where you have ambulances apparently going from one hospital to another in Saskatoon, and where you have 1,200 people waiting for nursing home beds. I don't know, Mr. Minister, how aware you are of the tragedy, but the 1,200 waiting list represents real tragedy. Those people are being kept . . . (inaudible interjection) . . . I know, I know the jackals behind you have no comprehension of the problem, Mr. Minister. But, Mr. Minister, those 1,200 people represent a tragedy to many of the people who have to look after them. Many of those people are being cared for by people who really can't manage it — who simply can't manage it emotionally, can't manage it physically, and sometimes can't manage it financially.

Mr. Minister you did nothing but provide a paltry 100 beds, and to say that one bed is better than nothing misses the entire problem. The problem is: you have a huge backlog on your hands, and you're doing virtually nothing about it except what amounts to little more than window dressing.

I'd ask you, Mr. Minister, to take a realistic look at it. Quit playing games with the health care system, and provide the structure that this province needs.

HON. MR. TAYLOR: — I want to indicate to the member opposite that we have instituted some other rather innovative changes in both the major cities — in Saskatoon, and Regina. I'd like to explain these for you for a moment.

We have managed to bring all of the people — all the players in the scene in continuing care — together to form assessment committees. And these assessment committees will be looking at the people who should have entry into these homes. So therefore, there's many people who could live better at home with home care support. So home care, special care homes, and the hospitals, are all working together, the first time ever on this province, on assessment within the cities. I think that's going to have them a major implication upon allowing the people who deserve to have the special care home facilities, allowing them to be placed into those facilities. I also want to point out that we've brought in pilot projects — pilot projects for heavy care — both within the special care homes and within the home care districts.

So, many of the things are being addressed. I know that you've failed to see these and that's understandable, but certainly there have been some new initiatives. And I think you should go out and talk to some of the people in the home care, and you'll find out that they'll say that there's a whole new breath of fresh air when they're all working together and addressing the needs of the people in both Regina and Saskatoon.

MR. SHILLINGTON: — The breath of fresh air, Mr. Minister, is yet to come at the time of the next election. Then there will, indeed, be a breath of fresh air.

Mr. Minister, I have a question with respect to a group called By Ourselves. I understand that they get grants from your department. They were cut off simply at the knees last year. I'm wondering, Mr. Minister, have you reconsidered that ill-timed move, and are you prepared to give them a grant this year?

HON. MR. TAYLOR: — No, they weren't cut off. They were given a one-time grant to get started up. And they have been given a grant of \$20,000 in this budget, also.

MR. SHILLINGTON: — How does that compare with what they would have got in the fiscal year ending March 31, 1982 and the fiscal year ending March 31, 1983?

HON. MR. TAYLOR: — We will supply you that information. My officials are working on putting that together. The officials are working on putting that together. We'll supply it for you in a minute or two.

MR. LINGENFELTER: — Mr. Minister, I wonder if you could give me the average payment to doctors in Saskatchewan in the year 1982-83 and the average salary that nurses earn in the province of Saskatchewan today.

HON. MR. TAYLOR: — If you want to move on with another question, we'll work on those answers and supply them, Mr. Chairman.

AN HON. MEMBER: — Could you repeat that?

HON. MR. TAYLOR: — I said, if you have more questions, let's just keep working on the question, and I'll keep giving you the answers as they're available.

MR. LINGENFELTER: — Mr. Chairman, I wonder if the minister would outline for me the new rate structure in the nursing homes. I know that since you came to office, nursing home rates have increased from 390 to, I believe, 456 . . . 457. Could you outline to me the new strategy or the new plan that you have to increase nursing home rates — I believe it's every three months — and how that process works?

HON. MR. TAYLOR: — On the rates to the special care homes residence, they will go up quarterly, as they've all been informed. How we established this, I said, I remember, I think when you first brought it in, you'd left them \$69 disposable income. I felt that was a little low — I said let's base it at \$100 disposable income. So that's how it was first set out — that they'd have \$100 disposable income, and the remaining part would go to the nursing home. Now quarterly, it will be adjusted that amount, on each side, go up proportionately, each quarter. They've all been informed of this, and my official indicates that it will be about 5 per cent for this year, for the full year — about 5 per cent.

