

The Assembly met at 2 p.m.

Prayers

INTRODUCTION OF GUESTS

Mr. Pickering: — Thank you very much, Mr. Speaker. It is indeed a pleasure for me today to introduce to you, and through you to all members of the Assembly, 48 senior citizens from the towns of Milestone and Lang. This tour was organized, apparently, by the Sunshine senior citizen club at Lang. They've had a tour of the legislature prior to question period, and I will be meeting with them afterwards for pictures and refreshments.

I hope they find the proceedings informational and, perhaps, entertaining, and I would make note, Mr. Speaker, that my mother-in-law is in this group. Just about a week ago she celebrated her 31st, 39th birthday.

On behalf of the Assembly, I wish all members would bring them greetings and wish them a safe stay here and journey back home.

Hon. Members: Hear, hear!

ORAL QUESTIONS

Police Investigation of Cabinet Minister

Mr. Koskie: — Thank you, Mr. Speaker. I'd like to direct a question, in the absence of the Premier, to the Minister of Justice. A week ago, Mr. Minister, the Premier confirmed that the Deputy Premier, the member for Souris-Cannington, was the subject of an investigation by the Regina city police and the provincial Justice department with respect to unspecified allegations. At that time the Premier indicated that a full statement to this Assembly would be made, and I ask you, Mr. Minister, in your position in charge of Justice: can you provide this Assembly today with a statement in respect to the Deputy Premier and the allegations of charges?

Hon. Mr. Dutchak: — No, Mr. Speaker.

Mr. Koskie: — A further question, Mr. Speaker. I ask you, Mr. Minister of Justice: could you indicate whether it is an intention of your department to provide to the citizens of this province some clarification in respect to the allegations which the Premier, indeed, indicated were being alleged as against the Deputy Premier? Are you in a position to make a statement? Is the investigation complete?

Hon. Mr. Dutchak: — No, Mr. Speaker, I won't make a comment on that at this time; however, the member knows that when it's appropriate to make the comment, it will be made.

Hon. Mr. Blakeney: — Mr. Speaker, I direct a question to the Minister of Justice. The Minister of Justice was, I believe, in the House when the Premier advised us that his department — that is, the Department of Justice — had advised the Premier that the allegations which were the subject of the previous questions would not impair the

ability of the Deputy Premier to perform his public duties; and the Minister of Justice will recall that statement.

Mr. Minister, the member under discussion is the House Leader. This will be the sixth consecutive day that he has not discharged his duties as House leader. Is it still the position of your government that the investigation is not in any way impairing the ability of this particular member and member of cabinet to perform his public duties?

Hon. Mr. Dutchak: — Well, Mr. Speaker, I'm not sure if the Leader of the Opposition was simply not present doing his duties. But the House Leader, or the Deputy Premier, in my understanding, was in the House on Friday and is continuing in his position as indicated by the Premier, Mr. Speaker, and will continue to be in that position, and information will be provided in due course. And the Leader of the Opposition knows that if there is an investigation being conducted, it would be highly improper for me to discuss that in this Assembly; and in fact the Leader of the Opposition should know better.

Hon. Mr. Blakeney: — Supplementary, Mr. Speaker. The minister has obviously misconstrued my question. My question did not deal with the subject of the investigation, but whether or not the investigation — the fact of the investigation — should have produced a different response from the Premier and the Deputy Premier: that is, whether there should have been a stepping down while the investigation was in progress. Mr. Minister, I ask you again: is it the position of your government that the investigation is not impairing the ability of the member to perform his public duties?

Hon. Mr. Dutchak: — Mr. Speaker, the Leader of the Opposition asked that question last week. The Premier answered it, and the same answer applies today.

Hon. Mr. Blakeney: — Supplementary, Mr. Minister. And in your judgement, the fact that the member has not performed any of the duties of being House Leader since that time in no way changes the response of last Monday? You're saying that that in no way changes the response?

Hon. Mr. Dutchak: — Mr. Speaker, the Deputy Premier has functions which he has been carrying out. The operation of the House has not been impaired, in our view, and the answer which the Premier gave the Leader of the Opposition applies today.

Hon. Mr. Blakeney: — Supplementary, Mr. Speaker. Once again, the fact that all of the duties performed by the member for Souris-Cannington are now being performed by the member for Meadow Lake, does that not suggest to you that the investigation is impairing the ability of the member to carry on his public functions?

