

The Assembly met at 2 p.m.

Prayers

PRESENTING REPORTS BY STANDING, SELECT, AND SPECIAL COMMITTEES

Mr. Shillington: — Thank you very much, Mr. Speaker. This is the eighth report of the Standing Committee on Public Accounts to the Legislative Assembly during the 20th Legislature.

It is also a special report in reference to a recurring matter arising in the committee. The matter is the refusal of the Municipal Employees' Superannuation Commission to follow the committee's, and indeed the Assembly's, instructions to prepare the commission's financial statements in accordance with the recommendation of the Provincial Auditor in his 1984 and 1985 annual reports to the Assembly.

The reservations of opinion as to the quality and accuracy of the commission's financial statements are made abundantly clear in the Provincial Auditor's 1984 report, and on pages 23 and 24 of his 1985 report, on pages 55 though 58.

Your committee passed a motion at its meeting this morning respecting compliance by the Municipal Employees' Superannuation Commission. The motion read as follows:

That the Municipal Employees' Superannuation Commission be required to prepare their financial statements in accordance with the Provincial Auditor's report of 1984 and to otherwise comply with the Provincial Auditor's report.

We adjourned the public hearing on the matter and agreed to report to the House this afternoon to present the committee's observations on the commission by their ignoring the office of the Provincial Auditor, the Standing Committee on Public Accounts, and especially this Legislative Assembly, which has concurred in the two previous committee reports dealing with the Municipal Employees' Superannuation Commission.

Your committee is as much concerned with the fact that the Municipal Employees Superannuation Commission's financial statements do not accurately reflect what the Provincial Auditor says they should, as with the commission's continuing defiance of the Assembly when it adopted the recommendation of the Public Accounts Committee.

At a public hearing into the Municipal Employees' Superannuation Commission by this committee on May 29th, '85, produced the following motion:

That the Public Accounts Committee recommend to the Municipal Employees' Superannuation Commission that the fund shall report its activities to show the financial position of the former plan, the financial position and the results of its annuity underwriting activity, and the financial position

and results of operations under the new plan, including a comparison of the new plan assets to obligations to pay allowances to new members, and for the municipal employees' superannuation fund to report back to the Public Accounts Committee as soon as possible.

The commission's administrators are still deficient in fulfilling this request.

A few personnel comments before I move the motion that the report be concurred in. The commission administers approximately \$100 million worth of assets, which are not assets of the Crown in that sense. These are pension funds belonging in part to municipalities and in part to employees of municipalities and some school boards.

We have not had an audited financial statement since 1982, which your committee regards as wholly unsatisfactory. The problem has been that the fund the commission administers is, in essence, two and three different funds. There are three different classes of employees. In the early '70s the nature of the pension fund of municipal employees — and this includes some school board employees, but we'll call them municipal employees for the sake of simplicity — the nature of the pension scheme was changed from a money purchase plan to a formula plan. And thus they went, in a sense, in the opposite direction from the public servants, who went from a formula plan to a money purchase plan.

The contributions for this come not from the treasury of the province, but from the municipal governments, the school boards, the employees. They were reporting the entire fund as if it were a single fund. And I'm over-simplifying a bit, but it's basically accurate.

The Provincial Auditor felt that since in fact the pay-out was different on the old pension scheme and the new pension scheme, the two ought to be kept separate. The Municipal Employees' Superannuation Commission, for reasons that were not satisfactory to the committee, took a different view. The matter was discussed at length in the spring of 1985 by the committee. We issued a recommendation which was crystal clear in its effect, and it was adopted by this Assembly, not that it's relevant, but after a comment by myself and, I believe, a comment by the member from Rosthern.

The commission, however, chose to go its own way. We felt — I think your committee felt, Mr. Speaker, that there are two principles at stake. One is that the . . . I think the committee was unanimously of the view that, with respect to the issue, the Provincial Auditor was correct. These are not our moneys; the financial statements ought to accurately reflect to the local governments and to employees what is in the fund. Of equal importance, however, was the fact of a commission defying the Provincial Auditor, but then when the matter we felt had been resolved by the Public Accounts Committee in the legislature, then continuing merrily on their way as if the legislature of Saskatchewan was merely a body advising them.

Some members of your committee, I think it's fair to say,

took umbrage at that position, and accordingly we decided to issue a special report. If the special report is concurred in, I think it will be an end of the problem with the Municipal Employees Superannuation Commission. I think they will now comply, I think, as well, we are establishing an important principle and that is that when reports of the Public Accounts Committee are concurred in by this legislature, they must then be treated by the agencies of government as if their ultimate authority had spoken.

To compare it to a private company — I suppose one might — financial statements are prepared, not for the board of directors but for the shareholders. In the case of public moneys, the financial statements are prepared, not for the members of the commission but for the public. The public acts in and through this institution, and when this institution speaks, to put it in the language of the private sector, the shareholders have spoken, and the officers must comply.

With those background comments, I will move, seconded by the member from Saskatoon Mayfair:

That the eighth report of the Standing Committee on Public Accounts be concurred in.

Mr. Katzman: — Mr. Speaker, just to add some notes that were commented by the chairman. To put it mildly, the committee is not at all pleased that the people who run the plan have decided to ignore the direction that this House and that committee has given them over two years. We do not argue with the benefits they pay their people who receive benefits. We argue with the way they report their funds, and that their annual report does not reflect the proper financial position of each of the funds.

For an example, Mr. Speaker: of the 200 per cent money that is put in, 100 per cent by the employer, 100 per cent by the employee — in other words, it's a matching share — presently the funds says it only needs \$1.656 to operate and pay out what's required. But what they do is: they report it and pay out in such a way that they violate the pensions Act, by not only paying a formula plan, but they have an equity plan for the extra money contributed; and then they use the equity put in by the employer, or the people of Saskatchewan in the R.M.s, to do other things with. The argument is not about those things, but is about the honest reporting, so that everybody knows where the dollar is being spent. And what the committee is saying is the Provincial Auditor is correct in arbitrating a dispute between the municipal employees and the Provincial Auditor. We say the committee is correct: cease, desist, correct yourself, and report your funds so that everybody knows what's going on. That's really what the committee said this morning.

As far as . . . There's several plans mixed into it, and we won't go into that here, Mr. Speaker. But our concern is one thing: the annual report that was tabled here must be accepted by the normal principle of reporting of the fund and the amount the plan has; if it has funds to meet its obligations; or if it has surpluses.

What we have asked, and I think we got an agreement that the department will get at it right away to correct it,

and that's what we're really looking for. We don't want to be ignored any more. Thank you, Mr. Speaker.

Hon. Mr. Andrew: — I wonder if perhaps the chairman of the Public Accounts Committee would accept the question. And what I would like to know before voting on this is the nature of that particular commission, how its authority works, and the auditor, and who does the auditing? Is it the Provincial Auditor; is it an outside auditor; and what are the reactions of the various municipalities who, I take, are the participants of this particular plan?

Mr. Shillington: — With leave of the Assembly, I'll answer the question. The commission is set up pursuant to a statute where the Provincial Auditor does the auditing. And as for the reaction of the municipalities, I doubt that any — perhaps that's stretching it a bit too far — I doubt that any would understand the issue, given the explanation they've got. One must appreciate — I'm sure the member from Kindersley appreciates — that the municipalities, if they've receive any explanation, have just received the explanation of the Municipal Employees' Superannuation Commission. I doubt that they've received the comments of the Provincial Auditor. I am not sure, written in the language which it must necessarily be written, if the report of the Provincial Auditor, even if they did have access to it, would be all that meaningful.

So I think we just simply don't have a reaction from the municipalities. But the commission is established pursuant to statute, and pursuant to statute the Provincial Auditor must do the reporting.

Motion agreed to.

INTRODUCTION OF GUESTS

Mr. Rybchuk: — Thank you, Mr. Speaker. It's my pleasure to introduce to you, and through you to this Assembly, 24 grade 8 students from Glen Elm Elementary School that is situated in the north-east corner of the constituency of Regina Victoria. They are accompanied by their teachers, Mr. Moleski and Mr. Thordarson, and are seated in the west gallery.

I hope that their stay here is both entertaining and educational, and I look forward to meeting them at 3 o'clock for pictures and refreshments. And I ask all members to welcome them here to the Assembly.

Hon. Members: Hear, hear!

Mr. Weiman: — Thank you, Mr. Speaker. It is a pleasure to introduce to you, Mr. Speaker, and to the members of the legislature, on behalf of my colleague from Kinistino, a group of 15 students, grade 10, 11, and 12, from the Dixon Lake High School.

I might admit, Mr. Speaker, I was a bit confused when I read the name of the town. I thought that with the water purification that we have here in Regina, they had renamed the town. These students are from Crystal Springs.

I look forward with meeting them after question period for pictures and refreshments. I know you will find question period informative. And I ask members of the Assembly to greet the students from Crystal Springs.

Hon. Members: Hear, hear!

Hon. Mrs. Smith: — Thank you, Mr. Speaker. Today I have the pleasure of introducing to you, and to the opposition also, seven students from Swift Current, accompanied by two teachers, Mrs. Diane Yee and Melon Whitney.

Mr. Speaker, this group is in what we call a job entry program. And for those in the Assembly that are not familiar with it, it's a very unique program and it consists of class-room experience tied with work experience. And I would hope that today they find some of the experience of this Assembly beneficial to their educational experience.

I look forward to meeting with you after, if you have any questions, and I would ask that this Assembly welcome them today.

Hon. Members: Hear, hear!

ORAL QUESTIONS

Price Drop in Initial Grain Payments to Farmers

Mr. Lingenfelter: — Mr. Speaker, in the absence of the Premier and the Deputy Premier, I will direct my question to the Minister of Energy who recently returned from Ottawa.

Mr. Speaker, my question to the minister is: in the face of the 20 per cent cut in the initial grain prices to farmers in Saskatchewan, when you, sir, went to Ottawa this week, can you explain why your message to the Government of Canada and to your friends in Ottawa was to force the price of gasoline and diesel fuel back up for the farmers who are already facing bankruptcy as a result of your federal government putting the price of grain down 81 cents. How did that make any sense to the farmers of Saskatchewan?

Hon. Mr. Hepworth: — Mr. Speaker, our record on working with Ottawa for the betterment of all Saskatchewan, in fact all Canadian farmers, is a good one, Mr. Speaker. And I think it's largely because we have a man like the Premier who himself is a farmer and understands the issues facing farmers today.

Mr. Speaker, had it not been for our Premier and the efforts by other federal MPs in Ottawa, I doubt that farmers today would have access to an interim grain stabilization pay-out that helps cushion the effects of lower world wheat prices.

Mr. Speaker, if it wasn't for this kind of co-operation, we wouldn't have capital gains tax removed. Mr. Speaker, if it wasn't for that kind of co-operation, we wouldn't have had drought payments made; we wouldn't have had flood payments made. And when it comes to the issue of gasoline prices, Mr. Speaker this government's record,

this government's legacy to Saskatchewan farmers, to Saskatchewan consumers, Mr. Speaker, is clear. Gas prices go down, gas taxes go off, oil royalty benefits get passed back to our farmers; that's the legacy of the PC government to the farmers of Saskatchewan, Mr. Speaker.

Some Hon. Members: Hear, hear!

Oil Prices

Mr. Lingenfelter: — Mr. Speaker, supplement to the minister. What the farmers in my area are telling me is they don't understand the position of the Premier when he makes public pronouncements that he's going to force Sheikh Yamani to reintroduce the cartel to force oil prices up. They don't understand that. And what I want to ask you, sir, is whether or not you agree with the Premier's position that the oil companies are in such dire straits in Canada and Saskatchewan that the farmers and the consumers should be paying more at the pump for gasoline and diesel fuel in order that the hard-pressed oil companies should have more.

Hon. Mr. Hepworth: — Mr. Speaker, my recollection of the only people making a clear call for minimum or floor prices for oil in this country are the NDP in Ottawa. That is the only people I have heard clearly calling for a minimum oil price, Mr. Speaker.

What our Premier has said — if we want to get the facts out on the table, Mr. Speaker — what our Premier has said is we must be open-minded, be prepared to look at all options. And that is exactly what we are doing, Mr. Speaker. We are looking at all options. But I remind you, the record is clear of the NDP: gas taxes, that's fine, put it on; and minimum floor prices, the hypocritical argument at one hand saying lower the prices and on the other hand saying, put it up to a minimum oil price. That is their legacy, Mr. Speaker.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — Mr. Minister, for years the big oil companies have been arguing that the secret to success in the oil industry was deregulation. And they have fought consistently for a world price on oil. And now they have deregulation, and now they have the world price, and they say they don't like it, and you are off to Ottawa saying all that they've asked for is bad. Can you explain why you now want to re-regulate the industry and have gasoline and diesel prices go back up to 45 cents a litre, or more. Why do you think that this is a good time to do that in the face of the difficulties being experienced by Saskatchewan farmers?

Hon. Mr. Hepworth: — Mr. Speaker, the hon. member suggests that the oil industry, consumers, Saskatchewan politicians, believe that the answer to providing fairness and stability out there, providing security of long-term energy supply for Canada, ultimately which becomes an issue of maintaining jobs in the inside and outside the Saskatchewan oil patch, is to get into re-regulation. I suspect he's talking about the old kind of concept that shut our oil patch in and cost us jobs; the national energy program, the ill-founded and ill-conceived.

I will tell the hon. member that under the Western Accord, Mr. Speaker, we can deal with spikes and dips as need be. We need not get back into the re-regulation and the mumbo-jumbo of the NEP kind of approach, which the NDP were obviously party to and comfortable with. That would not be our approach, Mr. Speaker.

Hon. Mr. Blakeney: — Supplementary, Mr. Speaker. The minister has spoken of jobs, saying that their policy of forcing oil prices up will save jobs. Mr. Minister, how many more jobs will be lost if farmers go down the tubes, thanks to your push for higher gasoline and diesel prices? How many more jobs will be lost along Main Street, Biggar and Main Street, Wadena and Main Street, Hafford and Melfort if you persist in saying that I know farmers has suffered a 20 per cent cut in income, and I know that farm incomes are lower than they've been in real terms since the 1930s, but never mind, farmers must be called upon to pay higher prices for gasoline and diesel. That's what your policy says and I ask you: how many more jobs will be lost in the agricultural and agricultural service sectors in this province by your policy of demanding higher prices for gasoline and diesel?

Some Hon. Members: Hear, hear!