MR. LINGENFELTER: — Mr. Minister, will you give me the amount of money that a single senior would get from OAS, (old age security) GIS, (guaranteed income supplement) from the federal government. What amount of money would a single individual get from the federal government at the present time?

HON. MR. TAYLOR: — I should point out to you that the two special levies that will be coming through will not be touched at all. Those go directly to the — think it's \$50 this year that they would get; we're not taking any portion of that. But as of today, this would be a single person with OAS, GIS, and SIP (Saskatchewan Income Plan) would be \$554.38, and that would be broken down into \$453 as a resident charge, and \$101.38 as the disposable income.

MR. LINGENFELTER: — Mr. Minister, you have referred to a disposable income of \$69, when we lowered it to \$390. Can you tell me what it was when we left office.

HON. MR. TAYLOR: — I have the other answer for you. On the 1982-83 wages, for the average doctor, the gross would be \$112,000, and for the average RN (Registered Nurse) \$27,965. By Ourselves — the answer you wanted there, in March 1982 they received \$30,000; in '83-84 they received nothing, '84-85, as I said previously, \$20,000 in the budget, and I also understand that they did receive some federal grant money. I don't know how much that was. The member from Regina Centre asked that. If somebody would record that for him, I guess he can read it in *Hansard*.

MR. LINGENFELTER: — On the numbers that you gave me, you're indicating that nurses receive about one-quarter of what the doctors do in the province. I think that I will just go back once more to make the point, Mr. Minister. When we were talking about the increases in salary that nurses are trying to achieve from your government, that at a time when nurses are receiving about one-quarter of what doctors are, I think it is unfair to assume that a 5 per cent increase is in order for the doctors — 5 per cent on \$112,000 or about \$6,000, and a 2 per cent increase on the nurse's salary which amounts to about \$540. I wonder, that issue, Mr. Minister: do you think that that is a fair assessment of the amount of work done by those individuals, to say that doctors should get a \$6,000 increase and nurses a \$500 increase in the same year?

HON. MR. TAYLOR: — I think you realize that the relationship between nurses' salaries and doctors' gross salaries is quite constant right across the country. I mean, there's no discrepancy in Saskatchewan versus Manitoba, or British Columbia, or any other area. And I wanted to point out that the negotiations with the nurses in '82 was for 14 per cent, and it came to 11 per cent in '83, so I think we've had some fairly good settlements in the past.

MR. LINGENFELTER: — Well, Mr. Minister, I think that there were a number of other groups in the province who got similar contract agreements in 1982 and '83, and I still find it hard to believe that you would penalize that group of people who have done an excellent job, and continue to do it.

Can you explain to me, on the issue raised by my colleague from Regina Centre, why, in the past year, By Ourselves were cut from your grant formula, and now they're put back in? What has changed to make them eligible this year when you were telling them last year they weren't?

HON. MR. TAYLOR: — Last year, I believe By Ourselves were successful in getting some job creation money that helped finance them. They had the one-time \$30,000 start-up grant; they got some job creation money. This year, they made a request, and we thought that we could fund them to the tune of \$20,000.

MR. LINGENFELTER: — Mr. Minister, on the issue of nursing home waiting lists, you'll know that in Regina the waiting lists are around 1,200, and similarly in Saskatoon. Do you have a number, overall in the province, the number of people who are presently on waiting lists at the nursing homes throughout the province? Would we be in the ballpark if we said 10,000 or 8,000? Do you have a number available of how many people are on the waiting list at this time?

HON. MR. TAYLOR: — We don't have that figure because, as we all know, that many people register with three or four different homes. I think it would be almost impossible to indicate the numbers.

AN HON. MEMBER: — It's that bad, eh?

HON. MR. TAYLOR: — I'm not saying it's that bad. I'm say that's what they do.

MR. LINGENFELTER: — I think the minister makes a good point when he says that people are

forced to put their names on any number of waiting lists throughout the province and move anywhere in order to get a nursing home bed under their administration. But I would ask you, Mr. Minister, can you tell me, or can you not tell me how many people would be on waiting lists in the province of Saskatchewan? I would like to know exactly, when you add them up, how many people have to wait at the present time?

