

## EVENING SITTING

## COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure  
Health

## Ordinary Expenditure — Vote 32

## Item 1 (continued)

**Mr. Shillington:** — Mr. Minister, among all the spurious comments, the only one of which was probably accurate was my promotion of television sets and ski-doo's in northern Saskatchewan. All the rest was stretching it a bit. But that was the absolute truth. In the midst of all that nonsense you did give us, you did read out some of the figures for the waiting list for nursing homes in Saskatoon. So if you could just give us that one again.

**Hon. Mr. Taylor:** — I should point out to you that — and you will see this because of the different manner they're reporting in — we, after our meeting on Monday, requested the DCCs to give us this accurate and up-to-date information.

As I said before supper, Regina had three categories: priority, urgent, and other, and I gave you the figures on that — and I did just before five. And I can understand that maybe you missed them. It was the Saskatoon ones. And they have a little different classification, but that's up to them. I mean they run their own ship up there.

I will give those to you now. And that is for level 3, on the priority list, two people; for level 4, on the priority list, 12 people; total of 14. On the preference, they would call . . . What Regina call the urgent, they would call the preference, I suppose. At level 3, 130; and at level 4, 211; for a total of 341. And then they have a category, as I explained to you before supper, that they called bypass, and that is for people who are categorized by the DCC in level 3 and level 4, but when contacted by telephone indicate that, we're glad we're classified but at this point in time we do not wish to enter a nursing home. And there are 35 of those on the bypass category in level 3 and 93 of them in level 4 for a total of 128.

Saskatoon's footnote is — they informed us since Monday — is that for their priority list they say physical health, and/or social support system breakdown, needs, can or should be met in a special care home. So they go priority, preference, and then they have bypass.

So as you can see, the DCCs are completely autonomous. They don't all follow the same categories, but I can assure you that all the individuals who apply to the DCCs are assessed by that DCC under the same criteria.

**Mr. Shillington:** — What about levels 1 and 2, then, Mr. Minister?

**Hon. Mr. Taylor:** — Level 1 and 2 for Saskatoon are not reported. I probably can get you that figure, though. They're not reported in what I'm quoting from here.

**Mr. Shillington:** — Well, Mr. Minister, will you have the information here by 10:30 tomorrow morning? This is

nonsense. Every time we ask you a question: well, I'll go get the information — notwithstanding that the information is on the end of a telephone. Indeed it's possible your officials have that information. I'll give you a moment, Mr. Minister, to be briefed and give us that information.

**Hon. Mr. Taylor:** — Here are the level 1 and 2's for Saskatoon. And on the preference list there are 55 level 1's and on the level 2 for preference, 115; zero on the priority for either level 1 or 2; and on the bypass, 73 level 1's and 58 level 2's.

**Mr. Thompson:** — Thank you, Mr. Chairman. I have a number of questions, Mr. Minister, that I want to ask you tonight, and to express a number of concerns that I have and that my constituents have with the health services in northern Saskatchewan. And I know that during the course of the year since we last went through estimates, you have had a number of letters from my constituents up in northern Saskatchewan, expressing some grave concerns about situations that has taken place in the last year. As I indicated when we first went through this exercise four years ago, there was going to be many horror stories that were taking place in northern Saskatchewan as Health was being administered . . . the way it was being administered. And that has happened ever year, and we've had cases every year where there has been serious situations that has been brought to the attention of your department and yourself and your officials. I will be going into some of them and I will be wanting to discuss a petition that you have received in the last couple of months from the community of Beauval. And I just give you that advanced warning that I will be discussing that.

I want to first of all, Mr. Minister, talk about transportation subsidy that was paid . . . that the government had for fresh food and meat and vegetables into the Stony Rapids and Fond-du-Lac in the Black Lake area, which your department discontinued two years ago, and we have been trying on this side to get you to reinstate that program.

At this time, Mr. Minister, I'll start off by asking you if you would immediately reinstate that food transportation subsidy, and if you would also add Uranium City and Camsell Portage to that list. As you know, there are no roads up into that area. Norcanair now is not running their scheduled flights into Uranium City like they did before. And I think that you can see that with the lack of fresh food and vegetables that they had access to before, that you're going to see health costs rising. And I would ask you, Mr. Minister, if you would consider reinstating that program immediately and adding Camsell Portage and Uranium City to that list, on the food transportation subsidy.

**Hon. Mr. Taylor:** — We have discussed this previously and the member of the opposition has raised it, and I have indicated to him our rationale for it. I think if he recalls our discussions of last year, there was a priority of needs, of medical services up the west side, and I indicated to him that we have worked in conjunction with the federal government and the University of Saskatchewan, and I

think to some extent have alleviated that problem.

I indicated then that when we removed the food subsidy, that from the indications that have been brought to my attention some of that food was not going to residents in the North, but some of it was going to fly-in fish camps and things of this nature. I have been in discussions with my colleague, the Minister of Social Services, and he has indicated to me that if there are people on social assistance in that area that you're referring to, he is willing at taking a look at seeing for those individuals who would be on social assistance, that his department may be willing to do something to assist them.

But certainly, I think you would agree with me, my concern is for the residents in that area. I don't see the government's obligation to be subsidizing food into fly-in fish camps. I don't think that's the role of the government to be subsidizing this. And there was some of that going on, as you well know.

But I would indicate to you that the position of the government is that my colleague — and when you come to his estimates you're quite welcome to question him on it — at this time is studying the possibility if there are people on social assistance that he would certainly be thinking of doing something to assist them.

**Mr. Thompson:** — Mr. Minister, we're not dealing with Social Services estimates tonight, we're dealing with Health. And the program is underneath the Department of Health.

I want to first of all get this straight. Your department and your department officials claim that it's the tourist operators who were benefiting from the program I want to say to you, and I want to make this public, Mr. Chairman, that that is absolutely not true. We all know the tourist operators are open for maybe two to three months out of the year, and that the majority of them that are up there, and there's not a lot of them, they have their own aircrafts and they fly their own fresh vegetables and food in.

What has taken place since you have removed that transportation subsidy is that a lot of the citizens up there who were on a regular basis getting fresh food and fresh vegetables and meat and produce, no longer can afford that. The prices have just gone too high. They just cannot afford that. And by your own admission, Mr. Minister, you're trying to say that maybe if they're on social assistance, that your Minister of Social Services is going to help these people.

Well, I say that's not fair, because here I have an ad where you are paying your civil servants up there a food subsidy. Also I just wonder what is the difference between somebody that's working for your department up in northern Saskatchewan in that area that we're discussing and you're saying, maybe if they're on social assistance. You say that, you don't need that food subsidy. So I'm wondering why, if it's such a bad program, that somebody else other than the citizens up there were taking advantage of it, why you are advertising for departmental people to work in our department up there and you are going to provide them with a food allowance

— a food subsidy as you say right here. You're providing a food subsidy.

I think the citizens who are living up in northern Saskatchewan — they were born and raised up there and they live there by their own choice — but they are a part of Saskatchewan. They're no different than anybody else. I don't think that they should be allowed to suffer any different than anyone down here. But yet you want to pay a subsidy, a food subsidy, over and above the housing . . . (inaudible interjection) . . . Well, Mr. Minister, you're shaking our head. I have here . . . This here is on February 18, 1986, and it's an ad put out by your department. It says, "Agreement benefits include northern allowance and food subsidy plus housing allowance." So you are prepared to pay that to your people but you're not prepared to pay it.

We're dealing with \$250,000 a year. That's all, Mr. Minister, that we're asking the Department of Health to pay out, \$250,000 a year to provide fresh food and vegetables and meat to the folks up in that area. You deny that — \$250,000.

I want to take a look at *Public Accounts*, just to show you what's really taking place. This government and where its priorities are, are most certainly not with the citizens in northern Saskatchewan, or as far as that goes, with anybody else in this province. I want to take a look at your *Public Accounts* at page 334. I see where you paid out last year \$5,261.20 in travel to a part-time employee of the government — \$5,261. That's for travel. But that part-time employee also received \$95,000 in wages. And it's in your *Public Accounts*. And all I'm asking you for is \$250,000 to reinstate a food transportation subsidy that means so much to the people up there and provides them with the fresh food and vegetables that they need — fresh foods and vegetables that you're prepared to pay your department officials extra money for to go up in that area and serve them.

(1915)

So I ask you once again, if you've got that kind of money to pay for a part-time employee — \$95,000 — that would almost pay 50 per cent of that food transportation subsidy.

When they don't get that food transportation subsidy a lot of them turn to the junk food types. They can't afford the fresh vegetables and fruits that they ordinarily had under that subsidy. I ask you once again, Mr. Minister: will you reconsider reinstating the food transportation subsidy for northern Saskatchewan?

**Hon. Mr. Taylor:** — Well certainly I would be interested and I'd ask the member if that advertisement was a government advertisement or not, or university, or who the ad was from. As you know there has been a northern allowance by the Public Service Commission for some time. It's standard to attract people into northern Saskatchewan. So I would ask the member opposite to indicate the competition and who it was sponsored by.

**Mr. Thompson:** — Mr. Chairman, I didn't quite get what you were saying. But it seems to me that you are saying

that this here is a normal procedure when the department is hiring staff in northern Saskatchewan. Is that what you said?

**Hon. Mr. Taylor:** — What I asked you was, I would be interested in your reading the complete advertisement as to what we were looking for and who the advertisement was from. I said it's been standard procedure in the past, for some time, for a northern allowance for people working in the various departments, be it Health, Education, or where it is, so that we get competent people to go into northern Saskatchewan.

I'm not debating whether it was Health or not. I'm just asking the member if he would have the courtesy to read the complete advertisement to us so that we know just what you're referring to — if you would have that courtesy. And also you quote from *Public Accounts*. We can track this down, but if you would indicate the position that you referred to, certainly that will equip us to respond to you more promptly.

**Mr. Thompson:** — Yes, Mr. Chairman. Yes, it's for nurses in Uranium City, and yes, I'll read that if you want. I read it before when we were debating the budget, and I will also do that. "One full-time and two part-time positions, three shift rotations, salary and benefits as per SUN collective agreement." And that agreement always has included northern allowance and northern housing, but never before did it include a food subsidy. And I just want to say that this is something new.

**An Hon. Member:** — Start at the top and go right to the bottom.

**Mr. Thompson:** — I was going from the top to the bottom, for the member from Moosomin. And I can also send over a copy so that maybe you can understand it. Things might be good down in Moosomin, but let me tell you, the folks in Uranium City, it's pretty tough to go out and buy fresh food and vegetables up there, and that transportation subsidy meant a lot to them. And I want to say to you, Mr. Member from Moosomin, that you take \$250,000 away and you deny a food subsidy for the folks up in northern Saskatchewan, but you're prepared to give \$21 million to Peter Pocklington — no problem with that.

"Agreement benefits should include northern allowance and food subsidy." And, Mr. Minister, I can pass this over if you want that.

**Hon. Mr. Taylor:** — I appreciate your co-operating in that extent, and I think I can explain the situation to you — that basically that is an ad placed by the Uranium City Hospital. Uranium City Hospital is operated under a contract by Bob Shaw Consulting Services under the City Hospital in Saskatoon. So that is not a standard government policy. That is a special situation by a consultant.

And I imagine you, being from that area, know who is operating and running Uranium City Hospital. I saw to that end, and I'm sure you're aware of it. I saw a clipping just a while ago and a picture in the paper of two young children in Uranium City Hospital, one was on a jolly jumper, as I recall, young native children, and there was a

glowing account of Mr. Shaw's consultative service running that hospital. I think there's been a major improvement to the operation of Uranium City Hospital since Mr. Shaw's taking this over.

But to get back to that. That is not a government ad. That is an ad by a consulting firm that is running the Uranium City Hospital as sublet by the City Hospital in Saskatoon.

To get to your next question and to ease or to help the flow move along, I would like you to mention to me the page again or what you quoted from *Public Accounts*, if you would please.

**Mr. Thompson:** — Yes. I'm quoting from page 334 of the 1984-85 *Public Accounts*, and the \$95,000 wages are for one Dennis Ball. And really what I was trying to . . . My point was, Mr. Minister, that if the government can pay \$95,000 in wages for a part-time position for the government and can pay that individual \$5,261.20 extra in travelling, surely they can pay \$250,000 a year to provide fresh food and vegetables and produce for all that northern Saskatchewan. That's the point I was trying to make, Mr. Minister.

**Hon. Mr. Taylor:** — I understand there is a comparison. I just indicate, and I think you're aware of this, that that employee is an employee of the Department of Labour. It's certainly not a Health expenditure.

And all I can say to you is that we looked at the northern food subsidy. I've given you the reasons. You may not agree with them, of why we withdrew it. I give you the assurance, and my colleague will certainly answer your questions pertaining to how he sees some portion of that being reinstated under his estimates.

But our reasons were that we thought that, as I was Minister of Health and I saw that there was some of this being milked off to fishing camps, I saw the necessity. And you brought this to my attention too, and if I remember back about three years ago in estimates, that there was a necessity for adequate medical service up the west side. I remember you raising a question about a lady, I believe it was in La Loche, during her pregnancy and the number of different doctors she's had.

I think some of the initiatives that we have taken on the west side, up the west side as we call it, and you now what I'm talking about, from Meadow Lake to Uranium City, in the provision of medical services, has improved quite dramatically in the last two years, I would say.

**Mr. Thompson:** — Well, Mr. Minister, I still have not got a commitment from you that you will reinstate that program. I want to once again state my argument that the facts that you received, from whoever you received them from, that the tourist operators were milking off the subsidy that was going in for that food transportation, I say that that's not true. You have letters on your files from tourist operators who say that that's not true. They're only there for two to three months out of the year, and there's just a small proportion of tourist operators there.

