

EVENING SITTING

COMMITTEE OF FINANCE

CONSOLIDATED FUND BUDGETARY EXPENDITURE

HEALTH

Ordinary Expenditure – Vote 32

Item 1 (continued)

MR. LINGENFELTER: — Mr. Minister, when we left off, we were discussing the nursing home construction as it related to Regina. And I think what we had clearly established is that there is a — I think the minister would concede this regardless of his attempts to say that home care and respite beds and all that will take care of the problem — that we have a very serious problem in waiting lists in Regina. And I agree it didn't start or become the problem when you became minister. But I'll say to you this, Mr. Minister, that it has become much more serious than it was when you took office.

And of course what we would like to see is, especially in a time when we have record high unemployment in the city of Regina, record number of small contractors going bankrupt, many, many young people who are out of work — what better time would there be for the government and a department to go into a major program of nursing home construction in Regina?

I think you would agree, Mr. Minister, your attempt to solve that problem by opening 11 beds this year, which will be the first beds in four years in Regina, is not going to deal with the problem at all. In fact, the waiting list will grow much more rapidly than what your beds will solve. And I would just like to ask the minister in a very reasonable way whether he would agree that, to date, you have done anything but solve the problem. In fact, the problem has grown considerably in the last three years in Regina.

HON. MR. TAYLOR: — Well, I won't reiterate our conversation before supper, because obviously we have different viewpoints on it. I would say that, you know, just once more, that the 1,500 represents more than people going into nursing homes.

I think you moved on to the aspect of employment, and certainly some of the capital projects that we have in health care in this year and the next year are going to do a lot for employment. And I think the one that you indicated is employment in the Regina area. Certainly the new Wascana Rehab Centre is going to supply many man-hours of work, not only in the planning but in the construction, and that's going to be going this fall. The Regina General — the refurbishing there, the regeneration project — will also, and I would be more than pleased to have my officials give you the . . . and I guess it's just an estimate at this point in time because until you get into the actual construction, you cannot say for sure how many jobs there will be. But we would be glad to supply that information for you.

The Salvation Army, I said will be going this year. That's some more jobs here, and again addressing the need. And the one at the Lutheran Home is close to opening so I suppose the construction spin-off there is pretty well finished. There will be . . . I don't know when you get 11 beds what that means in permanent jobs. These are heavy care people. It could translate into some permanent jobs. We would be pleased to supply that for you.

And of course then again this year — and the construction is on; I visited just a while ago — Indian Head with 15 beds. That's not in Regina, but it's within the environs.

So certainly in answer to your comment, and a legitimate comment, I would say, that at a time when and especially now when students are out of school and so on, the work that will be generated from these capital projects will be of benefit not only to the care that they will provide eventually for the residents of Saskatchewan, but certainly for employment in the short term. And of course, in the longer term, it gives some permanent jobs and the ones that we're building in rural Saskatchewan, from what I see there's a lot of job sharing there. Two or three ladies in the community may share the same job, and it translates into a lot of extra income for those communities, both in the construction and in the operation.

MR. LINGENFELTER: — Mr. Minister, you were talking about the disposable income of senior citizens in nursing homes. I would like you to clarify what the disposable income was when you became minister. I believe you said \$63, but I would like that clarified. And I would also like you to tell me and tell what numbers you're basing that on, because I don't believe it. I don't believe that the disposable income of senior citizens in nursing home, when the rate was \$390 in 1982 when you took office, was \$63. And I would like you to clarify that and tell me on what numbers you base it.

HON. MR. TAYLOR: — We'll have to do some calculating on that, but I quoted you a figure of around \$60. And I can substantiate this . . . Now this is when we became government. It says on July 1st of '81, the figure was \$65. I tell you now on May 1st of '85, it's \$156. I think what you're asking me though is, more precisely, what it was when I took over . . . (inaudible interjection) . . .

Well, I had no intention to mislead you. It was in the \$60 range when we took over, and no matter how you cut that, I mean, no matter how you wrap it, there's a great difference between \$65 and \$155.

But I will supply you with the exact figures.

MR. LINGENFELTER: — Mr. Minister, there is a great difference.

There's also a difference between \$63, which you said it was when you became minister, and what it was in reality. Because when you do the calculations, you will find that it was, I believe, \$101, and my memory may not be exact, but it was in the area of \$100 on May 8 of 1982.

And I want to tell you that it's unfortunate when a minister comes here and tries to mislead me. Because I remember very clearly what it was when we left office, and it was not \$63. And I would like you to clarify that for the committee, because I think there's a misrepresentation here.

HON. MR. TAYLOR: — I can tell you just from memory, and I'm not trying to mislead anyone, but you're dead wrong. When I came in as minister, I pegged it, and we raised it a considerable amount. I said, let's put it at \$100. So when you say 1010 when you left office, you're dead wrong. I pegged it at \$100 and that was a substantial increase, but I will supply you with those figures because I remember, as sure as I stand here, that we pegged it at 100, and then we brought in the formula that they would go up together and they would go up quarterly, and that was \$100. So if you're trying to say it was 101 when you left office, you're wrong.

MR. LINGENFELTER: — Well I would like you to get those numbers right now, because I want for the committee . . . because it's not good enough to send the answer weeks from now after the impression was left there. But I would like you to get for me the GIS, OAS, and SIP, and also the rate, because I can assure you that it will be about \$100. And I remember very well because I did a calculation at that time when we left office. And I will guarantee you that it's in the area of \$100.

Now if you're saying that in July of 1981 it was 63, you could be right, but there were increases that took place between . . . I think there would be two or three increases that would take place

between that time and when you took office. In fact, there would be four increases. No increases in the nursing home rate.

And I can guarantee you that you are wrong when you say it was \$65, and I'd like one of your people to do a quick calculation. And I see one of the people who used to do the calculations for me, and he would have that on the tips of his fingers, and I would ask him to give it to you now — not a week from now.

HON. MR. TAYLOR: — We will work those figures out for you as quickly as we can. I can give you these as hard and fast figures at this time: July 1, '81, \$65; Dec. 1, '83, I pegged it at \$100. But we will work those out for you as quickly as the officials can.

MR. LINGENFELTER: — Mr. Minister, I want to go into your construction program. And I indicated to the Assembly earlier that what you announced and what actually happens is two totally different stories, especially in the area of nursing home construction. And I would appreciate if you won't get up and give the harangue about which nursing home you built and how much good it did in the area, because I understand that you have built the odd nursing home, as all governments do.

But what I'm saying is that it's unfortunate when you announce projects and then don't carry them out, when you announce \$4 million for nursing home construction and then end up spending only 2.6.

Now in that area I have here a news release from you, Mr. Minister, dated April 15, 1985, that is titled, "Major hospital construction program announced." And what I would like to ask of you is: on the list of the years 1985-86, can you tell me whether or not the Lloydminster hospital that is announced for this year has been announced before? Is that a new announcement, or have you announced that project before?

HON. MR. TAYLOR: — Yes, we talked about that last year.

MR. LINGENFELTER: — And announced it in the budget?

HON. MR. TAYLOR: — Yes, I think we mentioned it in both budgets. It's a \$20 million project. And I think if you have any grasp of this, and I'm sure you have some, that it, you know, takes some time to plan that. I have no reservation that we talked about it last year. We talked about it this year. I'll talk about it next year, and I'll talk about it four years from now, because it's a very great thing . . . (inaudible interjection) . . . Well, you talk to the people in Lloydminster. They're very happy, because, you know, no matter how you cut this, you can say that you announced it this time, you announced it that time, and so on, but the thing is, my friend, they're going to have buildings. They're going to have people into it.

I can go back and tell you about the chiropody program. I told you about Duck Lake. I told you about Wawota before supper, and you guys, you just hung it out . . .

I'll give you this one. You may remember this from last year, and I'll tell you again. I'd like to tell the Assembly. This was the master one in sham, and I remember this only so well, because certain officials that I had told me this. It was 48 hours before the call of the writ in the 1982 election. A phone call came from the Leader of the Opposition: design a rehab centre for Regina. Forty-eight hours, for these good officials to put together a plan of a rehab centre. And we won't forget that one, and neither will the people of Saskatchewan.

We've been planning that rehab centre, and we talked about it last year, and it's going to be built this year, and it's going to be one of the best rehab centres in Saskatchewan and in Canada. And it wasn't a 48 hour . . .

And you can't deny that, and neither can your little gray-haired friend that sits beside you, because he was the little man that made the call — as outdated as he is, and you know it as well as I do. I see how you fellows look at him and look over his shoulder. The poor man can hardly stand up to answer a question in this House for fear of somebody knifing him in the back.

He phoned over and said, design a rehab centre, because it's good for the election. That doesn't happen with this government, and I have no shame in announcing Lloydminster and talking about it in '84 and in '85, and I will talk about it when it's built, and I will go there and open it, and I can tell you, the people of Lloydminster will be happy to see that project.

MR. LINGENFELTER: — Well they indeed will be happy to see it built, but I'm afraid they're going to have to wait until after the next election when they have a reasonable government. As far as the rehab centre in Regina, you will know and your officials will know that it was under study and consideration for some time.

But I have another project here that I would be . . . You've already admitted that Lloydminster has been announced by yourself once, twice, I believe three times. Yes, you've announced it three times now. And I have hundreds of news releases from you: rehabilitation centre a priority, 1983; new rehabilitation centre to be built, March 1984; rehab centre proposal requested, July of 19 . . . Mr. Minister, you're becoming known as the minister of news releases, but when do you ever do anything? You haven't done anything. Now we've established you've announced Lloydminster four times. How many times have you announced the Wascana rehab centre? Like, it's in this budget again, but how many times have you announced it?

(1915)

HON. MR. TAYLOR: — I can't say we keep announcing it at all. We keep talking about it because it's good stuff. And I'll tell you if you'd like to come over, if you ever have some time and so on, you come on over with the sod turning. The Hon. Minister of Supply and Services and I will be there. No, no, just, you know, if you get this over with quickly and get your questions off, we'll be out there turning the sod.

And as I said in my introductory remarks, if you have good ideas, we're glad to listen to them and we'll let you come there, and you can be there. I mean it's good stuff for Saskatchewan, and you know, you may think it's embarrassing, or try to embarrass me, that you may have mentioned it two or three times. I can tell you I'll talk about those all around Saskatchewan, this year, next year, and for years to come, because they are very good additions to the health care system. And I invite you. You know, you're welcome; you can come along, any of your caucus. You've got some ideas on health care, come with us. We'd like to have you there. You can use the shovel. I've got a nice gold shovel and I'll let you dig the hole.

MR. LINGENFELTER: — Well I'll tell you, we need a shovel in here from time to time when that Minister of Health gets up because I think what people are beginning to say is that they don't believe him.

He's announced the Lloydminster hospital four times, he's announced the Wascana Rehab Centre three times. And what about this? What about his cancer clinic in Saskatoon? Have you announced that before?

I have a budget address from 1983, March of 1983, and here's what it says about the cancer clinic. It says: "Tonight I am pleased to announce a five-year package." This is in 1983. You guys are full of five-year packages, but you never do anything. This is the cancer clinic, and the five-year package in 1983's budget, and it says:

Tonight I am pleased to announce a five-year package totalling \$17 million for the upgrading of cancer services in the province. This includes \$10 million for the

construction of a cancer clinic in Saskatoon.

This is in 1983, my friend. This is now 1985, and what does the five-year plan say? That we're going to build a cancer clinic in Saskatoon.

And you wonder why nobody can count on your word, why when you announce a five-year program people rip them up and throw them away. Because they're not worth the paper you write them on because you, Mr. Minister, have become . . .

And I have hundreds of news releases about rehab centres, and cancer clinics, and Lloydminster hospitals — and nothing has been done. You sit there and continue to read off press releases and wonder why the doctors and health care givers don't believe you any more.

Well I can tell you why they don't, and why this intelligent budget, when you announce five-year plans, that the public is not impressed — because they've heard it all before. And they're saying, how can you believe these people when you see what they do?

And in your area, Mr. Minister, on the cancer clinic and on the rehab centre, and Lloydminster, it's that you don't do anything. You just make announcements, and you don't spend the money. And why would we believe that you are going to spend the money this year? Unless we're going to have an election, and then you will go and take a spade and turn some sod.

We've watched it in Ontario. And that's why the majority in Ontario tonight has been cut by about 20 seats, and why you have the two parties who are coming very close in the heartland of Conservative Canada — because they don't believe you people any more, because you continue to make announcements and never carry them out.

And I would indicate that the rehab centre, my friend, being announced four times and no action taken on it, the people are wondering whether or not they should believe you this time. And I think that's fair comment.

HON. MR. TAYLOR: — Well I can see, and it shows up very, very evident, that the member opposite knows nothing about capital construction, because when he was in office they never built anything. I mean, it's coming just glaring that he seems to think you announce it, and the next day you build it. Or you announce it on the eve of an election — 48 hours to design.

Let me tell you about the cancer clinic. In the 1984-85 budget there was \$300,000 was budgeted to enable the cancer foundation to refine the functional program and to retain architects to proceed with design documentation. The foundation conducted interviews with architectural firms and selected Ferguson, Folstad, and Friggstad of Saskatoon to prepare a preliminary design and options for development. The foundation is proceeding with more detailed design work, and a construction start is anticipated in late '85 or early '86.

Now I just want to tell you a thing or two. The other day the cancer foundation were in my office. We looked at the plans; they showed me the model. The architect was there. All systems are go. Those are the ways that you come up with a plan in which you can bring personnel in place, you can bring equipment in place, and you can bring in that capital construction that's needed.

And I just want to say this to you: if you doubt in any way that the five-year plan by the cancer foundation isn't well received, I ask you if you want to take the time . . . Let your colleague from the north continue some questions. Go to the phone; go to the phone right now; don't dilly-dally. Go to the phone. Look up in the information or we can supply you with the number of Mr. Elmer Schwartz.

Elmer Schwartz is the administrator of City Hospital in Saskatoon. Elmer Schwartz is also the head

of the cancer foundation. You go . . . (inaudible interjection) . . . No, no, just wait a minute, because you don't like this. You go and you phone Elmer Schwartz. I'll give you five minutes. You go out and phone Elmer Schwartz right now, and you ask Elmer Schwartz if the five-year plan for cancer construction was not the best thing that happened in cancer treatment in this province. I challenge you. I challenge you to have the guts to go out and phone Elmer Schwartz right now. And that put it on the line. Go right ahead. Phone him and he will tell you firsthand.

MR. LINGENFELTER: — Mr. Minister, what I'm worried about is what the cancer foundation is doing. I'm sure they're doing an excellent job. What I'm concerned about is you . . . (inaudible interjection) . . . No, what I'm concerned about is you. I'm worried about what you're doing.

I'm worried about the fact that in the hospital construction program of this year is the same as last year, that it's the same as the year before, and the year before, and this five-year program that you announced in 1983 never comes about. And I say again that in 1983, you said in this year, 1983, you were going to build a cancer clinic. And you said in 1984 you were going to build it. And now you're saying in 1985 you're going to build it. And what people are saying, I don't believe Graham Taylor's going to build it. That's what they're saying to me.