Hon. Mr. Hepworth: — Mr. Speaker, what we have here is a traditional and classic NDP attempt to pit the oil patch worker against the farmer — to pit the oil patch worker against the farmer. To say on one hand we must ignore the oil industry and let the jobs out there go by the wayside, and on the other hand try and say, because we do that we'll be charging our farmers more for their fuel. There are . . .

Mr. Speaker: — Order, please. Order. Order.

Hon. Mr. Hepworth: — Mr. Speaker, there are two issues here. And it's not good enough in this day and age, Mr. Speaker, to reduce things to a simple duality — to reduce it to an either/or: either they get it and I don't, or they get it and I don't. That's not good enough any more, Mr. Speaker. There has to be a balance. There has to be a balance, Mr. Speaker, and that is the approach we would take.

And, Mr. Speaker, how we have done that is: we've said, if we keep a healthy oil patch in place in Saskatchewan and keep jobs in place, then we can take that oil royalty and pass it back to the farmer. And today Saskatchewan farmers enjoy lower prices than virtually anywhere else in this country, Mr. Speaker.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — Supplementary, Mr. Minister. In view of the fact that you are calling for a balance which favours big oil companies and higher prices, and in view of the fact that a number of Saskatchewan farmers are reacting to this policy by driving across the U.S. border to buy their gasoline and diesel fuel in bulk, because even with the cost of transportation they still save almost 10 cents a litre, or 45 cents a gallon — can you explain why this pricing spread exists?

And can you tell Saskatchewan farmers and consumers

why you haven't called upon the big oil companies, and particularly Petro-Canada, which is operated by Mr. Mulroney's government, not to predatory-price in this way but to give Saskatchewan farmers the same break that they're giving to Montana and other U.S. farmers?

Some Hon. Members: Hear, hear!

Hon. Mr. Hepworth: — Mr. Speaker, I'll tell you what I favour for Saskatchewan and Saskatchewan farmers. I favour the approach, Mr. Speaker, of taking off gas taxes, of passing back oil royalties to the Saskatchewan farmer, of developing our natural gas reserves so they can power their tractors with natural gas. But additionally, Mr. Speaker, I expect fairness. And if oil's going to be \$9 a barrel, Mr. Speaker, then I want to see gas priced at \$9 a barrel at the pumps. And I applaud, Mr. Speaker . . .

Mr. Speaker: — Order, please. If the members ask questions, I think they should be polite enough to give the minister an opportunity to answer. Order, order.

Hon. Mr. Hepworth: — And I applaud, Mr. Speaker, the initiative of the Weyburn area farmers. I applaud that initiative, Mr. Speaker, and in fact it's working, Mr. Speaker. As I understand it, the price of fuel dropped 3 cents a litre yesterday, and I would expect that them raising the issue has gone some long way to helping do that locally, Mr. Speaker.

As I said before, if oil's going to be at \$9 barrel, if it's going to be there, then it better be passed on to the consumers, including the farmers. And to that end, Mr. Speaker, this government will be meeting again with the refiners to make sure that they understand their role in this whole business of the passing along and staying competitive.

I think what we saw in Weyburn, Mr. Speaker, and others who are exercising the so-called loop, is the free market and free trade at work for the benefit of Saskatchewan farmers.

Mr. Engel: — Mr. Speaker, thank you. Mr. Minister, earlier today we contacted a bulk dealer in Plentywood, Montana, who reports that he will be making two trips into Saskatchewan today — today — two trips to deliver some diesel fuel. And no wonder. He's selling bulk diesel fuel for 25 cents a litre Canadian, while a dealer we contacted in my constituency of Coronach has to sell his bulk fuel for 33.8 cents — and that is at a much smaller margin than he normally would take. That's a difference of 40 cents a gallon, Mr. Minister — 40 cents a gallon.

When will you turn your attention to these kinds of wholesale price spreads rather than running off to Ottawa demanding that big oil companies get even higher prices for their products?

Some Hon. Members: Hear, hear!

Hon. Mr. Hepworth: — Mr. Speaker, once gain the facts are these. Number one is, a healthy oil industry in the long run and in everybody's best interest. If the hon. member opposite thinks that, for example, if it takes \$5 a barrel on the world market to shut every oil well in

North America and in the North Sea — if he thinks that that is a correct policy, if he thinks that's a correct policy and once they get it shut in, if he thinks for one moment, Mr. Speaker, that the OPEC nations of the world are going to keep it at \$5 a barrel, he is very, very naïve, Mr. Speaker . . . (inaudible interjection) . . . That would be the sort of short-term thinking, classic of a socialist, Mr. Speaker . . . (inaudible interjection) . . . Try and drive wedges in between people, try and distill a very complex problem . . . (inaudible interjection) . . . into something simple; such is not the case, Mr. Speaker.

Mr. Speaker: — Order, please.

Mr. Engel: — Supplementary, Mr. Minister. Another bulk dealer in Montana reported this morning that he buys his fuel from a refinery in Calgary — I don't know if you know where Calgary is or not, Mr. Minister — but that refinery happens to be a Canadian refinery. They're delivering fuel to Chinook, Montana, for — listen to this — 19 cents a litre Canadian. A Calgary firm delivering to Montana for 19 cents a litre. Right across the border in my colleagues riding, in Frontier, Saskatchewan, they buy their bulk from the same company for 38.3 cents a litre. More than double, likely for the same refinery.

Can you tell me how diesel fuel refined in Calgary can be sold to a bulk dealer in Montana for half-price and you think that's helping the Saudis. I would like to know the Conservative thinking on this one. Why should we be giving our fuel to the Americans for half-price of what we're paying and you're guaranteeing them a price and going to Ottawa, and asking for still higher prices for Canadian farmers who are, by the way, selling their grain for half-price. You're asking us to sell our grain for half-price to the Americans, and yet you're giving them our fuel for half-price.

Hon. Mr. Hepworth: — Well I say, Mr. Speaker, thank goodness in this country that these farmers have the opportunity to stay competitive . . . (inaudible interjection) . . . and to buy where it is cheapest, Mr. Speaker, to buy where it is cheapest. If we were to follow the hon. member's logic, Mr. Speaker, what he is saying to us is, when I went to buy my Lincoln I wouldn't necessarily buy it at the cheapest place. I'd buy it in the more expensive place. It doesn't make any sense, Mr. Speaker.

The fact of the matter is, there's a lot of turbulence out there in the market today. Market competition must be maintained, as I said earlier. I want to see fairness out there. I want to see competition amongst these refiners. And to that end this government will be meeting with the refiners, Mr. Speaker, because we want to see that fairness. We want to see responsibility, the responsibility of making sure that there isn't any . . . to make sure that things are being done fairly, Mr. Speaker, quite simply.

As well, if you looked at U.S. gas prices, there are a couple of other issues that enter into that question because it isn't a simple one. Number one is, there's the question of taxation here and there. At the federal level, certainly there are still some taxes and excise taxes, that kind of thing.

Secondly, another dimension, Mr. Speaker, is to my understanding some of the OPEC nations are bringing not just crude oil into the U.S. to have it refined, and the 60-day lag of getting it refined. They are in fact moving in gasoline. So you've got the automatic spot price being transferred into the market-place, Mr. Speaker.

Once again, it's a complex issue, but if anybody over there thinks that this government doesn't stand for lower prices and fairer prices for our farmers, they are wrong. Our legacy is: no gas taxes, 21 cents a gallon oil royalty pass-back, and fairness for the farmers, Mr. Speaker.

Mr. Engel: — Question one more time, Mr. Speaker. How do you consider it fair, when you're telling Canadian farmers, go it on the world market on your own at \$3.15 a bushel, 3.18 for wheat? The American farmer is getting six bucks and 15 cents a bushel for wheat. How do you rate that as fair, when they can buy our fuel for half price — 19 cents worth is 38?

Tell me how you, in any kind of logic — and all the words you used escape me — stand up for the farmer and tell me it's fair to sell my wheat at half price and pay double for my fuel. Tell me that.

Some Hon. Members: Hear, hear!

Hon. Mr. Hepworth: — Mr. Speaker, the hon. member says: what is fair here? I will tell the hon. member what is fair. Was it fair, Mr. Speaker, in the early '70s in the LIFT (Lower Inventory For Tomorrow) years, when farmers had no help, that decade of high gas prices? Which is fairer, Mr. Speaker, to have gas taxes on, or to have no gas taxes? To have an oil royalty pass-back to the farmer, reducing his costs, or to have no oil royalty pass-back?

Or what about that famous NDP ploy, Mr. Speaker? You know, the \$89 dollar gas rebate, the peekaboo grant. Here's an election — now you see it; and the election's over — now you don't. That's the NDP policy, and that was not fair, Mr. Speaker.

Mr. Sveinsson: — With respect to the same question, I would like an answer on the current problem with respect to the differential in gasoline prices, the U.S. versus Saskatchewan consumers. I talked to a Turbo dealer in Belle Plaine last night. He was spending 36 cents a litre on wholesale fuel into his station. He suggests it's very unfair. He would like an answer, not only from the government, but also from the company, and he suggests it's passed on to the consumer and the farmer in this province. I would like a current answer today. You can't blame us for gasoline taxes, sir, so let's just answer the question currently and put it into perspective for the Saskatchewan consumer.

Hon. Mr. Hepworth: — Mr. Speaker, briefly the facts would be these. Number one, gasoline prices have been moving down; two, and I would be among these, I think there's an increasing view out there that we have some disparity due to the turbulence in the market and, certainly, in some areas they haven't been moving down quick enough.

Now there may be some very rational reasons for these.

Number one, the inventory lag time; number two, the fact that some of this is coming in from OPEC already refined. But as I said earlier, to make sure that there is fairness in the system, to make sure, we will be meeting with the refiners.

Mr. Sveinson: — With respect to your policies, you do and have recommended a floor price for oil in Saskatchewan . . . (inaudible interjection) . . . You have and the Premier has suggested it as a solution. You don't have support from Getty in Alberta. I ask you what you plan to do for the consumer and how you can respond to the consumer when you're suggesting oil prices in Saskatchewan should rise artificially and not with the market.

Hon. Mr. Hepworth: — Well once again, Mr. Speaker, just for the record, the only one that I have heard clearly advocating in favour of a floor price is the NDP. It has not come from any member of this government. What we have said is there are likely going to have to be two approaches to this problem. Number one, an interim approach, a short-term survival package, if you like, to get us through this next three months until we see some stability in the market. Approach number one. Number two is to whether we may have a look at something under the terms of the Western Accord, Mr. Speaker, something more dramatic; after that we will have to wait and see.

However, rather than sit on our hands and wait until three months down the road and find ourselves facing still a somewhat very unstable and fundamentally changed situation as a result of the meetings in Ottawa, federal officials, provincial officials from the producing provinces are working at options that we could possibly explore if we have to, once again under the terms of the Western Accord, Mr. Speaker. Certainly for any suggestion that this government has said the only approach here is the floor price would be clearly in error. We have said we will look at all options, and we are open-minded, and that's the way we'll continue to approach this.

Mr. Shillington: — Mr. Minister, I wonder if you and the Premier will turn your attention to the real cartel. The Premier has made a laughing stock out of himself and this province by railing against a cartel, which is visibly crumbling. Mr. Minister, at the same time you're ignoring a cartel which is doing an enormous amount of damage. I suggest it's obvious that what is happening is that the Canadian retail oil industry is dumping surplus gas south of the border to keep Canadian prices artificially high. That, Mr. Minister, is the real cartel. Mr. Minister, I ask you again: will you and the Premier turn your attention to the real cartel and stop tilting windmills with the Arabs in the Middle East?

Some Hon. Members: Hear, hear!

Hon. Mr. Hepworth: — I'm having a little trouble following the logic, Mr. Speaker. At one moment I thought he liked what OPEC was doing in terms of driving gas prices down. I'm not so sure now that I understand where you're totally coming from there in your thinking.

What this government will do, Mr. Speaker, what our commitment is: number one, to maintain the jobs out there in the oil patch and outside the oil patch. It's too important — the human dimension cannot be overlooked. And if that means, Mr. Speaker, that we, as a government, must rethink this logic that the oil industry is simply there to act as a cash cow, rethink it we will, and rethink it we must, because today the bottom line out there is we must encourage and maintain capital investment and jobs.

If we maintain a healthy oil patch, we maintain our security, because tell me, tell me, where does it leave the farmer, Mr. Speaker? Where does it leave the consumer if we get us all shut in and then they jack the price up to \$60 a barrel. Where does it leave us then? In a very precarious state, Mr. Speaker. We recognize that the world is undergoing some fundamental, structural changes in this business of energy today and we will deal with that.

Mr. Shillington: — Supplementary, Mr. Speaker. Mr. Minister, I wonder if you recognize that in your slavish devotion to free trade you are ignoring the fact that the oil industry is not free, that the oil industry is keeping the prices artificially high. I wonder if you will admit, Mr. Minister, that your slavish devotion to free trade is not in the best interests of the Saskatchewan farmer where it concerns the oil industry.

Hon. Mr. Hepworth: — Well, Mr. Speaker, you can't have it both ways. I kind of like it that the Weyburn farmers can flip across the line and pick it up, and by God, that might bring a little competition into the market-place, and if that's free trade and the free market working, I like it.

Mr. Shillington: — Supplementary. Mr. Minister, do you think that farmers would feel it as convenient if they could buy that gas in Weyburn and Regina as distinct from having to drive south of the border for it. Do you think they'd find that as convenient?

Hon. Mr. Hepworth: — Mr. Speaker, I'm sorry I missed the question.

Mr. Shillington: — You missed more than the question, Mr. . . .

Mr. Speaker: — Order. Order, please! I've recognized the member for Regina Centre. He cannot be heard with all the shouting, and I would ask for order.

Mr. Shillington: — Supplementary, Mr. Minister. In light of your comment that your farmers in Weyburn find it so convenient to drive 100 miles to the south to pick up their gasoline, I wonder if farmers and small-business men in your constituency would find it as convenient to purchase that gas at that price in Regina and Weyburn, Mr. Minister?

Hon. Mr. Hepworth: — Mr. Speaker, wrongly the hon. member draws the conclusion that for some reason or other he thinks that the rural network of farm fuel dealers are the villains. Mr. Speaker, I would suggest that they are not the villains. They are caught in the middle, I would suggest, Mr. Speaker, between, on the one hand, perhaps

some fundamental forces acting in the U.S. that aren't acting in Canada, and secondly, maybe not quite as competitive an environment with, on the other hand, the farmers wanting cheap fuel supplies, Mr. Speaker. And to that end to make sure that everything is being dealt with in a fairer manner, we will be meeting with the refiners to get their side of the story.

