

April 14, 1986

EVENING SITTING

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32

Item 1 (continued)

Mr. Lingenfelter: — Mr. Speaker, when we left off at 5 we were asking the minister some questions about liquor advertising and the changes in policy that came about after the '82 election. And the minister will know full well that the relaxation of the laws affecting booze advertising in the province followed, I think, relatively quickly upon the election of the Conservative government in 1982.

And the question that I want to ask the minister: if he can give me the date when that change occurred. We'll start there, and then I've got some questions that will follow.

Hon. Mr. Taylor: — November '83 is the date that is brought to my attention.

Mr. Lingenfelter: — So it's November of 1983 when the change occurred. And what changes actually took place then? It was allowed on TV, on in-province TV stations. What other changes took place in terms of allowing liquor advertising in the province? Can you outline briefly the changes that were undertaken then?

Hon. Mr. Taylor: — Mr. Chairman, speaking . . . As you well know, we were not the department that regulated this at all. But it was basically that beer and wine would be advertised and the ad shall not be that that encourages use or abuse of liquor; the advertisement shall not contain family scenes or minors or involve the operation of motor vehicles; the advertisement shall not contain endorsements by a celebrity; and manufacturers shall devote 15 per cent of their total advertising to educational messages which promote public awareness of provincial liquor laws, moderation and responsible use of alcohol, and the consequences of drinking and driving.

Mr. Lingenfelter: — Mr. Minister, I wonder if you could as well tell me, when the changes were brought about, and governments make changes like this, there's usually lobby groups that come forward and offer up their opinion as to why the changes should occur. And I understand the people who produce alcohol and sell it and make fantastic profits on the sales of alcohol would be pushing for it; the people who do the advertising, as the former minister of Energy would well imagine, would want to have it expanded. What other groups in the province were pushing for an expansion of the booze advertising at the time the changes were made in 1983? Can you give me a list of the . . . Were there nurses or health people, anyone pushing for that kind of a change?

Hon. Mr. Taylor: — I wouldn't be able to tell you who the lobbying groups were, because of course I wasn't the minister responsible for making the decisions or doing the negotiations with the television stations. You'd have to ask that to the appropriate minister, who's the minister in charge of the Liquor Board. I don't know who the lobbyist

groups would be. To me, as minister, I didn't have lobby groups coming to me.

Mr. Lingenfelter: — Well I wonder, as Minister of Health, in your discussions with other cabinet colleagues and in particular the minister who would be in charge of making the decisions, did you make an argument against liquor advertising at the time? I kind of think that any minister of Health would argue against the expansion of a liquor market or the pushing of a narcotic or a booze or cigarettes. I'm sure that any minister of Health would argue against it. There must have been countering arguments to say, look, we should be expanding it.

What were the arguments within your government that said we should be expanding alcohol advertising? And what groups were you made aware of, or did you sort of ignore the whole issue and then just plan to deal with the results of it?

Hon. Mr. Taylor: — The member opposite knows real well that one does not disclose what goes on in cabinet or in caucus. Those are conversations and discussions that take place and there's such things as confidentiality, that we don't discuss what goes on. Maybe they did when they were in government, but certainly we do not.

Mr. Lingenfelter: — Well I'll tell you, we did have very open debates on such things as liquor advertising. And it was a public policy that we were opposed to it. And I can well understand why the minister is hedging on this one.

But I would like to ask you, as Minister of Health, what your position is on liquor advertising. Are you in favour of it, or opposed to it?

Hon. Mr. Taylor: — Well certainly when I look at, consumption is down; there's no indication to show that consumption has gone up, in fact it has gone down; accidents are down; there's some positive advertisement that there never was before.

Safe Grads, and I see schools, and I congratulate Shellbrook, Cochrane again, schools that are electing to have complete liquor-free graduations.

And I indicated to the alcohol commission that we would be monitoring the use of alcohol, and especially by minors. And I must say that any of the evidence indicates that the advertising did not bring about an increase in consumption.

Mr. Lingenfelter: — Well I would like to ask the minister again, because he refuses to answer the question, what your position as Health minister is on alcohol advertising. Are you in favour of the expanded advertising on TV of beer and wine? Or are you on the side of nurses and health care givers who say that it's a bad idea?

What I would like you to do is to stand here and explain to the Assembly what your position is. Are you in favour of advertising alcohol, or are you opposed to it?

Hon. Mr. Taylor: — All I can say, that if consumption patterns are going down, traffic accidents are going

down, and the positive ads are having an impact — and the alcohol commission indicate to me that that is happening in Saskatchewan — then I must say that I do not see any adverse consequences coming from the change in policy.

Mr. Lingenfelter: — So then, Mr. Minister, people who are listening closely to direction from this government — and I say this is a discussion that is going on across Canada and across the United States, dealing with liquor advertising — you would fit into the column of expanding liquor advertising, and you see no problem with it. I want to get that clear.

Hon. Mr. Taylor: — No, Mr. Chairman. I indicated that what I had seen in the area of the country that I'm responsible for health care, that consumption is going down, accidents are going down, that people are being subjected to positive type of advertisements; then I must say that I don't think the situation in Saskatchewan has deteriorated. In fact, I believe it has gone the other way.

Mr. Lingenfelter: — Well, the minister is certainly not jumping up with his answer to the question of whether or not he supports the expanded liquor advertising in the province, and for the fourth time I will ask you to go on record either in support of or opposed to liquor advertising. Because that's what many people in the country are asking, is whether it's the government policy and the minister is clean on this issue, or you're in there with the rest of them promoting the consumption of alcohol.

And I would ask you clearly once again: are you in favour of the expanded advertising program in the area of alcohol, or are you opposed to it?

Hon. Mr. Taylor: — Mr. Speaker, once again I indicate that when you see that the consumption is going down, that there are educational ads that there never were before, that the stations are putting on more than the 15 per cent, that the impact upon young people is that they are electing to have expanded Safe Grad projects, that the Christmas advertising in alcohol is having a tremendous impact upon driving procedures — accidents are down — then I think what we're doing in Saskatchewan is probably quite acceptable. And I cite as an instance for that, Mr. Chairman, the fact that the federal government of Canada are following almost to a T Saskatchewan's lead. You don't see any sports celebrities, you don't see moving vehicles, things of this nature. There are strict guide-lines in Saskatchewan.

And when I see, Mr. Chairman, that the rest of Canada is following the lead of Saskatchewan, then I think that indicates to me and the other people of Saskatchewan that many of the boggy men that the member opposite would like to raise, the same old scare tactics, the same old negativism that has been with that party since 1971, continues to persist. But when you look at the facts, when the consumption of raw spirits is less than it was in 1978 when they were the government, then I think the policies that we have instituted are certainly taking effect.

Mr. Lingenfelter: — Well I wonder if the minister could inform the Assembly whether he has the same approach

to the advertising of cigarettes. Do you feel that if cigarette advertising were expanded that it would have the same impact of reducing the number of cigarettes smoked by people in Saskatchewan?

Hon. Mr. Taylor: — Well I explained about the cigarettes before supper. I'm proud to say that again Saskatchewan is the leader in Canada on non-smoking initiatives. We have certainly reduced smoking, I believe, more than any other province. I see others are following the lead.

I cited before supper about the by-law that is presently before the city of Vancouver. And certainly there's been a great reduction in the use of tobacco. I've had many discussions with young people. I cite again the schools that we're all very proud of. I think I personally have signed in the neighbourhood of 15 to 1,800 non-smoking certificates, ministerial commendations, to people congratulating them on taking this step to better ensure their health for the future.

So I think there have been a number of things that have happened in Saskatchewan that have reduced the smoking amongst our population. And although I don't profess to be a prophet, Mr. Chairman, I think that in the future we're going to see a great deal more of this.

(1915)

Mr. Lingenfelter: — I wonder if the minister could answer the question that was put to him: whether or not if a cigarette lobby approaches you to do expanded advertising in the province whether you will agree with it the way you did with liquor advertising. You say on the part of liquor advertising that you don't believe that it has increased consumption. And there would be many people in the advertising who would argue that point with you because basically companies advertise to increase consumption of whatever product they're advertising.

But on the other hand if you're serious about believing that it hasn't increased consumption, would you allow cigarette companies to expand their advertising in the province in the same way?

Hon. Mr. Taylor: — Well I believe that our initiatives in non-smoking are meeting the needs of Saskatchewan. I see a lot of development in the future on this. I don't think . . . Maybe the members opposite . . . It may well be when he's suggesting that I encourage advertising of cigarettes, maybe that's what he stands for. I remember — and they've standing in their place for some time this afternoon — talking there in a pious nature about liquor advertising.

I would just remind you, Mr. Chairman, and the members of this Assembly, that it was that government, when they were in power, opened the malt plant, as I believe. A malt plant is a plant to produce beer. That's what it's for. And I believe they were the ones that did it. I don't know how much of a financial success it was. I think it was like many of their other ventures, rather a dismal failure. But I mean there's a bit of hypocrisy when you have a member on the opposite side standing up and making great protestation about advertising, when consumption is coming down, while at the same time develop malt plants.

Mr. Lingenfelter: — Well I wonder if the minister could inform the House whether or not they closed that malt plant that was so terrible when we were in government. Obviously not.

What we're talking about here is promoting the consumption of alcohol. And we have a government that sanctimoniously talks about defending the principles of the family and trying to reduce the amount of alcohol consumed in the province and at the same time, in 1983 they opened the door to the advertising of beer and wine.

I say to you that there are many people in the province who simply don't believe you when you say that it doesn't increase consumption. They don't believe it.

Well obviously, any company that has an advertising program will do it to increase the consumption. And because Coca-Cola's consumption goes down 5 per cent when they're advertising heavy doesn't mean that they quit advertising. Obviously they will believe that their consumption would have went down further had they not advertised. Any of you who have 2 cents' worth of business knowledge — and I agree there aren't many of you who have, watching how you manage the economy of the province — I'll say to you very clearly that the . . . (inaudible interjection) . . .

Well the former minister of Energy is the one to be shouting about being in business, because the oil industry under his administration has gone on the rocks. It's finished.

And when I say to the Minister of Health that, when it comes to advertising liquor, your record stands in stark contrast to what you were promising during the election campaign, and is yet another example of the hypocrisy of you people across the way: where you promised very clearly that you were concerned about the consumption of alcohol, you have moved very quickly in the opposite direction to try to fill the pockets of your friends in the industry. And I say that anyone who will pick up the donations to the Conservative Party can find those same groups of people who have benefited . . .

An Hon. Member: — Name them.

Mr. Lingenfelter: — . . . from advertising, and they're clear to the members opposite. And the Minister of Justice, who is particularly yappy from his seat tonight, should look in the books and find it out if he doesn't know. And I challenge him to stand in his place and deny it. We hear a lot from these individuals from their seats, but they never get involved in the debate.

And I say to the Minister of Health that, when you look at who has benefited from this advertising, there are two groups: one, the advertising companies; and secondly, the people who have been doing the advertising, that is, the producers of beer and wine. And I say to you: is that a good enough reason to encourage young people to consume alcohol?

Hon. Mr. Taylor: — Well I think, when you see consumption going down, then certainly people are

benefiting. You know, I watch with amazement here when the members opposite are so apt to criticize a stance taken by this government which says no alcohol advertisement should contain life-style connotations, nor should it be endorsed by any type of a celebrity, and there should no use of moving motor vehicles.

And furthermore to this, when I see the federal government of this country, when I see the federal government of this country endorsing Saskatchewan's position and trying to have that accepted by the CRTC (Canadian Radio-television and Telecommunications Commission) as the standard across Canada, then I must say that I believe Saskatchewan is, again, a leader in this field in the type of educational ads. Because why else would the federal government want to take, almost to the T, our program and try and have it instituted across the nation?

Mr. Lingenfelter: — Well, Mr. Chairman, the minister may believe that other provinces and the federal government will fall for this encouragement of alcohol consumption, and they may, given the fact that we have a Conservative government in Ottawa and in a number of provinces. But I don't believe that the people of the province here in Saskatchewan are encourage by the fact the fact that alcohol advertising has increased dramatically since 1983 under your administration.