And when it comes to Lloydminster . . . (inaudible interjection) . . . All of them. Everyone. Because they believe that you're playing politics with cancer and they think that that's unfortunate. They say the Minister of Health in Saskatchewan is playing politics with the health of our people, and when it comes to building hospitals, he's playing politics. And he's announced Lloydminster once — he announced it in 1982, he announced it in 1983, he announced it in 1984, and he's announcing it in 1985, and what they're saying in Lloydminster to the minister is that they don't believe you. They don't believe that you're going to build a hospital there.

And with the rehab centre, the same thing. You've announced it four times and what people begin to wonder after a while with Conservatives is whether you can believe them.

When you announce you're going to spend 4 million in nursing home construction and then spend 2.6 or cut it by 40 per cent, and not tell anybody, they say, can you believe them? And that's a fair comment that people should be asking that, and now that you've announced the rehab centre four times, and a few health care givers in Regina are scratching their heads and saying, well, I'm not sure; I think we may believe him but we may not. Can you blame them?

Can you blame them in Lloydminster, when you've announced that hospital four times, that there are a few people who are becoming cynical about the Minister of Health?

And the same with the cancer clinic. I say again, it's in the budget of 1983 that you were going to build it, and nothing has been done. And you simply aren't moving with these projects. You announce five-year plans, and I've listed out the news releases, and if we used the paper and the wood that's in these news releases to build nursing homes, we'd have a couple of rooms built.

But what you think you can do is get through your first term without doing anything. And I say to you, when will the Lloydminster hospital be built?

HON. MR. TAYLOR: — Well I fail to see the logic of the member's questions. Certainly I've invited him, I've asked him to go and phone. Obviously he won't do that. I've invited him to be with us this summer — I invite any of the members from the opposition, any member of the House, who wants to come to be part and parcel of the sod turning at any of these facilities.

He says we announce things and then they don't get going. Well I'll tell you three or four we announced this year, and they will be going this year, as I told you in my introductory remarks.

Saskatoon University Hospital, two new floors, this year; City Hospital, in 1988, and they were announced before, going to be going; St. Paul's, this year; the cancer clinic; the rehab. I mean,

you can talk all you want, you know, and you can take up all the time in this Assembly. That's your option. But I tell you, you just hang on to your seat, boy, because this summer and this fall you're going to see more capital construction in health that your head's going to spin. And one of them — one of them that's going to make your head spin pretty good — happens to be in Eastend, Saskatchewan.

MR. LINGENFELTER: — Well the minister is very impressed that he's going to build six nursing home beds in the Shaunavon constituency in four years. Mr. Minister, that's one and a half beds per year.

That's like the Minister of Highways, who has built six miles of road in my constituency in four years, and he's going to have a ribbon cutting — as well they should. When it's the first road that's been built in four years, they should have a ribbon cutting.

And for you to stand up, for you to stand up and brag that you're going to build nursing homes in Eastend — and I want to tell you, because I have the news release of when you're going to build them, when you're going to build these nursing homes — I want to just point out to you, I want to refer to when you're planning to build these beds in Eastend. You said this year. Well I would like you to correct your statement you have here, because your news release says in 1988 and '89. Graham, your announcement says 1988-89 in Eastend. It doesn't say this year. It doesn't say this year. It says three years from now.

So what the people in Eastend are saying is, they don't believe you. They're not going to trust you. Why should they? They've heard these promises before. They heard you promise to cut the sales tax, and you increased it. They heard you promise to cut income tax, and you've increased it. They heard you promise to cut property grants, or property taxes, and you've increased them.

And I'll tell you, my friend, that they simply will not believe that, when you say in a news release that in 1988 and '89 we plan to build six beds in Eastend — six beds in Eastend, and you stand up and brag about it. Well I'll tell you, you are the most incredible Minister of Health that I've ever seen. For you not have built anything in four years and say, three years after the next election, three years after . . .

. . . (inaudible interjection) . . . In my constituency you've built nothing. And what you have said to them is: if you elect us next time, three years after that, three years after that we're going to build some. Well do you think they're going to believe you? I can tell you what they'll say to you. They'll say the same thing as they did in Ontario; you guys are not to be believed.

HON. MR. TAYLOR: — Well I just want to say that there's conflicting reports from every constituency. There's a gentleman that I know out there by the name of Ted Gleim says that they're pretty happy about that three years down the road. And if I were your advice — you just came in today for the estimates — I'd get back out there, and the quicker the better for you, your safety.

But anyways, let me put this out to you, and you try and tell me that your government ever did any better. We're going to be spending in hospital construction — listen to this — 1985-86, this year, \$32.8 million; '86-87, \$58 million; '87-88, \$60 million; '88-89, \$65 million; and '89-90, \$65 million. Firm, solid commitments to hospital construction in this province.

And I would ask anyone to look back over the NDP years, and look at the amount of hospital construction out of the cities of Regina and Saskatoon. And if my memory serves me correctly, it was about \$2 million over five years — a despicable record.

These are true expenditures that are going to take place. And I gave you one person's name. I could name health care professionals across this province that you could phone tonight, or you can phone tomorrow morning, and you can ask them if they're not satisfied. Go to the head of

the joint planning facilities in Saskatoon, a group that work together.

I'll tell you the story. When I came in as Minister of Health in the 1982 election, the people opposite promised those poor people in Saskatoon \$225 million of bogus promises in hospital construction. That's right. They didn't deliver anything. Thank God, they didn't get the chance.

So when I became Minister of Health, I saw these demands. I said to the people of Saskatoon, I said, look it, those are utterly ridiculous. Let you sit down, work together, and come up with a joint plan.

Three hospitals, Mr. Chairman, from three different bases — one, a Crown hospital totally financed by the Government of Saskatchewan; the second, a municipal hospital owned by the city of Saskatoon; and the third, a religious hospital owned by an order of reverend sisters — three different bases, they came together, and they formed a joint planning hospital facilities. And I will congratulate those people because I believe there was no other committee formed that way in the Dominion of Canada. Three different interests — a Crown hospital, a community hospital, and a religious hospital.

And those dedicated people sat down, and they came up with a plan of how we could improve health care facilities in Saskatoon, bearing their own vested interests and saying, for the good of health in our city, this is the track you should follow, Mr. Minister.

(1930)

And I will congratulate those people. And we have made a commitment, as my colleague said in the budget, of 300 — let me repeat — \$300 million over the next five years for hospital construction, with a good portion of that going to construction in the city of Saskatoon.

MR. LINGENFELTER: — Well, Mr. Minister, that harangue that you just gave on how you are going to spin people's heads with your construction program, I will tell you that by building six beds in Eastend in 1989, which is four years from now, is not going to spin very many heads, because you guys are on the way out. And I would just like to, for the committee's sake, announce that the most recent results in Ontario show the Liberals with 51 seats, the Tories with 48, and the NDP with 24.

And I'll tell you that one of the reasons that this kind of thing is happening in the by-elections in New Brunswick, why in Newfoundland the Liberals doubled their vote as the NDP did, and why, in Ontario, you're about to lose the election, and that you'll lose the election here next time, is because you're not believable.

MR. CHAIRMAN: — Order, order. I'd like you to be more relevant with your questions. I don't believe the . . . Order. I don't believe the election in Ontario is in this subject at all. Carry on.

MR. LINGENFELTER: — Well I thought, Mr. Chairman, that people would be interested because we are all concerned about what is going on. But I would like to say to the minister this: that when you announce, for the fourth time, the rehab centre in Regina, and for the fourth time, the Lloydminster hospital, and for the fourth time, the cancer clinic in Saskatoon, don't be surprised when the voters of this province say to you: we will not believe you in the next election.

When you promised to cut the sales tax and remove it, and then you increase it, don't be surprised when the electorate . . . (inaudible interjection) . . . It's got a lot to do with hospitals because that's where you raise the money to take care of the hospitals. And when you cut the royalties to oil companies and say there's no money for building hospitals, people will say that's not believable.

And I want to indicate to you that these projects that you have announced again and again, I

would appreciate if we would not have to go through the ordeal of seeing any more news releases about the rehab centre, or Lloydminster, or the cancer clinic, and I'm sure your employees are getting tired of writing them and would appreciate very much if you'd quit asking for them, because everyone's tired of it. What they would like to see is some construction.

And, Mr. Minister, I would like to ask you a question about the nursing home construction in Saskatchewan. In this five-year plan, have you indicated a funding change where the provincial government will pay considerably less for nursing home construction, and the local communities considerably more, which in a very direct way is a major tax increase on the local communities when it comes to nursing home construction? Whose brilliant idea was that, to increase the amount that the local communities would have to pay by almost a 100 per cent? Where did that suggestion come from? Did that come from yourself, or did it come from the Minister of Finance?

And people say it came from the local communities. Now I would like that member, whoever said that, to stand up if he has any guts and tell me that he believes that the local communities want to pay more. And I say it's the member from Regina Victoria who says the local communities want to pay more for nursing homes. And I say that in Regina where the nursing home waiting list is 1,500, that that member, who never gets up and makes speeches, should stand on his feet and say that the city of Regina wants to pay more money — and say that Regina wants to pay more money.

And I would ask you, Mr. Minister, what is the new formula, and why was the change needed?

HON. MR. TAYLOR: — First of all, you said, will there be any more news releases on the rehab centre? Certainly there will be more news releases on the rehab centre. And you can just hold tight because there'll be one in a couple of days because we're in the process of hiring, an executive director to build the rehab centre. So that indicates that we're moving right along on it. And as I say that, if you behave yourself, we'll take you out to the opening of it.

You asked about the funding formulas and where the idea came from. And I can tell you the idea came from the people of Saskatchewan. I've met with over a hundred communities or more in this province who have said to me, look it, Mr. Minister, our top priority, because we were neglected so bad under the NDP, is to have a nursing home or an integrated facility. And we can tell you that in our communities, in small-town Saskatchewan, that we're willing to pay more than you're asking.

And so, in that light, is people are willing to put up more money at the community level to have more of an input into their nursing home, we said, fine and dandy, let's accommodate their requests.

But on the other hand, there's two sides to it. That's on new construction, Mr. Chairman. But the thing that was happening under the old formula was that for renovations the community was to pay 80 per cent — 80 per cent of the renovations. So communities were inclined to say, Mr. Chairman, why renovate? Let's go for something new.

Now you know, Mr. Chairman, and I know that doesn't make economic sense. If you can renovate a facility to have it meet the needs, then why not renovate and use the capital to build new ones in other communities that have no facility? So in light of that, Mr. Chairman, we have changed the formula.

So for new construction, the community comes up with 15 per cent of the new construction; but in renovations, where it was 80 per cent previously, the community only has to pay 50 per cent.

That indication, those suggestions, came from communities in Saskatchewan. And I can tell you, of the 60 communities that are out there, they're glad that they're being recognized, and that

they're getting a nursing home. And they're willing to put up because they have the feeling in their heart that they want to help their senior citizens.

I told this Assembly before supper, and I'll tell the story again if you want to hear it about Wawota, Saskatchewan, about Duck Lake, and I can go on and on and on and on, and tell you of community after community that said, we were totally neglected. There was a moratorium. They were told, forget it'; you're not getting a nursing home.

Sixty communities in this province are getting nursing homes. They're willing to pay a bit more. They're glad to be getting those facilities. And we are renovating where renovation is the logical way to go.

MR. LINGENFELTER: — Well, Mr. Minister, you should see the snickering of the people sitting behind you when you try to explain that the local communities asked you to increase the amount that they had to pay. You should see the snickers on people's faces when you get up and . . . (inaudible) . . . No, they're making fun of you; they're laughing at you. And I say to you, the people of the province who are having to pay 100 per cent more for every bed they construct are not impressed with what you have done. Though you say they asked for it, I would like you to table the letters. I would like you to table the letters of the communities who asked that they should be able to pay more.

HON. MR. TAYLOR: — Would you repeat your question of the letter you want? Did you want something tabled?

MR. LINGENFELTER: — You were saying how many communities asked you to pay more so they could pay more for their nursing home beds. I would like you to table the letters of all these communities who are writing you and saying, can we please pay 100 per cent more.

This makes as much sense as the Minister of Finance saying that people buying used cars wanted to pay sales tax on used automobiles. Like, tell me, tell me the communities. I would like a list of them so I can go phone them. You're talking about phoning them. I want to phone those communities who asked you if they could pay more for their nursing homes.

HON. MR. TAYLOR: — You know, again you just show the difference. Before supper you were saying, you know, I wouldn't consult with the medical community; I'd come running in with a Bill — boom like that. You know I can remember, and I have the Walter Smishek letter. Remember Walter Smishek? He once ran in Regina. Walter Smishek was his name. He was the guy that signed the letter — and I'd like the people of Saskatchewan to know — to say that there should be a moratorium. And do you know what a moratorium means, fellows? That means no construction, a stop. He was the individual that did that.

That's the way NDP dealt with people. Wonder they lost touch. They always had to write letters — letters saying no, no, doom and gloom.

I've had in excess of 100 communities in my office. And we sit down. I don't write letters to communities. I say come on in, let's sit down eye to eye and discuss it. And we have discussions and suggestions. And I say to them, what do you think as a community, we should be doing to meet the health care needs of this province? Do you realize that if we put on 5 or 8 or 10 per cent on \$1 billion, how much that is going to cost you, through your taxation or whatever revenue means it comes? And they have said to me, look it, Mr. Minister, we have service clubs out there. We've got people in our communities that the number one priority is the nursing home. We know that there's tough times, not only in Saskatchewan but across Canada. Governments cannot manufacture money. That's what they tell me. If you will give us the go-ahead, we will get the engines going in our communities. Communities such as Cut Knife is one that comes to my mind, who said, no problem; we'll come up with the money; we have it in place; just give us the go-ahead to build a nursing home.

There are many communities out there, volunteer. Small-town Saskatchewan always has and always will shoulder its responsibilities. They want to work in conjunction with the government. They want to have a government that says, look it, come on into my office and sit down and talk to me, like you would talk to your neighbour across the kitchen table.

And I give them the commitment, Mr. Chairman. I say, look it, I've understood your request, but I can understand a lot more when I go out to your small town. And I'd welcome the member to check my log of visiting small towns in Saskatchewan, for I've gone to St. Brieux. St. Brieux, a community that was told, you're too small; you're not important; you won't get a nursing home. I don't believe that kind of baloney.

I went to St. Brieux. I can remember the fine sister in St. Brieux that told me deep in her heart the desire for a nursing home in St. Brieux, Saskatchewan. I can remember the people telling me about the ethnic difference and how they feel that they would like to look after their own people in their own community.

And those things had an impact upon me. And I can't table a letter, and I have no intention of tabling a letter because I deal with people one on one, eyeball to eyeball, meeting to meeting, and not through the impersonal avenue of writing a negative letter, as was the case before.

MR. LINGENFELTER: — I would say to the minister that there's a good reason why you can't table any letters, because I don't believe there are any communities who asked to pay more. Now you have given me the name of the Cut Knife community who asked to pay more, and I'm going to be checking that out.

And I would like you now, as a result of your conversations, to continue that list. I would like the list of the other communities, because here again I don't believe you. I don't believe that people came in and asked to pay more. But I would like you to list them out for me. You've given me Cut Knife. Now I would like you to give me the other ones that asked to pay more.

HON. MR. TAYLOR: — I have no intention of giving them. I said Cut Knife said, we have the money in place; if you will give us the green light, we will build a nursing home. There are many communities out there that are willing to pay more. You know the names of the communities in Saskatchewan. I don't think I should have to do your research, as poor as it may be, for you.

