

EVENING SITTING

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32

Item 1 (continued)

Mr. Tchorzewski: — Thank you, Mr. Chairman. Mr. Minister, when the chairman called it 5 o'clock this afternoon, we were talking about nursing home beds, and I am wondering whether you've had an opportunity over the last two hours to check with your officials and be in a position to respond to the question which my colleague asked, as to which years between 1975 and 1982 in which there were no nursing home beds open in Saskatchewan. Because I'm sure that it's all easily accessible. Are you able now to be able to tell us which years those were?

Hon. Mr. Taylor: — As I say, look over in '82. And we have built a lot of nursing home since '82. I don't have the information of . . . It seems that there was an awful lot of things shredded when we came into office, and it's rather hard to find some of these bits of information out. But as I said, we'll do our best to research that rather dismal record. But at this point in time we don't have the information for him.

Mr. Tchorzewski: — That's rather interesting. Mr. Chairman, I find it rather fascinating that within any particular department there would be shredding taking place. I know very well, and so does the minister that does not happen. I will allow . . . (inaudible interjection) . . . Well, the member from Sutherland laughs. He must know something about what they're prepared to do in case the Premier calls the election, which we don't know yet.

But I can tell you, Mr. Chairman, that in the departments themselves, information is provided to the archives when the time has come by law. And I'm sure that there would be no official of the department, before 1982 or after, who would tell you otherwise.

I think that for the minister to stand up now and simply talk about that, instead of responding to the question, indicates that he is not able to answer that question — not because he does not know the information, but because he knows that all of what he has been saying about certain memorandums and so on will prove to be wrong.

Until the minister is able to tell us which year between 1975 and 1982 there were no nursing homes built or opened, all of the things that he's been saying, I think, are rather doubtful. And I could use stronger words than that, but I choose not to do that.

Now maybe in two hours it's been insufficient time to do that checking, so I will not pursue that question but I'm sure when we return to these . . . (inaudible interjection) . . . Yes, we want the public to know what the minister up till now has not produced, but we will be fair. And I'm prepared to be fair.

And I think when we return to these estimates tomorrow or Wednesday at the latest, he will have been able to find the information because his officials will have gathered it for him, and he will be able to respond to that question.

Now, Mr. Minister, another question that was asked prior to the calling of 5 o'clock was that dealing with the number of nursing homes beds that have been built, new ones, in the city of Regina in the last four years. And I'm sure your officials have that at hand. Can you tell this House the number of nursing home beds which have been opened, new ones, in this city in the last four years, and where they were located.

Hon. Mr. Taylor: — Well we talk about being fair, and I would like to be fair too. And of course if anyone was wanting to have access to the letter which specifically indicates the moratorium, I'd be more than obliged to give it to constituents or anyone who would like to have access to that letter, to show that that is exactly the stance taken by the opposition in nursing homes.

On regard to the number homes, beds, that were built, as I said to the Leader of the Opposition, I think it's fair to look at in a provincial context because I do look after health for the entire province of Saskatchewan — Regina being one aspect of that.

I did say before supper that there were 11 beds added to the Lutheran Home. But I think we have to take that into consideration, with 43 new beds in '82 as I had told you; and 113 replacement beds in '82; 75 new beds and 40 replacement beds in '83-84; and 162 new beds, with 166 replacement beds in '84-85. And I can assure the member opposite that there are many projects that are taking place now for '85-86, and the other ones that have been designated will be developed in the future years too.

The five-year program was very well received by communities. It gave them a chance to do their planning, to select their architects, to come up with their share of the sponsoring requirement. And as I say, those are the beds that have been built, 11 of them in Regina. But there is a promise, as I said earlier, and some of that sod . . . And I would invite you — as a member, I would certainly invite you to be present at the sod turning which will be taking place in the not too distant future in Regina here. I think you would be interested in coming to the Santa Maria one, and certainly with the Salvation Army. Those will be coming up very quickly.

Mr. Tchorzewski: — Well hopefully that the coming of an election will speed some of those projects on, because certainly in the last four years that has not been the case. Let's put the record straight here now. What the minister has just said, clearly, finally — I don't know why he couldn't answer it for an hour and a half previously, but he simply said that in the city of Regina in the last four years there has been a net of 11 nursing homes built.

Now I must say, Mr. Chairman, that is not a record that that minister of this government can be very proud of. He talks of a sod turning. Well there is an awful lot of talk of sod turning and announcements by press releases, of

projects which may never see the light of day after the election if these people are re-elected. I simply say to the minister that for the government to attempt to restore its credibility by making announcements prior to an election isn't good enough.

Now I sincerely hope, sir, that when this is all over that your announcements will actually come to bear fruit. The worry I have is that the record of your administration is such that there is an awful lot of good reason to doubt that that will in fact happen. And the fact that in the city of Regina there are only 11 additional beds in four years, I think, tell you and tell the public of Saskatchewan that there is reason to be doubtful.

You mentioned earlier that there is a waiting list in Regina of 1,073 people waiting for a nursing home bed. The Leader of the Opposition mentioned that on November 18th of 1985 — and I checked this personally with the Department of Health, and this is who I got the figures from — there were 1,011 people waiting to get a nursing home bed. We have seen an increase in that, and yet all you're able to talk about is a possible sod turning and announcements.

And so I suggest to you, Mr. Minister, that although indeed across the province there have been some beds added, I now speak for the city of Regina for which I am a member, and I say in this case you have not done an adequate job.

And that's unfortunate, because there's an awful lot of people here who are in need of nursing home beds, some of whom are occupying acute care beds in hospitals. And you indicated that, and I know that there will always be some of that. The problem is that that number has been increasing in the last several years. And the reason it has been increasing is because of the shortage of certain nursing home beds, where those people would be going if the doctors or the physicians could send them out of the hospital for somewhere to go. They have nowhere to go, so they are occupying a hospital bed.

Now, Mr. Minister, you made reference to the Salvation Army nursing home beds, and I think the proposal was 30. I remind you that that announcement was made in the 1985-86 budget. We are now in the 1986-87 budget, and now you're only beginning to talk about sod turning. Is that what you said? Did you indicate in your response before I stood up here that the nursing home beds at the Salvation Army have yet not begun to be constructed?

Hon. Mr. Taylor: — Well, Mr. Chairman, just to indicate and do a little adding for the member opposite — the ones that I read off to you that have been constructed are 280 new beds and 399 replacement beds. Now that is far more than you had ever constructed under your moratorium policy. For example, you like to focus on the city of Regina. I will indicate to you, in the last 10 years you built 70 hospital beds in Regina. In the first five years of our government we will have built 118 beds in Regina . . . (inaudible interjection) . . . Yes, yes. You just come down to the sod turning and be there . . . (inaudible interjection) . . . Well, you better come because you won't be the star at many of them.

Also I would draw out your attention, if you're looking at beds and replacements and consideration and care of the elderly, there's a new 238-bed special care home, level 4, going into Saskatoon, the Fairhaven home. That was one that those people had cried for for years to have and is well under construction. I was by it today; it is well under construction.

So you may like to focus in on Regina. I will tell you we built 11 beds. We've committed to building 118 beds, and I will also tell you that you can go wherever there has been a nursing home committed in this province by this administration and they will tell that there is no double talk, that they are being built. They are not election eve promises, like was the situation before, where there was a hurry up, let's design something; let's design a rehab in a 48-hour period. These have been well thought out and planned.

And you may make accusations to the Salvation Army. You may try and indicate that they are dragging their feet and going slow. I don't feel that way. They have been under careful planning; they have an architect and they are ready to go in building that nursing home.

Mr. Tchorzewski: — Mr. Minister, I'm sure that the Salvation Army is doing a very good job. That is what they are noted to be doing. I think the problem that they have faced, as have a lot of other nursing home boards throughout the province, is sort of the ability for this government not to be able to make a decision. And that's the problem. I submit to you, Mr. Minister, that you're going to have to and your government is going to have to do a lot better in the future with regard to nursing home beds, assuming that the Premier is going to be afraid to call an election for a year yet with his cold feet.

(1915)

You're going to have to do a lot better than two and a half beds a year, which is what you have built in Regina in the last four years. And you're not going to catch up to the backlog of people on the waiting list of 1,073 people at two and a half beds a year. That's a dismal record.

Hon. Mr. Taylor: — Just for your information . . . And I recall back to the days when I was in opposition and one of your priorities, if I can recall, was building the Cornwall Centre and a cosy deal with Chartwood Developments. That's where the priorities were. You know, in Regina it wasn't nursing home beds. As I said, you had built very few in the 10 years — 70 beds.

But just to compare records, because that's interesting from the years '75 to '82, the NDP put in 776 beds at \$33 million. From 1982 till now, our record is 2,205 beds at \$160 million. So I think it's very obvious to anyone which government has the commitment to long-term care in this province.

Mr. Shillington: — Mr. Minister, I understand from the statements that you gave earlier that there have been . . . There are 118 nursing home beds planned for the city of Regina over the next three years. You have refused, at least in the time I've been here, to give us the figure for the last four years. Instead we've been treated to any number

of inane statements about what has happened and what might happen.

I wonder, Mr. Minister, if you could give me, before I go on to make some comments, I wonder if you could give me the figure for the last four years of the city of Regina.

Hon. Mr. Taylor: — Mr. Speaker, it's about the seventh time I have said this. As I indicated, you must look at the total picture. I mean, there are senior citizens that require housing in Wawota, Saskatchewan. They've got a brand-new nursing home. There are senior citizen that require housing in Central Butte. They have a brand-new nursing home. There are people in Arborfield. Their nursing home will some be completed. All around here — Goodsoil, Meadow Lake — you can just name town after town where there are nursing homes being constructed.

In Regina we have constructed 11 beds but we are committed to 118, just the same kind of commitment that I remember making to Wawota. I remember the night I was in Wawota, Mr. Chairman. I remember going in there and meeting with the senior citizens in their senior citizens' drop-in centre. There must have been 60 or 70 very sincere seniors there. They said to me, Mr. Minister, they said, we in Wawota have cried like lone voices in the desert for year after year to be acknowledged for a nursing home and our cries fell on deaf ears.

I met with those seniors and I sensed the desire and the need. And after that meeting they got permission to build a home and that home is there ready to be opened today and I challenge any one of you to go to Wawota and say to those people there: did the Devine government deliver a nursing home? They'll tell you very quickly, as they will tell you all around this province. Go to Kindersley, go to any place that I have read off here and ask them: did you not have straight up-front dealings with the Department of Health? Did they not come to build what you had asked for? Did you not have consultation and lots of time and co-operation in the planning? They will tell you very good comments about my people in continuing care who have gone out there in community after community. And I say to the people of Saskatchewan, we'll continue to go out to community after community to build, in concert with those communities, the nursing homes and the facilities for senior citizens that they require and they deserve.

Mr. Shillington: — Mr. Minister, the figure of 11 nursing home beds — I can well understand why you want to talk about something else. I can well understand why you want to talk about anything else that comes to your mind, when you mention the figure of 11 nursing home beds. That's patently, woefully inadequate.

So is 118. I am not sure who believes that you're going to build 118 over the next few years. I don't know that we've got a copy of that document of yours yet, Mr. Minister, but I don't know who believes 118. Even if you did, it would still be woefully inadequate. It would still be woefully inadequate.

Mr. Minister, I swear there are more than 118 patients in the Pasqua Hospital alone who need to go into a nursing home. I have been there frequently in past occasions, and

ward after ward after ward is filled with people who appear to me to be proper patients of a nursing home.

Well, Mr. Minister, I am asked as frequently about nursing home beds as any other question, and I have been grossly overly generous to you people. I didn't realize it was as few as 11 beds. Mr. Minister, the figure of 11 beds doesn't begin to meet the need; nor does the figure of 118 begin to meet the need in this city.

Mr. Minister, what is your projected estimate of the number of nursing home beds which you're going to build in the province as a whole over the next three years?

Hon. Mr. Taylor: — Well certainly, Mr. Minister, the member opposite indicated, he said he doubts that these nursing homes in Regina will be built. Well I can tell you that all that member is doing is standing in this legislature and doubting — and doubting — whether the people who run Santa Maria are true to their word that they're going to build that nursing home. Because it has been approved; they're making plans; they're ready to build it. He stands here and says, I doubt if it'll be built. That's what he's saying. That's what he's saying. He's saying to the Salvation Army . . . and, Mr. Chairman, you know the credibility of the Salvation Army across this province and Canada. They have the approval; the money's in place; go build it. He's saying, I doubt if they will build it.

Now if that member wants to stand in this legislature and question the authenticity of the Salvation Army and the sincerity of the Salvation Army, so be it. Let him do it. I ask him to rise on his feet again and do that. I personally don't question that kind of sincerity.

I know the record of the Salvation Army in this province and in this country, and when the Salvation Army say they're going to build something, mark my word, they will build. And more than that, they will provide, along with Santa Maria, firsthand care to the people of Regina. That's why we entered into contracts with them, because those are the kind of community people that one would like to see. The Lutherans, the Santa Maria, the Salvation Army — those are the roots of our town here in Regina, and those are the people who have the great care in their heart for the senior citizens of this town. And I'm only too pleased — I'm only too pleased — to enter into contracts with them to build facilities for the seniors.

And let me tell you, Mr. Chairman, that's far different from the expenditure pattern . . . I would like to have the money that was squandered in taking the "O" off SGIO. I would like to have that money for nursing home. I would like to have the cosy deal with Chartwood Developments and the Cornwall Centre. I would like to have millions of dollars that went into potash mines.

