

April 17, 1986

EVENING SITTING

COMMITTEE OF FINANCE

**Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32**

Item 1 (continued)

Mr. Birkbeck: — Yes, thank you, Mr. Chairman. Just before supper, Mr. Chairman, I was debating the motion that was introduced earlier today by the NDP in opposition which would in effect reduce the Minister of Health's salary to \$1. I had outlined earlier today, Mr. Chairman, that this was a credibility question and that of course the NDP opposition have absolutely run right out of questions. They have tried to regain some foothold in the health issue, and, Mr. Chairman, they've been totally ineffective in doing that. Subsequently, because they're out of questions — the minister has provided answers — and I might add, Mr. Chairman, that he's given answers to the NDP in opposition over and over. In other words, the NDP have been asking the same questions over and over because they cannot come up with anything new, and they're not offering any real proposals for the minister and his department. They're not identifying the problems. When they do occasionally identify a problem, they're not providing the solutions for the Minister of Health.

So, Mr. Chairman, of course this whole matter then, interestingly enough, being a motion placed on the floor of this Assembly by the NDP, is one that in fact brings their own credibility into question, because they can only deal with a matter relating to a salary of the minister of Health. So it's nothing short or more than a headline grabber, Mr. Chairman — that's all it is. It's meant to grab a headline in the next paper, tomorrow's *Leader-Post*, I suppose. But as I said in particular it draws into question the credibility of the NDP in opposition.

I want to, just for a moment, you know, allude to that. And I want to refer very briefly . . . The member for Regina Centre has been up asking a few questions with regards to Health. Of course his credibility, along with the NDP as a group in here in opposition, is as well in question. And it should be recalled, Mr. Chairman, that he one time ran in my riding and was defeated. He was also in this government trying to serve in the same capacity the Minister of Health is, whose salary he wants to reduce to \$1, and obviously he wasn't able to do a very good job because he was removed from cabinet. So I wanted to make mention of that, Mr. Chairman, as it relates to the whole credibility question of the NDP in opposition.

The other thing that they have found out, and I want the public to know this, and I made mention of this earlier today as well, Mr. Chairman. The NDP in opposition did some polling, and they found out that there was an 85 per cent approval rate of the Minister of Health's department in terms of its programs and the services it's providing for the people of Saskatchewan. They have found out, Mr. Chairman, they have found out that the billion dollars that we have placed for the Department of Health in our budget, which represents one-third of our budget, is effective. It's doing the job. And, Mr. Chairman, we on

this side of the house, of course, are very pleased, and we're proud of the government's direction and the government's . . . the total accomplishment in the health care field.

Now, Mr. Chairman, the member for Assiniboia-Gravelbourg on I don't know how many occasions, but for a very long time, along with other members in the opposition, asked questions relating to liquor advertising, and that we shouldn't have lifted the ban on liquor advertising, and so on and so forth. So they asked a whole range of questions, Mr. Chairman, on this matter of liquor advertising. In relation to that, they are saying that the Minister of Health is stonewalling and not providing answers and not giving commitments to the NDP to do something about it.

And when the member for Assiniboia-Gravelbourg was making those comments, I was rather interested in listening to him, because I was aware of something that, of course, the whole House is going to be aware of, as is the Minister of Health has made them aware. And I want to read it into the record again. Wherein, Mr. Chairman, he had written a letter to the churches, and I want to indicate to the House what the reply was on that alcohol related issue that he was asking the Minister of Health in questioning during the estimates. And this was a reply that he got from the church, Mr. Chairman, and it starts out:

I am prompted to write you regarding the letter you have sent out to churches in connection with the beer/wine ads which are now being shown on Saskatchewan T.V. stations.

And he further says, and I quote, Mr. Chairman. It's very important to note this. This reply to the member for Assiniboia-Gravelbourg says — from a church:

I am shocked to think you would stoop so low as to spread political propaganda through church pulpits!

Well Mr. Chairman, so am I shocked to think that a member of this Assembly would use such a means to gain political support. And I just clearly marked in the letter, Mr. Chairman, the relevant parts of it. I certainly am not going to take the time to read the whole letter.

The last two sentences of this letter in reply to the member for Assiniboia-Gravelbourg says:

Please don't waste any more time with the negative approaches to a government that is working hard to make this a better province.

Well, Mr. Chairman, we on this side of the House could hardly put it better than this reply to those low tactics of the member for Assiniboia-Gravelbourg.

And that's what were talking about here. We're standing here to defend the record of the Minister of Health. We're opposed to the motion presented by the NDP which is, as I said, nothing more than a headline grabber, to reduce his salary to a dollar. When in fact, Mr. Chairman,

members of the clergy are right on side with the Minister of Health, with this government in terms of its health care approach.

Now, Mr. Chairman, there are a number of things related to that, that I would like to allude to. It's interesting to note, Mr. Chairman, that the Leader of the Opposition, the Leader of the Opposition now, has clearly indicated that he's not prepared to make any commitments to change the current policy that's in place with regards to liquor ads. He's not prepared to make that commitments. That's the Leader of the Opposition's position.

The member from Assiniboia-Gravelbourg holds an opposing view to his leader, the Leader of the Opposition, on the issue of liquor advertising — a totally opposing view. He says that if he had his way, he would change the current policy that's in place by this government.

So, Mr. Chairman, clearly there is quite a division in the NDP opposition on the issue of liquor advertising. Now that kind of indecision on their part, and they have the nerve to raise a matter in here through their motion of condemnation of the Minister of Health and our policy. They themselves do not know what the policy is. And it's fair enough if the member for Assiniboia and Gravelbourg wants to campaign against their leader, and he has. He's done that. After their devastating defeat in 1982, when people rejected their policies, he flew around the country in his own air plane, which he owns — that's interesting, but be that as it may — campaigning against the leader. Well that's kind of water under the bridge. We won't dwell on that and it's kind of off the subject anyway.

What's really relevant, Mr. Chairman, what's really relevant is that the Leader of the Opposition, the member for Regina Elphinstone who used to be the Premier, and the member for Assiniboia-Gravelbourg, do not agree on a liquor advertising policy. They do not agree. That needs to be noted, Mr. Chairman. Very relevant to what this motion's about. Very relevant because they condemned our Minister of Health and this government. They themselves, Mr. Chairman, have no policy, obviously.

Now, Mr. Chairman, I'm of the view that if a matter can be proven from two different precedents, then in fact it's likely pretty well proven. So I want to, Mr. Chairman, for your benefit and of course the benefit of the members, draw to your attention yet another division in the ranks of the NDP. And I want to refer, Mr. Chairman, if I may just take a brief moment, the *Hansard*, page 647 in the *Hansard*. And I want to quote what the NDP opposition's position is as it relates to this whole liquor advertising question.

Now I have some degree of respect for the Leader of the Opposition, and I quote what he was said to have taken as a position on this whole matter of liquor advertising. This is the Leader of the Opposition, Mr. Chairman:

We ought not to encourage the advertising of alcoholic beverages, and we ought not to encourage the consumption of alcoholic beverages in association with sports activities, and other activities where young people frequently gather. We ought not to encourage the

consumption of alcoholic beverages at functions of which we are a part.

That now, Mr. Chairman, and members of the House, is the position of the Leader of the Opposition. It's clearly stated. It's here in the print and it's in the *Hansard*, Mr. Chairman. So now we have the Leader of the Opposition's position again.

Now I will point out very succinctly and very clearly where they are divided on this issue and yet have the audacity to challenge the minister and this government on our policy on liquor advertising. And yet, Mr. Chairman, they themselves do not have a position, and because of all of this confusion on their part, they can only think of one thing to do, and that's try to reduce the Minister of Health's salary to \$1 for, you know, a means of discussion and headlines and so on. But let's point out now . . . Let's stay right on the topic of alcohol advertising and where the division is and why it's improper for the NDP to be taking this kind of position.

Now we move to the member for Shaunavon, and I have of course before me, Mr. Chairman, a copy of an ad that was run in a paper. It says at the bottom here, sponsored by the Shaunavon New Democrats. That's the New Democratic Party as I would understand it. And it says here, as I read it — it's with regards to an NDP picnic — come to this picnic on Saturday, August 13th, and it says, enter a team in the softball tournament, take part in the horseshoe pitching, play some bingo, ride some real ponies. You know, real ponies. I guess there's other kinds, but anyway, ride the real ponies. Now then, what else, Mr. Chairman? What else does he say in this ad to point out how the difference is in the NDP? What does it say? It says, come and cool off with a beer and have some ice cream for the children in the beer gardens.

Now, you know, and kiddies in the beer gardens having ice cream and cooling off with a beer, now this is the member for Shaunavon. And I tell you, Mr. Chairman, that certainly is not what the Leader of the Opposition said, which I just quoted for the benefit of the people of Saskatchewan. I just quoted the Leader of the Opposition. He said, we ought not to be at places where there are liquor associated events — we ought not to do that. Well, the member for Shaunavon, as far as I am aware, is a member of the NDP party, and I would understand that the Leader of the Opposition should be his boss. But they do not agree, because here it is the member for Shaunavon.

(1915)

So, Mr. Chairman, I have pointed out very clearly that there is a difference in the NDP ranks on this whole question of liquor advertising. They themselves are not decided in their own minds what their position should be. I've given you, Mr. Chairman, two perfect examples to show where the member for Assiniboia-Gravelbourg is not in agreement with the Leader of the Opposition, and the member for Shaunavon is not in agreement with the Leader of the Opposition. So, Mr. Chairman, I have to rest my case on that.

I have to tell you, Mr. Chairman, that this motion, placed

by the NDP to reduce our Minister of Health's salary to \$1, is nothing more than absolutely disgusting coming from a group of people in opposition that are wasting the time of this whole Assembly, when they should in fact be up asking good questions about health related issues, when they should be offering solutions as we did when we were in opposition, which is one of the reasons that we became government, because we were able to do that, Mr. Chairman. They don't offer anything. They just are against everything, absolutely against everything, negative, critical. And, Mr. Chairman, that just isn't acceptable in my mind.

So, Mr. Chairman, as I said, I made a number of remarks earlier today. I've had an opportunity to make a few more remarks early this evening. And, Mr. Chairman, I just want to tell you that I, for one, on this side of the House, am going to be totally opposed to this motion. Thank you.

Some Hon. Members: Hear, hear!

Mr. Parker: — Thank you very much, Mr. Chairman. Mr. Chairman, I'd like to add a couple of comments to this debate. I wasn't going to enter into this debate because, Mr. Chairman, as members will well be aware, and I'm sure the viewing audience is well aware, the function of estimates is an opportunity for the members of the opposition to ask questions of our minister. So obviously there has to be a motive when the opposition finds it necessary for the members on this side of the House to carry the floor and carry the debate during estimates.

When we look at the issue of health care, Mr. Chairman, it's obvious what the motives are. The reason that the members opposite don't want to ask questions about health care is because they're embarrassed. And no one should know the problems that are being encountered in Saskatchewan as it relates to health care more than the members opposite who are responsible for creating them.

Now it's very interesting, Mr. Chairman. We have a motion here, presented by the members opposite, indicating that in their view the Minister of Health should have his salary reduced to \$1. Now I think if anything should happen, Mr. Chairman, we should have a motion which offers an increase in salary to the Minister of Health, and I want to explain why.

When one looks at the situation that exists in Saskatchewan, not unlike the situation existing across Canada right now as it relates to health care costs, we find that we're in a situation where it would have probably been very justifiable for a government to not spend the percentage of money allocated to health care that this government did, and to find some justification in it.

And I say that for this reason. When we took over government in 1982, Mr. Chairman, you'll be well aware of the fact that high interest rates and inflation, which was running rampant across this country, would quite often put a government in a position where maybe the priorities should be that they would spend more money in areas of government attention that are going to return on the investment of the public purse. As we all know, money that's spent in health care doesn't generally return much to the province. It's an expenditure which we find

necessary. It's a commitment that we've made to the people of Saskatchewan.

