

The Assembly met at 10 a.m.

Prayers

### INTRODUCTION OF GUESTS

**Mr. Tchorzewski:** — Thank you, Mr. Speaker. I would like, through you, to introduce to the members of the Assembly a group of people who are seated on the Assembly floor who are participants of the life enrichment program and volunteers who are with them. There are three volunteers as well as their teachers, Lynne Demeule and Robert Yee. This program takes a great interest in the activities of the legislature, because as I look at the people, I recognize many of them having been here about three months ago.

So I would, on behalf of the members, extend to all of them our welcome and wish them a pleasant and educational stay. I understand they're staying until 11 o'clock, so they are really determined to see what is happening in this place. Welcome.

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

**Hon. Mr. Dirks:** — Thank you, Mr. Speaker. On behalf of the government members here in the House today, I would like to join with the member opposite in bringing a special welcome to the volunteers and the members from the Saskatchewan Abilities Council who are here with us today. The Department of Social Services has had a very good working relationship with your organization over the years, and we look forward to sustaining that relationship and working with you in the future on behalf of all handicapped people here in the province of Saskatchewan. So I would ask all members to once again welcome these people here today.

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

**Hon. Mrs. Smith:** — Thank you, Mr. Speaker. Today we have the pleasure of having 40 young students from Swift Current in with us. They are from the elementary school of St. Joseph's in Swift Current, grades 5, 6, and 7. And they are accompanied by their teachers, Mr. Shumay and Mr. Schneider and Ms. Corey.

Mr. Speaker, I'm meeting with this group after, and I look forward to some pertinent questions. I would ask that all members join me in welcoming them to this Assembly today.

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

### ORAL QUESTIONS

#### Reduction of Federal Transfer Payments

**Hon. Mr. Blakeney:** — Mr. Speaker, I would like to direct a question to the Minister of Health, and it has to do with the Mulroney government's plan, announced in May of 1985, in that federal budget, to cut federal financial support for health care by billions of dollars over the next five years.

During consideration of the Health estimates in recent days, my colleagues have asked you many times what the impact of these cuts would be on the Saskatchewan health care system. And we have been shocked, and I have been shocked as I read *Hansard*, to hear your suggestions that you don't know how much Saskatchewan will lose in the federal transfer payments as a result of the Mulroney government cut-backs.

I ask if the minister has reconsidered that position, and will he now tell Saskatchewan taxpayers how much they stand to lose if the Mulroney government proceeds with the massive cut-backs in established program funding payments?

**Hon. Mr. Taylor:** — Well, Mr. Speaker, it's interesting to see the Leader of the Opposition rise in this question. I'm sure in his past experience he must have had some awareness of how EPF (established program of financing) funding takes place between the provinces and the federal government. In fact, Mr. Speaker, if I remember correctly, it was under his administration in 1977 that we moved to EPF funding with the Liberal government of that day, away from a 50-50 in cost sharing.

However, the question he is addressing to me is: do we know what these cut-backs will be and if they will be cut-backs. I have indicated in this year that the estimated amount that is indicated for Saskatchewan is approximately \$13 million in EPF; a portion of that is for Health and a portion of that is for Continuing Education. I've also indicated to the members opposite, and I'm sure the Leader of the Opposition must be aware of these comments if he's been reading *Hansard* as he says, that I am going to Ottawa on the 28th of this month to meet with my federal counterpart to discuss this very topic to see if we can get a better deal for Saskatchewan. My colleague, the Minister of Finance, is in contact with the federal minister of Finance, and these are under discussion. So to make any kind of an estimate or a guess at what may happen in year '87-88, '88-89 would be a hypothetical situation.

We're not sure there will be a cut-back. I can assure you this, and the people of Saskatchewan, that I think the record of the Devine government over the last four years, subsequently each year, more money contributed to health care year after year after year — this year 11.6 per cent, the highest in the country; since we took office, 65 per cent increase to the health care budget. I think that gives the assurance to the people of Saskatchewan — regardless of what may happen on the national scene — that we stand for health care, we stand for it strong, and we will continue to do that.

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

**Hon. Mr. Blakeney:** — Supplementary, Mr. Speaker. My question to the Minister of Health was fairly precise. It seems to me, sir, that on the basis of the announced federal government policy you know almost precisely what the financial impact on Saskatchewan will be over the next five years, and I ask you: how much will the Mulroney government's proposed cuts in financial support for health care cost Saskatchewan over the next

five years? What is your estimate?

**Hon. Mr. Taylor:** — Mr. Chairman, we don't know what that figure is. We're going down this year. I'm going on the 28th of this month to try and carve out the best deal for Saskatchewan that we possibly can. That's what I'm going to do. I will stick up for Saskatchewan health care. I will try and get the . . . Now if the members want to shout from their seats and persist in shouting, we will let them shout, Mr. Speaker, and then I will go on with my answer. But if they feel that this forum is to sit and shout continually, cluck and so on, go right ahead and do that.

I'm answering the question in saying that I will go down there . . .

**Mr. Speaker:** — Order, please.

**Hon. Mr. Taylor:** — If the members aren't willing to be quiet and listen to the answer, I will sit too.

Mr. Chairman, I have indicated to the members . . .

**Mr. Speaker:** — Order please. When you ask a question I believe that you should give the minister an opportunity to answer. He couldn't be heard if he was answering. I couldn't hear.

**Hon. Mr. Taylor:** — Thank you, Mr. Speaker. Mr. Speaker, and to the member opposite, I've indicated to you that I will be going to Ottawa to try and carve out the best deal. It looks like it was a \$13 million total this year. We may be able to get it reduced. I'm not saying we can; I'm telling you that I'm going to go there and try.

So until we know how we make out this year, I'm sure, sir, that you would understand. How could one say with any degree of certainty what will happen three or four years down the road? You were a premier of this province. You must have negotiated with the federal government. And I'm sure, sir, that you wouldn't be able to say with any degree of certainty what was going to happen three or four years hence.

**Hon. Mr. Blakeney:** — One supplementary, Mr. Speaker. Mr. Minister, are you telling me that your officials have not estimated what the loss will be on the basis of the currently announced federal government policy?

**Hon. Mr. Taylor:** — I'm telling you, Mr. Leader of the Opposition, that the figures for this year indicate it may be \$13 million — I say may be — and I've told you that many times — \$13 million for EPF funding. That's both health care and continuing education. I've indicated to your colleagues in estimates that it appears that it may be around \$9 million for health care this year.

But at the same time I think you know from looking at the *Estimates* that the increase in the health budget in Saskatchewan this year is 11.6 per cent — 11.6 per cent in spite of a possible cut-back of \$9 million in EPF funding — the highest in Canada . . . (inaudible interjection) . . .

Go ahead and shout. Mr. Chairman, the members opposite don't like to hear those facts. They don't like to hear that Saskatchewan is leading Canada with 11.6 per

cent increase in this year's . . .

**Mr. Speaker:** — Order please.

**Hon. Mr. Blakeney:** — Supplementary, Mr. Speaker. I asked you, Mr. Minister, a very simple question. Have your department done any estimates? That's the question I asked, not what the increase in your health budget will be. Has your department done any estimates as to the losses which will be sustained if the Mulroney government's announced policy is followed through?

**Hon. Mr. Taylor:** — By the very . . . If you listen to the member's question, the answer is right there. His last few words were: if the Mulroney policy is carried through — if! I don't know if it's going to be carried through. I know what's happening this year. I know that there are indications that we may be cut back \$9 million.

I can tell you, Mr. Speaker, and I can tell every member in this House and the opposition, I'm going to Ottawa, and I'm going to see if I can carve a better deal for Saskatchewan this year. That's what we're going to do. We will see how we proceed from this year. And I can give you the same assurance that the next year we will do exactly the same, and the year after and the year after. My job is to stand up and fight for Saskatchewan health and I'll do that.

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

**Hon. Mr. Blakeney:** — Supplementary, Mr. Speaker. Mr. Minister, you have declined to say whether your department has done any studies, from which I will conclude that they have not.

Are you familiar with the internal study by the Canadian Hospital Association, shows that the Mulroney government's policies will provide cuts in the health care amounting to more than \$54 million a year in federal payments by 1990? Are you familiar with these, Mr. Minister, and are you . . . You say that these are — that nobody can make estimates. The Canadian Hospital Association has estimated our loss in the year 1991 at \$54,252,782. They have some information on which they can make some estimates. Have you made no estimates with your staff as to what our losses will be under the announced Mulroney government policy?

**Hon. Mr. Taylor:** — Well, Mr. Chairman, once again I'll repeat. My staff and I are working at what we can do this year to maintain the excellent health care system that we've built up in Saskatchewan. We have put more money in this year than any other jurisdiction. I'm going down . . . The Canadian Hospital Association may have studies. The NDP may have their own figures — I would have very little faith in them. There may be other groups across Canada that have put estimates towards this. We in Saskatchewan are dealing with the facts today; that is this year.

And once again, let me repeat again and again, we are going down to Ottawa to try and carve the best deal for Saskatchewan. And my colleague, the Minister of Finance, is doing exactly the same thing on the total picture of EPF funding with his federal counterpart.

**Mr. Lingenfelter:** — Mr. Speaker, a new question to the Minister of Health, and it deals with the commitment made by the Prime Minister on the credibility of his budget and the integrity of the budget and how the federal government did not intend to move off of it. And I quote from that budget on page 72. And it clearly indicates:

As part of a broad-based strategy to reduce the deficit and stimulate economic growth, the federal government is proposing to limit the rate of growth of transfers to provincial governments in order to effect savings amounting to about \$2 billion by 1990-91.

Now you're saying that you don't believe the budget of Michael Wilson. There's many people who have watched cut-backs who do believe that he is intending to cut the \$2 billion. And in the report of the Canadian Hospital Association, on page 10, they clearly indicate that they have estimated a reduction in health care funding to the province of Saskatchewan of \$153 million. That's their estimate, in total, over that period. And I want to ask you whether that number comes close to the number you're estimating that the Michael Wilson proposals will cut back health care spending in the province.

**Hon. Mr. Taylor:** — Certainly, Mr. Chairman, I think it's very evident from our record in the past four years that we will protect health care in Saskatchewan. There may be those that may have their own figures — the Canadian Hospital Association, the NDP, maybe other ones — that are estimating what it may be. I say that in spite of whatever takes place we, the Progressive Conservative Government of Saskatchewan, will protect health care in this province. I think our record of the last four years of a 65 per cent — now 65 per cent on a billion dollars is a lot of money — a 65 per cent increase indicates the stance of this government on health care.

So to stand here and say, do your figures match up with the Canadian Hospital Association or the NDP's figures? — I want to tell you our figures are what we're working on in this year. And we haven't been looking to see whatever this may be, in subsequent years, because how do we know if that's fact or fiction?

Let me tell you, this country operates on a year-by-year basis; 11.6 per cent support for health care this year, I think, is commendable. And I stand on that record, and I will stand on the record of Saskatchewan Health based on the last four years and for the future under a Grant Devine government.

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

**Mr. Lingenfelter:** — Well, Mr. Speaker, I'm sure the federal Minister of Finance will be impressed that the Minister of Health in Saskatchewan considers his budget to be a fictional . . .

**Mr. Speaker:** — Order, please. Order. The member is making statements. Does the member have a question?

**Mr. Lingenfelter:** — Mr. Speaker, my question to the

minister in regards to this report of the Canadian Hospital Association, which we will be tabling after question period at our first opportunity, I will be asking the question again.

Their estimate is that \$153 million will be cut out of the transfer payments, in total, in the next five years. Does that come close to the amount that your department has estimated, based on a document that was tabled in the House and called a budget speech by Michael Wilson?

**Hon. Mr. Taylor:** — Once again let me repeat: my department are looking at the funding of health care in Saskatchewan this year. We've put 11.6 per cent increase in our budget. We understand that there may be a cut-back — there may be. There may be under the EPF a reduction — a reduction — of \$9 million — may be. Let me stress that — may be. We're going to be looking at this figure. We're going to Ottawa to see if we can have it reduced. I hope we can. I sincerely hope we can.

But I can assure you, Mr. Speaker, and the members opposite, whether that figure be 9 million or whether we reduce it to 7, the 11.6 per cent increase in health care spending by this government for Saskatchewan for the coming year will take place. And I think the record over the last four years, of 65 per cent increase, indicates that we will continue — we will continue — to safeguard health care services in this province. That's what I see my mandate to do; that's what we will be doing.

**Mr. Lingenfelter:** — Mr. Speaker, a new question to the minister. On page 9 of this report which is being circulated to the press and will be tabled in the Assembly, on page 9 it clearly indicates that net loss due to the changes, in total, for health care to the province of Saskatchewan, the estimates for '86-87 is not 9 million, as you suggest, but 10 million. The estimate for '87-88 is 18.9 million; the estimate for '88-89 is 29.5 million; the estimate for '89-90 is 41 million; and the estimate for '90-91 is 54 million. A cumulative total of almost \$154 million, and you say this is an irrelevant discussion. What this means is a 28 per cent cut in federal funding to medicare in the province. And I ask you: how do you intend to raise that money? Do you intend to cut health care services, or do you intend to raise taxes at the provincial level to make up the \$154 million that they're planning to cut?

**Hon. Mr. Taylor:** — Mr. Chairman, I just once again indicate to the members opposite to check the records of the last four years. Check the increases in health care. Look at the five-year plan in nursing home construction — 1,600 beds. Look at the \$300 million capital projects. Look at the \$100 million staffing.

**Mr. Speaker:** — Order, please. The member has asked the question. I cannot put words in the Minister's mouth. The same question has been asked, I think, about six or seven times. Order, order.

**Hon. Mr. Taylor:** — The member opposite is asking a line of questioning on the financing of health care. I think it is pertinent to indicate what has happened in the financing of health care. I have indicated time after time that I have the responsibility for safeguarding the health care of

Saskatchewan. They like to raise the boggy man of would-be, possible cut-backs.