But you just go right out, phone. I notice you haven't got the courage to phone Mr. Schwartz, because you know exactly what the answer will be. He'll tell you so quickly that you won't know what happened to you. But go out and phone.

You know all the communities in Saskatchewan. Go ahead and phone them. You have the list. You have the list of the nursing homes. Phone them and see if they're not happy that they're getting a nursing home. Go ahead. I challenge you. Go out and ask them. Say, are you not pleased you're getting a nursing home? Do you not believe you're getting one? Go ahead and phone them. Go ahead.

There's one right here. The member from Kelvington-Wadena says, phone Wadena. Go ahead and do it. I mean, either put up or shut up. That's the name of the game.

MR. LINGENFELTER: — The minister again is not giving any answers. First of all, we tried to get him to say what the waiting list was in Regina. Couldn't do it; didn't have the numbers.

(1945)

All the staff here couldn't give him the number, couldn't get the numbers for the waiting list. Then on the issue of what the disposable income was on May 8th of 1982, didn't have the

answer, couldn't do it. All the staff he has with him couldn't provide that.

And now with the communities who asked for this increase, to pay 100 per cent more, doesn't have the list, can't get the answers. No.

Well I'll tell you why you won't give me a list of the communities, because I don't believe there was one. I don't believe that one community came into your office and asked to pay more. And I think that's why you can't give me the list.

But you have given me Cut Knife. Now I intent to phone the people in Cut Knife, the board, and ask them whether it is true that they came to your office, as you said, and said . . . (inaudible interjection) . . . Yes, it is. You said they came to your office and asked to pay more. That's what you said.

And I say that isn't true, and I'm going to phone and ask them. I'm just going to phone and ask them, because I don't think you're telling us the right story here. I don't think the people in Cut Knife wanted to pay more. I think they believed that the oil coming out from under the land in their area, that that resource should pay for the hospitals, and they shouldn't have to go around putting on bake sales in order to cover off the money that you're losing on their oil. And I think that's what's happened, and I think that that's what you're demanding of the local communities.

And to say that people don't talk to us — I have had a number of people complaining about the change in the formula. And I have had a call tonight from an individual who says that the letter that they got today saying that furniture will no longer be covered as an expense as of May 1st — from your department. And I would ask about that, Mr. Minister. Who thought up that goofy idea, that furnishings in nursing homes would be no longer paid for by your department? And that letter went out just this week. An individual got the letter today, and said that of May 1st the department will no longer cover furnishings in nursing homes. And I would like to know who sent the letter out. Whose signature was on that letter?

HON. MR. TAYLOR: — Again, you know, I can't get over the way you would like to mislead people. You're back on what we talked about before supper, and I've tried to indicate to you there, and sometimes it's very difficult to try to get it through to you.

You talk about your figure of waiting lists. I indicated to you and explained it as simply as I possibly could, that your figure of this many people in Regina indicates that these are people that are needing some type of assistance — that may be going into a nursing home, that maybe going into a hospital, that may be home care. However, you like to try and mislead and say they're all knocking at the door. They're certainly not 1,500 people knocking at the door. There are a number of people that need some services, and they are getting them in one way, shape, or form.

Now I don't know how many times I have to explain that to you. You know, I have a lot of patience. I taught school for 15 years. I had some very difficult students. I had to go over it many, many times, and I'm willing to go over it as many times as it takes until you finally grasp what the situation is. We've got all night, and I will explain it in every possible way I can.

But for you — and I take exception of that — for you to get up and deliberately try to mislead some poor people who may be out there watching this type of carrying on in the legislature here on television, I think is a great injustice to you, and you're an embarrassment to your party, and I can see that your leader is not proud of you at all. In fact, he sits there with his back to you most of the time, because he's a little bit worried. And I would like him to get up and question, because I think it would raise the level of debate.

MR. LINGENFELTER: — The minister is avoiding every question that is being asked, and with good reason. The Department of Health — and the doctors will tell you this, the nurses will tell

you — has never been in worse shape. The nurses are saying in places like Rosetown that they simply can't function any more. The doctors are saying in Swift Current that they simply can't deal with the minister. It's like trying to negotiate with a gun to your head. There are people on waiting lists in the nursing homes, for nursing home beds in Regina where the waiting list is 1,500, and the minister gets up here and says there's no problem — no problem, he can get you in in a week. And I have people phoning my office who say that they've been on your waiting lists for two years. And you have the audacity to stand up here and belittle the situation and say there's no problem.

And I want to say to you, Mr. Minister, that the Department of Health under your hand — and the doctors will tell you that, and many people, nurses, will tell you that — has never been in worse situation. And I want to say to you that what has happened here tonight, where you continually avoid the questions, where you won't give an answer to what the waiting lists are or you just shrug it off and say that anybody can get into the nursing home in a week — simply isn't accurate and isn't true.

And what I'm asking you now is, the letter that was sent out, that announced that you would no longer cover the furnishings in nursing homes, I asked you a specific question: who sent that letter out? And here again you're trying to avoid the issue.

HON. MR. TAYLOR: — I want to react to some of the allegations, and again they attempt to mislead. You know, we can get around to answering the questions, but we just can't let you be standing up here spouting a bunch of nonsense. If you want answers, then just stop trying to mislead and misrepresent things.

You say there's a real problem of Rosetown. This is what I heard you saying: Rosetown is in shambles. I can tell you this — and if you'd keep up with your homework, which is very difficult for you to do, I understand — but this week the head of the Saskatchewan hospital association went out there to Rosetown to see the situation, came back, said everything is in hand. The chairman of the board in Rosetown says the situation is solved.

But still you like to blow it up and say, oh, the world is falling down in Rosetown — the same old doom and gloom that you fellows have preached for so long. I don't know when you're ever going to smarten up. I don't think you will.

I can tell you that I trust people like Hewitt Helmsing, the head of . . . You may call his capabilities into question, but I don't. Mr. Helmsing went out there. He went into the hospital, looked at the situation, came back and reported there's no problem — the chairman of the board.

Now again, you say people waiting for two years in Regina. Well you will check back in *Hansard*, you'll find that it says: after assessment in Regina, those who are needing admittance, the heavy care people, are within from one to four weeks. Now that's an awful lot different than anything of two years. And as my officials were telling me, in the city of Regina there is about one placement per day — one placement per day. Now do you squabble with that?

MR. LINGENFELTER: — The question was, Mr. Minister: the letter that you sent out that announced that as of May 1st no furnishing will be paid for — who sent that letter?

HON. MR. TAYLOR: — The letter here, dated April the 30th, capital financing of special care homes, signed by Walter Podiluk, the gentleman beside me.

MR. LINGENFELTER: — Now why in the world, after you have just announced that you're going to make the local communities pay 100 per cent more for construction of nursing home beds, would you now announce a little time later, two weeks later, that furnishings are no longer going to be paid for by the department?

Now these weren't announced in the budget. You didn't announce these increases to the local community in the budget, and I say that that's not fair. And many people out there are beginning to say the Minister of Health cannot be believed when he issues all of these press releases. They say that he is the minister of press releases, and also a grabber of taxes off of the sick. And you are not going to buy the beds for the nursing homes any more. And I'm wondering what kind of a minister of health would send a letter like that out announcing that he was no longer going to pay for nursing home beds in the nursing homes. Why would you do that?

HON. MR. TAYLOR: — Well you know I wish sincerely that, you know, that you could have been in on some of the consultation and discussion in my office. And I know that you don't go out and visit communities. You don't talk to them. Communities have said to me, look, Mr. Minister, there's a great need, there's a great demand in Saskatchewan because your predecessors, your predecessors put a moratorium on the construction after '76 because they wanted to use the people's money to buy potash mines; they decided they would not build nursing homes in this province.

The people of Saskatchewan know very well that that's the case. I mean it's no joke, everyone knows it. They seem . . . I remember the name of the guy. He used to sit somewhere over here. His name was Walter Smishek. That was the individual, Walter Smishek. And I can produce the letter, and I want the people of Saskatchewan to know that. And he said there should be a moratorium — and that means a stop, in simple man's language — to buildings, nursing home beds.

The people of Saskatchewan will realize this. We came in as a government and, in the first two years of government, we put \$11 million into capital construction of nursing home beds in this province. Beyond that, we said we'll go with a five-year program of \$25 million — 1,500 beds. In effect, it's more than 1,500 beds that will be built over the five-year period.

The people of Saskatchewan realize this. They know that there are 60 communities that are benefiting from nursing homes. And I could go through the list. I read it out in the ministerial statement. They are spread all around Saskatchewan. They are getting what they want, their number one request — a nursing home or an integrated facility.

They are not stupid, the people of Saskatchewan. They are good folks. They understand reality. They come in to me and they say, look it, there's a demand, we know there's a demand in 100 or more communities; we realize that you can't do it all and we're quite willing to help.

Now I don't know how the NDP dealt with communities. I have a good idea. But I believe those people. I believe those good honest farmers, and those druggists and bank managers that sit down opposite me . . . Oh, yes, you can laugh. I know you don't believe them. You're so far out of touch it isn't funny. But I believe them, and they said we can do more, and rightly they should have that capability to do more.

And you will see — you will see more construction in this year and in the next five years in this province in health facilities than you've ever saw any time during the NDP 11 years.

MR. PETERSEN: — Thank you, Mr. Chairman.

AN HON. MEMBER: — I have a couple of more questions, and I'm in a line of questioning, and I would like the opportunity to finish questioning, if I may.

MR. PETERSEN: — I'd like to ask the minister a couple of questions . . .

MR. CHAIRMAN: — Order, order. The member from Kelvington was up first. I believe he has the right to speak.

MR. PETERSEN: — I'd like to ask the minister a couple of questions to clarify the line of questioning that the member for Shaunavon has been delving into.

I've been wondering what exactly the numbers are. We've heard about 100 per cent increases, and I don't believe that. I would like to ask the Minister of Health, with regards to renovations on nursing home beds, what the difference is with the new policy.

Would you answer that? And then I have a couple of supplementary questions to that.

HON. MR. TAYLOR: — Thank you very, very much. The Leader of the Opposition was saying something about a bail-out, and I think he knows me well enough. I never need a bail-out, but if you're going to get one, you might as well get the big guy to do it.

However, your question was about renovation. The formula previously for communities where there could be a renovation — to take an existing facility and renovate it to meet today's standard — was that the community had to pay 80 per cent, 80 per cent of the cost. We looked at this in our consultation with communities, and where it could be feasible to renovate, we thought this was prohibitive, because if you've got to pay any 80 per cent for renovation, then maybe you might as well go for something new.

And I know, sir, that doesn't make very good economic sense. What can be used and upgraded should be used and upgraded. So we said, let's change the formula. So now those type of communities pay 50 per cent, a 30 per cent reduction.

MR. PETERSEN: — Then, in that case, you will admit that there were beds, as you said, that should be renovated. And because of moratoriums and what have you, there wasn't anything being done, no new beds being built, no renovations being done. So what we're looking at right now is, if we go from 80 to 50, that's 30 per cent. I work it out that most of my communities would look at about a 22 per cent net gain. Is that correct? Okay. Well that makes a lot of sense.

And while I'm on my feet, I would just like to thank the minister for putting in a five-year plan. Now my communities out there do not have to worry about making sudden decisions on funding, paying like that when the budget comes out. And I'd like to tell the Assembly and the hon. minister that that is something that my communities have talked to me about and have voiced their appreciation on.

Thank you very much.

SOME HON. MEMBERS: Hear, hear!

HON. MR. TAYLOR: — Well I think the hon. member certainly has a very good grasp of his constituency. I certainly realize that, that you know what you're doing in your constituency, and it sounds like . . . I get nice calls from towns like Foam Lake, Kelvington, Nokomis, Invermay, Rose Valley. So I certainly understand how you have a good grasp on this. And I want to say to those communities, I want to say to those communities that the member opposite was an important part of them getting their green light, because he articulated to me — and I thank you, sir — because you articulated to me very well the desires of your constituents. And I think they should be proud to have a member of your stature.

(2000)

MR. LINGENFELTER: — Mr. Chairman, and Mr. Minister, I would like to go back to the question of the change in policies, how it is, when there's a negative change in policy, where you demand an increase in funding from the local community or when you decide not to put beds and furnishings in the nursing homes, why isn't it that you announce this publicly? I would think that the public would be interested in knowing this. And when you have so much time to

reannounce the rehab centre, and I have all the press releases here — there must be 50 of them, talking about it — and you've never built anything, why is when you take money out of the hands of the local communities and don't put beds into the nursing homes, why don't you announce that to the public?

Why do you try to do it in the dark of night, and then administrators have to phone us and let us know in that manner and the Minister of Health sits quietly on his hands? Why are you that kind of a minister that you take that approach to life?

HON. MR. TAYLOR: — Well again, you know . . . And I don't know where you get information, and I hope I never find out, because it seems a very poor source.

However, you know you say: why do you not announce it publicly? That was the question: Mr. Speaker, why would you not announce the change in formula publicly?

Well I want to tell you, there was a convention in Saskatoon, it's called the SASH convention, the Saskatchewan Association of Special-Care Homes. Those are the people that run and operate special care homes. They're the board members; they're the executive directors. We made some announcements about the funding formula. There were people that were having construction this year. That convention was in the Bessborough Hotel, a rather public gathering place. I went in there and I called in all the people that were getting construction this year. We sat down at a meeting, and I said, look it, this is what's happening. Fine and dandy. I don't think that's secretive, in the dark of night. It was about 1 o'clock in the afternoon.

I then went to the general assembly of the SASH convention, and I said, the funding formulas will change. And they will change in this respect. Some 300 and some delegates, one of them who used to be in this Chamber, and I don't think will ever be back again . . .

AN HON. MEMBER: — What was his name?

HON. MR. TAYLOR: — Well, we won't name him now.

They were all there. Now if that isn't publicly announcing it, I don't know what is.

MR. LINGENFELTER: — Well, Mr. Minister, I would doubt very much if you would be impressing very many people who are either waiting for nursing home beds in this province, or the people who are trying to raise money to build nursing homes, because what is obviously happening here . . . And obviously, at least the Minister of Finance has the courtesy to announce in this Assembly when he's increasing taxes. At least had the courtesy to announce the 5 per cent increase on automobiles, had the courtesy to announce the 10 per cent, or to announce the new flat tax, had the courtesy to announce the property tax increase by removal of the rebate. But you, Mr. Minister, did not have the courtesy of announcing your tax increase on the people of the province who are wanting to build nursing home beds.

And I say to you that the press releases that you ship out, and I think you've taken over from the Minister of Highways in terms of press releases . . . In the first two years it was obviously that the member from Wilkie issued more press releases than anyone without doing a great deal. But I think you've taken over that position. You have now become the minister who issues press releases on a daily basis, over and over again, on the rehab centre, on the cancer clinic, on the Lloydminster hospital, but never do anything except raise taxes and try to take more money out of the local community.

And I say to you that that is one of the reasons that the doctors of this province are in the kind of mood that they are in. That is why in Manitoba, when a similar Bill was brought in the Assembly, there was no fight or argument. It just happened. It was passed. The doctors accepted it, the public accepted it, and the Minister of Health did a good job. Mr. Desjardins, who looks after

Health in the province, got that settled.