And it's very interesting if we look at the comparison, Mr. Chairman, and we look at what happened in the 1970s when the members opposite were in power. Was health a priority with them? I seem to recall, Mr. Chairman, that the then Finance minister, the member from Regina North East, as a Finance minister he seemed to think it was more important that we cut nursing positions in this province so he could allow more spending to be put into the area of buying potash mines.

Now clearly I have to give then our Health minister, and I think the citizens of this province will give our Health minister an awful lot of credit for carrying the fight to the table of cabinet and insisting that money spent on health care in this province not be diminished and not be reduced — in fact, be expanded to the point where we're now spending over a billion dollars annually on health care.

Now if we contrast that to the situation which we found ourselves inheriting as a result of the previous administration, if we had the member for Regina North East, for example, as the Finance minister, as was the case then, we wouldn't have a billion dollars being spent on health care. We would have reduced nursing positions, which was prevalent under his reign, and we would find more money going into government buying things: buying air planes, buying buses, buying potash mines — you name it — but not health care. And they stand up there and they suggest to us that we shouldn't be spending the kind of money that we're spending on health care, and they're criticizing our Health minister for spending that kind of money.

Well I want to tell you, Mr. Chairman, I wonder how the people around Saskatchewan feel about a Health minister that carries their fight to the table and insists that we spend over \$1 billion out of our \$3-plus billion budget annually on health care.

And I wonder, Mr. Chairman, when they're talking about reducing the salary of our Health minister to \$1, I wonder what the people at the Assiniboia Pioneer Lodge would think, having just been approved for additional funding for the dining and kitchen renovations at their lodge, and the activity centre renovations to the tune of \$236,000 and another \$99,000. No I wonder what they think, Mr. Chairman. It would have been very easy to postpone these kinds of payments and reduce our spending in health care and put it into other areas. But this Health minister carried the fight of these people, carried it to cabinet and said no, we have to have that kind of money spent on health care regardless of what the economic situation is like in this province.

If we had the former minister of Finance from Regina North East in there, there wouldn't be any funding for the Assiniboia Pioneer Lodge. And I'll give you a classic example.

In the 1978 election campaign I wonder how many people in Lafleche remember the member from Assiniboia-Gravelbourg going and campaigning on the

promise that they were going to put some facilities into Lafleche. Well if I recall, Mr. Chairman, the NDP won that election in 1978, and I wonder if that facility is in Lafleche today. I suspect that it's not and I suspect the people in Lafleche remember that it's not, and they know that the only way it's going to get there is with a Health minister such as we have on this side of the House.

Now, Mr. Speaker, I just want to mention a couple of other items of interest. I think that the individuals and the people concerned in these various communities around Saskatchewan might take a different view towards the minister's salary being reduced to \$1, the people of Bengough, Saskatchewan, at the Twilight Home, who just received approval for additional funding; the people of the Cudworth Nursing Home, installation of stand-by power. It's not a big item, Mr. Speaker; it's \$5,152. But I'm sure to the people of the Cudworth Nursing Home it's a big item. And I think that they appreciate a Health minister that's prepared to stand up, recognizing the fact that every minister in every department has increased demands on them for continually increasing funding.

Now we have a minister, Mr. Chairman, who has said health care is going to be number one in this government. It has been since we were elected in 1982, and regardless of the economic situation that exists in the province it's going to continue to be.

And I find it very, very unusual, Mr. Chairman, that during Health estimates we would find that the members opposite are more concerned with having us debate the minister's salary, as opposed to debating and questioning the issues of health on a general, broad range. And to me it points out, and I'm sure it points out to the people of this province, where the priorities are of the members opposite. It certainly isn't in dealing with general health care issues. They're more concerned about the minister's salary.

Now, Mr. Chairman, I could go on and on, as could members on this side of the House, probably, for another couple of days on this issue. But we're interested in getting into the business at hand, which is estimates, which involves the members opposite asking questions to our minister. And when they have to ask for support, as the member from Regina North East did, where he has to plead with the members of our back benches to get up and carry the debate for him because he hasn't got any good questions to ask, then I'm sure that the people are wondering why they have these members sitting opposite. And I think that that'll be reflected in the upcoming election. If they're not going to be able to ask any questions, then they may as well not be here.

So, Mr. Chairman, I just want to make those few comments, certainly, in support of our Minister of Health and his officials and his department who, in my estimation and I'm sure that of — as was mentioned — over 85 per cent of the people in the province of Saskatchewan, is doing an excellent job. And I certainly will be voting against this motion, and I encourage all other members on both sides of the House to do the same.

Some Hon. Members: Hear, hear!

Mr. Yew: — Thank you, Mr. Deputy Speaker. I'd like to enter into the debate here, Mr. Speaker, with respect to the motion before us.

I've noted with interest the input and the involvement by the members opposite, members on that side of the House. They seem to be very worried in terms of the motion before them, and they also seem to be missing a point, a very important point.

The motion before us, Mr. Deputy Speaker — and I should read it to the members opposite so that they can get back to the basics of what the motion is intended to be. The motion reads, moved by the member for Shaunavon, seconded by the member for Regina Centre: "That the salary of the Minister of Health be reduced to \$1."

Mr. Deputy Speaker, and the Minister of Health, I say this to you in all sincerity: there is a point with respect to this motion. We are not attacking . . . I am not attacking the member for Indian Head-Wolseley or the Minister of Health, personally. Perhaps the member has some integrity. Certainly he's a family man and he has held his position with some respect. And like the member for Moosomin said earlier, when he indicated that he has had some respect for the Leader of the Opposition, the member for Elphinstone, the Hon. Allan Blakeney, I too carry a little bit of respect for that member, the Minister of Health.

The point of the motion before us, Mr. Deputy Speaker, is the point that is being missed by members on that side of the House. The point that is being missed is that the members of government, the PC government of this province, is not facing up to the needs of the people in Saskatchewan. They are running scared.

They are coming out with all kinds of major public announcements, all kinds of government ads, all kinds of major promises — in desperation, Mr. Deputy Speaker, in desperation — because they foresaw, they had some confidence just prior to May 17th when they came down with the presentation of the throne speech. They had some confidence, but all of a sudden that diminished a little bit. So they came out with another announcement, which indicated to us and the people of Saskatchewan that we would be presented here today . . . I mean on the 26th of March with a budget — the fifth consecutive deficit budget presented to us, to the people of Saskatchewan, by the Progressive Conservative Party of Saskatchewan — a budget, Mr. Deputy Speaker, and the Minister of Health, that was loaded with higher taxes and billions of dollars in the red for the people of this province.

In preparing the fifth budget of this legislature by the Progressive Conservatives of today, the members on that side of the House, they came out with a budget and prepared it in desperation — in desperation, Mr. Deputy Speaker. In desperation they put together all kinds of hypothetical figures. In this 1986-87 budget they came out with a five-year program, a five-year program.

And what is happening today, Mr. Deputy Speaker, is that they can't defend their budget presented by the member

for Lumsden, the former minister of Justice. They cannot defend their budget. So what they're trying to do today is cloud the issues before us.

(1930)

The Minister of Health, this the 22nd day of the session, the fifth session of the 20th Legislature . . . This is the 22nd day of the session and I say to the members opposite, you have not answered one question that has been brought before you by members on this side of the House. And we have raised very serious issues and questions before the Minister of Health, before the government, before the Premier.

We have raised very serious questions regarding the social and economic development that are of concern to the people in this province, and certainly to people that we represent in our own respective constituencies.

The member for Moosomin just earlier discussed how proud he was about the ambulance program or whatever. Just for the record, I want to read to him, if he's present — I see his chair is vacant — but regardless, for the members and for the record there's an article here published by the *Sun*. That is the paper that the member for Meadow Lake put thumbs down on just a couple of years ago, because it had high criticism for this government, because this paper was being partisan. And anyway, for the record I want to read for you:

Jim Thomas, owner of the Thomas Funeral Home . . . has stopped transporting deceased persons for the Attorney General's department, and nobody else seems to want the job.

I raise this matter because the member for Moosomin raised the matter of ambulance and how proud he felt that his party ought to be, you know, with respect to health and medical services in this province. Well, I'll tell you in this document, or this paper, it goes on to say that your government gave a little increase, a little raise, somewhere in the neighbourhood of \$48 for loading and 42 cents per kilometre for ambulance service and the type of services that this Jim Thomas Funeral Home provide. But it also goes on to say that this certainly didn't please those people that perform that type of duty.

In a letter dated March 5, made public last week, (Mr. Deputy Speaker) Thomas advises that the Attorney General's department that "I feel it is an outright insult to our intelligence for your Department to even attempt to think that the above mentioned increase of \$3.00 for Basic and two cents per km would even scratch the surface of increased costs since 1979."

And that, Mr. Deputy Speaker, is what the member for Moosomin was bragging about. They say they have provided top-notch medical and health programs for this province and yet we have letters published publicly to people in this province indicating the discontent faced by a number of groups and organizations and individuals relating to programs associated with medical and health needs.

And I also want to say, Mr. Deputy Speaker, that the motion before us is very serious indeed. The point we are trying to make, Mr. Deputy Speaker, is the fact that not only have we raised serious issues in this legislature . . . And I want to give you some examples. I have raised the questions about the North like my colleague from Athabasca has, questions pertaining to the food and transportation subsidy which is a part of the portfolio or a part of the responsibility of the Minister of Health. But we have not had any answers to that question.

And we have as well questioned the minister relating to the La Ronge hospital and the nursing care home. We have had no answers. We have had promises made, promises committed by the Premier, the member for Estevan, but nothing concrete on paper, concrete evidence that would indicate a commitment by the Conservative Party, by the PC government, by the Tories; nothing of substantial evidence that would lead me to believe, to tell my constituents that on this day, on this month, and that year, we can expect a facility, a first-class health facility for the people in this region. Nothing. Nothing but promises, desperate promises made prior to an election. That is what is happening, Mr. Deputy Speaker.

I raised questions with regards to the community health workers program. And we also raised questions related to community visits made by medical and professional staff related to health. The Minister, in his response to me in some of these questions, indicated that plans were under way. But for the record I want to tell you that he also mentioned the former member for Cumberland, whom he has a lot of respect for and who I concur with, I want to say for the record that that member and his colleagues phoned me just last night just after the debates, and they indicated to me that Norman MacAuley worked hard to prioritize that hospital, and that the need was established, and that he was convinced at that point in time, in 1982, that that project would go ahead.

In fact — in fact, Mr. Deputy Speaker — the lot assembly and the site development work was, in fact, already in place; in fact, there were three sites located. And the La Ronge hospital board of the day were already committed with funds to complete that study and to provide the architectural design. In fact, Mr. Deputy Speaker, a local consultant, a Gary Cooper from La Ronge, or more precisely from Waden Bay just north of La Ronge, was in fact solicited by the La Ronge hospital board to begin some architectural designs, some architectural work.

Now, four years later — four years later — the minister is still talking about plans. He is still talking about promises made by the member for Estevan, a member that keeps talking about family, love, faith, God, and does the opposite. That's what the member does. The Premier of this province, that is all he does. And all the members on that side of the House, that is all you have been doing. As far as the needy are concerned — as far as the people that are in need, the unemployed, the people that are on welfare — that is basically all you've done. You have had . . .

This is why we are here today: we're debating this motion before us. We're debating a point — a point — not the

personality of that person, the Minister for Health. As I said before, I have a certain amount of respect for that man as a person. But he certainly hasn't stood up with your caucus to defend what he believes to be inappropriate. Has he gotten up against the Conservative government if he felt that it was justifiable? No, he's carried the PC banner and the PC policy and philosophy — not like the member for Wascana, and the former member for Cumberland.

To this point in time, Mr. Deputy Speaker, and in getting back to that motion before us, and I keep saying the motion before us, because the members on that side of the House keep missing the point. They keep hammering away at the New Democrats on this side of the House, saying that we are looking for headlines.

Well I'll tell you something, Mr. Deputy Speaker, we are not looking for headlines, certainly not the kind of headlines your party has been getting.