I don't know what's going to happen in Canada in '86-87. I don't think the Canadian Hospital Association does, and I'm sure the NDP don't. How do we know what's going to happen? I know that this year in Saskatchewan we're going to spend 11.6 per cent more than we did last year. I know that we spent 65 per cent more since coming into government than they spent. Those are facts — facts that anybody can see. I know that this year there is an indication there may be a cut-back of 13 million for EPF, both higher education and health. There may be a reduction — may be. Let me focus on the "maybe" part because it isn't hard and firm. I'm going to negotiate the best deal for Saskatchewan for this year, and I will do that year after year after year. And you can just look at our record in health care and compare it to the record of the government opposite when they were in power, and you will see the difference between black and white.

### **Report of Advisory Committee on Drugs, Health, and Youth**

**Mr. Tchorzewski:** — Thank you, Mr. Speaker. I have a question to the Minister of Health. Mr. Minister, after a great deal of public pressure you agreed last September to appoint a minister's advisory committee on alcohol, drugs, and youth. We discussed it in this House previously. That advisory committee was asked to study all of the issues related to the growing problem of adolescent alcohol and drug abuse in Saskatchewan.

Mr. Minister, that advisory committee presented you with its report, and a number of recommendations for immediate action, in February. Not only have you failed to act on those recommendations but you have refused to make the report public.

My question to you, Mr. Minister, is: in light of these important issues, will you undertake to present the advisory committee's report to this legislature later today, complete with a statement on what you have done about each of the report's recommendations?

**Hon. Mr. Taylor:** — Mr. Chairman, I have indicated to the member previously on this that certainly we undertook a study by a number of people around Saskatchewan. The members opposite know the make-up of the committee. It was a very large cross-section of the population of Saskatchewan. There were nurses on the committee. There were students. There were RCMP. There was a number of very credible people. They have talked to over 300 students firsthand. I think they have had at least 144 different briefs. I think they have done a commendable job. They have brought the report to me. I have indicated to the members opposite that the report will be made public in the very near future. It has gone to printing at this time. It's in printing. Just as soon as I have the printed copies I will provide my colleague across the way with a copy.

**Mr. Tchorzewski:** — Supplementary, Mr. Speaker. Mr. Minister, I have here a confidential report of that minister's advisory committee which you received in February, the committee on alcohol and drug and youth.

This report suggests that one in five adolescents experience serious problems with their peers, their teachers, their parents, or the law because of drinking or drug abuse. It estimates, Mr. Minister, that more than 20,000 Saskatchewan young people are in need of help with alcohol and drug abuse, and that more than 2,000, 12- to 18-year-olds are daily users of alcohol, cannabis, and other drugs. This special report states clearly — and I quote from it, Mr. Minister: "Saskatchewan does not have the intensive counselling or treatment programs to meet their needs."

Mr. Minister, you've had this report since February. When will your government begin to implement its recommendations?

**Hon. Mr. Taylor:** — Mr. Chairman, I know that the use of cannabis is a problem by many children in the schools of Saskatchewan, a regrettable factor. It's just for that purpose that I've put this study together. Certainly there will be some initiatives that we can implement in the very short range that I hope will alleviate the problem that exists in our society, not only in Saskatchewan, across Canada and across North America.

I think it is commendable that Saskatchewan Health would be the first Health department in Canada to undertake that type of a study. It has gone to printer at this time. As soon as the printed copies are ready, they will be distributed to all members of this Assembly, and certainly to any members of the public who may wish a copy of the report. I think there's some recommendations in there that we can all be proud of, and we can work to implement that will be to the benefit of our young people in Saskatchewan.

**Mr. Tchorzewski:** — Mr. Speaker, this report, Mr. Minister, in my supplementary which you have tried to hide from Saskatchewan people, details the need for improved education prevention, intervention and treatment programs for young people suffering from alcohol and drug abuse problems. It notes that many Saskatchewan families have been forced to leave this province to find adequate treatment facilities in emergency situations, and the report makes it clear that the current system is woefully inadequate. Let me give you an example. The committee says at one point in this report — and I quote from it again: "In addressing the question of co-ordination of services it became obvious that you cannot co-ordinate what does not exist."

Mr. Minister, what can be more important than the lives and the futures of our young people and the health and happiness of Saskatchewan families? Why have you failed to act on this year's budget on the many important recommendations which are in this report, especially in the light of the fact that you demanded that your committee provide you this report early so that you could put provisions into the budget in response to its recommendations?

**Hon. Mr. Taylor:** — Well I don't know where he gets that information. That isn't correct, Mr. Chairman. Let me indicate to you that upon becoming Health minister in this province, I saw that there were people having to go out of the province for treatment. They go out for a variety

of reasons.

I saw that there was a problem in discussing with high school teachers, of which my background was that, that certainly there are many young people in the schools that are becoming habitual users of drugs and alcohol. So certainly we set a committee together to try and get the facts to see what reaction could take place.

That committee reported to me. I reported the findings of that committee to the cabinet committee on social policy, of which I'm the chairman. My colleagues have looked at the report. We have decided the report is to go to printing. It's at printing now. That takes some time — maybe a week or two — to get it printed. And as soon as it's there, it's for distribution to the public, and I will certainly give the member opposite copies of the report.

I would hope that the member opposite in all sincerity would be supportive of many of the recommendations that are in there. I think this is something that transgresses political lines. I think it's something that any elected representative, if they are sincere, will try their best to support the recommendation to help the youth of this province.

**Mr. Tchorzewski:** — Final supplementary. Final supplementary, Mr. Speaker. Mr. Minister, can you assure this House that you will table that report before the next election?

**Hon. Mr. Taylor:** — Mr. Chairman, I have told the member four times today that I will release the report immediately that it comes from the printer. Now if that means tabling, I will table one. I will send him one personally, deliver it to his office if that would make him happy. I want to get on with implementing the recommendations of the report to help the youth of Saskatchewan. So certainly as soon as it's printed it will be . . . (inaudible interjection) . . . Well if you want to yell and shout from your seats, please persist.

But my concern is to help the young people of this province. That's why I put the committee together; that's why I'm interested to have the report circulated to the population of Saskatchewan; and that's why I'm interested in my colleagues on this side in implementing many of the recommendations of the report. If the people on the other side want to try to make political hay out of a problem that is facing the young people of Saskatchewan, so be it. Stand there and let that be known, if that is your interest, to play politics with the lives of our young children. We're there to try and bring in and implement policies that will benefit them.

## INTRODUCTION OF BILLS

### Bill No. 24 — An Act respecting the Licensing and Inspection of Amusement Rides

**Hon. Mr. McLeod:** — Mr. Speaker, on behalf of the minister of Labour I move first reading of a Bill respecting the Licensing and Inspection of Amusement Rides.

Motion agreed to and the Bill ordered to be read a second time at the next sitting.

### Bill No. 25 — An Act to amend The Tobacco Tax Act

**Hon. Mr. McLeod:** — Mr. Speaker, on behalf of the hon. member I move first reading of a Bill to amend The Tobacco Tax Act.

Motion agreed to and the Bill ordered to be read a second time at the next sitting.

### Bill No. 26 — An Act to amend The Corporation Capital Tax Act

**Hon. Mr. McLeod:** — Mr. Speaker, on behalf of my colleague I move first reading of a Bill to amend The Corporation Capital Tax Act.

Motion agreed to and the Bill ordered to be read a second time at the next sitting.

### Bill No. 27 — An Act respecting The Institute of Chartered Accountants of Saskatchewan and to repeal the Chartered Accounts Act and The Certified Public Accountants Act

**Hon. Mr. McLeod:** — Mr. Speaker, on behalf of the Minister of Revenue and Financial Services, I move first reading of a Bill respecting The Institute of Chartered Accountants of Saskatchewan and to repeal The Chartered Accountants Act and The Certified Public Accountants Act.

Motion agreed to.

**Hon. Mr. McLeod:** — Mr. Speaker, I ask leave to refer the said Bill to the Non-Controversial Bills Committee.

Leave not granted and the Bill ordered to be read a second time at the next sitting.

## ORDERS OF THE DAY

### GOVERNMENT ORDERS

### COMMITTEE OF FINANCE

#### Consolidated Fund Budgetary Expenditure Health

#### Ordinary Expenditure — Vote 32

#### Item 1 (continued)

**Hon. Mr. Blakeney:** — Mr. Chairman, I would like to pursue with the minister the matter of the established programs financing Act and the funds which are usually called established program funds, and particularly those which relate to Health.

The minister, I think, will be aware that the material made public by the Government of Canada when they brought their budget down in 1985 deals at some length with this very important matter. And I'm referring now, Mr. Chairman, to a document entitled, "Securing Economic Renewal", *Budget Papers*, tabled, as it says, in the House of Commons by the Hon. Michael H. Wilson, Minister of Finance, and dated May 23, 1985. A portion of the paper

— I will try to summarize it since I don't want to take too much time of the committee, but I am reading now from page 72, and I think the portions which I have selected fairly give the substance of the report:

As part of a broad based strategy to reduce the deficit and stimulate economic growth the federal government is proposing to limit the rate of growth of transfers to provincial governments in order to effect savings amounting to about \$2 billion in 1990-91. The same principles of restraint will be applied to transfers to provinces as to other expenditures . . .

Even after this adjustment total cash and tax transfers to provincial governments in respect of these programs (and that refers to the established funding programs) are expected to grow, on average by about 5 per cent per year over the balance of the decade . . .

That's what Mr. Wilson says.

Mr. Minister, I ask you whether your department has done any calculations which will indicate what you would receive had the existing formula continued? What you would receive if transfers grow by about 5 per cent per year? And have you calculated, therefore, what the shortfall will be from the proposal set out in the budget papers of Mr. Wilson of May of 1985? And I ask you for the next five years.

**Hon. Mr. Taylor:** — Once again, Mr. Chairman, let me give the member the answer that I provided to him just five minutes ago, or ten minutes ago in question period.

We are looking at this year. We are negotiating for the best deal we have. When I hear the member wanting to be so concerned about EPF, it seems to me that he believes that we should tie our health care spending to EPF. Here in Saskatchewan we have been spending in excess of EPF for some time, for some time. This year is a good indication. There's a possibility of a \$9 million reduction. I say a possibility. We're increasing our budget by 11.6 per cent. So I am not concerned of what each of those years should be at this time because I have no way to know exactly what they're going to be.

I can assure the people of Saskatchewan that we will continue to fund health care as we have in the last four years. I can assure the people of Saskatchewan that I'll do everything within my power to get the best deal under EPF for Saskatchewan Health. But to sit here in this Chamber and speculate about what will happen in the year 1990, I think is a waste of time. I think we should be dealing with this year and the estimates of this year, and I'm quite willing to deal with those.

Certainly we all realize, Mr. Chairman, that the population of Canada, and especially of Saskatchewan, is ageing year after year — in our province more rapidly than others. People are living longer, and thank goodness they are. I think what we should be addressing our comments to, and I would like to hear suggestions from the other side, as to how we can best address and use the moneys available — the moneys available in this year's

health budget to address those needs of those citizens of Saskatchewan. I have not heard one concrete recommendation come forward of that type of a nature. I've had consultation meetings around this province attended by over 2,000 people. I have invited members opposite to attend those. Not one has been in attendance yet.

So, Mr. Chairman, we go on questioning about what may happen by the federal government in EPF funding in the year 1990. I say in all sincerity and honesty, I don't know what's going to happen in the year 1990. I don't know what's going to happen in this country in the year 1988. I know that this year, in Saskatchewan, we have put 11.6 per cent increase into the health care budgets. We have a book of *Estimates* here that indicate how we feel that money will be spent.

It may well be that the member, the Leader of the Opposition, does not agree that we're spending enough on this plan or that plan — so be it. And he has every right to stand up and ask me and question me: why are you not doing this? He has the right to question about EPF funding in 1990 if he so wishes. I am telling him honestly and sincerely that I am working with my officials on this year's financing. I don't know what it's going to be in '88 or '89 or '90.

So I think we would be better serving the people of Saskatchewan if we got on with discussing what is in this blue book for this year. If there are questions, and if there are suggestions, and I would welcome a suggestion . . . I remember, and the member opposite will recall that, I'm sure he will, when a few years ago his then minister of Education, it was the Hon. Doug, McArthur, who sat in the seat right to my right here. I sat in that one over there. We had a debate on educational estimates, a debate in estimates. And I stood in my place as an opposition member, and I suggested many alternatives to the way education was being delivered in the province.

I want to tell you that a senior member of the civil service who had worked for the NDP government for a long time came down to one of my colleagues and he said, those are the best estimates I've heard in 20 years, because there was suggestions. There were alternative suggestions. Sure there was criticism where I felt criticism should be launched. That's what estimates is for. That's what this Chamber is for.

We can talk about what's happening in China. We can talk about what's happening in Alberta. We can talk about what the federal government may do in the year 1990. Fine, let's do that. But I think if we're really interested in talking about and discussing the health care and the needs of the people of Saskatchewan, we would say: are you building enough nursing homes? Is there any way you could re-direct some money into more home care. Those are the kinds of questions, the kinds of suggestions that I think should take place in estimates. However, with that, Mr. Chairman, I will entertain more questions from the opposition.

**Hon. Mr. Blakeney:** — Mr. Chairman, I apologize to the minister for not making my question clear. I obviously didn't since he answered another question.

My question again, sir, is: have your departments done any estimates as to what losses will be sustained over the next five years on the basis of the announcements in Mr. Wilson's budget of 1985?

**Hon. Mr. Taylor:** — Mr. Chairman, let me just point out, as a lead-in to the answer to the member, just for his understanding, that over the last years the EPF has gone up 10.9 per cent, while our health care budget has gone up 18 per cent as a comparison. But be that as it may, he asked, have we done any types of estimates into the future of what EPF would be. I'm just indicating to the member — and he knows this, or he should know this, having been a premier of this province — that EPF covers both advanced education and health care, and that there are suggested uses of it by the federal government.

But that money comes into our Consolidated Fund and we can shift it whichever way we want. So I mean, how could you ask me to say what will it be in '88-89 when we have that flexibility? And you know, being a premier at one time of this province, you have that flexibility.

(1045)

**Hon. Mr. Blakeney:** — I'm sorry, Mr. Chairman, I didn't hear the minister's answer. It could have been yes, it could have been no. Are you telling me that you have made estimates or are you telling me that you have not made estimates in your department? That's a fairly simple question.

**Hon. Mr. Taylor:** — I'm telling you that we have made an estimate for this coming year, which we're going down to see if we can have that estimate reduced. That's what we have been doing.