Hon. Mr. Dutchak: — Mr. Speaker, the Deputy Premier has duties, which he is fulfilling. The House is functioning, Mr. Speaker. The answers that the Premier gave the Leader of the Opposition apply today, as they did last week. And I really have nothing further to add.

Hon. Mr. Blakeney: — Supplementary, Mr. Speaker. Is it your position that the onerous duties of being Provincial

Secretary, or the duties in respect of certain Crown corporations, are taking all of the time of the Deputy Premier so that he is not having any time to devote to this House, and that is the reason why he's not here — and not the investigation? Is that the position you're taking?

Hon. Mr. Dutchak: — Mr. Speaker, the answers we provided last week, and the answer I provided today, still stand. And I find it highly unusual that the opposition leader is concerned about the functioning of this House, considering all the time his members have been wasting dealing with the Health estimates, Mr. Speaker.

Mr. Shillington: — New question. Mr. Minister, you indicated in your response to a question put to you by the member for Quill Lakes, I believe, that you would be making a statement when appropriate. Mr. Minister, would you tell us when it's going to be appropriate, and under what circumstances it's going to be appropriate?

Hon. Mr. Dutchak: — Well, Mr. Speaker, the statements will be made when appropriate, in the proper course, is the procedure as is set out in our system of justice in Saskatchewan. And I can tell you that our system of justice will never be affected or guided by the political aspirations of the members opposite.

Mr. Shillington: — New question, Mr. Speaker. Mr. Minister, to do nothing and say nothing is probably the worst possible course of action under the circumstances. If the investigation has been completed and the allegations found to be unsubstantiated, why not make that clear? If the investigation has been completed and the allegations have been found serious enough to pursue further, why not make that clear? If the investigation is still under way and will not be completed for a number of days, why not make that clear and take the dignified course of action and ask the Deputy Premier to step aside until the investigation is complete and the matter resolved? Do you not think, Mr. Speaker, that your government owes to the public of Saskatchewan one of those three options?

Hon. Mr. Dutchak: — Mr. Speaker, the public in Saskatchewan have a high respect for our system of justice in this province — a system of justice that applies to everyone equally. And I think the people of Saskatchewan know perfectly well that it would be highly improper for me to discuss the issue with the members opposite at this time until justice has taken its course and until we're able to do so in a proper, procedural way.

Mr. Koskie: — Yes, a question to the Minister of Justice. I want to ask a simple question, Mr. Minister. Would you advise us whether their investigation is still under way in respect to the Deputy Premier, the member from Souris-Cannington? Is there an investigation still continuing?

Hon. Mr. Dutchak: — Mr. Speaker, it would be highly improper of me to comment any further in regards to details. I have provided basic details, and the members opposite should know that, and I won't divulge anything further in terms of any investigation or alleged investigation as indicated by the members opposite.

Mr. Koskie: — A supplement, Mr. Speaker. Would the Minister of Justice indicate to the people of Saskatchewan and this Assembly why it is improper for him to indicate whether or not a very important member of the cabinet, the Deputy Premier, is in fact continuing to be under investigation?

Hon. Mr. Dutchak: — No, Mr. Speaker, I won't comment further on that. And in due course the public will be able to see whether the members opposite have made sense in the past week involving the issue and the allegations brought into this House by the members opposite.

Hon. Mr. Blakeney: — I just want to be clear on what the minister is telling us. He is telling us that, in his judgement, if a minister of the Crown is under investigation, it is improper for him to reveal that fact; improper for him to confirm or deny that fact. I may say that the Premier did confirm or deny it, and I take it then that you're taking the position that the Premier acted improperly in confirming the fact that the Deputy Premier was under investigation.

Hon. Mr. Dutchak: — Well, Mr. Speaker, the Leader of the Opposition is getting silly again. We're involved here in an allegation, Mr. Speaker, and an indication that there is an investigation. If there is an investigation of any type, Mr. Speaker, I believe, as Minister of Justice, it's highly improper of me to discuss the terms and details of any investigation in this Assembly. And the Leader of the Opposition should know that.

Hon. Mr. Blakeney: — Supplementary, Mr. Speaker. The minister will know that nobody asked him the terms and the details. He will know that he was asked whether or not he can confirm that an investigation is now under way; that he refused to confirm or deny. I ask you again, Mr. Minister: are you prepared to confirm or deny that an investigation involving the Deputy Premier is under way?