(1445)

ORDERS OF THE DAY

GOVERNMENT ORDERS

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure

Health

Ordinary Expenditure — Vote 32

Item 1 (continued)

Mr. Lingenfelter: — Thank you, Mr. Chairman. I do have some questions. I appreciate the opportunity to get involved in the discussion of the Health estimates. It is fundamentally the most important department that we have in the province, and I don't think you'll get any quarrel with anyone. I think we all agree that the health of the residents of the province is fundamental and very important.

Having said that, of course, the New Democratic caucus has a great deal of concern about some of the things that are taking place in the area of health in the province today. And over the coming hours, myself and my colleagues will be asking the minister, with the assistance of his staff, to answer a good number of concerns that have been raised to us.

And I want to indicate here as well that, regardless of what government is in power, obviously we understand that there always will be problems in any department. And the questions will be put in that light, that we understand it's a big department with many, many hundreds of people working in it, and many hundreds of thousands of people who use the services of the Department of Health.

But what we are seeing today, Mr. Chairman, is a preponderance of health care issues each of them in their own way very, very important to the people who are being negatively affected as a result of what we see to be underfunding in a number of areas.

And we have, obviously, concern in the hearing-aid plan, where we have seen a nine-month waiting period now for people who are being assessed to get hearing-aids in the province. And many of these are elderly people who are at loss to function properly without a hearing-aid. And here again I say that it's not that there weren't people who had to wait when we were in government, but every indication is that the waiting time period for people to get assessment and then hearing-aids is increasing, and increasing very rapidly.

The other area, of course, Mr. Chairman, is the area of dental program. And we hear concerns about waiting periods for young people who were being checked

maybe twice a year, who are now being told that that has to be reduced to once a year. Many rural areas are being cut back and . . . (inaudible interjection) . . . Right, they are being sent to the dentists. And in a way the program is being eroded because most parents, rather than wait the year or 18 months to have their children's teeth examined, will take them to the private dentist.

But in a way, what we are having is an eroding of the program in the long term, not in an announcement by the minister that the program is ending, but an eroding of the program to where people are not moving out of it but seriously looking at supplementing the program by getting their check-ups done at a dentist's office, simply because the dental nurses are not enough in number, are overworked, and can't provide the service that the program was set up to do.

Now there's two main reasons why that is not right, Mr. Chairman. Of course, obviously, the first and most important part of it is that the children's teeth are not being taken care of. And all of the reports and studies that were done in the 1970s clearly indicated that the dental program, using nurses in the dental program, where many people argued in the early 1970s and the 1960s that it couldn't be done by dental nurses — by the end of the 1970s it had been proven conclusively that the health care, the dental care of children graduating from Saskatchewan high schools were better than anywhere else in the world. And that was basically being done by health nurses, by dental nurses in the dental program in conjunction with a very good team of dentists throughout the province. And it was a system that was working very well.

Now I say to the minister and to the government that, when you're looking at cost-saving, it makes very little sense to look at it department by department or, more appropriately, area by area — and I say here, the dental program. You may save a dollar by laying off a dental nurse or by laying off 20 dental nurses. But the Finance minister is not saving any money, because instead of putting it into the dental program and paying the dental nurses, they are being laid off. They are going on unemployment insurance at taxpayers' expense, not because they don't have work to do, or they don't want to work, but simply because they're being laid off.

And I say very clearly that, if you look at the overall cost to the government, you're not saving a cent by laying off dental nurses or cutting back on the number of them, and then those people in one way or another find themselves onto the public payroll through unemployment insurance or through the welfare system. And then the Social Services minister sees them on welfare and says, what is needed is, we have to retrain them; we've got to retrain them because they are untrained.

Well I say to you that the number of people who are now termed to be unemployed employables has gone from 4,000 — 5,000, close to 5,000 — to 15,000 in the province. Well how did they suddenly get unskilled? In 1982 they were working. Many of them were carrying bricks or mixing mortar or, in fact, were dental nurses. But now we're spending money in two areas — unemployment insurance; welfare. And then the member

from Rosemont, the minister in charge of welfare, gets up and says we have a to retrain all these people.

Well obviously the people have seen though this, whether it's SUN or whether it's the working people or the farmers — say, no, what we need is to get the economy of the province going. Obviously these people were working. And people, who are now called unskilled and uneducated and insulted by the minister of welfare over and over again, were working before 1982. The vast majority of them had jobs and were working, some of them in professional positions, some of them in unskilled positions. And to be run at continually by the minister in charge of welfare, over and over again, and being told that you're not educated and not a useful citizens and you have to come to my department to be retrained; if you do that then I'll make sure you get a job — that's not a great feeling for somebody who was earning a living and doing what they thought to be a very useful purpose in the society.

So I say that when you're looking at the cost saving of laying off dental nurses, or not hiring enough dental nurses to do the job, we really have to look at the overall performance of government. What is being saved in one department, if it's being paid out in the welfare rolls, are we really saving any money?

And we all know that as the unemployment goes up, so does alcoholism; so does child abuse; and so does marriage breakdowns. And then we have to put more money into the welfare department to set up safe houses and set up transition houses and set up programs to assist people who are battered and those who are doing the abusing.

I say the most important part of your program, sir, is to obviously offer health care to the residents of the province. But also you have to look at the other side, of being a major employer in the province, and the fact that each position you cut is not a saving to your department, but in effect is really a great cost, a great cost to the people of the province and particularly to those you're laying off.

Well I hear the Minister of Social Services shouting from his desk that more people should be hired in the province, and doing it in a jocular manner. But I say that is the point, that there should be more people hired in the province. The welfare rolls have gone from 42,000 to 65,000 under that individual's administration. They've increased by 50 per cent. The amount being paid on welfare has gone from 98 million to 210 million. And I say that much of that money could be saved if the minister of Highways hadn't transferred all those people to the private sector and then on to welfare. Or, if in the area of health, you had used some of that money to hire nurses; that the nurses are telling us very clearly, and to the people of the province — and they agree — that there's a shortage of nursing staff in the province.

And there are a number of other areas. We have very clearly seen that in the area of eye examination. I believe that falls within your jurisdiction. It's been changed. Where examinations which were being paid for on an annual basis, that has been changed to once every two years.

We met with a number of nurses who talk about the fact that the nursing component in the hospitals hasn't changed in the four years — or in the nursing homes, where the level of care in the nursing homes is much heavier than it was in 1982. And they say that the positions aren't there, and I know you, sir, have said many times that you have increased the staff. And before we're done the estimates we will be going hospital by hospital, from 1982 to 1986, and finding out where those increases were, because there's a great discrepancy about what the health caregivers are telling us, what the people are telling us, and what you are saying.

You're saying you've increased the number of nursing at bedsides by 500 over the last four years, and before we're done estimates we're going to find out where that increase is. Every hospital, we will go through one by one — and I will give you notice of that now if your staff want to prepare that list — so we can find out where that increase of 500 is.

The nurses say there's been 20 people, 20 new people in the four years, and you say there's been around 500. One of my colleagues was saying that in estimates the other day you've now reduced that to something like 250 or 300. But at any rate, we want to find out where that increase of whatever you're saying is, and we will spend some time going hospital by hospital to find out where the increase is. And if you can get that list ready for me, it may save a good deal of time.

And you have also announced that you're going to be increasing the nursing staff further. And here again we will want to spend some time going over where they will be at. We want to spend some time, because the nurses are asking us to try to find out from you. They haven't been able to find out because you won't come to the meetings. And when you did come to the meeting in Regina, the one you did come to, you wouldn't say where they were, and you said, obviously, I don't have that with me. Well, this is the forum where we will be able to ask on their behalf.

They have legitimate concerns and they've brought you Code 99 postcards by the thousands — I believe 25,000 of them — where people have sent back in postcards concerned with the level of nursing care in the province. And that obviously will be an area where we will want to spend some time as to try to find out — and here again, not only for the nurses, but more importantly, for the people who use nursing care in the hospitals — where the staffing component changes have taken place.

And I say as well that I understand when you get up and you will explain why you're legitimate in doing what you're doing because of a previous government. And I want to get that out of the way as soon as you get up and then get on to the real world of 1986. And we will state our point about the 1970s and you will state yours and we'll get that over with early and then we'll talk about the present.

And hopefully we can . . . (inaudible interjection) . . . Well no, we don't want to talk about the Anderson government back in 1929 to 1934 and things they did with the

separate schools and all that. We don't want to talk about that and nor will we — nor will we, or the former minister of energy, or anything like that. We don't want to talk about the past. What we want to talk about is health care and nursing staff. And we'll allow you your shot about how many this was suggested to be cut, or were, and then we will get on with the present and the future, because that's what your job is. And we will want to know where that list is and how many changes have taken place.

(1500)

So with that short introduction, Mr. Chairman — and I want to say as well that we look forward to a not necessarily lengthy, but a good exchange. And I also want to make it clear now that, in doing the estimates, my colleagues have insisted with me that they have an opportunity to question at some length. And I hope the minister and his staff will bear with us, because it's an important process.

And I know the member from Pelly has a number of questions about a hospital in his area, and the member from the Quill Lakes has questions about home care and other things. And so we will want to get into it, and I hope that we get the answers that people are asking us to put forward.

Hon. Mr. Taylor: — Well, Mr. Chairman, certainly the purpose of estimates is for the opposition to ask questions and the government to supply answers to those questions and defend the policies that we have in place. And to that end I have no difficulty in defending the policies of this government in health care. I think it's well understood across this province and even further than that, Mr. Chairman, across this nation, that the Devine government in Saskatchewan leads the field in health care in Canada.

I was glad to see that the member alluded to the true fact — that he said the health care now is my responsibility, and he also said the health care in the future will be my responsibility — and I'm glad he acknowledges the direction we're taking.

An Hon. Member: — Ah, it's not what he said . . . (inaudible) . . .

Hon. Mr. Taylor: — Certainly . . . You can check *Hansard*, and you'll see that he said, it is your responsibility, sir, for health care in the present and in the future. However, let us move along here. I listened with interest to some of the things the member said, and certainly we are willing to provide the answers to any questions that they care to ask.

I think he led off with a concern about underfunding. And I believe, if you would check, an 11.6 per cent increase to health care in this budgetary year — that that will compare favourably, and I believe in excess of, the contribution to health care of any other province in the Dominion of Canada. I think that is a substantial contribution.

That shows that the priority of this government, when a third of the budget of this government is in the health portfolio — and I agree with the member opposite —

certainly health care, irregardless of the government that sits on this side of the House, is a priority of the people of Saskatchewan. We understand that, and we are bound to maintain that as one of the priorities of our government: to provide free, universal, and accessible health care to the residents of this province.

Getting down more specifically to some of the questions that the member asked, I think he asked some questions about the hearing-aid plan, and I would begin by replying to those questions for the member.

There are a couple of concerns there that come to my mind. And the first one is that, of course — and you realize that as well as I do, and I think we've discussed it before on various occasions, and I'm not using this as an excuse. It's a fact that the population are getting older. And as they get older, older people, their hearing isn't as good, and they require more hearing-aids. And that is happening.

And SHAP (Saskatchewan Hearing Aid Plan) is, I think, a very good program. It's a program that both governments have shared in the past. We have in the most recent time, in the last two years, in '84-85, we added two audiologist positions in '84-85, and a further two audiologist positions were approved for the '85-86 fiscal year, to be based in Prince Albert and North Battleford.

We had rather a serious set-back on February 19th of 1985, Mr. Chairman — and I don't know if you're aware about it — that there was a fire in the Gordon Building, and it destroyed a considerable amount of the SHAP equipment, as well as causing extensive damage to the building. So that fire did set us back somewhat.

But I share your concern. I mean, I am concerned that there are people having to wait for a hearing-aid appointment or an audiology test. I would be happy if no one had to wait. But I think, as the member correctly said, people have had to wait in the past, and they're waiting perhaps a little longer now — I'll admit that — because, as I say, partly of the fire.

But I just want to indicate to you one initiative that we're taking to show that we are concerned and to show that we, as a department, and the people who run SHAP are concerned, there are many people who come for a hearing-aid who don't come through a referral pattern. In other words, they don't go to a doctor and get a referral; they just understand themselves that their hearing is somewhat impaired so they go directly to SHAP.

Well a big part, and one of the important parts of the hearing aid program in Saskatchewan, is that you just don't take and plug a hearing-aid into a person. You put him through a very good test to find out just what type of a device he needs. So toward that end, to try and speed things up, we're looking at using nurses as doing some of this preliminary screening.

So I am hoping, Mr. Member of the Opposition, that that will help that situation in the coming months and year, that with nurses doing some of the preliminary screening, then the SHAP people can take some of their findings and people will be able to get through the system faster and

have their assessments done and their appliances fitted and provided for them. So I'm optimistic that this will help impact upon it.

As well, we do have some vacant positions now in the area. We're actively recruiting. I think you realize that audiology is a highly specialized type of science, and there isn't a great abundance of these people walking the street looking for jobs. So therefore it is something that we're actively recruiting. But I share your concern, and I can understand you raising that question. That's a very legitimate question, and I hope you understand that we are trying to do things that will help reduce that waiting time.

Going to the next one, was the dental program, and you mentioned some concern about the dental program. And I just wanted to refer you to the Saskatchewan Health dental plan annual report. And I realize, and I remember in my days in opposition, these reports come pretty thick and fast at you, and a person sometimes doesn't get time to go through them all in detail. And one's research staff can't either.

But if you'd look at page 19, I think it indicates some of the impact of what the dental plan in its form, which has changed somewhat — we are using more of the private dentists, as we discussed last year in estimates, than was previously done — but if you look at this, this is the impact, as I'm told, on six-year-old children. And I think we're both pleased to hear this: that in 1974 and '75, if you look at the graph, and if we're interpreting it right, it will say that the average number of decayed teeth was five in a six-year-old child, and now we're finding it's 1.2.

So certainly, what we have been doing in Saskatchewan over that period of time, a 10-year period, we have had a significant impact on improving the dental condition of the children of Saskatchewan. And I think we'd all be very happy in this House if that graph follows the route it's taking. You can see it here, very dramatically, and that could be extended down to where, perhaps, a six-year-old child will appear with very few cavities, or no cavities. That would be the ultimate and, of course, from that point on, then one of the main things of the dental program is to bring about good dental hygiene practices within those children as they come from six years old up to 18 and into adult life.