I also explained to you, which you should understand — maybe you forgot; it's been some time — but I think you understand the basis of EPF funding. It's an amount of money transferred from the federal government to the provinces for higher education and health.

Now if the provinces have the latitude to move within that general pot of money, how then, sir, do you expect a province to give a hard and definite figure of what it may be, pertaining to health care, in the year 1990?

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, did you give us an estimate of what it would be this year? Did you tell us how much you were going to lose this year?

**Hon. Mr. Taylor:** — Well I said the estimate at this point in time for EPF funding for this year, for Saskatchewan — that's EPF — is \$13 million. Our portion in Health appears to be in the neighbourhood of \$9 million. But as I say, those are estimates and nothing more than that at this point in time.

**Hon. Mr. Blakeney:** — Thank you, Mr. Minister. Obviously if you arrived at a figure which said we're going to lose \$13 million on established program funding and our portion, meaning the Health portion, was about 9 million, you have a method of dividing them. Applying

the same method of dividing them, can you tell me what your department estimates the health losses will be in each of the years up until 1990 based upon Mr. Wilson's comment of what is going to be reduced from EPF funding during that period?

**Hon. Mr. Taylor:** — No, Mr. Chairman. What we have done is looked at this year. And as I say, I don't accept the \$9 million as being a hard and firm figure. We're going down to try and have that reduced. Until those negotiations have been completed — until I've had a chance to talk to the federal Health minister on this topic, eyeball to eyeball, man to man — until my colleague, the provincial Minister of Finance has completed negotiations on EPF for Saskatchewan for this year, we wouldn't have a figure that would be firm.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, I'm having a good deal of difficulty again. Do I take your answer to be that you have not made estimates up until 1990?

That, Mr. Minister, will not be answered by saying you're going to talk about this year. I am trying to talk about the five-year projection of where our health programs are going. You may feel that's irrelevant; I do not. You may feel that any planning, four or five years, is beyond the scope of your department. Some people in this province might say it's beyond the scope of your government.

But I am asking you, sir . . . I am asking you, sir: have you made any estimates of what will be lost in established program funding, in the Health portion of it, for the period up until 1990, applying the same distribution between the Health and the post-secondary which you just did when you decided that of the \$13 million, \$9 million was attributable to Health? Apply that same distribution, and tell me, if you will, whether you have made any estimates of what will be lost in health funding up until 1990, based upon Mr. Wilson's budget.

**Hon. Mr. Taylor:** — Well, Mr. Chairman, the member opposite must realize, why would you use the system that you have this year. In two or three years you may want to shift that amount. The EPF funding comes to the province for those two things; that money comes to us. We may want to shift it. All I can say is to look back on our record. Look back over the last four years. Look back and see what's happening in health care in Saskatchewan. Look back at each budget that has come forth. Look back at the amount of money that's been spent. You'll see that we have spent more money on health than any other government; you'll see that. You'll see there's 11.6 per cent this year. So for you to sit here and try and raise a bogey man about some cut-back or some reduction in the year 1990, I think is simply not in the cards.

We will have the EPF funding in years ahead. It may reduce; it may go up. You don't know that, or neither do I, with any degree of certainty. So to sit here and say, well, what is it going to be . . . If I don't know what the total EPF is going to be, how can I carve it up and give you a figure? Secondly, if we make a decision as the government, to put more of the EPF toward Health and to continuing ed, we can do that.

But I say to you, you look at the corner-stones of the Devine government; you look at the money that has gone into advanced education, and you look at the money that has gone into health, and I don't think even you can be critical of those figures because they're far in excess of what you put in when you were the premier of the province.

So if you want to continue questioning about what the federal government is going to be, I would ask you: why don't you write a letter to Michael Wilson yourself? I wonder if you have sent any kind of communication to him. I would doubt if you ever have. I doubt if you have.

You know, you smile and grin and think that's funny. If you were a sincere member I think you would go ahead and do this . . . (inaudible interjection) . . . Certainly not, you haven't. And if they want to shout and holler insults, and so on, go ahead. If you think this place is to shout insults, you just go right ahead and do that. I will try my best to explain what we're doing in health care to the hon. member.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, you're not trying very hard. The question was very simple. You may feel I ought not to ask this question but we have our responsibility to discharge. You may feel that we ought not to ask questions about five-year funding for health. We take a different view. We think it's not wrong to at least roughly plan five years in advance as to where we're going to be. We think that that is not in any way . . .

**An Hon. Member:** — You never did it before, Allan.

**Hon. Mr. Blakeney:** — Members opposite are busy chipping in.

But I want to ask the minister very clearly, and I take it from what you have said and I think this is a fair answer: are you saying your department has not made any projections? The department, the officers of which are paid for under the vote which we are now debating, sir — you are telling me they have not made any projections as to what will be lost if the Mulroney budget, as announced, is carried forward. You're telling me that. You certainly have not said yes. Am I right in assuming that your answer is that no such projections have been made by the officials of your department who will be paid for pursuant to the vote we're now debating?

**Hon. Mr. Taylor:** — Mr. Chairman, the member opposite makes a comment about five-year plans. I think he can certainly see that wherein we have the facilities and they are under my jurisdiction, that there are certainly five-year plans for the betterment of health care in this province.

You've seen it in nursing homes, you've seen it in hospital construction, and now you've seen it in staffing. So certainly, where we control the reins, we make the long-range plans. I can tell you sincerely what we're doing, and I'll tell you again and I'll tell you again and again and again. And I've told your other members and I'll tell you, sir, that we are looking at how we can best deliver health care in this year in this province. We have an estimate of what it is for this year — only an estimate.

We're trying to hammer out the best hard figure for Saskatchewan. That's where our emphasis is and that's what you're looking at.

You have the right to question me on anything you want. Please feel free to do that. You may think I should be looking and focusing at what the federal government are going to be doing in the year 1990. That's fine. That may be your priority. My priority is to go on with providing the necessary service for the province of Saskatchewan this year, and we'll do the same next year. And it may well be that the EPF funding will change. I don't deny that. Some indications are that it's going to go down. The federal member of Finance said that in his budget, but you don't know with any degree of certainty what's going to happen in this country two years from now and I don't know with any degree of certainty. I do know with a degree of certainty what's going to happen within the Health provision and the Health budget of the province of Saskatchewan this year. And that is we're going to spend 11.6 per cent more money than we did last year, with or without a reduction in EPF funding.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, I'll ask you again. And Mr. Minister, this is a proper question. Have your people done any projections? Have your people done any estimates of what will be lost? And I tell you, Mr. Minister, if you're telling me the answer is no, then you're putting your officials in a very, very invidious position, since I can't believe they haven't done it. I can't believe they haven't done it, notwithstanding your unwillingness to admit it. I can't believe that your officials would be unaware of the ramifications on Health over a five-year period, and unaware of the ramifications to provincial financing over five years, of the Wilson budget announcements.

You are telling me, I take it, that you have not done those projections. Before I launch into a criticism of your officials for not doing it, I want to hear from you that it hasn't been done. And if it has been done, I want to hear from you an admission that it has been done. And if you say that it has been done but you don't want to discuss it, then I want to hear from you a reasonable explanation as to why you think this is not relevant to the discussion of Health estimates.

**Hon. Mr. Taylor:** — Mr. Chairman, the member opposite, who was once a premier of this province, knows very well the type of negotiations between the federal government and the provincial government. He knows very well that the negotiations on EPF are carried out between the Department of Finance federally and the Department of Finance provincially. He should know that. Maybe he's forgot. But that's exactly how it happens.

From a Health standpoint, we are concerned with delivering health care in this province. We want whatever portion of EPF funding we can get. But the negotiations for future figures on EPF take place between the Finance departments. And he well knows that. He knows that, having once been a premier of this province. And if he has forgot that, well I think that's rather critical too.

So let me indicate to you once again — once again — that



these estimates that I'm here to defend indicate that for this year there is a substantial increase in spending in health care in Saskatchewan. There is also the possibility that some EPF may be reduced. How much, we don't know. I've given my best estimate that my officials have been able to provide me with.

Criticize the officials, if you want, for not looking at figures ahead. I can tell you those consultations are going on between the Minister of Finance and the Minister of Finance federally, as they did under the NDP party when they were government in power — between them and the Liberals. There has been no change.

But certainly, as I will say once again to the member opposite, that for this year the possibility is a \$9 million reduction. I would like to see less. I will do all in my power to see that it can be less.

**Hon. Mr. Blakeney:** — Well, Mr. Chairman, and Mr. Minister, since you, I take it, are acknowledging, but I'm not sure, that your people have done no estimates, and that you've left that all with the Department of Finance — and if I am wrong in that, you will correct me with precision, I know — are you aware, Mr. Minister, and are your senior officials aware, of material being circulated by the research and development department of the Canadian Hospital Association, which has projected the impact of the reduction on federal transfers for insured services, that is hospital and medical care, and extended health care services. Are you aware of the material prepared and circulated by the Canadian Hospital Association with respect to the issues which I have enumerated?

**Hon. Mr. Taylor:** — Yes, to your questions, I think I answered the first one last time. As you will know, the negotiations on EPF take place between the Finance departments of the two governments. And certainly, I'm interested in the health aspect, how much we're going to get for health care each year. I think that's incumbent upon me to be interested in that and to fight for the best deal for Saskatchewan, and you have my assurance I will do that. But to continue questioning on what the projects are going . . . projected figures, I think you would be better and more advised, and I think you realize this, to raise that when Finance estimates come to the floor of this House.

(1100)

Certainly, I'm aware of the Canadian hospital's estimated figures — again, I say their estimated figures — and you must realize the same. And I'm sure you have estimated figures. And I know that the Premier of Manitoba, Mr. Pawley, has some estimated figures. With your indulgence I would just like to indicate what the people in Manitoba and the *Winnipeg Free Press* feel about Mr. Pawley's movement and his predictions and talk about possible estimated EPF figures for the future. I would just like to read this into the record. It's from the *Winnipeg Free Press* on Sunday, April 6th. It says the following:

Whatever Premier Howard Pawley would have us believe, the federal government's plan to cut 2 billion a year out of its contributions to health and higher education by 1991 will not mean an end to

medicare. It is simply absurd to imagine that a reduction of 3 or 4 per cent of the funds available will bring about the end of public medical and hospital insurance, and Mr. Pawley is unconvincing when he pretends that it would.

It goes on in the article . . . I won't waste the time. I could supply you with the article if you so wish. But it goes on to say that it isn't in the best interest to try and raise a spectre about this because we all know, regardless of political affiliation, that the provision of health care is an important part of the fabric of Canadian society. It just says, in the end of the quote it says:

Pursuing that sort of joint effort for the public good would do a lot more . . .

And they're talking about negotiations, same thing I want to do with Mr. Jake Epp, and the same thing that my colleagues is doing with Mike Wilson. It said:

Pursuing that sort of joint effort for the public good would do a lot more for health care in Canada than mounting public platforms to scream that the sky is falling.

So I'll just put that into the record. But I will go on with your line of questions, sir, and I hope I've answered your last two questions for you.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, the question, as you will recall, was: is the minister familiar with the Canadian Hospital Association's study? The answer dealt with the quotations in the *Winnipeg Free Press* about some comments of Mr. Pawley. And they were in order, or they would have been called out of order. And I'm happy to have that assurance that we have this level of latitude in the committee.

Now I ask you again, sir: are you familiar with the study of the Canadian Hospital Association with respect to their estimates of losses to the health programs from the Wilson budget?

**Hon. Mr. Taylor:** — We know that there's a study around. We know of some of the figures, though my department have not analysed those figures at this time.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, the figures indicate . . . As you say, I'm perfectly willing to acknowledge they are estimates because they make certain assumptions of the growth in gross national product and the rest which is a part of the formula. I would have hoped that I could have asked your people whether or not they agreed with the assumptions built into this study. I take it I cannot, since they're not familiar with them. But it is pretty clear that these people say that in 1986-1987 Saskatchewan is going to lose \$9.048 million. That's very, very close to your figure of 9 million that you say your figures reveal for this year. They indicate that in 1987-88 we're going to lose 17.092 million; in '88-89, 26.7 million; in '89-90, \$37 million; and in '90-91, \$49 million, for a cumulative total . . . I don't have it before me, but a cumulative total approaching \$150 million.

Now you tell me, Mr. Minister, that you are going to go

down and eyeball to eyeball with somebody. I'm not sure who, because I thought you told me that the negotiations were between the Department of Finance federally and the Department of Finance provincially. So will you tell me who you are going to eyeball to eyeball with in order to see that these cuts are not as great as is now projected by the Canadian Hospital Association.

**Hon. Mr. Taylor:** — Well I'd be glad to. As I've indicated many times in this House during the course of these estimates, I will be meeting with my federal counterpart, the Minister of Health, the Hon. Jake Epp, who I have indicated to him on numerous occasions that I feel that it would be in the best interests of health care in Saskatchewan and across Canada that we could pull together a meeting of federal Health and Finance officials and provincial Health and Finance officials. I'm going to ask for that type of a meeting so that we can look at and discuss the best type of funding arrangements in view of the economic circumstances in our country, the best type of funding arrangements that can be arrived at for health care in Canada.

Certainly at those discussions I and my colleague, the Minister of Finance, will put forth the best arguments we can for Saskatchewan. So that's who I'm going down to see. I'm going to see Jake Epp, the Minister of Health. We will talk about this.

I assured you we would talk about the patent protection legislation. And if you've been following, and I'm sure your research people have been following the movements in the federal House, that that legislation has been put on hold for some time, I think that's due to the fact that they want to discuss with their provincial counterparts. We will try our best to get the meeting that I've asked for time after time for federal Health ministers and Finance ministers to sit down and discuss the whole future of health care funding in Canada. So that's who I'll be meeting with.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, would you advise us about when you expect the meeting to be? I believe you've already done so.

**Hon. Mr. Taylor:** — I have said on many occasions — and I don't say that in disrespect to you, because you have other requirements than to sit in here all the time, and we understand that — I've said I'm meeting with them on the 28th of this month.

**Hon. Mr. Blakeney:** — Yes, Mr. Chairman, I was aware that it was the end of this month. I wanted to hear it from you. On the end of this month — it is now about the 18th of the month — in 10 days you're going to meet the minister; 10 days you're going to fight for Saskatchewan.