You can't do that because of the problem that people no longer believe or trust this government. And that is why I worry when you increase taxes in the dark of the night on the people in the nursing homes. Because that's what you're doing.

By saying we're no longer going to fund the beds, we're no longer going to pay for the beds that old people have to sleep in in the nursing homes, that's talking money out of the hands and pockets of the local communities. By saying that they have to pay 100 per cent more for construction, that is money that is no longer circulating in the community that used to come from the provincial government.

And I say to you, it is no small amount of money. For example, and you will know this, on a 40-bed nursing home, I don't know what it's running now, but I would say \$100,000 a bed. That is \$4 million. Under the new rate, we are talking about \$600,000 that has to be raised at the local level. That is \$600,000 that has to be raised at the local level that used to be \$320,000 at the local level.

Now we're not talking about a small amount of money, and it's obvious, Mr. Minister, what you're doing. What you're doing is putting a disincentive to building nursing homes. You are saying, if I raise the amount enough that the local community has to pay, they'll quit asking for them. That's what you're doing. And obviously you're trying to take the heat off yourself by putting such a strain on the local communities that they'll quit asking for nursing home beds.

And I say to you, Mr. Minister, that is not going unnoticed, and it's going to be a problem for you, and we are going to make it a problem for you, because I think the people of the local communities deserve it.

HON. MR. TAYLOR: — Well obviously, once again, you're always a fair ways out. You say that 100,000 a bed. You're a quarter out. At the utmost, it's \$75,000 a bed. Now either you don't care enough to get your figures right and do your homework, or, again, you're deliberately trying to mislead the Assembly and the people that are watching.

You say that we did it in the dark of night — the SASH convention, 350 or 60 people there, people involved in nursing homes. I told them at a meeting before the ones who are having construction this year. I spoke to the general assembly there. Now if that's in the dark of night, then one of us is certainly out. And 2 o'clock in the afternoon, in front of the press, in front of the people, in front of the people that run them, telling them straight up and straightforward — as they told me when they visited my office and said, we can pay more — is not, in any man's language, in the dark of night.

And you know, you try to let on that they're disappointed. I made my announcement in this House in a ministerial statement. I don't know if you were here that day. I think you were, because I believe you responded to it. And I read off each community that was getting a home and the size of that home for the total five-year plan. And you're trying to create a situation in which they're all disappointed, and hurt, and bleeding, and sad. And I can tell you, not one, not one community has phoned to me or my deputy or my director of continuing care and saying: cancel our project because we don't want it. Not one.

MR. LINGENFELTER: — Well, Mr. Minister, I asked you for the list of communities that asked you for the increase. That's what you were trying to make us believe a little while ago. you wouldn't give us the list except for Cut Knife, where you said they had asked to pay 100 per cent more, and I will check that out. I don't believe it.

But what we are saying to you very clearly, Mr. Minister, is the shifting of responsibility for the construction of nursing homes from the province to the local community is a major tax grab on

your part.

And what I say to you is that in your ministerial statement that you did make in the Assembly, you made no mention of two important parts of your new formula: one, that the funding arrangement would be different — you didn't say that in the Assembly. And the other thing is that you didn't announce that furniture would not be covered in the new formula.

Now the statement that you made in the House was not accurate. I give credit to the Minister of Finance. When he admits and ponies up his major tax increases, at least he has the courtesy to do it in the House.

You, Mr. Minister, when you made your ministerial statement, you picked up the form; you took out all the things that were negative for the communities; and you told your staff to take them out because you didn't want to read them. You read off the good part, and then went elsewhere to talk about the tax increases that you've put on the local communities.

And I say to you, that's unfortunate, because in a very direct way you're not giving the information to the Assembly, and trying to protect yourself. And eventually that catches up with you, as it has with the nurses and the doctors in many of the local hospitals, because they are saying to themselves that this minister is not fighting at the cabinet table for them.

The Minister of Energy and Mines is getting literally billions of dollars for the oil companies, and the Minister of Health is having to take more from the local communities in order to cover off his expenses.

Now either you should go to cabinet and fight to maintain the level of funding, or get better funding. But to get less out of cabinet, my friend, is not doing your job. You're not doing your job when you have to pay more at the local level for nursing home construction, when other members of the cabinet are able to get more for oil companies.

And I say that that's unfortunate, and that you should, when you make those announcements, at least have the courtesy to do it in the Assembly, so I and others can ask you questions, so that we don't have to hunt around to find out what you're really up to.

Because that's what we have to do with you, my friend. We have to go around and say, now what is he really up to? He's announced this major nursing home construction, but what is he really doing? And they say, well, what he is really doing is increasing the amount that the local communities have to pay, so that they won't be demanding so many nursing homes. And I say, that's unfortunate.

HON. MR. TAYLOR: — Again, Mr. Chairman, it would seem only right and logistical to me that if there's a change in the funding formula, and a change both ways — the community is putting in more for new construction, the community's putting less for renovation so that facilities that could be renovated are renovated and still used — that the logical people to explain that to are the people who are the elected folks that run nursing homes and the administrators that run them from day to day. And that's what I did at the SASH convention, and I think rightly so.

Now the member says something about the cabinet table. He says that the Minister of Energy gets a lot of money for oil. Now I don't know what this man thinks is a lot of money, but I can tell you that I stand here tonight proud in this Assembly that at our cabinet table I was able to get \$300 million — \$300 million — for a health capital fund. And I will challenge you to check any other health minister in Canada that has \$300 million in capital funds for a five-year program.

And again, ladies and gentlemen and my colleagues, the necessity of that \$300 million comes about because of an 11-year neglect. And I can't say it in any stronger terms — an 11-year neglect by your government, sir, of money towards capital projects in health care in this province.

Now if you think that isn't getting a fair share of the budget, then again it displays your total ignorance of the operation of government. I don't know what you did when you were a cabinet minister, but certainly you didn't come to grasp with the situations.

Now you talk about furniture. Always the situation has been that the local community picks up the amount for furniture in the construction formula in nursing homes. That's right. For new furniture, it was always picked up. So don't tell me that's not true, because it is true.

AN HON. MEMBER: — It never was.

HON. MR. TAYLOR: — It is and always was. But on the other hand, now we are asking the community to make the replacements of furniture.

And why do we do that? Because I'm a Lion and I belong to a Lion's Club. I know many people in the Knights of Columbus and in the Kiwanis and in the Elks and so on, who say, for God's sake, give us a chance to help our community. We're sick and tired of government domination which we had under the previous government. We want to help out. They're our seniors; they're our mothers and dads and aunts and uncles and loved ones, and we will raise money locally to furnish them. So we're allowing them to do that.

And this is the only contribution they have to make, because once a nursing home is constructed, once a nursing home is constructed, the total operation of that nursing home, the payment of all their staff, is covered entirely by this government.

(2015)

And I want to say that under the new funding formula over a period of 35 years, which is probably the duration of that mortgage, the local community pays 2 per cent — 2 per cent, my friends. And I believe in allowing local communities to have their input, their chance to do what they want to supply for their senior citizens.

MR. MARTENS: — Thank you, Mr. Chairman. I'd like to ask the minister a question related to integrated facilities. The town of Cabri has been suggested as an integrated facility in '87-88, I believe. And I'd like to have an explanation of what exactly an integrated facility is. And then I have another question after that.

HON. MR. TAYLOR: — Yes. The hon. member asks about Cabri. Cabri is going to be getting an integrated facility of 12 beds.

And your question is, what is an integrated facility? I want to tell you this, and I think you know, because I think in some situations you've travelled with me. And I've gone to many communities in rural Saskatchewan, and I've sat down and talked to them about what are your needs in health care.

And they tell me these things. They say, Mr. Minister, we have a small hospital. In times past, the government that were before you often thought of closing these hospitals, but we want this hospital to remain.

And I say to them, I can understand that. They want their hospital there so that they can have their babies born in that community; that if their elderly people get sick, they can go in and get medical treatment; and God forbid, but if there be a serious accident, they have somewhere to take those people for emergency treatment, and if they need to be moved to a better hospital or a bigger hospital, than the ambulance or the air ambulance comes into place.

Then they say one more thing. They said, those are the desires we want, but also we want a

place to house our senior citizens. We live 60 miles from that city. We do not want our senior citizens to have to spend their days in there, because they don't know anyone in that city. Here, I am their child, they know me. The grandchildren are here. Surely to goodness they can spend their latter days here with their loves ones. And to me that makes eminent sense.

So you look at all those things in totality. They want to keep their little hospital. We have to make it more functional. And they want to keep their senior citizens there. So with that, we look at integrated facility complex where we could put all those things together under one roof, where we could have acute care and emergency, but we could also have chronic care facilities, and programs, and life-styles for those senior citizens who will be in those integrated facilities.

I want to point out two things to you. In the case of the elderly, there are two very important concepts that we have to look after. Number one is the continuum of care or the degree of care. We all want those senior citizens to have the most clean surroundings, warmth, good diet, and all those things. Quality of care, that's one.

But the other thing that's very important is quality of life. Just because they're in an integrated facility or senior citizens' home, doesn't mean that they shouldn't have contact with the laughter and the songs of young children; doesn't mean that they can't take part in some crafts; doesn't mean, if they come from a farming background, that they can't have some of the young people in the farms bring back the most modern farm machinery so that they can see what is happening in the life that they no longer can take part in. That's quality of life.

So in integrated facilities, we're combining all those features to maintain quality of care, quality of life, acute care, and having their babies there. I think it's a wonderful concept. We're going to be able to do it in many communities, and let me tell you that's well received.

MR. MARTENS: — What role do you feature the nursing home or the hospital boards playing in that kind of a facility?

HON. MR. TAYLOR: — I think it's very important, and I'm not going to go out and tell communities they must do this, but communities are sensing this and gravitating towards this. I think it's very important that the three dimensions of care out there in the communities are interlocked.

And by that I mean, you have your acute care hospital board, you have your special care home if you have one, or your home care board. I believe that we have to have cross-pollination, shall I say, between all of those boards, so that they don't look at the care in their community as saying, well, I'm on the hospital board and never shall I worry about the home care; or, I'm on home care and I can never set my foot in the hospital. I don't think we can longer tolerate that type of situation. I sense and I see communities wanting to work together so that they have a spectrum of care.

So if there's a widow, say, in your community and she may have to go into the hospital for a few days, then she may even have to go to a special care home or into the integrated facility. But maybe her health comes back. She can go back, have surveillance, have her needs in home care looked after. So we have a continuum, a two-way flow, in and out.

And that's going to have to take a board. Your question was, where will hospital boards fit in? I think hospital boards, or special care home boards, or home care boards have to broaden their horizons, and we've got to look at it in the global picture. I hope that's answered your question.

MR. MARTENS: — I have another question. In the very bottom corner of my constituency we have an announcement that Mankota is going to get a facility. Could you enlarge on that one, please, for me, because the people from the bottom of my constituency would probably be using that.

HON. MR. TAYLOR: — Is it Mankota that you're asking about? Yes, in '86-87, Mankota will have a 12-bed integrated facility. And Mankota is just . . . I'm glad you raised that, because that certainly is an example of what I'm talking about. I'm not as familiar with that part of Saskatchewan as I'm sure you are, but I believe Mankota is somewhat isolated.

But I think it would be unjust and cruel for a person who is — and I believe many of them are ranchers out there and probably worked very hard all their life — and if they had to, because they were a senior citizen and could no longer live in their home, have to go to Swift Current or wherever is the closest city. They are taken away from their family. So therefore with an integrated facility in Mankota of 12 beds, I think those Mankota people will be able to certainly stay in their community and have the type of service I explained to you in my last reply.

The other thing that I should point out is that it goes further than just the integrated facilities, the special care homes, and the hospitals. The other thing we have to take into this whole picture of continuing care for the elderly is housing. I explained before supper about enriched housing, but I think we have to look at all of this as a continuum and certainly, if we're going to be addressing the health needs of Saskatchewan in the '80s and '90s, it is going to have to focus on the care of the seniors, because our population is increasing by the number of seniors faster than anywhere else in Canada.

HON. MR. BLAKENEY: — Mr. Chairman, and Mr. Minister, I want to ask a couple of questions that relate particularly to Regina, and I have some other more general questions.

I ask about the rehabilitation centre, and I know that it has been mentioned before, and I note that you have budgeted for it \$3.5 million. And I understand that the projected cost is perhaps ten times that amount of \$35 million or thereabouts. Would the minister indicate what he thinks the projected cost or the total cost of the Saskatchewan Rehabilitation Centre that appears in his budget and for which there is a capital vote of 3.5 million?

HON. MR. TAYLOR: — I would — again I think the hon. member realizes that we don't have it as a hard and fast dollar at this point in time — but I would . . . you're correct in your interpretation of this year's budget. And I think you were here when I was explaining to your colleague that we were planning to be started on this this fall. I would look at the overall expenditure, perhaps, in the 40 to \$45 million bracket.

HON. MR. BLAKENEY: — Mr. Chairman, and Mr. Minister, this is today's announcement, or a recent announcement, that we're going to go ahead with this project. I want to harken back to some previous announcement, that we're going to go ahead with this project. I want to harken back to some previous announcements, one 14 months ago, which announced the rehabilitation centre at that time, and I will remind the minister of his words:

Noting that Saskatchewan's population is aging faster than those in other provinces, Taylor said the new complex will enable the province to provide the very best of care to residents who require geriatric or extended care. Taylor said the expected construction is to begin early in 1985. The children's unit should be completed by February of 1986, and the adult rehabilitation therapy services will be in operation by mid-1986.

Do those dates still hold?

HON. MR. TAYLOR: — Well, certainly it's hard to say if we will meet all those target deadlines. We would like to gun for those. We're going to get started on the construction this year. You mentioned it's been announced before; I harken back to the first announcement, I think, was about March the 23rd of '82. So it has been announced two or three times from both sides of the House, if you'll recall correctly.

HON. MR. BLAKENEY: — Mr. Chairman, Mr. Minister, I well recall that there was a project to be located beside the Plains Hospital. It was put on hold, and it was cancelled, and we have this new project which, three years later, a little more than three years later, not a brick has been laid or a spoonful of dirt has been moved, but there has been no absence of announcements.

I am suing the last but one or two. I don't keep them filed always in sequence.

But this one, this one said that construction was going to begin early in 1985. Now early in 1985 is rapidly upon us. Indeed, you might say it'd been passed. And it hasn't happened yet.

And the children's' unit should be completed by February of 1986. These are not casual selected, I'm not saying innate 1986, but selecting a date like February 1986, that's promising a building schedule. I have no belief that this will happen. And I wonder whether the minister will give us a new building schedule, and whether he will indicate whether it will be any more reliable than the last.

HON. MR. TAYLOR: — I can certainly give you this commitment that you'll see construction started in this year of 1985.

I want to tell you some of the things that have taken place. And of course that's a little different than a two-day, hurry-up plan. We have put a board in place, and I think you know, and have been informed of the members of that board. It's a good cross-section of the people who will be using the rehab facilities, handicapped people, people with handicapped children.

And we have selected an architect. We are just in the throes of hiring an executive director. The architects, the program concepts, are complete at this point in time. And as you, I'm sure well know, that the rehab centre will involve various groups.

One in particular that has a quite an interest in it is the workmen's compensation board. Details of what they want to see in the rehab centre are being worked out, as well as the Department of Veterans' Affairs. So I can say that things are moving along quite well. Whether we can touch those targets or not, time will tell.