Some Hon. Members: Hear, hear!

Mr. Yew: — The kind of headlines your party has been getting is headlines like this, coming out of that Minister for Health: "Drug plans are threatened." And even letters coming at us from all over the country: "Taylor accused of dodging the nurses" — the Saskatchewan Union of Nurses — "Nurses protest at the legislature."

And we have signatures submitted by the Saskatchewan Union or Nurses, 30,000 strong — 30,000 strong — supporting the staffing shortages that that group, that professional group, have with respect to their professions, with respect to help the dire need of new funding that is required by that association, Mr. Deputy Speaker.

We also have 8,800 patients waiting, beds that are direly needed in this province. And what are we doing? The Minister of Health says, oh, we've got this five-year program, we've earmarked \$100 million. But where is it going to go? What portion of that money is going to go towards staffing, towards the other various areas of health?

Mr. Deputy Speaker, when we talk about headlines, we certainly wouldn't want headlines like we have against the Minister of Health. The headlines that I have before me indicating to me and to the people of this province that the budget presented to us on the 26th of May and the budget presented to us and the estimates that are now before us, being defended or trying to be defended by the Minister of Health — we certainly wouldn't want to have these types of headlines. Certainly not.

Here I have one that says, "Taylor accused of dodging nurses." Your members on that side of the House . . . I have been very amused, very much amused, Mr. Deputy Speaker, to look at the members standing up, the back-benchers, but not the main cabinet members, just the back-benchers all over the areas. They have stood up and joined in the debate with respect to the motion before us — the guys that are on their way out . . . (inaudible interjection) . . .

I thank the member for Regina North East for reminding

me that at least we had the member for Regina Rosemont get up and say a few words with respect to the budget.

But mainly what they have been doing is defending the Minister of Health. They have not been defending their budget. They have not been defending their budget. That is one thing that I have been amused with, with respect to members on that side of the House. They have not been defending their budget.

On the 22nd day we have not had a second reading of any Bill in this House. And we have not gone through one estimate, because we're not getting any answers. We are not getting any positive co-operation. We are not getting any headway based on the fact that your government has no plans, no concrete plans for the people of Saskatchewan. The social, cultural, and economic conditions of the people I represent certainly are not being addressed.

They tried to make it look as if things are very great in Saskatchewan. But when you look at the economic statistics, they look pretty dreary. And that is why today, Mr. Deputy Speaker, that is why today we are still debating that one item that was first introduced in this legislature after the budget was presented, that item pertaining to Health — the Health estimates.

(1945)

The members on that side of the House certainly have not stood up to defend the budget, but rather to defend a member, a fellow colleague, because, Mr. Deputy Speaker, they are missing the point. And the point I'm trying to make is: we in the House are responsible, as elected officials, to try to provide the type of programs and the type of policies and the type of legislation that people in this province want to see. They don't want policies like you have today, policies that provide for the rich, for the wealthy.

Some Hon. Members: Hear, hear!

Mr. Yew: — They don't want to see those kinds of policies. They want to see policy that will help the people at the local level, at the grass roots level, people in skid row. They don't want to see Peter Pocklington getting \$10 million a year out of this Conservative government. They don't want to have their forest resources in northern Saskatchewan sold to a Washington firm — certainly not. This government, this Progressive Conservative government has sold out all the forestry rights north of P.A. without even consulting the people directly affected. That is what this government has done, and I say that for the record.

I wanted to make a point, Mr. Deputy Speaker. In estimates regarding Health and in the debate regarding a motion before us, I have noted with interest, and with a bit of embarrassment, a fact that we have had invitations sent to members on that side of the House by the medical profession, invitations to attend meetings in Prince Albert, invitations to attend medical professional meetings in Estevan. But I've noted with interest that the members for P.A.-Duck Lake, the Minister of Justice; and also the member for P.A.; and the member for Estevan,

the Premier of this province; and the member also for Indian Head-Wolseley, the Minister of Health, have done nothing but dodge meetings pertaining and relating to medical and health issues. They have dodged and tried their darndest best to stay away, to stay clear away from the Saskatchewan Union of Nurses. They have continuously ignored their responsibilities — they have continuously ignored their responsibility.

When people are elected into office, they're expected to provide services required by their constituents and the people of this province. And they are also expected to provide answers. And as I'm speaking today regarding the issues before us, I can see the Minister of Health is not interested. He's got his back towards us. He's got his back towards us, he's not interested. It's no wonder we've got no medical and health program — no concrete program for this province.

On the serious side, Mr. Deputy Speaker, I had experienced some very serious incidences since December 14, 1985. I had an unfortunate incident whereby my father got involved in a very tragic accident which put dad away, at the age of 63, on a permanent basis as a handicapped person.

Prior to this incident he was an active person. But I had the occasion, this unfortunate occasion of having to be at the University Hospital in Saskatoon, for three months. I spent the entire fall, after the session was over, the entire Christmas and New Year's and the entire spring, close to my family. And I spent a good amount of time at the University Hospital and the Meadow Lake Hospital with my folks.

And I had occasion to talk to a good number of medical staff. And they told me, in their own words, that they were short of medical professionals. Physiotherapists — you know there was no provision for such, there was no funding for such in Meadow Lake.

And it's no laughing matter. I remind members on that side of the House that I'm talking about a serious subject. The tragic accident that my father got involved in took the lives of two other people. Those two people happen to reside in my colleague's constituency in Beauval. Two other old-times lost their lives.

And due to the fact that we are behind in medical health facilities and staffing and funding, I witnessed my wife's uncle pass away 20 minutes after they were able to bring him to the Meadow Lake Hospital. That's nothing to be laughed at, members on that side of the House. That is a serious matter.

Just the other day I received a call from Flin Flon-Creighton. I know Flin Flon is in Manitoba and I know Creighton is in Saskatchewan, but there's a combination of co-operation between the two communities in terms of community facilities and services. Just the other day — and I have notes here in front of me — I received a call where I had to intervene because of the uncertainty of the minister's department. I received a call whereby I had to intervene. A Mrs. Lloyd Goodman was refused admission to the University Hospital in Saskatoon. And I'm sure the minister will remember that I gave his office a call. I had to

intervene on their behalf.

This patient that I refer to is 58 years old, and she unfortunately had a mild heart attack just prior to the stroke that she had when she direly required some help. When she direly required an ambulance and a bed and some medical attention at the University Hospital, I had to intervene because the staffing and the medical services that we have in remote northern Saskatchewan are so inferior and so insufficient. That is what that side of the House has brought to the people in northern Saskatchewan. And they're proud of their record.

I want to say as well that very fortunately, I suppose the minister and his staff gave the matter some immediate attention. I understand today that 10 days later she was able to be admitted at the University Hospital in Saskatoon — 10 days later she was admitted. And today, very, very fortunately, Mrs. Goodman is in stable condition.

But these are serious issues. These are matters that you just can't jeer at the members on this side of the House. We have a responsibility the same as you guys have. I may be on my way out, but I'm going to carry my responsibility right to the last hour. That's what we're elected for.

Some Hon. Members: Hear, hear!

Mr. Yew: — And I want to give some fair warning to members of cabinet. You're elected to do a job. You're elected, not into cabinet, but your members have a policy within your party to provide certain members with a cabinet position. And they have a duty, and they must be responsible for all the electorate of this province, not just a select few — not just a select few — but all races and nationality and all people of this province.

But what I have seen is a complete disregard for the needs of people that are in dire straits for help. I have seen this government's performance. I have seen this government's preference for the rich, for the wealthy. I have seen the policies of capitalism, and those policies of . . .

Mr. Chairman: — Order, order, order. I find the member's remarks interesting myself, but I'm afraid that he's kind of wandered from the topic, and I'd ask him to come back to it.

Mr. Yew: — Thank you, Mr. Speaker, and I accept your ruling. I'm referring, Mr. Deputy Speaker, again to the policies and the programs and the services that a government ought to provide to the people of this province. And when I'm referring to the policies of the government, and how and who it's benefiting, I am saying very clearly and very concisely that they are not providing and fulfilling the needs of the people that are in dire straits in this province.

And the top half of this province was supposed to be mainstreamed with the people in the South. We were supposed to be part of Saskatchewan. We were not supposed to be cut off and be put back there behind a jackpine curtain and left behind. We were supposed to be

part of the mainstream of this province, mainstream of Saskatchewan. I think that is what the former minister for DNS, or the former minister for northern affairs had mentioned when we talked about programs for the North; when we talked about health; when we talked about dental care; when we talked about various other health programs and services. They told us then in those days that they would provide the kinds of programs and services that were available to those people living in the South — south of P.A. and south of Meadow Lake.

But today, Mr. Deputy Speaker, the members on that side of the House have only one vision — one vision, and that is to take from the poor and give to the rich. That is their philosophy; that is their policy. The dental care programs, vision care program, the medical and health services that are direly needed and required by the people in the top half of this province, have been ignored, Mr. Deputy Speaker, and ignored too long.

(2000)

I received a letter from La Ronge, from Lisa Boychuk, representing the Saskatchewan Union of Nurses; and other members of the legislature received that, and I know that members on that side of the House received it. And I'd be very curious to see just how many members on that side of the House signed the petition on the back of that memo. I'd be very interested to know just how many members on that side of the House signed that petition and sent it back to the Saskatchewan Union of Nurses. It's deadly quiet on that side of the House, Mr. Deputy Speaker, because they're trying to find one member that supported the Saskatchewan Union of Nurses.

I doubt very much if there have been any members that signed that document and sent it back. But there were 30,000 other people in this province that supported the Saskatchewan Union of Nurses and their need to send the message to the Progressive Conservative government on that side of the House. But, Mr. Deputy Speaker, are they listening? Are they answering questions? Are they delivering the type of programs and services and policies that this province needs in terms of medical and health facilities and services and programs? Certainly not, Mr. Deputy Speaker. But that is why we have this motion before us. That is the point of the motion. That is the point of the debate.

If members on that side of the House want to enter the debate any further, let's debate on the point of the motion, not on the personality of the man, the Minister of Health.

Thank you very much.

Some Hon. Members: Hear, hear!

Mr. Koskie: — Thank you very much, Mr. Chairman. I want to basically address four or five specific items as it relates to the motion that we have here. I want to point out the reason for the motion and to indicate specifically that the motion is in order and that it's incumbent upon the opposition to use the procedures of the House when we feel that it's appropriate in order to get a response.

I want also to say that part of what is happening here is a

lack of providing information. And I want to point out to the people of Saskatchewan that there's a hidden agenda. There's a hidden agenda that's being adopted by Brian Mulroney, the Prime Minister, and his Finance minister, in collaboration with the provincial government and the Minister of Health here in Saskatchewan. And I'm going to talk about it and I'm going to point out what is happening in the health field.

I'm going to talk also about the Department of Health here in Saskatchewan and why the minister has refused to answer questions. What he has been attempting to do is to keep a lid on the time bomb. The health situation in Saskatchewan is on the verge of blowing up in their face.

You know, the other day we were in this House talking to the minister and we asked him: have you been meeting with the chiropractors? He said, oh I've been meeting with them all the time. No problem at all.

The trouble is there's no credibility, Mr. Minister. You're not telling us the truth, because we met with the chiropractors and they said there is no communication with this government.

And that day, on Friday, I drove home. And you said you had met and you had communications with the medical association, and everything was fine with the medical association. And as I was driving home the president of the medical association of Saskatchewan was indicating that they have tried to communicate with you and you won't answer. They can't get a communication going with you. You refuse to meet with them. Let's take a look. And that's what they said. They said that they want to meet with you to determine a fee schedule for the medical profession. You won't meet.

The same has taken place with the nurses. You virtually won't go out to the communities to meet with them, to discuss with them. We have asked you for information as to the major effect of the cut in the federal government expenditures in the established program funding, and you have absolutely refused to give us the extent of the cut-back by the federal government. And so what you're doing is . . . What you're trying to do is to keep the lid on the problems that this department is facing in providing health care to the province until after the next election.