Hon. Mr. Dutchak: — No, Mr. Speaker.

Dispute with Saskatchewan Doctors

Mr. Lingenfelter: — Mr. Speaker, my question is to the Minister of Health, and it deals with a dispute that is presently going on between himself and the doctors of the province. And the minister will be aware that on May 22nd of '85 you signed the Saskatoon Agreement II, an agreement between your government and the medical association, to end extra-billing. At that time you told the people of Saskatchewan, and I quote from — I believe it was — a news release:

The spirit of co-operation and consultation with which this agreement was reached is consistent with the government's approach throughout the health care system.

Now just 12 months later the Saskatchewan Medical Association is saying that you "double-crossed" them, and they are demanding your resignation.

My question, Mr. Minister: what has happened to that spirit of co-operation and consultation you bragged about when the agreement was signed just 11 months ago?

Hon. Mr. Taylor: — Well, Mr. Chairman, that is true that the achievement of Saskatoon Agreement II, I think was arrived at in a very good method. There were a number of meetings which I was at personally myself and which we arrived at this agreement to eliminate extra-billing in the province. Since that period of time we have had about 13 negotiating meetings dealing with a settlement under the Saskatoon Agreement II.

It seems that the medical profession are not wanting to negotiate at this time. Certainly, there has been no double-cross by the Government of Saskatchewan. In fact, we're willing to negotiate at any time. As the members opposite know, the deputy minister of Health is the chief negotiator on our team. He presently is here with me in the estimates of the department, but as soon as I can free him up for negotiations, we will continue those negotiations.

Mr. Lingenfelter: — Mr. Speaker, I have another question to the minister, and it's interesting how, when there are meetings to be held in Estevan, he's busy in the House; and when there are meetings to be held with the doctors, he's busy in the House, and he just has not time to do the business of being minister. And when we're dealing with him in the House, he says he doesn't want to be here.

I would ask the minister, if he doesn't want to meet with nurses, and he doesn't want to meet with doctors, and he doesn't want to be here in the House doing his estimates, if he would talk to the Premier and hand in his resignation at this time.

Hon. Mr. Taylor: — No, I won't be doing that. That's rather a silly comment, I would say, Mr. Speaker. As far as not meeting, I met — along with my colleague, the Minister of Finance — met with the SMA on Thursday afternoon. I was in contact with the president of the SMA, Dr. Barry Maber, on Friday. I urged the doctors of this province to get back to the negotiating table.

I believe the stance of 12 per cent is certainly out of line. When we see wheat prices going down, oil prices going down across North America and across Canada, I think for doctors to be sitting on a figure of 12 per cent is totally unrealistic. When other health professions are settling with my department in the neighbourhood of 4, 4.5 per cent, then I believe that the doctors of this province should get back to the negotiating table. We're willing to do that.

I indicated that my chief negotiator is my deputy minister who, tradition indicates, is with you during the defence of your estimates. But I tell you, Mr. Speaker, I tell the members of the opposition and my colleagues in this Assembly, immediately upon the conclusion of that we will be negotiating in good faith. And I believe that if the doctors bring their demands down to a realistic point of view, we will have a settlement very quickly.

Some Hon. Members: Hear, hear!

Mr. Lingenfelter: — Mr. Speaker, I am willing to ask the minister, if he is willing to go to meet with the doctors today, we will forego our questions in estimates and we

can bring forth Urban Affairs. I wonder, on that agreement, whether we will cancel the Health estimates this afternoon so you can go and meet with the doctors, and we'll get on with Urban Affairs today.

Hon. Mr. Taylor: — Well, I think this is rather a strange proposal. I'm sure that if any type of negotiation . . . if the member opposite would realize that one of the negotiating team is Dr. Twanow from Melfort. I doubt if he could be here this afternoon. He's probably home in his own practice.

I will indicate to you again, as I will to this Assembly, that we are willing to negotiate; we will negotiate. I want to see movement; I want to see movement down from 12 per cent. I can't agree with a 12 per cent raise in these economic times. When I see other jurisdictions such as Manitoba, offering 1.6 per cent to its doctors; Ontario in the neighbourhood of 2 per cent; Alberta settled under 4 per cent, I can't see the need for a 12 per cent raise.

But we are willing — let me tell you once again — we are willing to negotiate and negotiate in good faith in accordance with Saskatoon Agreement II, just as soon as we can be freed up from the estimates and get on with the job.