I give you an example of Fond-du-Lac. There is absolutely no tourist operation in there, and we got a population

there of approximately 800 people. There are no tourist operators that work in or out of Fond-du-Lac at all. And the same would apply to Camsell Portage, which I'm trying to get you to add on, because they now have found themselves in a tough position because of the closure of Eldorado Nuclear, and the Hudson Bay is also closed down. So it's getting tougher up there all the time. And as you know, it's getting tougher to run a hospital up in that area because of the shift in population.

But I ask you once again, Mr. Minister, for a commitment from yourself to reinstate that food transportation subsidy in northern Saskatchewan.

**Hon. Mr. Taylor:** — In consultation with my officials in the North, who tell me that probably the reinstatement of the old food subsidy program is not the best answer, that there are other initiatives that can be taken in co-operation with Social Services that will get the food to those that need it. I think that's what you are wanting and that's what I am wanting. I want to see if we're subsidizing food for people who need it and not for commercial operators, things of this nature. So I can give you the assurance that Social Services are looking at this.

My officials who are in the North on the scene indicate to me that to reinstate the old food subsidy program is not the best way to address the issue. I can give you this assurance, that the issue is being addressed, and I hope what can come out of this will be something that is beneficial to the people and satisfactory to you and other people in the North. I give you that assurance that it's being addressed.

I will not give you the assurance that the old policy that allowed the fishing camps to milk off a good portion of that food will be reinstated.

**Mr. Thompson:** — Well, Mr. Minister, I wonder if you could give me a commitment and a commitment to the citizens up in that area. And if you would add Uranium City and Camsell Portage to that list, could you give me a commitment as to when you plan to implement another program. And I think that it's not unrealistic to say that if you feel that the tourist operator is milking off of that program, they're only in there for that short time and that seems to be such a small portion of it.

You also indicated that you were going to take the \$250,000 and provide better health care, and I look at the northern health budget this year, and I see that there's a reduction of \$158,480. To me, the money should have went up and we should have had more services up North, but we're getting less unless you're getting them cheaper, because you have a reduction in the cost.

And to indicate, or any official . . . And I would like to talk to your officials who indicate that the tourist operator was the beneficiary of that food transportation subsidy. That's not true. The beneficiary were the citizens who were living up in that area. They were the ones who were getting the fresh food and vegetables and meat and produce.

I want to turn now to the administration. You say that you have one Mr. Shaw who had now taken over the

administration of the Uranium City Hospital. And I didn't think that things were operated that bad up there in that hospital, but you indicate that conditions have improved since Mr. Shaw has taken over that Uranium City Hospital. Is Mr. Shaw an employee of the Department of Health, or is he a consultant that works out of Saskatoon and paid for by your department?

**Hon. Mr. Taylor:** — No, Mr. Shaw is not an employee of the Department of Health. He was previously an employee of the department, but he works on a separate contract. He has no association with the Department of Health at all at this time, hasn't for approximately six months or more.

On the budget — and I know sometimes it's hard to follow this, and I'm not criticizing you at all for this — but actually the increase for northern health services went up 8.9 per cent or \$418,000. Where you are missing the point a bit in reading the estimates book is that we took the northern home care out of that subvote and put it into the general home care subvote. So that's what makes it appear to you that there isn't that great an increase for northern Saskatchewan. In actual fact, there is.

I want to say, on northern health services, to you, that certainly, and I think you must admit this . . . And you know, let's give credit where credit is due, as I've done to you and your government, for things that you have done correct in health care. I think, and you must believe also, that the supplying of medical services up that west side has certainly improved. I think also, and I think you've been present at some of the meetings and my officials have been up there — as high up in my department as my deputy minister — personally has been up that northwest side looking at the whole aspect of home care and of long-term care, and that had never taken place before. Those meetings, and I think you either attended them or you had perhaps some of your assistants attend them, and I think you must know, hon. member, that certainly there are some startling initiatives and discussions going on in the provision of health care services to the north-west side of Saskatchewan that previously didn't exist before.

(1930)

So the amount of money has actually gone up. What appears to be a reduction in your eyes is over into the home care vote.

**Mr. Thompson:** — Now, Mr. Chairman, you still didn't answer the question that I originally asked you about Mr. Shaw. He is looking after the Uranium City Hospital?

**Hon. Mr. Taylor:** — Mr. Shaw . . . You asked was he an employee of the Department of Health. No, he's not an employee of the Department of Health. He, at one time, worked for me in the Saskatchewan hospital services branch. He's under contract with City Hospital and has the contract for administering and running Uranium City Hospital.

Just from newspaper reports that I have seen, I think he's doing a very credible job, and you maybe saw the same picture. I remember the two little children, one in a jolly jumper, another one beside them, and a caption about

Uranium City Hospital and the good service that the residents there were receiving. And that warms my heart to see that sort of thing, and I'm sure it does to you also.

**Mr. Thompson:** — Mr. Chairman, Mr. Shaw — does he live in Uranium City?

**Hon. Mr. Taylor:** — No, he lives in Regina.

**Mr. Thompson:** — So I understand that he is administering the Uranium City Hospital from the city of Regina. Is that right?

**Hon. Mr. Taylor:** — My officials tell me that the acting administrator is the director of nursing, and she is reporting to Mr. Shaw on a day-to-day basis. The director of nursing is actually running the hospital.

**Mr. Thompson:** — I would assume that the moneys that are being paid out for the consultant that is administering the hospital would not be under your department.

**Hon. Mr. Taylor:** — It's under City Hospital, but of course the total funding would come originally from my department, yes.

**Mr. Thompson:** — Could you indicate to me who is administering the hospital then at La Loche and Ile-a-la-Crosse? Is that Mr. Shaw also?

**Hon. Mr. Taylor:** — John Boskill is the administrator. It's a contract with the Catholic health council. I believe it is Mr. Shaw's company though that is also in charge of the administration of those two hospitals.

**Mr. Thompson:** — It's the same consulting firm that's administering Ile-a-la-Crosse Hospital plus the La Loche Hospital. Is that right? The same consulting group that Mr. Shaw works for.

**Hon. Mr. Taylor:** — Yes. All three are being administered by Mr. Shaw's company. The selection of the two, Ile-a-la-Crosse and La Loche was by the Catholic health council. It was that group that selected Mr. Shaw's company. And for Uranium City, it is administered through City Hospital. So City Hospital would be the ones that selected Mr. Shaw's company to administer Uranium City.

**Mr. Thompson:** — The administrator that is administering the hospital in Ile-a-la-Crosse and La Loche — would he be getting his funds from the Catholic health council or would he be getting that directly from the Department of Health?

**Hon. Mr. Taylor:** — He's an employee of the Catholic health council and gets his funds from them.

**Mr. Thompson:** — And I assume, Mr. Minister, that you feel that the La Loche Hospital and the Ile-a-la-Cross Hospital are being administered better now under this arrangement than they were before.

**Hon. Mr. Taylor:** — The deputy minister has been in contact with Mr. Donlevy, who is the head of the Catholic health council, and all reports from Mr. Donlevy to my

deputy indicate that perhaps the hospitals are being run the best they have for some time.

**Mr. Thompson:** — Mr. Chairman, I find that quite interesting because last night in one of your tirades in here, you were indicating that the NDP government were trying to take the powers away from the sisters and that; and I just want to say that, and I quote you here, that, you didn't believe that the sisters of this province could run health care. I'm quoting you. That's what you said.

But I'm just saying that I have had the opportunity since I've been a member to work with the Catholic health council, and the sisters, and Father Matthieu, who was the administrator at La Loche before . . . well, Sister Dobmeier, I believe was her name, was the administrator; and I thought that they had done a good job. And I suspect that you feel that the consultants can do a better job than the sisters. And when I see you making a statement last night, here in *Hansard*, that we were trying to take responsibility away, I suggest, Mr. Minister, that it's your department who is taking the administration away from the sisters.

I want to ask you, Mr. Minister, what the plans are in that far northern area with the hospital at Uranium City, and the shift in the population down to the Fond-du-Lac, Stony Rapids, Black Lake area. Do you have any plans now to move that hospital from Uranium City or does it fall under your five-year plan to build a hospital in some other area, or move the hospital and its facilities from Uranium City to another area to the east?

**Hon. Mr. Taylor:** — Well, I don't mean to get in an argument with you over the sisters operating the hospitals. I'm on record for saying they do a very, very good job. I just would remind the legislature that it was the NDP government that took Pasqua Hospital away from the sisters I rest my case.

However, the concern of the Athabasca region — of course we are concerned about supplying health care in there. We've discussed this before. I'm pleased to see the good accounts about Uranium City Hospital; I think this was a bone of contention. In fact, as I remember back in estimates a few years ago, it was the question of, will you maintain and operate Uranium City Hospital? As Eldorado pulled out, and it looked like Uranium City was going to be actually closed down, I remember giving you the assurance in this House that the hospital would remain there and that adequate health care services in the way of hospital services would be provided to the people of the Athabasca Basin. You know as well as I do that because of differing conditions in the North — and I don't pretend to know the area as well as you do; you represent it — but it may necessitate that at some time in the future the hospital at Uranium City be closed down and another hospital be put in at Stony Rapids, or Black Lake, or somewhere in that area.

I think one of the things that we have to look at . . . It's just not as simple as instituting a hospital — say, we're going to build one. You have to look at the infrastructure. You have to look at the population trends and where they're settling.

I think one of the things that goes a long way towards this, though, is that, as my colleague a while expressed, a power line that's going to be built in that area, that's going to bring some of the necessary services that an area would need for the operation of hospitals and facilities, will be there after this type of construction.

So I think it would be not fitting for me to indicate at this point in time that we would be shifting the hospital base in the Athabasca region. But I am also saying at the same time, I am not ruling out that possibility. Because both you and I, I'm sure, and the people in this Assembly, would wish, if we did relocate, that we look with some vision for the next 20 or 25 years to serve those people the best we can.

And it may well be that some time in the future Uranium will not be the base and one of these other ones will have to be. I have to give that careful study, and it is going on now. And secondly, we would have to make sure that the necessary infrastructure is there to run a hospital of the magnitude that is needed. And thirdly, and the most important, is that we decide for the location of that hospital that it be in the optimum place to supply the best hospital services to the people of the area.

**Mr. Thompson:** — Thank you, Mr. Minister, and Mr. Chairman. Yes, I fully agree that there is a problem up there. I know last year you indicated that Uranium City Hospital would stay open. But you also indicated at that time, for the foreseeable future. And when one is talking about the foreseeable future, that could come to an end very fast.

Really what I was asking you: are your officials at this time now looking at the possibility, because of the shift in the population, are you negotiating and looking at the possibility of relocating that health facility somewhere to the east — Fond-du-Lac, Stony Rapids, Black Lake, in that area?

**Hon. Mr. Taylor:** — I can give you assurance that we're studying it. We're not in negotiations at this point in time, but we're looking at it. As I said, we have to make sure when we do make that decision that it is the correct decision, and that it will serve the residents of that area for the next 25, 30 years, to the best way possible.

So I give you the assurance that it is being looked at. I will not give you the assurance that we are under any type of negotiations, because that would be to mislead you. I have no intention to do that. But certainly I give you this assurance: that hospital services will be provided to the people of the Athabasca Basin, and that may some day necessitate the movement of the hospital; and as I said previously, if that is necessitated, then we're going to do it so it's in the best location, for the best service for the people for the longest period of time.

**Mr. Thompson:** — Thank you, Mr. Minister. Mr. Chairman, I wonder if you could indicate over the last year what the stability of the doctor situation has been up in that area. How many doctors do we have that are serving that area, and how long have they been serving the area, and what kind of a contract do you have with those doctors?

**Hon. Mr. Taylor:** — My indication is that at the present time there are four doctors now in Ile-a-la-Crosse and three doctors in Uranium City. Is that what you were wanting?

**Mr. Thompson:** — I want Uranium City.

**Hon. Mr. Taylor:** — You want Uranium City. Three doctors in Uranium City is the indication that I have at this time. You wanted to know something about contract? Restate your question, and we'll get you the most . . .

**Mr. Thompson:** — Mr. Chairman, Mr. Minister, could you indicate how long the three doctors have been up there and if they are up there on a permanent basis? Can you get me that answer?

Mr. Chairman, I will go down now to the southern portion of northern Saskatchewan, and I want to specifically talk about the area of La Loche and the Buffalo Narrows, Ile-a-la-Crosse regions. You have, I believe, a new advisory body that you have put into that area. I wonder if you could just indicate how many people sit on that board and the names of the board.

**Hon. Mr. Taylor:** — We're getting you the answer to your last question. The answer to the first one is that there have been three doctors. There's been continuity of doctors in Uranium City. There have been three of them on contract for the past six to 12 months, is what my indication is.

Now the other question was: who is on that advisory group for Beauval, Buffalo, Ile-a-la-Crosse area, and La Loche. You want the names of them and who sits on there and how many people. My officials are digging that out at this time. I'll supply it to you just as soon as I have it.

**Mr. Thompson:** — The three doctors that you indicate that are serving Uranium City — are you indicating that none of them are there on a permanent basis, but rather that they are working on an in and out situation where they're in for two weeks or three weeks, whatever the case may be, and then out? Or how long has the three doctors been living in Uranium City?

**Hon. Mr. Taylor:** — They all have different contracts. They all have been there for at least six months. Some of them, their contracts will be for one year and some of them for two years. So there is a greater continuity. It isn't three weeks in and three weeks out, or something like that. They have been there for six months, they tell me, and the contracts are for one year at the minimum and some of them are for up to two years.