The minister must know that when he was making the decision to move in this direction — and he will indicate that he doesn't know any groups who supported the move in that direction — obviously knows one thing and that is the only people who supported him were the advertising companies and the people who manufactured the alcohol.

I would ask the minister here again whether he can indicate any other group who came to you as minister and asked you to expand alcohol advertising before you made that move as a government in 1983.

Hon. Mr. Taylor: — As I said previously, I was not the minister that was negotiating with the television stations and so on. I suppose if there were groups that were lobbying they would be lobbying that minister and the question would be more properly addressed to him.

However, it seems again rather interesting — and I'd say more than interesting; I'd say rather hypocritical — hypocritical, for the member opposite to stand up in his sanctimonious way and question about liquor advertising that has a legitimate educational component showing the danger of alcohol, when the party that he belongs to, the party in Manitoba . . . You know what they'll do, Mr. Chairman? They'll give you home delivery, home delivery from the liquor stores. That's the stance of the NDP in Manitoba.

Now you try and tell me who is promoting liquor, the one that'll bring it to your home — home delivery advertised in the paper; dial-a-bottle is the name of the program. Dial up and get your 40 for tonight, Manitoba style, NDP delivered. That is their policy. We have 15 per cent educational advertising to show the people the dangers of consumption, once again . . . (inaudible) . . . the leader in

Canada, the program that the federal government is copying to a T.

Mr. Lingenfelter: — The minister almost sounds like he was over in Manitoba tonight with the answers he's giving, because he's being very hesitant in giving any answers to the questions. And I say, this is the fifth or sixth day that we have tried to get answers out of this minister, and he refuses on every issue. He's refused on every issue, whether it's the funding of medicare in the province or whether it's the chiropractors or whether it's the issue of alcohol advertising and who was pushing them to move in that direction.

And I say to you, talking about Alberta or Manitoba — I think only when you need it do you talk about other provinces. When we wanted to know what the rate was for chiropractors in other provinces you couldn't answer the question, and the Chair at that time ruled that you didn't have to answer. Now all of a sudden you know what's going on in every other province. It just seems a little bit unbelievable that you, as minister, would stand here and not have answers for these very, very straightforward questions; one of them being about liquor advertising — who was pushing you in this direction, to move to extend and to move quickly after the election to increase alcohol advertising.

And you will know, as many others will know in this Assembly, that other jurisdictions throughout the United States . . . In fact, there are now congressional committees and senate committees that are dealing with and trying to struggle with the issue of alcohol advertising in the United States. And every indication is that they're moving to a different drummer than you are here in the province of Saskatchewan, because their studies have indicated clearly that alcohol advertising is leading to many serious problems. It's leading to alcohol consumption among younger and younger groups of people, and that indication is here in the province as well — that the ads are aimed at young people in their formative years where brand identification and earlier consumption is encouraged.

And you can tell me all you want about the fact that you have a commitment from the breweries not to advertise using young people. But I'll tell you that anyone watching those ads, of young people enjoying themselves with beer surrounding them, will not believe you for a moment. And the indications are that alcohol advertising is leading to ever-increasing social problems in the family; ever-increasing social problems in the schools and universities.

And I say to you that you're moving to a different drummer when you say that advertising isn't a major component of the increased problem. And you will have to prove to many other people, including many of the states in the United States, who are saying that you are moving in the wrong direction.

And you won't get away with this idea that your ads against alcohol, the 15 per cent, are something new. They were there when we were in government, and they're there in every province. You can look at the Aware ads. And the Safe Grad was well established many years ago,

and for you to try to take credit for those programs at the same time as you're saying they equal off or balance off the positive advertising for booze, is simply not credible.

What has changed since '82 is the positive promotion of alcohol for the first time in this province, and that's what you have done. You haven't set in place the anti-alcohol ads, because they were there long before you were, as was Safe Grad. So for you to try to take credit for those is simply not credible and adds to the problem you have with making yourself believable to the people of the province.

Hon. Mr. Taylor: — Mr. Chairman, once again, let me indicate to you and to this House, I find it a lot easier to defend a program that is being copied by other jurisdictions in Canada.

You can stand where you want on your side of the House with the old NDP dial-a-crock program in Manitoba. That's what you got — dial-a-crock. If you're thirsty tonight, pick up the phone, phone the liquor board, and they will deliver the crock to you — dial-a-crock Manitoba NDP program. Now if that is what you want, you stand up and you say so.

But I'll stand here and say that where there's 15 per cent educational ads on the television that were never there before, when the per capita consumption of spirits is going down, where beer per capita consumption is also decreasing, where we're the fifth lowest in per capita sales of alcohol in general — I don't say that our programs are so dangerous to the public. I think Manitoba NDP dial-a-crock is far more dangerous.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I want to renew the comments of my colleague, the member for Shaunavon, with respect to the electronic advertising of beer and wine. I think that none of that evidence in the United States or elsewhere suggests that this type of advertising does anything other than increase consumption. All one's ordinary instincts underline that. No one would reasonably believe that a whole industry would undertake to advertise, unless the objective was to increase sales. It is remarkably difficult to think of any other industry which advertises in order to reduce sales, as is your argument. No, I don't believe that, and I don't think you believe that. We all know why consumption has gone down, and that's because unemployment has gone up and disposable incomes have effectively gone down.

I think there is no question that when disposable incomes goes down, spending goes down. That's almost trite to say that. And spending also on alcohol goes down — not by everybody, obviously, because some people who are in difficulties abuse alcohol. And I think that these times are characterized by greater abuse of alcohol and lower consumption of alcohol.

An Hon. Member: — Really cut down on bingo.

Hon. Mr. Blakeney: — Mr. Chairman, I'm sure that the member for Saskatoon Eastview, as his swan song, will want to give us a little dissertation on bingo. But right now we're dealing with the Health estimates, and we're

dealing with the consumption of alcohol, which is a number one health problem in Canada and Saskatchewan. And we're dealing with those things, which, at least in our view, encourage the consumption of alcohol, and one of those is the electronic advertising of beer and wine.

And if members opposite suggest that those very, very effective ads for beer and wine do not have any effect, have no appeal to the viewer, then I think they are unusually naive or they're turning a blind eye to facts that they know.

And I want to ask the same question that my colleague did but which I didn't hear answered: what pressures were placed upon your government, and by whom, to agree almost surreptitiously to the electronic advertising of beer and wine? You have people in this House who know that issues with respect to beer and wine were always decided in this House and not by cabinet, that it was the norm to have any substantial changes in policy discussed in the legislature. You violated that custom. I'm not saying . . . You varied that custom, then. You varied that custom by deciding that we were going, for the first time since, I believe, the 1930s, to have electronic advertising of alcoholic beverages. You decided it by dark of night. You did not have any discussion in the legislature before you made that decision. My simple question is this: who put the arm on you? Who twisted your arm to have you agree to that very substantial change in policy?

(1930)

Hon. Mr. Taylor: — Well, Mr. Chairman, I think the Leader of the Opposition would do well to have a caucus with his members on their whole discussion of advertising. You weren't in the House, but your member from Assiniboia-Gravelbourg came up with the brilliant deduction before supper that first and foremost it was hard times that caused people to drink. That was his first statement. Later on he came on and said, no, it was more when the farmers had more money, they drank more. I'm still confused which way he was coming from.

Secondly, when confronted with the statements that evidence indicates, as I will show to you, that in 1983-84 . . . Alcohol consumption dropped by 3 per cent between '83-84 and '84-85. And compared to 11 other jurisdictions in 1983-84, Saskatchewan had the lowest per capita sales of beer and the fifth lowest per capita sales of alcohol in general. When given those statements, your member from Assiniboia-Gravelbourg stood up and said, well it's down because they're making it at home. Well if they're making it at home, then what impact do the beer ads have on them? You know, do they rush off when they see a beer ad and start brewing up a pot? I don't know. That seems to be philosophy over there.

As far as the lobbies, as I indicated to the member from Shaunavon, there were no lobbies towards me. I would ask you to direct your question to the minister that brought in the Bill. He was the minister that handled it for our government. And as far as I was the Minister of Health, I can say that to the best of my recollections there were no lobbies.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, you are again suggesting to this House that there was a Bill. You know there was no Bill. You know that this was not done by legislation. You know that it was done by order in council, and that was the point of my earlier remarks.

You wouldn't have the courage to bring this in and debate it as a Bill. You would need, as you did, to do it by dark of night, do it in the cabinet chambers. And it was announced, done and announced before anyone in the legislature had any opportunity to say a word. And so far as I am aware, no legislation has been brought in to confirm it. It is still being done by order in council — point number one.

Second one, with respect to your earlier argument that the advertising does not increase sales, let's take Labatt's for a moment. Are you suggesting that Labatt's is undertaking a very substantial advertising program, the result of which is to reduce sales? And have you had any representation from Labatt's to change the policy so that they won't have to advertise and their sales will go up? Have you had any such representations?

Hon. Mr. Taylor: — Well the member opposite in his great brilliance says, and what about Labatt's? Certainly Labatt's advertise so that they get their share of the market. Ford advertises. GM advertises. They want to sell their cars. Labatt's want to sell the beer they have.

But if you would listen to what I'm saying, that overall consumption, be it by Labatt's, or Molson's, or I don't know if the old malt plant that the NDP started is in the game or not, if it's their beer or not — it could easily be — but the overall consumption of beer has dropped. Dropped — that means it's gone down.

So I don't know your concept of advertising, but when you say, let's take Labatt's, certainly Labatt's is fighting for their share of what is a shrinking market. That's what's happening. So when I see that happening, when consumption is going down both in beer and in spirits, then how can you have the audacity to stand in this House and try and make some kind of a case that consumption is going up? That's what you're trying to say.

And while we're on the topic, I remember sitting over exactly where you are, and you were sitting over here, and I could remember whaling on you time after time, and I'd like another chance to do it, to ask you to try and tax some of the pornography in this province. You wouldn't move on that one bit, not one bit. You wouldn't even take the skin flicks off the shelves where the kids can get them; you wouldn't do that. I asked you to remove the tax on children's clothes. No, sir, not one bit of compassion, not one bit when you were the premier of the province.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister . . .

Mr. Chairman: — If I may, would the minister replying please stay on Health estimates. Thank you.

Hon. Mr. Blakeney: — I wouldn't mind having a debate

on children's clothing or whatever the minister wants to talk about, other than the Health estimates, since he very obviously doesn't want to talk about them.

The member for Prince Albert-Duck Lake was, from his seat, saying, name them, name them, name the people who have contributed to the Progressive Conservative Party who might be profiting from liquor ads. That's what he was saying. And he doesn't deny it.

And I'll take him at his word, and I'll name a few. And I'm quoting from the election return for the calendar year 1982, filed by one Terry Leier — and that's a name that might be familiar to some of you — who was the chief official agent for the Progressive Conservative Party of Saskatchewan, and he indicated where the Progressive Conservative Party had got its money in the year 1982. And some people may recall that that was an election year.

And I want to give to the member for Prince Albert-Duck Lake the information that he asked, and I want to give it to the minister, and ask him whether he doesn't think it had something to do with the decision to have liquor advertising — the item under debate.

And I note that Labatt's Brewery contributed \$12,500. And I see Hiram Walker & Sons donated \$12,000. And I note that the Molson companies contributed \$8,000; and Carling O'Keefe contributed \$8,500; and the Distillers Corporation contributed \$3,000; and Schenley Canada — you'll know that name, the member for Saskatoon-Sutherland — contributed \$2,000; and Corby Distillers contributed \$2,000; and FBM Distillery Co. Ltd. contributed \$2,000; London Winery, \$500; Gilbey Canada, \$500.

The members opposite are saying, do the distillers make beer? No, the distillers don't make beer, but most of them distribute wine, most of them distribute wine.

With respect to media, CFTO TV Toronto, and this one is very, very interesting. Can you imagine why CFTO Toronto would contribute to a Saskatchewan provincial election? Can you think of any reason why the flagship station of the CTV network would contribute \$5,000 to a Saskatchewan provincial election? And is your thinking on what the reason might be, is it in any way improved by the fact that within six months of taking office, beer and wine ads were permitted on the CTV network in Saskatchewan? And CFQC Broadcasting, \$2,500. This is the Bassett-Eaton station. The Toronto owned Bassett-Eaton station is contributing that kind of money.