I want to say that some members got up, and they were saying that what we were being is contemptuous of the process here, this afternoon. Well I'll tell you that the procedure that we're using here is in order. And what we're saying is that we used it on one other occasion, and I want to point it out.

In the last four years we've used it on one other occasion, and that was in respect to the minister, the member from Arm River, the minister without portfolio, the minister who was in charge of crop insurance. And he was like the Minister of Health; he absolutely refused or was incapable of answering questions in estimates. And we used this procedure — exactly the same — stating that his salary should be reduced down to \$1.

And do you know what happened, Mr. Chairman? The Premier of Saskatchewan took that seriously. He watched

the performance of that minister, the member without portfolio, the member from Arm River, and he watched the performance of that member in the House, his inability to answer questions. And do you know what the Premier did? He took our advice and he tossed him out of cabinet. He wouldn't even pay him \$1. He wouldn't even pay him \$1. He chucked him out of cabinet.

And what we are urging here, Mr. Chairman, is that the Premier again will be watching the performance — the lack of performance, I should say — of this minister. And I'll tell you, given another opportunity, he'll follow our advice again. And he's going to chuck this guy out of office, out of cabinet, and reduce it down to less than \$1.

You know what really has happened here is that we have a government that is sick with arrogance. They won the election in 1982, and they came in here with a huge majority, and they said, we can do what we want. And ever since, they said we don't have to answer to that small opposition; we got a large majority; we'll do what we like. And the arrogance has set in, and it's starting to destroy the inner soul of that party. You can see it destroying that party, that government.

But the sad part of it is that it's destroying the health care that we have in this province, because this minister here refuses, one, to have communication with the health providers; and secondly, he fails to provide answers to the opposition.

So as I indicated to you, Mr. Chairman, that this arrogance started at the time when they won the last election, the big majority that they have. They're saying to this opposition, we don't have to answer to you; we are not going to allow ourselves to be questioned here in this Chamber, because what we're going to do is use taxpayers' money and try to get elected again without answering any questions. And the arrogance and the big majority is what this minister typifies.

And, you know, they have the audacity to come into the House here and say that we're abusing the procedures. Just imagine — just imagine — if they know anything of the history of what has been happening within their ranks of their own party, they would have known that this is a proper procedure and can be used by the opposition; and they would have also known that no New Democrats have gone to the extent that Tories have in Ottawa when they actually charged the Speaker's Chair to confront him, and had to be intervened by the security guards. And Tories talk about having respect, having respect for the institution of parliament.

Well I want to close, Mr. Chairman, in respect to this motion, to make it evidently clearly why we raised it — evidently clear. We have been here asking questions in respect to a whole variety of topics. For two and a half hours I have in fact questioned the minister in respect to the very serious cuts in the established program funding by the federal government. This minister gave us what would be the cut in the first year, and he has absolutely refused to give the projected cuts that would take place in subsequent years up to 1990-91.

And let's face it, that minister has that information.

Because if he hasn't got that information, then he shouldn't be the Minister of Health, because how is he going to defend our health care program against a federal government that is intent on cutting funding, if he doesn't know those facts? The fact of the matter is, he's intentionally withholding information from the Chamber, from the opposition, because he knows he has to go to an election pretty soon, because by law you have to go in five years on the parliamentary system.

Now I know you opposite may need a little more time than that to get the people ready, and I don't think you ever will. You've held office now for longer than any other government since the Second World War, over four years. And what you're trying to do is to shut out the information. And you're trying to govern by press releases, not concrete results. And the people of this province, I'll tell you, are going to get the information if we have to sit here for another two weeks, Mr. Minister, because it's your duty to inform yourself and to provide it, the answers to the opposition.

Can you imagine when we talked about, and my colleague from Regina North East was talking about, alcohol consumption and the adverse effect of the government opposite's advertising policy; and he asked him, can you give us some of the statistics relating to the consumption among young people?

And do you believe it or not that that minister refused even to provide those statistics? Is he that disinterested in the young people of this province not even to be able to provide that information? I doubt it. He knows what the advertising has done and he's hiding that information, because he will be damned by the people and the parents of young people who are drinking more because of advertising of alcohol.

So you're hiding the information. That's what's the problem. And we go on with asking in respect to the nursing staff shortages, cuts in mental health. We talk about the fresh food subsidy in the North. We talk about the waiting lists. And on and on we ask with very, very little results from the minister.

And certainly you know, if you look and follow what is being reported in the papers, there's no doubt that there's problems in the health field.

(2015)

"Tories absent from meeting (and this is with the Saskatchewan Union of Nurses) — won't attend." We go on and we see that, "Patient calls often handled by volunteers" — a problem. Here you have an ad by the . . .

Quality health care is your right. Patient care in Saskatchewan hospitals is declining. (Patient care in Saskatchewan hospitals is declining.) Nurses have documented 600 incidents since 1980 where they believe patients were at risk because of inadequate staffing. Nearly two-thirds of those incidents occurred in 1985.

I guess there is reasons why this minister won't answer questions. This is an ad that has been put out by the

nurses. "Help nurses defend it." "Saskatchewan Union of Nurses . . . is fighting to change this dangerous situation."

Obviously the minister won't give us details, because the health care is deteriorating at a dangerous rate here in Saskatchewan. "Saskatchewan patient care falling behind" — another headline. "Hospital staffing essential." "SUN not convinced that staff plan will work."

But then there's one other headline here: "Expensive exercise." And when it came to providing the minister with some propaganda, he had some money. And that's in respect to his \$41,000 public relations — sending out speeches that no one wants to read or in fact wanted to hear.

Here's another one. "Government avoiding its responsibilities." "Hospital said running out of fat." "Hospitals face soaring insurance premiums." "Seventy-seven beds lost," over in Saskatoon.

And this is the situation, and they don't want to . . . And what they've decided is what this government would like is for the minister to come into the House here and go very quietly through his estimates — no probing by the opposition — give general answers and no specifics so that the public won't be informed, and try to keep it under lid until after the next election.

But let's take a look at where the health care is. It's in a sorry, sorry state. Who's running at you, Mr. Minister? The union of nurses are running at you. You won't even meet with them. You're scared to. The medical profession want to meet with you and you won't meet with them. The chiropractors want to negotiate their fee schedule and you won't meet with them. Administrators and health providers want to meet with you and you won't. And you come into this House and you won't provide any answers. And I say to you, Mr. Minister, that it's not fair.

The opposition has a duty and I'm going to tell you that we're going to carry out that duty no matter how long it takes. And if you want to come clean with it, with the facts, if you want to inform yourself, we can wrap this up in a relatively straightforward manner.

But I'll tell you, Mr. Minister, you're not going to deceive the people of this province, because health care has been too important to them. They depend on us to make sure that this Tory wrecking crew doesn't undermine the health care of Saskatchewan.

And I'll stand here as proudly and say that the New Democratic Party and the New Democratic government gave to Saskatchewan quality education. And I'll say that one of the great leaders of Canada, Mr. Tommy Douglas, led the way in developing a health care in Saskatchewan that was copied across Canada. And I'll tell you that New Democrats are proud of their health record. And I'll tell you we're going to stand in this legislature and fight for the people of this province that they continue to get the best health care that money can provide.

And let us be perfectly frank, Mr. Minister. We want answers from you and we want specific answers. I don't think you have the right to not provide information in the

massive slashing of funding that the federal government is anticipating. They are anticipating cutting back \$2 billion in funding of health and secondary education. And I say to you, Mr. Minister, that what we put forward here is to draw to the attention of the Assembly and to the people of the province what is happening, basically in the undermining of the health care system in Saskatchewan — that what you are doing is hiding the facts. You're hiding the hidden agenda of the federal government which are not going to continue to participate in providing first-class health care and education across Canada. You know that they're going to be cutting hundreds of millions of dollars from the funding budget towards health care and you're trying to keep that quiet until you can sneak into, possibly into another election. And then the people of . . . it's too late.

And so what I'm saying to you, the reason I raise this motion is to bring to the attention of the people of this province: 1) the problems that are developing in the health care under your administration; 2) your basic inability or unwillingness to provide information because you're protecting your counterparts in Ottawa which are determined to undermine the health care; and 3) you're afraid to provide concrete specific answers because you know that the medical profession are after you, you know the chiropractors are after you, you know that the union of nurses are after you.

And I'll tell you, Mr. Minister, when you call, when we have the next election, the people of Saskatchewan will have an opportunity to determine whether or not they are satisfied with your performance in that particular portfolio. And I can assure you, I can assure you that in speaking to the people across this province that there is a tremendous concern with what is happening in the health care in this province.

So accordingly I would think that the motion is in order, and I would ask all of the hon. members in the back benches of that government side to take this opportunity — to take this opportunity — take this opportunity to reduce the arrogance of the front benches. I've talked to many of you and you indicated that they don't in fact even discuss, they don't even discuss with you the directions that they're taking. And here is an opportunity for you to join with us to make it perfectly sure that this minister performs as is required in the House, of providing the opposition with the needed information.

Motion negatived on the following recorded division.

YEAS — 6

Tchorzewski
Lingenfelter
Koskie

Lusney
Shillington
Yew

NAYS — 22

Birkbeck
McLeod
Lane
Taylor
Katzman
Pickering

Martens
Hodgins
McLaren
Parker
Hopfner
Weiman

| | |
|----------|----------|
| Folk | Rybachuk |
| Myers | Caswell |
| Hepworth | Baker |
| Dirks | Sauder |
| Klein | Swenson |

Mr. Chairman: — We now will return to item 1 of the Health estimates.

Mr. Lingenfelter: — Thank you very much, Mr. Chairman. I want to follow up on some questions we were asking and have been asking for the last few days, and which led to the motion that was put forward earlier, which 21 members of the Assembly decided to vote against.

(2145)

I know that the minister will have had time to reconsider his position on this important issue. It's one which led to a rally on the steps of the legislature. And everyone saw the pictures in the Leader-Post, and the many thousands of postcards that were sent in by people from across the province to the Saskatchewan Union of Nurses, who have been expressing concern in ads in the newspapers. Many, many thousands of people responded to them in saying, yes, in fact, we want more nursing staff in our hospitals.

And I think it's interesting as well, that even after the February 25th news release from the minister which outlined some staffing that he was going to put in place, that the nurses did not have confidence that he would come forward with the announcement and believed it to be only a press release and continued on their campaign to get bedside nursing.

And I want to read from that press release of February 25th, and then I think we'll be following it up, Mr. Minister, if you can clarify and list the places where these nurses will be at now that the budget is in place and we're dealing with the estimates of your budget. And there's absolutely no reason why you can't come forward with which hospitals will be getting the staffing.

But this news release was issued on February 25th of '86, Mr. Chairman, and the headline is, "100 million for patient care." And we know full well that the leader of the Liberal Party took credit for it or tried to take credit for it. And everyone was wondering what he was doing at that time getting into bed with the Minister of Health in trying to take the credit for a press release when there was no positions attached to it.

And the press release basically says:

A \$100 million program to enrich hospital and special care home services was announced today by Health Minister Graham Taylor. The five year program which will provide funds for services, staffing, and equipment will have two major components. Firstly, \$40 million is being made available over the next four years to enrich patient care services in hospitals.

Now this is the portion that we want to talk about, the portion of 40 million which will be made available over four years to enrich patient care service in the hospitals. And Taylor also said:

... there are three main goals for those funds: to reduce waiting times for surgery; to provide new equipment and diagnostic services; and to substantially increase patient-care staff including the provision for 500 additional nursing positions.

Now specifically you said 500 nursing positions. And what I want to know is, this year in this budget, the first year of the four-year plan, how many of those positions are now in place and being announced to the hospitals? That's nursing staff, if you can give me that information.

Hon. Mr. Taylor: — Well, certainly, Mr. Chairman, my officials are working with the members of the administrators of the hospitals to work out where the greatest needs are and what numbers of staff would be required in the various hospitals.