HON. MR. TAYLOR: — I wouldn't want to give you misleading information. As I told you previously, we do not know how many there are across the province. I think you realize that's pretty hard to ascertain. You said, "Well is this the reason that — is this good or bad?" I don't know if it's good or bad. People have the right to put their names wherever they want. But I want to say this, it is because of this that this government has reacted with a five year, \$25 million package, a substantial package, and I will go back again and indicate the reason for that package was the moratorium in place for the previous government.

MR. LINGENFELTER: — Mr. Minister, can you tell me what your plans are for the extendicare hospital in Weyburn, SVECH (Souris Valley Extended Care Hospital), as it is known — what plans has the department got for utilizing that facility?

HON. MR. TAYLOR: — As the hon. member may realize, my Legislative Secretary, Mr. Birkbeck, has been carrying on a number of hearings in four areas of the province looking at some of these facilities that are there; seeing if there are alternate uses and how they can best be used. Mr. Birkbeck will probably be reporting to me within the next month, or month and a half, and following his very good, I must say, exceptionally well received from the communities, the hearings and the number of briefs that he has received, I am sure that we shall get some very good direction. And direction again that is just; all the difference in the world, rather than someone sitting in here and deciding what should happen in every community in Saskatchewan, we are going out and talking first hand to those people. And the Mr. Birkbeck's committee was tremendously well received, and I'm sure there will be some sensible, locally based decisions that will cause those facilities to be used to serve their citizens in the best way possible.

MR. LINGENFELTER: — I would ask the Minister to give a response to, I suppose, concerns that people in places like Oxbow and Estevan have that the old mental hospital in Weyburn is going to be used as a level 4 facility, and that people from large areas of Saskatchewan will be forced to go to that centre to get nursing home care, as opposed to building a new nursing home in Oxbow or some of the other communities in the area who have applied for new nursing homes.

HON. MR. TAYLOR: — As I said previously, I'll wait to see what Mr. Birkbeck recommends in his . . . (inaudible interjection) . . .

MR. DEPUTY CHAIRMAN: — Order, Order!

HON. MR. TAYLOR: — I would like to indicate that we would wait to hear the member from Moosomin's report Mr. Chairman, and certainly I look forward to that report. He asked if there was going to be greater centralization? I think if you ask the people in Saskatchewan which side of the House are the centralists, they would tell you pretty quickly, and I think they did in April. But I would like to reaffirm the number of announcements that were made following the budget on where the special homes are being located in Saskatchewan.

And if that is centralization, then we definitely have different views of centralization. Because I can remember places like Saltcoats, like Wawota, for example. If those are centralized areas, then I guess our viewpoints are different.

MR. KOSKIE: — Yes, Mr. Minister. The town of Watson and the hospital board there have met with you and, I take it, on more than one occasion. Certainly, when we were the government I had met with them and indicated that we were putting in a new funding formula.

They have been waiting with expectations of the Department of Health making a decision in respect to the community of Watson. My understanding is that they have land available, a new location for the hospital near the nursing home and, I was wondering whether the minister can indicate whether he has made any final decision in respect to the construction of a new hospital in the community of Watson?

HON. MR. TAYLOR: — Yes. My officials were out in Watson visiting with them, I think maybe the same day that the Leader of the Opposition was wandering around out in that country somewhere. However, certainly Watson is one of the areas that I've indicated we could be looking at the possibility of an integrated facility. That will bring about further discussions between the people in Watson and my department, so I think those will be taking place over the next year.

MR. KOSKIE: — Well, you're indicating in respect to an integrated facility, and I take it that it's a new hospital and some level 4 beds which they have been requesting, level 4 and additional 3. You have indicated, and have established the priorities for the capital expenditures for the next two years, as I understand.

Are you indicating that this community is not included and must wait beyond the two years in which you have already indicated, or is it a possibility of modifying the capital expenditures for next year, and it's a possibility that you will proceed with the hospital at Watson and the integrated facility?