You mentioned about lay-offs. You were concerned. You were concerned. There has been no one let go from the dental plan. There are some vacant positions. We haven't filled the vacant positions, as you see. Perhaps the need isn't as great as it was a few years ago, but there has not been anyone let go or released from the dental plan.

The next topic I think you raised was the nurses. I can assure you that following the meeting we had the other day with the nurses — and you did correctly indicate and you attended that meeting with me in Regina where I think both of us put out our party's positions quite well to the assembled group of nurses — the other day the SUN (Saskatchewan Union of Nurses) did come here to the legislature and deliver some Code 99 cards to me. At present I'm having my staff go through each and every

one of those cards, tabulating — yes, each and every one. You have my assurance that is being done right — tabulating the concern.

The member opposite smiles. He doesn't think that we take this serious. You can come down to my office following . . . (inaudible interjection) . . . I invite you down, sir, the member from Regina East; come to my office at 5 o'clock. I will show you what has been done today. You can look at the cards. You can look at the comments. I invite you to come if you are sincere, sir, to see the concerns of the nurses, not to make light by laughing in this Chamber. I invite you to come with me. You have my invitation.

You mentioned, the member from Shaunavon mentioned, about the positions, and I would give you some enlightening on this at this time. I think from your question you're wanting a little more detailed information. We would be pleased to supply as much information as possible to you. The actual number of nurses, increase in nursing staff, in the hospitals in 1985-86 were 91 registered nurses; and for the base hospitals, between April 1, '82 and April 1, '86, there were these additions. This is in registered nurses. I'm not dealing with CNAs or other positions, just the registered nurses, because I believe from your questions that's what you were indicating: in the Regina General there were 30; in the Pasqua, 13; in the Plains, 14; at City Hospital, 25; at St. Paul's Hospital, 36; and at University Hospital, 39, so that is, in registered nursing positions, 157 during that period of time.

But it seems from your question you'd like a little more information on that. Please outline to me what you would like, and we will do our best to provide it to you as quickly as we can.

Mr. Sveinsson: — Yes, I'd just like, for the minister's benefit, to preambule the estimates for a short period. I attended four of the nurses' meetings, and I've certainly had input on health care from other professionals, and certainly from people requiring health care in the Regina area.

I'd like to first off tell the minister that buildings and equipment don't translate to adequate bedside care wherever you are in Saskatchewan. And one of the complaints that was present at every meeting that I attended, and of the four meetings I attended in various parts of the province, was that in many hospitals there is currently a great deal of equipment that goes unused, equipment that has been part of a budget, equipment that was purchased on behalf of the Health budget and, in some cases, it's not used simply because the professional people involved in its use are not available to the hospital.

There were other things raised in some of the health care meetings. I think one interesting concept was the possibility or the idea that health boards should be elected, at least in part. I realise that isn't possibly an area of discussion, but they do allocate the funds, and appointed boards are sometimes just slaves to their bureaucrats and to their minister.

Alberta does have a system of elected health boards in

many jurisdictions and are currently exploring the idea of privately managing one hospital in Alberta. I don't know if that's . . . I realize the situation in that hospital was a dire situation and was out of control of the local board, but it appears that the hospital management will be done by Extendicare for a lot less than the cost to the board when it was under the control of the hospital.

Also I've had an opportunity to have extensive discussions with companies in Alberta who privately offer the services presently offered by the SAIL (Saskatchewan Aids to Independent Living) program, for instance, in Saskatchewan. With our expenditures in health care rising at such phenomenal rates and governments able to compare those increases, as you recently did with improvement of bedside care, I think we have to look at avenues wherein costs can be trimmed, and I think privatization of some areas within the health care system would certainly be one area that possibly health care costs could be trimmed from.

(1515)

I would just ask that you examine the system in Alberta for providing the tools that SAIL provides the patients in Saskatchewan and see, you know, if it can be done cheaper, why aren't we doing it through the private sector rather than through the bureaucracy structured by your department, sir?

Again, equipment is certainly a large party of any health budget. But the recent announcement of six CAT scans which will be placed throughout the province, I believe to be no less than an election promise. CAT scan equipment is certainly diagnostic, but it does require staff to manage. And I don't know why that equipment wouldn't have been placed over the past several years, and not suddenly six going out into a province that only has two, and suggesting that it's going to elevate our ability to administer the health programs in Saskatchewan in a more efficient manner. It's only a diagnostic tool, and only when we have professionals that are adequately trained on the CAT scanner can it be of any benefit to the patient.

Concerns about expenditures on equipment, as I mentioned earlier, were raised by the nurses. And I think it's a very valid complaint when, in fact, studies that have been done indicate that our bedside care level, the numbers of nurses at the bedside in Saskatchewan, is certainly not at the national average and has to be elevated rapidly in order to protect the interests of the patients.

I think when you look at the General Hospital situation, where patients are being admitted through the observation room in emergency, and in some cases will spend a night or two in the cast room, I think there's also a danger that the patient's health is in some jeopardy, simply because the level of care in those two areas isn't adequate to address a coronary care patient or a patient who might have a very serious health illness that requires a hospital bed.

I know hospital beds are a problem. They're being addressed to some degree. And I think that efficient use of

the hospital space has got to be a concern, and I know you're looking carefully at that.

And last before I sit down, I realize that the use of our hospitals for the purposes of abortion has been somewhat, I think, trimmed somewhat by your current administration. I see Mr. Pawley recently, in Manitoba, enthusiastically brags that the number of abortions in Manitoba were up 38 per cent over the period '83-84 in Manitoba, taxing the health care facilities greatly in Manitoba. He suggests he's neutral on that particular position, but certainly doesn't hesitate to enthusiastically address the fact that abortions in Manitoba were up 38 per cent over that same period.

You might indicate to the Assembly the expenditures and, in fact, if your record does compare with that, or if it is, in my mind, better, and do we have fewer abortions, and what is the percentage increase with respect to abortions in Saskatchewan hospitals?

In this same article, which was published in the *Western Report* on April 14th, for anybody that's interested, a former NDP MLA in fact received a letter from Mr. Pawley and he was no less appalled by the figures that the Premier was enthusiastically addressing. So that's another area that I think hospitals in Saskatchewan and throughout Canada do find themselves under some pressure from this type of activity, and certainly it's a cost to the taxpayer. So I would like to address those things during estimates, and those are my comments for the preamble, Mr. Minister.

Hon. Mr. Taylor: — thank you very much for your concerns. I think they are sincere concerns. I've been jotting a few points down as you have been speaking. You were at the meeting in Regina and you heard me put forth our point of view to the nurses that night, as you did for the party you represent.

Going to the CAT scans, I don't think it's really fair to compare equipment to staff. I think they go together to make up a medical team and a medical service. As I said that night, when you look at a hospital, the hospital is more than the doctors in a hospital; a hospital is more than the nurses and more than the physios and radiologists. A hospital is a team of medical experts working together. And to provide the best service, you've got have a balance in there. I think we all agree with that. I think from our comments that night, I think you support that. But to try and play equipment off against personnel — I see that equipment and personnel go hand in glove together to improve health care service.

Now in the topic of the CAT scans here in Saskatchewan, I think that the movement towards counter-trade or more simply put, barter, is well received by the people of this province. You know as well as I do — you follow the trends in the sale of potash and of grains and high tech and so on — if we can have those commodities go out of our country in trade for high-tech medical equipment, to me and to many people of Saskatchewan that makes eminent common sense. Furthermore, there will be a flow-back of money into Saskatchewan for those products that otherwise, if there hadn't been an avenue for sale, would be sitting here.

Now the CAT scans . . . You mentioned, did we get the type . . . And you're in your observation. If you get new technology, you have to have people that are able to run them, or else what value is it to you. Well I'm proud to say that the decision on the number of CAT scans that we would buy for Saskatchewan, where they should be placed, and the type that should be bought, was made by a committee of radiologists. We put together a committee of radiologists, the people in the field, the people that use them, to say: what do you think is the number we need to adequately address the demand for CAT scans in this province? They indicated six new CAT scans. This is no election promise.

Those CAT scans — they're preparing the rooms in two of the hospitals for them now. Two hospitals have CAT scans, but they're the obsolete ones. They will be traded in, so within a couple of months I think you'll see the first two go in. Within 18 months all of them will be in place. There will be people trained to operate them because it was exactly those people that went down to look at trade shows in the United States and so on, to see the world's top CAT scans, and their decision was to recommend the ones that we are purchasing at this time.

You mentioned about private management. We do have contracts with Extencare in the nursing home field. They do manage nursing homes. They have done that for some time in Saskatchewan, and from all indications that I get they do a good job of managing nursing homes.

As far as privatization of hospitals — certainly not! We have no intention to turn hospital management over to the private sector.

On the topic of SAIL and Alberta's model, you indicate it's cheaper in the private sector to do it. My information is that Alberta's SAIL program is much more expensive than ours. Now I can give you the information on this, but I have had my officials look at the Alberta program. You indicated it would be good to look at other provinces, and I concur with you. One cannot sit in isolation. And to that extent I have travelled through Canada to look at various other systems, had my officials visit areas. I don't believe we should take the system from here and put it right into Saskatchewan. I believe in making it a Saskatchewan system.

I think the best example of that is the new rehab centre which is in the city that you represent — and I'm sure you'll be proud of — where the best ideas on rehab medicine from across Canada have been brought together to build that centre. And I'm sure when it's up and running, each and every one of us in this Chamber, regardless of our political affiliations, will be proud to see that type of facility here to service Saskatchewan people.

On abortions, certainly the position of our party is well articulated on abortion. Both the Premier and I have spoken on many occasions, and I'm sure you're aware of it. I think you asked me something about the statistics. Certainly Howard Pawley and I — there's a distance between us on this type of a topic. In Saskatchewan the number of abortions since we became government,

which were approximately 1,630 in 1981-82, are down to 1,132 in the most current year. So there has been a significant reduction in the abortions. It is quite possible for a person to receive an abortion under the best conditions in Saskatchewan. There are eight hospitals that have therapeutic abortion committees and perform abortions, and those abortions are done within the most hygienic situations. They're all accredited hospitals, all professional staff, and that access is here. But the number of abortions in Saskatchewan has been declining year by year to a low of 1,132 in our last reporting year.

Mr. Sveinsson: — Just a couple of comments to the minister. He mentions that a hospital is a team effort, that it's usually a team decision as to the equipment purchased. One thing I did hear that came through very clearly at the meetings I attended, and I was the only member at more than one meeting that I'm aware of, was that it wasn't a team effort in many cases where equipment was purchased. The nurses were asked to leave the board meeting, in fact, where the decision was made, usually before the discussion on, in fact, what equipment was going to be purchased. That was a complaint that was raised at three or four of the meetings I attended. So that the team work, I suppose if it is there, you're absolutely right, the people that deliver at the bedside in many cases should know the equipment required for the hospital. But as the nurses enunciated at their meetings, that wasn't done effectively in many, many cases.

Another situation that you failed to address, just presently, is the safety of the patient who is lined up on a stretcher waiting for a hospital bed. And that is happening in Regina, and it is happening on a daily basis at the Regina General Hospital. I just ask you, sir, if in fact, there is a short-term solution for these patients; and some of them wind up on a stretcher and in a stretcher situation for up to three and four days, and they don't have a bed to go to, and they are forced to stay in the observation room of the emergency or in the cast room. It's a very serious situation for that patient, and certainly for the family, when adequate care cannot be guaranteed in a Saskatchewan hospital, which is the case in that particular hospital, under that particular setting.

So while team work is definitely a part of the hospital situation and is required, I ask you and your department, through your bureaucrats to study maybe a little more efficient method of addressing that team work problem, and maybe a little more efficient method of looking at what equipment is ordered for hospitals. You don't order equipment that can't be used in some of the rural areas and it has been done, and it's been enunciated to us through some of the hospital boards, and certainly through some of the meetings.

A couple of other areas, and I know that you've examined this on occasion in order to cut costs, but with respect to our drug program in Saskatchewan — and I'm talking about our pharmaceutical — the program that is currently in place to pay for pharmaceuticals that are prescribed by physicians. I believe that the whole program should be examined very carefully. Again, Manitoba has a program where there's a deductible fee of \$50 so that anything over 50 is paid for, which cuts down greatly on the

bureaucratic staff required to run the program

I recall last year in question period you mentioned that 57 people manage your program in Saskatchewan. If that figure has changed, I am not aware of it. In Manitoba there are far fewer people running the same program, and it gives a little more freedom to the pharmacists and to the pharmaceutical trade in the province. And it certainly doesn't interfere with the orderly prescription of drugs in the community. In fact, it makes it a lot less expensive, sir, because a lot of the elderly patients who are on chronic drug care are likely buying pharmaceuticals on a monthly basis. The \$50 fee would be far less expensive to those individuals than three or four prescriptions monthly over the course of a year.

So I would ask you to examine the costs in that department. And I've always questioned the need for a drug formulary committee. I mean, these new drugs that come into this province are examined usually in Washington, or Zurich, or Ottawa, and done so in a fashioned that is very professional and very, very upbeat, and in many cases, it takes as many as 10 years, and the research over those 10 years, to introduced a new pharmaceutical into the market-place.

I know at one time I quizzed you on exactly that committee, and you suggested that it helped slow down the introduction of high-cost drug therapy into the Saskatchewan market-place. If that is the reason for the formulary committee, sir, I say to you that that also takes away from the patient who requires that drug therapy, the immediate benefit, and maybe doesn't allow him to use it for up to six months to a year. I know there are cases where that has happened in Saskatchewan, and the cost of that formulary committee is within the estimates, and I believe just from memory it's around 6 or \$700,000. I believe that's an area where you could critically examine costs and eliminate a great number of them, just based on some practical use of common sense, knowing that these things don't come into Saskatchewan on a free-wheeling basis. They're all examined very carefully in many other jurisdictions, usually, before they reach our pharmacies in this province.

(1530)

Also within the same structure, I think you could examine again, through your own bureaucrats, some of the cost inefficiencies. And I won't get into that here, sir, but I'll just wait for your reaction on that.

Hon. Mr. Taylor: — Going back to the team concept and so on — you know, we both realize that the world isn't always perfect; that sometimes in some places the concept will work very good, and other ones it will not be as good. But certainly in the majority of situations I think our boards often seek input from the various aspects of their staff.