Now I say again to you, Mr. Minister, do you deny, do you deny that these contributions may just have influenced your mind when you were deciding that beer and wine should be advertised on radio and television, for the first time since the 1930s in this province? Are you denying that those contributions had their effect?

Hon. Mr. Taylor: — Mr. Chairman, I'm not saying that those contributions . . . I don't know if those contributions are correct or not. I've long since learned to know that the information quoted by the people on the other side of the House is most often inaccurate.

So be that as it may, Mr. Chairman, I couldn't say if those had any impact or not. But I can tell you that those as well as many, many, many other companies of all walks of life donated to us in 1982, because they wanted to put you exactly where you're sitting.

And they will donate again. And they will donate again, because they just simply don't like the policies, the anti-business type of government that you had, the passion with nationalization with Crown corporations. They didn't like that in '82. They don't like that in '86.

And I can tell you, whenever the election writ is dropped, those same companies will come to the support of the PC government, to keep you and your dwarfs sitting right where they belong on that side of the House.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I have no doubt that you are in part right. I have no doubt that the Bank of Nova Scotia and the Royal Bank of Canada and some of the others will be lined up there again, as they were in 1982. I don't imagine Pioneer Trust will be among them. I see the chairman becoming restless.

Mr. Chairman, I invite members to look at the material which was filed, and they will see that their own party got well over half of its contributions from corporations.

But we'll move on to another subject. We'll move on to another subject and ask the minister whether or not he has any proposals for launching, in a major way, something like the Aware program which had as its purpose advertisements to warn of the dangers of the consumption of alcohol, and a government sponsored program as well as and in addition to that small program operated by either the advertising industry or the brewing industry, and I'm not sure which.

(1945)

Hon. Mr. Taylor: — Well, certainly, we're always exploring new initiatives in advertising and ways that we can reach the public. I think the very fact that we have doubled the air time for the Christmas alcohol advertisements, and I'm sure you have been made aware of the research that I did on that, and the popularity of those — 90 per cent of the people being polled indicated that this should be done again.

Another one of the nature in this type of advertising was the non-smoking rock video that won national awards for its performance and has been used by other provinces across Canada. A Saskatchewan production right here in Saskatchewan with kids from Regina and surrounding area — Saskatchewan-produced, non-smoking rock videos.

So sure, we're looking at various ways, and if you have a suggestion of a type of promotion that you think would be advantageous, I'd welcome you to make it, because we are always looking for ideas as to how to reach the public on all types of better life-styles and better health

initiatives.

Certainly, as I said before supper, I see the people out there running through the park, jogging, people going to aerobics. I think there's a whole move of people that . . . (inaudible interjection) . . . No, I'm more at the walking stage than the jogging, to be honest with you. There are many people who certainly are taking these initiatives, and anything that government can do to try and encourage that — as I say we're doing with the 15 per cent advertising — I think those are initiatives that we'd like to follow-up. So, if you have a suggestion, I would certainly take it under consideration.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I certainly have one suggestion. I wonder if you could see if the brewery people can keep their ads off the Charlie Brown Christmas show. That, I think, is a constructive suggestion, because I had a number of letters from people with respect to that particular incident. This was following many protestations from your government that these were not shown at times when young people might view them. I would have thought the Charlie Brown Christmas show qualified as a show that young people might watch, and I don't think anyone denies that the ads were there.

Have you any assurances from the brewing and the wine industry that they will . . . or more from the media, that they will be a little more selective in the times they show these ads and that they will not try to group them at times when young people, quite young people, will be watching them in large numbers? And certainly I look at sporting events like Roughrider games. Young teenagers habitually watch those types of athletic performances on televisions and listen to them on radio. Now, what are you saying about the times during which those ads are going to be aired?

Hon. Mr. Taylor: — Well, I didn't watch the Charlie Brown Christmas show, but I don't debate with you whether it was shown at that time or not. You're addressing your comments basically to the wrong minister, because I do not have any ongoing negotiations with the television stations or the brewery companies. The minister in charge of Saskatchewan Liquor Board is the minister who does that. But certainly I share your concern and I would use whatever influence I have to try and have those shown in non-prime-time viewing.

As I could indicate to you the stance taken by the federal government, which is a copy of the Saskatchewan program, does have that type of stipulation to it as the approach of the CRTC is that these type of ads should not take place at anywhere it looks at prime-time viewing time. So therefore, it wouldn't be there to influence in any way, shape, or form anyone who might be of the age level to want to watch Charlie Brown or something of that nature.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I'll turn to another topic. We may have an opportunity to re-open our discussion with respect to the consumption of alcoholic beverages.

But I want now to talk about occupational therapists and

the supply of occupational therapists in the province. Could the minister give us any indication of the approximate number of occupational therapists who are practising their profession in the province; and having got that number, I will ask a few questions following up from it.

Hon. Mr. Taylor: — I know that there's 71 OTs registered in the province. If you would want to know how many are actively employed, we'll try and get that information for you. But if you want to go on with your line of questioning, my officials will look for the actual employment. But 71 registered in Saskatchewan.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, you will be aware of the view, which I think is a sound view, that if we were to have an effective home care program and an effective nursing home program where people may leave a nursing home as well as enter it, then we need a supply of occupational therapists, quite apart from what are slightly more normal uses for the services of occupational therapists in rehabilitative medicine, either through injuries or through cardiac accidents or whatever. I think that it is generally conceded that if we are to keep people active, then physiotherapists, occupational therapists, are both necessary.

It is reported to me, Mr. Minister, that there's a significant shortage of occupational therapists, and I would like you to comment on whether you think the supply of occupational therapists is adequate, whether there are vacancies for occupational therapists in nursing homes or other rehabilitative centres, or in the department or in the home care program. Could you us a comment on the supply of occupational therapists and what areas of health care generally are lacking occupational therapists which could be usefully used.

Hon. Mr. Taylor: — Yes. Certainly I would concur that occupational therapists will play an important part in the development of health care services in the future in this province, and are at this time. Certainly we feel that responsibility, and last fall 10 new bursaries were awarded for students to study occupational therapy. At the present time I have consultations going on for a community therapy program. There's money in this year's budget for that, that we'll have a better nucleus of therapists in each of the health regions throughout the province.

I have visited probably the best school of occupational therapy in Canada, at Dalhousie University, and saw the way they develop their school, along with the then minister of Advanced Education and Manpower. Certainly I'm interested at some time to develop a school here in the province of Saskatchewan. I don't think anyone argues or disputes the value of an adequate number of occupational therapists.

So in answer to your question, we do have a few vacancies at this time, but we've provided more bursaries and are looking at developing what could be called a community therapy program.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, you will be aware that the occupational therapists'

organization in Saskatchewan is pressing for the establishment of a college at the university. I believe that that is their request for the education of occupational therapists as one of the health professions. Can you tell me whether or not your department is urging upon the Department of Advanced Education or the universities the establishment of a school or college of occupational therapy at either of the universities?

Hon. Mr. Taylor: — As lately as April the 2nd my deputy has been meeting with the universities regarding this. We've met with the society of occupational therapists and formed a committee with them on it, and Advanced Education. But as late as April the 2nd there have been discussions between the deans of the university and the deputy minister.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, would you outline what arrangements there are for educating occupational therapists now? In particular, I take it that your department has some arrangements with schools or colleges of occupational therapy outside the province, and that you have arrangements whereby bursaries are available for Saskatchewan students who may take their education. And would you outline what those are? And I have a couple of follow-up questions dealing with the obligation of the student to return to Saskatchewan.

Hon. Mr. Taylor: — We at the present time have agreements with the University of Alberta and the University of Manitoba where we purchase spaces at those respective universities.

Hon. Mr. Blakeney: — Mr. Chairman, Mr. Minister, can you advise about how many spaces you have, and what financial assistance, broadly speaking, is available to students who might wish to go to the University of Alberta, the University of Manitoba, to pursue a course in occupational therapy? And I simply want to know whether it is reasonably accessible, or whether there would be a very substantial advantage if there was a school in Saskatchewan.

Hon. Mr. Taylor: — Advanced Education purchased the spots, and there are five in Alberta and four in Manitoba. And the Department of Health . . .

An Hon. Member: — How many did you say?

Hon. Mr. Taylor: — Five in Alberta and four in Manitoba. And the Department of Health provides the bursaries for them, which cover their books and educational costs and living costs, I believe. And then there is a return commitment for them to come back and serve.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, are all of the bursaries taken up now? In the last couple of years have they have been all taken up, or have they not?

Hon. Mr. Taylor: — They indicate that there's nine people on bursary in 1985-86.

Hon. Mr. Blakeney: — Mr. Chairman, Mr. Minister, have you got figures as to about what the shortfall would be now? If you had your choice and could by waving a wand

have occupational therapists, about how many would we need in order to staff the health system as you would like to see it staffed and as you would have reasonable funds for? I'm not talking about any wish list, but if you could fill the vacancies, which you would reasonably want to fill, how many would you need?

Hon. Mr. Taylor: — In the discussions and from the programs I've visited in other areas, my best estimate — with the confines that you're putting on it of finance — I think we could employ the graduates of a school of 20, as they turn about. And with attrition and with people getting married and leaving the work-force and so on, that perhaps we could use 20 a year coming into Saskatchewan, for the foreseeable future as I see it.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, have you pursued the opportunity of getting more spaces at Alberta and Manitoba so that our number of new entries could be closer to the optimum figure of 20, which you have indicated? It seems that if we have this shortfall, as I'm told we have and as people urge upon me that we have, and if there are schools in our neighbouring provinces, then until such time as we have one in Saskatchewan, there might be some merit in increasing the number above nine. And I wonder whether this option has been pursued.

Hon. Mr. Taylor: — Yes. We're under the understanding that Alberta are having what would be an accelerated program, and there is a possibility to purchase a few more seats there. We have a committee and we're in discussion with Advanced Education, seeing if we can pursue that.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, with respect to physiotherapists, do you feel that the supply is reasonably adequate for the needs of the health system generally?

(2000)

Hon. Mr. Taylor: — Well we find that we're graduating about 20 a year, and with that turnover, the situation has improved as we keep graduating them through. We feel that we can certainly employ the 20 per year that will come out of the school of physiotherapy.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, it may well be that some of my colleagues would want to pursue that, but I will move to dentists and the supply of dentists — that's what I'm talking about. And it would be my observation that there were some years ago a significant shortage of dentists in Saskatchewan. And it would be my observation that that is probably no longer the case in the major urban centres of Saskatchewan, but that it is still the case in smaller urban centres and rural areas. And I wonder if — I will say excluding the cities — you feel that the supply of dentists is adequate in order to do the job that is asked of them by Saskatchewan citizens. Is there an effective demand for more dentists? Do you have to wait a long time to get an appointment with a dentist in Humboldt or in Kindersley or some centre like that?

Hon. Mr. Taylor: — Our ratio of dentists to population is higher in Saskatchewan than in many other areas, and to

that effect, we closed the borders to the importation of American dentists some time ago. The ratio in rural Saskatchewan is better than it was some time ago. It's improved. I won't say it's perfect, but I will say that it is steadily improving, and indication would show that we are about at the maximum of the number of dentists that we would need — perhaps a little more deployment into the rural areas, but it has been improving steadily each year.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I have one other little line of questions and then I will defer to one of my colleagues. This has to do with the registration of health professions, and more particularly the certified nursing assistants — how did you know that, Mr. Minister? Obviously you are receiving representations, as are we with respect to certified nursing assistants.

You will know that the pattern across Canada is for that particular profession, sometimes called certified nursing assistants, sometimes called licensed practical nursing, and names similar to that — people who have training in nursing but training of shorter duration than registered nurses or registered psychiatric nurses — the pattern across Canada is for that profession to have separate licensing, and that is not the pattern in Saskatchewan where they are covered by the legislation covering registered nurses.

The certified nursing assistants have been pressing for legislation and have, I know, been pressing the government to agree to such legislation. And I want the minister to advise whether or not the government is prepared to either introduce or, alternatively, to support legislation which might be introduced to provide a separate Act for the certified nursing assistants.