Mr. Lingenfelter: — Mr. Speaker, a new question to the minister. Mr. Minister, in the 11 months since the signing of Saskatoon Agreement II, how many times have you personally met with the Saskatchewan Medical Association to discuss negotiations on a new fee schedule? How many times have you personally met with the Saskatchewan Medical Association?

Hon. Mr. Taylor: — Mr. Chairman, the member opposite doesn't realize, I suppose, how negotiations take place in the health care system. I have negotiations with the physiotherapists, with the optometrists, with the nurses, with the pharmacists — the list goes on and on. I think there are about 30 collective agreements within the Department of Health.

I do not take part in any of those negotiations, and rightly I shouldn't. I have negotiating teams that work with the various sectors. From time to time I meet with professional bodies. I met with the SMA, as I said, when we worked out Saskatoon Agreement II. I believe I was at every meeting, maybe with the exception of one. And that was about 12 meetings or so. I have met with the chairman of the SMA prior to the negotiating round here. I spoke at their convention, outlined to them exactly our government's interpretation of Saskatoon Agreement II. And as late as Friday of last week my colleague, the Minister of Finance, and I met with three of the representatives — the president and the incoming president and another one of the executive of the SMA.

Mr. Lingenfelter: — Mr. Speaker, supplement to the minister. And it deals with a clause in Saskatoon Agreement II where disputes of this nature can — and obviously it's an opening for you to take it to a third-party arbitration. Now, Mr. Minister, if you believe your position is reasonable and fair, why are you afraid of having an independent third party review the dispute and decide? Why don't you look at the option of going to

arbitration which the doctors are now suggesting?

Hon. Mr. Taylor: — Well, Mr. Chairman, that's a different suggestion than the doctors had when they met in my office on Thursday.

Mr. Lingenfelter: — Mr. Minister, I would ask a new question of you. How in the world can you say that this is a different position than the doctors are taking when today, any number of times, the president of the Saskatchewan Medical Association has said that they are demanding your resignation because you won't deal with them fairly, and you won't allow the dispute to go to arbitration? This is what they're saying publicly.

And the question is, Mr. Minister, is your credibility or the credibility of the Saskatchewan Medical Association? Now having dealt with you, there are many people who will say the credibility of the Saskatchewan Medical Association will stand up to yours at any time. I will ask you at this point whether or not there is a proposal to take this dispute to arbitration.

Hon. Mr. Taylor: — Mr. Chairman, at the last meeting of the negotiations there was no discussion of arbitration. Certainly that is an option, as found under the medical compensation review committee. If the doctors want to go to arbitration, I ask them to get back to the negotiating table and put that proposal forward to my negotiators.

Mr. Lingenfelter: — This is a strange position for the minister to be taking when he's been telling the world that he can't get involved. But I want to be clear. If the doctors put forward the proposal this afternoon of going to arbitration, you are then, and your department, are in agreement with it?

Hon. Mr. Taylor: — Mr. Chairman, if the doctors want to get back to the negotiating table, where the negotiations should take place, then we will entertain whatever suggestions they have. I want the doctors to get back to the table and get off the unrealistic 12 per cent figure.

Maybe the member opposite believes that they should get 12 per cent. So be it. But I believe, in these times, it is not within the realms of possibility to give a 12 per cent raise to the doctors of this province when I see other people having financial difficulties, I see the price of wheat going down, I see the price of oil going down.

I'm willing to sit down and negotiate and explore all possibilities. My committee are. My people are willing to do that. I say, let's get on with it, and I urge the doctors of the province to contact the chairman of my negotiating committee, the deputy minister of Health, to set up a meeting.

Mr. Tchorzewski: — Mr. Speaker, I have a question to the Minister of Health. Mr. Minister, Saskatchewan doctors, as my colleague has indicated, have been asking for your resignation because you've failed to consult with them, and because you have failed to live up to the terms of the Saskatoon II Agreement. Saskatchewan nurses have complained that you refused to consult with them. And I remind you that you refused to meet with them, and all of your colleagues refused to meet with them, before your

estimates ever began. I might also remind you that you can suspend your estimates and go to another department any time you choose, if you thought that the health care and the negotiations were important enough to do so.

And so I ask you, Mr. Minister: why are you afraid to meet with those in the health care system, and have consistently been refusing to do so, who want to talk to you about their ideas and their concerns?