HON. MR. TAYLOR: — Actually, in the integrated facilities, the announcement I made following the budget, there are 85 beds for integrated facilities over the next two years. In regard to the communities, I indicated there were 18 communities that we felt we should enter into discussion and look at proposals, and based on the merit of those proposals certain ones would proceed. Now I couldn't say at this point in time whether Watson would be one of those or not, because we haven't got into those discussions with them yet. But I can say over this next two-year period, we certainly will be in discussions, and some of these communities that are listed for integrated facilities will be receiving them.

MR. KOSKIE: — Well surely, Mr. Minister, you have had an opportunity to look at the need, the need of a new hospital in that community. They have made the presentation to you. Why the delay, and what kind of a timetable are you looking at in so far as a commitment to these people?

Certainly I think they have made their presentation very clearly to you. And you start talking about you're looking at it, and maybe they'll be on it. And really what I'm saying is: I want to know what time frame we're looking at. Or are you going to continue to play political football with this area? And certainly I want to be able to report to my constituents exactly, exactly why the delay. I think if any community . . . They have presented their case, and I think that they have been able to establish that a new hospital is warranted, and that they have the land. They're prepared to put up any funding that is necessary for them to put up.

And my understanding is that they are getting nowhere in the discussions with you. And what I'm asking you is: what kind of a timetable are you looking at? And why haven't you been able to evaluate in a definitive manner whether they should be qualifying?

HON. MR. TAYLOR: — Well, I want to indicate to the member I remember Watson coming in to see me in my office. We discussed their concerns. My officials went out to Watson about a month ago. I received, on March 13, 1984, the official request from Watson. March 13 isn't that long ago. I have here a letter dated today that I'm sending to Watson — so to say that there is no communication, and that they feel that they're not getting anywhere, I think is misstating the situation entirely.

MR. KOSKIE: — Don't try to indicate to me that they have only put in a formal request is March

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13 because shortly after you were the government, I met with them when they were going to see you, indicating that they wanted a hospital. And you can jiggle around all you want and start putting down what you consider to be formal, but certainly the people out there have most certainly put in their request to you far before that.

I want also to follow up. There was a meeting, and I believe your deputy minister or associate deputy minister met with a number of communities. It was a regional health meeting, if my terminology is correct., at Wynyard not long ago. And there was some considerable discussions there and primarily as I understand it – I was not invited to it. I note the Tory member from Kelvington-Wadena, uninvited, attended. But leave that aside. What I'm asking you is, can you indicate the basic areas that you were looking at in respect to that meeting? And what type of facilities are you considering as a result of that meeting?

HON. MR. TAYLOR: — They met and discussed the requests for a 60-bed facility at Wynyard, and they did some discussing about some of the co-ordinating and perhaps a decentralization. And of the communities that were present there, two of them, Kelvington has been cited as an area to get ten new beds and Foam Lake, ten new beds. So that was actually the discussion that took place at the meeting, which again indicates, as your colleague said, that perhaps we're looking at centralization and people having to leave their communities to go to central locations for special care beds. I think the action taken shows just the opposite, that we're looking at decentralizing and allowing people to stay in their home communities where they say they want to stay, to be in nursing homes rather than being removed from their grandchildren and their families and moved away off 100 miles or 50 miles from their locale.

MR. KOSKIE: — What level of beds are you proposing at Kelvington-Wadena . . . Kelvington rather, and at Foam Lake?

HON. MR. TAYLOR: — Those are heavy care beds. Heavy care, really level 3 and 4 type beds.

MR. KOSKIE: — I want to ask you, Mr. Minister: you have a Legislative Secretary, the member from Moosomin, and he has, in fact, established a number of committees, if I could call it that. Had a committee looking into ambulance care, and there's a number of other areas that has been carried on. I would like to know whether you could indicate whether the department is responsible for the payment of any amount of money which is, or expenses which has incurred in respect to the Legislative Secretary carrying out these particular duties? And what I would like is, say during the past year, if he could indicate the total amount that was expended by the Legislative Secretary relating to carrying out his duties.