Hon. Mr. Taylor: — What we're looking at and there are other models in the country. We wouldn't take, let's say, the Alberta model and impose it here. We'd like to build a Saskatchewan one, but rather than coming with a number of individual Acts, we're looking at an umbrella health professions Act under which the CNAs would fit in.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I have no reason to believe that such an arrangement would not be satisfactory to a number of professions, including the certified nursing assistants. There are matters of principle with respect to establishing professional bodies. Two, it seems to me, appear most important, that is the discipline provisions as they relate to the governing body of the profession having the right to discipline its members, and here we're concerned not only with respect to the protection of the public, but also concerned with protecting the members of the profession from arbitrary action by their own profession. I think that that is the area number one.

And area number two seems to me to deal with the adequacy of the educational programs and the certification of the necessary educational programs for the profession and for entrance to the profession. And I'm aware, as I'm sure others are, of the Alberta model, which on the face of it appears to allow the professions to have a substantial measure of autonomy, but still have other

groups having some say in the exercise of the educational function or the certification of educational program function and the discipline function.

And what I'm asking you, Mr. Minister, is: at what stage are your discussions or your studies with respect to introducing umbrella legislation, and when might we expect to see it? And if it's not going to be for a good while, are you thinking of introducing legislation to cover certified nursing assistants in the interim?

Hon. Mr. Taylor: — There's ongoing discussions in developing this type of legislation. No, we wouldn't be looking at independent Act. We would look at an umbrella Act, and we will try and have it in place as quickly as we can.

As I say, I don't want to just take Alberta or take Ontario or whoever. I think we want to sit down and see if there are components to it that we can build something superior to what they have right here in Saskatchewan. But it would be an umbrella type of legislation with no separate legislation coming first.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, can you give us a little more idea of what you're talking about with respect to umbrella legislation? The Alberta one, while it purports to be umbrella, the umbrella doesn't cover very much, because there was in effect grandfathering legislation and grandfathering provisions, and not many of the health professions have opted to be under the umbrella legislation so far as I'm aware. Can you bring us up to date on what types of models you're looking at for umbrella legislation; is there anywhere else, other than Alberta; and what is your thinking on permitting these bodies to have an appropriate measure of independence?

Hon. Mr. Taylor: — I suppose one of the areas that we have people . . . Ontario are doing a lot of work on this, and we have people in contact with Ontario to see just the way they are developing their model. What we're looking at though is something . . . There's a number of health professions out there that I believe would fit in under this. And just to give you an example of a couple of other groups that would be requesting legislation, and we would see them falling into this pattern of the umbrella health care legislation, would be — we've talked about the nursing assistants — but also audiologist and speech pathologists, for example.

Mr. Lingenfelter: — Mr. Chairman, I have a number of questions about nursing staff that I want to get into here in a few moments. But first of all I want to ask the minister about a problem that has been raised to me dealing with the University Hospital in Saskatoon. And basically it's the transport of sick pediatric patients — neonatal and others — where they are explaining to a number of people and have proposed to the department that a program be brought forward and funded properly by the department for the care and transport, or for the care in transport, of neonatal and pediatric patients.

For example at the University Hospital in Saskatoon they explained to me that 73 per cent of the pediatric patients come from outside of the city of Saskatoon, and that in the

world we now live in, of transportation and moving patients quickly, one of the areas that has got left behind in many ways is the transport of neonatal and the very young.

And I'm not arguing that we haven't done some wonderful new things for the encouragement of life in that area and the saving of lives of the very young, but in the area of transport of them, for example, and I use as an example in the southwest corner — Shaunavon for example — if there's an infant born premature, moving that infant from Shaunavon to the University Hospital in Saskatoon is not well-defined as to the approach, and to the individual who goes out with the aircraft, and the very much-needed care that that individual will need from the time it leaves the airport in Shaunavon or leaves the hospital in Shaunavon, for example, until it gets to the University Hospital in Saskatoon.

I'm wondering at this time if you can outline any plans within the department that you have for expanding or increasing the care of the neonatal in transport, or I will call it pediatric transport of the seriously ill, when they are moving from outside of the cities of Regina and Saskatoon to the base hospitals.

Hon. Mr. Taylor: — Certainly, when there's a need for a neonatal transfer, there's a transfer team goes out from either Regina or from Saskatoon from the University Hospital to the area where the pick-up would be. And, depending on the situation, transfer will be by air or road ambulance, depending on the facilities of an airport, or what may be there.

We have, as of recently, equipped the Cheyenne for the transfer rather than the Navajo, and I think that makes some difference because of the height that the Cheyenne can fly at.

(2015)

The Navajo previously being unpressurized could not go as high, and I understand there were some dangers with that type of situation. But now we have equipped one of the Cheyennes as the air ambulance, I think those type of dangers will be eliminated in the future.

I should point out also that there is money in this year's budget for improved neonatal transfer also. Those discussions are being worked out with the base hospitals in the global review that's taking place at this time.

Mr. Lingenfelter: — I wonder if the minister could give some detail on what is being offered to the base hospitals.

As I understand it, at the present time, there isn't a permanent staff in place for the transfer of neonatals and pediatric patients. And what happens is that when staff is needed, they are pulled off of the ward, and at times it creates a shortage in the hospital and as well may cause serious situations in the hospital. And from time to time the properly trained staff are not available to go out on these trips out of the city or away from the base hospital.

The other thing that has been brought to my attention is that equipment, such as blood pressure monitors and

suction apparatus and that sort of thing, is not available on the plane for neonatal and pediatric care. And I'm wondering, can you outline what you're proposing to be available in this area to the base hospitals. Because they may be aware of it, but very recently in talking to some of the people who are delivering the service, they were not aware, and it may be something that's coming through the system.

But if you would outline for us here today, some of them may be watching or we can send it out to them so that they will not be as concerned about the fact that the death rate in transport is where many of the problems now exist of the 73 per cent.

It's not at the regional or rural hospital, and it's not at the base hospital, but it's in transport where we're losing a large percentage of those who are not making it, are lost in transport. And I wonder if you could outline for us some of the steps that have been taken in this budget to alleviate that problem.

Hon. Mr. Taylor: — Let's say . . . We're focusing on the University Hospital. Let's take that one for example. The neonatal transport team is basically made up of a resident — a resident, which of course, as you know, is a doctor in training at the hospital.

We are expanding that to perhaps where it will be another one or two residents, so that there would be more than the one person. So I think that will be certainly a well received addition.

The other thing is with the equipment and so on. Those initiatives are taking place at this time. As you know, the Cheyenne gives us that capacity to go higher and go faster, and also there's more room in the cabin, as I understand. So I think many of the things that you're alluding to are in this budget, being addressed at the present time.

Mr. Lingenfelter: — The question that I wanted to ask as well, is when you're saying, the resident that is on staff, are you saying that there will now be a permanent person who will not be pulled off of the ward in the hospital, who will be assigned only for this type of transport?

Hon. Mr. Taylor: — There will be a team of them that will be trained there. There will be three people, so therefore there will always be the assurance that there will be one trained person on neonatal resuscitation or whatever techniques they use. And those people will be available at all times for neonatal transport.

Mr. Lingenfelter: — And what about nursing staff in the area of 24-hour nursing coverage that is needed in these areas? Have you done anything to beef up that area? Or what do we now have in place and what will the increase be? This as well in the transport area. You have a resident, as I understand it, as well as a nursing staff or transport nurse.

Can you tell me how many people you will now be funding, for example at the University Hospital, for both of those areas, one being the physician and the other being the transport nurse?

Hon. Mr. Taylor: — Yes. The transport nurse will be available on the 24-hour.

An Hon. Member: — How many nurses?

Hon. Mr. Taylor: — Well it's staffed all the time, for 24-hour nursing service on that transport team. Always has been so.

Mr. Lingenfelter: — I think we're not getting at the answer to the question. What I'm saying: are you setting up a team who will be responsible only for this area? That hasn't been the case up till now. What we have been doing, both with the physician and with the transport nurse, is pulling them off the ward. And if it's on the midnight shift, oftentimes that isn't appropriate, because we already have a shortage of nurses at the hospital.

And I want you to be clear on this. If you're setting up a separate team, then I would like to know that. But you're not explaining it very well, if that's what you're doing.

Hon. Mr. Taylor: — Yes, there are neonatal people that will be available if there should be a call. They are specially trained to go on that call. I mean, they wouldn't just do that because there would be times there'd be nothing to do, so they work at other functions in the neonatal unit.

But certainly when there's a neonatal transfer then there will be people who are specifically trained to be there and monitor that transfer, right from the point of pick-up to delivery to the unit at the University Hospital.

Mr. Lingenfelter: — And this year's budget you say will increase the number, for example, in the pediatrics intensive care, to take care of both the nursing and the resident component in order to take care of that so it's permanent team. Or are you saying that it will exist as it has in the past?

Hon. Mr. Taylor: — Yes. Under the global review that's taking place, certainly the concerns that you're alluding to will be looked after.

Mr. Lingenfelter: — Well if you could be a little more precise. Could you tell me, for example at the University Hospital, what the increase in component will be in the pediatrics intensive care unit to take care of the transport of neonatals? How many will be allocated to that unit?

Hon. Mr. Taylor: — I can't be specific at this time because the consultation is going on with the University Hospital at the present time, so just as soon as we have worked out the numbers with them, I'd be glad to let you know. But I give you the assurance that it will certainly be looked after satisfactorily.

Mr. Lingenfelter: — Well I don't like to say, there you go again, but after asking question for close to five days, and when we get down to the answer, there never is an answer, and then it's in negotiations and, we'll tell you when we solve the problem. And I guess after four years — or now more than four years — of this kind of stonewalling within the health system, is one of the

reasons why we have chiropractors mad at the government; why we heard, I believe it was the president of the SMA over the weekend saying, look, I hear the minister saying he wants meetings all the time, but believe it or not, we can't get meetings with him — and he's not saying this in a private meeting, he's saying it to the press and the media; why we have nurses rallying on the steps of the legislature last week for the first time in the history of the province; and why pharmacists are mad at you as well. And one of the reasons is that we can never get any answers, and nor can they.

And we have seen it over and over again, at meetings that we go to. The nurses tell you they have a problem with the evening shifts at rural hospitals, and you tell them that the problem has been going away over the last four years. And they tell you, no, it's getting much worse. And you ignore their complaints. And for that reason we have a great deal of difficulty in believing your commitments that you're going to fight for and, in fact, that you're going to get increased staffing for these areas. And I just want to make the point that I hope that in the area of pediatrics at the University Hospital, and especially in the area of neonatal transport, that your commitment is worth more than it has been in other areas — and that the transport nurse and the residents that we need to move these young people around are set in place. Because they're not there now. Hospitals are saying the system that is set up at the present time, with the nursing shortage when you're pulling nurses and residents off of the ward to go out on these missions, that they put the hospital in jeopardy and oftentimes they don't have properly trained people to go with the aircraft. And it's causing a good number of problems. I don't say that I don't believe you, but in many areas we have waited and waited and what happens is something quite different than what we hear in estimates.

The other question I wanted to ask was about a Michael McCafferty who worked, I believe, in the Premier's office and is now working in your department. I wonder . . . This is one of the staff people, I believe, that were cut from Premier Devine's staff which was at a record high, and then we were going to . . . And I may be wrong, and you can fill me in if I am. But can you tell me: is Michael McCafferty on staff with the Department of Health at the present time?

Hon. Mr. Taylor: — He's communications liaison in the health education and promotion branch. I believe he came from the caucus and not from the Premier's office.

Mr. Lingenfelter: — What did you say his position was and how much is his salary, if you can give me that as well?

Hon. Mr. Taylor: — Communications liaison officer in the health promotion and education branch, and we'll have the salary for you in a minute.

Mr. Lingenfelter: — Can you tell me as well what date did he get that appointment and was there a competition? And if so, can you tell me the date of the advertisement of the competition and who applied when the position was open?

(2030)

Hon. Mr. Taylor: — He was appointed by order in council; his salary is \$42,000; and I don't have the exact date, but February of this year.

Mr. Lingenfelter: — So when Michael left the caucus office he went into the Department of Health, and was appointed by cabinet, and there was no competition.

Hon. Mr. Taylor: — That's correct: an order in council appointment.