It's our policy to work with the hospitals to decide that — not for me to sit in here in Regina and dictate those figures. And at this time we're in those consultations but the figures are not available. We're just going through the process now.

Mr. Lingenfelter: — Well, Mr. Chairman, there we go again.

We're simply not able to get this minister to respond to a very important question that is being raised by nurses around the province. It is being raised by doctors around the province who are unable to do surgery because they don't have nursing staff.

And I say to you, how many nursing positions are available in this budget? Is 500, as you say in this press release, the correct number?

Hon. Mr. Taylor: — As I've said many times in here, there's approximately 300 for this year, and we're working it out with the hospitals at this time.

Mr. Lingenfelter: — And how many dollars will these 300 positions — nursing positions — you're indicating here that they're nursing positions. How many dollars will be allocated to funding these 300 nursing positions?

Hon. Mr. Taylor: — In the neighbourhood between 10 and \$12 million.

Mr. Lingenfelter: — The minister says between 10 and 12 million. We're now dealing with the estimates of your department. Now we're talking about \$1 million difference. Now in dealing with a subvote, you must have clearer numbers than that, because in writing up your budget — I've done budgets before, and you don't write in there 10 or \$12 million. I would like the number that you've written into your budget for this increased nursing staff, because I want to know how much you're going to spend. Lord knows that when we're \$2 billion in the hole, it's this kind of budgeting that has led us to that —

between 10 and \$12 million.

And what I want to know is, from your officials through you, what the number is. Is it 10.9 million? What number do you have written in your budget?

Hon. Mr. Taylor: — Well, as I say, we're in consultation with the hospitals. I can indicate that it's in that ballpark, that we're going to be . . . what the figure will be. But certainly there may be some support staff that are needed at some hospitals. That's why I give a figure somewhere between 10 and \$12 million. Because that's what we're doing is, we're sitting down with the hospitals and saying, what is the best mix of staff that you need to provide the patient care that I want to see in your hospitals? And that varies from hospital to hospital.

But certainly for nurses we have indicated a figure. But there may be certain number of support staff that are non-registered nurses that the hospitals also need, and we're looking at providing that also.

Mr. Lingenfelter: — Well, if the Minister would just tell me what number, what amount he has written in the budget. I very well know that during the year you may have to change that number upwards to meet additional pressures. But at this time — at this time, Mr. Minister — what have you written into your budget for additional nursing staff?

Hon. Mr. Taylor: — Well certainly, Mr. Chairman, we have a minimum of \$10 million for nursing staff. And as I said, there's another component there for support staff, and we're working that out with hospital boards. It's the boards that decide how many people they need in their hospitals. My officials are meeting with the base hospitals at this time to work this component out.

So, you know, the member opposite can stand up and say, well why don't you have an exact figure. Well I tell you why we don't have an exact figure. I'll tell you why we don't have an exact figure . . . (inaudible interjection) . . . Well, if they want to shout and yell from their seats, as they do at all times, then we will be here a long time. We'll be here a long time. You just go ahead and continue the type of behaviour that you are so typical of, that the school children of this province are writing to us about, shouting and yelling from their seats. Now if they want to hear the answer, fine. If they want to shout and yell, just go right ahead and do that, but make up your mind which way you're going to go.

Now I've said there's a minimum of \$10 million for nursing. I've also said that we have between \$10 and \$12 million in the budget, because there may be other support personnel that are needed to complement that nursing contingent. That seems logical to me. We're sitting down with the hospitals and working that out. We're working those figures out with them so that we can best equip those hospitals with the personnel they need.

Now I know the NDP would like to say, there is this many dollars, and Mr. Hospital Administrator, or Mrs. Hospital Administrator, that's what you get, shut up about it, and don't ever ask for anything else. That's the way they ran the hospitals. That's why the hospitals had cuts. I've read

this out many times and I'll do it again. In 1976 a 5 per cent cut, a dictate coming out from the government of the NDP government of Allan Blakeney, that dictate coming out saying you're going to be cut five or six nurses in this hospital and so on.

We don't operate that way. We put money into the budget. We say we will sit down with you and we will develop a pattern of delivery of service for you that will best satisfy your hospital. That's what's going on now, that's what true consultation is. And that's how you build a proper health care system — sitting down with those boards that are duly nominated boards and working out a pattern of staffing that will satisfy the operation of that hospital, rather than the dictates and the slashes and vicious cuts of the NDP in 1976.

Mr. Lingenfelter: — But the minister is now indicating that it's \$10 million for nursing staff, and it's taken a long time, a long time to get that number, and it's not 10 or 12 million for nursing staff. We have now determined it's 10 million. A minimum of 10 million, that's what you're saying.

Mr. Minister, in talking about antics in the house, I think you're remiss in not referring to your behaviour in this committee, which has been less than impressive. And I've had people in the gallery watching you the other night, when you were going through your process of making faces at members of the opposition. And I want to say that . . .

An Hon. Member: — A cheap shot.

Mr. Lingenfelter: — Well you say it's a cheap shot. Obviously when you get up and talk about the antics of the members of the opposition and then when somebody refers to your antics, then you're hurt. I say, obviously your behaviour in this committee is less than impressive.

But I wanted to ask you: the 300 nursing staff that you are now saying you're going to hire this year, or fund this year with the \$10 million, are those bedtime nursing staff, all 300 of them?

Hon. Mr. Taylor: — Certainly, wherever the hospitals figure that those nurses can be best utilized. Some will be in operating rooms, some will be in neonatal and in recovery, and in various areas. Some of them will be bedside nurses — not bedtime nurses but bedside nurses — and the deployment of those will be up to the decision of the hospitals working in concert with my officials. And I think that's the way it should be. After all, Mr. Chairman, there's many dedicated people out there in Saskatchewan that are on hospital boards. They want to provide the best possible service they can for their hospital. So we're sitting down . . . We said we will put up a \$40 million package, a very substantial commitment to staffing. You can see that there's between 10 and \$12 million of that will be spent in this year.

And the hospitals are working that out in conjunction with my department. And until those negotiations and discussions are complete, I can't say where each nurse is going to be. But I can give you some generalized ideas: that there's going to be some in operating rooms — we're

opening some new operating rooms — there's going to be some dealing with people who've gone through by-pass operations; there's going to be some dealing with people that have cancer operations, cancer treatment; there's going to be some in pediatric wards, with children; there's going to be some dealing with elderly people in nursing homes and in hospitals. They will be deployed.

And I feel ... I have confidence — maybe the members opposite don't — but I have confidence in sincerity of the hospital boards. I think they are on boards, these people, and have taken up this commitment to try and have their hospital, whether it be the University Hospital of Saskatchewan or whether it be a small hospital in Small Town Saskatchewan, I believe that those board members have a dedication to operate that hospital to the best of their ability. And we want to sit down and consult with them and not to dictate to them.

So, for me to be able to tell you tonight where each nurse will be, I can't do that. And I don't think it would be fitting that I would be able to. Because if I could do that now, when the process has started on April the 1st, if I could do that now, that would just simply be saying that the ministry of Health and the Department of Health sit in Regina without ever consulting with the local conditions and decide how many nurses are going to be in each area and each hospital. I don't think that would be a wise way to deploy professional nursing staff. I believe that to sit down and consult with the hospitals, the administrators and the boards, is going to come up with the type of mix that will best serve Saskatchewan health care.

Mr. Lingenfelter: — The minister in his answer indicated that some of these nurses would be in new operating theatres. It was my understanding that the \$40 million we were debating and discussing ... that they would be in enrichment in existing hospitals. Now here again, you're not being very clear as to the allocation of the 40 million which would be enrichment for existing facilities, and now you're saying that part of these nurses will be in new operating theatres.

(2100)

And I want to go back and get this clear, Mr. Minister, when it comes to the 300 new positions, nursing positions, is this the total of the new construction and enrichment, or are you talking about just enrichment for existing facilities? Because the nurses want us to make sure that we're clear on this when we're discussing it — that you're not talking about a combination — because then it's much less relevant to the needs of the patients.

Hon. Mr. Taylor: — Certainly the vast majority of the positions are enrichment positions. And you questioned about operating rooms. We're opening an operating room at University Hospital and staffing it, one that had previously never been opened under the prior government. But we're going to be opening that and staffing it, so that's where your additional operating room will be.

Mr. Lingenfelter: — Well maybe the minister will indicate to the committee how many of these positions will be enrichment and how many will be in new

construction in the coming year.

Hon. Mr. Taylor: — In the hospitals there will be 331 positions are enrichment and 130 enrichment in the special care homes.

Mr. Lingenfelter: — Mr. Minister, when you say 331 enrichment for hospitals and 130 for nursing home enrichment, now obviously you must have a plan of how you're allocating and offering this to hospital boards. I believe that, as Minister of Health in the department, you must have some plan and criteria of what you're proposing the base hospitals and regional hospitals and rural hospitals. And I wonder if you could outline to me, let's say the Regina hospital, what is being offered to them in terms of nursing positions in the coming year?

Hon. Mr. Taylor: — It's dictated to a certain extent, and that's what their consultation is, of what the needs of that hospital is. Certainly we've discussed waiting lists. I'm concerned about waiting lists at the University Hospital. Therefore, we're opening another operating room. We're opening an operating room there. That's enrichment. And certainly I would see if you're staffing in your operating room, there may be more go there than to another hospital that has different needs. So we have to sit down and that's what we're doing — discussing with the hospitals what their needs are and how they would deploy these people to best improve the service of their facility.

Mr. Lingenfelter: — And the question that I asked was: at the Regina General, how many nursing positions are being offered in the negotiations that you're doing with them? How many nursing positions are you offering to the Regina General?

Hon. Mr. Taylor: — You take the Regina General Hospital, for example. We're in discussion with them at this time to decide on how much money that they feel they need to put the positions that they think they require into place. What those positions will translate and where they will be is certainly the prerogative of the board and the administration of the hospital.

My officials are discussing the lump sum of money that would translate into positions. But at this point in time, until the board has decided, and the administration, where they are going to, how they are going to deploy those moneys, I wouldn't know how many positions there are at the General Hospital that would be enrichment positions.

Mr. Lingenfelter: — Well then let's go at this a little slower, then, and we will see if you can answer the question: how much money is being offered? Now you say that you're negotiating. But obviously when we're doing estimates, the public would like to know what kind of money you're offering to hospitals in terms of increases of funding. You've announced a program. You took the political credit for announcing a \$100 million plan. And now two months later we're here asking questions about how it's going to be divvied up.

There are many people who are saying that they don't believe you. Now this is your opportunity to come

forward and say, yes, the General Hospital, we don't know exactly how many nurses they'll be able to hire, but there's how much money that we are allocating out of this \$10 million in this new fund.

The question I will then put: for nursing staff, how much money are you planning to offer, or are you offering, to the General Hospital?

Hon. Mr. Taylor: — My officials indicate that they've been in the process of working out the amount of money that is necessary for the General Hospital — for various aspects, not only for staffing. But they're reviewing their total budget. As I said, we're under a global budget review. But at this point in time, they haven't come to a concrete figure as to what it would be, so we wouldn't be able to indicate to the opposition what that figure is. I mean, I wouldn't want to mislead anyone by giving a wrong figure. All I can say is that we are in the process of developing that. But what it is at this point in time, we don't have a hard and fast figure.

Mr. Lingenfelter: — Well I wonder if the minister could indicate which subvote this \$10 million is in, and we'll go at it a different way. Because obviously when you're dealing with an estimate book and you're trying to work out the budget and we're asking questions, you simply can't say to us, we don't know.

Like, obviously, when you did up the budget, your officials knew how much was going to this hospital, how much was going to that hospital. Otherwise this book is useless, because the numbers are written in here, and obviously you must know what you're proposing for various hospitals. The same as school boards will know how much money they're getting and municipalities will want to know how much money they're getting. The questions that we're being asked to put to you are: in terms of the General Hospital, how much money are you proposing to spend on this program? The \$100 million for patient care, how much of that will go to the General Hospital?