Mr. Chairman, as you know, had they taken the money that they have spent in uranium and potash and all their great adventures and put it in the Credit Union Centre, we would be able to build all the nursing homes that are needed in this province and there would be a balanced budget.

Some Hon. Members: — Hear, hear!

Hon. Mr. Taylor: — But because of their record, because of the record of the Blakeney government in squandering the money of this province, that's why there were moratoriums and that's why there were holds put on nursing home construction and hospital construction.

Mr. Shillington: — I don't know whether the minister intends to answer the question or whether you intend to bluster all evening. Mr. Minister, I wonder if you remember the question I asked you. Do you remember the question I asked you?

Hon. Mr. Taylor: — You have asked me seven times how many nursing homes were built in Regina. There were 11 built. You asked who were building them — the Santa Maria, the Salvation Army. I would also indicate to you that in the last seven years, the NDP's record was 776 beds — that's new and replacement. Our is 2,205 — three times the rhetoric.

Mr. Shillington: — Mr. Minister, you don't even remember the question that I asked you. I wonder, Mr. Minister, if you'll save some of the bluster and some which, I suppose, is not mentionable in this Assembly. I wonder, Mr. Minister, if you'll start dealing with the questions and save us these silly, blustering speeches that you're giving us. Mr. Minister, I asked you how you can pretend even 118 nursing homes beds is adequate when the waiting list has apparently grown by 60-some people in the last five months. How on earth do you suggest that 118 is enough?

Hon. Mr. Taylor: — Well, certainly I would say that . . . You know, one can question what is enough. You know, you can always question that but I say that the 118 that we have committed will be built. They will go a long way to rectifying the need. That is a bigger commitment than 70 over the 10 years previous, by the previous government. So I stand on the 118.

Sure, there will be need for more nursing homes and there will be need for more of them around Saskatchewan. It's interesting to know that their centralist tendencies did not allow small communities to have nursing homes like we have. I read before supper the story of Theodore, Saskatchewan. But certainly anyone realizes that there will have to be more construction over time. But I'm just saying to you, Mr. Chairman, and to the members opposite, that the commitment of the Devine government to nursing home construction in Saskatchewan is unparalleled in Canada; I believe unparalleled in North America. When the 1,600 beds will be in place, we will have the higher bedded ration than anywhere else in North America, and I think that is a record, an enviable record, and I say that it's one that I and my colleagues are proud of.

Some Hon. Members: — Hear, hear!

Mr. Shillington: — I'll bet you're not. I'll bet you will not, whenever you have the nerve to call an election or are forced by the effluxion of time to call an election, I'll bet

you don't mention nursing homes. I'll bet you're not proud of it.

Mr. Minister, it is notorious now that you are seriously behind in nursing home beds. The figures given by your own department suggest that you are 60 beds further behind in the last five months. Will you not admit that you are now behind and your schedule of 118 beds is going to allow you to fall even further behind?

Hon. Mr. Taylor: — Well, I don't know, Mr. Chairman, how the member opposite can stand in his place and try and indicate — and I wouldn't say indicate, I would say try and mislead — that we are behind in construction. I just want to read off the list that is now under construction, now under construction at this time: Arborfield, 36 new beds; Big River, 30 new beds; Dalmeny, 9 new beds and 27 replacement beds for a total of 36; Duck Lake, 30 new beds; Eston, 22 replacement; Foam Lake, 10 new beds and 2 replacement; Goodsoil 12 new beds; Lampman, 19 new beds; Lucky Lake, 12 new beds; Meadow Lake, 25 replacement; Melville, 30 new beds and 2 replacement; Nokomis, 12 new beds; Saltcoats, 30 new beds; Saskatoon Lutheran, 2 new beds and 78 replacement. That's under construction now for a total of 256 new and 156 replacement. And this gentleman says we're behind.

(1930)

Mr. Shillington: — Mr. Minister, the question which I asked you and which you forgot and which you could not remember, Mr. Minister, is: how many nursing home beds do you project you're going to build across the province in the next three years? That was the question I asked you. That was the question you forgot in the process of that nonsensical comment of yours.

Hon. Mr. Taylor: — How more to the point can I tell him? Then he says, what are you projecting? So I read what we're building. That's 256 and that's 156. Add those together. So that's part of the projection because they're being built right now. And if you doubt it, we'll shut the House down and you can get in my car and I'll drive you around and show you firsthand. I'll take you up and I'll you even open the door to do what you want . . . (inaudible interjection) . . .

What am I projecting? I'll tell you what I'm projecting. I'm projecting for '86-87 . . . Just listen. I'm projecting a nursing home in Cut Knife, in Dinsmore, in Esterhazy, in Fillmore, in Fort Qu'Appelle, in Gainsborough, in Invermay, in Langenburg, in Lumsden, Mankota, Norquay, the Salvation Army, Santa Maria, Tisdale, and Yorkton. That's what I'm projecting.

Mr. Shillington: — Mr. Minister, what's the total for the three years?

Hon. Mr. Taylor: — The total for the five-year commitment was 1,600, as I told you before supper. It's in excess of 1,600 beds.

Mr. Shillington: — Of which 118 are in Regina. Do I understand that correctly?

Hon. Mr. Taylor: — That is correct.

Mr. Shillington: — Mr. Minister, why with 16 per cent of the province's population does this city get something like 7 or 8 per cent of the nursing home beds? I'm doing the mathematics quickly, but I think I'm substantially accurate. We have 16 per cent of the province's population, and we have well under 10 per cent of the nursing home beds being built — by my calculation about 7 per cent.

So I ask you, Mr. Minister: why with 16 per cent of the province's population do we get half that percentage of nursing home beds?

Hon. Mr. Taylor: — I'll simply tell you why the nursing homes are placed where they have been under this administration. Because, if there was one thing became abundantly clear to me, as I travelled the province soon after becoming the minister, was that the people said, we don't want to see everything in Regina.

I know that your government, had you stayed in, you would have liked to have built more nursing homes in Regina, and you would have asked the people from Weyburn and from Indian Health and from Moose Jaw and from Lumsden to come to Regina.

I don't believe in that. I believe in letter these people end their lives, if they're going to be in nursing homes, close to their loved ones in the area where they grew up. That's the policy of our government. And that's why you will see that there are nursing homes spread throughout this province, because that's what people said to me. They said, look at, we would like our senior citizens to be able to remain in their community where their friends are, where their children are, where their grandchildren are, so that they can have those comforts in their older age.

If you wanted to centralize them all in Saskatoon and Regina, and well be it known across Saskatchewan the centralizing tendencies of the NDP government, so be it. We chose to do different, and I believe people respect that decision.

Mr. Shillington: — Mr. Minister, I am not suggesting they all be put in Regina. I am suggesting that there is some logic to placing nursing home beds roughly in proportion to the population. And if 16 per cent of the province's residents live in this city, then it strikes me there may be some logic in putting 16 per cent of the nursing home beds in this city. You reject that.

I suggest, Mr. Minister, the reason why you are rejecting it is because you have written off this city in terms of any hope of salvaging any seats, and you're being crass enough to punish the city because it hasn't been a hotbed of Conservative support. You are crass enough, Mr. Minister, to punish the city because they don't happen to be particularly imbued with your style of government.

Hon. Mr. Taylor: — You know, Mr. Chairman, it's amazing to me that the member opposite, who has represented a city riding, does not have a greater grasp of the city than he does after the years he's been in here. If

you went around . . . I know you don't know where Langenburg is. You admitted that last time. You thought it was on the west side of the province. You said why have an eastern entry into the province at Langenburg. But be that as it may . . . I know your knowledge of rural Saskatchewan is very, very limited, but let's be that as it is.

If you look at the demographics — and I would take you to my colleague's town of Melville. You know, it's out just north of the valley, a bit east of here — where the crop insurance is going, to Melville. I want to tell you that a third of the population in Melville is over 65 years of age. So one would look at where the needs are.

Now I know that you would like to see the people from Melville and Neudorf and Lemberg and so on come in here to Regina and housed in some great monolith of a place where they don't see their neighbours. That's your philosophy; that's not mine.

I went through that Lutheran home in Melville and I saw those ladies. I remember visiting with some of them of there — some ladies that I had known their children when they were young people at Lemberg. And they said to me, they said, Graham, we have fantastic care here. Oh, you laugh, you laugh. Yes, you laugh at those senior citizens. The Leader of the Opposition laughs in his seat because a senior citizen says to a minister, I appreciate what these people are doing. They said, I have wonderful care here. And I can show you pictures of that lady and I sitting together discussing this. It just so happens that there's a picture of John Diefenbaker in the background too.

But let me tell you, the people in Melville want to stay in Melville. And they deserve to stay in Melville and that's why there's 30 beds built on to Melville.

Now you may think they should all go to Regina. I don't think you understand the demographics of Saskatchewan; and secondly, I will stand up any day and stick up for Melville folks to live out their lives in Melville and not be shifted into Regina into a monolith of an impersonal structure.

Mr. Shillington: — Well, I have some idea where Melville is. I was in Melville about a month ago — had some difficulty finding any Conservatives in Melville, I'll tell you. But I want to tell you . . . And certainly had some difficulty in finding them in the Melville Chamber of Commerce, I might add.

Mr. Minister, since you picked Melville, let's go to Melville. What is the waiting list in Melville, then?

Hon. Mr. Taylor: — There's a couple of factors here that I would just like to draw to the attention, Mr. Chairman, of the debate.

The member, again in a deliberate attempt to mislead, let on that there was a horrendous number of long-term care patients in the Pasqua Hospital. I've checked the record and it is the following: there are 26 people in the Pasqua Hospital; there are 49 in the General — and 8 in the Plains. A total of 83 in Regina at this time that could be put into nursing homes.

The other thing that might be very interesting for you, might be very interesting to know, that the long-term care bed ratios are better in Regina and Saskatoon than they are in other parts of the province.

So I think when we're looking at it, and if you make rational decisions and not just argue for your seat because it happens to be in Regina. Because that's obvious what you're doing. I haven't heard you stand up honestly and argue for one other part of Saskatchewan. You have said, Regina, Regina, Regina.

You want to play politics with the housing of seniors. I don't want to do that. I want to keep seniors where the need is regardless of any political gerrymandering or jiggery-pokery that you're trying to pull.

So therefore, let's get things straight. What you tried to mislead this House with, a great problem at Pasqua, doesn't exist. And the bed ratios in Regina and Saskatoon are better than those in the rural areas. So what we have done is brought rural Saskatchewan up to where it should have been, but was neglected — was neglected — because of the Smishek moratorium letter. That's when rural Saskatchewan was neglected. Let me tell you that.

And I can say, I hear you talking a bit about an election — the polls will indicate that appreciation.

Mr. Shillington: — Two question, Mr. Minister. Do you remember the question, and if so, will you answer it?

Hon. Mr. Taylor: — The question was: what is the waiting list in Melville. We will research it.

Mr. Shillington: — Are you saying that you don't have the waiting list in Melville?

I'll suggest to you, Mr. Minister, that in Melville there is a huge waiting list, and that your projections are not going to meet the waiting list in Melville either. I will venture to say, Mr. Minister, I would be interested . . . Mr. Minister, I would be interested in a list of those communities where the waiting list equals the number of nursing home beds you're building. I'd be interested in the list of those communities, because I think it's going to be a short list.

I will guess, Mr. Minister, that in Melville the waiting list in Melville is considerably in excess of the number of nursing home beds you're building. That's why you're not giving me the information. Not because you don't have it, but because, as the indication with Regina, you're ashamed of the facts.

Hon. Mr. Taylor: — The only part of the past that I'm ashamed of was that dreadful moratorium that was placed by the government opposite. I mean, I'm ashamed of that. I think everybody in Saskatchewan is ashamed. When I found out that they did that, I was so shocked, Mr. Chairman, it wasn't funny. To think that you would take that kind of action against the senior citizens of this province.

You know, we talk about Melville. I don't know what the waiting list is in Melville at this point in time, but I do

know that whatever it is, it is being addressed an awful lot better by this government because they have a new home-coming, which was falling on deaf ears before. And another thing we have to look at . . . I mean, we've brought in a lot of new innovations to help people to stay in their homes and out of nursing homes.

I get the feeling from the member opposite, as he gets up and bleats away about nursing homes, that he would like to take every senior citizen and put him in a nursing home. I don't want to do that. That's the last resort.

People tell me: Mr. Minister, I want to stay in my home as long as I can; I want support services; we would like enriched housing; things of this nature. And I will ask you, when you question my colleague, the minister for Sask Housing, to check this government's record on enriched housing. We've come about with a new respite care, where many of the homes that are being built now have a respite bed, so the person can come in and stay for a while and then go back out to their home. Another thing that many of them have incorporated with them is adult day-care centres.

So if you really understand the situation, Mr. Member, there are a number of services that can be incorporated that will help the elderly live their lives in dignity and in safety and close to their surroundings. And that is exactly — let me tell you again — that is exactly what they're asking for.

Mr. Shillington: — Well that's really splendid. That's really splendid, Mr. Minister, to hear from such an acknowledged expert as yourself what senior citizens are asking.

I wonder, however, Mr. Minister, when you're going to give me the answer to the question. And let me ask you at the same time whether or not you will give us the waiting lists for all the other — I won't say, every community Saskatchewan; that's a long list — but give me the waiting lists for the cities in Saskatchewan and your projected construction of nursing home beds. Will you undertake to give me that, Mr. Minister?

Hon. Mr. Taylor: — Well I gave you the one for Regina earlier this evening.

An Hon. Member: — No, you didn't.

Hon. Mr. Taylor: — Yes, I did.

An Hon. Member: — Yes, he did.

Hon. Mr. Taylor: — I certainly did.