But you tell me your department hasn't analysed the figures yet. You tell me that your department hasn't even looked at the Canadian Hospital Association study yet. And you tell me that you're going down to fight for Saskatchewan with that level of preparation. Your officials have not even analysed, so you tell me, the five-year projection which was in the Wilson budget. You tell me you haven't even looked at, or at least studied, the Canadian Hospital Association projection which has

been around for some considerable time. And then you also tell me that you're going down in 10 days to fight for Saskatchewan.

Now, Mr. Minister, why would anyone believe that a minister who has not yet reviewed the five-year projections contained in the federal budget of May of '85 — 11 months ago — and has not yet familiarized himself at all, nor have his officials, with the study done by the Canadian Hospital Association on this very subject, is going to leave here in 10 days time to fight for Saskatchewan?

Don't you believe, sir, that your officials and yourself, to the extent that time would permit, should have been briefing yourself? Don't you believe they should have studies in your hands now to equip you to try to go and argue against this more than \$150 million loss which Mr. Wilson is saying he wants to impose upon Saskatchewan?

Now this, sir, is a lot of money. You think it's worth a trip to Ottawa, and I think you're right. It's worth many trips to Ottawa. Don't you think it's worth a little bit of time of your officials to analyse these figures? And I have asked you time and time and time again whether they have made any projections of the losses, and you tell me no, they're hypothetical. And I asked you whether they have familiarized themselves with the Canadian Hospital Association's estimates, and you tell me no. No? After all, what's \$150 million?

I say to you, Mr. Minister, in fairness, we gave you every opportunity to say that you had analysed this material, or it was under preparation, or that you had seen some preliminary analyses. But you said it wasn't even done. And with respect to the Canadian Hospital Association study, you made as clear as words could that your officials were not familiar with it. And in 10 days, you tell me, you're going down to talk about this \$150 million, and you're going to fight for Saskatchewan.

I think, Mr. Minister, that it is incumbent upon you, if you're going to fight for Saskatchewan, to have your officials study the issues, prepare briefs, so that when you talk you're not talking airy-fairy comment; you're not merely arguing from principle — although that is useful — but you are also arguing with a firm knowledge of the figures, which neither you nor your department now have, if I can believe the answers you've given me for the last half-hour.

**Hon. Mr. Taylor:** — I would not take advice from a member who went down to Ottawa on many, many occasions arguing the constitution and sat on the fence all the time.

You can be assured that when I go to Ottawa . . . and I can look over the last four years when I've been in Ottawa many times, and I've been at Health ministers' meetings many times. And I can go back through the list of initiatives that Saskatchewan has developed that we have brought to the national table of Health ministers which are now becoming patterns for Canada. And I can assure you that when I go down to talk to Jake Epp, we'll have our homework done, and we will put our case as well, if not better, than any other province in Canada. We have a

track record of that.

And I can tell you that we will have the necessary facts and figures, that we will be able to negotiate and discuss with the federal government. And certainly, if you look back at the success of the man that's questioning me when he was discussing in Ottawa sitting on the fence, certainly, Mr. Chairman, we don't need that kind of coaching.

**Hon. Mr. Blakeney:** — Well, Mr. Chairman, and Mr. Minister, I wonder if you can advise me whether, when you go to Ottawa, you propose to take with you Mr. Ron Barber, or Mr. George Hill, or Mr. Staff Barootes, or some of the other people who have been fighting for us at Ottawa.

**Hon. Mr. Taylor:** — Well, Mr. Chairman, to the member opposite I indicated, I think, about a week ago who I would be taking to Ottawa with me. When I go, I'll be taking — and I believe him to be a very competent gentleman — my deputy minister, Mr. Walter Podiluk, will accompany me. I may take one of my personal staff; I haven't decided at this point in time. But those are the people who will be going with me.

**Hon. Mr. Blakeney:** — But, Mr. Chairman, and Mr. Minister, I want to be abundantly clear on this. You're telling me that you will be properly briefed, but that you're not briefed now. You have done no analyses for five years, and you haven't looked at the Canadian Hospital Association analysis for the five-year period, but you're going down there in 10 days to talk about this five-year period and the losses which might be sustained, the \$150 million losses.

You're telling me — and I think that I am fairly interpreting each and every one of your answers — that neither you nor your department has done any five-year projections; you nor your department has analysed the impact of the Wilson budget over five years; you have not deigned even to look at the analysis by the Canadian Hospital Association, but that you are going down there in 10 days and you will be fully briefed.

Do you again assert, Mr. Minister, that none of this work has been done up to now, and all of it is going to be done between now and the time you go to Ottawa?

**Hon. Mr. Taylor:** — Well, Mr. Chairman, I feel very confident that when we go to Ottawa, the necessary facts and figures that we need to present our case in the best way possible will certainly be available. And whether we use the Canadian Hospital standards estimates or not will be our judgement call. There may be other things that we use in our discussions.

There may be something that is rather remote to the member opposite, and that's what the Prime Minister of this country has talked about — co-operative federalism — where you sit down and you talk to your members, your fellow counterparts in Ottawa, and you say look, we understand you've got problems.

(1115)

Sure you've got problems. Any person in Canada realizes that there are problems, that there's a huge deficit in Ottawa that has to be looked at. We'll look at that, and we'll sit down, man to man, and I will try my best to . . . (inaudible interjection) . . . Well, if you want to continue shouting . . . If the member from Assiniboia-Gravelbourg would like to enter into the questioning, please rise, but if you want to continue shouting from your seat so that your own leader can't hear the responses, you make that choice. You make that choice. I prefer to see you stand up and question.

But certainly we're going down there. We're going to go down there, and we're going to talk to Jake Epp the federal Minister of Health. We're going to discuss a number of things facing health care in Canada and its impact on Saskatchewan.

On the matter of EPF funding, I'm going to urge him and press him as much as I can to say, come on, let's call a meeting. Let's call a meeting of all the federal and provincial Health and Finance ministers. Because the member opposite knows very, very well that the lead role and the overall planning for the budgetary expenditures of any government — be it Quebec or be it Manitoba or be it British Columbia or be it Saskatchewan or what other province — is the Finance ministers look at the general overall budgeting.

My role in this in Saskatchewan is to get the best deal possible to maintain and supply the health services in Saskatchewan that we would like to see our citizens have and that they deserve. And I say that I think our record has proven quite positive; 65 per cent increase from when they left government to now, I think, is a considerable commitment.

And I give you this commitment, Mr. Chairman. I've outlined that I will see my federal counterpart. I will ask for a meeting of federal and provincial ministers of Finance and Health. But in spite of that, I give you the commitment that Saskatchewan Health will continue, this government will continue to put the money into Saskatchewan Health to make it a priority of our government. Our track record shows that.

Our pillars of strength that we come out . . . The four pillars of strength of the Saskatchewan economy: higher education, health, agriculture, and jobs have been the priority of this government for some time and will continue to be the priority of this government in years ahead.

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

**Hon. Mr. Blakeney:** — Mr. Minister, it is rather obvious that financial planning is not one of your priorities, and it was that that I was asking a few questions about.

I believe you have told me that you will be briefed 10 days from now but that your department has not yet turned their mind to the matter. They have not made estimates; they have not studied the Canadian Hospital Association estimates. I have to accept that. I have to accept the fact that you do not have any material dealing with this issue that you will share with this committee because it isn't

prepared. I have to accept the fact that this is an important trip you're making to Ottawa on a very important issue, and I thoroughly agree with that. And I have to accept the proposition that because you have told me over and over again that you have done no preparation up to now with respect to your own estimates of what the losses would be, or any review of other peoples estimates of what the losses will be, the Canadian Hospital Association . . .

I must say, Mr. Minister, that I'm very, very surprised to hear that you are conducting the department in that way, and that when this issue has been in the public forum for 11 months, that your department will not have made estimates, and they will not have reviewed the estimates which are in general circulation from a body such as the Canadian Hospital Association.

I cannot help but feel that this is revealing. I cannot help but feel that this tells us something about why the province of Saskatchewan is in the difficult financial position it is now in; why the minister persists in taking the time of this committee to give the speech about how much has been spent in the past without indicating what he perceives the problems to be in the future. I think that we need to address what the problems are going to be in the future in maintaining health care. I want to say very, very clearly that the problem is not only to get commitments from ministers, but it's also to get some method of paying for those commitments — that's what government is all about.

I think that the minister will find that the public is no longer willing to accept fully the proposition that ministers can commit far into the future unless they also offer some idea of how those commitments are going to be paid for.

I want to tell the minister that any government which consistently runs major, and I would say massive deficits, threatens programs. And one of the key programs which must necessarily be threatened — I don't say threatened with being dismantled — I'm not saying that — but threatened with being cut back — is any program like Health which consumes roughly a third of the provincial budget.

Therefore, Mr. Minister, when you admit freely that with respect to something as crucial as established program funding, the money that we get from Ottawa for Health, you have not done any work on it over the last 11 months; your department has not made any estimates of what we would lose; your department has not reviewed estimates by other people, and yet you're going off in 10 days to do battle with the federal government on this issue. I am alarmed, and I am sure the public is alarmed — not that you aren't committed to health care, but that you're not committed to raising the money for health care, and that you're not addressing your attention to how these programs are going to be financed over the next five years.

And that is always relevant with a major program like Health, always relevant. The question, where is the money coming from with respect to Health? is always relevant because of the large sums involved. And you have very, very freely admitted that so far as you're

concerned it's not a matter which is of sufficient priority to have you do any work on it over the last 11 months prior to your trip to Ottawa next week.

And I wonder, Mr. Minister, whether or not you would give us an undertaking that, at least during the next seven days or so, you will instruct your staff to do a little work on this issue; to do some projections on what we might lose; to review the material from the Canadian Hospital Association and other people who have done projections — this is not the only one around — that your people will in the next seven days at least do a little of that work so that when you go to Ottawa we might have some hope that we will have some relief from these very large cuts which are threatened by the Mulroney budget of last year, and which were not in any way cancelled or ameliorated by the budget more recently brought down by the Mulroney government.

No doubt that a year ago they said they were going to make these big cuts; no doubt that the last budget offered us no help. You're going down to talk about it. Will you give us, Mr. Minister, an undertaking that your people in the next seven days will do some of the work which, in my submission at least, ought to have been done at least six months ago?

**Hon. Mr. Taylor:** — Well, Mr. Chairman, you know, the member indicates there's been no forward planning or thinking by the department at the federal level and discussions at the federal level. I would ask him to check with the minutes of the federal health care ministers' meetings. I'm sure you could have access to those, and if you can't I could provide you with some, where you will see at least two years ago I called for the establishment of a seniors' health care fund. And I repeat, as you look across Canada, if there's a priority in health care, it is looking after the needs of our senior citizens.

I have suggested on numerous occasions to the federal government that they should be looking at establishing a seniors' health care fund for innovative pilot projects that will help address the needs of senior citizens throughout this country. So I think that is something that one . . . And we have the proof to show that.

Secondly, we have called repeatedly, called repeatedly for a meeting of federal Health ministers and Finance ministers to look at the whole package of funding health care in this province. I think each and every one of my colleagues across Canada echoed the same call. So for this member to stand here and say that Saskatchewan has not put forth initiatives . . . I'll tell you one that we put forth. We have led the way on non-smoking initiatives and the federal government have followed suit and have put a program into place built upon the Saskatchewan experience.

The member likes to try and indicate that we should be taking the words of the Canadian Hospital Association as the gospel — their estimates — or the estimates of the NDP in Manitoba. I tell you we will be well equipped, well equipped when we go to Ottawa to put forth Saskatchewan's case, and we will decide what factors and what studies and what uses we have. So to try and say that we will go down there unequipped is certainly,

simply not true.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, would you give us any information that you now have which would cast into doubt any of the figures of the Canadian Hospital Association to which you have referred?

**Hon. Mr. Taylor:** — As I said earlier we haven't analysed the study. I indicate that it's an estimate. Sure it's an estimate, as there are many others. The member opposite just stood in his place and said there are many sets of figures around. There are. Each and every one is an estimated figure. We are quite capable in Saskatchewan to work out our own figures. I have indicated we have worked out our figures for this year, what we think it may be. They're not hard and fast. We're going down to see if we can carve out a better deal for Saskatchewan.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, I take it therefore that you are saying that you don't have any grounds for either agreeing or disagreeing with the Canadian Hospital Association analysis because you haven't done any analysis yourself.

Mr. Minister, the established program funding was, as you properly referred to earlier, some time set up in 1977 and then renewed for one further five-year period — as we thought, at least a five-year period. Mr. Minister, that was something developed whereby federal governments and the provincial governments could jointly fund medical, hospital, and post-secondary education.

We have the federal government paying about 19 cents on the dollar, directly, of the costs of medical care and hospitalization. Down, I may say, from earlier figures, but I don't want to get into the complexities of that formula. I do say, Mr. Minister, that that is a very, very — in my judgement — a very important principle and part of the Canadian governmental structure that the Government of Canada pay, and pay a significant amount in cash of the cost of operating medical and hospital care. It is down now, I say, to around 19 cents. And it will go down again, I suspect — although Mr. Wilson seems to doubt it — if the Wilson cut-backs take place, as I'm sure they will. They're already taking place.

It seems to me that this is a development which ought to concern us, perhaps even alarm us. If we believe that we should have a national program for hospitals and medical care, and if we believe that there should be some national standards, these national standards can only be achieved by the federal government offering some leadership and being able to give some more than cursory guidance because of the fact that the federal government is putting money into the pot.

When the federal government gets down to 19 cents on the dollar and if it should drift back, as I suspect it will, it may not be long before provincial governments will say, these sums are so small in the total pot that we will go our own way and never mind the federal government. And if one province does that, then we no longer have a national medical and hospital care scheme. Obviously at 19 cents it's still too rich for anyone to walk away from 19 per cent of the cost of those expensive programs.

(1130)

But as the figure drifts back, that is a clear threat, and I ask you, Mr. Minister, whether or not it is the view of your government that the federal government ought to continue to participate in the cost of medical and hospital care, and whether it is the view of your government that this ought to be at the approximate levels of the existing established program funding, or whether it should be at some lesser level that you would acquiesce in from the Mulroney government?