**Mr. Thompson:** — You haven't got the list of that new advisory board yet?

**Hon. Mr. Taylor:** — Not yet.

**Mr. Thompson:** — Okay. In your five-year plan, Mr. Minister, do you have any plans for any new hospitals in any part of northern Saskatchewan? When I talk about northern Saskatchewan now, I'm not going to limit myself to the Athabasca constituency, but rather the northern

administration district which would cover Creighton and Cumberland House, La Ronge and that area. Do you have any plans in the next five years for any new hospitals in northern Saskatchewan?

(1945)

**Hon. Mr. Taylor:** — Certainly, the consultation committee — and I should say it's a consultation committee that you asked the members of, that I'm getting for you. That's one of the things that they're looking at on what we call the south end of the west side, in our terminology, between you and I. But you asked me specifically about the five-year plan. La Ronge is the hospital that is designated in the five-year \$300 million capital construction plan. La Ronge Hospital.

**Mr. Thompson:** — Mr. Minister, could you indicate when your plans are to construct that new hospital in La Ronge, or when it is to start?

**Hon. Mr. Taylor:** — The Premier was in La Ronge last Thursday, I believe, Thursday or Friday. He made an announcement there that they're to begin the planning of the hospital immediately. There's money in this budget for the planning. I think you realize to plan a facility takes some time to get this all put together and to build the best facility that one can build to service that area. The construction, in my five-year plan, is designated for '89-90. But they have the go-ahead to start the planning. As you know, there's BCRs (band council resolutions) that have to be signed; there's work with the federal government; there's the local share — all of these things. But anyways they were given the green light last week to start on the planning.

**Mr. Thompson:** — Well, once again you indicate that your priorities are not in a constituency, especially in my constituency. I'm sure you would have no trouble getting BCRs in my constituency to put health facilities in there and band council resolutions. There would be no problem with that. I most certainly would assist you, especially with the La Loche band or the Dillon band or the Patuanak band, or any of those bands, you would have no problem.

I'm disappointed that you would not have any plans for the west side in your five-year plan. You talk about a lot of dollars. You talk in the 300 million and yet you say that the only plans that you have to go ahead are for a new hospital in La Ronge. This most certainly disappoints me. Do you have the names now of the . . . Are you having trouble with that board?

**Hon. Mr. Taylor:** — No, we have no trouble there. They're putting it together. Actually the consultation committee — they're putting the names together for me — has been established for that very purpose of looking at that area of the province and advising us. I appreciate your offer of co-operation and assistance of trying to decide where the location of a facility would best serve the area. That's going on. The very fact, I think, that I sent my deputy minister up there last year to meet face to face with the people there is an indication of the desire that we have to get on with some planning on that west side. I can see that you're perhaps a bit disappointed it isn't in the

five-year plan. However, I think our track record would indicate, as this five-year plan is developed, there will be other facilities and I think the record will stand very strongly to show that will happen. I think one in your area that you're talking about would certainly be a priority for some of the capital construction in the next phase of the development of the five-year plan.

I have the names now, the names of the people. My assistant deputy minister, Don Philippon, chairs the committee. The head of the SHSP, Ted Wright — that's Saskatchewan health services plan — is on the committee. My director of northern health services, Ken Smallwood, is on the committee. Max Morin, the deputy mayor of Ile-a-la-Crosse, I believe it is, is on the committee. Ray Cheechum, mayor of La Loche, is on the committee. Leonard Larson, the mayor of Buffalo Narrows . . . Am I going too quickly? I'll slow down. Okay. Dr. James Irvine, director of northern medical unit, is on the committee. Dr. Jake Letkeman, Meadow Lake clinic, is on the committee. Mr. Urban Donlevy, from the Catholic Health council, is on the committee. Phil Gaudet, from the Catholic health council, is on the committee. Claudia Ajecoutay, ML of the district chiefs, is on the committee. And Joanne Meyers, of the northern Health and Welfare — I guess, the federal person; I think she's stationed in Battleford — is on the committee.

**Mr. Thompson:** — Thank you very much, Mr. Minister. And I wonder if you could indicate just what that body of individuals are going to be doing. Are they going to look at what is needed on that west side, or just what mandate do they have to perform?

**Hon. Mr. Taylor:** — Well their mandate is to meet with various groups in that area, to look at two aspects: the provincial of long-term care services and also the provision of acute care services. I think it is the most comprehensive . . . I'm informed that some of this consultation has taken place already; there'll be more of it — and perhaps the greatest consultation that has taken place in that part of the province on that topic of the proper location, the requirements of facilities for both proper long-term care and acute care.

**Mr. Thompson:** — Okay, thank you. Thank you very much. And I want to wish that group well. And I sincerely hope that they will come out with some recommendations, and that if you're still the government, which I have my doubts — as soon as an election is called, there'll be a change — but that the requests will be honoured.

I want to ask you, Mr. Minister, if you would be prepared to table the study that you had up there started about two years ago. And I wonder if at this time you would be prepared to table that study so I could have a look at it and just see what recommendations were in there.

**Hon. Mr. Taylor:** — Would you name the study that you are referring to, please?

**Mr. Thompson:** — It was a study announced in Buffalo Narrows two years ago by your deputy minister. He had the individual there that was going to carry out the study, and I would assume that it's been done for over a year

now.

**Hon. Mr. Taylor:** — That was the start of this consultation committee. What I've just named to you is the outgrowth of what he mentioned would happen. You may have taken it that we were going to sit down and study it. We put together, as you can see, some of the mayors of the area, the people involved in health care, and their recommendations to us will be the study. At this point in time, there isn't a study to this extent. There's a committee put together who are out receiving briefs, talking to people, and they will be coming to my deputy minister with recommendations.

**Mr. Thompson:** — I wonder, Mr. Chairman, and Mr. Minister, could you give me the name of the individual that was heading up that study?

**Hon. Mr. Taylor:** — The gentleman sitting to my left here, assistant deputy minister of Health, Don Philippon. Don Philippon, assistant deputy minister of Health, this gentleman right here.

**Mr. Thompson:** — He was the one heading up that study. Is that right?

**Hon. Mr. Taylor:** — That's heading up that consultation committee. Of the list I gave you, I named him as the chairman

**Mr. Thompson:** — Mr. Chairman, I'm not making myself clear. Two years ago your deputy minister, who is sitting beside you, was in Buffalo Narrows and had made an announcement that the study was going to be carried. He had the individual with him who spoke to the group there. Could I get the name of that individual?

**Hon. Mr. Taylor:** — My deputy indicates to me that the meeting you are referring to was on February 1, '85 in Buffalo Narrows, that he was there, that there was no individual named as carrying out a study. He indicated that he felt the way to address the situation was to put together a consultation committee, which I have just named for you, of which Dr. Philippon is the chairman.

**Mr. Thompson:** — Mr. Chairman, are you sure, Mr. Minister, that when your deputy minister made that announcement up there that the individual, and I believe he was out of Saskatoon, was not there and did not address that group?

**Hon. Mr. Taylor:** — I think maybe who you are referring to is Dr. Mike Spooner from the University of Regina, school of medicine, was there with my deputy minister. Dr. Spooner was instrumental in helping us establish that good pattern of medical services up the west side. But if there was some indication that he was going to do a study for us, I think someone must have been misinformed because that wasn't the intention. But my officials tell me it must be Dr. Spooner to whom you are referring.

And I again I say Dr. Mike Spooner was very helpful and I would thank him and congratulate him for helping us put together this arrangement with the school of medicine and the federal government to supply the continuity of medical services in that part of the province. I'm sure it's

Dr. Spooner you are relating to. But if you think it's someone else, please rise and question.

**Mr. Thompson:** — Thank you, Mr. Chairman. Yes, Mr. Minister, it was Mr. Spooner, and at that time your deputy indicated that he was going to do a study. He addressed the group that was there from all around and indicated that he was going to carry out a study. And one thing that he said was that he was going to carry out a study to see how the people of northern Saskatchewan died. And that's exactly what he said at that meeting. And I got up at that time, and I indicated that I was very concerned that you would carry out another study, and that the individual, who was going to carry out the study, would get up and make a statement like that.

And I ask you, Mr. Minister, how much money was paid to Mr. Spooner as a consultant for the Department of Health?

**Hon. Mr. Taylor:** — I think it's coming — it's crystalizing now. I think again we're still on the wrong individual. The gentleman that is now the director of the provincial lab has been the provincial epidemiologist, Dr. Roy West. And I will explain what an epidemiologist does — I don't know if everyone knows in the Assembly what they do — but they are medical people who study what causes various patterns of death and so on. So that would be Dr. West. And he doesn't do that particularly for the northern part of the province, he does that for the whole area.

Just to illustrate, you have read some press clippings this year about an outbreak of influenza in Assiniboia. And to see if those were deaths from influenza or other factors, Dr. Roy West was the man who investigated that. He does that all over the province. So that would be Dr. West.

If there was a study mentioned, it would be Dr. West talking about that type of study for that part of the province, which is no different than what he does for Regina or for the area I live in, or anywhere else.

Oftentimes I get questions and suggestions from parts of Saskatchewan where residents feel that there's a predominance of cancer there more than any other place. There are areas of Saskatchewan where some of the residents figure that there is more MS than in other places in the province.

It's men like Dr. Roy West — that's their training, that's their expertise. An epidemiologist looks at this to see if there's any scientific data that would prove those types of allegations. So I'm sure that's what you must be referring to as the study that a gentleman talked about on that day.

(2000)

**Mr. Thompson:** — Thank you, Mr. Chairman. Mr. Minister, if you have that study, or if there is any study of anything down on paper which you have from Mr. Spooner regarding that situation up there, I would be pleased if you would send that over to me, not tonight, but at your convenience.

I indicated at the start, Mr. Minister, that I was going to



bring out a petition that your department has received, signed by 28 senior citizens at Beauval, and a letter that was sent back to, I believe the chairman, Mrs. Flora Bishop, from your director of Health, Mr. Smallwood. Could you indicate at this time . . . First of all, I'd like to know: could you tell me where this is carried out. Could you tell me if they have an office of their own in Beauval, or just where they operate from?

**Hon. Mr. Taylor:** — On the other topic — while my officials are discussing this question — I would indicate to you that I would be more than pleased to share any of Dr. Roy West's studies that may impact upon the area of the province you represent. Certainly we would provide any of them to you at any time.

My director of northern health services tells me there seems to be a little bit of a problem or misunderstanding in the role of home care. There are some in the community that feel that home care should only administer to the elderly. Actually the mandate, and I'm sure you understand, of home care is to provide services for any individual who is in need of that service. There are many younger disabled people who need home care services as well as the elderly.

There seems to be some friction between some in the community and the board over this topic. They have indicated to my director that they would like to have the home care board fired. Well actually, that isn't the way to go about it. We don't fire them. If people want to change the home care board, they buy memberships in that home care district, and they go and present themselves at the meeting, and they nominate other representatives on to the board. That's the way it has been since home care was first instituted. There's been no change in that.

**Mr. Thompson:** — Well, Mr. Chairman, Mr. Minister, could you indicate where that office is at in Beauval?

**Hon. Mr. Taylor:** — The best advice I have is that it's in the town hall.

**Mr. Thompson:** — Mr. Chairman, the best advice you have is that the office is in the village hall. That's a fact?

**Hon. Mr. Taylor:** — Well I haven't visited the office myself, but my advice is that it's in the town hall in Beauval.

**Mr. Thompson:** — Okay. I guess I'll just leave this here with you, Mr. Minister. This petition that you have received, could you indicate if you are prepared to act on this petition signed by the 28 senior citizens in Beauval?

**Hon. Mr. Taylor:** — The director indicates to me that the petition did not reach me. It came to him. He wrote to the people involved. They wanted the board fired. He indicated to them how, as I've answered to you just a minute ago, you go about changing a board. And he said he also sent the home care consultant down into that area.

He indicates that he feels the situation is at rest at this time in the area, and that therefore there would be need to act upon the petition, that it has been explained to

the residents, if they want a change, how they go about doing it.

**Mr. Thompson:** — Mr. Chairman, I find that kind of odd. First of all, I want to make that very clear, the office is in the village hall. I want to also say that if the folks up in Beauval, the 28 senior citizens who signed this petition, have changed their mind. They've changed their mine in the last two days, because I picked this petition up this weekend. When I was home, it was delivered to me. So I find that quite interesting that this situation has been solved and that there need be no further action taken on this petition. But if that's the case, then fine. That's good. I just wanted to make it clear that the folks that gave me this petition delivered it to me on Sunday on my way down. There was still a problem at that time. But as you indicate, there is no problem in Beauval and that this whole situation that the 28 senior citizens are concerned with has been resolved — then that's fine. I accept that.

I want to now turn to the health centres that we have in northern Saskatchewan, and I wonder, Mr. Minister, could you indicate to me if there has been any renovations or any improvements or any additions to the health care centres that we have in northern Saskatchewan. As you are aware in Stony Rapids we have a health centre and number of places where we have health centres — Pinehouse is another place. Could you indicate if there has been any additions to the health centres of any improvements, and has there been any public health nurses added to north-western Saskatchewan?

**Hon. Mr. Taylor:** — No major additions. Some ongoing minor renovations, but what one could class as a major addition or anything of that nature, no.

**Mr. Thompson:** — Mr. Chairman, has there been any additions to the staff in northern Saskatchewan? Have you added any more public health nurses up in northern Saskatchewan? And also I guess, Mr. Minister, the dental nurses and the dentists that you have up in the north, they fall under your department also.

**Hon. Mr. Taylor:** — The staff complement has remained the same, no deletions. And I'm happy to say that the vacancy rate has been lower than it has been in the past. So the amount of people, the same; one addition of a dentist in the area; and fewer vacant positions than there were previously.