Also, you know, when you look at the waiting list, you've got to look at other services that are there too. Of the nursing homes that we're building now, all of the new homes have at least one respite bed. And a respite bed can really do a lot to help a waiting list. I mean, there might be people on a waiting list who are there because they're living with their family. They're living with their family, and the burden of keeping that person in the family can become very taxing on the care-giver. So if you don't have any other avenue, then eventually that person

will be demanding entrance into a nursing home.

But with the respite program, you can allow that person to come in for a month, six weeks, or whatever the arrangement is. The family can go on a vacation, have a rest, go wherever they want. They come back, take their elderly back into their home. And those things, as well as enriched home care, all of these things impact greatly upon a waiting list.

Now I can give you the waiting list from Melville. We will find that out. But I tell you, if you understand the problem and the situation, just the figures on a waiting list are not a true indication, because you have to look at the other services that are available within that community. And in many cases, with the new initiatives that we've brought about — namely again, respite and adult day care — a lot of those things are being rectified and looked after.

(1945)

Mr. Shillington: — Mr. Minister, two questions: do you remember the question, and will you answer it?

Hon. Mr. Taylor: — We'll send over the Saskatoon and Regina and Melville ones, if you want to continue . . . It's going to take a little while to put it together, but continue on with the question. But you'll get those. You may have my commitment.

Mr. Shillington: — Mr. Minister, I asked you for the lists. Do you have the lists for each community in Saskatchewan?

Hon. Mr. Taylor: — That's the assessment and placement committees out there. Many of them are formed around Saskatchewan and they have those figures; they're the ones that have the figures. They change almost daily.

Mr. Shillington: — Mr. Minister, I don't begin to understand how you can make a decision as to how many nursing home beds go in a given community if you don't have figures on waiting lists. I can't believe you don't have that information. I can well believe you don't want to give it to me, but I can't believe that your department doesn't have it.

Hon. Mr. Taylor: — That just shows the viewpoint of the member opposite. He's the kind of person, had he my responsibility, he would ask the community for a number, a number, not knowing if those people on that list could be duplicated in the next town. He wouldn't investigate that.

I have groups come in from towns. We sit down and discuss and talk. My officials go out and visit with them. I go, in the majority of cases, right out to the people, sit down, look at their facilities, and we make a decision as to whether they would be getting a nursing home or not.

But the simplicity and the complete excuse that . . . termed by ignorance of the member opposite, to say that you would look entirely at a waiting list and make a decision on that without looking at the demographics, without looking at the geographical distribution, without going out to the community and discussing and talking to

them, shows the complete lack of understanding of the long-term care needs of this government.

And, my friend, if you ran your department — whatever it was, culture and youth — like you are talking on nursing home lists and waiting lists, it doesn't shock me why you were turfed from cabinet. I can understand why the leader dropped you quick.

Mr. Shillington: — Mr. Minister, I ask you again the same question. Do you have waiting lists for Saskatchewan communities? And if you don't, how in heaven's name do you make a decision as to where a nursing home goes?

What the minister says is, he whips out to a community, sits down and has a cup of coffee and makes a decision. I may say, the mess that you people have left in government suggests that that's perhaps accurate. That is how you make decisions. Do you have anything more accurate or scientific than that, Mr. Minister?

Hon. Mr. Taylor: — Again he says, what is the waiting list? Now if you have a community and they don't have a facility, how do they have a waiting list for that community? Some of those people could be over here in this town, some could be over there, some may even have applied in Regina as you would like them to do. So how do you pull together a waiting list? You go there and you sit down with those people and you look at the resources; you talk to them about their community. And with that kind of consultation, you come up with a decision as to whether that is the place for a nursing home or is it not.

I mean, I just fail to understand your logic of saying, well show me 50 or 60 on the list, and you've got a nursing home. That isn't the way you decide on nursing homes, my friend. And as you stand and insist upon this, you just show your complete failure of the grasp of how one addresses long-term care.

I've had five consultation committee meetings around this province — over 2,500 people there. We sit down and talk about what are the long-term needs. I would give you a personal invitation to attend one. It would be a great learning experience. And a waiting list is very seldom the thing that is even discussed at these. It is new innovations and ways to address the problem with respite and adult care. These are the things that people are talking about. My stars, you can have a waiting list anywhere, but until you sit down and analyse it, it would be the poorest criteria upon which to build a facility.

Mr. Shillington: — I would readily admit ignorance in terms of knowing how you people arrive at decisions. Nobody who is a serious student of government has ever been able to figure out how you people ever arrive at a decisions. It certainly isn't done in any rational manner.

I would have thought that one of the criteria, perhaps only one, but one of the criteria in determining whether or not a community gets a nursing home is need. I would have thought that would have been a criteria. I would have thought that is what a waiting list would have measured — the need in the community. I ask you, Mr. Minister, is need not a criteria, and if it is, how do you assess the need if you don't have figures of what the waiting list is?

Hon. Mr. Taylor: — Again you indicate your lack of understanding small town Saskatchewan. I can tell you, if you go out, if you would ever take the opportunity to go out and sit down with one of these groups, certainly you will talk about need. But you'll talk about need from all kinds of angles, not just one waiting list. That isn't the criteria you decide on at all. There are a lot of other things. You look at available services, support services, proximity to other areas, things of this nature. That establishes need, and I tell you, you will get that need a lot better and you will sense that need and you will feel that need if you go and visit with those people in their own surroundings.

I described vividly for you what happened in Wawota, Saskatchewan; Wawota, Saskatchewan, who had been ignored. I'm sure that year after year, Wawota, Saskatchewan, sent in some type of figure of a waiting list to you people when you were in government. But they never, ever did get the opportunity for a minister to come out and sit down with those people who will be in the nursing home, who request a nursing home, whose parents will be in the nursing home. They had never had anyone do that.

With that, we establish need — Wawota have a nursing home. It will soon be open. And if you doubt that that is the way in which a good decision can be made, I invite you to go out and talk to the people in Wawota. They will tell you very, very plainly that they are very satisfied with the avenues that went through to establish the need for their home, and now they have the home.

Mr. Shillington: — Mr. Minister, I simply can't believe that you spend the kind of sums that are involved in building a nursing home and operating a nursing home without knowing in advance how many people are going to use it. That's what a waiting list is — the number of people who want to move into a nursing home. I can't believe that you don't have that.

I can well believe you don't use it . . . (inaudible interjection) . . . No, we're killing Conservatives. That's what we're doing the longer this House remains in session, the worse your electoral chances are going to be.

I can't believe, Mr. Minister, that you place nursing homes in communities without knowing how many people want it. And that's what the waiting list is.

Mr. Minister, if you don't have waiting lists for the individual communities, do you have it for the cities? I'm trying to get this down to a figure that even I think you can deal with. Do you have waiting lists for the cities?

Hon. Mr. Taylor: — I indicated to you previously, certainly the assessment and placement groups in the cities who are functioning very well; a mechanism that was developed by this government to address the needs so that those with the need would be getting in rather than your idea of a waiting list. I mean, I don't think you've ever analysed the waiting list. Because you can't have a waiting list in the cities. If you just want to go with your idea of a waiting list, some of those people could be registered on six or eight homes. They're showing up six or eight times.

Your idea is to take each of these waiting lists and say, well, there's a great one. Let's build one here and here and here. We decided that a group should take a look at these people and put them through a common assessment so that every person, every person is dealt with the same. They're looked at by the same group of people, professional people, and those people sit down, and they look at the state of that person that's being assessed at that time, and they also look at the support services of that family. Now there may be a person whose personal health isn't very good and could go to a nursing home, but it may be more beneficial to that person that they go to the acute care hospital for a short period of time and then back out and have home care support and live in their community. That's the decision that these assessment and placement groups make.

It may well be that, on the other hand, the person needs home care, and that is given to the person. And it may well be that the person needs to go into a nursing home, because they don't have any support, or their health may be such that is the priority. So to look at a list of names, John, Mary, Jim, and so on, and decide, well because there's that many, my gosh, here's a serious thing . . . I think it makes much more sense to look at the individuals.

For far too long, not only in Saskatchewan, but across this country, we have tried to make individuals fit institutions. I believe that institutions and support services should fit individual needs. And that's exactly what we're doing . . . (inaudible interjection) . . . I will give you those numbers, but I just want to explain to you, because from your line of questioning — I have to say it! — that you have a very, very limited knowledge of how you address the long care needs of our senior citizens and disabled younger people.

Mr. Shillington: — Well, Mr. Minister, limited though it may be, I do know that in each of the cities, there is a central registry and there are no duplications. So, limited as it may be, at least I know that, Mr. Minister.

Mr. Minister, I can only . . . Mr. Minister, did you undertake to give me a number on the waiting list in each city, together with the number of nursing home beds which you project you're going to build over the next five years? Did I get that undertaking in the midst of all that blether?

Hon. Mr. Taylor: — I have told you time after time, all the nursing home beds that we intend to build, and I will give you that. And I'm sure you can separate what you want for Regina and Saskatoon. I told you that for Regina and Saskatoon, I would give you the lists as they are developed by the placement committee.

But again, let me caution you — and I say this sincerely when I say let me caution you — because the way you would address the waiting list, you would look at the total number and say, oh my gosh, we need this many.

Now as I said to the Leader of the Opposition before supper, some of these are classified as priorities. Those priorities are the ones that this group, who assessed everybody and looked at the support, as I just said in the

last answer, say are the ones that should get in. Those people are getting into nursing homes in Regina and Saskatoon within about a two-month period. And I think that is quite a commendable record. And I did say to you that the ratio of beds in the cities is higher than the other part of the province.

Mr. Shillington: — Mr. Minister, a moment ago you said you would give me the list for Saskatoon, Regina, and Melville. I ask you, Mr. Minister: will you include the other cities, six cities, in that undertaking? Will you give us the waiting lists in each of the cities, and will you do so before your estimates resume on Wednesday?

Hon. Mr. Taylor: — I will you my commitment to try and get a hold of the co-ordinating committees in the areas you ask and ask for their most up-to-date figures. I have nothing to withhold from you, and I would be more than pleased to try and do that. It's going to take a little bit of time. I think you indicated a day or two, and that's just fine.

But I just want to point out something else to show you that your passion with waiting lists is not really correct. For example, I don't know if you're aware or not, but with our decentralization policy, we're building a nursing home in Lumsden. It may well be that many of those people had registered in Regina. I mean, I think you can agree with that. They could be showing up on that waiting list.

The same thing ... We're putting an addition in Fort Qu'Appelle. The same thing could be true. So I think you'd have to agree that just to take the raw waiting list could be very misleading and not indicate the true picture of need. There are other ways to address need. And that's what I think some of the things we have put in place do this.

I'm not saying the system is perfect, but I'm saying it's come a long way in the last four years. And as I travel the province, these co-ordinating committees on placement are being developed in almost every area of the province and being well received. I'll explain for a minute how they work.

There's people on there from the long-term care sector; that's the nursing homes. There's people on from the acute care system, the hospitals. There's people on from the home care system. And they all sit down, and they take a look at individual A, and to the best of their knowledge they say, this service is what individual A needs.

The greatest thing that I'm finding with that kind of support from those people, individual A can sometimes go into, would you believe, a nursing home, stay in there for a period of time, but because of better diet and care, his health comes back, and goes back out to his community, and can live two or three more years in his own home, surrounded by his friends. I think that's the goal we want to see, and I can tell you sincerely that those kind of situations are taking place in Saskatchewan now.

(2000)

Mr. Shillington: — Mr. Minister, if, as you say, Regina has been awash with nursing home beds and the rest of this province has been neglected, then it really must be a corker in the rest of the province. That's all I can say.

Mr. Minister, there is, I think, by common agreement since you gave the figure, 170-odd people on the waiting list.

An Hon. Member: — Virtually thousands on the big waiting list.

Mr. Shillington: — A thousand and some on the main list — that's what I meant to say. You are building enough nursing home beds to accommodate approximately 10 per cent of them.

So one out of every 10 people on the waiting list is going to get a nursing home bed if they can hang on for five years, apparently. Mr. Minister, one of every 10 of those needs will be met, and the other 90 per cent of the needs will simply not be met.

Mr. Minister, if that's how bad it is in Regina, when Regina has been the subject of all this lavish attention, then it really must be a corker in the rest of the province where the needs have, as you put — as you claim — have been neglected.

That is why, Mr. Minister, I want to see what the waiting lists are for the rest of the province, and that is why I want to compare them with your estimates. Because I'll venture to say that the Regina experience will be repeated everywhere else. We just happen to have the figures for Regina. That's why we're using them. If we would have had the figures for any other community, we would have been using it. I will venture to say the Regina experience, when we get the figures, will be duplicated elsewhere. I will venture to say your waiting list, the waiting list which you produce, will be many times the number of nursing home beds you're going to build. I would venture to say as well that a fair analysis would produce the same conclusion in the other communities as it does in Regina, and that is you are rapidly falling behind — never mind catching up. So I say, Mr. Minister, that it behoves this Assembly to analyse your statement and find out if Regina has been given more than its fair share. Because if it has, then the rest of the province must be in very serious condition indeed, Mr. Minister.

Hon. Mr. Taylor: — I can tell you all of the province was in a serious situation in 1982. When we are building 1,660 beds, I think by your own logic it shows that there was a terrible situation in 1982 as to nursing home bed construction, all because of a moratorium.