HON. MR. TAYLOR: — Yes, the member from Moosomin is, as I said previously, my Legislative Secretary. A couple of the things that he has undertaken as . . . You're correct, he was the man that put together the ambulance report, and most recently is looking on the space requirements at four facilities in the province, and his expenses, though, are paid from Executive Council.

MR. KOSKIE: — In respect to the intensive care beds, or what was known as level 4 under that classification – the problem that we have in the general area of Humboldt, Watson, Wadena, Wynyard, in that whole area, that there is really no facilities for the intensive care, other than at Melfort. And what I'm asking you is: how can you indicate that you are addressing this problem in any proper way, when all that you're indicating is 10 beds over in Kelvington, and a few beds over in Foam Lake? My understanding is that there is a great need in that general area, and that's why I have been urging you to get on with the hospital and the integrated facility at Watson, which would help to alleviate the problem that exists in this whole area. Are you aware that in this whole general area that most of the individuals with very intensive care are required to go to Melfort?

HON. MR. TAYLOR: — Certainly, I'm concerned about supplying a need in that area, as in other areas of the province. I would point out that a couple of other aspects here that on the one –

the communities that we are looking at for integrated facilities in that area. I would have Rose Valley, Watrous, and, as I indicated to you previously, Watson. The other thing that I'm looking at, too, is that there may be in some of the hospitals some more beds that could be designated for level 4. We're also looking at that situation. So there are three towns in the area that you're talking about designated as once possible for integrated facility, as well as I've approached, and written to the hospitals to see if the hospitals would like to designate some more beds for level 4.

MR. ENGEL: — Thank you, Mr. Deputy Chairman. Mr. Minister, during the last two estimates, we've talked about the same topic of several hospitals in my area, the ones that have been concerned about integrated facilities, and studying that program from away back, and you made quite a pitch about it even before you were a dual minister. Have you forgotten about them, or what's happened, because they're rioting your back fairly regularly. And particularly, let me list four of them that — Lafleche is the keenest on that; Rockglen has been working very hard as far as integrated service; and Gravelbourg did a study that was begun in '81, and then there was some additional funding for some more study. How long do these people have to study and wait till they can get some bricks laid?

HON. MR. TAYLOR: — Well, you mentioned Lafleche, and I recall last year in our estimates talking about this concept, and I would indicate that Lafleche is one of the ones that is indicated as a possibility for integrated facilities. Pardon?

AN HON. MEMBER: — One of your 18?

HON. MR. TAYLOR: — Yes, yes, yes.

MR. ENGEL: — I'm sure the Lafleche people will appreciate that, Mr. Minister. What about Rockglen? Have you . . . because there is tremendous pressure in my area, and I can assure you, if you don't know what the waiting list . . . if you don't know what the waiting list is for senior citizens in Saskatchewan, I know what it is in my area, and you know you've been answering a lot of the letters and requests. And I've been working on some — some you've been successful with, others you haven't. But most of the ones that have found places have been transported out of their area, and they're very unhappy about that. I think that there definitely is room for level 3 and level 4 in our area. Does Rockglen show up in that list?

HON. MR. TAYLOR: — We don't have knowledge of requests from Rockglen, Lafleche, certainly, and as you know, and I think I've sent you carbon copies of the letters and so on, and that Lafleche is on the list. But Rockglen, I don't think we've had proposals from them for anything.

MR. ENGEL: — And then, I commented on Gravelbourg's. There's two problems there, the size of the spaces in their nursing homes, and the amount of patients that they have that are heavy level 3's — is what the administrator calls them there — as far as Gravelbourg is concerned.

They've been studying this thing a long time. And I think their board members and individuals

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involved, and particularly Gravelbourg's area is unique because of the involvement of the Grey Nuns. I don't think there's that many places where they're still involved in Saskatchewan. They're doing an excellent job there, and they're willing to spend some money upgrading their facilities if you come across with your share of it. And I think we could create some jobs, we could do a number of things.

This is an important time. You're admitting to, in your budget and in your entire debate, that the need for construction projects and the need to create jobs is important. And I'm wondering why you wouldn't give approval to go ahead on Gravelbourg's, for example.