**Hon. Mr. Taylor:** — Mr. Chairman, I would be glad to reply to that. I think Saskatchewan Health would be far better off today if the gentleman opposite had not gone down to Ottawa, and on the national scene lost on almost every negotiating stance, and I'm going to cite two of them for you.

Number one, on energy, he went down and got a program that strangled the oil industry in western Canada. Secondly . . .

**Mr. Chairman:** — Order. Order. I fail to see the relationship of energy pricing in the previous administration with the Department of Health estimates today.

**Hon. Mr. Taylor:** — Certainly, energy flows into the coffers of this government, and had there been a proper energy pricing type of scenario worked out other than the strangulation by the Trudeau government of western Canada, of which he agreed to, we would have more money for health care. But be that as it may, if you want to rule out energy, but I tell you energy is the big part of the revenue of this province, and you look back and see the difference between our administration and his.

But secondly, getting down to EPF, that member again went down on the national scene — he kind of liked the lights of the national press. They kind of thought he was the bright boy on the scene for a while. That eclipsed pretty quickly when they saw the outcome of it.

He talks about funding on EPF. It was you, sir; it was you as the premier of the province with your bed partner, Pierre Trudeau, that decided to bring in EPF funding in 1977. If you'd have stood up as the leader of this province at that time and said, no, sir, 50-50 is what we want and that's what Saskatchewan deserves. If we had the 50-50 funding today, we would have a lot more money to do a lot more things in health care.

I just want to put it on the record that the man that was the premier of the province of Saskatchewan, who went for EPF which took away from 50-cent dollars in health care, was the man that is questioning me at this time.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, I'm delighted to get into this argument. I'm delighted to get into this argument because fortunately, and I say fortunately, there are records dealing with those days, and I say that the only province which offered any demur with respect to established program funding was this province. All of the other Tory provinces were hot to trot.

They didn't want . . . (inaudible interjection) . . . That's right. They didn't want matching grants. They felt that this was far too restrictive. And there's no question. The statements are on the record from all of the PC premiers. Every single one was in the vanguard for established program funding.

And I can remember a number of my own comments in that regard, saying that the danger of this proposal was that we would lose commitment on the national level, that the federal politicians would not feel committed to a national medical on the hospital care plan.

And I recall commenting that while federal politicians under the 50-50 cost sharing could talk about their contribution to medical care and hospital care, I predicted in the future that they were going to have some difficulty waxing eloquent about equalized tax points.

Those are quotes from the premier of Saskatchewan, as he then was, on this issue.

We acquiesced because all the other provinces did. But we took that view that this was a direction which was dangerous. And some of the very problems which are now arising are problems which were predicted. And I am glad to hear the Minister of Health state that his government would prefer 50-50 cost sharing, because I hope he goes to Ottawa and fights for that. I hope he lines up his other Ministers of Health across Canada and gets them committed to the idea of 50-50 cost sharing. And if you do that, sir, you'll do a service, you'll do a service to health care costs and medicare costs and these national plans.

But my bet is that you won't do that. My bet is that when those Ministers of Health meet, you will not hear a peep from the minister opposite saying he called for 50-50 cost sharing, because you won't get your PC colleagues to agree. But if you can, I will welcome it and I will say to you that I'm watching the next time you go to Ottawa and see whether we even hear in the press a comment from the minister that he wishes to see the established program funding idea dismantled, so far as it relates to health, and replaced with 50-50 cost sharing.

I hope he does that. And I'll be watching. And he's going down in 10 days time, and we'll all be watching the press to see him stand up and say, that's the position of the Government of Saskatchewan and that I have persuaded at least some of my PC colleagues to adopt it. And I hope very much that he's successful, but I'm not holding my breath, because I don't believe that he's committed to that. If he is, he'll be the first PC Minister of Health in Canada who is committed to it. And I hope that he will stand up again and state in this House that it is the policy of his government to favour 50-50 cost sharing rather than established program funding.

**Hon. Mr. Taylor:** — Mr. Chairman, I think the efforts of this government can be seen in many cases. Our Premier just went down to Ottawa, carved out a deal with them for a billion dollars in agriculture. I just want to say that the negotiations . . . and you can stand here and make protestation of what you said. What you said didn't have an awful lot of impact upon the national scene.

Obviously it didn't. And that's one of the reasons you're where you are. And that's one of the reasons you're going to stay where you are because your influence in this province, I'm sorry to say, and in Canada, is gone. That's a fact. That's true. And you know that. And that's why you rise and shout and yell about these things, because you're a man who sees what once was a time when things were looking pretty good, slipping away.

So I can tell you when I go to Ottawa I will make the commitment that I will fight as hard as I can. And when I say fight, I mean I will argue, because I believe there is more to be gained by sitting down man to man and talking and seeing what we can do within the confines of reality of what can be done, to try and safeguard and maintain and, more than that, to build — to build — a better health care system across this country. That may not necessarily mean always dumping in more money. It may mean using the dollars that are there in more effective ways.

The member opposite has been on record — I've heard him say this himself — that he believes that money should be spent on types of initiatives that would protect people's health. I think he supports that thing. I certainly do. I think he does.

I think he knows as well as I do, because at one time he was a Health minister in this province, that one of the major things that can happen to help people protect their health is to have young people never start smoking, and people who are smoking to help them to quit. We have put forth initiatives at Ottawa for this. Saskatchewan has led the charge. Today the federal minister has adopted the programs. They're being instituted across Saskatchewan.

I'm sure the member opposite . . . Maybe his children have shown him the backpacks that the kids get — Break Free generation. Volleyball teams, basketball teams across Canada, where they don't smoke or their coach doesn't smoke, get something that kids really like — a beautiful backpack that they can carry their books and so on. And I see young people walking to the collegiates in this city; I see towns in my own constituency, proud of that fact, right there.

Yes, Mr. Chairman, I remember the day you and I were out in Nokomis, Saskatchewan. I remember only so well . . . (inaudible interjection) . . . No, this is a very interesting story.

**An Hon. Member:** — Get back to the program funding.

**Hon. Mr. Taylor:** — Well, I tell you, if you want to talk about financing health care, if you want to look at ways to use dollars, then I will stand in this Chamber for some time and advocate the availability and the cleverness of types of programs that prevent people from being sick in the first place. And non-smoking initiatives with you . . . If the members opposite don't support it, please stand up and say so. But I can tell you, in Nokomis, the day we were at your school . . .

**Mr. Chairman:** — Order, order. It's almost impossible to hear the minister responding to the question, so let's have some quiet.

**Hon. Mr. Taylor:** — Well I just would recall, Mr. Chairman, when you and I were at the Nokomis school, where that school is totally smoke-free, they have a United Nations flag — one of the 11 in Saskatchewan — flying above Nokomis school, saying, look it, no one in this school smokes.

Those kind of initiatives were started in Saskatchewan. Those kind of initiatives have been adopted by every other Health minister. The rock video we produced in Saskatchewan is being used in other provinces. The smoke-free generation came about because of Saskatchewan's initiative.

So, you know, just to stand and try and predict doom and gloom — doom and gloom, and that the world is falling in, that somebody is not going to bring up their share of finances, and not knowing for sure if that is true or not — but to try and pass that doom and gloom. Rather than sitting in this Chamber or standing in this Chamber and saying, look it, we believe that health care is a number one priority of the people in this province and we believe that some things that you're doing in health care are simply not correct, I think it would be better if you did this, if you took some money from here and put it over here, put more money into non-smoking initiatives if that's what they think is correct, build more nursing home beds if that's what they think is correct, open a day-surgery hospital . . .

There's something we can do in health care that will save many, many dollars. We have the technology and the expertise today to do procedures that five or six years ago would have meant many days of hospitalization. People can go in . . . Let me cite senior citizens, for example, and ophthalmology. Many senior citizens have cataracts on their eyes. As our population gets older, it only seems logical that there will be a need for more cataract operations. So therefore we have the technology and the expertise today to allow people to have cataracts removed, and they can now be done by day surgery, maybe staying in overnight at the most, and then back home with support services.

That's the kind of things we should be discussing. That's the kind of things — to build a better health care system for Saskatchewan. That's what I'm interested in. And I ask the member opposite to suggest some of these things if he has some suggestions to put forward. But to say that Saskatchewan Health has no new initiatives, no thought of the future, is simply untrue. And I hope I've explained to him what I plan to do when I go to Ottawa. I can't say that I'll be 100 per cent successful. I can say I'll do my very best.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, I apologize again because I obviously am not making my questions clear to the minister. The question was: is your government favouring the dismantling of the established program funding system as it relates to health and the substitution of a 50-50 cost sharing? That was the point you made in the discussion. You introduced that subject into the debate. I simply ask you, what is the position of your government with respect to federal participation in the costs of medical and hospital care?

**Hon. Mr. Taylor:** — Again I think the member knows, and I'm not going to try and say he has to discuss things in other estimates, but he knows those are the types of prerogatives and discussions in Finance. But so be it, and maybe you'll want to ask those to my colleague when his estimates come. But I think you realize that that's where those discussions take place.

Certainly I will say again, Mr. Chairman, I'm disappointed that the 50-50 arrangement was let slip away in 1977. I don't know what the other provinces, what their arguments were. I know who was the premier of the province at that time. I think we would have a lot more money at 50-50 dollars today. I can't say whether it is realistic to institute 50-50 dollars today because things have changed considerably since 1977.

I can tell you that I will look at any type of arrangement that I see a betterment for the province of Saskatchewan in. That's what I'll be arguing for. What it be, I don't know at this time until we get down and discuss. But I give you that commitment, and the people of Saskatchewan, that I will be fighting for the best line for the people of this province.

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

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, I think that we will accept the protestations of the minister that he will do his best to fight for the province. I would be amazed if he didn't. It's not his intentions but his ability that we're questioning. It's not his intentions but the fact that, as he has very, very clearly indicated, he hasn't done any preparation for a meeting which is going to take place 10 days hence dealing with an issue which arose 11 months ago.

(1145)

And that may be the view of the member for Weyburn, or anyone else, that this indicates ability and competence. But I question whether or not that's the best way to deal with the very, very real issues raised by this initiative of the federal government — an initiative to cut back on the money which flows for medical and hospital care. Can one doubt that the federal government is now renegeing on the deal which was made with respect to established program funding?

Mr. Minister, is it not your view that the provinces had a five-year deal whereby the federal government would pay the money out pursuant to the formula — pay the money out for health care? And is it not your view that that arrangement is being abrogated unilaterally by the federal government? I ask you whether you believe there has been a unilateral abrogation with respect to the EPF agreement.

**Hon. Mr. Taylor:** — Well certainly the member opposite knows that the officials from the Finance department are in consultation with the officials from federal Finance, as has been the case for years and years. That's the way provincial-federal relationships take place.

Mr. Wilson indicated in his budget — all Canadians know that — that over the five years he felt there would be,

necessarily, some reductions. What those reductions are, we don't know. Those negotiations are taking place at this time. And how can one stand and say, I think it'll be this or it'll be that, until . . . You don't know until the negotiations are completed and have taken place.

**Hon. Mr. Blakeney:** — I'm sorry, Mr. Minister. I'm not making myself clear. Do you believe there now exists an agreement with respect to established program funding? And if you believe there exists such a program and an agreement, could you give me the dates during which this agreement is operative?

**Hon. Mr. Taylor:** — I believe there is an agreement. I'll have to check the precise dates for you.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, I put it to you that there was a deal made in '82 which was believed to be a five-year deal, and I put it to you that Mr. Wilson is cutting off the last year and reducing the amount that would have been paid in the last year. And I'm asking you whether you agree with that analysis.

**Hon. Mr. Taylor:** — Well I'm saying you'll have to ask the Department of Finance that question. I mean, they're doing the negotiations on the EPF. I don't know if they're cutting off a year, or what. I'm sure that the Finance department will be arguing that there should be no termination or anything of that nature. And I think you well know that those discussions are the prerogative of the Finance departments.

**Hon. Mr. Blakeney:** — Well, Mr. Minister, fair enough. I'm aware that much of that is being done by the Finance department. As I say, since the intricacies of the established program funding arrangement and the shortcomings of it were at least commented upon heavily by you with respect to the past, I thought that you might be aware of it with respect to the future. But I take it that's not the case.

Mr. Minister, you have alluded to one other subject which you will be raising at Ottawa with respect to the generic drug issue. And I think since we were last talking about this in the committee, we now have some further indication of what the federal position will be. Do you understand that the federal position is that there will be protection for patented drugs now for 10 years rather than four? And do you have any idea as to the likely impact of that decision on the costs of operating our drug plan?

**Hon. Mr. Taylor:** — I indicated those to members of your caucus the other day; maybe they didn't inform you of the response. But certainly I think, as I pointed out just a while ago, the impending legislation for changes to the Patent Act is on hold. We have not seen a Bill of any type. As I have suggested to you, we will be discussing that at the 28th meeting also.

**Hon. Mr. Blakeney:** — With respect to this, Mr. Minister, will you agree that at least the public announcements indicated that the four-year patent protection was going to be moved to 10-year patent protection? Will you agree with that?

**Hon. Mr. Taylor:** — Well, I have the same information as

you do, what's been reported in the press. My officials have met with Mr. Michel Côté. I have telexed Mr. Epp on different occasions and written to him regarding this. The report, as I understand it, from the Eastman commission was a four-year period of exclusivity. Reports in the press indicate that there may be some move towards a 10-year period of exclusivity. Certainly our opposition to that has been well voiced, and we will be pursuing that stance when we meet with the federal minister.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, you are going to Ottawa in 10 days, you tell us. Have you done any estimates of what the increased cost to the drug plan would be if the period of protection was moved from four years to 10 years, as is reported?

**Hon. Mr. Taylor:** — Well, I think the most succinct way I can put this is just to read to you and into the record the telex that I sent to Mr. Epp. And it says:

I am writing to you, and also by copy to the Hon. Mr. Côté, Minister of Consumer and Corporate Affairs, to once again express the serious reservations that the province of Saskatchewan holds towards proposed changes in compulsory licensing provisions. The Saskatchewan prescription drug plan, because of its universality, would be affected in a very dramatic way by the changes being contemplated.