I know the hon. member opposite is aware, I believe, of the hurdles and the pitfalls that can be in place in building capital construction. But certainly as I announced before, are our target dates. But I cannot give you an assurance at this point in time, and I think you would realize that it would be impossible for anyone to do that — to say that we will meet those targets, but I can assure you that that's what we're gunning for.

HON. MR. BLAKENEY: — Mr. Chairman, Mr. Minister, you mentioned the workers' compensation board. Does the project which you are proposing to proceed with conform with the recommendations contained in the reports of the workers' compensation board view committee which has, on more than one occasion, I believe, addressed this question of a rehabilitation facility, which among other groups, would serve clients of the workers' compensation board requiring rehabilitation?

HON. MR. TAYLOR: — There have been some concerns expressed by the workers' compensation board, as I'm sure you're aware, want to get on with the building of the rehab centre. I think it will be a great asset to southern Saskatchewan. I've instructed my deputy to meet with workmen's compensation board to work out the details. Those meetings have taken place, and I feel that their concerns will certainly be accepted and will be part and parcel of the new rehab centre. So all I can on that, is that Mr. Podiluk has been meeting with them, and the report to me is that progress is going quite well.

(2030)

HON. MR. BLAKENEY: — Mr. Chairman, and Mr. Minister, I'm sure that the board, which your government appointed, I don't know whether under the current chairman or just which one, but has seen fit to give approval. I was talking about the workers' compensation review committee which has sat on a couple of occasions headed by Judge Muir, a distinguished person who is not an employee of the government and who has made a significant contribution to ideas on workers' compensation. And my simple question is: the review committee is not a permanent body. I well understand that. Will the project, which you are proposing, comply or substantially comply with the recommendations of the review committee?

HON. MR. TAYLOR: — The deputy informs me that in the consultations he had, the workers' compensation review committee, that you allude to their . . . their recommendations were discussed. I want to point out that the workmen's compensation board did hire a consultant to bring forward their desires and requests of what they would want to see in the new rehab centre. That has been formalized, completed, and their requests have been accepted and adopted by the Wascana rehab board centre.

So I would think, in answer to your question, that the concerns expressed by these people have been accepted.

HON. MR. BLAKENEY: — Mr. Chairman, and Mr. Minister, I move on to some other topics. And this has to do with waiting lists in nursing homes. And the minister will be aware that at Saskatoon, the co-ordinated assessment unit, and I want to inquire into whether or not those assessment units are operative, and whether they're operative in Saskatoon and in Regina, and whether they're generally operative across the province.

This is three or four months old now, this report indicated that about 1,300 people were on the waiting lists for beds in Saskatoon, and the co-ordinated assessment unit had reached the conclusion that about 13 per cent of those people didn't need to be on the waiting list at this time, and that 87 per cent did; that in the nature of things people put their names on lists early because there's believed to be a long time-lag. Nonetheless, that would make the number of people on the waiting list in Saskatoon whose needs were current — I won't say urgent, but current — to be over 1,100 people in Saskatoon.

Could the minister confirm that my reading of this is accurate, and that even after the waiting list has been culled by the co-ordinated assessment unit, and some names, some 13 per cent, have been struck from the current list as not requiring nursing home care at this time, that there's still more than 1,100 people in Saskatoon who are on the waiting list who need current services?

HON. MR. TAYLOR: — I think the first question was: are the co-ordinating committees or assessment committees in place, and when were they put in place? Saskatoon, I believe, was in September the 4th of '84 that it was put into place. And my information is that on April the 1st of '84, Regina came into place. And I must report that I think both of them are working very well.

I don't believe that you were privy to the discussion I had with your seat-mate regarding the total thing of waiting lists. And I think you understand that a waiting list is rather a nebulous type of a situation, because it may not truly reflect the need that's there.

The waiting lists, as we see them by these co-ordinating committees, indicate the number of people who are needing some type of care. Some of that may well truly be admittance to a nursing home. I don't deny that at all. Some of that may be home care treatment; it may be adult day care; it could be a lot of things — respite. In your budget speech I remember you mentioning to me the need for respite, and this is certainly one of the areas that we're working on.

I want to point out in the home care, I made an announcement. Your colleague seems to take exception to some of the press statements we put out. But I think it's very important when you're dealing in a portfolio such as Health, which deals mainly with the aged, or a lot of the

services have to do with the aged people in Saskatchewan, that it's incumbent upon a minister of health to keep them informed.

And I believe it was yesterday that I put out a press statement indicating that we're putting an extra \$700,000 into the home care program to help keep more heavy care people out of nursing homes and at home where they really want to be.

So in answer to your question, I would say this: that for those who are assessed by the committees and found to be in need, urgently in need of getting into a nursing home, we're finding that between one to four weeks they are being admitted.

So I think that's a fairly good record, and I think that is the criteria we should be looking at rather than the length of the waiting list. Because I'm sure the hon. member opposite understands, I'm confident that he does, that you just can't look at the waiting list. The more important thing is that, are those who need help getting the help they need as quickly as possible, be it admittance into the home; be it admittance into a hospital; be it necessary home care, or support services, day-care, respite, and heaven forbid, but some must have palliative care.

HON. MR. BLAKENEY: — Mr. Chairman, Mr. Minister, I quite agree with you that waiting-lists are deceptive. Deceptive, if one believes that one should have the same number of beds as there are names on the waiting list. That is not credible and I, and I'm sure my colleagues, don't assert that.

I was surprised at the information in Saskatoon indicating that only 13 per cent of those on the lists did not require nursing care. Now that is a difficult concept, whether or not nursing care meant nursing home care or meant something else. And I'm not now trying to belabour this, only to . . . If the minister has any information, any recent information about how many of these 1,300 who were in Saskatoon —or you can use another city if you have another set of statistics — who are on the lists for nursing homes, require nursing home care? And how many would, how many could be served by intensive home care — if I may use that phrase — and how many could be served by any other community facility which is available? I don't know whether the analysis has gone in an extensive way, enough to allow you to answer that.

HON. MR. TAYLOR: — I appreciate the observation of the member opposite, and I think he's looking at it in a realistic and fair approach in saying that the statistics say there are this many — I think you're saying 85 per cent — that needs some type of nursing care, and I think you're being quite fair in saying that may well be home nursing care.

Really, I don't have a figure that I can give to you to say that it is this many that must get into the nursing home. What we are doing, and I think you would support this, is that we are having everyone equally assessed and through that process, those with the greatest need will get into the nursing home. And my understanding, that I receive from my officials, is that at the present time for those with those heavy needs to get in, is between one to four weeks. So of the others, certainly some may need to get into nursing home a little further down the trail. Enriched housing may help some of them, home care, and we're doing a lot in beefing up, so to say, the home care.

And respite, as I announced at the Saskatoon convention, the other day, I said in all the new construction, especially in the 30-bed homes, I'm expecting that they put two of those beds for respite, and I don't have to explain respite to you, you are well aware of the benefits of it. So through those initiatives, and I think they are strong initiatives, we hope to try and satisfy the needs of those people on those so-called, in quotation, "waiting lists."

HON. MR. BLAKENEY: — Mr. Chairman, and Mr. Minister, I'm sure you realize that the situation has got, at least in Regina, a good deal more acute in the last several years — I would say the last three years. You may quarrel with the three, but there's no doubt about it having got more

difficult. I am an MLA. I know the people consult me about how they can get their aged relative into nursing homes. I say, and you know, that there hasn't been one nursing home bed opened in Regina in three years, not one. And so it's no use saying that a great deal has been done.

But I am going to refer you to what's happened in the general hospitals, and the Pasqua I'm very familiar with. It's in my riding. The General Hospital, I am familiar with as well. And I have, not too long ago, visited two people in the Pasqua Hospital. At least one of them shouldn't have been in a general hospital, but should have been in a nursing home. And I am sure anyone else can . . . I would have thought it true for the other one as well. Each of them were in there. One was in the 80's and one was in the 90's, and they really weren't in need of any acute care. But they certainly were in need of some kind of care. and they had no place to go other than a nursing home, and they were not able to get into nursing homes.

You will be aware of the facts in Regina. And the Regina General, as I will give as an example, has about 25 beds which it says are there for level 3 and 4. It's in the nature of things that some level 3 and 4 patients are going to get into a general hospital on the way in or the way out, as you might say. However, they've got at least 75 beds, and I would think perhaps more, filled with level 3 and level 4 patients.

The situation at the Pasqua is approximately the same. I don't know whether the numbers are the same, but the percentage is about the same, indicating that if we are to de-bottleneck those two hospitals, you're looking at a 100 beds to just get them down to their rated figures of about 25 in the case of the General, and I would say about 25 in the case of the Pasqua. Traditionally, the Pasqua has had a few more levels 3's and 4's, but that varies from time to time.

So we shouldn't expect that anything is going to happen very fast in Regina if we are going to spend the first 100 beds de-bottlenecking the general hospitals. I'm not suggesting that that will happen in quite that way, but it's certainly an indication of a serious need for nursing home beds, because I don't think . . . and you will also be familiar, Mr. Minister, with the arguments from the hospitals, and I here am reading from a newspaper report quoting Mr. Royce Gill, but it could be anyone else saying that:

Those beds mean that they will always have a few more patients in the hospitals than they can most efficiently handle, that they should have a small margin of beds for efficient handling, which they don't now have, and that this is causing them losses.

You're familiar with those stories?

(2045)

The question I really direct to you is this: do you acknowledge that there are, perhaps, 100 people in the two general hospitals in Regina, the Regina General and the Pasqua, perhaps some more in the Plains, although the number will be much less — I concede that out of hand — who would be, over and above what one would expect to be in general hospitals, and who rightly should be in nursing homes or similar accommodation?

HON. MR. TAYLOR: — I don't know if I concede that there's 100. I haven't checked the figures lately, but I do concede that here are, that there is a concern with some bed blockage by what we would call level 3 or 4 or heavy-care people.

To that extent, and we have as our announcements have pointed out, although you say there isn't one new bed constructed in Regina, actually there are 11 at the Sunset Lutheran Home should be open, I think, in the next month or so. And I'm not saying that's a monumental number of beds, but there are 11.

However, as you know, the Salvation Army are going to get 30 this year; and Santa Maria, 48 for next year; as well as Lumsden have been designated 30 beds. And I think Lumsden will certainly have an effect on Regina. We can argue how much it will be, but I think it will be some effect there.

Fort Qu'Appelle and Indian Head, between them another 25 beds. And I suppose they are a little further out of the city, the effect would be a little less with those two. But those beds will, I hope, help reduce the blockage that's at the General and the Pasqua. And, as you know, we're going ahead with the regeneration of Phase III of the General Hospital.

So, certainly, I don't deny that there are beds blocked at this point in time, but I think the announcements and the commitment will certainly address the situation in Regina.

And, of course, last year in Saskatoon, we announced the 50-bed Circle Drive home. This year, I believe there's 78 beds for the Lutheran home, and, of course, the new 238-bed home that will be started this fall in Saskatoon. So as far as an overnight fix, I have to say we're in place of building these.

And the other thing, going back to Regina, was that it was just in April the 1 of '84, that the Wascana Home Care District really got off the ground and got functioning. And I'm hopeful that the Wascana Home Care will be able to alleviate . . . I don't see them taking all of those 70, or how many people that we may say are in there, out of the hospital at this point in time. They may be able to take some of them out but, more important, they may be able to keep some of them in their homes, rather than going in to crowd those beds in the future.

HON. MR. BLAKENEY: — Well, Mr. Chairman, and Mr. Minister, I won't talk about the Regina General Hospital — that regeneration, that hole in the ground that's been there for three years speaks more eloquently than anything I could say about the commitment of the government to get on with hospital regeneration. That project was stopped dead for three years, and we are now promised that it's perhaps going to go forward . . . (inaudible interjection) . . . Well I won't . . . There's not much point in arguing that. Can you believe what they say when you see what they do? . . . Is the way to judge the government . . .

And we've seen what they've done for three years at the Regina General Hospital, and perhaps there will be a change. One can only hope there will be a change. But certainly for three years there has been little happening.

I want to touch on a couple of other points. And I particularly want to touch on one small point and a couple of more substance. And the small point, it's an important point, but not of general interest.

I have had, Mr. Minister, a couple or three cases of people who have . . . members of the medical profession who have, in effect, complained to me that they thought the procedures for review and appeal of suspensions by the College of Physicians and Surgeons didn't give them a sufficient right to put their case and to defend themselves against allegations of improper practice or whatever. As I say, this is a narrow point. It's an important point if you're a medical practitioner. And I wonder whether you can make any comment on whether you are satisfied with the procedures, and whether you feel that they are working for medical practitioners who are called before the College of Physicians and Surgeons for discipline proceedings.

HON. MR. TAYLOR: — Well I would expect that the college — you know, they are the professional disciplining body of the profession — would be dealing with these in a professional way. I haven't had, that I can recall, any real concern expressed. I would expect the college to be dealing with these in a professional way.

If there are incidents that have come to your attention, I would appreciate you letting me know

about those, but as far as my memory serves me at this time, I have not had . . . can recall having it raised as a problem.

HON. MR. BLAKENEY: — Thank you, Mr. Minister. I haven't pursued them in detail, because I haven't been called upon to do so, I know it's in the nature of people who are alleged to have committed an infraction, many of them feel that they're hard done by. It's in the nature of that sort of proceeding. Any lawyer is well aware of that.

But if you haven't had very many, I will leave it at that, and go on to the next point I wanted to raise. And this has to do with drugs, the cost of drugs, the generic drugs, and the apparent proposals of the federal government to limit the importation into Canada, or perhaps limit the manufacture in Canada, of generic drugs.

You are, I think, familiar with that general issue, wherein one group of drug companies is . . . It has to do with the Patent Act, as you will be aware . . . (inaudible interjection) . . . Well I am attempting to frame a question that a couple of your colleagues would understand, and therefore I'm searching for the simplest language I can.

And it has to do with the Patent Act, and with the present provisions which allow people to manufacture patented drugs on payment of a small royalty, which provisions are apparently going to be repealed, which would allow the manufacture of drugs to be restricted to those who have the patents.

Many people believe this will mean we'll have a dramatic increase in the cost of prescription drugs, and a dramatic upward increase. And I am asking you whether your officials have examined into this, whether you think it would have a significant cost effect on Saskatchewan citizens and particularly the prescription drug plan, and whether you've made any representations to the federal government about it.

HON. MR. TAYLOR: — Well back onto your last question just for a moment. And I just want to reassure you and the members of this House. As I say, my memory does not recall approaches to me about unjust treatment, but I want to make it very clear that I want to see individuals, whether they be in the medical profession or at any walk of life, have just treatment in this province. So I would just say, if you feel that you have some situations there that should be pursued, I would ask you outside of this House, or whenever convenient, to inform me of those, and certainly it is my desire to see that just and fair treatment is provided to these people. But we'll leave it just at that, and if you so wish to do that, I would entertain it.

As far as the Patent Act, yes, we did make representation. I forget the date of the letter at this point in time, but I would . . . it was some time ago. Last summer they indicated to me . . . And certainly, as broad, general guide-lines, I want to safeguard the cost of drugs for people in Saskatchewan.

I can certainly see the role of the generic companies, and we have expressed our concern to them. I don't have that correspondence with me at this point in time, but I would be quite willing to make it available to the member.