Mr. Lingenfelter: — And who was the minister who signed the order in council? Can you just tell me . . . Did you put through the order in council, or was it done by another minister?

Hon. Mr. Taylor: — In all likelihood it was me, but I'd have to look at the document to say for sure. Sometimes I cannot be present, and a back-up minister will sign an order in council pertaining to health care.

Mr. Lingenfelter: — So you feel comfortable with the appointment of Michael McCafferty to that position at 42,000 without a competition. And I raise that because I have had concerns expressed to me about the appointment — the way it was done, and at a time when there is a shortage of staff in the department. And I give you the version that I hear, and you can argue your side of it.

But many employees, when somebody is dropped in who is of a political nature into a department to do what is seen to be political advertising at a time when there's budget restraints — that many people feel upset and slighted about it who have to work around that individual. And I'm not making that judgement. I'm just passing on to you concerns that have been expressed about this individual whose qualifications were not competed against by other people who may have been better than Mr. McCafferty at advertising, but may not have had the right political membership, is the terms that have been used.

And I'm wondering, at a time of trying to build the morale of the department at this time — and I understand coming this close to an election why you may need someone in there to do your political advertising — but I think that it's unfair, one, to the employees who have to work around that individual, and secondly, to the taxpayers who are being called on to pay for 42,000 a year for an individual who had been paid by the Conservative caucus.

And you may explain why this person has expertise in every area. But when he's dropped into the department without a competition, many people's eyebrows will be raised because they will see it as a political appointment and, being done, another 42,000 a year at taxpayers' expense. And obviously I would assume that his position in caucus has been refilled with another political person. And this is one way that the public can see political people being put into a department for political reasons.

Hon. Mr. Taylor: — No. Michael McCafferty's research skills go back at least 12 years. He's a very competent researcher and is working in the Health department. He's doing nothing of a political nature whatsoever.

Mr. Lingenfelter: — Well I was almost sure that you would make that comment, that a person who worked as a political researcher in the caucus office would have no political motives. I was sure that would be your argument.

My argument would be that obviously he is being put there in gearing up for the election and giving you another staff person for the PC operation, and this is what people in the Health department are telling us as well. And I suppose I would be disappointed if your line would have changed. When the Premier moved his people out of his area of Executive Council, the word was then that many of them were moved into departments and being paid by the taxpayer but being called a different title.

And I'll tell you, this doesn't do a great deal for the morale within your department. And the fact that they are writing letters and sending notes and talking to the opposition about the fact obviously means very clearly that it's causing you problems. Because there are people in the department who have been there for many years, working diligently in the Department of Health and earning much less than this individual. And he has been dropped in at 42,000 a year, and there are people who are arguing that he should have had to compete for the position.

Now this may be an unheard-of way of Conservatives getting jobs in the province at this time — competing for them — but in many provinces, at that level in the Department of Health, competition is the way it should be happening. And I would say to you that Mr. McCafferty, if his qualifications are there, why wouldn't you have opened a competition and allowed him to compete for that spot? I just put that to you: why would not a competition have solved your problem? If he was qualified, he would have won the competition, and you wouldn't have this problem of morale in that area of your department.

Hon. Mr. Taylor: — Well I don't think there's a very big morale problem in the Department of Health. I want to tell you that there are some excellent people in that department — many of them. They've worked with me for four years, and I support each and every one of them. So I would put the morale in the Department of Health against the morale of anything else in this city, and I tell you, it'll come out ahead.

Mr. Lingenfelter: — Well I would just ask once again the question of: I wonder why the individual, if he was qualified for the position, why there wasn't a competition so other Saskatchewan young people could compete for it. And I just ask you . . .

I agree that you have many people in your department who are well qualified. One could argue whether or not the number of deputies you have had since you became minister — and I'm not being critical of your present deputy. I give him a great deal of respect for putting up with some of the things that are going on in the department, which he has to deal with, because of a lack of funding and lack of nursing staff and doctors angry and nurses rallying on the steps of the legislature. But I don't believe that's his fault. I believe that's a part of the problem of the government's policy.

But I say to you quite seriously, why wouldn't you have opened that position up for competition if you felt that Michael McCafferty was qualified to do the job? Why would you have not let other Saskatchewan people compete for the position?

Hon. Mr. Taylor: — Well the choice was to appoint by OC. It's nothing new to government; it's been done many times. And if you want to spend two or three nights, we can go through all the OCs and family relations that were put into place in the previous government. I'd just as soon not do that, but we can certainly supply that list, and it might be very interesting for the people of Saskatchewan to hear about it.

Mr. Lingenfelter: — Well I just . . . I don't want to belabour the point, but I would just ask you again why, in your area where you have control . . . And I know you have been critical in the past of order in council appointments.

The public see what is happening, and they see someone being transferred from the Tory caucus to the Department of Health at 42,000 a year. And that saves the Tory caucus office \$42,000, and they believe that the Department of Health is picking up a political position. And you can argue that that isn't what's happening, but you can probably understand as well the public's concern and the people in Health's concern, who express to us that they don't believe it should be happening.

And all I would say to you is: why in this case was an order in council used and not a competition if the person was qualified?

Hon. Mr. Taylor: — Well certainly there was no addition to the staff component there. There was a position open; this person was available; we chose to appoint him by OC.

Mr. Lingenfelter: — Well I would just ask one other question. Was it . . . The person who left that position, can you give me the name and title of the individual who left when the position became vacant?

Hon. Mr. Taylor: — It's a new branch that was established within the department within the last year. We're in the process of staffing it up. This was a position that was decided to be put in there, and we filled it with Michael McCafferty. There may be other positions coming into this department.

Mr. Lingenfelter: — How many people would be involved in that area? You say it's a new branch or a new area in the department. What area would that be?

Hon. Mr. Taylor: — It's a communications and health education branch — 17.5 personnel.

Mr. Lingenfelter: — Well, the communication branch . . . Are you saying that there wasn't a communication branch there before?

Hon. Mr. Taylor: — We've pulled a number of areas that were previously there together under this. There's the

health promotion, health education, the library, nutritionist. All of these were brought in under what we call health education and communication.

Mr. Lingenfelter: — Who's the supervisor in the area of the 17 people? Who is the supervisor in that area?

Hon. Mr. Taylor: — Audrey Roadhouse.

Mr. Lingenfelter: — I wanted to ask another question about the position. Are there any perks that go with it? Is there an automobile or an expense account or any perks that would . . . Do they have access to the CVA pool?

Hon. Mr. Taylor: — No. No special perks. Of course, I suppose any government employee would have access to the CVA pool if the nature of his work would take him out. But Mr. McCafferty's work will not be requiring him to use a CVA vehicle.

Mr. Tchorzewski: — Mr. Minister, if I may return to the 100 million Health fund that you announced, I think it was back in February, for a moment, and I'd like to ask a few questions.

Towards the end of February I know that the Regina General Hospital had expressed some concern about some of the needs that existed there with regard to staffing, and I wonder whether you have been able to, through your consultations that you say you've been having, meet some of those needs.

And one of the areas that was raised was that there was a need for five nurses to the neonatal intensive care unit and some back-up staff. And I know that my colleague raised it with regard to the University Hospital in Saskatoon.

Can you tell me whether this area has been addressed, and if so, in what way it has been addressed?

Hon. Mr. Taylor: — Well, I think the hon. member must realize that the fund comes into place as of April 1 of '86.

The meetings are going on this week, and I'm advised that this is the fastest that this type of review of staffing has ever taken place. So I couldn't give you the exact positions tonight. Certainly I can tell you that the negotiations are . . . Not negotiations. Review, I think, would be a better word, that is going on, is taking place with the major base hospitals right now.

Just as soon as . . . Well Regina General Hospital have been meeting today, in fact, on this, so as soon as we have it worked out, I'd be glad to provide that information to you. But at this point in time, I can't.

Mr. Tchorzewski: — I will accept that, and I guess maybe on Wednesday I can ask you the questions again. Maybe by that time you might be able to provide them to us.

Did I hear correctly, hear you say that the fund came into effect on April 1st? Okay. So it comes into effect on April the 1st. But you must have started these negotiations back in the 1st of March?

(2045)

Hon. Mr. Taylor: — We did have consultation and negotiation with the hospitals in ascertaining the type of program that we would have to come forward to meet the staffing needs as we and they felt they should be addressed. That has been going on for some time. But the \$100 million program kicked into effect at the 1st of April.

Mr. Tchorzewski: — Thank you. I guess the point that needs to be made there is that since it begins in the 1st of April, which is in this fiscal year that we're considering the estimates of, and the staff will not be in place until some time through the year, the announcement of whatever amount of money you have announced obviously isn't going to be spent to that extent because there isn't going to be a full year in which these positions will be filled.

I recall when we were together at the nurses' forum in the Regina Inn, some time ago, Mr. Lingenfelter and I and yourself, as well as others . . . (inaudible interjection) . . . the member from Shaunavon. Sorry, Mr. Chairman. You indicated at that time in answer to a question from someone from the floor, or was it one of the nurses on the panel, I'm not sure, that you agreed with the concern of the nurses that there needed to be some consultation of the working people, the nurses, in allocating of the new staff positions. Can you tell me what procedure is being used in order to be able to make sure that that consultation takes place?

Hon. Mr. Taylor: — The allocation of the funding internally in the hospitals certainly involves a supervisor of nursing. So, therefore, I would imagine their channels of communication are open, that there should be input from the supervisor of nursing as to the deployment of these persons that would best satisfy the nursing component of the hospital.

Mr. Tchorzewski: — I know that process, Mr. Minister, and I guess . . . Well, I'll ask you the question: have you satisfied yourself, or have your officials — I wouldn't expect you to be involved in each one of these operations in each individual hospital — but through your officials have you satisfied yourself that those consultations that you describe are adequate, because the nurses seem to be indicating that they're not quite confident that indeed adequate consultation takes place?

Hon. Mr. Taylor: — My deputy has had discussions with all the base hospitals, with the concern that I've expressed, and with the executive director of the regional hospitals and all of our consultants, who will be dealing with the smaller hospitals, have been instructed, and it's public record. You've heard me say it many times. My concern is that I'm putting a lot of positions into the hospital — \$100 million — I think you must agree is a good sum of money in any man's language. There has been concerns about bedside nursing. I have said publicly that I want to see positions at the bedside, and I believe when my officials are thus instructed, as well as the consultant, we're going to see that come about. It's been very evident and very clear that that is our concern.

Mr. Tchorzewski: — Well, Mr. Minister, the reason I have asked these questions, and I don't want to press too long on it, is that I think probably no one knows better the problems that exist than people who are there on the floor. I mean, if you want to know what shortcomings there are in a ward in a hospital, be it a base hospital or a regional or some of our local rural hospitals, I think that the people who are best capable of advising anyone on the pressures that are there are the support staff and the nurses. I hope that what you are saying, indeed, has transpired and continues to transpire, because I think that those people are on the floor during the day and during the night, during all kinds of trying situations, and believe me I think they have made it very clear that the situation in recent years have been extremely trying.

I mean some of the stories that we have heard and that you have heard would lead one to believe, without any shadow of a doubt, that something had to be done. My regret is that something was not considered to be necessary to be done by your government until there came upon us the eve of an election. You say that \$100 million will do a great deal, but I think, if I remember your announcement, it's \$100 million over five years.

So let us not take that \$100 million as if it's a total solution, because I'm not convinced that it is. I don't think that the deliverers in the health care system are convinced that it is. You're going to find that some of the positions which are going to be filled with this new funding are positions which already existed, and that the net increase of positions will not be as great as what you think, or what you would like to suggest it might be. I say that, and I think time will prove — whether you're the government or whether we're the government — the time will prove within a short period of time that your announcement will not meet the need because it will not do all of the things that you have suggested it will do.

Now, another concern that I know that has been expressed to you is the way that bedside nursing staff is allocated. Now I do not pretend to be an expert on the formula, and it's been some time since I was in your particular chair . . .

An Hon. Member: — Pat Smith would have the formula.

Mr. Tchorzewski: — She might. But I know there has been a concern expressed by people about what they call the formula that is used to finance bedside nursing staff. How have you responded to the suggestion, and how are you using some of the suggestions, if you are at all, in making the new allocations under your new fund?