Due to the broad nature of our plan, we have been better able than most to estimate the cost impact of these changes. Additional costs to our drug plan could reach \$15 million annually, or nearly 20 per cent. Because such increases could be very damaging to the program and its continuing success, and in light of the apparent lack of concrete reciprocal agreements, and in the best interests of all Saskatchewan residents, I would request a reconsideration of the entire issue by the federal government. May I also request that this matter be discussed in a full and detailed hearing with all provincial governments.

And I said that to Mr. Epp with a cover to Mr. Côté and many other people in Ottawa as of the 24th of March.

**Hon. Mr. Blakeney:** — Thank you, Mr. Minister. Since you are arming yourself for this meeting 10 days hence, is the \$15 million figure as close as you can now estimate, or do you have harder data that you will use when you're pounding the table?

**Hon. Mr. Taylor:** — That's the maximum figure. It could be less, but that would be the maximum figure — as the best of our estimates at this time.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, a few questions of a different kind and variety, with respect to the costs which are being faced by Saskatchewan hospitals as a result of liability insurance premiums. And it's a familiar subject affecting many people who may need liability coverage, but it also is affecting hospitals. And I wonder if you could indicate to me . . .

And there was some reference, as we recall it, in the



Speech from the Throne or the budget, I believe, about dealing with liability insurance. And you will be familiar with stories such as this one in the *Star-Phoenix* of January 16th: "Hospitals face soaring insurance premiums." It's the liability insurance problem.

And I wonder whether your officials have had any opportunity to address this subject as it relates to hospitals; or whether, to your knowledge, some other agency of the government has been addressing it with relation to a larger group of potential people who need insurance who are facing these high premiums. It's going to hit schools and parks, we all know. And I wondered whether this has come to your attention and what you might be able to say to us.

**Hon. Mr. Taylor:** — I'll give you two responses to that. Certainly you're correct in mentioning that it's affecting most public institutions: schools; I hear the city of Regina, through the press, have some concerns about it; and certainly hospitals. I can assure you that, in our discussions of budget reviews with hospitals, my officials have been discussing it. So certainly those discussions are taking place.

I think your question on the larger scale . . . I believe SGI are also looking at it in a larger context, but I would refer you to ask the minister of SGI, because I couldn't comment on that.

But in the hospital sector, we are looking at it as we look at their operating budgets. That would be for this year. I think, if this continues, we'll have to look at a long-range plan. Whether it be by another avenue or through Health, I think that would still have to be worked out. But for the immediate year my officials are bringing in the necessary funds within the budgets to handle it.

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, you will be aware that, when people look at this problem broadly, they feel that we in Canada are now experiencing some of the changes which have taken place in the United States over five or 10 years—not to the same extent, but it's the same trend.

And looking to the United States and the very, very large awards which have been given for claims, a surprising number of those awards have been rendered against medical practitioners or hospitals or health care facilities. And I think that in some sense it is a particular problem for the health system, since some of the big claims have been marked up against medical doctors particularly, but also hospitals, nursing homes, and the like. All of this is a large extra cost, not huge, but significant cost which is going to have to be absorbed. The direction of awards seems unusual to say the least, since they seem to be attempting to compensate for that which you can't compensate for, and that is loss of enjoyment of life in the broadest sense. You're seeing awards of many, many millions of dollars.

I wonder if your officials have been discussing this issue, either with the Saskatchewan Health-Care Association or with the Saskatchewan Medical Association or the College of Physicians and Surgeons — and I'm not sure which would be the appropriate body to discuss it with so far as the medical profession is concerned. I know that the

Saskatchewan Registered Nurses Association have raised some concerns with me about it. And I'm sure that all of the health professions are becoming increasingly alarmed because of the broad ambit of liability which has been thrown out there, and also the very high awards.

I wonder if you could report on any discussions or consultations that you or your officials — no doubt your official in this case — may have had with the health care association or with the SMA or the College of Physicians and Surgeons or the Sask Registered Nurses Association, or others who may be faced with the particular problems which seem inherent in this trend which seems to be coming into Canada.

**Hon. Mr. Taylor:** — Yes, I personally have discussed it with the SHA in one of our meetings just a month or two ago. My officials have had discussions with the medical community on this. We have a task force within the department that has been established, an internal task force to deal with it. And I believe across government we have a task force made up of SGI, Consumer Affairs, and Justice.

But again, for more information on the larger scale I would ask you when you have my colleague, the Hon. Rick Folk, in estimates, he would be glad to flesh out the larger government picture. But I can assure you that within the health field the discussions have been taking place — personally, myself with the SHA; my officials with some of the medical community at this time. I think our internal task force would indicate to you that within the department we're concerned about this. We want to work out strategies to address this. And also there is a national task force established across the country on this, because you're correct. It seems to have been a trend. I don't know all the reasons for it. We see that many suggest it's from very high awards in some situations. But it seems to be a trend that's moving through the country, and I think all governments are concerned about it, and certainly in Saskatchewan Health, we're aware of the repercussions on health care providers and are taking a serious look at it.

(1200)

**Hon. Mr. Blakeney:** — Mr. Chairman, and Mr. Minister, dealing only with the health aspects of it, are you able to give any indication of what directions might be pursued in order to deal with the issue, or is it too soon to do that?

**Hon. Mr. Taylor:** — I think we can agree, in all fairness, that it's a little too soon to really give any indications of what concrete action would be coming out of this. But I can assure you that it is under study and there's many people looking at it. And I hope we can come up with some solutions that are acceptable to all affected.

**Mr. Lingenfelter:** — Mr. Chairman, I would like to ask the minister some questions about the nursing home that's presently under construction in Saskatoon. You will know that in the process of planning this building, there was a discussion that went on about the location and the cost and the arrangement that is being signed between your department and the other department in the awarding of contracts.

But what I want to talk about initially is the number of beds that will be in that facility both, as they are called, respite beds . . . I think there are some respite beds and some that are level 3 and level 4. Will you give me a breakdown on the total number and how they break out.

**Hon. Mr. Taylor:** — To start the discussion, they're all level 4 beds, 238 level 4 beds, and I'm getting the information on the rest by component. If you want to continue questioning, I will provide you with the respite component as soon as my officials have provided it to me.

**Mr. Lingenfelter:** — The issue here is increasing the number of nursing home beds in Saskatoon, and I wonder if you can outline for us . . . You have given us the number on the waiting list at the hospitals. Can you give the same kind of a list in a breakdown for the nursing homes in Saskatoon.

**Hon. Mr. Taylor:** — We did provide that to you the other day when we were talking about the assessment and placement. I gave the Saskatoon figures. You may not have them.

**An Hon. Member:** — Hospitals.

**Hon. Mr. Taylor:** — No, I gave them for the nursing homes also, but I'll provide it to you as quick as I can. And now these figures of course are the ones . . . These are the categories, and if you recall our conversation of a week or two ago, where the co-ordinating committee or the assessment committee have their own category, shall we say. And Saskatoon, and this was provided to us as of just about a week ago, I believe, the figures — I could check the date.

And I'm going to give you the three categories: there's priority, there's preference, and by-pass. And priority will be those that the assessment committee feel are the ones needing to get in as quickly as possible. And in level 3, there are two; and in level 4, 12; for a total of 14 priority people in Saskatoon as assessed by their assessment unit.

Then we go to the preference column, and there are 130 level 3's that they classify as preference; and level 4's, 211. So that gives you a total of 341 that they would call preference. So that would be, in my mind, the secondary category of getting in.

And then they also give a figure of by-pass, and those are ones that, people that were assessed but then were phoned on this day and they said, no, we don't want to go in at this time. There were 35 level 3's and 93 level 4's, for a total 128.

And so you could best understand what they mean by priority, they have a footnote here saying that, physical health and/or social support system breakdown; needs can or should be met in a special care home.

So 14 priority, 341 that they call a preference, and then 128 who said, thanks for assessing me, and we appreciate that, but at this point in time we don't want to go in; we want to stay in our families.

**Mr. Lingenfelter:** — In the process of opening the new level 4 facility, you will have the closure of the sanatorium and Frank Eliason. Is that accurate? And as I understand it, one of them is being changed over to be used as a day care centre, I believe. But can you fill me in on how many were in the sanatorium and how many beds were in Frank Eliason?

**Hon. Mr. Taylor:** — I've just put a new board in place to operate the new facility and the continuation of the Frank Eliason Centre during that period of time until the new facility opens, and that board is looking at the future of the Frank Eliason.

In the case of the san, certainly the san is going to have to be closed down because of the condition of the building. And when people who are in there . . . It's been more of a stopgap till this other one is built. And the future of the Frank Eliason, that is still under consideration.

**Mr. Lingenfelter:** — And if you would give me the number of beds that are in each of these centres that is, as I believed at the present time, under active consideration to be closed down.

**Hon. Mr. Taylor:** — There are presently 65 beds in the san; those will be closed. Frank Eliason, there's 129. But let me indicate to you again that the future of Frank Eliason has not been totally decided at this point in time.

**Mr. Lingenfelter:** — The level 4 beds that you were referring to in the new centre: is there 238? And those were all permanent level 4 or were they including the respite beds?

**Hon. Mr. Taylor:** — The respite component, they indicate to me, is still not worked out. It's to be determined. But there'll be 238 level 4 beds. Some of those — some of those — may be respite. But I couldn't give you the figure of how many at this time.

**Mr. Lingenfelter:** — And there was no respite beds in either of the other two institutions?

**Hon. Mr. Taylor:** — A few in Frank Eliason. There were some in Frank Eliason. They are still there.

**Mr. Lingenfelter:** — Can you give me the number at Frank Eliason, how many were respite beds?

**Hon. Mr. Taylor:** — We will provide that in a few minutes.

**Mr. Lingenfelter:** — The point, I guess, is that at Frank Eliason and sanatorium, the proposal is to close 194 beds. And we are talking about opening 238, some of which will be respite, which will cut that number down probably at about . . . If you had, let's assume, 20 respite beds, what we are talking about is a minimal number of new spaces. Can you tell me about how many new beds, new level 4 beds you will have in place when the facility opens — the new one — and when the two old ones close?

**Hon. Mr. Taylor:** — In the new facility there will be 44 new beds, but I think you erred when you added up the

Frank Eliason and the plan to get 194. I told you that the future of Frank Eliason has not been decided yet, so you'd be wrong to say that that was being closed. But in the new facility, there will be 44 new beds.

**Mr. Lingenfelter:** — Well clearly I don't think any commitment has been given by the government on the Frank Eliason Centre. So here again it's another issue where we're waiting till after the election to publicly announce what you're intending to do. But everyone in Saskatoon who is close to it is assuming that what the government is talking about is closing it. And after all the great noise that you have made about increasing the number of nursing home beds, when the smoke clears away what we will have, in fact, is 44 new beds. And I think that I would encourage you to, if you could today, make a public announcement that the Frank Eliason Centre would be kept open, would be remodelled if necessary and the proper work done, that these 129 beds . . . Or if in the remodelling you lost 20 beds, keep at least 100 beds open. Because when you're looking at a waiting list of 341 that are needing beds right now, increasing the number by 44 after four years of waiting, there will be some people who will not think that is great progress unless a commitment is made to keep the Frank Eliason Centre open.

And I would make that point because there are many people in Saskatoon who call us regularly, and I'm sure your candidates as well as ours are telling you that we should be keeping those beds open. And I would just make that point, that if you can in any way find in your budget the money to refurbish and keep that centre open, that there are many people who would appreciate that in Saskatoon.

**Hon. Mr. Taylor:** — Well certainly, Mr. Chairman, in regards to Saskatoon I have a joint planning committee on long-term care. It's chaired by a man by the name of Mr. Boris Kishchuk. And they're looking at the long-term care needs of Saskatoon the same way that the joint planning facility and hospitals looked at the hospital planning for Saskatoon. And I think that has certainly been a success.

Also, as I have just said, I put a new board in place to run Frank Eliason and the new centre, the Fairhaven Centre, when it is opened. So certainly the future of Frank Eliason will be determined to a great extent by that board and that long-term joint planning committee.

Also I'd like to point out though that I was just present about a month ago at Circle Drive Alliance nursing home where there's a brand-new, 50-bed facility that was opened within the last month. And for this year of '85-86 we have the 78 replacement beds at the Lutheran home in Saskatoon — the 238-bed facility, level 4 facility, that we've been discussing; and in the year '88-89 the Sherbrooke home — 40 replacement beds.

So I think when you look at all of those, and again remembering that the future of Frank Eliason has not been decided, and I feel optimistic that there will be some beneficial use made of it, that there is a considerable commitment to beds in the city of Saskatoon.

**Mr. Lingenfelter:** — Well the minister, I think,

understands the point that the pressure is on to keep that centre open, and I think it's a good idea. And if you can urge your Minister of Finance to get the money to keep that centre open, I think everyone would be pleased, and it would go some distance to making available for those 300-and-some people who are waiting for a bed in Saskatoon if you were to keep at least 100 beds. If, through remodelling and that, it seems to me when you go through that process you always end up with a few less because you widen the halls and maybe make more private rooms. But I think the minimum that we could look at keeping in Saskatoon at the Frank Eliason Centre would be about 100 level 4 beds, and that would go some distance to easing the pressure and the waiting lists that we are now seeing.

The other point that I wanted to raise with you, and I know we talked about it last day just ever so slightly, but in Saskatoon the summary of the surgical waiting list — you gave us the list and we appreciate it very much — with some of the forces creating Saskatoon waiting list pressures, and you list out a number of reasons why we have a waiting list. And obviously one of them is because the proposal to go quickly with the renovations and the refurbishing of the Saskatoon hospitals has, in some ways — and I know that times are tough, but in many ways it's also priorities — that we've been slow-walking some of the projects both in Regina and Saskatoon.

(1215)

But we are now at a situation where at the University Hospital (and these are according to your statistics as of February 28, 1986) the University Hospital a waiting list of 2,070; City Hospital, 3,036; and St. Paul's Hospital, 2,902. Now that is a very significant waiting list of about 8,000 people. And here again we have to understand that these base hospitals are not only used by the people of Saskatoon and surrounding area, but many people from my colleague's constituency in Assiniboia or Shaunavon — if they are in need of emergency care, the hospitals are called on to provide services to them.