You mention the nursing home list in Regina of 1,070. One hundred and fifteen are on the priority list. Now you may question that. I don't question the Regina assessment and placement committee. I think they know what they're doing. You may think they don't. That's your judgement if you so care. But let me indicate to you, I have talked to people who are on waiting lists. I know people who have their mothers on waiting lists. I'm sure if I went around in this Chamber I would find people here who have their parents' names on waiting lists, and their parents are on

that waiting list and they may not be ready to go in. They're on there because they want a . . . (inaudible interjection) . . . No, no. They want to secure a place so they put their name on the list years before they're ready to go in. But I can tell you that came about because there weren't nursing home beds.

The assessment and placement committees, the co-ordinating committees, do not report to me the great gravity that you seem to think is out there. I think it's being well handled and well managed. I don't stand here and say that every person who's wanting to get into a nursing home in Saskatchewan is going to get in tomorrow morning. I'm not saying that. But I believe in our major cities, if the people who the professionals class are the priorities, if they can get in within two months, I repeat, I believe that is very good service. With 118 more beds, that will improve here in Regina.

So you know, we can go on all night and talk about waiting lists but I will say to you the waiting lists are only one portion of it and I believe that there are many people on waiting lists who have their name on there just to indicate that at some day, some time, some place, I would like to go into that home, but for the remainder of the time I want to live in my own home with personal dignity. That's the message that comes across time after time after time.

Mr. Shillington: — Will you undertake to give us the information for the cities, Mr. Minister, and, secondly will you undertake to give it to us by Wednesday at 2 o'clock?

Hon. Mr. Taylor: — I'll get it as quickly as I can. I can't say I can have everything by Wednesday by 2 o'clock, but you have my commitment we're going to give you these lists that you . . . And we'll do it as rapidly as we can.

Mr. Shillington: — Mr. Minister, how many people do you have in research in the Department of Health? How many people are in that research branch of yours?

Hon. Mr. Taylor: — Five researchers in the policy and research branch.

Mr. Shillington: — Can five people make six telephone calls between now and Wednesday and find out what those waiting lists are? All you have to do is phone the local committee. I ask you, Mr. Minister: can five people make six telephone calls by Wednesday at 2 o'clock and have that information back to for us?

Hon. Mr. Taylor: — I indicated to you we will do it as quickly as we possibly can and we certainly will.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, would you repeat again the figure which you said the . . . of patients in the Pasqua Hospital who are level 3 or level 4 patients?

Hon. Mr. Taylor: — I couldn't indicate whether it's level 3 or 4, but classified as long-stay patients: the figures that I have been provided with are 26 at Pasqua, 49 at General, and 8 at Plains — should total 83, is it? Yes, 83.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister — thank you, Mr. Minister. Twenty-six at Pasqua. I just want that very, very clear. If you have any qualifications, make them now because I have some doubts with respect to that figure — and not only that, but I have undoubtedly people who will count them for me. And that is not the information I have received. Maybe for all I know, the Saskatchewan Union of Nurses, when they come about here in a day or so . . . I've heard it suggested that they were coming here, and they (inaudible interjection) . . . That's right. No, I don't know whether or not they will get in. That depends on whether or not the minister of government services has his chains up, but we are about to find that out.

But the point I think we have established is that, in the opinion of the minister, there are 26 long-stay patients there — 26, no more. And that's fine with me. You have said that twice or three times, and I'm happy to have that. But we've underlined it now. And I will know that if there are more than 26 there, the minister is ill-informed. I make that point. And I take it . . . I'm not asking the question, because you've answered it three times, as you say.

I want to raise a different subject, and that has to do with the drug program in general, and the cost of drugs, and the likely impact on the Government of Saskatchewan and on your department and on the drug program of the proposals by the federal government, indeed the action by the federal government, to remove the availability of generic drugs.

And I ask you, sir, have you made an estimate on how much that will cost if — or perhaps "when" is the phrase — when the current arrangements with respect to the production of generic drugs in Canada are changed and the major drug companies are given the long-term protection they seek?

Hon. Mr. Taylor: — Yes, Mr. Chairman. I just go back to the other question on the Pasqua. As the information that has been provided to me tonight — and I think you must know (you've been through estimates many times) that one goes on the information that is provided to you — is that there are 26, and they are all level 4. But I don't want to mislead or give you wrong information. I hope you understand that. I will be double-checking this figure myself. But as the best information that I have at this point in time, that's the figure.

You ask about the Eastman commission, I believe, and topic of generic drugs. Certainly, as you well know that we had an assessment of the drug plan in Saskatchewan; had that done soon after becoming a minister. I believe we have a very good drug plan.

Certainly there are always from time to time — and I think you have corresponded with me occasionally — where there may be a drug or some drugs that some people don't have covered. We can't cover everything; however, we do use exceptional status for many cases to try and help people with drugs that are beneficial to them prescribed by their doctors.

As far as the Eastman commission — I'm concerned about

their changes in the patent protection Act. I have expressed this on numerous occasions. I did not have the opportunity to meet with the minister, the Hon. Michel Cote, Minister of Consumer and Corporate Affairs. But my deputy, Mr. Podiluk, along with my colleague, Mrs. Duncan, the Minister of Consumer Affairs, have met with them.

I have expressed to Mr. Epp, the Minister of health, my concerns about this. I think you asked what the possible costs could be to the drug plan. Our estimation would be somewhere in the neighbourhood of perhaps \$12 million if the protection that is advocated at this time were to be enacted.

I think you asked what the possible costs could be to the drug plan. Our estimation would be somewhere in the neighbourhood of perhaps \$12 million if the protection that is advocated at this time were to be enacted.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I'm surprised at the low amount of that figure. The drug plan is now costing about . . . something over \$75 million, good enough. And that is virtually all for drugs. I'm not talking about the administration, or I'm not talking about the portion of the cost of drugs paid for by the patients in the prescription fee. I'm talking about the figure in the *Estimates* of 76 million which will be virtually all for drugs, I would think. Twelve per cent would indicate a possible increase of drugs of the order of 15 per cent or so, 15 to 16 per cent; 15 or 16 per cent of \$76 million is about \$12 million. My mathematics is not great, but that's not far off the mark.

Are you of the view that the laws which make generic drugs no longer available will add only 15 per cent to the cost of drugs? Do you feel that's a fair hit?

Hon. Mr. Taylor: — I don't think the intent of the commission and the recommendations is to outlaw generics entirely. It's just that the exclusivity period for the innovators would be longer. And of course that's going to add a cost to us.

It's pretty hard to give you . . . I said approximately 12 million. It might go up as high as 15 million. But somewhere in that ball park is what our estimation at this time is.

(2015)

You know that along with the report, there's talk about certain benefits coming to provinces and so on. I have stated, and I think in strongest terms I possible could, that we in Saskatchewan are rather doubtful if that . . . We would have to be shown that those benefits would be accrued to our province. And to be honest with you, I'm a bit doubtful if they would. So we have come out quite strongly, and I would be willing to give you a copy of the telex that I sent to the Hon. Jake Epp indicating the opposition of Saskatchewan to that type of legislation being brought in.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, you will know that generic drugs are almost always significantly cheaper than brand names, and

sometimes spectacularly cheaper — on occasion one-tenth the cost, or thereabouts. That is not the norm. I concede that out of hand — but sometimes spectacular.

And the proposal as I understand it, in Ottawa, is to change the patent protection period from four years to a period of 10 or 17 years. And there seems to be some doubt as to exactly what is proposed. I trust that the minister has made the strongest possible representations to the federal government.

And I ask the minister whether or not he or his colleagues, including the Premier, when they were in Ottawa, have reiterated the concerns which he has expressed, since this is 10 or 12 or more million or \$15 million which is not available for health care in Saskatchewan but simply goes to the international drug companies?

Hon. Mr. Taylor: — Certainly I haven't been in Ottawa for some time, but at the last meeting of the health ministers that took place last fall on my initiative — and I don't say this in a boastful way — but we did put this on the agenda. It was led by Saskatchewan, the whole discussion about the Eastman commission and the problems that this could have for the cost of provincially funded drug plans. So I can assure the member opposite that the stand that I have taken, as a minister representing this government, is one that would not want to see any type of change that would have damaging effects upon the cost of the drug plan (a) to the Government of Saskatchewan, but more important, the cost of drugs to the consumers of our province.

Hon. Mr. Blakeney: — Well, Mr. Chairman, and Mr. Minister, I'm sure everybody is heartened by the fact that something was on the agenda for a federal-provincial conference, but I'm not sure that they will be totally comforted and believe that they have protection on that account.

Federal-provincial conferences are almost a daily occurrence. I would suspect that the Minister of Parks and Renewable Resources is attending one at the moment, if I understand his schedule correctly, and doubtless, some of your other colleagues, who haven't been about the House lately, are attending federal-provincial conferences. I don't where else they would be. I don't where else they would be with the House on . . . (inaudible interjection) . . . Members ask where the member for Shaunavon is. He will be here, and you will know, and the Minister of Health will know when he's here. I can assure you of that.

Mr. Chairman, and Mr. Minister, we have a concern with respect to hospital beds, and we have a concern with respect to the number of hospital beds that are in operation . . . (inaudible interjection) . . . Well, the member for Saskatoon Eastview says it's a new-found concern. I'll tell you this. I'm going to talk about hospital beds in Saskatoon and I'm going to tell you that the waiting lists in Saskatoon are twice what they were four years ago, twice what they were four years ago. And twice what they were four years ago because of things such as this: St. Paul's Hospital will take 77 beds out of service partially in an effort to cope with budget deficits. This is last month.

Mr. Chairman: — If the members are not in the debate, would they let the member who is on his feet please have the floor.

Hon. Mr. Blakeney: — The issue is hospital beds. The question is waiting lists for hospital beds. And the question I ask is, under what circumstances, Mr. Minister, with waiting lists for elective surgery approaching 5,000 and perhaps exceeding 5,000 in Saskatoon, under what circumstances would St. Paul's close 77 beds last month because they ran out of money? Could you explain why that would happen?

Hon. Mr. Taylor: — Mr. Chairman, before I answer that question, I think just to indicate to the member the support that we have for changes to the drug plan that might affect our drug plan in Saskatchewan, I'd like to read the telegram that I sent on March 24 to the Hon. Jake Epp, re-proposed amendments to the Patent Act representing pharmaceuticals. It states:

I'm writing to you, and also by copy, to the Hon. Mr. Côté, Minister of Consumer and Corporate Affairs, to once again express the serious reservations that the province of Saskatchewan holds towards proposed changes in compulsory licensing provisions.

The Saskatchewan prescription drug plan, because of its universality, would be affected in a very dramatic way by the changes being contemplated.

Due to the broad nature of the plan, we have been better able than most to eliminate the cost impact of those changes. Additional cost to our drug plan could reach \$15 million annually, or nearly 20 per cent.

Because such increases could be very damaging to the program and its continuing success, and in light of the apparent lack of concrete reciprocal arrangements, and in the best interest of all Saskatchewan residents, I would request a reconsideration of the entire issue by the federal government.

May I also request that this matter be discussed in a full and detailed hearing with all provincial governments.

So I think that indicates the position of the Saskatchewan government regarding the changes to the Patent Act.

As far as the 77 beds that you mentioned at St. Paul's Hospital, they were closed for a period of time over Easter. As I understand they are open and functional now. It is not anything new. The hospitals from time to time, both in the summer and over Christmas or Easter, may close down beds for a short period of time.

There are a number of factors affecting this. First of all, many patients would prefer to spend those times with their families, rather than being in a hospital. Secondly, some of the medical profession choose to take their

families and go for family holidays and do not book surgery over those periods. Thirdly, also some of the nursing profession prefer, because we have an increasing number of part-time nurses in our province . . . It's very difficult, the administrators tell me, to sometimes have the necessary staffing ratios of nurses over holiday time.

So, certainly St. Paul's did close their beds. I believe they opened them again on April 1. And I should say that this isn't a new occurrence, that this has happened many times previously by different hospitals.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I'm frankly surprised at that comment with respect to March. We all, I think, know that hospitals have closed beds in the summer-time, primarily for staffing reasons. But I am frankly surprised when you say that on March 24th — and this is the date of this particular report — St. Paul's would be closing hospitals. It is made clear by Mr. Brent Skinner, the hospital's director of planning, that one of the reasons is to help ease the deficits.

I ask you, Mr. Minister, whether or not it would not have been possible to provide funds so that this hospital could keep going over that period and at least make some small dent in the massive elective surgery waiting list. And I'm simply not willing to accept that all the doctors who might do elective surgery were on holiday that week.

Hon. Mr. Taylor: — It's indicated to me that in about May of last year, we put in about \$3.1 million for the hospitals to maintain their flows. And I think, when they check back where previously they had had a summer slow-down, that St. Paul's did not have that happen in this last year because of that extra injection of funds coming in about May, if my mind . . . That's my recollection of it, around May.

Hon. Mr. Blakeney: — Mr. Chairman, I don't have the facts before me with respect to St. Paul's in May, but St. Paul's was closed in March and it was closed in the previous December. They had closed about 90 beds in December, and another 77 in March. And this strikes me as hardly the actions of a hospital that is all that well funded when it's facing the largest waiting lists in the history of that hospital by a very large margin.

I'll ask the minister whether he wants to make any comment on that. If not, I will get back to the drug plan.

Hon. Mr. Taylor: — It's indicated to me that an agreement was reached with them in '85-86 to maintain at least the census of the previous year, and that funding was provided for that. And I know that we did have this extra injection of cash. I guess the thing one would have to look at, and I don't have that figure with — I suppose I could get it for you — is the number of people that did go through in this last year. From my understanding, we're putting more through the hospitals each succeeding year, St. Paul's being no exception to that.