**Mr. Thompson:** — Thank you, Mr. Minister. Could you tell me if there was any renovations done to the health centre at Buffalo Narrows in the last year?

**Hon. Mr. Taylor:** — Only very minor renovations. We've moved the dental therapist over to the school, so therefore the public health nurses would have more space in the centre. But nothing major — some walls changed and so on, and the movement of the dental therapist out of the clinic.

**Mr. Thompson:** — Right. Mr. Chairman, I wonder if you could indicate who carried out that work for the department in Buffalo Narrows?

**Hon. Mr. Taylor:** — The Department of Supply and Services.

**Mr. Thompson:** — I'm assuming I'm not going to get the answer to my question, then, from you.

**Hon. Mr. Taylor:** — No, I wouldn't . . . You're wanting to know who they'd let the contract to, or something of that nature? No, you'd have to ask the minister in charge. I don't now whom they let it to.

**Mr. Thompson:** — The last time I asked the Minister of Supply and Services a question in this House was regarding the fence at the hospital. And the hon. member from Meadow Lake still hasn't answer that question. So I just don't know . . . (inaudible interjection) . . . Pardon? I just don't know how I'm going to get the answer because it was the health centre in Buffalo Narrows that you renovated; it was renovated by the Department of Health. Now I'm not too sure whether it was government services or if it was handled right out of northern health services.

And I would like to know, Mr. Minister, who carried out that renovation in the hospital at Buffalo Narrows at the health centre.

**Hon. Mr. Taylor:** — No, we have no staff to do that. We don't do any renovations. If there's a need for renovation, we request the Department of Supply and Services to do the renovation. We have nothing to do with this other than saying, look, we want this renovation done, you fellows get at it and do it.

**Mr. Thompson:** — Okay, Mr. Chairman. Could you indicate, then, Mr. Minister, if the tenders for the renovations of that hospital were tendered by your department or were they tendered by government services?

**Hon. Mr. Taylor:** — No. As I answered previously, if there's something that needs to be changed, we indicated what we want changed, the specifications. Supply and Services do the work. I wouldn't know who got the tenders at all.

**Mr. Thompson:** — I wonder, Mr. Minister, if you could check with your director of northern health services to find out if it was tendered through government services or not.

**Hon. Mr. Taylor:** — No. My director indicates that once he requested the work done, he was informed that Supply and Services would be handling it from there on.

**Mr. Thompson:** — Okay, then. So you indicate then, through your director, that the tenders for the renovations of the Buffalo Narrows health centre were done, were handled, by government services. That's right?

**Hon. Mr. Taylor:** — I don't know if they tendered it or how they handled it. I know that they were in charge of it; we were not. We said we wanted this done, and then they looked after doing it. So . . .

**Mr. Thompson:** — Mr. Chairman, Mr. Minister, you're not suggesting that there was work done at the Buffalo

Narrows health centre without going through tender, are you? You're not suggesting that there was renovations carried on at the Buffalo Narrows health centre without going through the proper tendering channels, are you?

**Hon. Mr. Taylor:** — I'm tell you very plainly how it happened, is that we said we wanted some changes in the Buffalo Harrows health centre — a couple of walls moved, and move the dental therapist out to the school. That would require some physical work to be done. Supply and Services handled it from there in. I don't know what they did, how they went about it. You would ask that question to Supply and Services, but certainly that was where our commitment would end, at that point.

**Mr. Thompson:** — Yes. Well I'm not going to belabour this, Mr. Chairman. But I do want to make this clear, that you're indicating that the work that was carried out was tendered out properly by government services.

**Hon. Mr. Taylor:** — Well you're not interpreting what I'm saying correctly. I don't know how it was tendered. I don't know if it was tendered. I don't know who did the work, or anything of that nature. All I know is that we asked for some work to be done, the work was done, and Supply and Services did the work.

(2015)

**Mr. Thompson:** — Mr. Chairman, and Mr. Minister, I know the work has been done. You know the work has been done. You've indicated here tonight. All I'm asking you is: was it tendered out through the proper process? And that proper process is tendering. And I just ask you to ask your director: was it tendered out or what it not tendered out? He was in charge of it.

**Hon. Mr. Taylor:** — Well, hon. member, as I've said, I have no idea. You're asking the wrong minister as to what the tenders or if there were tenders. I have no idea. I know that there was work requested to be done to change some aspects of the Buffalo Narrows clinic. That was done. Now if you want to know if it was tendered, who the tender was, so on, you must ask the Minister of Supply and Services, because that was under his mandate.

**Mr. Thompson:** — Mr. Chairman, Mr. Minister, could you indicate how much money was spent on the renovations of the health centre in Buffalo Narrows?

**Hon. Mr. Taylor:** — We don't know the amount of money. That's in the Supply and Services budget. My officials tell me there was about two or three days of work that was done. But to find out the amount of money, to find out who did it, if it were tendered, what materials were used, you must ask the minister whose responsibility is for that, and that's the Minister of Supply and Services.

This is a government building; therefore, it is up to that department to make those decisions. We say what we want done. They are the department that are charged with the responsibility of getting it done.

**Mr. Thompson:** — Well, Mr. Minister, all I . . . I know I'm not going to get the answers as to how it was tendered or

how it was carried out, but surely your department must carry out an inspection. You are the only one who pay the money out for the renovations, and I'm sure that your department officials must carry out an inspection to see that the moneys that you have put into any renovations is carried out properly. And that's really all I'm going to ask you now, because I'm not going to get any other answers. But could you indicate just how much money was spent on the renovations?

**Hon. Mr. Taylor:** — You know, you're in the wrong estimates. That amount of money is under Supply and Services. The cost of that is all absorbed in it. To put it simply: we say we want these changes; they go ahead and do them. I don't know how much it costs them to do them. That's in their budget. I don't know who did it. I don't know what materials. We walk in the day that it's finished, and we occupy it.

Let me give you an example. You know the Douglas building down here where the Health department is housed. Now if, for example, there was a request to change an office in there, that's in the Health department, but that building is operated and owned by government services. So if there was a change in an office in there, government services would do it entirely. And that's the same thing with the health clinic in Buffalo Narrows — exactly the same.

So I mean, you're at . . . I'd request you to ask the minister in his estimates, and I'm sure the answers will be supplied to you of these questions you're asking about.

**Mr. Thompson:** — Well, Mr. Chairman, I'm not going to go any further on this. It seems like I've run into a stumbling block. I'm quite surprised that the Department of Health would carry out renovations and not know how much the renovations cost. It just seems like somebody is not looking after the funds of this province very well. Because if the Department of Education is going to build a school or put an addition on, they most certainly want to know how much that addition cost or how much that new school costs, because it comes out of their budget.

And I would think, Mr. Minister, that in all fairness you should be able to tell us in this House how much money was spent on the Buffalo Narrows renovations. You don't want to give us some numbers; you don't want to give us some numbers; you've thrown them away. And that's fine. You go ahead and do that. But I tell you, I would like to know and the taxpayers of this province would like to know how much money you spent on renovations on any hospital and who did it. And we're not going to find out.

But that's fine. You can operate like this. And let me tell you, it's not going to be too long before your Premier is going to have to call an election in this province, and then we will see there will be a change in this government.

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

**Mr. Thompson:** — And I'll tell you if you're lucky enough to get re-elected and sitting on this side and asking the same type of questions of our minister of Health, I'm sure that they will provide you with the proper answers.

Thank you, Mr. Chairman.

**Hon. Mr. Taylor:** — Again, Mr. Chairman, let me just indicate to the member, in all fairness, your analogy is not correct. A school is not a government building. A school is owned by a school board. And a school board will know the amount of the cost of the addition or renovation of that school.

The Buffalo Narrows clinic, the T.C. Douglas building, are owned by the Government of Saskatchewan, and they are administered by the Department of Supply and Services. Any renovation, any improvement to those buildings is done under that department. And hon. member, this is no different than when you were on the government side. Exactly the same.

But you should ask the appropriate question to the appropriate minister. If I were responsible and owning that building, I would tell you the exact dollar, I would tell you the tender, I would tell you the materials, I would tell you how many hours it took to do it. That is not my responsibility. And I ask you to ask my colleague and I can assure you, he will give you those answers. But you must ask the answers under the right set of estimates. I don't own that building, so your analogy to a school is not correct.

And you know me well enough that I would not be withholding the information from you if it was my jurisdiction to tell it to you. You know that. We've dealt in this House for four years, and you are one of the members over there that has some degree of sincerity. And I tell you, sincerely, that that is where you should ask your question. And I assure you that my colleague, the member from Meadow Lake, will supply you the answers when his estimates come up.

**Mr. Shillington:** — Thank you, Mr. Chairman,

Mr. Minister, I want to change to a different subject. With waiting lists growing, hospitals and nursing home beds in short supply, long waiting lists, those that exist understaffed, doctors in Prince Albert withdrawing services, questions about health care are very much in the taxpayers' minds. Mr. Minister, several days ago you took notice of a question with respect to \$37,500 paid by your department to Tanka Research, the PC party's polling firm. Can you, Mr. Minister, now tell the Saskatchewan taxpayers what work the PC party's polling firm was doing for your department to the tune of \$37,000?

**Hon. Mr. Taylor:** — Yes. Tanka Research did some work for the department. One of the things that they did was . . . We run the Christmas alcohol advertising campaign; I'm sure you're aware of that. It was four years old, and we wanted to know if it was still effective or if we should be budgeting for a new type of campaign. We asked Tanka to do some tracking on this.

And as a result of the research that they did, we learned that support for the advertising was very, very high, and that 89 per cent of those surveyed could recall seeing the ads. So I think that indicates that certainly the money expended on the Christmas alcohol advertising was most

certainly reaching the target audiences. I think 89 per cent recognition factor is very commendable. Ninety per cent of those who saw the ads felt that they should be used again.

So I think that is a cost-saving measure, because if we hadn't have done this type of tracking, we may have thought it necessary to develop a whole new series of ads. I think the ads must really be what the people of Saskatchewan are wanting to hear, because they are reaching the people.

The majority of those surveyed said that they had been paying more attention to their personal drinking patterns and their drinking and driving habits because of the Christmas ads. And because the research was so overwhelmingly popular and so positive, we ran the ads again in 1985-86.

And we also developed the award-winning, non-smoking advertisement directed at youth. Now I think this kind of careful planning for health prevention by this government is something that we're all committed to. There was actually 600 people surveyed.

The other aspect of the work done by Tanka was to research methods of mailing and communication to indicate how we could best develop a consultation process for long-term care. And I would like to just elaborate on that for a moment, because I think the advice given to us of how to touch the various sectors of the population was very, very good advice.

We have had four of these consultation workshops spread throughout the province, in North Battleford, and in Yorkton, and in Humboldt, Prince Albert, and Swift Current. I guess that's five. And there's been approximately 2,500 people turn out to these workshops I think the part of these that makes them so unique, and I've had . . . And I'd be glad to share some of the positive comments with you, the letters that have come in. The people are indicating that never before have they seen such a well-organized type of workshop. The cross-section at the tables, for example: there'll be reeve of a municipality, there'll be a mayor of a town, there'll be somebody from the health care sector there'll be a doctor, there'll be a nurse — about 10 or 15 people at a table.

Many of my colleagues here have attended them and certainly speak very highly of them. So that was the expenditure . . . (inaudible interjection) . . . Well, I would ask you to question your colleague, the member from Shaunavon. There was one down in Swift Current, and he had the courtesy the day after to indicate to me that many of his friends in that area indicated to him first hand that it was very, very valuable consultation, that they appreciated being invited. And it was the kind of thing that they were not used to and they certainly appreciated it.

**Mr. Shillington:** — Mr. Minister, since the Saskatchewan taxpayer has paid for this, will you table these polling results so that the taxpayer may judge for themselves whether or not this expenditure was worthwhile?

**Hon. Mr. Taylor:** — I think the proof is in the pudding. I mean, I would certainly share with you the letters of commendation. And it would take you a long time to read them all, from the workshops I would be glad to provide that to you, because you will see that the people were very, very receptive to this.

I would ask you to phone a fellow you may know. His name is Gordon MacMurchy. He attended the one in Humboldt. And I think he will give you a true evaluation, that he thought it was a very worthwhile exercise also.

So I mean, if you want to question the whole aspect of consulting with people in Saskatchewan about long-term care when we know the demographics of our province are that the elderly population is growing very, very rapidly . . . It is a number one priority of people in this province, that adequate health care services are supplied to their residents.

I hear the member from Morse saying, right on. The member from Morse was kind enough to fill in one for me at the one in Swift Current. And he can tell you first hand the praise and the congratulations given to him that day by the people he knows only so well in that area surrounding Swift Current, of the opportunity to sit down and to plan with the government the type of delivery services for long-term care in this province.

I think that type of expenditure on long-term care and on Christmas alcohol, where we can save lives, Mr. Chairman, where people openly admit, 90 per cent in favour of them, saying that they are changing their drinking and driving patterns because of those type of advertisements — the amount of money spent for Tanka Research to find that out for the province of Saskatchewan, I maintain, is money well-spent.

**Mr. Shillington:** — Mr. Minister, I did not ask you for your fan mail, Mr. Minister. I can give you some of mine. I'm not sure that will be of great assistance to you, nor will your fan mail be of assistance to me.

I asked you to table the results of this polling firm, so that the public may judge for themselves and they will not have to depend upon your somewhat biased interpretation of whether or not it was worth while. I ask you again, Mr. Minister, why won't you table the results themselves?

(2030)

**Hon. Mr. Taylor:** — Mr. Chairman, I have just given the results of the polling. The results of the polling on the mailing idea was to touch mayors and reeves, and all these community leaders, health care professionals — and it has been enormously successful. People from all walks of life have come to these — elderly people, young

people, from all walks of life, turning out, Mr. Chairman, in excess of 500. In many places we had to set up extra tables. Registration took much longer than we thought to get them all in.