HON. MR. BLAKENEY: — Well Mr. Chairman, and Mr. Minister, I take it then that you are concerned about the development and concerned about what effect it might have on the cost of operating our plan, and have made representations urging that the current arrangements be continued or something close to them.

HON. MR. TAYLOR: — . . . (inaudible) . . . a little bit further here for you. Basically this was the gist of the communiqué I sent down to . . . I guess it was the Eastman commission or the group that were looking into it. And I will summarize here. It says that:

We believe that we complement and support the need for economic development in Canada and more particularly in Saskatchewan.

And I guess that would say that if there are innovators, we see the benefit of that.

We ensure reasonable patent protection for the pharmaceutical industry, and we would want to avoid substantial incremental costs to the province.

And I think that's the point that you are asking and also,

. . . that we would provide for continuing competition on drug prices in the future.

So basically, and I think in answer to your question, point number three:

We would want to avoid substantial incremental costs to the province of Saskatchewan.

Is what you will, if I understand your question correctly, is what you are asking, and certainly we want to safeguard that.

HON. MR. BLAKENEY: — Well Mr. Chairman, and Mr. Minister, I just urge you to continue those efforts, because I think that that could have cost us a great deal of money. And the prescription drug program is a valuable program, and in many ways a costly program and likely to be more so as drugs become more costly and generally more widely prescribed. And I think we don't need a large premium paid by Saskatchewan people in order to get a small drug industry in another province if, in fact, it would have that effect.

I go back to the earlier point I raised, and I don't want to belabour this point with respect to the appeal procedures under the College of Physicians and Surgeons. But I give you these facts concerning doctor X who was mailed, and doctor X has his name struck from the register of the college in April of 1983. These are the facts as I understand them. He appealed to the Hon. Mr. Taylor to establish a review tribunal. Nothing happened under the December 1983 when the tribunal was established. The tribunal did not meet until October, November 1984, and did not render a judgment until February 19, 1985.

A majority of the panel stated that the action of the college was too harsh and recommended that he be suspended for two years. And a minority report said that there was no basis for a suspension at all.

I'm not concerned about what the majority — minority said. What I was struck by was the fact that his name was struck off in April of '83, and there was no judgement until February of '85. And the harshish judgement said that he should be struck off for two years, and I couldn't help but feel that seemed to consume the time that the appeal procedure took.

Is that sort of procedure normal, that time-lag for a physician to be struck off the record? And two years later, the tribunal reached the conclusion that . . . One of the tribunal says that the shouldn't have been struck off at all, and the other saying, well he shouldn't have been struck off permanently. That's a pretty difficult penalty if it takes two years to get your name back on the register. That's a serious, serious penalty for a member of the medical profession, as you will know.

(2100)

HON. MR. TAYLOR: — I'll have to take note and get my officials to brief me on that. There's not very many of these are you know, and I couldn't . . . I think I'd be misleading you or the House if I commented at this time. But I will check into it and get back to you on that.

On the aspect of the drug plan as you're pointing out, you're correct in that the drug plan — beneficial as it is to the people of Saskatchewan — is the fastest escalating cost in the Department of Health, and a lot of that comes about through drug costs. Utilization is a factor, but certainly drug costs which are increasing shall we say almost astronomically. So your observation is correct there.

And getting back to the appeal thing, I would have to have a check, but I will get you the answer before the estimates are over.

HON. MR. BLAKENEY: — I want to move to another subject, and this has to do with your apparent desire to privatize health care in the province. The administrative and organizational review conducted by an associated health planners . . . You will be familiar with that, that's over a year now, year ago now. And one of those health planners was one Bud Sherman, and another one was Byron Nilsen. And you will be aware that Bud Sherman, now gone to his reward in another capacity, but has been also working for the new federal government and working for the Hon. Jake Epp. And last fall, Health Minister Jake Epp appointed Bud Sherman, a former Manitoba health minister and now a health consultant, to conduct a four-month study on ways of increasing the involvement of private companies in health care management and building projects.

We will be suggesting ways the provincial governments can move forward in this area. Is this what Mr. Bud Sherman, who was doing this for the federal government, is this what he was doing for the provincial government when he was conducting this administrative and organizational review?

HON. MR. TAYLOR: — No.

HON. MR. BLAKENEY: — Did Mr. Sherman, in the course of his duties, not for Mr. Epp when he was pursuing this privatization of health care, but for you when you say he was doing something else, did he prepare a report, and would it be available for the consideration and information of the House?

HON. MR. TAYLOR: — No, it's an internal report, but certainly Mr. Sherman was not under my authority in looking at any type of privatization of health care in Saskatchewan.

HON. MR. BLAKENEY: — Well, Mr. Chairman, and Mr. Minister, you will know that the information which was circulated around your department concerning a Mr. Sherman's and Mr. Nilsen's functions was replete with words like "productivity opportunity," and "specific productivity improvement", and on and on— the buzz words which are used when we are talking about the privatization of health care. Everywhere where people talk about the privatization of health care, it is always alleged that in this way we're going to improve productivity, or sometimes called efficiency.

And you were saying that while Mr. Sherman was about examining into productivity opportunities and such jaw-breakers as "Productivity Opportunities Survey Results," all capitals, for Saskatchewan health, and then, review a specific productivity improvement project work groups, and discuss the next steps with respect to the productivity improvement program — you're telling me that when he's doing all these things he is talking about productivity in the public health sector and not talking about the privatization of health care.

HON. MR. TAYLOR: — It's rather amusing for you to try and link productivity and improvement to the private sector. You understand, and I'm sure you're aware, that the Premier instigated, in the civil servants of Saskatchewan, a whole productivity exercise headed by my colleague, the Minister for Social Services, being very well received.

You know, I think you're drawing a very long bow, and your discussions have been quite good up to this point. You know, I'm a bit disappointed to see you try and bridge this to say that it has something to do with privatization. Certainly, we want productivity in the public service; we want efficiency; we want effectiveness. This is what the civil servants want to do themselves.

So, you know, for you, hon. member, to try and create that idea that because Bud Sherman was doing an administrative review for me of the public service in the Department of Health, and then at a later date, before the Hon. Jake Epp, is doing another type of service — you know, it doesn't really hold water.

Certainly, I can assure you that I want productivity; I want effectiveness; I want improvement. And I think the people of Saskatchewan want to see those things. But certainly it is within the public administration of health care in this province and nothing to do with privatization.

HON. MR. BLAKENEY: — Well thank you, Mr. Minister, I would be somewhat more reassured had I not read some of the comments attributed to you in the press, saying that you had not problems with privatization of health care, and that if the companies were moving in at Saskatoon, you weren't troubled by that.

I just want to remind you and other members of the House that there are other views on this matter. And that well-informed people, who have surveyed hospitals in California, have found that their medium-size California hospitals — which correspond pretty well to our larger hospitals, in the 500- to 1000-bed range — have found that the investor-operated hospitals and the hospitals operated by public agencies, the investor-operated ones were certainly no more efficient. And throughout, both costs and charges were higher at the profit-making institutions than they were at the hospitals operated by public institutions.

So I want to make that point: that the case is not made, by any means, for the privatization of health care even as a cost-saving measure, quite apart from quality-of-care considerations. The case is not made.

And I would wish the minister, before he is attracted down this road by anybody else who may be working for Mr. Jake Epp, he would look at the facts and be very sure that, even on alleged efficiency grounds, the case is not made, quite apart from the quality-of-care grounds and quite apart from the traditions of Saskatchewan, which heretofore, have not welcomed the privatization of nursing homes and hospital operations.

HON. MR. TAYLOR: — I listen with interest, Mr. Chairman, to the hon. member opposite, because he knows full well, and so do I, that under his administration and under ours the private sector have been in health care. Extendicare, who operates a number of homes in this province, is a private corporation, did business with his government, started with his government. We've continued those contracts.

He mentions about some quotation from a Saskatoon paper — and I don't know which one he's talking about, but I assume it's the *Star-Phoenix*; it's probably the only one in town. And that may well have been, where I may've been approached in saying, is there room for the private sector in the construction of nursing homes? And I believe there probably is.

If his government opposite was willing to do work and sign contracts with Extendicare, an Ontario-based and United States-based private company in health care, then I see no reason why we should not explore co-operation or ventures with Saskatchewan-based entrepreneurs who may want to get into the home care or the special care homes.

But as far as privatization of hospitals, there is no attention by this government to look at privatization of hospitals. But I just wanted to draw to the attention — and you well know that, sir, and it may have well been when you were minister of health, I'm not sure — but that

Extendicare, which is a private company, did business in providing special care homes with your government and are doing it with ours.

HON. MR. BLAKENEY: — Thank you, Mr. Minister. Just to review the history, no new facilities, or privately owned facilities, were opened when our government was there. The ones that were existing and established there under the Ross Thatcher government were not necessarily turfed out. We took what we had and did business with them, but no new ones came in.

And we found no particular evidence that Saskatchewan people wanted privately operated nursing homes any more than they want privately operated hospitals. The facilities were there. We don't have any animus towards the private sector per se, but here are . . . so we're not hurling them out on their ear.

But from the point of view of going that way in establishing new homes or new facilities, be they nursing homes or hospitals, I very much hope that your government will take the view that the public ownership and the public administration of both hospitals and nursing homes is the bet route for Saskatchewan people to go.

MR. LINGENFELTER: — Mr. Minister, I have here a news release, July 6, 1984, which is titled: "Rehab Centre Proposals Requested." You'll be aware of that, or some of your staff will be. I'll just read part of it to get you up to par here:

An invitation has gone out requesting architectural and engineering proposals for the new South Saskatchewan rehabilitation centre in Regina, the minister announced today.

Can you tell me what proposals you got in and if any of them have been awarded at this time?

HON. MR. TAYLOR: — Your question was about the selection of an architectural firm, if I understand correctly, there were various ones, and the architect has been selected and on the job now is Rodham and Wiens is the architectural firm, if that's what you were asking.

MR. LINGENFELTER: — Can you give me a bit of a background on this company, who the principals are, and what their background is, and why they were qualified?

HON. MR. TAYLOR: — Yes, Rodham and Wiens are both well-known architects here in Regina, Regina-based architects, and they have a specialist, shall we say, in rehabilitation who is with them by the name of Billington.

MR. LINGENFELTER: — What I would like to ask of you, Mr. Minister, is how many tenders were received and whether this was the low bidder for the project. And I would also like to know the amount of money that this is costing us. How much was the contract for?

HON. MR. TAYLOR: — Well, we put a board together, Wascana rehab board, and this is their selections, but I will find that out for you, the number of people that were in the competition. I can't supply this right at this time, but I will get it for you, if that's acceptable.

MR. LINGENFELTER: — Now what I would like to get straight on this, Mr. Minister, is that you had no involvement in choosing the successful contender, you and the department, and this was all done by a board, as I understand your statement. And the board was totally responsible, and you just went on their recommendation, and that's all there was to it.

HON. MR. TAYLOR: — My officials will look into that, and we'll supply that information for you.

MR. LINGENFELTER: — Well no, that isn't good enough. What I asked you was: whether or not you had any involvement? Now you don't have to check it out to find out whether you had any

involvement, either you did or you didn't. What are you going to check out? Who are you going to ask? And what I would like you to do is to ask yourself is: did I have any involvement in it, and answer the question.

HON. MR. TAYLOR: — Well, I don't have to ask myself. I didn't have any involvement, and I told you I'd give you all the information, and I will do that.

MR. LINGENFELTER: — And when you bring that back in, I would like you to include the other unsuccessful bidders, whether or not it was the low bidder. And I would like that tomorrow morning when we come back to committee, because I want to follow that up.

And I'm sure that you will have plenty of time this evening, plenty of staff here tonight, I don't know how many staff you would have here, but 30 or 40 staff people who are here tonight — certainly one of them could be looking that up for us so we can have it for the committee. And if you'll give me that assurance, I'll leave it for now.

HON. MR. TAYLOR: — . . . (inaudible) . . . assurance I'll give you the information when it's ready.

MR. LINGENFELTER: — Well here again, this is probably the fifth issue, Mr. Minister, that, with all the staff you have here — with all the staff you have here, you are unable to give any answers. You are unable to give any answers, and I find it impossible to deal with you.

Now here's another question that I would like to ask, and it has to do with a trip that you took. It's a trip that you took when you ended up in Phoenix, Arizona, and as I understand it, you stopped off in Vancouver, San Francisco, Phoenix. What I would like from you, Mr. Minister, is a cost of that trip, who went with you, and if you will give me those numbers now, your total cost of that trip.

(2115)

HON. MR. TAYLOR: — No problem. They will be supplied for you.

MR. LINGENFELTER: — Well, Mr. Minister, I would like you to give them to me now. You know, this has been in the press for six months, probably one of the biggest issues that you have had to deal with. There have been editorials of the *Star-Phoenix* and the *Leader-Post* . . . (inaudible interjection) . . . Certainly it is. The Dick Collver issue has been an issue with you guys for many years. It was an issue in the 1978 election, and Dick Collver will be an issue in the next election, let me assure you.

And, Mr. Minister, this is now issue number six that you don't have the answer for. And what I would like to know is what the cost of that trip was, the little jaunt you took to visit your leader down in Arizona. How much did that cost the taxpayers?

HON. MR. TAYLOR: — Well, this is completely nonsense. I mean, you say there are six issues. You've had the answer to everything you've asked for, and if there's anything that we can't supply the answer right now, which is the way estimates work, we will supply the answer at the quickest convenience, and you know that, so when you get up here and say you're not getting answers, you know, you just have no credibility at all.

Since we started estimates about four hours ago, you have answers to almost every question that you have asked. Mind you, some of the silly questions that you asked take a lot of time to try and find out an answer to. And as far as this stuff about Dick Collver and so on, it's nonsense again.

MR. LINGENFELTER: — The minister will know that the issue of his trip to Arizona is of interest to many people, of concern to some, and there'll be others who will encourage you to look at

the model, the Q-care model, or whatever it's called, and say this is the way we should go. There are those in the province, and I agree with you, who think that it will be a good idea to go that route.

What I would like to ask you, Mr. Minister, is where did you go? Can you give us a little itinerary of where you went on that trip, the names of the centres and at each stop that you made on the way, each town, and each city, and each place that you stopped off and spent a few days? Can you give us the total list — not leaving any places out — not where you did just business, but every single place that you stopped and was part of your little tour that you took?

HON. MR. TAYLOR: — I will certainly provide you the information, as I said; we'll give you the cost of the trip, who accompanied me, where we went, what we saw. And I hope I would be able to describe some things to you that might smarten you up a little bit in health care in this province. So that will be provided to you.

MR. LINGENFELTER: — I would like the minister to give me a brief outline of the cities that he stopped at. Could he do that for us now? Do you remember the places you went to?

HON. MR. TAYLOR: — I remember the cities that I attended or visited. I went to Victoria. I went to Seattle. I went to San Francisco, Los Angeles, Phoenix, and back to Regina.

MR. LINGENFELTER: — And, Mr. Minister, after this long a time, and you wouldn't have thought to bring along with you your expenses for that trip?

HON. MR. TAYLOR: — I told you we'd supply the expenses to you as quickly as we have them here, and the officials will be getting them.