I wonder, in your planning that you're under way — and we know that these waiting lists have not gotten better over the four years. I think we had problems when we were in government, and we had announced steps to take care of them and get the waiting lists down. And what has happened is, they have doubled and tripled since 1982. And I wonder if you could outline for us in a concise way the plans that are in place that will reduce this 8,000 waiting list to a reasonable number.

And I suppose, while we dream of having no waiting lists at all, maybe in the short term that isn't realistic. But in the longer term, in a five-year planning process, we simply have to turn the corner on these increasing waiting lists for surgery. Because if we allow them to grow from 2,000 to 8,000 in four years, you can see where we would be if another four years go by, and they would then be in the area of 24 or 30,000 people. And then people would say, well our health care system isn't working. That's what they would say.

In fact, there are people who say there's a sinister plot here by the government to increase the waiting list to such

an extent that people start saying medicare isn't working. They start saying that. And you will know that right-wing governments, when they want to get rid of the medicare system, they can do it in two ways. One of them is to announce publicly, or use deterrent fees as was done in the '60s with the last right-wing government — that they were going to have a deterrent fee to keep people from coming to the hospitals. Or the other, and I think more sinister way of doing it, is simply not to fund the hospitals properly and make waiting lists so long that the public starts saying, this system isn't working.

And I don't think, or I hope that isn't your intention. But the numbers certainly indicate, when it gets up to 8,000 people at Saskatoon, then people will start saying, well this is a strategy of the government to undermine the health care system at our base hospitals.

And I would like you to outline how you intend to get that 8,000 waiting list down over the next two or three years, and what you would expect it to be at the end of this year, given your strategy?

**Hon. Mr. Taylor:** — Certainly, Mr. Chairman, I'd be glad to reply to the member's questions. And I think, if you're looking at a strategy and a commitment, I will just indicate to the members present: when you see \$75 million this year, \$75 million into health care construction, and a good portion of that towards acute care hospitals, and a very good portion of that towards acute care hospitals in Saskatoon — speaks for itself.

Mr. Chairman, you happen to represent a Saskatoon seat. And I remember you saying to me just the other day the amount of activity you have seen in the health field as you go around your city of Saskatoon: the level 4 that was just talked about being built, the activity at St. Paul's, the activity at the University Hospital, and the activity at the new cancer clinic.

I remember you reporting this to me and commenting and saying that some of your constituents said to you, my gosh, we've never seen so much activity in health facilities in this city as long as I can remember. And I can remember the person that you said had talked to you was one of your old acquaintances that you had known for 20-some years, who made a point of coming in and telling you that. But be that as it may, I want to report to the member opposite, rather than any type of slow walking, actually the projects are ahead of schedule. The projects at the University Hospital and St. Paul's are running ahead of schedule.

You want to know some of the initiatives we're taking. Certainly we have a concern about waiting lists in our hospitals. I would like to see them reduced. But we have to take some initiatives to try and address this. I think, when you see the expansion, the two new floors going on to the University Hospital, people realize that waiting lists will be addressed with that kind of initiative, and also with the expansion at St. Paul's.

At University, in the short term, some of the initiatives that we're doing — we're funding one more in-patient operating room; one more day for surgery operating room; and we're having a discharge planning type of

procedure put into place. And I should say, as I said last night, these operating rooms were held vacant for some time previously.

At St. Paul's we're funding additional operating room time, increased day surgery, and a discharge planner. And I, a few minutes ago, explained what day surgery did for ophthalmology for our senior citizens.

At City Hospital we are funding a day surgery expansion and additional in-patient operating room time. These initiatives are targeted to reduce an annual increase of about 1,500 in-patient surgery cases and 2,500 day surgery cases. The costs of those initiatives are about \$5 million.

In the longer term — the member wanted to know what we're doing in the longer term — of course, University Hospital will have 73 new beds in service in August of 1988; St. Paul's will have 112 new beds, plus increased patient and support services in place in 1989; and City Hospital and, of course . . . I remember my colleague from the centre of Saskatoon in which City Hospital is located, indicates the number of congratulatory letters he's getting regarding this, that the new hospital with 106 more beds and u-to-date services will be completed in the early 1990s.

In addition to this, approximately 300 more beds for the City. This addition will bring about approximately about 300 more beds for the City. And these major improvements will provide more diagnostic and operating-room capacity.

Towards that whole issue of waiting lists in Saskatoon, there is another initiative that we're undertaking.

I feel that there is a greater role that the regional hospitals could be playing in the northern part of Saskatchewan. I look at Prince Albert, Lloydminster, North Battleford, Melfort, Tisdale — some of the referral areas to Saskatoon. I think with some improved technology in there, such things as ultrasounds into those hospitals, perhaps we can do some functions there that are presently being put into the Saskatoon hospitals. I think all of these initiatives will help reduce the patient or the stay times or the waiting list for Saskatoon hospitals.

And then added to that, all these initiatives require staffing. And I think the staff enrichment, the \$100 million patient care enrichment program will go a long way to helping the hospitals in Saskatoon and surrounding areas address the waiting lists there.

Furthermore to this too, when I think of the hospitals in the area outside of Saskatoon that refer to Saskatoon, I believe there will be some initiatives coming out of the rural medical practice study that will help also with the waiting lists in Saskatoon.

It seems to me that some of the hospitals — and some of them right in the member's seat — are indicating that they're interested in exploring some of the initiatives expressed in the rural medical practice study. That may allow hospitals to have people who are in the base hospitals now. And with a very good ambulance system

— of which my colleague from Moosomin was the author of that program — with that system in place, it seemed logical to me that we can move some of the people that are in our base hospitals in Saskatoon, and also in Regina, out to their home hospitals where they can recover.

I think, if you look at all those initiatives, certainly there are a number of things there that are going to address hospital waiting lists in the immediate, and also in the long range.

**Mr. Lingenfelter:** — Mr. Chairman, I think I heard the minister correct, and I'll just run through that again. University Hospital: you intend to have some beds on stream in 1988? Is that when the first new beds will come into the system, 1988, when 73 new beds at the University Hospital will come into existence?

**Hon. Mr. Taylor:** — Yes, the first new beds will be 73 new ones, and August of '88 is the target. And as I've said, construction is ahead of time at this point in time. That's our targeted date. If things keep rolling along the way they are, that might even be earlier, but let's take that as a firm date.

**Mr. Lingenfelter:** — So I guess the problem will be for people who are watching closely that, while we have 8,000 people on the waiting list now, it's two years from now when we'll have any relief valve there to get patients into the hospital for surgery.

One of the other main problems that people are telling me who practise in the health care area in Saskatoon, and many people waiting for surgery are saying, that the waiting lists that you have announced at nursing homes are only part of the people waiting to get into nursing homes, that there is another large group who are presently in level 6 beds in our base hospitals.

I wonder, could you indicate how many beds in each of the major hospitals in Saskatoon — the University, St. Paul's, and City — would be occupied by people who would be better served, and at much less cost to the taxpayers, in a level 4 institution? Do you have a breakdown for those three institutions?

**Hon. Mr. Taylor:** — I will get you that figure. But just on that point I want to point out to you — and I mentioned the Circle Drive Alliance Church home and 35 of the people that went into that home came out of the acute care hospitals. That was the agreement that we had with the Circle Drive church, and they were removed from the hospitals to go into that. And when I was there at the opening, I think it was pretty well full.

I want to go back, though, to the initiative that I had described here a little earlier about the improvement and the utilization of the regional hospitals in the Saskatoon catchment area. I mean, here's a figure that I think I should indicate to you that will show very definitely to the people watching, and the people in this Chamber, that by doing some changes in the procedures in the regional hospitals in the Saskatoon area, we can do quite a bit to help the waiting list problem.

It's interesting to know that in the Regina area — in the

Regina area here — 60.3 per cent of all the patients in the Regina hospitals come from the city of Regina, and 39.7 come from outside of Regina.

But you contrast that with Saskatoon, and you see that in the Saskatoon situation, 57 per cent of the patients come from Saskatoon and 43 come from outside of Saskatoon. So certainly, if we could reduce those figures to get them more in line with what Regina is experiencing, I think that you will see waiting lists decrease. So the initiatives to try and assist the regional hospitals in the Saskatoon catchment area will go a long way to help the waiting lists in that city.

You're asking for the level 4 patients in hospitals in Saskatoon. The figure that I will give you is as of March 31st, 1986, which isn't too far out of date, and this is for level 4 patients in hospitals in Saskatoon. At the University Hospital there are two; at City Hospital there are 16; and at St. Paul's there are 19; for a total of 37 level 4 patients in the Saskatoon acute care hospitals.

**Mr. Lingenfelter:** — The minister will well know that the problem exists where many of our hospital beds in the cities, the base hospitals particularly, are being used by level 4 patients. Whatever he can do to move quickly to make sure that those beds are used for surgery, I'm sure will be appreciated.

The other issue that I wanted to raise with the minister is a local one to my constituency. I think he's aware of it because it has been brought to his attention by a number of people. But I just want to take a couple of minutes to read letters from people who have been writing about a shortage of health nurses down in the south-west corner of the province. While it's a local issue, I think it's one that's represented in a number of rural areas. And if I could, Mr. Chairman, I have a letter here from the village of Frontier, signed by the administrator, and I would just like to read some of the important parts from it. Maybe the minister could indicate whether or not the problem has been solved or is in the process of being solved.

The member from Weyburn is saying, will I table it. It's addressed to the Minister of Health, so he'll already have one. It's dated March 20th, 1986.

Hon. Graham Taylor, Minister of Health, Legislative Building:

Dear Sir: On behalf of the Council of the Village of Frontier I wish to express deep concern for the lack of Community Health Services along the south-west line.

Basically, that meaning the highway that runs through Climax and Frontier and Val Marie.

(1230)

There are two public health nurses hired, living in Shaunavon, that serve the area north of Shaunavon, town of Shaunavon and Eastend and one who serves Val Marie, Climax, and Frontier area and has duties within Shaunavon as well. These nurses are responsible for pre-natal, post-

natal visits, well baby clinics, public education, pre-natal classes as well as K-12 school programs.

And it goes on to say:

In the past three years we have been without "our nurse" for periods of between two to six months at a stretch. The remaining nurse comes to our area once a month to conduct well-baby clinics and are now booked two months ahead. That is all the contact we are now having.

Mr. Minister, you will have the letter and it goes on to explain and worry about the problem of getting doctors at the Climax hospital. And you will be well aware of problems we're having at a number of rural hospitals — Kincaid and Climax; to a lesser extent, Eastend.

But I was wondering: have you been able to solve this problem of public health nurses? Because it's one that is ongoing. It is now approximately two years old, where we're simply having a very difficult time getting nurses hired there so that the health care of the school children and the newborn are being taken care of in that area of the province.

**Hon. Mr. Taylor:** — In regard to your public health nurse, I know that the position was filled last fall. We had a nurse in the area. She transferred to another position in February. We interviewed Wednesday of this week to fill the position. My officials feel that the person will be in place by May, which is only a few days away now. Of course one of the first things the person will have to do is catch up some of those cases that need attending to along that south line.

So I think you can rest assured that the interview has taken place, the position will be filled, and service will be restored. Certainly I would have been happier to see if we would have been able to have continuity, but I think you well know that people transfer from position to position, and sometimes there are periods of time when you have a vacant position. But we're doing everything we can to fill it, and also I believe that the service will be restored within the month of May.

Towards the whole aspect of medical services down in your area of the province — and I know that the population there is a little sparser than in some other areas — I just quote a letter from your area to me having to do with the rural medical practice. And it says:

Dear Sir: I have listened and read with interest information on the report just released regarding "Rural Health Services." We in Shaunavon could possibly take advantage of some of the suggestions with co-operation from the communities of Climax and Eastend. Maybe we could get a pilot project going. Is it possible to get a copy of the report in the near future as at this time Climax is closed because of no doctor. If so I would appreciate one.

So I think this is going to be one of the first areas in the province where we see the initiatives suggested by the rural medical practice — where towns can co-operate

and work together, and we can have admitting privileges in more than one hospital — that will help the viability of hospitals in your area.

So I can tell you that I'm certainly interested to have the people in your area sit down with my officials, try and work out a pilot project. And I ask you as the member from that area to lend support to that and see if we can work out a system in Climax and Eastend and Shaunavon that will provide continuity of medical services to that area.

I say today, I'm willing to look at that as one of the pilot projects. We have replied to this gentleman that we would do that. And I ask you as their elected representative to lend your support to seeing if we can make this work also.

**Mr. Lingenfelter:** — The minister is giving a commitment, and I will try to hold him to it, that we will have a health nurse rehired down there in May, because we have been without one several times over the last four years.

I have one other letter here that I want to read a part of. It's from a Donna Onerheim of Frontier, a mother of children in the area who has had that kind of . . . seen the impact, I guess, of not having a health nurse. And I would like to read pertinent parts of that, because it outlines very clearly and from a user's point of view the importance of health nurses in the rural areas. And it starts out:

I would like to draw to your attention the concern of the public health care in our area. As a parent of two preschool children I am concerned that they are not receiving the full health care of the public health nurse program. Our clinic has been cut back to one day a month and during that day the nurse is limited to the number of patients she may see. Appointments need to be made three months in advance and if your child is not able to have the immunization at that time due to illness, this advance booking means that your child could be six months behind. And in my case, my son is eight months behind in his immunization. This disturbs me and I have talked with my pediatrician and was advised that the immunization could be administered by her, but the oral (part) must be made by the public health nurse. Therefore, this does not help my situation.

I have heard that possibly the health care program would be taken out of the area and we would have to travel to Shaunavon or Swift Current. I would appreciate if the government would make note of the increase in the rural population over the last five years (and here referring to the Frontier area because that area has been growing), what would this influx of population to these larger centres do to their clinic bookings. I feel that the cutting of these corners would be the reverse, as they would have to increase the staff in the larger centres.

And she concludes by saying:

We need our public health nursing programs. We need our rural clinics. Please help our children!

Thank you.

And it's signed: "Sincerely, Donna Onerheim" of Frontier. And this is dated March 20th.

I just read that for one purpose, that when we're talking about preventative care in health, one of the areas we presently have in place, and I think it was a great step and should be expanded, is our rural health nursing staff that was built over the years. And any attempt to cut back or to not fill positions in this area is certainly going to cause a great deal of problems for rural people and I would just encourage you that when you're doing your planning to make sure that if you have to cut in any area, that it's not done in our rural health nurse program. And I let that case rest.