Like, obviously, when you did up the budget your officials knew how much was going to this hospital, how much was going to that hospital. Otherwise this book is useless, because the numbers are written in here and obviously you must know what you're proposing for various hospitals, the same as school boards will know how much money they're getting, and municipalities will want to know how much money they're getting. The questions that we're being asked to put to you are: in terms of the General Hospital, how much money are you proposing to spend on this program? The \$100 million for patient care — how much of that will go to the General Hospital?

Hon. Mr. Taylor: — You asked for which subvote this is under. If you'd turn to page 52 and look at payment to Saskatchewan hospital services plan of \$12.9 million, that's the subvote where the money is in.

Let me illustrate to you again or try to explain because I don't think you totally understand how these budgets are worked out. There's money there for incremental and for enrichment positions, and we work with the hospitals. I

mean, you know that these are an estimate of the expenditures, and certainly the budget comes in on the 1st of April. There's nothing new with this, Mr. Chairman. We've done this year after year; sit down and work with the hospitals to see what amount of money of that they need.

Now the needs and the demands of the various hospitals vary considerably because of, number one, the type of procedures that they do; number two, because of waiting lists and other factors that they have. So there is no universal formula. I think the members opposite think there should be a universal formula that you just look at the hospital and you slot them in the formula and say, aha, that's what you're getting.

Well we certainly don't operate that way. We're sitting down with them and we're deploying that money where we can best service the needs of the people in Saskatchewan so that their hospitals can provide the best service to them. I think that is the way to do it in consultation with hospital boards and administrators.

Mr. Lingenfelter: — Well, Mr. Minister, I understand consultation. I mean, we've all been through that process. But what I'm saying, of the 12.9 — last day you were just giving the number of 12 million and you wouldn't answer any further. Now we've got it broken down, 10 million for nursing staff and something else for contingency. And I understand that now. You're giving a little more information.

But obviously when you worked out the \$10 million, you would have broken it down into an estimate on base hospitals, those hospitals in the city, and the regional hospitals, and the rural hospitals. And if we can just slowly go along here we'll try to get then. Let's not say the General Hospital, let's say the base hospitals in Regina. How much did you estimate of the \$10 million for nursing staff would go to the three basic hospitals in Regina?

Then after we get that maybe we can break it down one by one and see what you're allocating because you must have done an estimate. Because that's how you do budgets and that's why we have many thousands of people hired by governments to do this planning and research and put together budgets. Then we come here in this House and we ask questions and you're supposed to give the answers. Then we see whether the money's being spent right and that may not seem like a very important process for you. But I'll tell you if we don't get the answers, then people do wonder what we're doing here.

What I would like to know is if you can give me an indication in the city of Regina, at the base hospitals, how much of this 10 million is being offered to the three base hospitals in Regina.

Hon. Mr. Taylor: — Certainly the member opposite doesn't listen to the answers, Mr. Chairman. I've told him before, we're in a process of developing with the hospitals what they need. We're working on that in the month of April — the fastest it has ever been done. We're in negotiations and discussions with them. I can't stand here and say it's this many dollars because it hasn't been all completed at this point in time.

Certainly we believe that \$12.9 million will look after the needs of the hospitals. But how it fits into this hospital and that hospital, and Carrot River and Shaunavon and Kipling, we haven't got that worked out at this point in time. We're discussing with them.

We have said here — and that's what the estimates are — we have said as a government we are going to put \$12.9 million into the payment to the Saskatchewan hospital services plan. That's what an estimate is. These people don't seem to understand. We're saying that's what we're going to do. Now if you don't think that's enough, stand in this House and say it should be more, and we'll debate that. That's the purpose of estimates.

But to try and say here before we've dealt with the hospitals, how much is going to Carrot River, how much is going to Shaunavon, how much is going to Kipling, before we sat down and talked with those hospitals — you just simply can't give that kind of an answer, and I would hope the member opposite would realize that. If he disputes \$12.9 million, stand up here, and that's what the estimates are for.

There are various subvotes here, Mr. Chairman, as you well know — grants to hospitals and health centres. And we can look through the whole estimates here. And any one of those figures, I'm quite willing to debate those and describe those to the member. And if he doesn't think it's enough, fair it be to tell me that, bring that point. If he believes there are suggestions that should come forward that can help improve delivery of service, let's hear his ideas. But to pick away at something that hasn't been resolved, something where consultation is going on with the hospitals . . .

Now if they don't want consultation, be man enough to stand up and say, I think you're wrong in having consultation. Do that. If you don't believe with this, if you don't think to sit down with the hospitals and jointly work out how we can best satisfy the needs of that hospital — and those people who run that hospital understand those needs — then stand up and say that. You know, that can be a point we can argue. I believe it's the right way to go. But to try and insist what is the figure when the consultation is going on — how do we know? How do we know?

It's like this. If you were going to be selling a horse, Mr. Chairman — all right? And the member wants to know, how much did you sell the horse for, before you and I made the deal. I mean, how on earth could you say to me, I want this, I'm going to get this much for my horse, until we'd had a consultation and come to a conclusion? What he's trying to ask me to do is say how much are these hospitals getting before we ever sit down and have it all worked out with the hospitals. We just simply can't do that.

(2115)

But I say: if you don't believe that to be the way to do it, if you believe it's better to sit in here in Regina, take a universal formula and say, I believe that Regina General should get 13.2 per cent of something, and I believe

Saskatoon St. Paul should get 14.67 per cent of something — maybe if they want to do it that way, that's fine and dandy.

I believe to sit down and consult. And I can't give him a figure because we haven't finished that consultation, and a decision hasn't been made yet.

Mr. Lingenfelter: — Well, Mr. Minister, I find it interesting how to saddle a horse. I've done . . . but I like your way of doing it. It sounds like a very interesting way to saddle a horse. Now if we could get back to the funding of base hospitals. But what were you doing with your horse?

An Hon. Member: — He was selling it.

Mr. Lingenfelter: — Oh, you were selling it. I thought you were talking about saddling it.

I would like now to get back to the funding of base hospitals, which is an important issue to nurses, and more importantly to the 8,000 people waiting to get into surgery in Saskatoon.

What I would like to ask you is by category. Now obviously you may not have each individual hospital. I know you have some because the hospitals are now telling us that the negotiations are completed. You're not being honest in saying that the negotiations are complete for none of the hospitals. In the days to come we will be bringing those to you, because we now have some of them.

But in terms of the base hospitals, how much of the money, the 10 million, is going to go to base hospitals? Now you may be able to say at this point you don't have all the base hospitals worked out. I know you have some of them worked out and that an agreement has been reached, because they're now telling us. And as the days go by we will be bringing those into you and making our arguments.

But for the base hospitals, how much of the \$10 million enrichment plan will go to the base hospitals in Saskatoon and Regina? I'll make it broader yet — the base hospitals in Saskatoon and Regina. And I understand as well that you may pay a little more or a little less. But what is your estimate? This is estimates, I understand that. How many dollars will go to the base hospitals in the two cities?

Hon. Mr. Taylor: — Well certainly Mr. Chairman, again it's an example of the opposition in this House not listening. Within the last 15 minutes, the member opposite has been talking about bedtime nurses, when they were talking about bedside. Check *Hansard*. He said, "bedtime."

I talk about selling a horse; he gets up talking about saddling a horse. I mean, how on earth do you get a point across to a member who either suffers . . . (inaudible interjection) . . . Well if you want to yell, that's fine. If you want to shout and yell, if that's the type of behaviour that you want to persist in — yelling from your seats, loud outbursts from your seats — you continue. Because I've got lots of time to wait here until we get onto the

parliamentary way of handling estimates.

So if they just want to shout and yell, just please go ahead and do it. But it's an indication of the attention that is paid to the responses by the member opposite.

Now he says: what amount of money is available to the base hospitals in Regina and Saskatoon? Certainly, Mr. Chairman, there will be different numbers and different figures with both hospitals — with all hospitals.

There's the concern for waiting lists, a concern for waiting lists in Saskatoon, so it would seem to me logical that there may be more money provided to some of the hospitals in Saskatoon. Because the waiting list problem, for some reason which we don't know, is greater in Saskatoon than it is in Regina.

But until the boards have ratified, until the boards have ratified those agreements, Mr. Chairman, there's nothing that has been . . . I can't report anything because there is no agreement of what it would be.

My officials are working with the hospitals but there is no figure that I could put out at this time. And it won't be right if I did. Because until the boards . . . Now they may think that the boards shouldn't run hospitals. That's what it seems to be coming across to me. I believe that the board should have that responsibility, and they do.

So therefore until whatever figures in negotiations have been ratified by the hospitals, there is no figure to report.

Mr. Lingenfelter: — Well I do want to apologize to the minister for not understanding his horse story. I really — you know it's very important to the estimates that we follow that closely.

And I will try . . . Next time you tell about horses I will try to follow closer.

But I want to know when you come to estimating how much money is going to be spent in the base hospitals in Saskatoon and Regina for nursing staff, you do have an estimate. Obviously you do. You can't plan a budget and not have an estimate for base hospitals, for regional hospitals, and for rural hospitals. You have to have it. You can't come to this committee and say, we didn't estimate how much we were going to allow. Now you can say, I don't know how much it's going to be within a \$10 thousand number for the Regina hospital, and I can appreciate that because you may be negotiating on some of them. But certainly you must have an estimate for the base hospitals.

How much of this 10 million will be going to the base hospitals in Regina and Saskatoon for increased nursing staff? And when you say you don't know, well what do you know about the estimates? You don't know how much the federal government is proposing to cut back. Manitoba and all the other provinces do. Here you're spending over a billion dollars and we say, how much money is used of this \$10 million for new nursing staff in the cities? I don't know.

I don't know how we can go at this differently. What are

we doing here? If you can't give any answers, why don't you let the member from Morse or the member from Rosthern come to your place and give us some of the answers. Because if you don't want to do it, I'm sure there are many of the back-benchers who are capable of doing it. Or your former Legislative Secretary from Moosomin. He would be able to say, we estimated approximately, and then give the number for base hospitals out of the 10 million. And that seems reasonable. And then you would go on and you would negotiate and you'd come up with an agreement with the hospitals.

Now I understand your consultation that you're saying you do. I don't agree that you're doing it all the time because the doctors say you aren't and the nurses say you aren't. But at any rate, we'll ignore that comment that you made about how much negotiating you do.

The question is: how much did you estimate for the base hospitals for increased nursing staff of the 10 million you're telling us that you laid on the table or that you're putting forward for us to approve? Because it makes it very difficult for members of the opposition to vote on a number when you won't tell us what the number is — because we'd like to know.

Hon. Mr. Taylor: — Well, you know if we had more time it might be advantageous to give that young man a little bit of horse sense. What he could benefit from, I think, is some horse sense. But that may take a long time to do something of that nature.

But I want to tell you this, Mr. Chairman. In regard to the amount of money, and of course it's right in the estimates, \$12.9 million is the amount we estimate that we will need for the SHSP for the staffing, and that's the enrichment is in there. I can't give a figure of what it is for the base hospitals because we haven't worked it out. And as I say, the needs vary from hospital to hospital.

I can tell the member that a point from where we would start — and this may help him; I don't know — a point from where we would start, if he would look back to the breakdown of the hospital expenditures between base and other hospitals over the past years, he will find out that about 55 per cent, approximately 55 per cent of the budget towards hospitals of the SHSP budget goes towards base hospitals. So I suppose that's the basis from where we're starting.

But what that works out to, then it's very, very difficult to say that when we haven't come up with the final figure. I don't know what the man opposite expects me to say when we haven't come to an agreement yet, and it hasn't been ratified by the boards. And until that happens, I can't say what that translates into dollars and how many staffing positions. The day that that is decided I'd be glad to share that information with the members opposite or anyone else. But until that is completely worked out, and until the boards have ratified it, there is no hard figure.