Hon. Mr. Blakeney: — Well, Mr. Chairman, and Mr. Minister, you're quite right, I think, in fact that patients are going through faster, and you're quite right in saying that the average length of stay, at least for conditions of a

comparable degree of seriousness, acuity, is going down. And that's one of the things that the Saskatchewan Union of Nurses is talking about a good deal, as you know. But that's another subject.

(2030)

I will come back to the drug plan and ask you a general question with respect to the policy of your government with respect to the prescription fee. You will be aware that the way the drug plan is set up, a prescription fee — or I should say a maximum prescription fee is negotiated with the pharmacists. And I believe it now to be \$3.95. The minister will also be aware that a number of pharmacies are charging a good deal less than that. Some of them have for some time had a lower price for senior citizens or some arrangement such as that, but the minister will be aware that Superstore and some of the other chain stores are operating pharmacies and having very low prescription fees — under \$1 is reported to be frequently the fee.

My question to the minister is: does your government have a policy with respect to not only maintaining a maximum prescription fee, but maintaining any sort of a minimum prescription fee?

Hon. Mr. Taylor: — We're certainly aware of the concern that the member expresses. I can indicate to you that there are consultations going on at the present time with the Saskatchewan Pharmaceutical Association just on that topic, and I believe that we will work out something in conjunction with them that will address the situation. So I guess my short answer is: we are aware of the problem: we're in discussions with the pharmacists' association now to come up with a workable solution.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, do you have any policy to announce, other than the policy which is now in force, that is, that there is a maximum but there is no minimum? That's the current policy of the government. And do you have any . . . Are you in a position to announce any other policy?

Hon. Mr. Taylor: — Not at this time I am not, not until we finish our discussions and consultation.

Mr. Tchorzewski: — Mr. Minister, just to pursue the topic of hospitals, I know you may be wondering why it seems that there are many people who are cynical about announcements. And I'm not talking about you personally, but I'm talking about the government as a whole. And I think there is good reason why people are cynical, after having gone through a period of announcement and no results.

When you took office in 1982, there was by the Regina General Hospital a big hole. It was dug because excavation was there to complete the regeneration of that facility, and it was to be done by now. Since then, there has really been nothing done, and I am sure you will agree to that. Back in 1984, your government, in the budget, announced that the regeneration will proceed. Nothing happened. In 1985, I read here, again there was an announcement, and in Regina it says, work will continue on the regeneration of Regina General Hospital,

the program which started in 1978. Nothing happened.

Last year in the provincial health budget there was the announcement of one of those new five-year plans, one of the four five-year plans. Now this government obviously had decided to go with the five-year planning. It was announced on April 10th, there was a fund of \$300 million for Health capital projects. That budget for '85-86 amounted to \$37 million. The one that wasn't pointed out in the budget, and I have a copy of those *Estimates* from the budget of last year, is that all of those projects, which were announced for 1985-1986 in this new five-year plan, were projects that has been announced in the previous year, 1984-85.

And it's these kinds of examples — and I try to say that as positively as I can, although it's difficult to do that — it's these kinds of examples that lead to the kind of questionings that we have to undertake here on behalf of an awful lot of people out in the public who are cynical about announcements which tend to be a lot of smoke and mirrors. Because all of those few examples which I have given you are example of exactly that. Let me ask you this question, and it's a pretty specific one: at what stage is the Regina General Hospital at now?

Hon. Mr. Taylor: — Well the member opposite talks about people being cynical. You know, I think if you . . . And you mentioned the \$300 million capital project. And I think you must agree also that that is a commendable contribution towards health capital. And as I said previously to your colleague, and in fact even invited him to come with me to certain towns around Saskatchewan to hear firsthand from those people about the facility that they have now either opened and functioning, being built, soon to be opened — and I can tell you, those people are not cynical.

You go to Saskatoon — and I heard one of my colleagues speaking from his seat here — and you go and you look at University Hospital. I mean, you just drive in to Saskatoon and you see the cranes and you see the floors being built there. You go over to St. Paul's Hospital; you see the construction there. The new 238 Fairhaven home — I was by it today. I mean, I don't know how one could be cynical about that.

I think your direct question, though, was Regina and the General Hospital here. True enough, there was a hole beside the Regina General Hospital; I don't deny that. Certainly that hospital now, the contract was signed as of February 28, 1986, awarding a contract for \$22.8 million. So the construction will be going very soon.

But, you know, we want to talk about cynicism. And I pointed out — I don't know if you were present at the time — but about the rehab centre in Regina. And I remember, and you must remember as being the Finance minister of the government before you went down to defeat, and you must remember of the hurry-up offence to design a rehab centre.

Well I think you see as you drive to work and come through the park that the rehab centre is being built in Regina. It's well under way. There's a board in place, a board in place to build and to manage it. The rehab centre

is . . . The piles are in; they worked all winter on it; they've excavated a large area there.

I can tell you that from the plans that I have seen, and visited various rehab centres across Canada, that will be something that both you and I will be very proud of. And it's under way and being constructed now. So I don't think that there is that degree of cynicism, because I think people do see projects going ahead, especially in the health care field. Now you may have a different opinion on that, but that would be my explanation.

Mr. Tchorzewski: — Oh, Mr. Minister, you seem to choose to ignore the fact that the rehabilitation centre is four years late. The rehabilitation centre was ready to go in 1982, and your government delayed it. And only after a significant amount of political pressure you decided it was a lot more ready to go than the ammonia plant which you people are talking about, which now turns out to be a study.

Mr. Minister, you talk about your five-year fund, but you don't address the question that you played games with the five-year fund, or your government did. Your former minister of Finance did.

You announced a five-year fund. You announced the first year of that fund, and you didn't put anything new in it. All you did is put in it \$37 million worth of projects from the previous year which hadn't been done. What's new about that? Hokery-pokery — the kind of numbering which this whole budgetary process of this year is all about, where you try to confuse everything by mixing it up. You change the format of the Public Accounts so it's harder to get information. That is the problem. If you were really doing that well, why would it be necessary to do that?

But I'm glad to hear that the contract has been let for the Regina General Hospital. I'm not sure that people . . . not only in Regina, because hospitals like the General and the Pasqua and the Saskatoon hospitals serve wide areas of the province. That's normal, understandable. They provide those kinds of services.

My question is: why did it take four years to get under way a regeneration which was all ready to go under a stage process so that it could have been completed by this time? Why did it take four years when the need was there?

Hon. Mr. Taylor: — Well I think, you know, you say that some of the things were smoke and mirrors, and so no. I don't accept that.

I was up in Saskatoon just a short time ago turning the sod for the cancer building that's being constructed now. Construction has started — something that was seriously neglected. A brand-new cancer facility will be treating people suffering from probably one of the most dreaded diseases in our society. That's part of the 300 million.

The rehab centre, we've talked about; that's part of the 300 million. The expansion at University Hospital, and St. Paul's Hospital, and the new City Hospital that will soon be under construction — I've seen the plans for it. It looks like it's going to be a very fine facility. Those were

all initiatives that were brought in since the \$300 million capital project.

So to say that it was just the rehashing of things that had been announced is not entirely correct. I will admit that the Regina General, the contract is going now. But to indicate that everything was set up and ready to go, I don't think is exactly correct, because there has been a change in some of the plans. I think you would find out that the facility that is going to be constructed now, the regeneration phase that is being constructed now, is superior to what we were looking at previously. So I feel that many of the capital structure in health are well on their way.

And I'm just talking at this point in time about basically the base hospitals. But if we wanted to branch out and look at the hospital construction outside of the major cities, you know, there's a number of them. Hudson Bay is scheduled to go; Lloydminster, Maidstone, Melfort, Watrous, Watson, just to mention a few. So certainly the \$300 Health capital fund is going a long way to addressing many of the needs that are out there in the acute care field, as well as we have discussed the nursing home field.

Mr. Tchorzewski: — If I may just return to the Health capital fund, which we have discussed for a little while here today. Let me take you back to the budget of 1985-86. And I have here a copy of the *Estimates*, and there are two columns. There is the 1984-85 column, and then there's a 1985-86 column, which is the new Health fund — this new Health fund that was going to do all these new things.

Well beside the column here on '84-85 are a bunch of asterisks. And the one all the way down here, grants to hospitals and health centres; grants to Saskatoon Cancer Clinic construction program; construction grants to special care facilities — the asterisk says that this subvote was included in the vote Health — ordinary, in 1984-85. Nothing new about that.

There's another set of double asterisks: grant to Saskatchewan rehab centre; grants to Saskatoon hospitals construction program. The note on the bottom — this subvote was included in the Saskatchewan Heritage Fund, 1984-1985. Nothing new about that.

Then there's another list of triple asterisks. Note on the bottom — this subvote was included in the special projects fund in 1984-85. And that's the point I'm making, Mr. Minister. You and your former minister of Finance announced a brand-new health capital fund, as if it's something that's going to be brand-new and doing all kinds of wonderful things that weren't done. And yet in your own estimates, it makes it very clear that there's nothing new about them.

All you did was you took appropriations and subvotes which already had been provided in previous years, and you lumped them in here, and you call it brand-new. It was straight cosmetics. And if there's any reason why there should be doubt in the minds of the public about your announcements, and I mean the government and you on behalf of the government, that's why. That's why.

An Hon. Member: — Why?

Mr. Tchorzewski: — Because all of what you say, you don't really do.

Now if I may go back to my question . . . because after you finished making your speech, you did not answer the question. I'll just remind you that I asked a question: why did it take four years to proceed with the Regina General Hospital regeneration which already was ready to go back in 1982?

(2045)

Hon. Mr. Taylor: — Very simply to that answer: when I came in as minister, there was regeneration going on at the Pasqua and there was some talk about a regeneration at the General. I don't know how you like to do things. Maybe you like to get every burner on the stove going, but I find often if you do that, the pot boils over.

My instructions to my department was: let's finish the Pasqua, which is done, and then let's go on to the Regina General; let's build the rehab centre. We look at things. Under this government, we plan out phases and do things, as you have seen. The first five-year plan was a five-year plan for nursing homes. The next one was a five-year plan for major hospital construction. I have a five-year plan, which you're well aware of — you were at the nurses' symposium the other night — for staffing.

This is the way that we operate. And I can tell you, it is being very, very well received. It gives people a chance to be part and parcel of the planning, which was lacking very much before, under your administration. People appreciated, whether you believe it or not, people in Saskatchewan appreciate being included and being part of planning facilities that are as important to their life as health care facilities.

I just want to point out to you that in the last two budgetary years . . . to show that the money in the 300 million capital fund was certainly being put to use to build these facilities. The expenditure was 36.9 million in the previous year. And this year, as you heard in the budget, will be in the neighbourhood of \$75.4 million. I should say to you, and I would like to remind everyone here, that is undoubtedly the largest capital outlay for health facilities in the history of this province, I would believe — \$75 million. That is a considerable outlay for capital construction, and that's what is forecasted in this budgetary year.

Mr. Tchorzewski: — Now, Mr. Minister, that does not answer the concern which people have had about your first year of the five-year plan, which was last year, which included nothing new except the restatement of your 1984-1985 estimates. That's what it was.

You have not addressed that issue, and maybe you're not able to at this point in time. And that's fine with me. We'll pursue it again at another time.

You mentioned \$75 million, which you are proposing to spend on health care construction in this budget which

we are considering here. I'm asking you: where is the \$75 million coming from?

Hon. Mr. Taylor: — Well, obviously, I think those questions were answered quite well this afternoon by my seat-mate and colleague, the Minister of Finance. He and the Leader of the Opposition went through rather a long discussion while we were doing the appropriations Bill. I believe my colleague laid it out very succinctly and clearly where the money was coming from. However, if you would like to dialogue on that and discuss that further, if you look in your *Estimates*, the new property management Crown comes up and the estimates will be answered by colleague. The minister from Saskatoon is heading up that commission.

But I believe that there . . . If you would check back in *Hansard* of today's discussion with the Minister of Finance, there would be an explanation there of where he is going to be getting the money for the properties management Crown.

Mr. Tchorzewski: — Mr. Minister, that's just not good enough. You are the Minister of Health. You are responsible for the expenditure and you are responsible for reporting to this legislature for the expenditure of moneys that your department directly or indirectly will be allocating for hospital construction.

And you should be prepared in this House . . . Because you have here a subvote for hospital construction beside which there is no number, so that makes me doubtful whether once again anybody can believe your \$75 million figure as not being anything other than cosmetics.

I ask you, Mr. Minister, because as the Minister of Health you are responsible for the expenditure of Health funds, where is the \$75 million, the so-called \$75 million that you say is going to go for Health capital construction? Where is it coming from?

Hon. Mr. Taylor: — Mr. Minister, if you want to go through all of the discussion this afternoon, we can do that. But I refer you to the last page, 134 of the *Estimates*, where it says, Saskatchewan Property Management Corporation — Health, \$75,400, and I think that is the appropriate place for you to ask the questions as to how the financing of the property management Crown would take place.

I do not think that it is the mandate of the Department of Health to try and defend how those dollars would be brought together.

The Minister of Finance, I thought, today explained it quite well to the Leader of the Opposition. But I would refer your questions to the property management corporation when those estimates come out.

Mr. Tchorzewski: — It's becoming . . . Now it's becoming quite clear what the object has been in sort of the changing for the format of some of these *Estimates*.

And I think during the period of time after 2:30 this afternoon that you're talking about, it was suggested, or it was questioned whether your government's intent was

actually to rationalize your operations and make them more effective, or whether in the year of an election it was an attempt to be able to put things in different categories, so that when one asked a minister a question, the minister instead of answering the question could say, oh you should go and ask another minister at another time. The problem with that is when we go to the other minister to ask the question, that minister is going to be saying, oh you should have asked the other minister when you had him in the consideration of his estimates.