Certainly there is avenues for the nursing profession to have input into the major decisions in the hospitals. I indicated that night at Regina that within the collective bargaining agreement the nurses do have an avenue by which, if they feel that their message is not getting through, there is another body that they can put together

that can address those. In very few situations are those bodies instituted in the hospitals of Saskatchewan. So I believe there are avenues for nurses to have their input — and other health professionals — into the decisions of the hospitals. And I encourage them to do this.

I don't condemn our boards. I think we have some very dedicated people on the hospital boards of Saskatchewan. And on the topic of the elected or appointed, as I pointed out the night of the nurses' meeting in Regina, I believe there are some drawbacks — there could be some possible drawbacks to a complete elected board because it can lend itself to certain types of issues dominating the action of a board. I'm not against exploring alternatives. Perhaps, as I said that night in Regina, a mix of elected and appointed might be a viable alternative. So I'm saying we're not set on this. I'm willing to explore other avenues.

Regarding the drug plan, I just would relate to you — and I think you're aware of this — soon after taking over the ministry we had an evaluation of our drug plan. At that time, the consultant that did it indicated after an exhaustive study of all drug plans in Canada that Saskatchewan had far and about the most superior drug plan in Canada. And to that extend, the Ontario government has, from time to time, been contacting us to see if there are things that they could implement in their plan which we have.

The second thing is that you mention about the formulary committee. Well you and I have discussed this before. I know that you question the need for a formulary committee and my thoughts are these, sir, is that I am of the school where a second look is often beneficial — a second look. And the second look in the case . . . If you look back in the history of Canada to the time of the thalidomide problem, if there had have been a second look, how much suffering and illness and so on — things that happen to families, people who have been handicapped through life — could have been avoided?

And, sir, as long as I'm the Minister of Health in Saskatchewan, we will continue to take a second look at drugs that are coming into the market in this province because, Mr. Chairman, I believe the amount of money that's spent on taking that second look is very valuable in safeguarding the lives of Saskatchewan people.

So although you may think we could do without it, I would think it would be a very retrograde step to do away with a very competent committee of scientists that just check the figures of those other people. He says they're checked in Zurich, so on; that's true. But, Mr. Chairman, those are often checked by the company that is wanting to sell them, and I don't put all my faith in Canada Food and Drug. I feel a lot safer and a lot better with Saskatchewan people taking a second look at products that will be used by Saskatchewan consumers.

Mr. Sveinson: — Well I don't question the minister's integrity on having a second look, but I do suggest to the minister that health care costs and all costs within society are rising at an alarming rate. We have an \$8.5 billion deficit, if we include the Crown corporations, in this province today. And I suggest — he's saying it's a second

look — it's usually a third, fourth, or fifth, or sixth look.

All the jurisdictions — the United States of America, Canada, Switzerland — they all have their own formulary committees. They all have their own requirements that have to be met by the drug companies that are formulating new preparations.

He suggests that thalidomide may have been overlooked before it hit the market-place, and that a Saskatchewan formulary committee may have in fact recognized that weakness in that particular drug. If the minister was aware of the scientific background of the development of pharmaceuticals, he would realize his statement is nothing short of ridiculous. It required long-term therapy and pregnant women. And the formulary committee in Saskatchewan does nothing more in most cases than examine the current literature, which is provided by the companies who are in fact involved in the innovation of the drugs, and from the government agencies in the several government areas that in fact control the release to the market-place of these drugs.

And I suggest to the minister that he have a close look at that expenditure. You are looking at a \$2 billion deficit, and you're suggesting that health care expenditures are up 7 per cent. And that's your only political tool for demonstrating that Saskatchewan has the number one health care system in the country.

Sir, it does not have the number one health care system in the country. The NDP used to say that, and when you came into power you realized the weaknesses of the program that they had introduced over the 11 years they were in power — and there were many weaknesses in their program.

But I say to you, sir, there are several weaknesses in yours, and some of them are as a result of the copy-cat attitude your government has had in copying, and no less than copying the NDP administration's attitudes to health care. In Saskatchewan it's been a political football for a long time. But let's get back to the reality that the patient is the one we should be concerned about.

We shouldn't be concerned about electing governments. And as you just mentioned, with respect . . . On the backs of the patients, I might add. The NDP thought that was funny. I suggest we shouldn't be electing governments in Saskatchewan at the expense of patients in this province. And I think we should provide those patients with the best service available in the world, which I suggest to you, sir, hasn't been done. Because in many areas, and the formulary committee is one, we do not allow the free flow of pharmaceuticals into our market-place that can be used by cancer patients, patients who are dying in hospitals, and whatever.

The member from Shaunavon suggests I'm repeating myself. Well I think it's important, because the reality is we can't afford in this province to continue year after year after year to introduce budgets in health care and social services that are running the cost of the debt in this province beyond the payment ability of our people. And we have to guarantee good health care.

So, sir, I say there are some weaknesses. And while you defend the program that we just discussed on drug . . .

An Hon. Member: — Drug brain drain.

Mr. Sveinson: — The NDP have got a brain drain problem. That's why there's only eight of them sitting there. They couldn't address the health care problem in '82. They couldn't address the problems in other areas which are related to health, such as high interest rates in '82. They couldn't relate to the farming problems in '82, and they can't relate to the health problems in '86. They can't.

So I would like to say that all I insist you do, Mr. Minister, is carefully examine these programs. You suggest Ontario comes in here, the OHIP comes in here from time to time to examine your drug program. Well I'm sure they do. But they do have a very efficient program in Ontario, and I'm familiar with it. They do have a more efficient program in Manitoba, and I suggest, sir, that you take a closer look at it. You don't just brush it off as saying that we've got the best drug care program in Canada, because while we may have a good program, they do run a less expensive program and a more patient-oriented program in the Manitoba market-place. And that's under the administration of an NDP government. The one NDP'er that ever had any brains, René Chartier, designed the program, and it is a very good one.

Hon. Mr. Taylor: — Well, Mr. Chairman, questions on the drug plan and the validity of it — as I answered in my previous answer — we had this evaluated after coming into office. And it was by an independent consultant who said that undoubtedly, after examining in much detail all the other drug plans in Canada, that Saskatchewan had the best drug plan in Canada. And furthermore . . . and one of the members said from his seat that Ontario haven't been phoning to us since the Peterson government has come into power. That is absolutely wrong. My director of the drug plan tells me that he's getting calls constantly from Ontario to look at some of the methods that we have in our drug plan so they can implement them as means of containing costs and improving their plan.

You know, you went on, sir, and I remember you mentioning this last year in estimates, the same thing about the formulary. Well I want to indicate to you that the formulary committee here in Saskatchewan I think is headed up and contains some very, very dedicated and capable people.

We have Mrs. MacPhail, is the chairperson. We have Dr. Remillard, from the College of Pharmacy. We have Dr. Amies, from the Saskatchewan Medical Association; Dr. Gordon Johnson, from the College of Medicine — he's the head of pharmacology at the University of Saskatchewan; and Dr. Gordon Johnson is sought after as a speaker all across Canada.

We have Dr. Davies, from the Saskatchewan Medical Association; Mr. Nestor Shevchuk, who was the head of the Saskatchewan pharmacy association just a year or two ago; Dr. Wolfe, from the Saskatchewan Health-Care Association; and Mrs. Eileen Bayda, from the

Saskatchewan Registered Nurses' Association.

Now be that as it may, I think there is a number of very capable, clever, dedicated people on the formulary. And as I say, I believe in a second look. But the member opposite says, well what about the cost of it? Well I'd just like to inform you — I would like to inform you — what the cost of a second look for the formulary is in Saskatchewan. Out of my budget of over \$1 billion, the administrative costs of the formulary in the last year were \$15,000 — I think money well spent.

Mr. Lingenfelter: — Mr. Chairman, I would like to call on the minister to outline in some detail the steps that took place leading up to the introduction of the Bill to end extra-billing as it related to the chiropractors in the province.

Having consulted with and talked to a number of these individuals in my area, I would say to you very clearly, Mr. Minister, that they are very upset with the department, and particularly yourself, for not having met with them and talked to them and discussed to any extent and to giving them any lead time before the legislation was introduced which covered their area and ended extra-billing for the chiropractors.

They're saying that, very clearly, for the past number of years their fee has not been increased to reflect the inflation rate in the province. The second main point is that they were not consulted and not taken into your confidence and given the outline of what would take place when the Bill was introduced an passed.

And I think it's important to know that these people who play a very important role in the giving of health care in the province, and in many ways in the rural areas — because I think it's fair to say that many farming people, it seems to me, who ride tractors or are involved in the farming operation, use the chiropractors probably more per capita than people who live in the city — that they play a very important role in delivering health service in the rural areas.

I think the other main point is that on the economic basis they are an important part of the business community in the towns where they are, whether it's Shaunavon or the other areas. Assiniboia, I believe, there's an individual who practises. I say to you that you've left them in a very, very difficult position. And clearly, they're upset with you and are telling us that when we meet with them, as we did yesterday at their request. We had an opportunity to meet and discuss some of the problems that they have had with your government.

(1545)

And it's not unlike the problem that exists with other health care givers, whether it's the nurses or others who say that when they meet with you, the odd time they do get to meet with you, that they are given ultimatums and that they are not consulted, and that they do not have input into changes that take place.

My question to you here, first of all — and I have a number of them — is whether or not the changes that took

place were as a result of the changes to the Canadian Health Act that was introduced by the federal government, and that I know a number of provinces subsequently changed their Act to reflect changes at the federal level. But I know there were a number of provinces where the provincial Act was not changed to end extra billing for chiropractors. And I wonder: was it necessary, in light of the changes to the health Act, that this took place, or whether this was done outside of the discussion that went on.

Hon. Mr. Taylor: — Well, Mr. Chairman, it seems from the member's question that he seems to be opposed to the elimination of extra-billing. I think it's interesting to see him taking that stance that he would be supporting the continuation of extra-billing within Saskatchewan. I wonder if that is the issue that he is . . . (inaudible interjection) . . . Well, speaking for myself, it's evident that we brought about the elimination of extra-billing, something that you never could do in 11 years. There's no extra-billing in this province today, by anyone. And it was achieved by this government here.

You talked through both sides of your mouth for 11 years, mumbling that you didn't like extra-billing. You didn't have the courage to meet with the doctors to work out Saskatoon Agreement II. Your idea was to go back to the 1962 and have a fight. That's what you wanted to do. Certainly, it is . . . (inaudible interjection) . . .

Well, why didn't you then, sir? You were a member of that government. Why didn't you take action? Did you ever approach the doctors once between 1971 and your defeat in '82 to eliminate extra-billing? Did you ever? The answer to that is no, they never did. They never did. They didn't have the moral courage or the fibre to put their action where their mouth is. This government eliminated extra-billing right across the province of Saskatchewan and did it without the terrible fights of 1962 and the bitterness that racked this province. We're proud of that achievement.

Now, listening to the member opposite, who it appears wishes that the chiropractors in this province could still extra bill — that was the indication I got from his comments. Certainly, my deputy minister met in March 1985 with the head of the chiropractors and told him that extra-billing for all health professionals in the province of Saskatchewan was going to be eliminated.

Following that, we entered into a series of discussions with the SMA because there was an agreement, there was an agreement between the Government of Saskatchewan and the Saskatchewan Medical Association that pertained to extra-billing — an agreement called Saskatoon Agreement I. It was signed in 1962 after a series of very, very bitter, very bitter fights and arguments in this province between the then government and the medical profession. We sat down; we worked out an agreement called Saskatoon Agreement II with that medical association. If you'd listen, you'd know what I'm talking about. With the medical association, that was achieved without any of those fights or bitterness or suffering that plagued this province in '62.

The chiropractors do not extra bill in this province. We're

at the present time in negotiations with them. I realize that the chiropractors were not happy about losing extra-billing. I understand that. But certainly my deputy minister let them know, as well as every other health profession in the province of Saskatchewan, that extra-billing was going and that we would try and do this with the least problem. And I think we achieved it.

Mr. Lingenfelter: — Well, Mr. Chairman, the minister always carries on with his ranting and raving and making accusations. My question was whether or not the changes to the Canada Health Act made it necessary to change the extra-billing as it applied to chiropractors. Was there any cost saving in making that change?

That was the question and the political raving that you do ever time someone asks a legitimate question — I don't understand it. And the chiropractors said that they wanted me to ask this question and they said they'd be watching today. And they won't understand. You get up and somebody asks a question; you go ranting and raving about 1962 and on and on. It's unbelievable that you always do that.

What they want to know is whether or not it was necessary in order to get money from the federal government that extra-billing end. That's the question. I'm not arguing my position. That's the question, and maybe we could get an answer.

Hon. Mr. Taylor: — Well obviously, Mr. Chairman, the chiropractors in this province know very well that under the Canada Health Act we would not have been penalized if they extra billed, but we believe in being fair and consistent. We're concerned about the people of this province that use the services. We believe that extra-billing by doctors, by chiropractors, and other health professional was not in the best interests of services to the patients of Saskatchewan. So therefore, when we chose to remove extra-billing, we did it for all professionals — for all professionals.

And we are presently in negotiations with the chiropractors, as we are with many other medical professionals. Many of them have settled to this point in time. I'm optimistic that we will come to a settlement with the chiropractors of this province in the not-too-distant future that will satisfy the chiropractors and other medical professions.

So the short answer: you know it; you have every right to as it to me: the chiropractors know it. Certainly there was no penalty under the Canada Health Act if chiropractors were allowed to extra bill. But to be consistent, to be fair, and to also take into consideration the people that use the services of medical practitioners, doctors and chiropractors, this government decided to eliminate extra-billing.

Mr. Lingenfelter: — Mr. Chairman, we clearly have here a clear indication from the minister that there was no financial penalty that would have come to the taxpayers of the province had we not ended extra-billing.

And here again I want to make it clear that what the chiropractors are saying is not a unanimous voice that

they all wanted to extra bill, but what they're saying is that one of two solutions could have been found for them. One of them is that their fee schedule be increased to reflect inflation over the last number of years, or that they be allowed to extra bill. You have done neither.

You have put them in a terrible position, and that's what they're telling us. You may argue with them and say that they're wrong, but they're telling us clearly that you put them in a very, very tight box. You didn't consult with them. You made the change. You didn't give them the option, and they're saying that they're in a difficult spot.

What I would like to ask, Mr. Minister, is: can you tell me which other Conservative provinces — where you have Conservative governments — have gone this route that you have chosen to go in Saskatchewan of ending extra-billing for chiropractors? Which other Tory provinces?