Hon. Mr. Taylor: — Well, just to set the record a bit straight again, the member opposite says that he doesn't think \$100 million is that significant. He questions as to whether it will satisfy the need. Well I'll just say one thing and rest my case there. One hundred million dollars and a five-year patient care improvement program will go a lot further to addressing the need than the 5 per cent cut brought in in '76 by your government. Let's not forget that. We're talking about staffing. Let's not forget about the 5 per cent cut that came in on the 1st of July '76, at a time when the government opposite decided that buying potash mines was more important than staffing the

hospitals of this province. Let's not forget that, certainly.

Let me indicate to you that I have been in discussion with the boards, board chairmen, the executive directors — my deputy has — and I'm sure that we can implement and use those positions in the best manner possible. And I encourage, I encourage the nurses to make their suggestions known, through the channels that are available to them with the director of nursing who will have, I'm sure, some input into, and considerable input into the deployment of personnel within the hospital that they would represent.

Mr. Tchorzewski: — Well, Mr. Chairman, I might just add to the minister in what he wants obviously to get into a debate on, I'm not sure what we'd achieve by doing that, that back in 1975 or '76 or '77 up to 1982, we did not have 6,000 people on a waiting list in the city of Saskatoon and an equal or even a greater amount in the city of Regina. So for you to stand up, Mr. Minister, and boast proudly about your achievements in health care, I think the statistics which are your own statistics, not necessarily only my statistics, put a lie to your claim that there has been such significant improvement.

But rather than debate, let me come back to the question because you failed to answer the question, Mr. Minister. Are you, in allocating the positions which you claim will be provided under this additional funding, applying any other criteria or any other formula other than the one that's always existed?

Hon. Mr. Taylor: — Well I think probably one of the systems that you're referring to is the NISS (Nursing Information Systems of Saskatchewan) system that we have been talking about with the nurses for some time and presently we're evaluating that system. Some areas are perhaps looking at maybe implementing it. But with the \$100 million component, it's safe to say that when that is put into place, our system will be staffed as well as any other system in Canada. We'll meet the Canadian standards with that. I think that's a very good achievement.

Mr. Lingenfelter: — Thank you, Mr. Chairman. I want to raise the issue of nursing staff in our rural hospitals. And it's an issue that we have heard over and over again as our candidates have met with Saskatchewan Union of Nurses at meetings throughout the province, and they've had a number of them — all-candidates meetings in Estevan and in Saskatoon and Regina and a number of other places — where they have been outlining very clearly and articulately that there is a severe shortage of nursing staff at our base hospitals — where nurses no longer do nursing, but are basically fillers out of forms and runners here and there to deal with emergencies, because they don't have time to do the nursing that they are trained to do.

But in the constituency of Shaunavon, what we have found is that in none of the hospitals have we had an increase in nursing staff. And I hear you say that you have increased a number of positions at different hospitals around the province. And I hear the nurses say clearly to us, that you haven't. And there's a very great discrepancy between the people who work in the hospitals and between the Minister of Health.

And I wonder if you could, for us, give us the list of hospitals where there has been an increase in nursing staff component in the past four years. Can you give me the hospitals that have more nurses on staff now than they had when you took over? I wonder if you would. You must have those numbers available, and if you would give me the list, read them out to me, then we'll have a little discussion on where these increases have taken place.

Because I don't know about other members of this Assembly, but I do know that the member for Regina North East and myself, who have met with the nursing staff at a number of a meetings, are telling us that the increases you talked about, whether they are at 500 as you say at some meetings or 300 at others, they say all they can find is 20 new nursing positions at the bedside. That's what they tell us, 20 positions.

And we would like to tonight, if we could in the hour that's left, get to the bottom of this, to find out where these increases have been. And we would like to go hospital by hospital to find out who is telling the truth, the nurses who work in the hospitals, who say there has been an increase of 20 at the bedside, or whether it's the Minister of Health, who says there is 300 or 500 increase in staff since he has become minister.

And if you could give me the list of hospitals where there's been an increase in bedside nursing staff component in the past four years.

Hon. Mr. Taylor: — Mr. Chairman, I'd be pleased to do that. I did this about two nights ago, but I'll go through the list again for the member. He may have lost the figures I gave him.

The total for the small community hospitals is 44.68 increase.

An Hon. Member: — Where are they at?

Hon. Mr. Taylor: — Well, I'll have to get you the little hospitals. That's grouped together.

The total for the large community hospitals is 34.44; the total for the regional hospitals is 55.44; the total for the base hospitals is 229.01; for the total for general hospitals of 363.57. Add on the Wascana of 2.04, which gives you a grand total of 365.61.

This is graduate nurses in nursing services increase from March 31, 1982 to January 31, 1986.

(2100)

Some Hon. Members: Hear, hear!

Mr. Lingenfelter: — I would like to ask the minister: are these filled positions or are they positions on the books, or are they nurses increase in actual staff?

What we are having a great deal of difficulty in believing is that SUN and June Blau and the nurses are not accurate when they give the list of positions, for example, at the

base hospitals. And I'm not talking about additions, but talking about the existing facilities that were there in 1982 and how many nursing positions have increased in each of those wards. And we'll go through that.

I want to be clear, though, about the filled positions and the vacant positions in the province.

Hon. Mr. Taylor: — This is the Saskatchewan Hospital Services Plan general and rehabilitation hospitals actual full-time equivalent staff, graduate nurses, in nursing services, increase or decrease from March 31, '82 to January 31 of '86.

These figures that I've read to you have been compiled by the hospitals. Now if you want to question the hospital boards it seems that that is something . . . You seem to be questioning the authenticity of the hospital boards, and so on . . . (inaudible interjection) . . . Well you're questioning the boards. This figure came right from the boards. Now you're questioning it. That's you.

An Hon. Member: — Give me the list.

Hon. Mr. Taylor: — There they are — right there.

An Hon. Member: — Where are they?

Hon. Mr. Taylor: — Well, I'll read them off to you. Certainly.

An Hon. Member: — Send them over.

Hon. Mr. Taylor: — I won't send them over. I'll read them off. Take them down. Take notes. Just sit down and take notes . . . (inaudible interjection) . . . Well, I think the people out there where the hospital is would like to hear. They have every right. They're watching the television. Why would I want to keep it a secret from them? You might want to, but I certainly don't.

Let's start with Estevan, 4.16; Humboldt, 6.76; Lloydminster, 2.55; Melfort, 10.45; Melville, 6.44; Nipawin, 3.16; Weyburn, 0.92; for a total of 34.44.

Now let's go to the regional ones. Moose Jaw Providence, 4.90; Moose Jaw Union, 5.13; North Battleford, 15.76; P.A. Holy Family, 7.62; P.A. Victoria, 6.31; Swift Current, 7.14; Yorkton, 8.58; Regina General, 65.13; Regina Pasqua, 21.97; Regina Plains, 21.05; Saskatoon City, 18.95; Saskatoon University, 79.62; for a total of 229.01.

Mr. Tchorzewski: — Mr. Minister, you can quote all the figures you want. The fact of the matter is that the problems in the health care delivery system have been severe. It's one thing to talk about what you could call approved positions and something else to talk about positions that have always been filled on a continuing basis. And quite frankly, I just don't believe you. And neither does the public believe you that these positions have been filled to such an extent that it has done anything to improve the situation in the health care delivery system.

I told you a minute ago about the 6,000 and more people

on the waiting lists in the hospitals in Saskatoon. That has grown, Mr. Minister. That has something like tripled in the last four years. So even though you may have, as you say, increased the staff components, something has gone wrong because there is a failure in meeting the need. Now I might remind you, sir, that the staff component in the hospital consists not only of nurses but it consists of other staff as well. And I'm going to give you some specific examples.

Let me give you the example of the Regina General Hospital which I happen to have some numbers on. And this is the support staff. And you cannot consider how you have met the problem in the hospitals until you recognize the fact that everybody in the hospital is a team working together to deliver a service. Well here's what you have done with your glorious policies at the Regina General Hospital. In 1982, Mr. Minister, there were 795 support staff in the Regina General Hospital. This is in October of 1982. On March 1st of 1986, there were 718 support staff in the Regina General Hospital — a reduction of 77 people in that hospital on staff.

That is a tremendous reduction in staff considering that the patient load and the kind of patient load has been changing in that there are patients now who are in our hospital and occupy hospital beds who are much more severe cases, who have longer periods of stay, and need a lot more care. What's your answer? You reduce the staff.

Mr. Minister, there were 134 part-time staff in October of 1982. And on March 1st of 1986 there were 183 part-time staff — another reduction. So in support staff in October of 1982, in total part-time and full-time, there were 929 staff; by March the 1st of 1986, just a little bit more than a month ago, there were 901 permanent and part-time support staff.

Now I would like you to stand up in this House and say that that has been an increase in support staff at the Regina General Hospital. And if these figures you have to accept, and if you accept them, I would like you to tell us why, and how you can justify, such a reduction of staff in a hospital as major as the Regina General.

Hon. Mr. Taylor: — Let's look at the Regina General for a moment. And again the members opposite . . . I want to make this very, very clear. The decisions of running the Regina General Hospital are made by the Regina General Hospital board. And it has become very evident to me that the members opposite are attacking the board.

Now I want to tell you what the Regina General Hospital board has been doing. While they have been reducing some of the support staff, in that same period of time they have improved the registered nursing component by 65.13. That board has made a decision to put more nurses into the hospital and perhaps reduce some of the support staff.

But let us look at the Regina General Hospital from another point of view. These are all hospitals in Regina — the Regina waiting list, a very interesting thing to look at. In June 1975, the year when they were deciding they should cut the staff back, there were 3,282 people waiting to get into Regina hospitals — 3,282 people. November

of '86, there were 2,511 people waiting to get into Regina hospitals — a considerable reduction in waiting lists here in Regina.

Mr. Tchorzewski: — Mr. Minister, I somewhat question those figures, and I'm sure that . . . I question them a lot, because I think that the real figures are not those. And you know it, sir. You know it.

Now did I . . . I heard you say that you have increased over four years. In four years you have increased the nursing component of the Regina General, or at least announced it, by 64. Well even if you have, that does not make up for the 77 permanent position and support staff which you have cut. So even when you consider that increase, and then consider the support staff which is lost, there is a net loss of personnel in the Regina General Hospital, and you can't deny it.

Hon. Mr. Taylor: — The figures of the waiting list — and I would say it's from the Graham Clarkson report of 1975; that's when he indicated the list of 3,282. And I made an error here. It isn't November, but it's right now that the waiting list is 2,511 in Regina hospitals.

Mr. Lingenfelter: — Mr. Chairman, I want to ask the minister a couple of questions about the area of rural hospitals. Where the argument is being made, and I think appropriately so, that on shifts in the small rural hospital we have one nursing staff on duty. And this problem is growing with an increasing number of rural hospitals where they have one person on staff on the late shift.

And what happens from time to time, as you will be well aware, when an emergency comes up or if there is an emergency admission, and the problems associated with the one person on staff trying to take care of the number of people on the ward, as well as do the emergency work, you will realize very quickly the dilemma the nursing staff find themselves in. If they are called on to use the telephone to call the doctor and try to admit someone, as well as take care of patients on the ward, you find that there is a real dilemma which occurs. Now this problem has been around for some time, but is one that the Saskatchewan Union of Nurses is now saying is growing, and growing at leaps and bounds.

Now here again, we have a problem of who to believe. We choose to believe the nurses because they're telling us it's a growing problem. And yet at the meeting in Regina, we heard you explain how there are less hospitals in fact that have this problem associated with them.

And I would like you to tell us whether or not funding is included in this budget, which would allow all of the rural hospitals to have a minimum of two nursing staff on at any one time. This is basically what we're calling for, and what the nursing staff is calling for, and many doctors in the province are saying is needed to solve the problem.

Hon. Mr. Taylor: — Certainly, in discussions just recently with the SHA — that would be Hewitt Helmsing, the executive director; and Bernie McCallion, the president — they indicate that there have been approximately 60 hospitals that have rectified this situation. So we are considering, to see what we can do,

to see how many more of them are suffering from the situation as you outlined. We will be looking at this. I can't say for sure if we can rectify every one in this coming year, but certainly 60 of them — that's from the SHA — have been rectified at this time. And we are seeing what can be done for the other ones.