MR. LINGENFELTER: — The other thing that I would like to ask you about that trip, Mr. Minister, is in your visitation that you had with your former leader, Dick Collver, can you outline the discussion that took place, and the ideas and concepts that were put forward by the former leader in terms of computerizing and pre-authorizing the medicare system in Saskatchewan? Can you give us an idea of what form the discussion took, whether or not you were impressed with the idea, whether or not it's something that you're looking at implementing in the province of Saskatchewan at the present time?

HON. MR. TAYLOR: — Well certainly. I sat down in a room. We had a desk and a table, and Mr. Collver was there, and I was there, and my officials. That was the information that we took place, and that's rather typical for a discussion. And we looked at his system of Q-care, or whatever you want to call it. He explained it to me. He said, look it, I think this might be something that you could introduce in Saskatchewan.

I looked at it, asked a number of questions about it, came back here and said, if we're introducing any type of a system here it will be Saskatchewan-made, Saskatchewan-implemented, and I saw many other areas. I went to various places in the United States, saw some very, I would say, good ideas that could be implemented that might bring about an improvement of service in Saskatchewan, and we will be looking at those.

And I think it's incumbent, as a minister, to not go around with your eyes shut, to look around and search for good ideas, bring them back, give them the Saskatchewan flavour and, if they are in the benefit of health care, implement them. So that's what took place.

MR. LINGENFELTER: — Well, Mr. Minister, the people of the province will be interested that you were impressed with the Dick Collver plan of pre-authorization that would set out . . . (inaudible interjection) . . . Yeah, you said that you thought it could be adapted to Saskatchewan, and this is different than what your Premier is saying because the member from Estevan, the Premier of the province, when asked about the Dick Collver pre-authorization system, wasn't

impressed with it, or at least that's what he's telling the public. I think that we should worry a great deal when the Minister of Health, at taxpayers' expense, goes to Phoenix to see the former leader of the Conservative Party and comes back believing and convinced that his system could have use in Saskatchewan.

Now I believe that in Saskatchewan, at the present time, and over the last number of years, we have had a good health care system — that we do have computer systems and computer companies in the province that can computerize the health system. But I say to you, for the Minister of Health to be looking at Dick Collver's system to bring here, I think, does a disservice, one, to the health system of the province, and secondly, to all the people who are graduating with computer degrees from our universities, and all the computer companies that exist in this province.

And I want to tell you, Mr. Minister, that you could learn something from inside the province, and so could other members of the Executive Council who fly around the world looking for inspiration, inspirations and ideas; whether they're from Virginia or whether they're from Austria or whether they're from Bulgaria or wherever you're going, Audi Arabia, to look for all these wise and intelligent decisions. There are decisions to be made, Mr. Minister, but why don't you look to Saskatchewan? Look within Saskatchewan for the solutions to your problems.

HON. MR. TAYLOR: — Well, that just shows the backward attitude of the member opposite. You know, to believe that there aren't other people in the world that have some good ideas and some innovative ways of delivering service is just typical of the doom and gloom, as my colleague says the Massey 44 mentality of the NDP. Keep in their old rut of the '50s and '60s. Don't look to improve it. Don't try and improve the health care system; think that the people in British Columbia don't know what they're doing. That's the kind of thing he's trying to say.

Well I can tell you that this government looks around to find ideas that are progressive and good, and we do not think that we have all the knowledge. There's a lot of people out in Saskatchewan; there's people across Canada; there's people in the United States; there's people around the world that can bring forth ideas that can improve the delivery.

And when I hear you get up and moan and groan and say, oh you shouldn't go here, or you shouldn't go there because you might find something that might be dangerous — that's your kind of thinking — I can see that you're in the horse-and-buggy days, and you're going to stay there; because if we're going to move health care ahead to address the needs of the '80s and '90s, it's going to take the wit and the wisdom of all the people in this country to put it together, and that's what I'm looking at.

SOME HON. MEMBERS: — Hear, hear!

HON. MR. TAYLOR: — And I will continue to look at that. Whether it makes you happy, my little friend, or not, doesn't really matter.

I will look for the good ideas, and we will come back as we have with a mortgage program, with the removal of the gas tax, with a program to save young farmers — the most innovative programs in the Dominion of Canada. And this was brought in by the Grant Devine government, and we will do the same thing after that.

SOME HON. MEMBERS: — Hear, hear!

MR. SVEINSON: — . . . (inaudible interjection) . . . I've listened to this diatribe from the members to my right for long enough. And in defence of the minister, I suggest to these people to my right that 11 years of NDPism in this province did nothing to enhance and develop a delivery system in health care in Saskatchewan.

I have to support the minister who leaves the province . . .

SOME HON. MEMBERS: — Hear, hear!

MR. SVEINSON: — The Americans tend to be leaders in health care delivery, leaders in health care delivery. And whether it's Dick Collver, who just happens to be an innovator from Saskatchewan who was forced out by the NDP, or whether it tends to be some innovator like Dr. Martin Rudy Cantwell, who innovated into medicare, a Toronto-born citizen who was forced to go to Philadelphia because of reasons political, and reasons that the socialists support, I do support you, Mr. Minister, on looking for better health care delivery systems.

SOME HON. MEMBERS: — Hear, hear!

MR. SVEINSON: — What I question you on is I would like you to, for this member's information, the member from Shaunavon, maybe give him a little outline of some of the ideas that these people outside our borders — and certainly some people within our borders have — good ideas, as well — let's outline some ideas that have been developed that may enhance our health care system.

They would like to leave it in the dark ages, these people to my right, and that's why they've got 25 seats in Ontario tonight. And that's why the Liberals in Ontario and the Tories in Ontario who are innovative from both sides of the House have stood a vote and have developed a system in Ontario that far exceeds ours. And we can look to Ontario, and in some areas look to Manitoba, the socialist province of Manitoba, for areas that we can improve our health care system in this province.

But I'll just let you, Mr. Minister, expand on some of those areas.

HON. MR. TAYLOR: — Well, I'm certainly pleased that the member opposite realizes that there are ideas outside of the boundaries of Canada and outside of various areas, and that it's incumbent upon the government to be looking for the best ideas. I think that's what you were saying, and I appreciate that comment.

You ask for one; I will give you one example that comes to my mind. I visited Washington State University, a Doctor Loser, with the pain management clinic, one of the top experts in the United States of America. I met with that man on a Saturday morning. He's a very busy professor — came on the Saturday morning, and I can tell you, hon. member, he was an excellent physician, a wonderful teacher, and an inspiring individual.

Lower back pain causes a lot of grief to people in Saskatchewan. It takes up a lot of hours from the working place. We all know this. Ask the WCB, the workers' compensation board. Doctor Loser has some of the best treatment method bar none in North America. I visited with him, just like you and I could sit down and have a talk. I said, would you come up here and hold a seminar in Saskatchewan? He said, I'd be more than pleased to.

I met with Doctor Ollie Laxdal. Doctor Ollie Laxdal is in Saskatoon, and he's in charge of the team of physicians that go around Saskatchewan to the rural areas and update them on medical knowledge. I said, Ollie, I said, I met a man down in Washington, the state of Washington that is an expert. He said, I'm glad to hear that. He said, give me his name. He said, that's the kind of individual that we can bring up here to show our physicians in Saskatchewan methods of treating lower back pain, diagnosing it, to help those individuals, and also to save costs in the workplace.

(2130)

That's one idea. You asked for one, and I flushed that one out. And I think the people of

Saskatchewan are proud to see that their elected representatives will go out to find the best in the world, to bring that knowledge to Saskatchewan because you've heard me say, number one — many times — my objective is for us to be number one in the world in health care, and that's how we're going to get there is by tapping those resources.

SOME HON. MEMBERS: — Hear, hear!

MR. SVEINSON: — Well I might say that in many areas in health care we are a long ways from number one. But it's certainly been enhanced by a duration of government led by socialists under the NDP in this province.

And I would like to just bring the member from Shaunavon up-to-date for a moment. He suggest that we shouldn't look outside our borders for treatment in the health care field . . . (inaudible interjection) . . . No, you didn't mention Dick Collver. You said that we should maintain our scope within our borders. Well, there isn't a single innovation in the pharmaceutical area that has resulted from an innovation within the borders of Saskatchewan for the treatment of any of the major diseases, whether they be heart-related or whether they be related to things like arthritis . . .

AN HON. MEMBER: — Constipation.

MR. SVEINSON: — The member says constipation. Well that's exactly where health care in this province was under the NDP. And I'll say that if we ever see them back in this province, that's exactly where it'll go again if the member from Shaunavon represents his caucus with what he says.

Because the innovations in this world are led by the Americans, who, in fact, are followed up by the Swiss and other countries who allow innovators, who allow innovators to, in fact, benefit financially through their developments in the health care field.

I do not see, and I just recall one area. And I'd like to expand just for a moment. Two socialist governments — one in Manitoba, one in Saskatchewan, developed two drug care programs. The program in Manitoba which your government is well aware of, and you're well aware of, Mr. Minister, is far less expensive. It gives the elderly far better coverage than we get in this province. It doesn't yield as many votes, supposedly, as our program.

Our program employs about 150 bureaucrats. I may be out by 10 or 12. It's a very expensive method of dealing a drug program or, in fact, giving the benefits of pharmaceutical care to the people of Saskatchewan vis-à-vis other programs that have been developed.

This government implemented that program. Your government hasn't had the courage to really deal with it. But this government did so because they were told that it would yield more votes than their Manitoba brethren. And in fact, the Manitoba program was in effect when this government decided to implement the costly drug care program we have in this province.

They, at the same time — and I personally have quizzed the minister on the formulary committee in this province — basically it's another situation where they've attempted to delay the introduction of new health care products into our province in the interest of lower costs, overlooking the benefit of that kind of a product to the health care of the people of Saskatchewan.

Now, Mr. Minister, at the time you discussed it you mentioned to me that you did not want to see another thalidomide. Now I would ask you to expand on that at this time and outline to me the benefits of your formulary committee here in Saskatchewan which does tend to delay the delivery, paid for by the state, to the elderly, who, in fact, may require that kind of treatment.

HON. MR. TAYLOR: — Well to the hon. member I just want to say . . . and I think you did say, you may be out a bit on the number of people. The drug plan employed 57 people, is the total employed contingent in the plan.

As far as the formulary committee, yes, I support the concept of a formulary committee because I think, and you're correct, when we did discuss this, I did raise to your attention the thalidomide situation that took place in Canada, I would imagine, 20-some years ago now, 25 years ago. The formulary committee actually is a double check. It makes sure that the drugs that we allow on the drug plan here in Saskatchewan are safe. And I see really no problem in taking that second, precautionary step. I think it is in the best interest of Saskatchewan residents.

You may be true, in that it holds some things off for a period of time which could, if we just went with the Canada Food and Drug regulations, allow them to be in the market sooner. But by my nature, and I support formulary, I think it is advantageous to be a month or two slow, five months or six slower, but to be darn sure that what your putting on that formulary has no chance of being injurious to the people of Saskatchewan.

MR. SVEINSON: — Well, I think that consideration is excellent, although most products that do reach Saskatchewan have probably been through either Zurich, Switzerland or Washington plus Ottawa. And the companies that have developed these products have spent \$25 million or more in most cases proving the beneficial aspects of the product as well as the lack of deleterious side affects of the same products.

And I just suggest to you, Mr. Minister, that after that kind of extension and intensive examination of a pharmaceutical product, and sometimes in three or four jurisdictions, that certainly I don't know how our formulary committee, with a very subjective examination of the product that they're looking at, should in fact delay the introduction of that product to the people of Saskatchewan for any reason. Because it's already received the kind of examination that is required by the larger jurisdictions and required for that kind of protection. And to develop a product and even in the American situation, where most of your new drug products are developed, it's a 25 to \$30 million expenditure for that company before they ever get the product on the market.

So it's been well examined in clinical trials and in other areas, and I just suggest to you that it's an expense that I don't believe we require, as a province, to in fact substantiate the useful benefits to the patient, because I think they've already been proven.

HON. MR. TAYLOR: — Seeing you raised some questions about the formulary, I'd like to just go into a little more detail, and I will outline this just to indicate the type of people that are on the formulary here in Saskatchewan.

And I don't really think it's a subjective evaluation. I think these people are quite substantial. The list includes . . . The formulary is made up of physicians, the pharmacists, the pharmacologists, and other half professionals knowledgeable about drugs. The Saskatchewan Medical Association, the College of Medicine and the College of Pharmacy, University of Saskatchewan, and the Saskatchewan Pharmaceutical Association are all represented on the committee. And I think that's a very formidable and highly intellectual bunch of people.

For your information here, I would say that it says specific drugs may not have been recommended for listing in the formulary for one of the following reasons. And these are some of the reasons why they won't list a drug. First of all, the drug has not been demonstrated to be of proven therapeutic effectiveness. Secondly, the drug does not meet established standards of quality. Thirdly, the drug offers no therapeutic advantage over existing formulary drugs. Fourthly, the manufacturing facility does not meet federal requirements for drug manufacturing or does not meet the standards of the Saskatchewan formulary committee. That one you may question. Fifthly, the drug can be purchased over the counter without a prescription at reasonable cost,

and sixth, the drug has not been reviewed by the formulary committee.

So certainly . . . and you can argue that, and there may be some substance to your argument that the drug companies go through a very exhaustive type of testing and so on. But I do not get very many complaints about the formulary committee, and as I said, personally, I'm the kind of individual, I would rather be safe than sorry. And I think you would to. I don't think you're asking for something to be rushed in that would be injurious to anyone.

Again, I go back to thalidomide, and I think of the days when they talked about thalidomide. Everybody thought it had been tested. The manufacturers had gone through all these things and thought it was fine and dandy, and yet it had some very, very serious occurrences. And I wouldn't want to be the minister of health in Saskatchewan and allow a drug like that to come on the market if there was any possible way of preventing it. And I think the formulary serves that purpose.

MR. SVEINSON: — Well, I think that's very over-reactive. I don't think your formulary committee would have picked up thalidomide in 1962, Mr. Minister, and I'm sure that the expense incurred . . .

Could you just outline the costs of that committee on an annual basis, and the costs relating to probably some of the research they do, and the travel they do, to establish the worthiness of these drugs?

HON. MR. TAYLOR: — I don't have that at my fingertips, but I'd be pleased to provide you with whatever you want to know about the expenses of the formulary, the make-up of the individuals on the formulary, the number of times they meet in a year. Whatever information, you just outline what you want to know about the formulary committee, and we'd be pleased to give you that information. It will take us some time to assemble it.

MR. SVEINSON: — And is it not true that one of the objectives of the formulary committee is to simply delay the introduction of what you deem expensive medications for the people who do require them because of the costs not necessarily because of the danger, because I think in most cases the danger has already been eliminated by extensive testing by these drug companies.

HON. MR. TAYLOR: — I would say in defence of the formulary, it is because of quality and a safe check in quality, and reviewing the literature regarded to the drug. My officials tell me, and I will give it to you in more detail, but they tell me that the overall costs of the formulary committee is about \$20,000 a year. And I'd have to think of \$20,000, that's money well spent.

MR. SHILLINGTON: — Mr. Minister, I want to add my voice to others, the other, the only other from Regina who has raised the issue of the nursing home beds, the pathetic effort this government has made with respect to nursing home beds. Mr. Minister, if I asked a couple of hundred people in Regina what the most serious health problem was in Regina, I don't think there's any question but what they would say nursing homes.