Hon. Mr. Taylor: — Well, to that question, I'd have to have that researched. I don't have that offhand. I don't know what Alberta's doing or so on. But we'll find out. We'll find that out . . . (inaudible interjection) . . . Sit down and let me answer, please. Certainly we will check that out but . . . (inaudible interjection) . . .

Well, Mr. Speaker, I think the responsibility placed on me as the Minister of Health is to deal with the Saskatchewan situation, to work to improve Saskatchewan health. And I have confidence that Mr. Dave Russell in Alberta is doing exactly the same thing in Alberta. In fact, I believe that Larry Desjardins is doing that in Manitoba. I have some admiration for Larry Desjardins.

So to expect that I should be able to indicate what is happening in Nova Scotia or in Alberta or in Newfoundland, I don't believe that the people of Saskatchewan expect the Health minister to be running the plans in those other provinces. They want him to hone in and to look after Saskatchewan people, and that is my number one priority.

In talking about consultation with the chiropractors, I'm glad that the member opposite asked the question. We have over the past year had 10 meetings with the chiropractors, between my staff and the chiropractors — more consultation with chiropractors than ever existed before. And furthermore to that, tonight, tonight my staff are meeting with the chiropractors of Saskatchewan.

Mr. Lingenfelter: — Mr. Chairman, I want to get one thing clear. Did you say that Alberta allows their chiropractors to . . . does not allow them to extra bill? Dave Russell in Alberta. I thought I heard you say that.

Hon. Mr. Taylor: — I said about Dave Russell is that Dave Russell is a very capable person. He is looking after the Alberta health plan. Graham Taylor is looking after the Saskatchewan health plan, and Larry Desjardins is looking after the Manitoba health plan. I didn't say . . . What I indicated to him, that my staff would research. He wanted to know what other Tory governments have taken the action we have. We will find that information and pass it on to the member.

Mr. Lingenfelter: — Mr. Chairman, I wonder if the minister would ask his staff who are sitting with him — he has five of them right close by; there's seven in the back and there are, I think about 50 up in the gallery — if he would ask one of them all of them — who the lowest paid would be getting 40,000 a year — if he would ask his deputy this simple question, and it is . . . I'm sure they know, and I'm not being critical of them; I'm being critical of you for not asking them and not having the courage to answer the questions. How many Tory provinces have taken the same route as you have, sir, in ending extra-billing for chiropractors? And what's the problem with answering it?

Hon. Mr. Taylor: — I told you previously: as soon as we have the information, we'll provide it to you.

Mr. Lingenfelter: — Well I want to ask you very clearly. Your deputy minister is sitting in the next desk to you. Are you saying that he doesn't know?

Hon. Mr. Taylor: — I am saying that my deputy minister, when he has the information, will provide it to me. And the moment that I have it, I will give it to you.

Mr. Lingenfelter: — I want to be clear on this, because I think you're stonewalling, and I don't think the taxpayers appreciate having qualified staff come to help you answer the questions and you won't let them do their job.

There are at least 50 staff in this building who are being paid by the taxpayers to answer the questions, and they can do it. And I want to ask your deputy: how many Tory provinces have ended extra-billing for chiropractors? What's the issue?

Hon. Mr. Taylor: — There is no attempt to stonewall anyone. As soon as we have the information, we will provide it, Mr. Chairman. We are here to defend the estimates of the province of Saskatchewan. I have a number of very, very capable staff people here, and I take exception to this kind of an allegation that they can't get the answers and so on. These people are here, and we will answer whatever question is asked about health care in Saskatchewan that we have the facilities to answer.

But, Mr. Chairman, I think any logical person would realize that my staff, who are professionals in health care administration, are not charged with the responsibility of keeping track of other political parties, be they Tories, Liberals, or NDPs in Canada. Mind you, Mr. Chairman, mind you, I could tell you it's much easier to keep track of the NDPs, because there aren't very many of them — thank God.

Some Hon. Members: Hear, hear!

Mr. Lingenfelter: — Well, Mr. Speaker, here again we have a minister who is incapable of even listening to his staff. He is so incompetent, and now I believe . . . I was questioning whether the nurses were totally right in their opinion of this minister, whether the chiropractors were correct in their opinion of this minister, but now I see what is happening. We have a minister that is so incompetent that he can't even lean over and ask his deputy minister a simple question. And every time he has

an embarrassing answer to give, he won't do it. He simply won't do it, and he refuses to give the answers. That's what's happening here.

Obviously the people whom you have hired and surround yourself with know these answers. They go to meetings with health ministers around Canada, paid for by the taxpayers — as well they should — to learn what the health care system across Canada is all about. They know all these answers; they're professional people; that's what they get paid for. And I'll tell you, you're putting them in a difficult position by not answering the questions, because you make it look like they don't know the answers.

And I say to you, sir, that that is unfair of you as a minister to put a professional civil servant in to that position of not allowing them to support you and give the answers because they're politically embarrassing for you. And I can't for the life of me understand what would be politically embarrassing about answering this question.

(1600)

Now I would like you to, if you're really serious that they don't know the answer, if you would get one of them to go and phone and tell the committee that you will have the answer in, let's say, five minutes. That's about how long it would take to go to the office and phone and see what the answer is, or go to the file. But will you tell us how many governments in Canada, provincial governments that have Conservative governments, allow their chiropractors to extra bill? That's what I'd like to know.

Hon. Mr. Taylor: — Well, Mr. Chairman, as I've said for the third time, as soon as we have that information we will provide it.

Mr. Lingenfelter: — Well can the minister give an indication of how long that might be before he would get one of his people who are in the gallery or sitting behind him, how long it would take him to ask them. Because they are here, paid for by the taxpayers. They're professional civil servants trained to do this job. And I know the deputy minister of Health. He's a very qualified individual. He's worked for many different people and he knows his job and he knows the answer. I know Mr. Podiluk knows the answer. I know that.

It is you, sir, who are not doing your job and you're getting paid close to 100,000 bucks a year — salary and expenses. And anyone who wants to look at *Public Accounts* last year will see clearly that that's how much you make. And I just want to know the answer to the question: how many Conservative governments, provincially, across Canada, allow their chiropractors to extra bill? And I don't see what the issue is.

Hon. Mr. Taylor: — Well certainly, Mr. Chairman, the answer to how long will it take . . . As soon as I have the information we will provide it for him. Otherwise, if he wants to go on to more questions, fine. If not, let's move on item 1.

Mr. Lingenfelter: — Well I want to ask the minister: have you asked your deputy if he knows the answer to the

question?

Hon. Mr. Taylor: — I can indicate that my deputy has people looking into this situation and as soon as we have the answer we'll provide it.

Mr. Lingenfelter: — I want you to answer the question: have you asked your deputy the answer to the question of whether he knows how many Conservative governments allow their chiropractors to extra bill? Are you saying that he doesn't know?

Hon. Mr. Taylor: — Mr. Chairman, the deputy minister is not deaf. He's been sitting here. He has sent people to find this information out.

Mr. Chairman: — Order. Order. Order please. I've been listening to what has been going back and forth here, and under *Beauchesne's*, 494:

The whole management of a department may be discussed in a general way when the committee is considering the first item of the Estimates of that department . . .

I find that this clearly states that what we're into here is irrelevant to the question.

Mr. Lingenfelter: — Well clearly, Mr. Chairman, on a point of order. The question of the Canada Health Act and how it applies across Canada and how it relates to the Department of Health in Saskatchewan is relevant to the Department of Health. And I simply don't understand, when there's cost sharing, when there's cost sharing from the federal government to our Department of Health, that it's not logical that we would ask what the standards are across Canada for different areas of health. I want you to be clear on this, whether or not any federal program, and funding or programs that are being carried in other provinces are not allowed in this committee. Because this is a new rule, because we've always been able to ask questions as it relates to what is the comparable programs across Canada.

Mr. Chairman: — I have listened to what the member from Shaunavon has said, and while he may be correct in talking about the expenditures across Canada, I maintain that they do not relate to the estimates that are before us in this Assembly, and therefore my ruling stands.

Mr. Lingenfelter: — Well the minister in stonewalling . . . And I just received a note from a chiropractor who has been watching the performance of the minister, and he says he can't believe . . . And the members will laugh, but they are watching; people watch the performance of this government. One of the reasons that in Regina North East you got 20 per cent of the vote, 20 per cent of the vote, is simply because of the fact that they . . . The minister of jelly beans is now sitting in his seat. The former minister of crop insurance who couldn't run the bloody department is yelling from his seat. I'll say one of the reasons you went from 60 per cent in Regina North East to 20 per cent is because of the action of your ministers.

Mr. Chairman: — Order, order, order, order. Order! We are so far from estimates here right now and I would ask

the member from Shaunavon to please refrain and get on to the subject of the debate.

Mr. Lingenfelter: — Mr. Chairman, obviously the people who pay the taxes wanted us to ask these questions. The questions that I am putting forward to the minister were questions that were proposed to us last night by the chiropractors. They wanted these answers. But if the committee and the chairman are saying that they refuse to answer the questions that the people of the province who pay the taxes are telling us to ask, that's fine. But I'll tell you that the onus of ministers to answer questions that the public ask us to put forward is an important part of the principle that is involved in the committee of finance.

And the member from Maple Creek can call liar and all of that. But I'll tell you that one of the main issues here is getting answers to questions, is getting answers to questions. These questions were put forward by the people affected . . . (inaudible interjection) . . . Put forward what? You can go and talk to the chiropractors. I'm sure they're willing to talk to you because they're saying that you won't meet with them. They say that they won't meet with them. And they also were interested to know how many Conservative governments across Canada followed the same route as the minister did. I don't know what he's afraid of answering that question. But obviously he is. I would like to go on and ask another question. He has given a commitment that he would provide the answer. I don't know how long it will take, but hopefully in the near future he will give the answer that he's given a commitment to us to provide.

But the other question that they wanted us to ask — and here again, Mr. Chairman, you may rule this out of order — but they wanted to know on the fee schedules, what the increases have been for the last four years for chiropractors in the province of Saskatchewan. And here I ask for the Chairman's guidance. It gets a little unclear here what we can ask and what we can't ask, but they wanted to know what the fee schedule changes have been in the past four years for chiropractors.

Hon. Mr. Taylor: — I have the last two years here, for right now. You asked for four years; we'll get the other two years for you as quick as we can.

In April the 1st of '85 they had an increase of 1.2 per cent; in April the 1st of '84, 5.3 per cent. And as I said previously, negotiations are presently going on. And as far as meeting with the chiropractors, I go back to my statement of a few minutes ago that my officials will be meeting with the chiropractors tonight.

Mr. Shillington: — Mr. Minister, I was watching part of the proceedings on television while I was making a telephone call, so I am partially but not wholly informed about what has gone on for the last few minutes.

I was interested in the question of the member from Shaunavon, who asked what was being done by other provinces with respect to chiropractors. So I'm going to ask you, Mr. Minister, for the answer. And if I missed it when I was out, I would apologize for that.

An Hon. Member: — It's already been ruled on.

Mr. Shillington: — Well the attendance of your members of caucus hasn't been sterling either. So I ask you, Mr. Minister, to give us that. You must know it, and I ask you to give us that answer, Mr. Minister.

Hon. Mr. Taylor: — Mr. Chairman, it would seem only logical to me that we're here, as your ruling said, to defend the estimates of the province of Saskatchewan. The people opposite have a research staff paid for by the legislature of Saskatchewan. And I would think to find that information is more the duty of their caucus research than the estimates of the health department of the province of Saskatchewan.

Mr. Shillington: — Mr. Minister, you are stonewalling. Since time immemorial, ministers have been asked to compare their policies and performance and records with that of other provinces. These questions, Mr. Minister, have been asked for the full 11 years that I have been a member of this Assembly.

So I ask you, Mr. Minister . . . If you'll tell us why you're ashamed of the answer, we'll probably settle for that. But if you're not prepared to defend your stonewalling, then I suggest you get on with it and give us the answer, Mr. Minister. I simply don't believe that you haven't got it, and I know that you did not tell the member from Shaunavon you didn't have it. You just weren't going to answer the question.

I ask you, Mr. Minister, to answer the question, give us the facts, and let us get on, and stop trying to make a mockery of this Assembly.

Hon. Mr. Taylor: — Mr. Chairman, as I said at the beginning of these estimates, I'm quite willing to answer any question pertaining to health care in Saskatchewan. That's what the purpose of estimates are for, and we will continue to do that. But I believe that a party that has a research fund paid for by the people of this province, that to find out what other political parties are doing in other sections of Canada is the prerogative of their research staff, and is not the subject of debate on the estimates of the Department of Health in Saskatchewan.

Mr. Shillington: — Well it is a subject of debate. The minister has never finished a question in under five minutes in his life. Mr. Minister, it is a proper subject for discussion. I am asking you, Mr. Minister, whether or not you know of any other provinces which are duplicating your shameful treatment of chiropractors — if you know of any other provinces which are doing what you have done?

Hon. Mr. Taylor: — Mr. Chairman, I know that in Saskatchewan we decided to eliminate extra-billing. We felt that extra-billing was a burden upon the people of Saskatchewan. I have heard the members opposite give lip-service to this. They were the government of this province for 11 years. They talked about it. They never had the moral courage or the fibre to do it. We sat down with the medical profession and arrived at Saskatoon Agreement II in consultation and co-operation. When we started those negotiations of the medical profession, my deputy minister when to the health professions and told them that extra-billing in Saskatchewan for all health

professions was going to end. That has happened. It has happened for the medical profession and it has happened for the chiropractors.

We are presently negotiating with the chiropractors on a new agreement. I said a few minutes ago, I am optimistic, Mr. Chairman, that that agreement will be to the satisfaction of the Saskatchewan people, to the betterment of health care in this province, and it will be something that the chiropractors of this province will accept.

Mr. Shillington: — Mr. Minister, I think it's patently obvious that you are not providing the information because it doesn't buttress your position. Indeed, no other province I think has made the mess that you have made. I do not know, Mr. Minister, why or how you could have made such a mess of this particular area, but it's clear that you have.

(1615)

I suggest, Mr. Minister, you're not giving us the answer, although you know it, because the evidence, Mr. Minister, suggests that for all their limitations, no other Conservative government in Canada is as incompetent as this one. And this is yet another illustration of what is happening to medicare.

Mr. Minister, I rest my case. You haven't been able to defend the refusal to give us the information. I therefore take it as admitted that the answer to those questions would not support your case. Don't believe for a moment if you had it you wouldn't give it. Well the minister is shaking his head. I'll give him a chance to respond to that, then.