That, I am afraid, is what's going to happen, Mr. Minister. And once again, I won't pursue this. Some of my colleagues might, now or later, but we're not prepared to give this up totally before your estimates are over.

But I think, and I say to you, and I say to your government, that you as the Minister of Health — or if it had been anybody else of any other department such as Advanced Education — ought to be able to report to this House how you are going to provide funding for hospital construction.

If you're not prepared to do that, one has to then ask the question, and it's a fair question: will some of this money that you talk about — in this case, 75 million — ever see the light of day in 1986-87? That is really a good question that people will be asking, whether it's before an election is called or whether it's after an election is called.

Let me pursue the question in a little different way, because in this sense I think that you certainly should want to respond. Regardless of how the money will come for hospital capital, will it be provided to hospital boards in the form of a loan, so that they will then have a loan and have to repay back? Or what form will it take?

Hon. Mr. Taylor: — Well your question whether the money will be spent — certainly it will. The contracts are signed; the commitments have been made. It's just a matter of the money going out to various facilities.

I think you heard very plainly the Minister of Finance explain the system of how the property Crown was going to operate. I have nothing to add to the explanation that he gave you this afternoon that you heard while you were in your seat. If there are any further questions pertaining to the property management Crown, I ask you to direct those to the minister responsible for it. As to add anything to what my colleague said today, the answers would be exactly the same.

Mr. Shillington: — Mr. Minister, will you give us a list of . . . will you give us a breakdown of how the \$75 million is to be spent, and where?

Hon. Mr. Taylor: — Yes, I have some figures here if you would care to take them down. This is for the seventy-five, four hundred of this year. For special care homes, \$5.7 million; for all smaller hospitals that would be outside of the base hospitals, 22.9 million; for the cancer clinic, 2.5 million; for the Wascana Rehab, 6.7 million; for St. Paul's 24.9 million; for University Hospital, \$1.2 million; and for Regina regeneration — that would be at the General — 11.5 million. That should total seventy-five, four, the same figures you see in the

property management Crown estimate for Health.

Mr. Tchorzewski: — Thank you for that information. I think I heard you say before that, that this \$75 million is money provided for projects for which contracts and agreements have been signed and they're already nailed down. Is that correct? That's what you said.

Hon. Mr. Taylor: — I should correct a little bit here on the one figure. I thought it was a little high when I said St. Paul's twenty-four, nine — that's St. Paul's and City. Okay. So, yes, in the majority and in practically all of these cases, I would say that the contracts are signed, under way, and construction is going.

Mr. Tchorzewski: — Just so that we do not take time in the House, can you have your officials — they probably have it there — send me a list of the small hospitals for which there are contracts signed, for my information. You had a category of smaller hospitals of 22,900,000. If I could have that I would appreciate it.

Hon. Mr. Taylor: — I would want to make sure that it's absolutely correct, but I would provide you with the list of . . . as quick as I can.

Mr. Shillington: — Mr. Minister, I want to pursue for a moment the question of the repayment of the money, of the 75.4 million. I gather from the comments . . . I was out of the Assembly at the time, but I gather from the comments of the Minister of Finance that the 75.4 million will in fact be a loan which will be repaid. Is that correct, Mr. Minister, that the grants now are no longer grants, they are in fact loans which are to be repaid?

Hon. Mr. Taylor: — Basically, as I said, my colleague I think explained it very well today when he said it's basically an amortization of the loan over a longer period of time. And he and the Leader of the Opposition were through those discussions. So as I say, I have nothing to add to that other than, you know, I think if you would look at the way we finance nursing homes: nursing homes get a loan from the CMHC that is amortized over the period of that nursing home — 25 years, I believe it is, the life of the nursing home. That loan is paid back to CMHC and the nursing home gets their money from their grant from the Department of Health.

(2100)

So I don't see anything new and . . . It's different. It's a different way of doing things. Certainly it's a new direction, which . . . (inaudible interjection) . . . Well obviously, I mean, you're opposed to anything that might be new or a new way of doing something. That's well-known throughout this province. You haven't changed and you have no idea about changing in the future. But I see no real impact upon the hospitals. They will operate as they are operating. The money, as my colleague said, will come through the property management Crown, and they will pay back with their grants from the Department of Health.

Mr. Shillington: — Mr. Minister, this new arrangement — and I'm quite sure there's going to be some people employed in hospitals going to find this a bit startling —

this new arrangement whereby all grants are repaid is directly relevant to your estimates, and I want you to answer these questions, Mr. Minister. I want to know: with what interest rate and on what terms is the money going to be repaid? And I'm sure the minister can anticipate the next question. The next question is: out of what subvote is this going to be repaid?

Hon. Mr. Taylor: — We haven't dealt with that. Those are questions which the Minister of Finance will be working out with the minister in charge of the Crown — of the management Crown, property management Crown.

Mr. Shillington: — Well, Mr. Minister, that simply won't do. We are dealing with your Health estimates. We have to know whether or not there is going to be 10 or 15 or \$20 million payable by the hospitals to repay these loans. It's directly relevant to the adequacy of the funding to the hospitals to know how this money is to be repaid. So I ask you again, Mr. Minister: what are the terms for repayment?

Hon. Mr. Taylor: — It's been indicated that the terms are being worked out, to be determined with the hospitals, and the length of the term to be worked out. But we have assured the hospitals — and this is no surprise to them — that there will be no additional burden upon them, but this will be looked after with the grants that come from the Department of Health to the hospitals.

Mr. Shillington: — Mr. Minister, I can't believe that you announced this without having in mind, without having in place how the hospitals are going to pay it back. It makes quite a difference. If you're going to pay it back over three years, that's something quite different than paying it back over seven, and that is something quite different than paying it back over 25. And it directly relates to the amount of money which they have got.

I ask again, Mr. Minister, out of . . . what arrangements do you have in mind? Is it current interest rates? Is it the interest rates at which you borrowed? What do you have in mind? Because it's directly relevant to the adequacy of the funding they have got. I for one, I for my part, don't see where the hospitals have got the additional money to pay this back.

Hon. Mr. Taylor: — I don't see why you see any great concern to the hospitals. We will be paying it back. I don't know if you know anything about how schools are built. Are you aware of how schools are built, how school are paid back through the grant? Do you understand that? Well if you do, then look at the same type of situation, and that's the way it's going to be with hospitals.

Mr. Shillington: — But, Mr. Minister, there simply is no increase in the funding to the hospitals, unless you can point me to a subvote I've overlooked. There is no increase in the funding to the to the hospitals which would take care of this extra expenditure this year.

Hon. Mr. Taylor: — Well certainly the payments to the contractors for the work that I have indicated to you will be coming to hospitals from the property Crown, as the figures that I gave to the member for Regina East.

As far as the repayment by the hospitals . . . from us to the hospitals, that wouldn't show until we have paid for the contract and have the capital constructed. Then we would, through their operating grants, be giving them the money to repay that.

Mr. Shillington: — Well when do they start repaying it then, Mr. Minister?

Hon. Mr. Taylor: — After the construction is finished. And I understand there'd be no payment earlier than '87-88.

Mr. Shillington: — So I take, Mr. Minister, there are no payments to be made on any of the 75 million, whether the projects are completed or not, in this year. Is that what you're telling me — whether or not the projects are to be completed, there are to be no payments this year?

Hon. Mr. Taylor: — None until '87-88.

Mr. Shillington: — Mr. Minister, are you suggesting that . . . I really am trying to find out, Mr. Minister, what sort of arrangements you intend to have with the hospitals. I suspect there's going to be some hospital administrators and hospital treasurers who are going to be a bit concerned about this. I suspect they are going to fear that their grants are not going to increase proportionally to keep pace with this.

And I ask you again, Mr. Minister: will you give us the arrangements, at least in general terms, which you're proposing to the hospitals?

Hon. Mr. Taylor: — We are in discussion with them at this time. The indication is that it's well received by the hospitals. They're quite willing to go with this type of amortization over a longer period of time. I guess to them it makes sense to do this. As my colleague explained this afternoon, perhaps this is something that has been lacking, something that should have been done previously. It isn't anything new. We can't take credit for originating it.

I believe B.C. have something similar. I think even under the NDP in B.C. they kept it, which is strange. They mostly nationalize everything and change it all. And Manitoba have a system similar to this. So you know, it isn't some big mystique, or some strange thing that's jumping out of a closet somewhere. The hospital administrators have been in consultation with my department and these things will be worked out, but there will be no repayment until '87-88.

Mr. Shillington: — Well, what are you proposing to the hospitals, Mr. Minister?

Hon. Mr. Taylor: — Well the discussions have been around the topic that the money that they need for this year's capital construction comes from the property management Crown. That will go directly to them, as a form of a loan, and that there will be no requirement for them to pay back until the completion of the project, or at the earliest, next year's estimates, as I said, '87-88. And certainly, the length of the period of amortization, they're discussing and working on that at this point in time. But as

I said previously, it is very similar to the way that school boards pay back the grants that they have for the operation and the building of capital projects and schools.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, so that we may be sure we understand each other, and I'll just take St. Paul's Hospital again, as an example, grants for Saskatoon hospitals' construction program: last year, \$7.9 million; this year, zero. I am looking at your *Estimates*, Mr. Minister. You tell us that there is a signed agreement, that you entered into an agreement with St. Paul's. That's what I understood you to say. I take it that the agreement provided that you would provide grants up to the given formula for their entire project. Have you changed your agreement with St. Paul's or are you renegeing on your agreement with St. Paul's?

Hon. Mr. Taylor: — I am not sure what kind of an agreement you are thinking we have signed with them. We have told them that we would go ahead and assist then in building an addition to their hospital. They are going to get their money through the property Crown for this year. We will be working out a repayment schedule with them that they will pay back through grants from us to the property Crown when their construction is completed, or as I said, not prior to next year's budget.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, are you asking me to believe that St. Paul's called for tenders and launched a 40 or \$50 million construction program without a grant commitment from you in writing? And if they got a grant commitment from you in writing, what did the commitment say?

Hon. Mr. Taylor: — They have approval for their project. Certainly they would have that before they went to tender. I mean, any responsible body would. And you realize that. But as far as a written agreement for repayment within the property management Crown, that hasn't existed at this point in time. We are in consultation with them.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I bet it doesn't exist. I bet the deal you had with St. Paul's was that you approved of a project based upon a grant formula, and up to now they have from you a letter saying you will provide grants, and you are not now going to provide grants. Is not that true? You have given them a commitment that you will provide grants for the project which you approved and you propose to renege on that commitment.

Hon. Mr. Taylor: — I'm not renegeing on any commitment. St. Paul's will be built. They know the amount of money that will be coming from the government. You seem to have trouble understanding that it's coming through another vehicle. It is coming through that vehicle. St. Paul's will have their money. Their addition will be built. St. Paul's will repay that money and they will be funded by the Health department to do so. Now I don't see anything so difficult, and there is no renegeing. All you're trying to play on — the word of a grant. What they're getting now is a loan through the property management corporation, but the structure that was agreed to will be constructed. The money will be

provided and the mechanism for paying it back will be provided to them at the completion of the project.

Hon. Mr. Blakeney: — Yes, Mr. Minister, I am attempting to draw a distinction between a grant and a loan. You promised them a grant. You're not going to give them a grant. You're going to give them a loan and St. Paul's will owe the money when the hospital is built. That wasn't what they bargained for and that's what you're going to saddle them with. Is that not true?

Hon. Mr. Taylor: — Look, can you get this straight that we are going to provide the money that St. Paul's has asked for. No question. They're getting the money they want. You can call it a grant, or you can call it a loan. It's going through as a loan from the property management Crown

That loan will be repaid. We will be looking after the repayment of that loan, as we do with schools — the same type of system. So I don't see anything so puzzling. It's different. I know it's hard for you to see something new and different, but that's the way we're doing it. And as far as I know, St. Paul's are quite willing to go ahead with this, because St. Paul's are pleased to be dealing with a government that will help them with an addition.

I recall when I became the Minister of Health. Yes, sir. Oh boy, you don't like to hear this, but I'm going to tell you once more. Within a few months of becoming the Minister of Health, we had to come with a \$1 million equipment loan . . . grant for St. Paul's, because the diagnostic equipment that you, as the premier of this province, was providing was obsolete and out of date and endangering the lives of people. We gave that money to St. Paul's. They remember that.

(2115)

We're helping them build this hospital, not you. You had a deaf ear. You know what your plan was? You wanted to do the same thing to St. Paul's Hospital as you did to the Pasqua. You didn't believe that the sisters of this province could run health care. I believe they can. They give wonderful care. And when we became into health care, we said we want the sisters to maintain St. Paul's. And I still do. That's a lot different than you, my friend.

Some Hon. Members: — Hear, hear!

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, you may talk about your policies. You may just know something about them. You very obviously don't know the policies of the previous government. And I don't think anyone for one moment will believe your statement of our policy when they can hardly comprehend your statements of your own policy. And I am . . .

An Hon. Member: — Ask the sisters.

Hon. Mr. Blakeney: — That's right. Well, I will ask the sisters. Look, Mr. Chairman, the minister says, ask the sisters. Well, shall I allow myself to be diverted in this way? And the answer is no.

I am going to ask the minister again: was not your deal with St. Paul's that they had a grant coming up, and is not

your deal now that they will not get the grant, but that they will owe the money? The sisters will owe the money. Is that not true?

Hon. Mr. Taylor: — My deal with St. Paul's was that we would help them build a hospital — far different than any deal you ever had with St. Paul's. That was my deal with St. Paul's. That deal is as solid today as it was the day we made it. The money will come via the property management Crown to St. Paul's. They will go ahead with the construction of their hospital. They will owe the money back to the property management Crown. That money will come via the Department of Health so they can repay that loan. That's how it's gong.