Mr. Lingenfelter: — Will you give me a number on the hospitals where this problem exists at the present time? Because as we have heard very clearly from the nurses that it is occurring in a large number of areas. And even in the city hospitals on some of the wards, it exists from time to time when the lack of staffing in the evenings or in the night is causing a great deal of concern, both to the patients and to the security of the hospital where you may have, oh, for example, an emergency where a stabbing occurs and the individual who is stabbed comes to the hospital along with a number of other people, and the nurses who are doing the admitting aren't sure whether the assailant is with the crowd, and it causes a great deal of confusion and concern, both about the safety of the other patients in the hospital as well as the safety of the people who are working on that ward.

And I hear you saying again, another area you've taken care of and there's no problem. But what amazes me, at a time when you've taken care of all of the problems in health, we have the doctors going on strike, as I have mentioned earlier, where we have the chiropractors who are talking in unkind terms about the minister and his lack of consultation with them before changes to the Act occurred which ruled out extra-billing for them, we have nurses rallying and demonstrating on the steps of the legislature. And what people are saying in the health care area is quite different than what the minister is saying. He's saying there's no problems and he's taken care of everything. And on the other hand, we have health care workers who are saying, we simply can't afford four more years of Grant Devine, or Premier Devine, and this Minister of Health. Obviously we have a difficulty of credibility.

(2115)

What I would say to you is: how many hospitals does this problem exist at?

Hon. Mr. Taylor: — We believe approximately about 40.

Mr. Lingenfelter: — Then I would ask the other question: is there money in the budget this year to deal with that problem at the 40 hospitals where they're having a problem with understaffing and the problem that is associated with having only one nurse on staff for those late shifts?

Hon. Mr. Taylor: — Certainly there's money in the five-year plan to address staffing in, I would imagine, every hospital in Saskatchewan in this immediate year. As I said, we are in consultation with the hospitals right now, and I think that is the correct thing to be doing, because after all, they run the hospitals. I come up with the funding to put forth the staffing components, and I believe that \$100 million is a very good figure — a strong commitment to that type of staff enrichment.

We will be having discussion and dialogue, and I'm sure that over the period of the patient care enrichment, the problems that are alluded to will certainly be rectified. I can say that a good number of them will be fixed up this year, and I want to give the hospital boards credit for the 60 that have been fixed to date.

Mr. Lingenfelter: — Can you give a commitment then today that in your budget you will have moneys available to those 40 hospital boards so they can staff up so a minimum of two nurses will be on staff at any time?

Hon. Mr. Taylor: — I can say that over the five-year program, because it is spread over five years of patient care enrichment, that certainly many of these things, and I hope all of them, will be rectified. A good number of them will be this year.

The number of positions that we're putting in this year is, I think, very credible. And certainly many of these things will be addressed. But to say that each and every one would be, I can't say that with a degree of certainty. I can feel that over the length of the program they will be.

Mr. Lingenfelter: — You're saying that the five-year plan is going to solve all the problems. And of course what you're saying is, trust us and after the next election, if you elect us, we'll solve the problems we've created for the last four years. And that takes a great leap in faith for the people of the province, especially in the rural areas where you have done nothing to solve their problems of staff shortages, to say to the Minister of Health, look, right after the next election we're going to solve your shortages. And I hear the minister saying not that there is money in the budget for the increase in staffing, but instead what we're hearing is, right after the next election we're going to solve that problem.

But I want to get clear on the issue of the 40 hospitals where the problems exist. How many of them this year will be taken care of? I don't want to know how many you are going to take care of if you're in power for ever, because I simply don't believe you're going to be in there very long. But in this year's budget, of the 40 hospitals, how many will have an increase in funding to staff up their hospitals?

Hon. Mr. Taylor: — Well certainly, Mr. Chairman, when I look at the figures of what we're putting in this year, 331 positions as enrichment and 21 for operating new facilities in the hospitals — 352 new nursing positions; and in the special care homes, 130 for enrichment and 200 for operating new facilities — 330 new positions. So I can't say that every one will be addressed, but I think that is a substantial commitment.

And I couldn't stand here and state at this time anyways, because we don't dictate to them and say like the government opposite when they were in government used to do, send out a directive saying, you shall be cut by 5 per cent. We don't do that. We sit down with the hospitals, as I said we're doing today, sitting down with the hospitals and saying, look, what staffing component can we come up with that will satisfy the needs.

I have made it very clear I want to see those at the bedside.

And we will work with each and every hospital in Saskatchewan in that type of matter. As I said, the consultants have been instructed to go out and have discussions with the boards who decide the staff in their hospital.

So those consultations are going on with SHSP at this time, and certainly we will continue that. But to stand here and say, this hospital will get 0.2 or 0.5 — that isn't the way we do it. We go out and meet with them, and in concert and in consultation, we arrive at a figure that is acceptable.

Mr. Engel: — Thank you, Mr. Deputy Chairman, Mr. Minister, I listened carefully when you listed off the positions that you were increasing by the 300 and some you were talking about. Not one of the 40 hospitals were mentioned that have only one person on. I happen to know the severity of that situation. I've raised this with you in previous Health estimates.

When the small hospital in Coronach, where they have the coal mine down there and have the power plant, we suggested to you, what are you going to do about that position that hospital is still on when they have a night shift with one person? The same thing applies to Lafleche; all the hospitals in that area that are down to the one person on at a time.

Those 40 hospitals are still there. You've listed these numbers. Not one of those little hospitals were included. And I don't believe you're serious about helping. Then you can stand back up and say, oh 350 . . . a grand plan we've got is going to do some good. It's not doing any good for those little hospitals, Mr. Minister.

I think you haven't named one of those that's going to improve their lot and improve their position, especially when an emergency arises. And if we wouldn't have faithful people, like at Lafleche where the administrator is on duty 24 hours a day — he's always there, him or his wife, and they go there when they're needed. If it's a car accident or whatever, they have to go. And there's only one person on, and sometimes that person has trouble even getting to a phone, like my colleague suggested, if an emergency or an accident happens or something in the vicinity.

So I think it's imperative on you to make an extra position available. Maybe it's only a nurse's aid in some of those cases. That doesn't have to be two RNs; I'm not asking for that. But I think it should be two people. It should be two people. And you have no intentions of improving the lots of the small hospitals across Saskatchewan. You like to talk, and you like to put out a . . . (inaudible) . . . oh our 100 million's going to do it. But you have no intentions of affecting those small hospitals.

I'd like to know from you, precisely on those 40 hospitals, what your intentions or what your plan is that is going to affect how many people are on duty there during the night? What is your plan to solve that problem? Are you making more money available?

Hon. Mr. Taylor: — Well that's exactly what we're doing, as I said previously, is we're meeting with the hospitals

now. It's in process.

And you can scoff at a hundred million dollar patient care improvement program. You know, you can make fun of it. But I will just say again, it's a heck of a lot better than a five per cent cut, and that's what you're known for, was a five per cent cut . . . (inaudible interjection) . . . That's correct. That is the truth. July the 1, '76 — do you want me to read the letter again? I will do it. I will duplicate it and give you a copy. So don't sit there and try and deny it. It's the actual fact.

So I would think our program is going to go a long way to addressing many of these needs, and the consultation, as I say, is taking place with the hospitals at this time.

Mr. Engel: — There's no hope in store for the small hospitals that we've been discussing at this time, that the nurses have raised with us, or are saying the severity of the situation that's placed on them and the responsibility that's placed on them, when only one person's on during the night — only one person at a time. And I'm saying to you, Mr. Minister, you have no intentions of helping out those small hospitals or encouraging or expanding on their facilities.

Another hospital that has some problems is a place like Gravelbourg. Before you were Minister of Health, there were plans in place that that hospital would start a remodelling program that would bring their service on one floor. You know, the multiple level floor that they have there. They had plans in place. Last year I asked you: when are you going to consider that project?

Gravelbourg still isn't on your five-year list. You haven't even got it on your five-year plan. What are they supposed to look forward to with you and these grandiose numbers? There's nothing there to look forward to with your administration.

You don't care about rural Saskatchewan and the small hospitals out there. You have a few you concentrate on, and those are the areas you want to work at. And I'd like to see you have a plan in place that would affect the health delivery system that some of these hospitals in our smaller towns could provide the service that would take the pressure off the regional hospitals and the city hospitals. You could be delivering a service in the rural area that would make the difference, that would even alleviate the pressure they're facing in the cities. And we're not getting any staffing there. I didn't hear Gravelbourg on your list of those that are increasing their patient load.

I came in to see officials in your department. I had a good hearing. But nothing has changed. They still haven't got the extra staff they asked for. And I think that's something you should consider very seriously, especially when there's a unique plant that has patients' levels on various levels or floors, where it takes more staff to consider that kind of delivery of health care, rather than if you're doing it on one floor. If you're not going to help them with a remodelling job, at least give them the extra staff component they require to look after properly and do what they feel they should do.

And so, just to make a flying trip through and have a

political meeting down in Gravelbourg didn't do the job for you down there, sir. I want to say they're disappointed. They're disappointed in your delivery and the service you're providing there.

But what I'm saying now: of the small hospitals that are down there, that have only one in there, will you take another look at it, and will you provide them that additional position that they could hire an aide or somebody that will be there with the RN that's on during the night?

Hon. Mr. Taylor: — Well I don't have to take another look at it. I just said, we're sitting down and negotiating and dealing with the hospitals and reviewing it right now. I was down in Gravelbourg. We went to the hospital. There was about 30 people that went over to the hospital and went all through it. You know the one they thing they told me: get rid of him.

Some Hon. Members: Hear, hear!

Mr. Engel: — Well I can tell you, Mr. Minister, what I can tell you, Mr. Minister, when you were pointing, when you were pointing at who they were supposed to get rid of, that's not what they told me about it. Because the Gravelbourg people weren't too happy for you coming down and trying to make an announcement and calling it a political meeting and selling tickets and telling people: you come to our political meeting and we'll make a little announcement for you. Well I'll tell you they were very disappointed in the announcement that you made, Mr. Minister. I'll put that on record. And they'll say: we've got his number, because it's just political games he's playing with us. And there is no sincerity there. No sincerity there as to what you're going to do for us.

And I want to tell you, Mr. Minister, your days in that position are numbered if that's the way you're going to respond to the problems that people in rural Saskatchewan are facing. The question I have for you: are you going to consider two positions? Are you going to consider two positions in the Lafleche hospital, for example? Let's take one hospital at a time. Lafleche hospital where they have only one position on during the night, are you going to consider a second position there?

Hon. Mr. Taylor: — Well, I don't think it would be right for me to sit here and allocate staff without discussion with the hospitals. I'll have my officials meeting with the hospitals throughout Saskatchewan, and certainly we'll look at the needs. And of the bodies that are available, we will try and put those into places where they can do the best work for the province of Saskatchewan and satisfy needs that are there. And that's the commitment I make in Gravelbourg, Lafleche, Moosomin, Carrot River; many of them may fit into that package.

Certainly, I think from the figures I read out, between 1982 and '86, the 365.61 positions indicate that that has been ongoing over the last four years and with the \$100 million commitment there will be much more of it in the next five years.

Mr. Engel: — Not one of the hospitals we've been suggesting and we've been talking about are on that list.

Since you've been in office in 1982, not one can expect any improvement from you as far as the future is concerned. How many of those new positions that you're talking about, how many of those are positions that have been filled since '85? How many new positions have you granted in one year? What are your plans for the coming year? How many of those 350 are this year's increased spaces?

Hon. Mr. Taylor: — We put in 95 last year. These are the figures from March 31, '82 to January 31, '86. So none of them are this year. This will be the new \$100 million program that will be where the positions will be coming from as we are doing the discussions and negotiations and review with the hospitals now.

(2130)

Mr. Engel: — So what you're saying is that since you were Minister of Health you've filled 352 additional positions, and what you're saying is that you've got another 100 million now that are going to be available. How much of that \$100 million is going to be spent this coming year?

Hon. Mr. Taylor: — Twelve point nine million in hospitals.