Mr. Lingenfelter: — I want to get a point clear. I think the minister indicated now that 55 per cent of the 10 million will go to base hospitals. I think the minister indicated now that 55 per cent of the 10 million will go to base hospitals. I think that's what I heard him say. Now that's not . . . Fifty-five per cent of 10 million is 5.5 million. So we're saying, estimated 5.5 million for

base hospitals. Why didn't you say that an hour ago, and then we could get on with it? Now I want you to confirm that \$5.5 million is the estimate for base hospitals. I think I heard you say that.

Hon. Mr. Taylor: — Mr. Chairman, the member opposite again refuses to listen. I said that the figure to the hospitals this year is \$12.9 million. I said I don't know what amount of that is going to the base hospitals until it is worked out . . . (inaudible interjection) . . . Well if you want to shout from your seat, go ahead and shout. But let me explain to you, sir, what I said. And if you would be kind enough just to listen, you may get the idea. I'm not sure you will, but you may. I question as to your capability of understanding.

What I said was that if you looked at the last year's expenditures of SHSP, about 55 per cent goes to the base hospitals. And I said, we're starting, and this year we're looking at enrichment. How much that will be, I don't know. I don't know. As a rough figure, I said that's what went last year. Certainly some base hospitals are going to get more because there's waiting lists, and that's what the enrichment fund is there for, to try and address these problems that are there, of waiting lists. I make no denial of that. And I think that's the way the people say, try and staff up those hospitals.

I think the people of Saskatchewan, the people who are on waiting lists in University Hospital, will be proud and pleased to hear that there will be another operating room that will be open in University Hospital, one that the previous government wouldn't open. They built it and they kept it closed; they kept it closed all the time; they would never open it. We're opening that hospital, that operating room. It will be adequately staffed. Therefore, that's going to take some of the people. That may be a different mix than what happens at the Plains Hospital in Regina, or what happens in City Hospital in Saskatoon, or may be different than what happens in Melfort or Nipawin or in Swift Current or in Estevan.

I can tell you, and I'll tell the people of this province, that my officials are sitting down with those hospitals and working out how we can best use that \$12.9 million, stand up and give me a suggestion what you think it should be. Tell me. If you don't think it's the right way to allocate those funds, by sitting down and discussing with the hospital boards; if you disagree with that, stand in your place and tell me the system that you think would be better. If you believe that it's better that we sit behind the closed doors in the Department of Health and decide what every hospital will get and send that out as a dictate, then I heartily disagree with that — I heartily disagree with that. And I believe in consultation.

So you know, if you have some ideas, gentlemen, please put them forth. I ask you and I invite you to bring forth an idea, that if you don't think \$12.9 million is enough, suggest a number — suggest a number. If you don't think consultation is the right way to deal with hospital boards, suggest an alternative. But don't sit here and say, what is the figure, when the figure hasn't been worked out, when

the consultation hasn't been completed. That is a waste of time, Mr. Chairman, because until that consultation has been totally completed, until those figures have been ratified by the board of that hospital, when they've come to an agreement with my officials and SHSP, I don't know what the final figure is. And I have no intention to mislead you, the members of the opposition, my colleagues, or the people of Saskatchewan, by giving figures that we don't know are firm. Until that happens . . . And the day that those figures are there, I will be glad to share them with any person in Saskatchewan. Because I can tell you, as the member of this side of the government, we're proud of those figures because they're going to improve the health care in this province.

Some Hon. Members: Hear, hear!

Mr. Lingenfelter: — I would appreciate being able to discuss whether the numbers are right or not for the base hospitals, but I am having a great deal of difficulty getting the number that you're using for the base hospitals. If you would tell me that it's \$6 million or \$8 million or \$2 million then we could debate whether that's enough to deal with the waiting list of 8,000 in Saskatoon. But we are still waiting for the answers to the questions.

First of all you say that it will be about 55 per cent for the base hospitals and that's a start. Now for regional hospitals: of the \$10 million, approximately what will be spent for regional hospital nursing care increase at the regional hospital level?

(2130)

Hon. Mr. Taylor: — Well again, Mr. Chairman, all I can say is that we have put a figure of \$12.9 million in the budget for those payments for this year. I can assure you that we'll be expending those moneys and they will be done in consultation, and different amounts and different hospitals.

I don't know how much it's going to be at the regional hospitals. We haven't got that worked out with them yet. And until we have that I don't think it would be fitting to estimate or to offer a guess. As soon as we have those figures worked out, we will provide them, and that's going to take some time. It's going to take some time to go out and discuss with all these hospitals what their specific needs are because the needs vary from hospital to hospital. Different hospitals do different procedures; different hospitals have different numbers of patients coming in to them, so there's a lot of factors that have to be taken into consideration. And that's just exactly what is happening in the consultation process that's taking place between my officials and the hospitals at this time.

So to ask about the regional hospitals, the base hospitals, the large community hospitals, the small hospitals, we haven't been in contact with them all. We were working very diligently since the 1st of April, and certainly those figures and those decisions will be made. And then they go and they're ratified by their boards. And after that kind of an agreement has come between SHSP and the boards, that is the figure.

How those figures translate into positions and where

those positions will be placed, again, it's the prerogative of the boards. They run the hospitals.

So that's the kind of discussion that's taking place. That's what's taking place right now. And I think I would just as soon wrap up these estimates and get on with this, because I think in the betterment of health care, that's what we should be doing. But if they want to ask more questions, that's fine with me.

Mr. Lingenfelter: — Well we'll be asking many more questions as the days go by, because we don't get any answers. So we just have to keep slugging away here and trying to get some answers to important questions. And I will be meeting with my nursing home board and my hospital board this weekend, and I'm sure my colleagues will be doing the same, to check on how these negotiations you're putting forward are doing, because we're not going to be getting off this this week because you're just not giving any answers.

We'll find out from the base hospitals what the negotiation stage is at and how many are being offered, because I think many people in the province are saying they don't believe your press release. They don't believe your press release of 500 new nurses. That's what the nurses say. That's what the doctors are saying in the University Hospital and other places in Saskatoon where 8,000 people are waiting for beds. And many of the rural hospitals have told me this. They said, I'll bet you can't get the number from him for rural hospitals, because he doesn't intend to spend any in rural hospitals. And you're confirming that; you're confirming that simply by the lack of answers.

I think what you're doing is playing a game. You're playing a game based on politics, and you're going to put them in the areas where it's the best politics for the election. And some places where it's not good politics, you're not giving any, and that's why these are not being released at the present time. And I say to you, Mr. Minister, to play politics with the allocation of these nurses and the money to hire them is not in the best interest of the patient care in the province.

And otherwise you would come forward in a general way and say, look, we have estimated \$10 million for new nursing positions at our hospitals. That you've said. Then it would be no problem at all to say approximately, or I estimate that, 55 per cent will be in the base hospitals and this percentage in regional and this percentage in rural. Why aren't you doing that? Well anyone who's listening to the debate will know full well why you're not. They will know full well why you're not giving the information to this committee — because you have an agenda that's based on politics and not on health care, and you intend to try to buy your way even further to the next election by using taxpayers' money. And I say that's not fair.

And we're going to stay here for a few more days until the hospital boards start phoning us — and they are, telling us what you're offering — and then we'll compile a list for you, and we'll announce to the public. It's going to take a long time, but you are not willing to give the answers or the estimates and I say that's unfortunate. And I'll ask you again: why don't you simply come clean on this and give

us an estimate — I know it's an estimate because your negotiations are going on — of what amount of money will be spent in the three main areas? And that will not give any of your negotiating power away, and you can say, I estimate that this percentage will be spent in the base hospitals. That's all we're asking for.

Hon. Mr. Taylor: — Mr. Chairman, let me point out to you, you know, I think if you would look back in history, usually these negotiations have never been completed into May or June. We're working hard at these in April and as I say, my officials are here with me in estimates. We'd like to get out with the hospitals and get working with them, but if the people here feel it's more beneficial to health care to tie up everybody in here and keep us from getting out and working out these figures with the hospitals, so be it. If that is the feeling of the opposition, that they would prefer that, that's fine. I won't hesitate to tell the hospitals. If the hospitals phone in and say, why haven't you had your consultation, I'll say well I'm sorry, but we're still in our estimates. The opposition feel it is better to tie up the officials from the Health department in here than to let them get out and get on with the job. And I say, usually under their administration, it wasn't done until May or June. I wanted to try and have that done within the month of April. But if they would like to do that . . . I mean, if it's their choice, if they want to holler from their seats again, that's fine. The same old thing — holler and yell from your seats, waste time. That's up to you.

I say, we're willing to sit down with the hospitals and consult with them and work out the figures. And certainly that's going to take place and is taking place. But certainly by this kind of action, they're holding up valuable time of my officials that could be out working with the hospitals and getting those figures hard and fast.

Mr. Shillington: — Thank you, Mr. Chairman. Mr. Minister, we cannot believe that you can prepare the estimates and print them without having any idea of how these figures were arrived at. We believe, Mr. Minister, that you must have some way of estimating these figures. You must have some sort of an analysis. If you guessed at the figures, if you threw a dart at the wall, and that's how you arrived at the figure, then tell us that. And that may say something about your style of government, and it'd be believable, given the mess that you've made of this government. But that at least would be an answer.

But to stand in your seat and say that you're dying to get out and negotiate with the hospitals, and therefore you can't answer questions . . . And when the nurses wanted to engage you in a discussion about health care, you were tied up with your estimates and couldn't get out and discuss health care with the professionals. Mr. Minister, no matter who wants to discuss these issues with you, you always claim you should be somewhere else. That, Mr. Minister, may say something about your success in dealing with health care issues.

I ask you again, Mr. Minister: how did you arrive at the figures? How did you come by those figures? We understand that it may be approximate figures; they may be subject to change. But, Mr. Minister, you must have had some way of arriving at those figures. We ask you how you did that, Mr. Minister.

Hon. Mr. Taylor: — Well certainly, Mr. Chairman, I'll explain gladly how we arrived at the figure of 12.9 — certainly. We went out in the consultation process and talked to the hospitals of Saskatchewan and said, look it, we're concerned. As I explained to you a week ago, when we took over health care in this province we saw many deficiencies. We saw there was a deficiency in long-term care. So we said, let's come with a five-year plan of nursing home construction. We're into the third year of that plan now — 1,600 beds.

An Hon. Member: — This has got nothing to do with the question — nothing to do with it.

Hon. Mr. Taylor: — Yes, it does. It has a great deal to do with the question. But if you want to holler from your seat, and yell from your seat, and not let me explain, you just go right ahead, because I've lots of time to wait until you quieten down. But if you like to holler, please continue. I mean, the whole province is talking about your conduct in this House.

But let me indicate to you that our first plan was a five-year plan for nursing home construction. That's well under way. Our next plan was a five-year plan — \$300 million for capital construction in hospitals. That's well under way.

You go to University Hospital — you know, Mr. Chairman, you come from Saskatoon — you see two floors being built. I was just down past the Regina General today. I see the crane up there and the work going on. I see the rehab being built. I see the cancer treatment in Saskatoon being built. You look all around Saskatchewan, and you will find more health facilities being built this year than any other year in the history of the province.

So then we look at . . . the next thing is to staff these. So we went out to the hospitals and we said, what do you think is a realistic figure that would come up with a five-year plan to staff these new facilities and to enrich the staffing components? After that consultation we decided that \$100 million — \$100 million over the next five years — will be expended for staffing, for certain equipments, and for certain initiatives to address the waiting lists in the city that you represent.

Of that, \$40 million is basically staffing and the staff enrichment. Our estimate was that 12.9 would be adequate for this year. You know, you may question, but I believe an injection of 300 nursing positions in this year is a considerable commitment. The people that have been contacting me from across this province say exactly the same thing. So that is the way we come up with a figure. The member from Regina Centre wants to know how we come up with the figures; that is how.

These are estimates. But I can assure you that we're going to spend that money and we're going to do. Once again I will say it, and I'll say time after time after time in this House, that we will spend that money in conjunction with the hospitals after consultation with the hospitals. And that's what's going on.