Mr. Minister, I have had both political and personal experience with it. The problem is not just affecting nursing homes. Nursing home patients are now taking up beds in hospitals to the point where the hospitals are badly overcrowded. They might be anyway, but it is grossly aggravated by the nursing home patients which are in hospitals.

Mr. Minister, if you would care to do so, I'll take you on a tour of the two hospitals in my riding, the Pasqua and the General. Name a time; I'll take you for a tour. And then, maybe, we should resume these estimates, and we can argue again about whether or not your efforts with respect to nursing homes are adequate.

Mr. Minister, there's a whole wing of those hospitals taken up with people who patently should

be in nursing homes. They're not there, because there's no nursing homes for them to go to. They're not going home, because their families simply can't look after them. It does not just affect the nursing home; it affects everyone who wants health care.

People complain to me that they take ill — people who are very ill, terminally ill at the hospital — and the people beat them home in a taxi. Why? Because there's no beds there for them. The doctor takes a look at them, gives them a couple of aspirins, and sends them home in taxi, because there's no place for them.

Mr. Minister, I look through all of the press releases you issue - -and I may say I'm earning my money. Anybody who tries to read the number of press releases which you issue really is earning a salary of \$28,000 a year, if I did nothing else but read your press releases. But I do try to get through them, Mr. Minister.

I noted that you announced with great fanfare construction to the General Hospital — and I want to get to that in a moment. You announced with great fanfare that in 1974-75, Regina — which, as my colleagues have pointed out, needs 1,500 new nursing beds. I refer to the study done by the city administration.

I know you people . . . It's become a favourite sport among Conservatives, beating up on Regina city council. I suppose, if I was doing as badly as you people are politically in the city of Regina, I'd want to take it out somewhere. I'd want to find a victim; I'd want to say that someone's doing it to you.

So I suppose, Mr. Chairman, one can understand the frustration of Conservatives in the city of Regina. I don't know how, Mr. Chairman, you'd feel if they took a similar offence at everything that the city council in Melville did.

But at any rate, the city council — and I know you people will say this is politically motivated. And being hypocritical, I suppose someone will find a way to suggest that. Someone will find a way to say that this is the personal handiwork of such well-known New Democrats as Wilma Staff, and Larry Schneider, and all those people who have long laboured for the NDP. But Mr. Minister — did I forget some Conservatives? Erwin Strass, another long-time worker for the New Democratic Party.

At any rate, the city of Regina issued a study on the number of nursing homes needed, came to the conclusion that there is a need for 1,500 immediately, of which 270 are urgent.

Mr. Minister, I want to compare that need . . . (inaudible interjection) . . . Pick your own figure. If you think it's 1,400. I don't suppose, I don't suppose that will exactly destroy the discussion. If you think it's 1,600, I'll buy that figure. Mr. Minister, if you've got a different figure, I want to hear it.

(2145)

But I want you to have a look at what your own press release said you were doing with respect to nursing homes. An immediate need of 270, a need right now for 1,500. Mr. Minister, you're not going to get 270 built by 1990. You're not going to get half that number built.

If this press release is to be issued, Mr. Minister, according to this press release, the five-year special care nursing home construction program for Regina will find 11 in 1984-85, which I assume is largely concluded. So last year we got 11 . . . (inaudible interjection) . . . Not yet? Not all built? Haven't got people laying in those beds?

AN HON. MEMBER: — Not one has been opened.

MR. SHILLINGTON: — Oh, I thought those would be completed. They're not? Oh, they're not. Oh, I see. Oh, I was being overly generous, Mr. Minister. I thought you had completed 11.

Mr. Minister, that compares with 30 being built in Wawota. There's nothing wrong with Wawota, a fine community. I practised law there for a number of years. But the need in Regina, it's got to be as great as the need in Wawota.

Mr. Minister, you're putting 15 into Indian Head. I picked that town right out of the air. It has no special significance to debate. Nothing wrong with Indian Head, fine community, fine people, picturesque setting. But I think the need in Regina is as great as it is in Indian Head.

Sixteen in Kinistino. I can understand why you might think you've got political problems in Kinistino, given your candidate and our candidate. Mr. Minister, I leave that aside.

I think the need in Regina is as great as it is in Kinistino. Let's go on to 1985-86 and the way in which you're going to meet these 270 urgently needed beds and the 1,500 which are needed immediately.

What happens in 1985-86? Oh, significant improvement. Thirty beds. We've climbed to the heights, the big river, Duck Lake, Saltcoats, are getting 30. So we're getting as many as those communities, the fine communities, deserving people, but the need . . .

It might have struck you, your officials, that the need for nursing home beds in Regina is as great as it is in those communities. In fact, I'm being facetious. Of course, it is vastly larger given the larger population. The only thing that's different, Mr. Minister, I think, is that your government has crassly written off this city in political terms, and you're not going to put 10 cents into this community. You've got to try and salvage those you can.

That, Mr. Minister, is the only explanation for such an inadequate effort . . . (inaudible interjection) . . . yes, we'll gladly take your 30 beds. Two years hence, in '86-87, we're told that we're going to have 48 beds. Now that, -Mr. Minister, marks an all-time high. We will never reach that again in this decade. Never in this decade will we reach that high.

In 1987-898, we're not going to get 48. We're not going to get 30 as Cut Knife is getting. We're not going to get 40 as Nipawin is getting. We're not getting 12 as Theodore is getting, not getting seven as Wadena is getting. We're not getting the two that Elrose are getting. We're not getting any at all.

All of those are fine communities, but Regina's need is at least as great. In 1988-89, Mr. Minister, again we get none at all. Mr. Minister, that is completely inadequate. If you don't think the figure is 1,500, give me your figure. If you don't think the . . .

I want to read you what the city, and gain I got to apologize for my source. I know it is a popular sport among conservatives to beat up on the city of Regina. They got to be the source of your problems. It couldn't possibly be any of your own shortcomings, couldn't possibly be the destruction which you have wrought on the public service, and the extent that you would have tried to take the word "professional" out of public service in this city. That has nothing to do with your problems in this city. It's all got to do with the city council, as I say, those well-known New Democrats that I mentioned earlier.

Let me read, at any rate, Mr. Minister, for your benefit, what the city council report says:

On November 30th, '84, there were 1,504 on the waiting list for placement in special care homes.

I'm skipping a couple of sentences which aren't germane to this, and then it goes on:

Of these, 256 were on the urgent list. The latter included 185 hospital referrals, (this would be humorous if it weren't so tragic) including 61 for the previous four months and 124 backlog.

Those, Mr. Minister, are the people taking up the beds in the hospitals. And that's why people, who take terminally ill patients to the hospitals in Regina, find out that their relatives are beating them home, because there's no beds for them.

Mr. Minister, nothing wrong with some jobs in Lumsden, nothing wrong with some jobs in Lumsden, nothing wrong with jobs in Wawota, nothing wrong with jobs in Theodore. But there is a need for nursing home beds here and now.

Mr. Minister, I ask you to save the baloney for whoever you think will believe it, because the people of this city aren't. Try giving us the facts. Try dealing with the fact that we have a waiting list of 1,500; we have an urgent need for 270. It is affecting the whole gamut of health care in this city. I ask you, Mr. Minister, to either deal with the problems that go with your department or resign. Either do the job or stand aside and let someone take over who will.

HON. MR. TAYLOR: — Well it seems to me that all three of you fellows read to the same sheet music, and we'll go through it again. I explained to the member from Shaunavon, with some degree of difficulty trying to get through to him. The Leader of the Opposition, I think, seemed to grasp the situation. And I just will go with less than number three for you.

Certainly, I'm interested to see the great concern over press releases. You know when I hear them, when you touch a spot with these fellows, it just tells me to chum out a few more. You know, the big thing seems to be the number of press releases. That seems to be the real sore spot.

And I believe, as I told the Leader of the Opposition, you know, when you're responsible for a third of the budget of the Government of Saskatchewan, it only seems logical to me that you would turn out a number of press releases to let the people of this province know how their money's being spent. Now there may be some that argue with that, but in my line of thinking that is the correct way to go.

Now you know he comes up with this figure that I suppose Harry gave him from the city council — because every time Harry whistles he jumps — about 1,500. I'll go through the same lesson again. Mr. Chairman, you understand, and I hate to beleaguer you with this, but I have to tell you once more.

There are perhaps are 1,500 people needing some type of care. Some may need nursing home admittance. Those who are judged by an assessment committee for all of the city of Regina, who are deemed to be heavy care people who need to get in quickly, are in within one to four weeks. One to four weeks for those who are deemed by that committee to be heavy care and needing emergency admittance into there. The rest of that 1,500 waiting list, many of them may need home care services. On April 4th, '84, we brought in the Wascana Home-Care District. They're providing home care services to some of these people, to many of these people.

We have respite care programs so these people can go into a bed for a while and then come back to their families. We have adult day-care where, during the day while the family's working, these people can go down to the adult day-care and then back with their families where they want to be.

These are all programs that we have brought in at the same time that we have announced 1,500 special care home beds for the province of Saskatchewan. And if the members opposite would do their homework a little better, they would look at the bed ratio in Regina vis-à-vis places like

Invermay, and they make fun of Invermay. They say you shouldn't be giving them 6 or 8 or 10 beds. Well I tell you Invermay, Saskatchewan, is very important to Graham Taylor.

And if you look at their ratio of beds for elderly people, and you can laugh at Goodsoil, and you can laugh at Loon Lake, and you can laugh at Wawota, because that's what the member from Regina city . . . He stands up and makes fun of rural Saskatchewan and all those small towns. That's what he's trying to do here. And I don't tolerate that. And you look at the bed ratios. You just look at the bed ratios in Regina as compared to Wawota and Goodsoil, Saskatchewan, and you'll see why we made those decisions.

And the other thing is local accessibility. I know what the NDP would like to do. They would like to take all the people and say, when you get old you have to come to Regina or Saskatoon, the Mecca of old people. I don't believe that. They want to stay in Moosomin, they want to stay in Goodsoil, and they want to stay in Loon Lake. And we will let them stay there. And our construction program will allow that. So, my friend, before you get up and, like the rooster in the morning, crow without knowing what thou art crowing about, please do your homework.

MR. SHILLINGTON: — Mr. Minister, you say that anyone who wants a nursing home bed has to wait no more than three to four weeks. What do you say to the hospitals who have had 185 people in hospitals that they can't get out into nursing homes since last November. What about them? Are they simply not trying?

HON. MR. TAYLOR: — First of all, I would ask you to listen. I said: those who were deemed by the committee to need emergency entrance into a nursing home are going in between one and four weeks in Saskatoon and Regina.

As far as the hospitals, I think if you look at the 300 million capital construction program in health care, you will see a commitment, a commitment by this government that can not be matched by any other government in Canada, a commitment to the regeneration of base hospitals, and a commitment to a \$25 million program in special care construction.

I will put our record on the number of beds per population against any other jurisdiction in North America.

MR. SHILLINGTON: — Mr. Minister, I'm going to take a copy of *Hansard*, I'm going to mail it to the retired people in my riding, and I'm going to tell them to call you if they've waited longer than three or four weeks for a nursing home bed. If they know anybody who has, would you give the minister a call.

Mr. Minister, I want to know, is it okay if I give them your home number, because there won't be any calls, so you won't care if I give them all your home number . . . (inaudible interjection) . . . Mr. Minister, I'll put it on a piece of paper.

Mr. Minister, seriously, I am going to send these comments; I'm going to send these comments . . . I'm going to send a copy of your comments out to the people in my riding because I'll tell you that is not the way it is. Any minister who is so irresponsible as to stand up and describe a serious situation in a matter such as that is not fit to be Minister of Health.

Mr. Minister, there have been some great names in Saskatchewan history that have occupied that office. And at least one of them was a Conservative, a very good Conservative minister during the 30s. I tell you, Mr. Minister, you're not fit to carry his shoes. You are not fit to carry his shoes.

I cannot imagine Dr. Munroe treating such a serious problem as lightly as you have and ignoring it. Mr. Minister, I say to you you're not worthy of the job, you're not worthy to carry a minister of health's shoes. You are doing a disservice to the department and to the office which you hold.

Mr. Minister, I want to deal . . . Mr. Minister, I wonder, if you refuse to deal with the 1,500 beds that are needed, would you in some fashion or other deal with the 270 urgent beds that are needed? Are we simply going to be treated to that display we were before when you get redder in the face, and redder in the face, and redder in the face, and made less and less sense? The logic was in inverse proportion to the colour in your face, Mr. Minister.

I suggest, Mr. Minister, that you deal with the facts. If you care at all about some of the Regina members who now sit on Conservative benches, and if you care at all, Mr. Minister, about some of those members who sit on the treasury benches, I suggest you try and deal with the problems and stop trying to avoid them because if you continue to try to avoid the problems, such as the health care beds which are so badly needed, then, Mr. Minister, I'll tell you, the public are going to find a way to deal with you and your cohorts, and you're going to find a whole lot of your people —of your members, out on the breadlines, Mr. Minister, and they may be finding out something about the food bank that the Minister of Justice denied existed today.

Mr. Minister, according to this report we now have 1,400, or so, long-term care beds in Regina. We need to more than double that number. Mr. Minister, we need to more than double the present number. What we have in this city is a crisis; it is nothing short of a crisis.

Mr. Minister, you can't get in in a week. You can't get in in a month, Mr. Minister. You're lucky to get in within a year, and then what you have to do is hassle, hassle, and hassle, and hassle, and hassle — hassle the nursing homes until they finally get tired of you and let you in. It's a case of the squeakiest wheel getting in, and those people who are civilized — if you would stick to the PCB problem, and stop avoiding that problem, you'd be a lot better off, Mr. Minister.

(2200)

Mr. Minister, I'll tell you, the Minister of Health goes to the Neal Hardy school of political action — which is none at all — and avoid the issue. Mr. Minister, I would ask you to deal with the fact that you need to more than double the number of nursing homes in Regina, and what you've got is this pathetic effort whereby we're competing with communities, such as Elrose and Theodore, for nursing home beds, and they're fine communities — I've been in both many times — have relatives in Theodore.

But I'll tell you, Mr. Minister, their need for nursing homes is not the need of the City of Regina, and to be giving us the same number of nursing homes is a derogation of your duty.

I say to you, Mr. Minister, either do your job or resign, but stop standing up, making excuses, getting red in the face, and making a thorough and complete fool of yourself. All I can say, Mr. Minister, is, I hope every single one of my constituents watched that last display of yours.

HON. MR. TAYLOR: — Well, Mr. Chairman, I listen with interest, and there's one thing I cannot dispute with the member opposite. If there's any member in this House that knows what it's like to get shifted from one portfolio to the other and get dumped from cabinet, he is the authority, so I won't argue that at all.

I'll take your advice. you know all about being a dismal failure and being kicked out of the cabinet by the gentleman who sits there as your leader today. I remember so well — you couldn't handle education. You got into culture and youth — I remember the ski-doo, the television on the ski-doo — \$400 speech-writers to open a tea party, that was your track record. you got dumped, so I won't argue with you. You're the expert on that.

But as far as special care homes, as far as health capital funds, our five-year program is well mapped out; it's well received. It addresses acute care; it addresses chronic care. And I will stack that record up against your record in health any day, anywhere, any place, any time.

The committee reported progress.

The Assembly adjourned at 10:06 p.m.