People want an opportunity to talk to their government. The members opposite didn't realize that, but I can tell you people appreciate that kind of consultation.

The other results I just read out to you: 90 per cent of the people said put those Christmas ads on again; 85 per cent of the people said they recognized them; a good number of the people changed their habits. Those are the results of the research. They're right here, right in the House. I've explained them to you.

**Mr. Shillington:** — Mr. Minister, I asked you for the polling ... for the report itself. Mr. Minister, I don't believe for a moment that that's all the report said. I don't believe for a moment that that's all that was in it. I do not believe that you could spend \$54,000 saying that. Mr. Minister, I asked you for the report itself. If you're prepared to give it to us, all well and good. If you are not, I would like to know why you refuse to give this to us, and through us to the public.

**Hon. Mr. Taylor:** — Well once again, Mr. Chairman, I've given them the results of what they asked, what they found out. That's what I'm willing to supply, and I have done it.

**Mr. Shillington:** — Mr. Minister, I ask for the report itself. I do not ask for your interpretation of what the report said. I don't trust that. Frankly, the health professionals in the field don't trust it, and the public don't trust it.

Mr. Minister, I ask you for the report itself. I'd also ask you to stop avoiding the question with these inane comments and these inane speeches about what a grand and glorious time you had in Shaunavon, or Duval, or wherever it was that you may have been. I ask you for the report. Save the blether for someone else at another time, Mr. Minister.

**Hon. Mr. Taylor:** — No, that was just advice that I looked for in what we should do with the Christmas ads. I've given you what the report was, what they said we should do with it. He says that we're not trusted. I think, when there's 500 people turn out to consultation meetings, I think that indicates that they trust this government, they believe that this is a government that listens, they believe this is a government that will share ideas and information with them. That was the outcome of the research, and I have given it to you. And I'm proud of the response of the people to those Christmas advertising ads.

**Mr. Shillington:** — Mr. Minister, quite frankly, the fact that 200 or 300 people turned out to a meeting called means nothing. On Tuesday of this week there were 400 or 500 nurses turned out to a meeting that was never called, Mr. Minister. Mr. Minister, again I would ask you for the report itself and not for your interpretation of it. I don't trust your interpretation. My colleagues do not. The health professionals in the field patently do not trust it. And I think the public deserves to see it for themselves. Again, Mr. Minister, I ask you to either give us a report or

tell us why you won't give it to us.

**Hon. Mr. Taylor:** — Well certainly, you know he says 200 or 300. There was 500 at pretty well every one of those meetings — 500 people. Probably more could have been there. Certainly the results of the report are that they say, continue the Christmas advertising ads. They're good.

I'll go through it again for you just in case you missed it. The support for the advertising was extremely high. Eighty-nine per cent of those surveyed recall seeing the ads. Eighty-nine per cent recall the ads. Ninety per cent who saw the ads felt they should be used again. The majority of those surveyed said they have been paying more attention to their personal drinking and their drinking and driving habits since seeing the ads. That's the results of the research. It tells us that we should continue with those, and that's what we will be doing.

**Mr. Shillington:** — Mr. Minister, is that single page of information all you got for \$54,000?

**Hon. Mr. Taylor:** — Mr. Chairman, when 2,500 people from all walks of life turn out to discuss long-term care, that's what we got from that research, and we will have more of these workshops. There are more planned for in the future. We have people coming from all political parties, from all walks of life to these meetings to discuss the future of home care.

What did we get from those kind of meetings? I'll tell you what we got from those kind of meetings. We got initiative and suggestions of how to better home care delivery services in this province. We got the suggestions for the \$100 million patient care program that has been announced. Those come out of that consultation. We have got the support of the people of Saskatchewan to continue spending taxpayers' money on Christmas alcohol advertising that would save the lives of people in this province. That's what we got out of there.

So for that member to have the audacity to say, did you get one piece of paper, I'll tell you what I got from that kind of research. I got the support of a lot of people in Saskatchewan that said, thank you; continue on with Christmas advertising of the alcohol: continue on with those things that say, do you want to spend Christmas in jail. Those types of messages sink in, and we got the message that, continue on with workshops and ask a cross-section of people to come, people who have never, ever had that opportunity before in the history of this province.

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

**Mr. Shillington:** — Mr. Minister, your estimates have been one long, frustrating, and unsuccessful attempt to get information. We spent Monday trying to find out what the waiting lists were for nursing homes, and we got nothing except Regina, information you had already, I suppose, in error given us. We spent this afternoon, and all we got out of it was a lot of blether and a restructured series of figures for Regina. We got nothing from Saskatoon and nothing for the rest of the province, Mr. Minister.

Mr. Minister, earlier in the day we attempted to get other information from you, information with respect to what other provinces had done about chiropractors. You didn't give us that. Now we are asking for a report for which you paid \$37,000. You gave us what you got out of it, which was about 50 words. And I ask you, Mr. Minister: is that all you got for \$37,000? Give us the report itself, Mr. Minister. You have consistently throughout your estimates refused to answer questions in the Legislative Assembly.

This is not a game to see which minister can give the least information. It is supposed to be a rational attempt to discuss your estimates, for us to get information and to offer alternatives for you people to defend them. It's not supposed to be a game of hide-and-go-seek with the minister, whereby you disappear into one irrelevancy after another, every question you're asked.

I ask you again, Mr. Minister: either give us the report, or give us an explanation as to why you won't. So far you've given us no explanation as to why the report can't be made available. Mr. Minister, I will postulate for you the reason. The reason is because there were other questions included in that report which have nothing to do with health care, everything to do with this government's image, and you're asking the taxpayer to pay for that.

If that isn't the case, Mr. Minister, give us the report. If there is something else in there that is not in the public interest to disclose, let us know the nature of the something. Otherwise, give us the report, and quit this inane game of hide-and-go-seek whereby we ask a question and you dodge into a totally unrelated subject.

**Hon. Mr. Taylor:** — Mr. Chairman, I'd be pleased, as I told the member previously, I'd be pleased to give him the evaluation sheets. We have every person who attends the workshops fill out an evaluation sheet. If he would like to take the time to read through them, I'd be more than happy to provide them to him.

**Mr. Shillington:** — Mr. Minister, I have said earlier that the number of people who trust your interpretation of events in the health care field is getting to be awfully limited.

**An Hon. Member:** — Most of the people in Saskatchewan.

**Mr. Shillington:** — Yes, well there's some who don't. There's the nurses, the doctors. There's the nurses, the doctors, the chiropractors . . . (inaudible interjection) . . . But who says? The Minister of Energy has set . . . In terms of wild gesticulating, the Minister of Energy has set some sort of a new high-water mark.

Mr. Minister, I ask you to answer the question: why won't you give us the report? Is there something in there in which it is not of interest to the public to see? If so, what is the nature of that information?

I suspect, because of your refusal to answer the question, that there are questions in there which the taxpayer should not be paying for, which relate not to the health of the Saskatchewan citizen nor to the public welfare but to

the health of the Conservative Party. And if you haven't put those questions in there, if you've got nothing to hide, then come clean. Otherwise, if you have something to hide, I invite you to stand up and once again give us this silly speech about how very, very popular these meetings were.

I say to you, Mr. Minister, that you've got to be at your meetings to know whether they are popular or not. You can get a crowd of 300 to 400 nurses out on the steps of this legislature without any invitation. I'm sure if you invite them, they'd come out in mobs.

Mr. Minister, I ask you: why won't you give us the report? What have you got to hide?

**Hon. Mr. Taylor:** — Mr. Chairman, again I rise to indicate to the member opposite that the report was on the methods of mailing to reach a broad cross-section of people for consultation. I've indicated the number of people that have been there. I've invited the members of the opposition to attend all of the workshops. The only person of the opposition that has attended was an ex-member of legislature, the mayor of Semans — the only one.

I'll stand in this legislature and defend the value of those consultation meetings. I'll share the results of those consultation meetings with any of the members. The new directions paper that has gone out on the direction that home care should be taking to meet the needs of this province in the next few years came directly from those consultation meetings.

The Christmas advertising, I've explained three times. If they question the validity of that, so be it. So be it. I stand by the Christmas advertising program. I'm pleased to see that the people of Saskatchewan support it, and from that research we know that we can certainly do it again and again, because it's hitting the mark and doing the job.

Here is the directions program. *Saskatchewan Home Care — Future Directions*, came exactly right out of the consultation meetings of the good folks in Humboldt, P.A., Yorkton, and North Battleford. I could also share the letters with the members of congratulations from many people many people in the medical community, the health care community, that support this type of document. I don't take the credit for this document. I give that credit to those people who would take a day out of their busy lives: senior citizens — people in wheelchairs, many of them — doctors, nurses, all of them that came together with us and with my staff to discuss the important long-term care directions of this province.

**Mr. Tchorzewski:** — Mr. Minister, we might get around to asking you about the consultation meetings later this evening. Right now, we're asking you about a survey which you had done through your department, which was carried out by Tanka Research, which happens to be the Progressive Conservative Party's polling firm. That's what the questions are about today.

And you have handled this question in the same way as you handled the questions about waiting lists and which you refuse to provide information, the same way in which

you have handled the questions that the member from Athabasca was asking about with regard to whether a certain project of your department was tendered or not tendered. And I know you will say that it was the Department of Supply and Services and we will certainly ask the question there. But are you going to sit here, and stand in this House and say that once you, as the Minister of Health, have requested the Department of Supply and Services to do a project for you, neither you nor your officials bother checking up to see how it is going, what was done, how much money was spent? You cannot kid the troops anywhere at any time about that kind of an issue.

You continuously refuse to provide information on relevant questions that are asked in this Assembly. You've done it since the first day of your estimates have begun, and you're doing it again today.

Now whenever you get run into a corner n you don't want to provide information, you make a speech. And if the speeches you have been giving are the speeches that have been written by SJM Communications, which we will be asking about as well later today, if those speeches that you give are given by them I think you're spending pretty bad money. Because you'd better look for somebody else to be writing those speeches so that they sound at least partially credible.

Mr. Minister, are you saying in this House, in answer to the questions, that you spent \$37,000 — \$37,000 to Tanka Research — simply to find out, and nothing else, how certain ads which your department was running were doing? Is that what you're saying you spent \$37,000 for? That's the question.

**Hon. Mr. Taylor:** — Well, first of all, them ember opposite hasn't been paying attention to whatever was discussed. You know . . . (inaudible interjection) . . . And you know I find it shocking that a man who once was a Health minister, once was a Finance minister of the government, doesn't understand that government services are responsible for government buildings. I mean, I find that appalling. I don't know how you operated as a cabinet minister. If you don't know, after the amount of years that you were in government, that government services are responsible for government buildings, I don't know where you've been.

I can understand how you were writing moratoriums and cutting back in health staff. Certainly, I can see that, because your grasp of how government works is sadly lacking.

Certainly, I explained earlier, that the money was spent to track the Christmas advertising on alcohol — very, very successful. The second thing, and you failed to listen to this, was that we asked to devise a system by which we could contact the people of this province, to put together a system that would touch various people who have never been touched before by government to get them together in the best method to sit down and consult on long-term care.

Now you question that 2,500 people at five meetings is not successful. Well, that's your vision. I think it was.

They were the people that did this tracking to see where we should be touching and what kind of a mailing and consultation service would you develop to get those people out. That's the type of thing.

You know, Mr. Chairman, it's shocking. I mean, he was the Finance minister of the government. No wonder they lost. He doesn't realize to this day — he doesn't understand that government services are responsible for government buildings. That's what he stood and said here. He doesn't understand that.

It's very strange, very strange indeed, that a man could have two important portfolios and never really understand how the system works. No wonder that the government opposite was wiped out in 1982.

**Mr. Tchorzewski:** — Mr. Chairman, the minister is right. I happen to have had the good fortune of being both the minister of Health and the minister of Finance at one time or another prior to 1982. He's certainly right about that.

But I want to tell him something, that during all of that time, I never once, nor any of my colleagues, had to spend \$54,000 to hire an outside consultant to write speeches for us at taxpayers' expense, which is what this minister has been doing.

The other thing we never did is avoid answering questions. And the minister cannot stand up in this House and suggest that he, as a Minister of Health, does not know what's going on with buildings and projects, even though the Department of Supply and Services builds them, but they affect his department he doesn't know anything about them. If he doesn't know anything about them then, he is not doing his job.

I appreciate him clarifying what Tanka Research did the polling for. I want to say that. And if I'm correct, and the minister can correct me if I'm wrong, he said they polled to determine the popularity or the acceptance of certain Christmas ads over that period of time. He also said that the polling was done to find out what would be the best system to contact people in the consultation process. Those are the two things he said the polling did. Seems to me quite harmless. Seems to be nothing in there that should upset anybody.

If that's the case, Mr. Minister, why do you refuse to give to this legislature, so that the public of Saskatchewan, who paid for this project, can know the questions that were asked, the responses that you received to those very fundamental questions, and the analysis that was provided. Why do you refuse to do that? No other question, just one simple question.

**Hon. Mr. Taylor:** — Mr. Chairman, I've provided that information four times. I've indicated that the advice was to contact reeves, to contact mayors, to contact health workers, to contact people in social services, public health nurses, senior citizens, senior activity centres, all of those types of people. And we did that, and it has been extremely successful. And I'm willing to give the members opposite all of the information there that these people have said. Thank you for having these. Here's the directions. There's the program I held up a few minutes

ago, that came out of that consultation.