Hon. Mr. Taylor: — Mr. Chairman, I abide by your ruling. I heard you a few minutes ago say that you did not think that this type of questioning was in the rulings according to *Beauchesne's*, and I'm quite willing to go on with the estimates of the province of Saskatchewan. So I will go with the chairman's ruling, and let's get on with the talk of health care. I want to hear from members opposite. I know that probably the member from Athabasca has some concerns he wants to ask me, and I've dealt with . . .

Mr. Chairman: — Order, order. The conclusion that I would reach here is that the minister may or may not answer your question. He has chosen to do otherwise, so perhaps we can get on with the next item.

Mr. Shillington: — I agree, Mr. Vice-Chairman, that the minister may not answer a question. There is no way we can make him answer a question. There is no way . . . I can tell you, Mr. Chairman, and I'll tell ministers opposite that if the ministers want to stonewall, then these estimates are going to take awhile. There is no way I or my colleagues intend to deal with the serious problems facing this province by accepting non-answers from the government. That may eventually be the case, but I'll tell you, there's going to be some warm winds pass inside and outside this Assembly if ministers are going to behave as this minister has.

Information, which is readily available which I believe he

has, and I challenge him to say he doesn't; he has not, when I have been listening ever said he doesn't have the information. The information which he has he refuses to give us. He doesn't attempt to justify it. He just does not answer the question. He goes merrily on talking about something that might have happened 10 years ago.

The same thing happened on Monday when we asked him about some issues which everybody in Saskatchewan who has any interest in health care, is talking about, and that's staffing levels. We asked them a series of straightforward questions, information which I believe his staff has, and he wouldn't give it to us. He wouldn't give it to us, Mr. Chairman, because it puts lie to the bombast which he has subjected this Assembly to.

So I say, Mr. Chairman, I accept your ruling, but if the ministers are going to stonewall, then this process is going to take a lot longer than it need and it's going to be a lot more expensive than it need.

Mr. Minister, I'll give you one more chance to give us the information which you patently have. You've never denied you don't. I'll give you one more opportunity to give us the information with respect to what other provinces are doing.

Hon. Mr. Taylor: — Mr. Chairman, if the members opposite want to ask me questions about health care in Saskatchewan, let's get on with it. As far as the question of what other Tory governments do in Canada, has no place as a question in here. I have no responsibility for any other government in Canada.

I am responsible for the health of the province of Saskatchewan. I am willing to answer those questions. But I say again, the activities of other political parties in other provinces is the prerogative of the research of the caucus staff. That's what they're paid that money for. And estimates in the Chamber are to deal with issues here on health care in Saskatchewan, and I stand willing to answer the questions they would ask.

Mr. Engel: — Thank you, Mr. Chairman. Mr. Minister, when we met with the chiropractors and they were telling us about the problems they were having as far as their fees and the work-load they're under and what's happened because of actions you've taken, did you take those actions — dealing with the pay scale that Saskatchewan chiropractors are subjected to — did you take those actions in consideration of what was happening across Canada, like you likely did with the medical doctors? When you determine the fee that medical doctors are getting, do you look at a fee structure across Canada, or did you pull some numbers out of your hat and decide that this is the fee we're going to freeze them in under the terms that they're working in?

Now when you decided . . . And I'm not talking now about the medical doctors' fees. I'm talking about the complaints we're getting from chiropractors serving people. And I can tell you here, I'm standing here on both feet, square on the ground, because chiropractors have kept me going. I've had back trouble in my life like you wouldn't believe. My family's been involved in it. And so we like what chiropractors are doing. I like what

chiropractors are doing. The thing that I don't like is when a chiropractor is under the gun and under pressure because of the \$10 fee thing they're really locked into.

Did you decide to do that because of what other chiropractors are getting across Canada? Or how did you determine that number?

Hon. Mr. Taylor: — Well certainly I can't go into what's happening at negotiations. As I say, negotiations are going on at this time. And I'm sure the member opposite, somewhere in his career, may have been involved in negotiations. I don't know if you have or not, but probably you have. I certainly have in my past career.

And when you're at the negotiating table, many factors are brought into discussion from both sides — cost of living, cost of overhead, comparative salaries, a multiplicity of factors. So therefore in any year, when we were government, when you were government, in other governments, certainly there's a lot of factors that come into play to arrive at a decision as to what constitutes a fair and equitable settlement.

Mr. Engel: — When you made that decision in relationship to what other provinces are getting and they were locked in under your freeze as far as extra-billing is concerned, how many other provinces followed suit and locked in their chiropractors? That's all we're talking about.

We're not saying anything about the negotiations that are happening now or if you're talking about different settlements or not. We're saying that the chiropractors in Saskatchewan, without any debate with you, sir, without any discussion, without any consultation, all of a sudden one day they were doing their little thing. Some people were working under the plan, some weren't. And at one movement you put them all under the same umbrella, took away that freedom to extra bill.

I'm not arguing, sir, with you that's good or bad. I'm arguing with you when you decided that, and there was no pressure from Ottawa, no financial pressure on you to include or not to include the chiropractors. All I was asking is what is happening in the other provinces than Saskatchewan? What is it doing to the profession as far as other provinces of Canada are concerned? What is it doing to the profession in Saskatchewan? What enticement is that placing on our chiropractors to stay here or to get more to come here or to settle here or to come here from when they graduate from school? What is the structure across Canada, and under what terms are they working here in comparison to the other provinces?

I think it's a simple, straightforward question. It's something that affects the lives of the chiropractors that are working in this province and I for one can't understand why you can't share that equipment and tell us why you implemented that under these terms here and what arguments you used as far as what was happening in the other provinces.

Hon. Mr. Taylor: — Well certainly, as I said previously, when we made the decision as a government to eliminate extra-billing in this province at all levels, the

chiropractors, as well as all other medical professions, were notified by my deputy minister that this would take place, that we were going to do this.

I want to say here, and it's very important, that we achieved the elimination of extra-billing without any financial deals with anyone. This government wasn't held up to ransom by anyone. We worked with them and we said to the professions, we are eliminating extra-billing. We will work with you in consultation. We've met with the chiropractors 10 times. We're meeting with them tonight. I feel very optimistic that we will work out a settlement that the chiropractors in this province will be satisfied with and will be to the benefit to health care in the province.

I agree with you that the chiropractors provide a very, very good service to many people. And I'm sure, sir, as being a farmer of many years and a cat operator, you may have had a bad back and they may have helped you. And you are just one of many people. And I understand that and I appreciate the work of chiropractors.

I can say that I haven't seen a mass exodus of chiropractors from Saskatchewan, and I feel very confidence that there will be an agreement very shortly that will certainly be acceptable to the chiropractors and for the betterment of health care in the province.

Mr. Engel: — Mr. Deputy Chairman, Mr. Minister, when your Minister of Finance stood up in this House, he formally made a comparison with all the other provinces in his budget debate. He took great pride and bragged about how Saskatchewan stands in comparison with various levels of taxes and so on, and took great delight in that.

What are you trying to hide? Why will you not give us the comparison with Saskatchewan in relationship to how they're dealing with their chiropractors and what are your Tory cousins doing in the other provinces? What are you trying to hide? Why will you not . . . why will you continue now . . . We've been on this topic for an hour. You've wasted the time of this House for a whole hour.

And, Mr. Deputy Chairman, you may even know the answers. Maybe you'd like to give us that answer, because I know my good friend from Rosthern knows that number and knows those answers.

But we think, for the record, that is some information we need here to finish off this topic in this deal, and the heavy-handed way in which you dealt with the chiropractors. You talked about 10 meetings. How many times did you meet? How many times did you meet with the chiropractors, personally, any representation of the chiropractors, on this issue? Have you met with them, Mr. Minister?

Hon. Mr. Taylor: — Certainly, Mr. Chairman, I have met with the chiropractors on numerous occasions. Our caucus will be meeting with them in another week or so, the whole caucus. I'm sure this issue will be discussed. I think we may have a settlement that they'll be very happy with by that time.

Secondly, Mr. Chairman, I have met with Mr. Milne, head of the chiropractors, in my office, and other ones: Mr. Chadwick from Regina, I've met with him; I've met with Mr. Johnstone from Regina when he was head of the chiropractors; Mr. Greenman. I know many of these people personally. And furthermore, my officials have met at least 10 times with them, and I have officials meeting tonight with the chiropractors, and we have negotiations going on at this time.

Mr. Shillington: — Thank you, Mr. Minister. Take it as read that you are ashamed of the facts and you're not going to answer the question.

Let's deal with another issue that you were less than forthcoming with on Monday evening when we left off. It had to do with the waiting lists at various hospitals. You undertook to get the information, if possible, in other communities. I gather your deputy has the information. I would ask if you would give us that now.

Hon. Mr. Taylor: — Before I'd provide that information, Mr. Speaker, the member from Shaunavon had asked for the four-year increases to the chiropractors in Saskatchewan. At that time I could only provide two years. I do have the information now for over the four years. I would give these figures to the members opposite.

Two of them you have, but in case you didn't take them down, I'll repeat them. In April 1st of '85, the chiropractors got a 1.2 per cent raise. In April 1st of '84, the chiropractors got a 5.3 per cent raise. In April 1st of '83, the chiropractors got a 7 per cent raise. And in April — I assume it's April 1st — of 1982-83, a 12.5 per cent raise. Those are the raises over the last four years for the chiropractors. And as I have said previously, negotiations are on at this time under the current contracts.

(1630)

For the summary of surgical waiting lists that was asked for by the member from Regina Centre, I would give you this information, as of February 28, 1986. That's the most recent I have. I hope that's satisfactory to you. In Regina we had 572 waiting at the Pasqua, 464 at the Plains, 1,475 at the General; in Saskatoon, 2,070 at the University, 3,036 at City, 2,902 at St. Paul's. In the regional hospitals — you asked for that also — Moose Jaw at Providence, 18, at the Union, 168; Battlefords Union, 337; Prince Albert, Holy Family, 338, Vic Union, 305; Yorkton Union, 258; and in Swift Current there was no waiting list.

Mr. Shillington: — Mr. Minister, would you give us a copy of those documents. They were read too fast to copy down.

Mr. Minister, I asked you as well for the waiting lists in nursing homes throughout the province, and you undertook to give us that information by this afternoon.

Hon. Mr. Taylor: — We have been phoning around regarding the nursing homes, and I think what you determine as a waiting list really isn't existing. They don't have chronological lists of people wanting to get into their nursing homes. And the fact is, as I explained to you

on Monday night, they go through the DCCs, the district co-ordinating committees, and there are various functions or services that they can access, so there may be . . .

Let me give you an example, Mr. Chairman. A DCC may have had 100 people come to it. Am I right? That 100 people could be designated for various types of services. Some of them may have to go for home care, some may go into a hospital for a short period of time and back out, some may go into a nursing home for a short period of time and then back out with the support of home care. So as to say there is a chronological list with Mrs. Brown and Mrs. Jones and so on, that the DCCs are listing, that is no longer the case.

I know this was the case when the members opposite were in government, because they did not have district co-ordinating committees in place. What happened at that time, members of the family would say, I need to get my senior citizen into a nursing home. So they would go, say, in your area — they may go to Rosthern, and they may go to Dalmeny, and various areas in that part of the country — and register that person on a list at each of those towns. Therefore on a chronological list, Mr. Chairman, you would see, for example, Mrs. Brown in Dalmeny, Mrs. Brown in some of your other towns up there where you live, and they would be on all of those. That was the situation. And that is what they refer to as a waiting list. Thank goodness, Mr. Chairman, with the formation of DCCs, and practically every home care district in Saskatchewan has a DCC, and the people go to those and then they're slotted into their proper modalities of service.

So if to say that the homes have alphabetical and chronological lists of people waiting to get in, may have been the situation in the days of the NDP — was the situation, rather a drastic situation — but today we have district co-ordinating committees that address this situation. And I don't think you can compare those because it would be comparing apples and oranges.

The system today is probably the leading system of assessing need of senior citizens and younger disabled people across the Dominion of Canada. People are looked at on not how long they've been on a list, they're looked at on their needs, and they are also looked on on the support services that exists within their community.

It may well be, as I explained the other night, Mr. Chairman, that a person who has support services, has a family he can live with, can access adult day care, could go into a respite bed, accesses those services, services that have come into place in the last four years, Mr. Chairman, and therefore that person who not show on a waiting list because they have services. Do you understand?

But if those things are not there, if you did it in the old way, in the old way of the NDP where you lined up at the door here and you lined up at the door there, and maybe if you knew someone influential, maybe if you had your uncle on the board, you might get a little bit of privilege to get into that nursing home. That isn't the way we operate today. That isn't the way we operate.

They go to a DCC, and the DCC looks at the needs of that individual person, and then they place that person into the type of system that best satisfies the needs of the person rather than having long chronological waiting lists as we did in the past.

Mr. Tchorzewski: — Mr. Chairman, the member for Shaunavon earlier this afternoon clearly made the point which is now being reinforced by the minister. And that is that when he gets asked a question which he does not want to answer, or a question which he feels may be embarrassing to the government, he goes into a tirade and makes a speech of irrelevancies going back in history 20 and 16 years and 25 years rather than addressing the question.

Surely to simply answer the question the way he did, in saying that that information is not available because nursing homes don't have it, would not have taken up the five minutes consulting his staff, which he did prior to answering that question, so he could just simply say that.

The question, Mr. Minister — a very straightforward question. I'll wait till I get his attention; he's busy. Mr. Minister, my question to you is: are you saying that the central registry mechanism that exists in the city of Regina, for example, does not have a list of people who are waiting for a level 3 bed? Does it not have a list of people that are waiting for a level 4 bed? Are you saying that they don't have that kind of information?

Hon. Mr. Taylor: — Certainly, I am saying to you that there are lists of applications, all right? A person applies . . .

An Hon. Member: — What is that?

Hon. Mr. Taylor: — Well if you'd wait for a minute, you would find out what that is.

A person applies. He is then assessed, and that assessment will direct him into a number of service modalities. That I know you don't like to hear about, five years ago when they didn't exist. I know that; I know that very well. Because you were the minister of Health and you and you were the minister of Finance, and I know it's embarrassing to you. But I think it's only fair to lay out the scenario. Those services are here today.

Now when a person puts in an application, there are certainly some limitations that can affect that. In some cases there may have been no professional assessment of the need has been conducted, so we have to do that. And where assessments have been made, there was no formal distinction between the need and the unmet need. There may have been duplication of applications in communities, and the criteria may have been different.