**Hon. Mr. Taylor:** — Well certainly I concur with the remarks of the lady that wrote to you and I believe that the public health nurses out in Saskatchewan do a very good service to Saskatchewan health, and you said you'll hold me to that commitment. I've indicated to you that we interviewed on Wednesday. I hope the person selected will fill the position, and certainly you can assure the lady that wrote the letter that there is no attempt to cut the services in that area. We will do our best to fill them. And as you hold me to my commitment, then I would like you to also commit to the fact that you will do all you can to see if we can make the suggestions of the pilot project for the rural medical practice work within your area also.

So there's a couple of commitments. I stand by mine. I hope you would stand by yours.

**Mr. Engel:** — Mr. Minister, in light of reviewing the serious situation down there, would you also make a commitment to take a second look at the Moose Jaw health region and the one staff person you cut that was serving in the Coronach area, and review that one as well and reinstate that position, because I've got letters from parents, I've got letters from teachers, and different ones down in that area that felt that that cut was not necessary.

And would you also now give us an assurance that you will reinstate that position from the Moose Jaw health region for the health region nurse that was covering off in that area.

**Hon. Mr. Taylor:** — Go on with whatever questions you have. My director of community health services will be here to brief me on that position that you're talking about. So if you have some more questions, continue on. I'll provide you an answer.

**Mr. Engel:** — This is in relationship to what I discussed yesterday where a vice-principal at Coronach wrote to me, a Mr. Jacobs, regarding that health nurse that was cut from the Moose Jaw health region that was serving in the Coronach, Bengough area. The one position was cut out of the Moose Jaw health region, and you felt that that was justifiable in the letter you wrote me. But we're arguing and saying that if you'd reconsider their position over there, I think you should also reconsider the position of that Moose Jaw health region and that service in that area down there.

**Hon. Mr. Taylor:** — We'll re-examine that situation, see if the service is being provided the best possible way, or if we have to look at another method of delivery of service, you have my commitment we'll re-examine it.

**Mr. Engel:** — On behalf of my constituency I would make exactly the same arguments that were made on the other region, because one position less . . . The Coronach area has grown from 350 people to over 1,000 people. And then having one worker cut in that region I think is as serious to the people there. And the immunization that's in place, the child care program that's around, is suffering because of the lack of staff and personnel there. And they're raising it with me. And I wish you would give us the same commitment as you did to the region that my colleague just got a commitment for in his area for the additional staff.

**Hon. Mr. Taylor:** — I give you the commitment to take a look at it, to make sure that the quality of service in your area is as good as in any other area of the province. I think there's a little factor in here that is not coming to light. I think what the principal is concerned about is the scoliosis screening. I think the nurse used to do the scoliosis screening. But the scoliosis screening — we have indicated that that will be done in the future by the medical doctors. So in the case of scoliosis screening, no we won't be reinstating that in the schools. That's being done in the hospitals. But I say we examine, and constantly my director and my deputies look at the delivery of service throughout the province of Saskatchewan. And I want to see it the same in all regions.

So if you think yours is some way cut back, I give you the commitment we'll take a look at it and see if we could have that delivery the same there as it is in Rosetown or in the Melville area, and so on. There's no attempt to try and have the Coronach area or anything of that nature not get the services that other areas are getting.

**Mr. Engel:** — Mr. Minister, if I may, that is a different issue. There was two issues being raised from down there. One was that we were having one health nurse cut from the health region, and the other issue is that you mentioned: the checking, and especially with the increased number of girls that have scoliosis. My daughter has that problem, but I never know exactly what you're saying there. But that screening process you're talking about is another issue.

The issue I'm talking about, and it was raised, is a letter previous to that that related to the health region nurse, that one position that was less for that area. And we were quite concerned about it and weren't satisfied with the position you've taken there.

And I think you should take a good look at the Moose Jaw health region and the regrouping there. I think it's creating a problem, more miles that the nurses have to cover down there. And there's one vacant position and one position you weren't filling, so it's an issue that's been coming up, and I think you should review and look at it.

**Hon. Mr. Taylor:** — You have my commitment we'll take a look at it. And as I said, I guess the factor that I look at is that I believe the service should be the same in all parts of

Saskatchewan, and certainly in your area. I don't want to see your area cut back and, say, a better service in Weyburn or a better service in your colleague's seat in Shaunavon. I want to see them the same. You may have a legitimate point there, and I tell you that we'll take a look at it.

**Mr. Engel:** — When you're measuring how many health region nurses it takes to provide and cover a certain area, and you're going to compare it and say that the Melfort region maybe has so many and the population in the Moose Jaw region is so much, I don't like that kind of comparison because of the sparsity factor, how far these nurses have to travel. The trip from Moose Jaw down to Coronach is a long way down. The Moose Jaw health region that serves that district from Gravelbourg and Assiniboia and the Coronach-Bengough area, in there — they are covering a lot of miles. The girls have done more than yeoman duty, the nurses that have worked down there. I know a lot of them, and the service they're providing is just excellent. I appreciate what they're doing.

Just recently one nurse was transferred out of the area. There's a vacant position, and we understood from the letter we got from you that you were cutting one there and felt that it could be handled in the region. I'm just making the case now in arguing that. I think that shouldn't be done. Look at more factors other than just population — the amount of students they're serving; and the amount of young families that are there having children; because of the sparsity factor and how far apart they live; and the pressure you're putting on these people to cover off the area.

So I think you should review the issue and give us a commitment like you did for the Frontier-Shaunavon area where you would reinstate that position because, I think, living with it for a year isn't going to help the problem.

**Hon. Mr. Taylor:** — Well there's little difference here. Frontier was a vacant position, and I said I will fill that vacant position, and that's what we're doing. I'm giving you the commitment; I will look at the delivery of services in your area. We will re-examine it and review it. It may well result in the change in the delivery pattern, but until we take a careful look at it, I couldn't give you the statement that I will put someone in, but I give you the statement that we'll take a look at that. I don't want to see a decrease in service there, and the points you raise may well influence my decision.

(1245)

**Mr. Yew:** — Thank you, Mr. Deputy Speaker. I have a question for the Minister of Health relating to a community on the east side of Cumberland. I met with members of the band council of the Peter Ballantyne band, Mr. Minister, last fall in a joint meeting with the Hamlet of Pelican Narrows. The mayor for that community, Mr. Melvin Nataweyes, was present at this meeting, and important discussions centred around the lack of health and medical facilities and staffing.

And at this particular meeting, Mr. Minister, they had resource people in there from the federal government,

and there was a tremendous amount of concern expressed by the band and by the Metis and non-status people from Pelican Narrows, whereby they were hoping to get help from the Department of Health, from this government, to increase staffing of the community health worker program for Pelican Narrows. They gave me issues, and I've jotted down some items here that I felt warranted some explanation.

The people that I met with were band council members of the Peter Ballantyne band — Gilbert Linklater, Graham Linklater, Melvin Nataweyes, and I could go on and on. There were quite a number of people present at this meeting. But the major issue was a problem that they experienced. Apparently the federal government cut back on the community health worker program for the reserve. So what has happened when they cut back, when the federal government cut back on the community health worker program for the reserve, there was just insufficient community health workers to look after both the reserve and the non-status, the Metis community.

So what happened at this particular meeting in Pelican Narrows was, they asked the federal government, via resolution, and they asked your government, via resolution from the hamlet of Pelican Narrows, to consider funding a portion of the community health workers program for Pelican Narrows to compensate for the deficiency in staff that the community in question had last fall.

Pelican Narrows, Mr. Minister, is a fairly large community. I believe the band membership there is somewhere in the total of 1,300 people. And that's not counting the Metis community, the non-status and the Metis people on the north side of the reserve which similarly have problems pertaining to access to health. There is a clinic in Pelican Narrows, mind you, but I understand, after talking to medical people or the local staff in that area, that they definitely are in need of some help. I wonder, Mr. Minister, at this point in time if you may respond to the question before us: can we make some help available to those people in Pelican Narrows by way of providing additional funding to provide for adequate staff of the local clinic in Pelican?

**Hon. Mr. Taylor:** — Well as you know, a lot of the responsibility, and I think you outlined this in your comments, for the health services in Pelican Narrows is a federal responsibility. However, I think that some of the things that I outlined to you just the other day in our estimates indicates the support we have for health care in Pelican Narrows, in that we have put a dental clinic into the area to service the people of Pelican Narrows.

I think what you are alluding to is a little bigger thing just the one area of the North there in Pelican Narrows. I think there is a need to sit down with the federal government and discuss the whole delivery of health care services in the North. Because in some areas, and you're well aware of this, being a representative, there are a number of people that are treaty people and then there's other people that are non-treaty and so on. And we want to see good health care delivered in those areas, as I'm sure you do. So I thank you for bringing the suggestion to me.



I can tell you that my deputy, along with the deputy of the Northern Affairs Secretariat, are looking at having a joint meeting with the federal government on this whole topic of responsibility in areas such as Pelican Narrows, where I think a good majority of the people are treaty and federal responsibilities; but again in some of the communities there are non-treaty people. So I think it would be advisable that we sit down and take a look at that two levels of government and work out a system that will be a benefit to those communities.

So I think your point has illustrated what we are actually doing. So I thank you for bringing to my attention, and I hope that explanation will assure you that certainly we are going to be addressing those types of situations in communities such as Pelican Narrows, and I'm sure there's other ones across the northern part of our province that illustrate the same type of situation.

**Mr. Yew:** — Thank you, Mr. Minister. Going on a bit further, Mr. Minister, with respect to the health care program for that area, could you elaborate further, Mr. Minister, in terms of the process you see at the very near future? You know, we can't afford to talk about . . . continuously talk about a five-year program. Those services are essential; they're needed; they're required now. Not a year from now, and not five years from now, Mr. Minister.

I would like to accept your explanation and the position you've taken in accepting the issue that I've raised with you and leave it at that, but I and many other people throughout the North have heard promises made and made . . .

**An Hon. Member:** — Promises broken.

**Mr. Yew:** — . . . and have experienced promises broken. Promises made; promises broken. The member, my colleague from Quill Lakes, took the words out of my mouth just now, but that's basically what I wanted to say.

So I ask you, Mr. Minister, in all sincerity, have you got any . . . What is the process, if you have a process? If you have a plan, what is it? Where is it? When is it going to happen?

**Hon. Mr. Taylor:** — Well certainly, you know, you may question the five-year programs. I think if you would go around this province and see the communities that have had nursing homes — and we're in the third year of that process — if you look at the ones that are planning their nursing homes, if you see the hospital construction that's taking place under the five-year plan — and we just mentioned the other night your hospital in your seat of La Ronge which have the green light to go ahead with their planning — I think you will find that an awful lot of people across this province appreciate a five-year program. They see that there is some hope for them on the horizon. It gives them time to do adequate planning, and I think they're well-received.

Now you have every right to question, if you so wish, but I think that the majority of people believe in them; they have seen concrete proof that five-year programs under this government develop, and just for proof positive I

would say, go and check some of the places that have had nursing homes.

Certainly our idea for the delivery — let me point this out to you — as Health minister of Saskatchewan I don't want to see any people in the North falling through cracks, shall we say, or not getting service because of: is it a federal responsibility or is it a provincial responsibility? I think that far too long that kind of buck-passing has taken place; that someone would say, well it's your responsibility; someone would say, no it's your responsibility, and the person deserving the service didn't get the service because neither would accept the responsibility.

I think the initiative that I have outlined to you, where we are going to sit down with the federal government and say, look, there are communities like Pelican Narrows where the population pattern is changing — it's changing. There are some people that are definitely your responsibility; those are treaty people. There are other people in that community that probably don't fall within that parameter. Let's work out a pattern; let's work out a game plan that is the best for the services of those people so that people will not be falling through the cracks. That's what I want to see develop, and I think probably that's what you want to see develop as a representative of that area.

I think the only way that can be achieved is for the responsible jurisdictions, the provincial and federal government, to sit down and take a look at the problem and not be passing the buck back and forth as was the case for many years previous.

**Mr. Yew:** — Thank you, Mr. Deputy Speaker. And I thank the minister for at least recognizing the fact that, up to date, that is basically what has been happening. With respect to many northern communities the jurisdiction question has always come into the forum.

I recall distinctly, Mr. Minister, last year during estimates and the year before we talked about the Lac La Ronge hospital whereby you referred to a BCR, a band council resolution, that you would be working to negotiate with the Lac La Ronge Indian band. But to this point in time, Mr. Minister, I haven't seen any concrete plans.

But I certainly agree with you, Mr. Minister, this is what has to be done. We have to identify the problem. We have to have official meetings between your officials — between yourselves, your officials, the non-status Indians, the Metis, and the reserves — jointly somehow or other, to bring a program that will provide fair, acceptable health and medical services and programs, and facilities that are acceptable and in par with the ones that are available in other centres of the province. I agree with you.

I ask the minister now: how many discussions have you had with the people in question, the people in Pelican Narrows? How many discussion meetings, discussions and formal meetings and commitments have you made? Have you met with the Peter Ballantyne band? Have you met with the Lac La Ronge band? Have you met with the Montreal Lake band? Have you met with the hamlet of

Pelican Narrows?

I understand, Mr. Minister, in talking with the local community health worker in Pelican, that they service a very wide area. I don't want to mention the community health worker's name because it just may jeopardize his job. You may think your government, as far as I'm concerned, it's dangerous for me or my colleagues to associate ourselves with someone out there because as soon as we do that you put the finger on that chap, and it's out the door for her or him. That's basically what happened.

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

**Mr. Yew:** — You've got thumbs on people that we associate with, and there's nothing but mass firings.

Just the other day, during estimates on Highways, you people transferred 250 people to the private sector. What actually happened, Mr. Minister, is that you fired them. And this has happened throughout the course of the last four years. But in actuality, in confidence, Mr. Minister, if you want the information, I could probably give you in confidence the name of this person who is genuinely, personally involved and concerned about the lack of medical and health services in that region.

But you must, Mr. Minister, and I agree with you, you must begin negotiations, you must begin to put definite plans — a definite formula to provide for those services.

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

The committee reported progress.

The Assembly adjourned at 1:02 p.m.