Mr. Engel: — Of that 12.9 million increased positions in hospitals, how many do you anticipate will be spent in hospitals that have less than 25 beds?

Hon. Mr. Taylor: — Until we finish our negotiations and discussions and review with the hospitals, I can't give you that figure at this time because we're sitting down and working with some of them right at this present time. So we don't know if we're going to put 40 here or 30 there or 20. It's only right to go and talk to the hospitals. And that's what we're doing. That's what we will continue to do.

Mr. Engel: — So there's no guarantee that when you're through negotiating, you've got a \$100 million carrot there, and you're going to talk to these 300-and-some hospitals; there's no guarantee how that money is going to be meted out, or that you're going to spend the 12 million. Are you going to spend the 12 million. Are you going to consider the hospitals that have only one on — those 40 positions — are you going to give them some serious consideration?

Hon. Mr. Taylor: — Certainly. Within the total program, we're going to be discussing this with the hospitals.

Mr. Engel: — Of the 40 hospitals that have only one on at a time, will you make a commitment tonight saying that 20 of them will get a second staff person?

Hon. Mr. Taylor: — No, you don't understand the process that we're going through. I can't do that. I make the commitment that with this program that we have, that we're going to be addressing, I've talked to the SHA about this; we're going to be addressing the needs in the hospitals, but I don't want to mislead anyone. I couldn't say that I'm going to deal with 20, or I'm going to deal 10, or 35, or 32 of them. I can say that over the course of this enrichment program we're going to be dealing with all the hospitals and seeing if we can use those funds to address the needs that they have there.

Mr. Engel: — When it comes to getting your attention, Mr. Minister, when it comes to getting your attention, a place like Coronach or Rockglen or Lafleche have a lot more trouble getting your ear than major city hospitals do.

And what I'm saying to you tonight is: you're saying you got about \$12 million for these hospitals for increased positions this coming year. Of that \$12 million, will you at least say that 20 of those hospitals will have that problem alleviated where they have one person on at night — just 20. Only 20 positions out of \$12 million. It's peanuts, but it's half the hospitals that are on with one at a time. Why not at least make a commitment that those 20 will get one person each?

Hon. Mr. Taylor: — I make the commitment that we'll deal with all the hospitals in Saskatchewan with the same manner of sitting down and consulting with each and every one of those. That is our intent. We have a five-year program in which hope to rectify their staffing needs during that period of time.

Mr. Engel: — Well, Mr. Minister, if you have a commitment to satisfy that need and cover off that problem that's serious, will you now say that you're going to deal with it, because those hospitals don't enter into the competition when you're dealing with only \$12 million. Regina could use the whole amount to cover off the waiting list and the care that's needed. Regina could eat it all up.

So all I'm saying to you, Mr. Minister, is that there's some rural hospitals out there that have a serious problem. The ones that nurses have been raising is the ones where they're on one at a time during the night. That one position we're saying: make a commitment that at least 20 of them — at least half of them this first year, you're saying over five years you're going to do all 40 — at least get a start and prove that you mean business and give it a commitment that those will get some help so that some of them know it's worth asking you for that additional service.

Hon. Mr. Taylor: — I think some of the guidelines that we want to be dealing with the hospitals — so that we have to be consistent in how we deal with them — there has to be uniformity and fairness, and that's the commitment that I make, that we do that.

Mr. Engel: — One more time, Mr. Chairman. Do you admit that that . . . You admitted that there's a problem in those 40 hospitals. You admitted that. Now we're saying to you: prove that you're a man and show some leadership. You haven't all night; you haven't all afternoon. You haven't stood up and said that. For five days we haven't got a commitment or an answer from you.

On this one issue, Mr. Minister, that is bothering . . . Over half the hospitals in my riding have that problem — all but two. All but two hospitals in my constituency have that problem where there's only one on at night. Would you say that in all of Saskatchewan, in the 40 you have, you'll make a start? If you're not going to do 20, will you do 15,

Mr. Minister? Will you do at least 15?

Hon. Mr. Taylor: — Mr. Chairman, the start has already been made. We're in consultation and discussion with the hospitals, and we will try to do what we can to address those needs. And I feel very confident, with 350-some nursing positions going into the hospitals, many of the needs will be met this year. And certainly, as we implement the remainder of the five-year staffing enrichment program, I think the remainder of them will be rectified also.

Mr. Engel: — Well you sound an awful lot like Gordon Grant did, that used to be the minister of Health here in Saskatchewan when we had the last right-wing government. The commitment that these small hospitals are getting sounds very, very much like that of Gordon Grant. And you know what the mayor of Gravelbourg said about him when he was a physician in Lafleche? He said, "Methinketh you are sticking a knife in my back and turning it a little." That was his words.

Those were the words he said about that minister of Health, and methinks the same thing is true of this minister of Health. If you won't give a commitment of any kind that you're going to help those hospitals with the lot they're facing, methinketh you've got a knife in their back, and you're going to make them bleed a little.

I'm wondering, how secure are those little hospitals? How serious are you about care down there if you're not prepared to make a commitment for them. I'm telling you that I stood up to that man in 1967; I stood up to that man in 1971, and those are the grounds I was elected on.

If you want to stand up in this Assembly and tell the people of Saskatchewan that you heard in Gravelbourg from 20 people that you've got to get rid of this guy, I want to tell you, you're treading on very, very thin ice, because I don't believe that. When it comes to protecting and defending and taking care of and fighting for the needs of my hospitals, I am not ashamed of my track record.

I want to ask you one more time: if you won't give a commitment for 20, if you won't give a commitment for 15, why not at least give a commitment for one-fifth of them. Come across with 10. Come across with 10 and say that over the next four years we're going to do all of them — you said so — that's a problem; we're going to take care of it. Let's prove it and say that tonight you're going to tell us 10 of them are going to get their first — 10 of them are going to get the help so there's not only one on duty at night; that you're going to make a reasonable start; that the commitment you mean is serious, and that some of them can look forward to with hope, saying we're going to get our extra buck. We're going to get enough money to have that second person on.

Give us that commitment that you at least are confident and honest in the answer and that this year, this year, because we know you're afraid to call an election — there's not going to be an election — so we have to deal with this year's problem. We have to deal with the problem that's facing us this year because we're going to have to live with you throughout this coming year.

So will you give us a commitment that 10 of those 40 hospitals will get the second staff member? Or are you saying that that \$100 million promise there was just an election promise. We'll throw a number out there and make the people happy and say, we're expanding by \$12 million this coming year. Give the same commitment for those 40 hospitals, and I'll know you have something serious about you — some honesty, some integrity, something we can trust.

Hon. Mr. Taylor: — Well, there goes Mr. Consistency again. When he stood to rise to question me he said, well there isn't going to be an election; there won't be an election. Before he sits down he says, it's just an election promise, just an election promise. I mean, could you for once tonight get one thing straight? You would be a lot easier to deal with if you could.

But I will give you my commitment. I will give you the commitment to rural hospitals in Saskatchewan. First of all, I'll tell you that we instituted a rural medical practice study which many communities are looking together at amalgamating and trying to bring together a practice where they can have two or three hospitals work together. They can work together and have the doctor in one town and in the second town and in a third town cover the other hospitals. Therefore, then those hospitals will stay as they are, but they will have constant medical practice on the weekends, and one doctor could cover for the other.

I will tell you what else we're doing for small hospitals in Saskatchewan, and this is far different than anything else that happened. They were crying out for this. For 11 years they cried out for some kind of indication that their viability would continue, and we have instituted integrated facilities.

And I'll just tell you some of the small hospitals, and I challenge you to go to these towns and ask them are they not happy with the action that's taken place? I'd ask you to go up in to the member from Meadow Lake's seat. Go to Goodsoil; try that one for example — they're getting an integrated facility. The sod was turned just the other day in Goodsoil. Go down to Lampman. Lampman are getting an integrated facility this year. Lucky Lake, another area with an integrated facility. Nokomis, they're getting an integrated facility this year. Rabbit Lake, another integrated facility, and Rose Valley. Those are the ones for this year.

And for '87-88, and they're into their planning stages now, places like: Cabri are getting an integrated facility; Leoville, Loon Lake, Montmartre, Theodore — all of these small hospitals that are being moved into integrated facilities; '86-87 — Dinsmore, Fillmore — and there was a horror story.

Let me tell you of the disservice and the friction that was caused between the towns of Fillmore and Stoughton when they were in government. They couldn't get anything. They would have to tell them, well you couldn't go first or you can't go first. When I took over as Minister of Health there was a regular animosity out there. Today, let me tell you that Stoughton has a brand-new nursing home, and Fillmore are getting a brand new integrated

facility. Couple that with Gainsborough and Mankota for the year '86-87.

And let's go to '88-89 and you'll see Craik and Eaton and Kyle and Midale. Now there's some of the commitments to small-town hospitals throughout Saskatchewan from this government; couple that with the rural medical practice and you're going to see an insurance and a great improvement of medical services to rural Saskatchewan.

Some Hon. Members: Hear, hear!

Mr. Engel: — The town of Coronach had a hospital that was serving their needs when there were 300 people, Mr. Minister. The town of Coronach has grown to 1,200. They're still in the same little hospital. Plans were drawn; a site was purchased; the lot was there in 1981. How come they're not on your five-year plan for an integrated system? They were ready to go in 1981 for construction in '82, and you got elected and turned them down. How come that hospital isn't on your five-year list, or are you going to integrate that service with three hospitals around there and close one down? What are your plans? What are your plans, Mr. Minister?

How come Coronach's not on your list? How come Lafleche isn't on your list? How come Gravelbourg isn't on your list? Those hospitals had plans, had approvals by your good officials in Health saying that they need the improvements; they were ready to go, and all of a sudden there's no money for them. They're not even on your five-year list.

And you're trying to tell me that you haven't got a vendetta against small hospitals? Which one of them are you going to close? Or are you going to do like Gordon Grant did when he was Minister of Health, and pulled the rug out from under Hodgeville; pulled the rug out from under Willow Bunch; pulled the rug out from under Mossbank — is that what your intentions are?

What are you going to do at Rockglen? Are you going to close it, or are you going to fix it up? What are you going to do at Coronach? What are you going to do at Lafleche? What are you going to do at Gravelbourg? Are you going to build them, or are you going to make them wait?

They spent their money on blueprints; they spent their money on their studies, and they don't even get on your five-year list. Where are you at? How come you see some and don't see others? I have some hospitals there; I've been raising this issue. This is the fifth time, Mr. Minister, we've been debating those very hospitals. You've yet to spend a buck. Who am I supposed to believe?

We were discussing when you were sitting over here where McLeod's sitting now, when you were Minister of Health — the member for Meadow Lake — when you were sitting over where the member from Meadow Lake's sitting.

(2145)

The first time we talked about it, we talked about the

hospital at Lafleche and their desire to provide some service for senior citizens. We talked about it before you thought of integrated systems, before there was a combination of health and social services. You finally got it together, and I complimented you.

How come you still haven't done anything? Those people don't believe you any more, Mr. Minister. People across the South don't believe that you exist. They don't think there's a Minister of Health.

I asked you tonight, and I'm consistent. I started with 20 hospitals — you wouldn't look at it. I went down to 15 — you wouldn't look at it. I went down to 10 — you wouldn't give us a commitment. I'll tell you what: will you promise one of my hospitals that you'll do it? Just one. Give us a commitment that one more of those 40 will get an extra staff member. How about that? I can't go smaller than that otherwise it's going backwards like it's been going ever since you've been a minister.

Hon. Mr. Taylor: — I will give the same commitment. I have visited some of the hospitals he's talking about; those people have been in to see me. I will give the same commitment, as I will to anyone else in Saskatchewan, that they will be dealt with fairly, the same as every other hospital, equitably, and we are looking at that process at this time and in consultation with them — each and every hospital. We have a five-year plan.

I know it just annoys them terrible — the people who cut staffing. Don't ever forget that people. They were the ones that cut the staffing in the hospitals of Saskatchewan. We're the ones that are building on that. And a considerable amount of money is going to build up the staffing components — \$100 million. That \$100 million will be applied equitably and fairly across Saskatchewan hospitals.

The committee reported progress.

The Assembly adjourned at 9:47 p.m.