I have shared with them the findings on the Christmas advertising, which will save the taxpayers of Saskatchewan considerable money — because it costs a lot of money to put these television packages together. Here they're telling us, that one that you're using at Christmas, it's becoming synonymous with Christmas in this province. People are looking for that. It reminds them — it reminds them of the danger of drinking and driving at Christmas.

We see groups, clubs like Lions clubs and young people's groups saying we'll drive you home. People are taking a number of precautions to avoid driving and drinking at Christmas. And a lot of that comes from that advertisement.

It think it's money well spent to test the public and see if they appreciate what is being done and to ask them, do you think it should be done again. That is the . . . To spend that type of money, to save making another type of television production that might not reach your target audience as well as that, that is money well spent.

I've shared that with the members, and I stand behind that type of research to see that if we're spending the health care dollar<sup>xxx</sup> where it is reaching the public, and certainly we are.

**Mr. Tchorzewski:** — Well, Mr. Minister, let's agree to agree that the survey you took through Tanka Research got you the information that money was well spent to provide that kind of advertising. Let's agree to agree to that. We don't need to debate that. As a matter of fact, I think I saw some of the ads. They weren't all bad. That's not the issue here. If it was that positive, what you afraid of? If all of the responses you got said, yes, it's good, then certainly you should not hesitate to tell us and to tell the public what questions you were asked to determine what those answers were that you received, and indeed what their responses were.

We want to know, for \$37,000 worth, what questions were asked, what the survey was asking, and what the responses were. You've told us what your interpretation was, and I accept that. I don't know why I would do that, because anything else you've told us has been somewhat questionable in this estimates so far, but I'm prepared to do that for the sake of doing away with that argument. Now, I ask you one more time, Mr. Minister: will you table in this Assembly the survey that was taken by Tanka Research, the questions that were asked, the responses that were provided, and the analysis made? And if not, why not?

**Hon. Mr. Taylor:** — Mr. Chairman, I have told him the outcome of the research time after time. If he wants to keep asking the same repetitive question, I will give him the validity of the Christmas advertising. I have told him the success on how we set up the consultation workshops. If there is any . . . That's all I have to explain about it. Certainly I'll go through it time after time. As many times as he wants to ask, I'll give him the answer. But the answer has been repeated. We can be here a long time. That's quite okay

with me. We can spend all night. You just keep asking the same repetitive question because . . .

Do you know what this tells me? This tell me when you have an opposition opposite, a weak opposition that can only ask repetitive questions, and the main issue on their plate in this session of the legislature has been jelly beans, socks, and clucking like chickens, that tell s me of the sincerity and the depth of knowledge on that side of the House.

I've been in here for eight years, and never in my life, Mr. Chairman, have I seen members in this House cluck like chickens. I went home the other night and I had constituents phoning me and asking me just what on earth was going on. If jelly beans, socks, and chickens, and repetitive answers is the height of the opposition, then I think this session of the legislature should draw to a halt quickly.

**Mr. Koskie:** — Thank you, Mr. Chairman. The boys are in great spirits tonight. You know the fact is that the Premier decided . . . He chickened out and decided not to call an election, so it has relieved them of their pains and their anticipation of being defeated.

I would like to address a few questions, Mr. Minister, to you, in respect to a topic that is rather important to the young people and to the parents of this province and that has to do with alcoholism in the province, and basically your position as the Minister of Health related to the question of the amount of alcohol advertising that is going on.

And what I would ask you specifically, Mr. Minister: first of all, what is your position? Are you concerned with the degree and the amount of advertising and the promotion of alcohol beverages that we see on our televisions and our young people are exposed to?

So first of all, I really want to ask you whether you have had an opportunity to assess the impact of the advertising promoting alcohol beverages. And I'd like you to indicate whether you have done any studies, whether or not you have had any of the organizations, churches or other groups, contacting you indicating concern in respect to the amount of advertising, vis-à-vis alcoholic beverages.

Certainly it has been raised, brought to my attention. It has been brought to my attention by educators. It has been brought to my attention by members of religious orders, and certainly by parents, and indeed by some young people, and of course by the legal profession and the judges. I think it's a very major concern to society.

And so I ask you, Mr. Minister, what is your basic position in respect to it? Are you not in fact concerned with the nature and the type of advertising which really promotes it relative to sports activities and being one of the boys in society, so to speak? So I'd like you to lay out your position as Minister of Health, and your government's portion, in whether or not you have in fact had the opportunity to re-evaluate it.

**Hon. Mr. Taylor:** — Well the member opposite asks me if I had been contacted by any church groups regarding



alcohol advertising. I recall one night of meeting with a number of church groups, along with an organizer of the NDP party by the name of Don Faris. We had a meeting that night that Mr. Faris tried to orchestrate, which blew up in his face. So that was the one contact that comes to my mind with church people.

Certainly the issue of alcohol consumption, as I stated previously in my questions regarding the Christmas alcohol advertising, indicates the concern that we have as a government towards the consumption of alcohol. I am pleased to see that Saskatchewan has led in the country in the insistence that there be advertisements of a positive nature that would come on the television to indicate the dangers of drinking. Fifteen per cent of the advertising is of that nature within this province. So I support that.

(2100)

I'm also very pleased to see that the liquor consumption patterns in Saskatchewan have been declining, that there has been no indicated appreciable increase in the consumption over the last few years, that the drinking patterns of the young people in Saskatchewan are similar to what they were 10 years ago. I think these could be improved. I don't question that. But certainly there is no substantive research to show anything different than in Saskatchewan the per capita consumption of alcoholic beverages, absolute alcohol, declined by 4.8 per cent between '79 and '80 and '83-84, and sales by volume have increased 0.7 per cent; but the population 15 and over increased faster than 5.7 per cent. So I think that certainly the educational aspects of the ads is having an impact and I'm pleased to see that Saskatchewan is leading the way in that regard.

**Mr. Koskie:** — Well, I'd like to ask the minister: does your department monitor the nature and the type of advertising that is done in respect to the promotion of the use of alcohol beverages? And I ask you, if indeed you do monitor it, are you satisfied with the quality of the type of advertising that our young people are exposed to?

**Hon. Mr. Taylor:** — I watch very few ads and very little television myself. I understand that it's the Liquor Board . . . I watch very few of these myself. But the Liquor Board is the group and government that are responsible for monitoring and making sure that the 15 per cent mark is being met. My indications are that in excess of 15 per cent of the educational type of advertising is taking place.

**Mr. Koskie:** — Mr. Minister, last year I asked you if you could me a figure as to the cost, the health costs for alcohol-related treatment. And I recall you supplied me with that information. And the cost, as I recall, and you may correct me here, but it was somewhere around \$7.5 million. I want to ask you whether you feel that that cost could in fact be reduced substantially if in fact your department were aggressive in putting forward a preventative type of approach to the use of alcohol, and in fact taking a position of not allowing the nature and the type of alcohol ads that are presently being put forward.

**Hon. Mr. Taylor:** — The figure that you're referring to is the budgetary figure for SADAC — that the Saskatchewan Alcohol and Drug Abuse Commission.

And of course, I think you must realize that advertising is certainly not responsible for that total budget. There's many things . . . There's many people out there suffering from many addictions that this commission does some very good work for.

I think it would be interesting to note that Saskatchewan actually has set the scene for new regulations that my colleague, the Hon. Jake Epp, is trying to bring across through the CRTC (Canadian Radio-television and Telecommunications Commission) across Canada. Jake Epp has approached the CRTC to have a system of public education on alcohol advertising based entirely upon the Saskatchewan model. He is proposing that the CRTC at this time, and I support Jake Epp very strongly on that. To that end, I would like to inform the House that as of today I sent the following telegram to the Hon. Jake Epp, Minister of health and Welfare of Canada. It says:

My Dear Mr. Minister: I congratulate you on the initiatives outlined in your recent submission to the Canadian Radio-television and Telecommunications Commission on alcohol advertising on radio and television. The recommendations put forth in the brief are progressive and promote healthy lifestyles and education which I fully support. We are very pleased with your recommendation that alcohol advertisers devote 15 per cent of commercial time to health promotion messages on a national basis as the Government of Saskatchewan initiated in 1983, and the restrictions on content which reflect the actions taken by my government. Again we commend you on your initiatives on this issue and hope that the CRTC implements your recommendations in the near future. You can count on my support in any future actions on this very important issue.

I will be meeting with Mr. Epp later this month in which we will be discussing the new patent protection Act on drugs as I explained to the Leader of the Opposition, our stand on that, on the first night of estimates. I will also be discussing this with Mr. Epp and lending Saskatchewan support to bringing in that type of health promotion advertising, at least 15 per cent, to be done across Canada. I think we in Saskatchewan should be proud to see that the federal government are following our initiative in this field.

**Mr. Koskie:** — Mr. Minister, you indicated that, and you seem very proud that what in fact you are doing here is that you had 15 per cent, that was advertising, indicating the possible bad effects of use of alcohol . . .

**An Hon. Member:** — Moderation.

**Mr. Koskie:** — Moderation . . . 15 per cent of the advertising, and you also went on to say there has been a decrease in the amount of consumption. I guess my question to you is that: are you perfectly satisfied then, having said that, that the amount of advertising is not having a harmful effect upon our young people, and that the decrease is solely as a result of this magnificent 15 per cent anti-drinking advertising as opposed to the 85 promoting it? Or would you agree that the decrease in

some of the consumption of alcohol is more directly related to the economic conditions of high unemployment, and welfare, and people without enough money to even go to a beer parlour to have a beer, really is the fact?

So really what I want to know is — I'd like you to put it as succinctly as you could — whether you are indeed satisfied with the 85 per cent advertising promoting it, and that 15 per cent against it and that it's decreasing because of that 15 per cent. I just want to know your position, whether you think that the young people of this province are really getting a fair deal when it comes to the advertising and the promotion of alcoholic beverage.

**Hon. Mr. Taylor:** — I think that certainly, and I'm advised that in Saskatchewan with the monitoring the liquor commission is doing, that it's actually more than 15 per cent, and I congratulate the television stations that are . . . (inaudible interjection) . . . Yes that there is actually more than 15 per cent taking place. So I would say I think that's very commendable.

Secondly, I am pleased to see that the level of consumption is decreasing, certainly. I am pleased, and as I said with Mr. Epp, Mr. Epp's suggestion is that over time there'd be more education and perhaps over time we can have a greater percentage of this health promotion advertising. I must say that there wasn't any of this previously. We know that there was advertising in the magazines and so on. At least we have 15 per cent positive and there's more than 15 taking place in Saskatchewan.

I wouldn't stand here and say that I'm satisfied with the scene as it is today. I think we have a responsibility — all of us as legislators — to work towards a situation where we can improve the whole aspect of education about the various serious dangers of not only alcohol but of drug abuse by our population and especially our young population.

To that extent, Mr. Chairman, I'm pleased to say that we've put in place, and the report is in to me and soon to be released, a report on youth alcohol and drugs in Saskatchewan. And that committee that worked so diligently on there, went into a number of high schools, spoke to over 300 students, had over 144 briefs and hearings and have, I believe, grabbed the essence of the problem in Saskatchewan and have brought some very sound recommendations to me as the minister and to our government, which we will be implementing as the time unfolds — some of them immediately, some of them more in the long range. But certainly, Mr. Chairman, as the Minister of Health, if I wasn't concerned I would never have commissioned the report. I'm pleased that the report is in. I'll look forward to taking action upon it.

**Mr. Koskie:** — Thank you so much for that brief and concise answer. I would like to ask you just one more time: are you satisfied with the liquor advertising content, 85 for, 15 prevention? That's what I'd like to ask you without a long speech. Could you indicate whether you're satisfied or whether you're, as a Health minister, promoting an increase in the amount of preventative advertising, encouraging people not to use it rather than encouraging it in every sport event that you see on

television?

**Hon. Mr. Taylor:** — Well, Mr. Chairman, I see the member opposite takes exception to my answers. Mr. Chairman, I think it's noticeable. I don't ask him what questions he should ask me. I think I have the liberty to decide on the answers I will give him. It seems only fair and decent to do that. Certainly, he said, are you satisfied. I think the very fact that as Minister of Health I would commission a study to look into the seriousness of drug addiction, of alcohol and drug combinations and misuse, is a concern to me as the Health minister of this province.

When I have high school teachers coming to me and telling me that there are young people hooked on drugs, not attending school, dropping out, committing crimes to get money to purchase drugs, certainly as a responsible citizen of this province, as a member of this legislature, and as the Minister of Health, I am deeply concerned. To that end, we have investigated, we have found out from experts in the field what recommendations we should be making, what actions we should be taking. So obviously, to the member opposite, I am concerned and we are going to be doing something about it.

**Mr. Koskie:** — Mr. Minister, you indicated that you have commissioned a study in respect to it. I'd like to ask you who did the study — the composition of the staff or who did the study; the nature of it, of that study; when in fact the study was commissioned; and is the study in fact completed; and could you in fact provide us with a copy of the study?

**Hon. Mr. Taylor:** — I believe I instituted the committee in September. They reported to me just a couple of weeks ago. The report has come in to me. I haven't released it yet. I will be in the very near future. And when it's released to the public, I'll make sure that each and every one of you get a copy of it.

The members of the committee was what you asked. The chairman was Mr. Bill Davis, a private citizen from Weyburn, a man who's involved in the Lions. The lions have — I don't know if you know of the Quest program that they have in some of the high schools. It came out of the United States. It's a program . . . The member for Regina North East may be aware of this, that the Lions clubs are putting into the various high schools of Saskatchewan, I think, a good program on drugs and alcohol. Bill Davis has been very instrumental in that. So we chose him as the chairman.