You can go up there. You'll see the construction. Go talk to St. Paul's. There will be no hold-up in the construction. And the hospital and the sisters will not suffer in any way. In fact the hospital and the sisters will get the addition that they have wanted for so many years.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, you are very clearly admitting what I am saying, because you will not deny it. And if you could deny, you would. You promised them a grant; isn't that true?

Hon. Mr. Taylor: — I promised them a hospital, and that's what they're getting, and that's what's true.

Some Hon. Members: — Hear, hear!

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, you didn't promise them a hospital. St. Paul's will provide their own hospital. They're going to own that hospital, not you. You provided them only with money. When you think that you are owning the St. Paul's Hospital, then you have made a bigger change than you are admitting to this House. I ask you again, sir: did you not promise them a grant sufficient to complete the project? Did you not?

Hon. Mr. Taylor: — You're trying to draw the longest bow I've ever seen you try to draw. When you try to say that this government on this side, headed by Premier Grant Devine, would want to take over St. Paul's Hospital, you haven't been thinking very closely what you've been saying. You were the only one that squeezed the Grey Nuns out of their hospital. Yes, you were, and you had the same plan for St. Paul's Hospital. And don't shake your head at me that you didn't, because I know you did. One of your hidden agendas.

I promised St. Paul's that they would have an addition on their hospital. I have no desire to own it, because I can tell you, the Sisters of the Grey Nuns give tremendous care.

That hospital will be built under the same conditions. They will get a loan; that loan will be paid back through operating grants from the Department of Health; and St. Paul's will have, once again, let me say, the hospital that they've needed for a number of years that was promised to them, and more important, that is being delivered and being built today.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I take it, obviously you are conceding, since you will not deny. Let me try another hospital since . . . Can you name

me the largest of the so-called small hospitals that you're referring to in the 22.9 million?

Hon. Mr. Taylor: — I'll just pick one out of here. I can't say if it's the largest one, or the largest one is in Nipawin — Nipawin Union Hospital. Okay. A new 70-bed hospital, \$9,805,717, under construction. The estimated grant is \$7,881,000.

Hon. Mr. Blakeney: — Thank you, Mr. Minister. Will you repeat the last words — that the estimate grant is \$7,881,000.

Hon. Mr. Taylor: — That was the estimated value.

Hon. Mr. Blakeney: — Thank you. And will that be honoured?

Hon. Mr. Taylor: — Certainly. You know, I think we're playing at a bit of semantics here. Certainly that will be honoured. Every cent of that will be honoured, but funded through the property management corporation.

Hon. Mr. Blakeney: — Sorry, Mr. Minister, and Mr. Chairman, I didn't make myself clear. You said there would be a grant of \$7 million. I'm asking you, will the grant of \$7 million be honoured, and you're telling me, no.

Look, Mr. Minister, it is no good to talk about a loan as if it were a grant. I know that others opposite have confusion in their mind with respect to shares and bonds. Some others have confusion with respect to preferred shares and common shares. Others have confusion between grants and loans.

I am asking you, Mr. Minister, are you not agreeing that there will not be a grant of \$7 million in the Nipawin Union Hospital?

Hon. Mr. Taylor: — I am telling you that the Nipawin Union Hospital will get the \$700,881,000 through a loan from their property management corporation but with no penalty to the hospital. It will be paid back through operating grants — paid back through operating grants — to the hospital. So how does it matter if you give it boom, in one lump sum as a grant, or you give it as a loan and then pay it back with operating grants? I fail to see your logic. I wait for your explanation.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, the difference is that when they get a grant, they have their hospital free and clear, not dependent upon future budgets by future government of whatever stripe, of whatever stripe. But you say it is exactly the same whether they have their hospital paid for, the Nipawin Union Hospital Board has their hospital paid for — you say it makes no difference to them whether they have their hospital paid for or whether they owe a significant amount of money which has to be paid for out of future grants. Now you may believe that; I do not.

For one thing, it means that this year the Nipawin Union Hospital Board will get out of this budget, nothing, nothing by way of grants, nothing by way of capital grants, nothing by way of interest on the money that

they've forced to borrow, and nothing by way of money to repay the interest on the money they're forced to borrow.

So you're going ahead with the project at Nipawin, and you're not putting in a dime in the budget this year — not a dime as a capital grant, not a dime as to repayment of interest, not a dime as to repayment of principal. Just as if you were giving a grant . . . you were dealing with a nursing home, and you were not paying anything with respect to their capital — that's what you're doing with Nipawin this year. Is that not true?

Is there anything out of the money to be appropriated in this budget — a dime — for the Nipawin Union Hospital and their capital program, either by way of their capital grant, interest on the money you force them to borrow, repayment of principal on the money you forced them to borrow?

Hon. Mr. Taylor: — Well most certainly. It's on the last page of the budget, and I'll just read the paragraph. It says:

In addition to this important role, the Corporation will act as the financial arm of the government in the provision of financial assistance to third parties for the acquisition of capital assets. Hospitals, schools and universities will receive financial funding through the Corporation.

So certainly . . . I mean, for you to stand here in this House and say Nipawin hospital are not receiving a cent — you know very well they're going to receive the money that is designated, \$700 million, through the property management Crown. I listened with interest, though; I listened with interest to you when you said, well maybe succeeding governments mightn't pay this back. I have every intention, and our government have every intention, to pay it back.

What I listen to you saying was, maybe if I got in, I'd change the rules, maybe I wouldn't pay it back. That's what I heard you saying.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I'm sorry that you are not listening to the . . . I said and I repeat: not a dime in the money to be appropriated in this budget for Nipawin Union Hospital capital. And that is exactly accurate — exactly accurate. I am talking about the money to be appropriated, not . . .

An Hon. Member: — Read it again to him.

Hon. Mr. Blakeney: — Well look, you know what the word "appropriated" means. And I say, again, not a dime, not a dime of the money to be appropriated in this budget to the Nipawin Union Hospital for capital. Not a dime.

And you may say, well, it doesn't matter to the people of Saskatchewan whether they're paying their bills as they come along, or whether they're borrowing to pay for them. But I can tell you there's a lot of people in Saskatchewan who know there's a big difference between whether you pay your bills when you incur them or whether you borrow and pay them back 10, 15 and 20 years from now. There's a really big difference in that.

And you are saying you want the Nipawin Union Hospital Board to be in the position not of having their bills paid, but of having to pay it back over 10, 15 or 20 years. And you give them your assurance that 20 years from now the government of the day will be sure that they get enough money. Well, you know and I know, sir, that neither you nor I will be here 20 years from now, and you and I can give no assurances of that. And the Nipawin Union Hospital Board will be an awful lot more comfortable if their bills are paid rather than depending upon what's in a budget 10 or 15 or 20 years from now.

And this is a very major difference for the local governments of Saskatchewan. A very major difference that you're asking the hospital boards to borrow all of the money that they need for their capital ventures, and you have not done that before. You have not done it before. You are doing it now. You are making them dependent for their capital, as well as their operating, on the annual budgets.

And I say to you, sir, that this puts them in a much less enviable position than they were in your previous budgets, a much less enviable position so far as dealing with the future and money they have to borrow in the future.

Hon. Mr. Taylor: — I've listened with interest to you. You were one time the premier of this province, a minister of Health. You funded the development of schools in this province on almost identical lines, not that far different than what we're doing in hospitals. All of a sudden, because it's happening to hospitals and other capital facilities, because it's something new and something different that amortizes the loan over a longer period of time, you seem to think this is a terrible system. You were the premier of this province when you had the same nursing home policy that allowed communities to go out, get a loan from the federal Government of Canada, and you, Mr. Ex-Premier, paid that loan back through operating grants exactly the same way. I never heard you stand up and squawk about those. But today because there's something different, they can put up facilities which you neglected to put up, you're against that. You're against that kind of progress.

(2130)

You would like to mislead the people of Nipawin and places that they're not getting money because there's no appropriation in the health care budget. I give the people of Nipawin the sincere pledge that their hospital is going to be built. The money is going to come through another vehicle. It's gong to be paid back. And furthermore, to put all your fears to rest, the loan agreement that the hospital signs will give them this guarantee: that the government guarantees to pay back those loans. That's what the Grant Devine government will do.

If — Heaven forbid! — you should ever win, you would change that. We realize that. That would be your decision to do so. But the vehicle by which these hospitals would be built, I believe it sound. I don't think it's much different, or at all different, than what you had when you were building schools or also nursing homes.

Mr. Shillington: — Mr. Minister, it occurred to me as I was listening to the non-answers you were giving that if you have signed a written contract with these institutions for the expenditure of 75 million the written contract must say something about repayment. So I ask you, Mr. Minister: will you give a copy of the written contract or at least tell us what the written contracts says about repayment of the loan?

Hon. Mr. Taylor: — I've made the commitment to the principle of the contract. We don't have a written contract to give you at this point in time, but as I said at the start of my remarks, we're in consultation; we're working this out with the hospitals. They're in agreement with this new venture, and the type of construction, amortizing the loans over longer period of time. I don't see any problem. But I couldn't give you a contract tonight.

Mr. Shillington: — Mr. Minister, you said half an hour ago that you had contracts signed for almost of these projects. What I'm asking you for is a copy of that contract because I believe that contract must say something about the repayment of the money that's being given.

Hon. Mr. Taylor: — No. If you picked that up, you must have misinterpreted. We have approval for construction to go ahead with these. As the Leader of the Opposition said, that there would be a letter saying, I approve of your project; go ahead and build it; get yourself a developer; get yourself an architect. Those kinds of letters are common in okaying projects that should develop. But as far as signed contracts with the repayment in that, we do not have those at this time.

Mr. Shillington: — So you don't have any agreements with any of the hospitals with respect to any of the 75 million. You have no agreements with them with respect to this money. Do I understand that's what you're saying? It's just simply a blanket authorization to go and spend the money and we'll worry about it later. Is that the nature of your arrangement with the hospitals?

Hon. Mr. Taylor: — Well they have been given formal approval on plans that they've submitted

Mr. Shillington: — Without any statement as to whether or not and as to whether or not the money is repayable.

Hon. Mr. Taylor: — We're working that out with them, but I think you've failed to notice that actually we pay that back in the operating grants as we do in school boards.

Mr. Shillington: — Well supposing some of these institutions tell you after they get the money, tell you to get lost, they're not going to repay you. What's your position then, Mr. Minister? I suggest, Mr. Minister, that you do have an agreement with them whereby they're going to repay the money. I suggest that that is in place before they get the money, otherwise you and your government are fools.

Hon. Mr. Taylor: — Now it basically doesn't affect the hospital to the degree that you're indicating. The hospital will still get its operating grant, but attached onto that will be the moneys necessary to pay back the loan.

Mr. Shillington: — Mr. Minister, I have a question with respect to what I gather is a withdrawal of anesthetists' services in Prince Albert. Is there a withdrawal of services in Prince Albert? And if so, will you give us the nature of that withdrawal of services.

Hon. Mr. Taylor: — I have a letter here which I imagine you have the copy of, which says:

... at the extraordinary meeting of the Prince Albert and district medical society held earlier this evening, it was moved and passed with no dissenting vote that there will be no anesthesia given for non-emergency surgery in the Prince Albert hospitals on Tuesday, December the 8th.

Is that the letter you're referring to?

Mr. Shillington: — Well I refer to my correspondence. You can refer to yours, Mr. Minister. I ask you, Mr. Minister, how it is that this regrettable event came about, that the anesthetists will not be on the job tomorrow, except with respect to emergency cases. I ask you, Mr. Minister: how is it that this came about?

Hon. Mr. Taylor: — Well, I would assume ... I just received the letter today. I would assume, though, it's some sign of protest by the medical community in Prince Albert towards negotiations that are taking place between MCIC and SMA at this time.

Mr. Shillington: — Well do your officials know anything about it, Mr. Minister? Do your officials know anything about how this regrettable circumstance came about?

Hon. Mr. Taylor: — No, my officials aren't aware of any reason. We anticipate that that's maybe the cause, that they're issuing a protest or concern about progress in negotiations, but that's all I would guess that maybe it is.

Mr. Shillington: — Well, if that's accurate — and I don't believe it — if that's accurate that's a regrettable state of affairs, that that is all the Department of Health knows about a withdrawal of services by, I gather, 10 anesthetists. You gather it may have something to do with stalled negotiations. If that's the extent of your knowledge, then that really is regrettable. Mr. Minister, what steps are you willing to take to attempt to resolve the situation so that medical services in Prince Albert may resume?

Hon. Mr. Taylor: — Well I would assume that they are going to resume. They say it will not be given Tuesday, April the 8th. By the letter I have, there's no reason to not suspect that on April the 9th that they will be back at work giving anesthesia.

Mr. Shillington: — Do you have any information which might suggest that this one-day walk-out might re-occur if negotiations don't proceed toward a conclusion?

Hon. Mr. Taylor: — I have no more information than this letter was handed to me before I came into this House this afternoon, and what I've indicated to you is all I know about it, that I think that they must be issuing some type of

protest. They say that on April the 8th, Tuesday the 8th, there will not be anesthesia for non-emergent surgery.

Mr. Shillington: — Well I suggest, Mr. Minister, common sense suggests that if they walk out for a one-day protest on April 8th, then they'll have to walk out again unless the problem is resolved. And the walk-outs may get more frequent and more severe. So I suggest to you, Mr. Minister, common sense suggests to you that a series of rotating walk-outs isn't likely to end on the first one unless you're able to resolve the problem. So I'll go back to my original question, Mr. Minister: what is your department doing to attempt to resolve the problem so that this incident will not re-occur?