HON. MR. TAYLOR: — I don't know. On the, shall I say, the care of heavy care patients, now you may be talking about the capital; I'm talking about the operating. And if that is the case in Gravelbourg, we did fund, I think, about 15 or 19 projects for homes that have a lot of heavy care people — pilot projects for this. They had to compete for these, put in proposals, and I forget if there were about 15 that were — 12, excuse me. Twelve that were granted.

Now that would be one way that you could encourage Gravelbourg to . . . if they have a lot of these heavy care people there, and that helps . . . (inaudible) . . . and things of this nature.

But I think in the last part of your question you were talking more about renovation, if that is correct. If you just . . . renovation and expansion.

Well, as I say, we're looking at a number of them. I've made the announcements for the next two years, but there certainly is a five-year package there, and we will be assessing now. We're looking at getting the ones that have been announced, getting their plans going, getting them started. And we will be looking at the other communities that are lined up for the next three years.

MR. ENGEL: — Well, do your staff throw all the plans and all the work away that's been done in the past when there's a change of government?

The amount of work that's been done and the preparation . . . Gravelbourg's hospital is more than 50 years old. Gravelbourg's hospital is more than 50 years old, because we had the 50th anniversary before the last election, so I know how old the hospital is. And it was built on a three-storey structure that had the emergency and outpatients' service on the third floor.

It's really not providing the kind of service that they need. And I was sure that that proposal should have gone ahead with a major renovation there as early as '82, and it's one of the ones put off. I wonder why that isn't on your list of priority projects, because, number one, of their long waiting list for people that need senior citizens' care — the amount of patients. I'd guess that well over 50 per cent of the level 3 patients are heavy level 3's, and should almost be classified as level 4's, and their rooms are too small.

The set up as far as . . . It's an integrated system that's been in place for 15, 20 years. It's not this idea you've got of integrated. The same kitchen provides the food for the nursing home as in the hospital. It's been working as a giant operation for a long time and working good. I think that philosophy is great, but we have to do some work on that hospital, very badly, and I'm wondering when you're going to come up with a commitment. If it's five years down the road, that's not soon enough.

HON. MR. TAYLOR: — Well my indications are that Gravelbourg are looking at putting their share of the financing together, but my most recent information here, dated April 5, is that there has been no formal request. There may have been some discussions but no formal request.

Item 1 agreed to.

Items 2 and 3 agreed to.

Item 4

MR. LINGENFELTER: — In the community health services area, Mr. Minister, would the community clinics be included in this subvote? At which subvote do they show up?

HON. MR. TAYLOR: — They're under Saskatchewan Hospital Services Plan subvote.

MR. LINGENFELTER: — Could you tell me, under Item 4, what staff cutbacks there will be there? I see that there are, I believe, eight less. What area will that cut take place in?

HON. MR. TAYLOR: — There's a number of changes in there; we added some on, and we took some off. Is it okay if I send that over to you at a later date? I'll certainly supply you with the information of which ones were added and which ones were deleted — if that's okay?

MR. LINGENFELTER: — I would wonder, under that item as well, I notice that a portion of that subvote was included in the environmental vote or something, or is taken out. Will you include that part of it in as well?

HON. MR. TAYLOR: — That's part of the problem I was indicating. Four individuals were transferred to environment, but there's some others been added, some deleted. We'll give it to you in detail, written.

Item 4 agreed to.

Items 5 and 6 agreed to.

Item 7

MR. LINGENFELTER: — Mr. Chairman, I wonder if the minister can give me a list of the staff positions that have been deleted in this area, and not only the positions, but the location of the positions please.

HON. MR. TAYLOR: — Yes, we'll provide you with that.

MR. LINGENFELTER: — I think on this point as well, Mr. Minister, I would be remiss if I didn't say that I find it unfortunate that dental therapists and dental nurses, who have been trained and have been doing a good job in this province, are being let go and are finding themselves on the unemployment line and the welfare line, and I think that it's unfortunate that we're going in that direction, and I will want you to send me that list, and the area that they come from.

Item 7 agreed to.

Items 8 to 11 inclusive agreed to.