And I'd like to get out, I'd like to be able to release my officials to go out and get it all done within the next couple of weeks. Obviously that isn't going to be possible if we continue with this type of charge that the members opposite like to ask — questions about what's happening in Alberta with the chiropractors, or Ontario. What are the federal government doing? Good Lord, I don't run the federal government. I don't know.

To persist with that line of questioning is going to take some time. And we will be here for a long time. And we're quite willing to be here for a long time. But if they believe that is in the betterment of health care to do that, rather than to allow us to get out and have the consultation with the hospitals, well that is their choice; mine would be the latter — to let my officials go out there and work these figures out.

And just as soon . . . (inaudible interjection) . . . Now if you want to shout from your seat, please go ahead. That's fine. That's the decorum on that side of the House, to shout from their seats, unruly, undisciplined, that's all right if they want to do that. I will stand here and explain as best I can, to this House and this Chamber and the people of Saskatchewan, the plans that we're having for the hospitals. And we're going to be going out there, and we're going to enter into those discussions as quickly as possible.

Mr. Shillington: — Mr. Minister, I didn't exactly want a discussion about all the work you've done over the last four years and who you've met with and what grand folk they were, and how much you got out of it. I was hoping you'd save me that blether. And I was hoping you would tell us how you arrived at the figure; not who you talked to arrive at the figure. You've spent 10 minutes telling us what a sorry situation you inherited. You've spent part of that time telling us who you talked to, but you spent none of that time telling us how you arrived at the figure. I'm going to be quiet . . . (inaudible interjection) . . . And on how you apparently were trying to sell a horse that kicked you. I gather that's the story.

Mr. Minister, your deputy is giving you some figures. I'm going to sit down and see if you can concentrate long enough to give us those figures.

Hon. Mr. Taylor: — Well, Mr. Chairman, you know, I know it bothers the members opposite, and especially the member from Regina Centre. It just grates at him to see the fantastic job that we have done in health care over the last four years.

You know, and I will repeat it time and time again to him. I mean, if you want to compare the four years under the Devine government, a 65 per cent increase in health care funding, to the pitiful show of the NDP that had a moratorium on nursing homes — they cut staff — we'll compare that any time, any day, anywhere.

And I know it's hard; it's not good music to their ears because the truth hurts, the truth hurts, that the moneys that have been put into health care by this government exceed the moneys that have been put into health care by any other government across Canada. Can you believe this — 65 per cent increase between '81-82 to 1986. I

think that speaks for itself and shows the commitment of this government to health care.

Some Hon. Members: Hear, hear!

Hon. Mr. Taylor: — Now you know they want to know how we come up with the 40 million figure, things of this nature. And I want to tell you, we did it through consultation and discussion with executive directors and board members, and consulting in meetings with hospitals in North Battleford and P.A. and Weyburn and Swift Current, and we went out and discussed with all of them. And we set a target. We said we're coming out with a \$100 million program for patient care improvement, and a good portion of that is going to be staffing — \$40 million.

(2145)

Now, Mr. Chairman, I believe \$40 million to be a significant amount of money. Maybe they don't but I do. I can tell you that with the implementation the target was to have us above the national average for nursing staff per patient day by the end of the four-year term, and we're going to reach that target within the second year.

So certainly, Mr. Chairman, I think our patient care program that we have announced and are implementing now, is going to be a great benefit, and I know the hospitals are just wanting to sit down with us and get it worked out, and I want to do that too. I want to have my officials out there working with the hospitals. If the opposition want to hold us up and prevent that kind of consultation to take place, so be it. So be it. They have every right to drag these estimates as long as they want. They can do that. That's the right of this Chamber. I just want to warn them and let them know that as they're doing that, and many people are looking at it as a type of charge, they are preventing certain important initiatives and certain important consultations that could take place in the health care field to better the delivery of service and to shorten the waiting list in Saskatoon.

If we want to stay in here and keep these officials tied up, fine. You do it. But remember, it's on your neck, boys, not ours, because we put up the money. The money is there. We have committed to that, \$100 million. We've committed that money.

I'd like to get out there and say to the hospitals, here's what you're going to get; let's work together so that you can hire your people, get them in place, reduce your waiting list, open your operating rooms, and get this show on the road. But no, the decision is to tie it all up. That's fine. I just want to be eminently clear that the decision as when that can take place is the opposition's.

The opposition have the power in the legislature to either drag out the estimates or either let them go. I can tell you tonight there are many people out there that are interested ... (inaudible interjection) ... No, Mr. Chairman, they're very, very interested in that 11.6 per cent raise in the health care budget. They want to see what piece of this do we get. The only way that will happen is with these people to sit down and work those figures out. We do it by consultation. They say, tell us — tell us. This is what they

say. Well I know it was the NDP style to sit in behind the doors in Regina, to get all huddled around and dictate to the people: this is what you're getting and if you don't like it, you shut up because you're not getting any more. That was their system.

Now when you look at that it is very evident why, in 1982 when the people in Saskatchewan got an opportunity to say what they thought of that type of administration, let me tell you they spoke and they spoke loud. And I can tell you that if they want to tie these things up so that the hospitals don't get their money; so that the various groups in the health care field who want to get their part of that \$1.2 billion; if they want to keep us in here and keep that all tied up, so be it. I tell you that when we go to the polls, the people will speak exactly the same way. They will speak exactly the same way, and we will trounce these fellows the next time around again.

Some Hon. Members: Hear, hear!

Mr. Shillington: — Well, Mr. Minister, I recall listening to another besieged minister who sat for two weeks and would not answer questions. And I recall his plaintive plea to the opposition — let my people go. If you don't the public are going to be angry with you because the business of the province must go on. The minister was a member from Kindersley and it was his undoing.

Mr. Minister, if you feel besieged, if that is your plaintive cry — let my people go — if you feel besieged, then, Mr. Minister, you feel besieged with good reason. You are besieged, Mr. Minister, not by the opposition but by the public themselves. You are besieged by the public, and we merely represent their frustration and their concern with respect to health care.

Mr. Minister, you blabber on about 11.9 per cent. Our concern and the public's concern is each year and you claimed enormous increases in health care spending, and each year the health care system has deteriorated rapidly. Indeed it has, Mr. Minister. Indeed it has. Each year we have been back here, the health care system has gotten worse, Mr. Minister.

Mr. Minister, I ask you again to tell us, Mr. Minister, how you arrived at the 10 to 12 million. Because the figures which you use aren't trusted by us, and they aren't trusted by the professionals. And I suspect, Mr. Minister, your deputy gave you some figures which might have explained it; you held it in your hand and never referred to it. I ask you, Mr. Minister, to give us the information. I thought for a moment, Mr. Minister, after we spent the entire day trying to make the point that estimates are a process of give and take, whereby you justify your expenditures and we ask questions — I thought at the end of that motion that that had been understood. It seemed for a brief, fleeting moment that you were starting to give us some information.

What we have had in the last half-hour is these tirades about how bad things were before '82, how much we distrust people, how against hospitals we are, how against nurses we are, how against hospitals we are. I

don't think, Mr. Minister, that the key question in the minds of those nurses who demonstrated out here was whether or not the opposition was for them or against them. Their question is the question which we ask: what are you doing to remedy the problems which are so painfully evident in our health care system? So I ask you again, Mr. Minister, I ask you: how did you arrive at the 10 to \$12 million figure?

I'm delighted to hear that you've been consulting with people previously, delighted to hear that you're going to consult with people in the future. But, Mr. Minister, I want to know how you arrived at the figure. So I ask you to take a run at telling us how that figure was arrived at. Did you guess at it? Was it as convenient as any other? Was that a figure you shoved into the book so that you could make the thing add up? Is that how you arrived at it, or was there a more logical, rational process?

If, Mr. Minister, you had a more rational process than simply guessing at figures, then tell us what the process was. Tell us how you arrived at that. Just take a crack at convincing ourselves and the public who are watching this thing. Just take a crack at convincing us that the figure is rationally arrived at, that it is adequate, and that it will solve the problem.

Hon. Mr. Taylor: — Well certainly, you know, he wants to know how you arrive at a figure. Well, I said there would be approximately 300 nursing positions put in this year — 300. Well then you take 300 and you look at what is the average wage. Well, a little over \$30,000. Now what I would do is multiply those two figures and come up with something that was around \$10 million — \$10 million . . . (inaudible interjection) . . . No you asked me how I arrived at the figures. If you want to shout from your seat, please continue to shout. You asked how I arrived at the figure; I'm answering how I arrived at the figure. I took the number of nurses, which we have indicated, and if they'd have listened on budget night, my colleague, the Minister of Finance indicated on budget night the number of nurses that would be going into the hospitals.

So you take that number and you multiply by the average salary. That gives you a figure of around \$10 million. I said a half an hour ago in here that the minimum amount would be \$10 million. And that there would be between \$10 and \$12 million because there are other things that fall into this. So that is how we arrived at it. Certainly. I hope that explanation is understood by the gentleman opposite. He said to me, what are you going to do about it? How are you going address the situation?

Well, it's very evident. In the estimates of the department of Health. I'm addressing it by putting \$12.9 million into that subvote expenditure. That \$12.9 million is going to be used in the various hospitals of Saskatchewan. There are 132 hospitals in this province, Mr. Chairman, as well as a large number of nursing homes that we have to deal with.

I believe it is in the best interests of health care that we could get out and start dealing with them. Obviously they don't. They think it's more valuable to the taxpayers to ask me to explain how I would come up with 10 million, when I say there's going to be 300 — when I say there's

going to be 300 and their salaries are somewhat in excess of \$30,000, then you multiply that, you come up to about \$10 million. That's how we arrive at our figures.

And for the member opposite to stand in here and to make a cheap shot, a cheap shot at my officials, who I tell you, my officials work very, very diligently. He stood in this Chamber and he said how did you officials figure it out? Did you take a dart and throw a dart and hit a number?

Well, I don't like people trying to put that kind of accusation on the professional people that work for me in the Department of Health. I tell you, we have some of the best people in government working in the Department of Health. We have some of the most dedicated people.

Some Hon. Members: Hear, hear!

Hon. Mr. Taylor: — I can tell you that when you're charged with a third of the expenditures of the government of the province of Saskatchewan, you have good people working with you — and I have some of the best in Canada. When we go to national conferences across Canada, when I take my deputy minister and associate deputy ministers, I can tell you I stand proud, because when those people speak at the table, all Canada listens. And I've told you time after time the number of initiatives where Saskatchewan government are leaders in the health care field.

That leadership in the health care field comes from the dedicated people that work in the Department of Health — the best in Canada, by any man's imagination — dedicated people. And for a member opposite to have the audacity to stand up and say that those people, responsible for a third of the budget of the province of Saskatchewan, stood back with their dart and threw it and hit a number — that's what he said about these people that work for me.

And I . . . you may see me getting a little riled. And I tell you, I will get mad, and I'll get an awful lot madder when people take cheap shots at the people that work for me. I don't put up with that kind of nonsense. And I won't put up with it from an NDPer or anyone else, because these are good dedicated people. And to say they take a cheap shot is simply nonsense, and I expect an apology from you. If you have any guts, stand up and apologize to these good people here sitting here beside me.

Why don't you do that? Because you are the kind of person that takes shots at people in or outside of this Chamber — people who can't defend themselves. *Hansard* is full of allegations by the member from Regina Centre. And let me tell you, when the history is written on you, when you're defeated in the next election, the downfall of the member of Regina Centre was that he was the type of person that took cheap shots at poor people who couldn't defend themselves because they didn't have the right to stand in this Chamber.

Well, if you keep doing that with my department, we'll be here till Christmas, because I won't tolerate that kind of nonsense from you, or from the fellow from Shaunavon, or Quill Lakes, or . . . Well I don't think the fellow from

Pelly would get up and say something like that; he's a little more decent. But these other three people who continue to bark from their seat, they're not going to get away with that kind of accusation against the people who work in the Health department.

Some Hon. Members: Hear, hear!

The committee reported progress.

The Assembly adjourned at 10 p.m.