So what I'm saying to you, we do have applications. But an application is a person saying, a family saying, I have a senior or I have a disabled young person who needs some type of care. That type of care may well be assessed to be a number of things: home care, adult day care, respite care, acute care hospital, special care home. And as I say, and thank goodness, and I'm proud to see this, that it isn't

an end of the line. There are people who go into special care homes and come back out of special care homes and live in their communities. I think that is a very forward step. That is a step that has only started to happen in the last few years, and is something we're very proud of.

So certainly there are applications, but to say that there are waiting lists here and waiting lists there, alphabetical chronological waiting lists, I say that was the old way of doing it. It isn't the way that it is addressed now.

Mr. Tchorzewski: — Mr. Chairman, and Mr. Minister, I know that there are applications that people make, very fundamental. I know that assessments are made. I know that they were made before 1982. I mean, you're not telling this House or the public anything that they don't already know.

My simple question to you is this: of the people, Mr. Minister, who have been assessed, how many are waiting and on waiting lists to get into a nursing home because they need to be in a nursing home bed — of the people who have been assessed?

Hon. Mr. Taylor: — I beg to differ with you. There may have been assessments before '82. I'm not denying that. But there were not district co-ordinating committees, not the type of assessments that are done now. They certainly did not exist before '82, not one of them. There were no district co-ordinating committees.

I say they're in almost every area of the province today, and I'm not going to go back through the explanation. I think you understand the explanation of them and how they work. And I would ask you — or challenge you — to go to communities where they're in place. Ask members of home care boards, ask members of hospital boards, special care home boards, ask them if they don't support this, if this isn't one of the best ways of addressing those people who are in greatest need as to how they will enter the system of long-term care, the continuing system, the continuation of it. They can fit into the slot that most appropriately will give them the service that they need.

Mr. Tchorzewski: — Mr. Chairman, and Mr. Minister, I indeed have been to communities where they are in place, and I've spoken to the people running the system in Regina on a number of occasions. I feel that's part of my responsibility to communicate with these people, unlike the minister who does not like to meet with a lot of these groups, such as nurses.

Now, let me say that also the co-ordinating systems that are in place are a good idea. I mean, nobody would deny that and I'm not suggesting otherwise. In fact, they're so good, Mr. Minister, that they provide ready access to information about people who need to get certain services so that they can place them. That information is right there.

So I ask you again the question which you didn't answer after your speech. It simply is: of people who have been assessed, how many are on waiting lists to get into nursing home beds?

(1645)

Hon. Mr. Taylor: — To the member for Regina East, I'll give you the figures here. I'd like to explain the three categories . . . No, I would like to explain it to you because you may understand it, but some of your colleagues will be sure to miss it. And that is that in Regina there's three categories. I'd like the member for Regina Centre to pay attention, and I'd like to explain these because these are the categories used by the district co-ordinating committees.

First of all, there's those who are priority. That is people in the community or in private care homes or hospitals, who, in their feeling, should be in a special care home. So those are your priorities.

Secondly, they have a grouping called urgent — urgent. Those are people who are coping but would become priority if there was a significant deterioration in their health or support system. So there are people who are getting by, but if their health deteriorated or if, say, a family member left that was helping support them, they would become a priority.

And then the third category is others. They deal with basically level 3's and 4's, not including level 1 and 2, who, as you know with home care and so on, basically remain in their community with a few exceptions. You will always find the odd elderly gentleman or something who is a level 2, but he has no support services, so therefore he ends up in a nursing home. That exists, but basically it's level 3 and 4.

Under the priorities for Regina: level 3, there are 81; and level 4, there are two; so this would be 83. And the priority list for Regina at this time: under the urgent list in level 3 for Regina, 75; level 4, 72; for 147. And under the others: level 3 for Regina, 221; and level 4, 16; so 237 in that category.

Mr. Shillington: — Mr. Minister, you have a great many figures. The other day you gave us figures of 1,070. Now somehow or other in the light of what's obviously an insufficient nursing home program, you've managed to scale that down to about 450 to 500. What happened to the other 500? Did you suddenly find nursing homes for them, or did you decide the other 500 could well afford to stay in their own homes.

Hon. Mr. Taylor: — As I indicated to the member from Regina East, the level 1's and 2's were not included in this. I gave you those figures the other night, how many level 1's and 2's there were: 262 level 1's, 305 level 2's. So those are not included. I should indicate to you that these are the figures that we have requested, and come right across from the DCC here in Regina.

Mr. Shillington: — And, Mr. Minister, you were going to get me the figures for the other communities as well.

Hon. Mr. Taylor: — Yes, we will give you those as they are available. I will get those for you. I just want to indicate, when we look at Regina . . . And you'll recall this from the other night, and I think it's only fair when we look at this in its context, with those numbers that I have just read out and provided to the members of the

opposition, and those are the figures as of the end of February for Regina, coming from the DCC, who are an independent group. They are certainly not under my jurisdiction. They're an independent group here in Regina.

But I think the thing, Mr. Chairman, we should remember is that of those priority people, the average time to get a placement in a nursing home in Regina is two months — two months — and I think two months is a pretty respectable figure for someone waiting to get into a nursing home.

I have nothing but the heartiest congratulations for the DCCs. They're doing a fantastic job out there in helping us cope with what is a very difficult problem.

Mr. Shillington: — Mr. Minister, we've essentially had those figures two days ago. I ask you for the figures for other communities, and I ask you for that now.

Hon. Mr. Taylor: — We are going to provide those for the member.

Mr. Shillington: — I don't believe that comment. I do not believe you're making any effort. I do not believe you are making any effort. I do not believe you are making any effort to give us that information. I don't think you're making any effort at all. I just don't believe it, Mr. Minister. I just do not believe that statement.

Mr. Minister, a friend who is not on the caucus staff at all, a friend called the Regina nursing homes and the Regina assessment committee and arrived at approximately the same figures as what you gave me. So we're back up to 1,070 as you defined them.

Mr. Minister, I don't believe that you don't have that information for Saskatoon. It is so readily available. I would hope, in the name of Heavens, that you wouldn't plan or estimate the number of nursing homes you're going to provide to a community until you know what the waiting list is.

Mr. Minister, you spent a good 10 minutes telling us how you'd improved upon the old method of assessing patients and applicants. That may be or it may not be. But, Mr. Minister, at least give us your own figures for Saskatoon. At least give us your own figures for Saskatoon. Give them to us as you have cooked them and as you have defined them and as you have narrowed them. Give us your figures for Saskatoon. And then I'm going to go around, Mr. Minister, and get the figures for every other community. I do not believe that your department entered into a five-year plan for nursing homes throughout this province and didn't have the faintest notion in the world as to what the needs were in those communities. I don't think even you people, as well as you have demonstrated your incompetence on virtually every issue you've been faced with — including the Minister of Energy today, who made a jackass out of himself and the Premier and the government on the issue of energy . . . So I . . .

An Hon. Member: — What kind of a vocabulary have you got? Come on!

Mr. Shillington: — A jackass. I may be being unfair to jackasses, to describe the member from Weyburn as sharing the qualities of that animal. I may be being unfair to jackasses to suggest the member from . . .

Mr. Chairman: — Order, order. I think that the use of that kind of language against a member of this Assembly is detrimental and unbecoming of keeping decorum.

Mr. Shillington: — Well I'll use the word "donkey" if you'd prefer. But both are found, Mr. Chairman, in every dictionary, and both mean exactly the same thing. But if the chairman would prefer that I'd use donkey instead of jackass, I'd be happy to call them donkeys.

Mr. Minister, I don't believe that even this government is as incompetent to build and to announce a five-year plan for nursing homes without knowing what the needs of the community are. We are told, Mr. Minister, that those needs are severe, that the waiting list is severe, and that . . . (inaudible interjection) . . . You've got 10 minutes before you can go for supper, so I'd ask you to listen to the question and stop looking at the clock, Mr. Minister. For the next 10 minutes, Mr. Minister, I'm going to insist you give us those figures, which I know you have. I don't believe for a moment that you haven't got them. If you are, then you really have set a new high-water mark in terms of incompetence.

You obviously know what the needs of the communities are. I tell you that I think the needs are unacceptably high. I made that comment the other day about a community which I am familiar with, the city of Regina. And your comment was, but the city of Regina is awash with nursing homes. They've been pampered with a flood of nursing homes. Well if Regina has received such special treatment then, Mr. Minister, I am very curious to know what the waiting lists in other communities are.

So I ask you to give me the information which you have, and save all the inane speeches about what happened in 1977 or '78 — save those silly, inane speeches for wherever you may find some use for them. But they're not of much use to you in this Assembly. Give me the facts which I know you have.

Hon. Mr. Taylor: — Well, Mr. Speaker, he makes reference of looking at the clock. I was just wondering how long he would babble on before he got to the meat of his question.

Certainly I listened with interest, Mr. Chairman, listened with interest to this gentleman. I mean, it's very hard sometimes to wonder just what he's talking about. But I listened with interest. And he is saying, and he talks about 1,000. I talked about the urgent and the priority people in Regina. I gave him the exact figures coming from the DCC. He is saying, there's 1,000. That's what he's saying. There's 1,000 people waiting to get into nursing homes. If you analyse what that member is saying, he is saying that every level 1 and 2 person in Regina should be in a nursing home. That's what he's saying — exactly.

I don't believe that. I don't think level 1 and 2 people want to be in a nursing home. Level 1 and 2 people tell me, I

want to remain in my community. I want to remain in my community with the type of services that are provided, with home care, with special adult day care, and with respite. Don't put me as a level 1 and 2 in a nursing home and lock me up and say, stay there. That's the kind of philosophy that he has. He won't believe the priority; he won't believe the urgent. He wants to group all of the elderly. That's his respect.

I saw the Leader of the Opposition Monday night, when I talked about the need of elderly people in this province, chortle and laugh in his seat. He laughed about elderly people in this province. That's shameful.

We want to keep elderly people in their communities, out at their activity centres, having fun, going to their bingos, going to their dances, doing the things that they deserve to do because they built this province. And for a member to sit here and try and say that there should be all these thousand people in Regina in nursing homes, I would love his constituents to know that. That's where he would like to put them.

We want to have nursing homes for those level 3 and 4 people who have been categorized, who have been evaluated by professionals who say this person is a priority and needs to go into a nursing home. There are those people — I gave him the figures — they wait just two months to get in in Regina. So for his complete lack of understanding, I understand very, very plainly.

I think the only thing the Leader of the Opposition did in his years that was extremely credible was to dump him from cabinet. I tell you, I wouldn't put a man of his capability in any cabinet in a government in Saskatchewan — a person that, when he was a minister of Crown in here . . .

Do you want to know the kind of report that he authored and presented in this legislature? I recall it. I was in opposition. I was appalled. His recommendation in the report that he paid for when he was flubbing around in culture and youth was to equip the snowmobiles in northern Saskatchewan with television sets.

That was the report that he brought in, and he stood and tried to defend that. That man was the laughing-stock of this province. The premier of the time realized this, and he took him and he turfed him right out where he deserved to belong.

I remember him. I remember defending his estimates. I remember his speech for cutting a ribbon at some little cultural recreation centre where you can go, Mr. Chairman, You've been there many times on my behalf and have done a tremendous job. You go down to a senior citizens' centre. You open their activity centre. They're lovely people. They want to meet with you and dialogue with you. You give them a few words of kindness and appreciation.

When he was a minister of the Crown, he had bills for \$500 for speech-writing to go and talk to senior citizens at an activity centre. That was you. That was the kind of minister of Crown you were. And it's no reason . . . I can understand perfectly why the premier of the day

would say to you, look, the chaff goes and whatever grain is here will stay. Well there wasn't much grain because they all blew away in '82 also.

You were lucky. I don't know how you were but you were lucky. But the day that you ever operate in that position and in Executive Council in Saskatchewan again, lo and behold, that would be a disaster for this province, because you are completely incompetent, and I believe you got your law degree at an auction sale.

Some Hon. Members: Hear, hear!

Hon. Mr. Taylor: — Now, Mr. Chairman, he says we don't have the figures for Saskatoon. He questions the authenticity of the DCCs in Regina and Saskatoon. His colleague, who at least has a greater grasp of the situation than he does, indicated . . . (inaudible interjection) . . . No, no, don't side with him, my friend . . . indicated that he believes DCCs are a good thing. I think they're a good thing. My colleagues think they're a good thing. The people of Saskatchewan think they're a good thing. But the member from Regina Centre doesn't believe them. He says they're crooked figures. He said these people don't know how to assess who needs to get into the homes. That's the kind of thing. He said, you can't take their priority list; it isn't correct. Take all of them — all 1,000 — put all 1,000 people into the nursing home and solve the problem. That's his logic

Well let me give you the figures for Saskatoon because it's a bit interesting. It's a bit interesting, Mr. Chairman. Here we are. Saskatoon, same categories, priority preference. And another category: by-pass. By-pass are for people who were phoned and asked: do you want to come into the nursing home? And they said, no, at this point in time we're not ready to come in.

He would take all those poor 1,000 people that lined up and said, I would some day like to go into a nursing home; please assess my need. He would take them all, as soon as they had signed the application form, and shove them in a nursing home and hope they stay there for the rest of their life. I say to you: is that humane; is that compassionate; is that kind treatment for the senior citizens of this province? Obviously not.

For Saskatoon, we have on the priority list: level 3's, two of them; level 4, 14. On the preference list: level 3, 130; level 4, 211. And those on the by-pass, people who were phoned by the DCC and said, do you want to come into a nursing home: 35 level 3's said no, and 93 level 4's said no, I prefer to stay home in my family with the support services that are there available in Saskatoon.

I just met with the Saskatoon home care people two days ago. The Saskatoon home care are doing tremendous work helping many people stay in their homes. And they said to me, we want to stay there; we don't want to go into a nursing home; we want to remain with our family — and thank the Devine government for putting the new initiative of adult day care . . .

Some Hon. Members: Hear, hear!

Hon. Mr. Taylor: — . . . of respite beds, and DCCs into

place, so that we're dealt with as individuals, not just numbers on a waiting list, as the insensitive, uncompassionate, un-understanding viewpoint of the NDP in their days in government.

Some Hon. Members: Hear, hear!

Mr. Chairman: — Being near 5 o'clock, this House is now recessed till 7 p.m. tonight.

The Assembly recessed until 7 p.m.