Item 12

MR. LINGENFELTER: — In the area of psych services, Mr. Minister, I know that in the past you have made statements in support of psych services, and how you were going to beef up this program. I find it now interesting that in each of the next subvotes we find that there is, in fact a cut in staff, which is quite contrary what you led people to believe, before you were elected, and since, in the area of psych services.

I think this kind of attack on people who are, I suppose, in a very difficult spot, especially with the recession on, where these kind of problems become more prevalent. Mr. Minister, I wonder if

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you would outline the reason for these cuts, and also send me a list of where these cuts are taking place, and the positions that you are deleting in the next 5 or 6 subvotes that are related to psych services in the province, and I wonder if you'll give me that commitment now?

HON. MR. TAYLOR: — I would be glad to give you the list of the persons, near as I could explain. Basically, in this budget, I think you'll find that there's perhaps a very honest indication of the positions, and many of those are vacancies which previously had been listed as positions and then held open as vacancies. If they're vacant, we've deleted those. But we will give you the list that you asked for.

MR. LINGENFELTER: — Well, I realize that that is case, that you will not be filling positions in the department in the area of psych services. It still doesn't alleviate the problem of overwork that will occur from those people who remain, and I just find it unfortunate that you would choose this area to cut back and eliminate staff. I just think that at a time when case-load is increasing, where the work-load is increasing for these people, that you would choose this area to make those kind of cut-backs.

Item 12 agreed to.

Items 13 to 23 inclusive agreed to.

Item 24

MR. LINGENFELTER: — Mr. Minister, on the Lakeside Home in Wolseley, will you give me the name of the administrator there?

HON. MR. TAYLOR: — Sandra Hextall.

MR. LINGENFELTER: — I would like a clarification. Was this person your campaign manager in the last election?

HON. MR. TAYLOR: — No.

Item 24 agreed to.

Items 25 to 36 inclusive agreed to.

Item 37

MR. LINGENFELTER: — Mr. Chairman, I wonder if the minister, under the grant to the Saskatchewan Health Research Fund, can you elaborate on what that \$750,000 for research has been cancelled in this year's budget?

HON. MR. TAYLOR: — The original five-year program to the health research board was established on is up. There was a five-year original program that is completed. This year we allowed them to spend \$1 million. I indicated to them that they could spend \$1 million; that's part of the accumulated interest and their capital. Therefore, they can spend that, and we are in negotiations and discussions with them as to a new five-year program.

MR. LINGENFELTER: — But, Mr. Minister, in this year's budget there is no money, is that correct?

HON. MR. TAYLOR: — Yes, that's correct, but they have in their account, from interest, they've got \$1 million accumulated. So there is no money in the blue book for them, but they have \$1 million to spend, and this year, and we are working out a new five-year plan.

MR. LINGENFELTER: — Are you at this time able to give a commitment that next year funding

and a new five-year arrangement will be in place?

HON. MR. TAYLOR: — I'm certainly optimistic that we'll work something out; I can't give a commitment at this point in time because we're just into the discussions, but we are going to continue discussions with them, and I'm sure there will be some type of an arrangement worked out.

Item 37 agreed to.

Items 38 and 39 agreed to.

Vote 32 agreed to.

SASKATCHEWAN HERITAGE FUND BUDGETARY EXPENDITURE

HEALTH

Provincial Development Expenditure – Vote 32

Items 1 and 2 agreed to.

Vote 32 agreed to.

HON. MR. TAYLOR: — Mr. Chairman, I would just like to thank my officials for their prompt support in providing us with the information. I'd like to thank the members of the opposition for their question and I want to assure you that any of them that we took notice and we'll be supplying you with the answers. We'll get those to you as quickly as possible. Thank you, and thank you, Mr. Chairman.

MR. LINGENFELTER: — I'd like to make a point, Mr. Chairman, that I would appreciate that information in the near future, and also say to the minister's staff, thank you for doing what has to be a tough job in trying to keep this minister out of difficulty.

HON. MR. McLEOD: — I almost thought the House Leader of the opposition was going to provoke some debate there for a minute. Mr. Chairman, I move the committee rise, report progress, and ask for leave to sit again.

The committee reported progress.

The Assembly adjourned at 10:55 p.m.