Hon. Mr. Taylor: — Our doors are open to negotiate at any time and the SMA realize that.

Mr. Shillington: — Well it's marvellous that your door is open and they can come in and negotiate. Is this, Mr. Minister, is this something that occurred when you got the letter? Or has your door always been open, as you claim — always been open? And if your door has always been open as you claim, then why didn't that resolve the problem?

The obvious point I'm trying to make, Mr. Minister, that whether your door is locked or unlocked does not, Mr. Minister, resolve the problem. I suggest there's nothing new about the security system on your door. It's what it always has been. And the problem doesn't lie in your accessibility. The problem lies, Mr. Minister, with the inability or unwillingness of your department to negotiate with those anesthetists.

So I ask you again: will you save us the inane nonsense about your door always being open, and will you tell us what you are doing to resolve this dispute which has the potential to be quite serious in Prince Albert?

Hon. Mr. Taylor: — Well it's obvious you don't understand again the process of negotiation. My officials do not negotiate with the anesthetists; they negotiate with the SMA. They have had 13 meetings to date. And as I say, the door is open to them to come and continue negotiations with the committee.

Mr. Shillington: — Well, Mr. Minister, I'm delighted that your door is open. I would imagine, Mr. Minister, it's open to Progressive Conservatives. I gather, Mr. Minister, that the president of the P.A.-Duck Lake PC association is one of those who's withdrawing his services. Now I would have thought, Mr. Minister, that if an open door was all it took to resolve the problem . . . Ah, the member from P.A.-Duck Lake looks a little surprised. Aha, he just found out at this . . . He just found out here and now that his president is gong on strike against the government.

I ask you, Mr. Minister — I ask you, Mr. Minister: will you save us the silly, stupid nonsense about your door being open or shut, and will you tell us what you're going to do to resolve the problem?

Hon. Mr. Taylor: — Well again we see the member opposite revert to his old tactics. I remember that member

who . . . Oh yes, yes, I remember very distinctly, when we were talking about the SGI sale, when that member stood up and made pointed criticisms with the immunity of this House against individuals, and here he does it again tonight. He singles out a doctor in Prince Albert, lays him out here in this Chamber — typical of his behaviour.

I have indicated to you we are willing to resume negotiations with the SMA on any time. They are aware of that. My negotiation team are in place. I am going to see what is going on with this withdrawal of services. But as I read the letter — but knowing you, you probably can read more into than is there — it says here that no anesthesia given for non-emergency surgery in Prince Albert hospitals on Tuesday, April 8th. That's tomorrow.

Mr. Shillington: — Mr. Minister, will you actively seek a meeting with this group? Will you or your officials actively take steps to commence the negotiations instead of laying in the weeds and saying we'll commence negotiations as soon as you are contacted?

Will you, Mr. Minister, take the initiative? Will you or your officials take the initiative and see that these negotiations are resumed and are resumed in a spirit of compromise? There is no point whatsoever in resuming negotiations if you stand on holy ground.

Are you prepared, Mr. Minister, to initiate the resumption of negotiations? And are you prepared to do so with a flexible mind, prepared to compromise and reach an agreement in the way in which these agreements are reached — that is, with a bit of give and take on both sides?

Hon. Mr. Taylor: — We are prepared to follow Saskatoon Agreement II that was worked out in consultation with the medical community in this province. I do not intervene in the negotiations or go and meet with one group here, one group there. My negotiating team are on alert, ready to resume negotiations at any time with the SMA.

Mr. Shillington: — I want to get into, raise a series of questions which follow upon something that the member from Elphinstone, Leader of the Opposition, said a moment ago. It has to do with the waiting lists for the hospitals.

We spent a goodly amount of time, Mr. Minister, earlier in the evening attempting to get out of you and your officials the waiting lists for the nursing homes. Is the same charade going to take place with respect to hospitals, or will you give us the waiting lists for the cities? Will you give us the waiting lists for hospitals in the cities in Saskatchewan?

(2145)

Hon. Mr. Taylor: — Yes, we will gather that information together and provide it to you in writing. It won't be tonight, but we will provide it to you as quickly as possible.

Mr. Shillington: — By Wednesday, when we resume these estimates, will you give it to us?

Hon. Mr. Taylor: — Well, I indicated to you that we will do it as quickly as we can, and that's my comment. I wouldn't want to say I can do it by Wednesday if I can't get it gathered by that time. I think we should be able to, but you have my commitment. As quickly as I can, as I told your other colleague who, I think, accepted my word that I would do it as fast as we can. I give you that same commitment.

Mr. Shillington: — Well, it would strike me that with the total number of employees in this department, I don't see the . . . it strikes me, Mr. Minister, with 2,236 employees in the department, another 126 non-permanent staff, it ought to be possible to make the requisite phone calls and provide the information by Wednesday.

Mr. Minister, the incredible record this government has of answering questions gives us no confidence at all that you'll make any effort to provide us with the information, Mr. Minister. Relatively simple matters have gone unanswered for two years, not because the information's hard to get, but because this government has adopted a practice of not disclosing information that's embarrassing to it.

I suggest to you, Mr. Minister, there is no reason whatsoever why those waiting lists cannot be provided by Wednesday. I ask you, Mr. Minister, to undertake now to give us the waiting lists for the cities by Wednesday, so that when we resume these estimates, we may do so on the basis of some facts. And if we can do that, if we can discuss this on the basis of some facts, our debates will be a lot more meaningful. So I ask you, Mr. Minister, if you think 2,236 people can make a couple of dozen telephone calls to the hospitals and get this information.

Hon. Mr. Taylor: — Well I see he's questioning the sincerity of the staff. I can tell you the staff in the Health department work very diligently, and when I say we'll do it as quickly as we can, we will do it as quickly as we can.

Mr. Shillington: — Mr. Minister, the waiting lists at hospitals, I suggest, are a source of embarrassment to this government. That is why I fear that we aren't going to get them by Wednesday. Mr. Minister, I can cite any number of cases of people who have waited an extraordinary length of time for treatment that should be forthcoming fairly shortly. In some cases, Mr. Minister, they have — the people who are waiting for treatment are suffering, and in some cases, Mr. Minister, one suspects that their health is deteriorating while they're waiting.

Mr. Minister, I note that the increase in the subvote for the hospitals is 5.6 per cent. Mr. Minister, that doesn't appear to me to be anywhere near adequate to handle the waiting lists that we both know exist. Without getting the exact figures . . . and I have difficulty believing that your officials don't have those waiting lists. That is basic information that your departmental officials work with every day.

Mr. Minister, I suggest to you that these waiting lists are a source of embarrassment. I suggest, Mr. Minister, that in many cases people are waiting longer than is good for their health, and in many cases they are suffering while they're waiting, Mr. Minister. I ask you, Mr. Minister: if

you can't give us the figures, can you tell us what you're doing to resolve these waiting lists?

Hon. Mr. Taylor: — Certainly we're doing a number of things. As my colleague says from the back, we bought six CAT scans which will certainly be doing a lot in diagnosing people, helping pinpoint treatment where it should take place and also, in some cases, avoiding unnecessary surgery. And I think that's very, very important, not only from a cost-containment perspective, but from a care perspective, that with this type of technology, people who may undergo an exploratory type of surgery now, will not have to do that. I think that it is a tremendous move forward and a way of addressing waiting lists.

Also, you indicate about other things we're doing regarding waiting lists. Well we've spend half the evening discussing extra beds at the University Hospital. We're going to look at a day surgery unit at the City Hospital, and expanded the operating room facilities at University Hospital. A good portion of the \$100 million patient care fund will be directed to addressing waiting lists and also supplying improved technology in some of the regional hospitals, so that some of the people who perhaps are going to the base hospitals now for diagnosis and for treatment may be able to be looked after in the regional hospitals.

So I think if you take all those things together, you will see that there is a considerable number of initiatives in this year's operation of the health department, in the co-operation with the hospitals, that are pinpointed to address the waiting list problem.

Mr. Shillington: — Mr. Minister, I would admit that CAT scans may well improve the diagnosis which a doctor can do. I doubt, Mr. Minister, if they move people in and out of a hospital a great deal faster. I suspect that they may assist the doctor in giving better treatment, but the treatment doesn't go any faster, Mr. Minister.

Mr. Minister, there is nobody who believes that, apart from the 53 desperate souls in the Tory caucus, there's nobody who believes that the \$100 million does as you put it, go a good distance toward adequately staffing hospitals. Nurses don't believe that and they say so. The public, Mr. Minister, don't believe it. Mr. Minister, there is grave suspicion as the member from North East suggested that the \$100 million is simply a reannouncement of last years' figures, Mr. Minister.

Mr. Minister, what increase in the number of staff took place as a result of last years' budget? Can you give me the figure of what increase in staff in hospitals took place as a result of last years' budget? I ask for nursing staff, since that's the figure that we have been discussing.

Hon. Mr. Taylor: — I think, in fairness to your colleague, he wasn't talking about the 100 million in his debate with me: it was the 300 million capital fund. But I'll let him defend himself against you.

Actually, what the increases in last year — you asked for nursing staff — somewhere between 90 and 100.

Mr. Shillington: — I am going from memory, Mr. Minister, but it seems to me you announced a \$50 million . . . it seems to me you announced an additional \$50 million for staff in the hospitals last year. Is that inaccurate?

Hon. Mr. Taylor: — No.

Mr. Shillington: — I gather it's . . . You say no. Are you saying it's not accurate or it is accurate?

I'll rephrase the question. What sum of money was included in last year's budget for 90 additional staff that were hired? My memory was that it was \$50 million.

Hon. Mr. Taylor: — Would you turn to page 50 of the *Estimates* and look under '85-86 estimated column, subvote — I guess it's 23, item 29 — where it says Saskatchewan Hospital Services Plan to provide the provincial grant \$473,719,700. That provided for the 90-some positions. There was no 50-million-extra type of announcement.

Mr. Shillington: — What subvote was that? I missed that.

Hon. Mr. Taylor: — Subvote 29 on page 50.

Mr. Shillington: — Mr. Minister, I wonder if you would tell me how the 500 new nursing positions . . . I gather that was what you announced in your panic reaction to the success of the nurses' campaign. I gather, Mr. Minister, you announced 500 positions if I understand that announcement correctly. I wonder, Mr. Minister, if you'd tell me where those, and how those 500 positions are to be distributed?

Hon. Mr. Taylor: — Yes, in the 100 million patient care improvement package that we had put forth, a portion of that was for staffing for facilities that are coming on stream. Another portion was for staffing enrichments, enriched staff or added staff, 500 of which will be nurses. I can tell you, at this point in time, consultation is going on with the hospitals, with the various hospitals, as to how this year's commitment of them will be deployed in the hospitals.

Mr. Shillington: — Mr. Minister, you must have some position with respect to where you think those nurses should go. The criticism, Mr. Minister, has been that the additional staff will not go in the places where they are needed, but they may go in the areas in which they have the highest visibility.

I wonder, Mr. Minister, if you could give me the breakdown — if you could give me the figures, the breakdown in how the staff is broken down. You gave it to me in general terms. I wonder if you'd give it to me specifically in terms of numbers.

Hon. Mr. Taylor: — Well, I will give you this tonight, that in the hospitals, for enrichment for this coming year, we're looking at 331 positions; for operating of new facilities would be 21 positions, giving a total of 352 for the hospitals. For the special care homes we're looking at an enrichment of 130; for operating new facilities 200, for

a total of 330 for the special care homes. That's the highest of any year. Compare that with any possible time; that is the highest staffing enrichments that has taken place.

Far different from the letter I read out earlier tonight of the July 1, '76, where the cut for St. Paul's was about five or six nurses, and more nurses aides and certified nursing assistants, supplies, and so on.

In direct contrast to what you were doing at a time, at a time when, due to the rain and the weather and so on, we were having better crops — things that were beyond your control and mine. Here we are in times when it is a bit more difficult. We've had drought and grasshoppers. We're putting in that type of a commitment in staff.

What did you do in '76? You cut them, that's what you did. You cut staff in 1976 at a time when you thought the priorities of this province were to buy holes in the ground that didn't even create one new job; sent \$600 million down into New York out of our province of Saskatchewan.

And you are the type of government that stand opposite to us when we make, what I believe, are common sense, very good deals; when we enter into barter for CAT scans, we take wheat, we take canola, we take high tech equipment from Saskatchewan, and we sell that and trade that. And those commodities will bring a flow-back of money into this province, so therefore we're winning on two accounts. Our commodities are being sold and the high technology that we require to bring our health care and to keep it at the top of Saskatchewan health care is brought about by that.

I've talked about this all around the province of Saskatchewan, and they tell me, they tell me, Mr. Minister, if there's anything that you have done as a minister and your government — and I tell you it was a co-operative venture between a number of my colleagues, headed by the Deputy Minister of this province — they said, if there's one thing that makes eminent common sense, it is to take commodities that are not selling and trade those for the state of the art, the best kind of CAT scans that can be acquired. And I am proud to say that we, in Saskatchewan, within 18 months will have six of the top CAT scans in Canada. And we will lead Canada in the proportion of CAT scans to population.

Some Hon. Members: — Hear, hear!

Hon. Mr. Taylor: — That's a commitment to health care. That's a commitment, and that's a lot different than shutting down nursing homes, putting on a moratorium, cutting hospital staff — that was the record of the Blakeney government, and let me tell you, it will not be forgotten.

Some Hon. Members: — Hear, hear!

The committee reported progress.

The Assembly adjourned at 10:01 p.m.