A student representative on the committee was Neda Al-Katib from Davidson, was one of the students. Dolores Ast was on from the Department of health. Frank Dornstauder from the Department of Social Services was on the committee. Tim Greenough from Saskatchewan Health was on the committee. Steuart Herman from the Saskatchewan Native Alcohol Council Corporation; Robert Kennedy from the Royal Canadian Mounted Police; Gerald Kleisinger from the Saskatchewan Department of Education; Glenda Klombies of Parent Resource Institute for Drug Education, or better know as PRIDE; Corey Liebrecht, a student representative; Ethel Quiring from the Saskatchewan Teachers Federation; Carol Skelton from the Saskatchewan Alcohol and Drug

Abuse Commission; and Doug Switzer from the Rainbow Youth Centre.

(2115)

The report has just come to me. It will be . . . In a very short time, I will be making it public. I am just presently sharing it with some of my cabinet colleagues. And as I said earlier, when it is public I will end each and every member of this Assembly a copy.

**Mr. Koskie:** — I want to ask the minister whether he could provide us with the cost of the study that he refers to.

**Hon. Mr. Taylor:** — We don't have them all tabulated yet, but I can assure you it is minimal. The cost would be the travel of this group to various parts of the province. And they didn't all go to each hearing; they split up and went there. I think there would be a per diem for some of them, some costs to do with accommodation and meals when they were out, and then the other portion of the costs will be the printing of the report — but very minimal costs as far as reports go.

**Mr. Koskie:** — Well could you undertake to provide us with that when that's tabulated?

**Hon. Mr. Taylor:** — I will provide it for you just as soon as everything is in. My officials tell me that not all the people have submitted all their chits at this point in time. So I couldn't give you . . . We could probably give an estimated figure fairly quickly, but for an exact one I'd have to wait till all the expenses got in.

**Mr. Koskie:** — I want to turn to another subject. And I ask the minister: in respect to some of the basic health services that we have in Canada, I think there is certainly some advantages to having some standardization of the quality of health services throughout Canada, in the various regions of Canada, whether the province be a wealthy province of Ontario, or Alberta, British Columbia, or otherwise, or less affluent perhaps in Newfoundland.

And steps have been taken in the past to bring about some standardization of quality of our health care system. And I think the concern, Mr. Minister, that we have is the actions of your counterpart in Ottawa, the federal government, in respect to the established program funding. I think it is a major concern, what is happening in respect to the established program funding. Because we find that, in the May 23 budget by Mr. Michael Wilson, he said that he wanted to cut the federal transfer payments to the province by \$2 billion by the year 1990-1991. And he has implemented that proposal and the federal EPF (established program funding) reduction is now taking place. I guess the first question I want to ask you is: as a result of Mr. Wilson's budget of May 23, what is the calculated loss of EPF funding which would be apportioned — well, the total cut if you have that because it's apportioned to higher education, and it's apportioned to health.

So if you can give me the total loss as a result of the Wilson budget to the province of Saskatchewan for this year, and if you can give me the total loss of revenues as a result of the Wilson budget, towards the funding of health here in Saskatchewan.

**Hon. Mr. Taylor:** — The Minister of Finance is presently in negotiations and discussion with the federal Minister of Finance on this. I think it would be pretty difficult for us to put an exact figure on what the reductions would be for health. Certainly from our provincial point of view we would be pleased to see if there would be no reduction. But it's in discussion and negotiation between the Finance departments of the federal government and the provincial government at this time. So to give an exact figure, I wouldn't be able to.

(2045)

**Mr. Koskie:** — Well, Mr. Minister, in drawing up your budgets you're obviously going to have some less money for Health, and in drawing up this budget here you had to make a calculation. Did you make any calculation as to the decrease as a result of the federal budget in respect to established program funding? I don't know how you can draw up a budget without having known, because it's set out in the federal budget as to the amount that is going to be cut. It would appear, from our calculations at least, but perhaps I'll ask you . . . I would certainly think that your officials . . . You may not know the exact number, but can you give us an approximate amount, a loss of funds as a result of the cut-back of the established program funding from the federal government as result of the Wilson budget? It doesn't have to be the exact cents. But surely you have an approximation.

**Hon. Mr. Taylor:** — When we struck our budget we did it without any consideration of a cut-back from the federal government. We have given a considerable . . . And I think you realize 11.6 per cent increase in health care spending is a considerable increase in these times. We did that. We will honour that commitment. We don't know how much the decrease due to the Wilson budget will affect us. So I don't know how we could set a budget based on that when we are not sure how much that reduction will be.

But I can assure you and you, Mr. Chairman, and the people of this province, that we have put an addition of 11.6 per cent into the health budget of the province of Saskatchewan and that will be provided regardless of the impact of the Wilson budget on the EPF funding.

**Mr. Koskie:** — Well are you saying then that so far as funds from the federal government, in your budget . . . You're saying that you have over 11 per cent increase in the budget. That's what you are saying. And what I'm asking you: could your estimates be, in fact, inaccurate in that you have not in fact taken into account a decrease in the amount of funding that you will receive from the federal government? I want that cleared up.

**Hon. Mr. Taylor:** — The revenue doesn't come into our budget, it comes in . . . The EPF funding comes into the Consolidate Fund through the Finance department's budgeting.

Our budget indicates that we are spending \$1.2 billion in health care in Saskatchewan regardless of the source of that money. That is up to Finance to negotiate that with the federal government. Our commitment is that we will

spend 11.6 per cent more on health care this year than we did last year. That's \$1.2 billion. That's sound. That's our commitment. That's \$1,200 for every man, woman, and child in the province of Saskatchewan.

**Mr. Koskie:** — Well, I guess I want to ask you . . . I don't want your long dissertation again. What I really want to know is: have you got concerns over this very drastic decrease and its contribution in its established program funding? I want to ask you: what is your position? Have you met with the federal counterparts? Have you any concerns as to the direction and the undermining of the universality of our medicare and our hospital service, if in fact the federal government starts to underfund the services? Let's face it. Under the established program funding a very, very significant amount of funding came from the federal government. Do you have any concerns? Have you met with your federal counterparts to put a position forward in respect to the very significant amount of cut?

On our estimation here, we find that the loss to Saskatchewan, in approximation, there's going to be a \$2 billion cut in the EPF by 1990-91. And we can estimate out of that, in Saskatchewan . . . It will be about \$100 million impact on Saskatchewan by that year. We calculated out as Saskatchewan having about 5 per cent of the population, and if you calculate it out on that basis you'll find that it's about \$100 million by 1990-91. Now that's a very, very significant cut in its contribution to the standardization of the hospitalization and health care across the country.

And so I ask you, Mr. Minister, what has been the position of your government in approaching our federal counterparts in this so-called co-operative federalism while they are taking actions to undermine the basic medicare and health care in Canada? What has been the position that you have taken to protect our health care system?

**Hon. Mr. Taylor:** — Well, certainly, I remember last year at the Health ministers' conference all the ministers in Canada discussing the funding of health care with the federal minister and indicating that we did not want to see a reduction from the federal side. But I can assure you that my colleague, the Minister of Finance, has been in consultation with the federal Department of Finance, and I've sat beside my colleague for eight years in this legislature. I know him very well, and I think if there's a man in this legislature that can get a fair share for Saskatchewan down in Ottawa, two of them sit very close to me right here — the Premier of the province, who was in Ottawa the day before yesterday fighting for the farmers of this province, and the Minister of Finance who is very, very capable of articulating the Saskatchewan position, and I can assure you is a gentleman that won't back down when it comes to fighting for what we need in this province of Saskatchewan.

**Mr. Koskie:** — Well isn't that just an absolutely wonderful statement: that we see we're going to be losing substantial amount of money through the cut-backs by the federal Tory Party government. And he stands up and says, well I met, and I said we didn't want any cut-backs. No, no, we would like to have the same funding.

But the reality, Mr. Minister — after you have said that — the federal government said, we're going ahead with it. Are you not concerned that the quality of health care and the standard of health care that was provided by all provinces as a result of the major funding by the federal government will be undermined? Do you not have a concern in respect to it?

**Hon. Mr. Taylor:** — Well, I think if you want to know if I'm concerned about expenditures in health care in Canada, I think you want to look at the fact that this government this year has put \$126 million more into the health care budget of this province than in the previous year. And we have led other provinces year after year. I don't believe there's a government in Canada that has a greater commitment to health care than the Devine government in Saskatchewan. One hundred and twenty-six million dollars, 11.6 per cent into financing health care, and the member opposite stands up and says, are you concerned about spending money on health care.

(2130)

Certainly we're concerned. We're leading the nation. One point two billion dollars is our expenditure in health care. I'm concerned about any cut backs. My colleague is concerned. And I have said that I believe the discussions on EPF funding handled by Gary Lane in Ottawa are in good hands. I have confidence; my colleagues have confidence. And I can tell you that Saskatchewan's position will be articulated in a strong manner, in a convincing manner, and he will stand up for Saskatchewan, as I will in health care, as our Premier has done in agriculture and oil, and has led — and has led Canada as a leader in these type of initiatives.

No other premier — no other premier in this country has a permit book. No other premier in this country has the guts to take on agriculture as the Minister of Agriculture. I would challenge the NDP, when their leader ever went — ever went to Ottawa to talk about agriculture.

**Mr. Koskie:** — You know, getting a Tory to guard and protect our health care is like getting a fox to guard a chicken coop.

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

**Mr. Koskie:** — That's exactly what we have. And I'll tell you, to the people of this province, and I want them to know, that the health care that we have known, and that Tommy Douglas put into place, is going to be undermined.

The minister stands up and says, we spent over a billion dollars in health care. I'll tell you, he hasn't paid for it. And he's \$2 billion in debt. What he has taken is the taxpayers' credit card and has tried to buy their votes until the next election is over with. And at that time the cuts of the federal Tory budget will take place. And I'll tell you, my friend, health care cannot be sustained properly unless you have good solid substantial assistance from the federal government. And I'll tell you, the people of Saskatchewan know what you're up to because they know what Tories are.

And I want to remind the minister that there's the Nielsen task force report. Now that is an interesting little report that also deals with health care. And do you know what it recommends — do you now what it recommends? I'll tell you what it recommends. The study team recommends to the task force:

That the government, in collaboration with the provinces, consider changing its role from a focus on provincial illness treatment programs to one that emphasizes personal responsibility for one's health through healthier life-styles, illness, disease prevention and so on. This would involve, *inter alia*, partial federal disengagement from the financial, or direct substantive influence on provincial illness treatment plans.

What does that mean, Mr. Minister? Have you read the Nielsen report as it relates to their thrust in health care? I ask you: have you read it, and are you concerned? And I ask you what representations have you made to protect the health care for the people of this province which was put in place by the New Democratic Party, which was founded by Tommy Douglas, which was built by New Democrats? — and I will tell you will be protected by New Democrats whenever a Tory government tries to undermine it, as they are doing in Ottawa.

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

**Mr. Koskie:** — So I ask you, Mr. Minister: have you read the Nielsen report? Have you read that? And what is your response to the direction that they're going to get out of the direct funding of health care?

You don't even know how much it's going to cost the health care system here by the cut back of the \$2 billion. You haven't even calculated it out. You haven't even read the Nielsen report. You don't even have a position on it.

So I ask you, Mr. Minister: what is your position vis-a-vis the Nielsen report and the disengagement of the federal government in funds in the promoting and the development of a standardized health care across the country.

**Hon. Mr. Taylor:** — Well certainly, again I rise and the member opposite said, well, how do . . . you haven't even considered what the cut-back will be. Mr. Chairman, how do you consider what the cut-back will be when the negotiations are going on and no one knows if that cut-back . . . what size it will be. That amazes me. If there even will be one. There's nothing carved in stone saying you're going to get this much, Saskatchewan. My colleague is negotiating. He may be successful in convincing Ottawa that there should be no cut-back. So to stand here and say, how do you know? when negotiations are still going on is sheer, utter lunacy. How would you expect to know if you haven't come to a decision? I challenge them.

And you know I've heard him stand in here and he waves the Nielsen report and he hollers about the Nielsen report and how dangerous it is and so on. One of the things that . . . the preface of the Nielsen report is that it is a report and

suggestions only, and it will be done co-operatively with the provinces, and there will be a great deal of discussion before there's any implementation. For him to stand here and wave it around and make loud noises and gestures, as if the Nielsen report is ripping Canada apart, when the Nielsen report is just a number of suggestions — only suggestions — of ways the federal government can operate in the future, which are premised on the basis of dialogue and discussion and co-operation with the provincial governments; for him to stand up here and let on it's a *fait accompli*, and to wave it around and make large noises and protestations, is simply not in the best interest of this legislature. Because all it is is a discussion paper, and I can assure you, Mr. Chairman, and the other members of this House, that we will take an active part in discussing any of the concerns in the Nielsen report that pertain to health care.

**Mr. Tchorzewski:** — Mr. Chairman, this is a very fascinating display by the Minister of Health. I mean he has just again displayed with immense clarity how uninformed he is. If he doesn't yet understand that what the Nielsen report is recommending is already what the federal government is implementing, then he has not been doing his job, because all throughout that report, in various sectors, there are recommendations which simply, through the Deputy Prime Minister, gives sanction to what the federal government is already doing. And you know that, Mr. Minister, you know that very well. It's the same old story, whether it's a Conservative in this legislature or a Conservative in Ottawa, they say one thing, and they do something else.

Now let me just tell you what the Primer Minister said. The Prime Minister said two years ago, or he characterized medicare as a sacred trust. Those famous words of Brian Mulroney. Everything is a scared trust in front of the television camera and in front of the radio microphone. Well what's happened to that sacred trust, when today that trust is being threatened by unilateral cut backs in the federal funding for health care. And all that the Nielsen report is doing is supporting those unilateral cut-backs which are already taking place, and the minister says, well the Minister of Finance is negotiating.

What is there to negotiate? And if indeed this Minister of Finance of yours, Mr. Minister, is negotiating, then I simply ask you: don't you think he has failed miserably? Because for all his negotiations, what have the results been? The results have been a cut in funding through EPF for health and post-secondary education. That's the result of the negotiations of the Minister of Finance, into whose tender care you have totally given up the leadership in Health.

Now I want to say to you, Mr. Minister, that I regret very much hearing you say that you believe that you do not have a role to play in these negotiations with the federal government. Because to say that the ministers of Finance of the provinces and Ottawa are going to do the negotiations and you, like Caesar, will wash your hands of it all, is doing exactly what the federal government wants you to do. You know, and your officials particularly know, because they deal with the officials in Ottawa, as they should; and they no doubt do a very effective job. You know, because they have told you that unless you, as

the Minister of health, insert yourself into these negotiations, health is going to get a short shift in these negotiations. And if they haven't told you that, then they're not doing their job. But I happen to believe that they have told you that.

Throughout the years in this country, Mr. Minister, any time ministers and departments responsible for packages dealing with social programs gave up their responsibility to ministers of Finance, they lost. And the people who were the benefactors of those services lost as well.

You are now telling us in this House, by saying that you have nothing to do with these negotiations, that you're not interested in them. You are saying that you have given up the leadership in the health field. And I tell you, Mr. Minister, that that is dangerous. We're concerned about that. We're concerned about that because we happen to know what the results might be.

Now you tell me; have you made any contacts with the federal government, with your counterpart the federal Minister of Health, with regard to the threats to establish program funding? And what has been the nature of your submission?

**Hon. Mr. Taylor:** — Well, Mr. Chairman, I listened with interest again to the one-time minister of Finance in this province, and I fail to understand how he even made the portfolio work. He doesn't realize that the EPF funding, the established program funding, has always been the prerogative of the Minister of Finance, and it is negotiated between the ministers of Finance. And that's what I said my desk mate is doing with the federal Minister of Finance; he's negotiating that. And I have faith that he will negotiate a good deal.

They talk about the Nielsen report. Certainly the Nielsen report indicates new initiatives and prevention. I'm interested in talking about that. New initiatives in health promotion that the federal government may put more funds available for prevention and health promotion and the promotion of good life-styles. As Health minister, I'm anxious to sit down with my federal counterpart and talk about these things. I think these are new and exciting directions that we can be taking in health care in Canada. They ignore that. They don't talk about that.

Certainly there are things in the Nielsen report that I believe can be very, very fundamental to improvements in health care. They don't say that. They like to use the old scare method — try and scare people — as if their health care is going to be taken away. I tell you, Mr. Chairman, that a contribution of 11.6 per cent increase in this year's budget indicates that certainly health care in Saskatchewan is going to be protected. I say that a \$1.2 billion budget indicates that health care in Saskatchewan is going to be protected. I say that a \$1,200 expenditure in health care for every man, woman and child in this province indicates that Saskatchewan is going to protect the health care of its people.

And I just want to say — and that minister was minister of Finance in the previous government — that since 1977, when he was Finance minister, that the EPF has always been negotiated between the Finance ministers

provincially and federally. I can understand that when he went to Ottawa he maybe wasn't in on the negotiation because he was a little out of place in the big city probably, and probably the leader did all the negotiation in those days. But EPF funding negotiations between ministers of Finance has continued in this province since '77 when that member was the minister.

So certainly, I said earlier in this House, I'm scheduled to meet the Minister of Health in Ottawa later this month. We will be discussing many things pertaining to the delivery of health care in this province.

I have stated in the last two days our position — our position on the use of prescription drugs, on the protection situation. And as tonight I have read the telegram that I sent to the hon. minister regarding the advertising of liquor on the televisions across Canada. At our meetings we will certainly be discussing EPF funding, new initiatives, initiative where we have co-operated in the last while with the federal government on the "break-free" generation which is having a tremendous impact upon the young people of Saskatchewan and Canada and stopping smoking.

(2145)

I take credit for this for Saskatchewan because we led the nation in non-smoking initiatives. Saskatchewan has more non-smoking schools than any other province in Canada, and those are due to initiatives of the Health department on non-smoking with our young people.

So for the people opposite to think that Jake Epp — Jake Epp, who is a good friend of mine . . . I was a high school teacher in Wolseley, Saskatchewan, and Jake Epp was a high school teacher just out of Winnipeg in Manitoba. We share the same background. I count him as a very good friend, and I can tell you that I will work with him to try and bring about better health care in Canada. And some of the initiatives of the Nielsen report may be part and parcel — may be part and parcel — of that new system of delivery.

**Mr. Tchorzewski:** — Mr. Chairman, this is a very significant day in this province, because today we have heard from this government during the consideration of these health estimates that it is not making a sufficient effort to stand up for the whole concept of universal health care and medicare throughout Canada as we have known it — as we have known it.

We have here the Minister of Health, who is not prepared to accept the fact that along with the Minister of Finance — and yes, indeed, the Minister of Finance, whoever he may be, whether it's the member from Kindersley and now the member from Qu'Appelle — negotiates established program funding. But no minister of Finance from a province like Saskatchewan would be doing it alone, with the Minister of Health sitting there and saying, I really think he's going to do it; I don't have to worry about it. If the Minister of finance and that Minister of Health cared about what is happening to health care across Canada — because the federal Tory government is pulling out funding to the tune of \$2 billion over the next few years by 1990 . . .

Don't stand up in this House, Mr. Minister, and say you have not an aggressive role to play. Do you know the last time your government and your ministers stood silently by while a federal government went about changing some very significant programs? I'll tell you when it was. It was during the issue of the Crow rate debate. The silence, Mr. Minister, was so deafening that what has happened is that farmers today are paying a big price, and the main reason they are paying a big price is because you gentlemen stood by . . .

**Mr. Chairman:** — Order, order, order. Order! I don't think the Crow rate is the basis for our discussion here tonight.

**Mr. Tchorzewski:** — Mr. Chairman, I beg to differ. It's not the question of the Crow rate, Mr. Chairman . . .

**Mr. Chairman:** — Are you questioning my ruling? Order, order, order! The question for consideration here are the Health estimates, and the Crow rate has no significance in these discussions.

**Mr. Tchorzewski:** — Mr. Speaker, making an analogy between the negotiations of this government with regard to the Crow rate as being the same as the negotiations with this government . . .

**Mr. Chairman:** — Are you challenging the Chair? Are you challenging the Chair? Are you challenging the Chair? If you are challenging my ruling, then I guess we will have to call in the Speaker.

**Mr. Tchorzewski:** — Mr. Chairman, I am making an analogy about negotiations with regard to health funding that are not taking part, and they're not being undertaken by this Minister of Health and this government adequately, in the same way as they were not taking part when the similar kind of situation existed with regard to the Crow rate. That happens to be within the rules of this House, and that's the analogy I'm making. And what I'm saying is this: that if this government and this Minister of Health sits back as silently as he has been doing in these negotiations on EPF, as this government sat back on the negotiations with regard to the Crow rate, the same thing is going to happen to universal health care in Canada . . .

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

**Mr. Tchorzewski:** — . . . the same thing is going to happen to universal health care in Canada and national standards across Canada, as has happened to the Crow rate which the farmers of this country and this province and western Canada have lost. And today they are paying the price.

Now, Mr. Chairman, this Nielsen Report, which the minister referred to, and he refuses to refer to the other significant part said:

That this would involve, *inter alia*, partial federal disengagement from financial, or direct substantive influence on provincial illness treatment plans, leaving the provinces to the fullest extent possible, responsible for raising

revenues for the cost control of their health insurance system.

And the minister refuses to say that that is important and that he has a role to play in negotiating so that this does not happen.

He said that the Minister of Finance is going to negotiate. Well let me tell you, Mr. Minister, what has already happened. Here is the budget, the federal budget, Mr. Wilson's budget. That gentleman, with your Minister of Finance, is going to negotiate with, or supposedly has already, without any help from you, because you're going to sit by and hope that Mr. Epp is going to standby and defend Saskatchewan. Heaven help us, if that's what happens.

But already, before these so-called negotiations have even gotten anywhere, the budget states, from Mr. Wilson:

To achieve in major transfers to the provinces, to achieve a balanced package of expenditure reductions and spread the burden of expenditure reductions fairly, the government will be seeking reduction in transfers to the provinces of about \$2 billion by the end of the decade.

And are you prepared to stand up in this House and say that that's not significant? Are you going to stand up in this House and say that the fact that Saskatchewan will lose out of that about \$100 billion a year shouldn't cause you to think that in these negotiations that's probably one of the most significant items that you should be doing something to make sure that Saskatchewan people's interests are protected.

You're going to turn it over to the gentle and tender mercies of the Minister of Finance, who is going to be more interested in what he's doing with his deficit than he's going to be interested in what's he doing with your health programs, which you're supposed to be providing some leadership for. And you're not.

Mr. Minister, I suggest to you that if you haven't already made submissions — because you have been the minister for four years — if you haven't already made submissions to the federal minister about concerns with regards to cut backs in established program funding, you have been negligent in your duties and your responsibilities. And you have failed the people of Saskatchewan. And so I ask you because I don't want to believe that. I happen to have a certain amount of respect for you and the work that you've done, and I don't want to believe that. So I am going to ask you if you have taken any effort, telexes or letters or other forms of communication to the federal Minister of health with regard to the threats that are coming up on medicare and health care? Will you be prepared to table that communication so that we can see what you've have done?

**Hon. Mr. Taylor:** — Well certainly, Mr. Chairman, I think if you look over the actions of this government in health care, you can see many of the things that we have done. I mean that's obvious to anyone in the province of Saskatchewan. If you look back at the records we

described the other day, in nursing home construction, in hospital, now in staffing, new co-operative programs; we could go on and on. I could go on with a whole litany of things that we have done in health care.

The member opposite says, have you negotiated or have you discussed or have you talked to the Hon. Jake Epp? I told him that Jake Epp and I talk many times about issues.

I indicated to him that when I came to the patent protection and the use of generic drugs in the drug plans of this province — last year it was at the Health ministers conference — it was put on the agenda by Saskatchewan, and I led the discussion, and as you see, and I showed in the estimates the other night, we have telexed Mr. Epp to show that we would not approve of any type of an extension that would bring costs to the drug plan of Saskatchewan.

Also, tonight I read out another letter to him, or telex, where we are urging him to go ahead with a type of restrictions on advertising on liquor across Canada. So I think you can see that we are certainly in constant communication with them. And secondly, I have said we will be meeting at the end of this month, in which we will be discussing a number of issues. Certainly we will be discussing the Nielsen report. We will be discussing funding of health care in this country. We have at every Health ministers conference that we have attended.

At least with Mr. Epp, he stays in the same room and talks to us. We never had that type of possibility with Monique Begin; she wouldn't even meet with us. Jake Epp is a gentleman who calls us down and says, look at fellows, let's address this together because we believe that Jake Epp wants to improve health care in Canada. I believe that strongly. I know Jake Epp as an individual.

So for that member to stand up and say that we will not take our part in leading in Canada, in safeguarding the health care of this nation, is certainly a misdirection, an attempt to mislead.

I just want to point out, in connection to the Nielsen report — I want to point this out — you know they take the Nielsen report as if it is the last chapter of the Bible. They seem to think it's the last chapter of the Bible. I want to give you a little illustration, because I said the Nielsen report is a discussion paper as to new directions that can be taken within this country.

I know that the people opposite are bankrupt of any new ideas. Be it mortgages, be it tax reduction, be it health care, they couldn't think of a new idea if they were paid. That's the situation they're in. But just to illustrate that the Nielsen report is nothing more than a discussion paper. I believe one of the recommendations of the Nielsen report is to scrap the Hudson Bay line — the railroad, the Churchill line that goes up to Churchill — the Hudson Bay line to the Churchill line. Nielsen recommends scrapping that. Since the report has come out, do you know what the federal government has done? Don Mazankowski, the Minister of Transport, hasn't scrapped it. He's put \$17 million into upgrading the line. But they take the Nielsen report as a *fait accompli*, as the last

chapter of the Bible. There's a good example of where Nielsen recommends one thing, the federal government turns around and says, Nielsen, you're wrong on that recommendation. You're absolutely wrong. We're going to put the money into that railroad system.

**Mr. Chairman:** — Order, order. Could we have a little more quiet in here so we can hear the debate?

**Hon. Mr. MacLeod:** — I move that the committee rise, report progress and ask for leave to sit again.

**Mr. Chairman:** — Order. Order, order. The House Leader has requested permission to rise and report progress.

**A Member:** — Point of order.

**Mr. Chairman:** — Why is the member on his feet?

**Mr. Shillington:** — I want to speak to the motion. The House Leader made a motion, and I want to speak on it. Thank you very much; I shall be very brief.

I'll say to the Acting House Leader, you may run, but you can't hide. We are going to get back to this issue, and I'll tell you, you may adjourn it tonight, but we're going to get back to this issue and we're going to deal with it. This opposition is not going to let . . .

**Mr. Chairman:** — Order! Have you got a point of order?

**Mr. Shillington:** — Yes, I want to speak on the motion. I said that. This is a debatable motion and I wish to debate it. I will say to the government House leader, you may run but you cannot hide. This issue is worth an enormous amount of money; you people may not care, because you're not going to be in government that long. I'll tell you we care, and we're going to get back to it. So adjourn it if you like, but we're getting back to the issue just as soon as you people got the guts to call these estimates again.

**Mr. Chairman:** — Order, order, order. This is not a debatable motion. It has been moved. I do now leave the Chair.

The committee reported progress.

The Assembly adjourned at 10:00 p.m.