Hon. Mr. Taylor: — Well, Mr. Chairman, that's complete, utter nonsense. The member opposite sat not two seats from me in the Regina Inn where we had a two-hour discussion with the nurses. He was there. So to sit up and say that we didn't meet with the nurses is wrong, and I ask you to withdraw that remark.

And to say that we haven't met with the doctors — I met with the chairman of the SMA Thursday afternoon in my office. My colleague and I had a meeting for about an hour and a half with them. I was in telephone conversation with them on Friday. And I am also willing to have my negotiating team negotiate with them as soon as we possibly can arrange it.

So for the member to stand here and say that we won't meet with them, when he was sitting not more than two seats from me at the same forum for two hours in the Regina Inn . . . I ask you to withdraw that statement.

Staffing of Existing Hospital Facilities

Mr. Tchorzewski: — A new question, Mr. Speaker. I might remind the minister . . . (inaudible interjection) . . .

Mr. Speaker: — Order, please.

Mr. Tchorzewski: — I might remind the minister, Mr. Speaker, that at that nurses' forum he refused to answer questions in the same way as he's refused to answer questions during his estimates in this House. That's the difference, Mr. Minister.

I want to ask the minister about another aspect of the health care policy which Saskatchewan doctors have criticized as recently as this weekend, and that is your failure to provide operating funds to existing hospitals and nursing homes, a well-known fact. The Saskatchewan Medical Association has noted that while you're busy expanding facilities like St. Paul's, that very same hospital has been forced to close beds for two of the last six months because they do not have the operating funds necessary to keep those beds operating. Those doctors are wondering why some of your attention has not gone to providing adequate staff and equipment and supplies to existing hospitals and nursing homes as well as the construction of new facilities.

And I ask you, Mr. Minister, why have you not provided adequate staff and equipment to keep existing beds and facilities open while you're busily trying to build new ones or announcing new ones strictly for political purposes?

Hon. Mr. Taylor: — Well, Mr. Chairman, again the member attempts to mislead, indicating that I did not

answer questions with the nurses. The other night on Cable 3 I saw the television reproduction of that, and if the member wants to look over it, you will see that, of the questions, I must have answered five to 10 times as many as the member opposite. So I don't accept that kind of stuff coming from you, sir.

Secondly, he questions about the money going into health care and the operating of hospitals and nursing homes. Let me indicate to you, Mr. Chairman, 11.6 per cent increase in the health care budget — and we know that about half of that budget goes to the operating of acute care hospitals in this province — and he has the gall to stand in this Assembly and say that there isn't money going to the operation of hospitals. That's complete balderdash! That's all that is, complete nonsense and balderdash!

And to hear him stand and say: should you be building new facilities? Should you be building onto St. Paul's Hospital? Should you be building nursing homes? indicates to me that the member opposite is against the building of hospitals, is against the construction of nursing homes, is against the new cancer clinic, is against the new Wascana rehab centre, and is against new facilities in health care. That's what he's saying, Mr. Chairman.

Some Hon. Members: Hear, hear!

MINISTERIAL STATEMENTS

Decade of Disabled Persons

Hon. Mr. Dirks: — Mr. Speaker, I'm pleased today to announce officially the proclamation of the Decade of Disabled Persons on behalf of the Government of Saskatchewan. The decade, which runs from 1983 to 1992, is being proclaimed in co-operation with the United Nations and other Canadian governments. The federal Canadian government proclaimed the decade late last year, and it is now appropriate for our government to follow.

The 11 guiding principles associated with the decade will serve as a framework in meeting our ongoing responsibilities in providing rehabilitative and developmental resources and promoting independent living for persons who are physically or mentally disabled.

Since 1982 we have made some major advances on behalf of the disabled, Mr. Speaker. A special division known as rehabilitation services was formed in the Department of Social Services to provide a focal point within government for dealing with the needs of disabled persons. In the last four years there's been a 54 per cent increase in grants to the handicapped.

New sheltered workshops, activity centres, or group homes were started in Cudworth, Preeceville, Kronau, Swift Current, Outlook, Langenburg, Porcupine Plain, Nipawin, Moosomin, and Weyburn. Programs were expanded in Rosthern, Waldheim, Melfort, Kindersley, Lloydminster, Redvers, Melville, Moose Jaw, Saskatoon, and Regina.

Accessibility legislation has been passed to ensure that handicapped people have ready access to buildings. We recently introduced an intervener program for deaf-blind persons.

And here in Regina we established Canada's first-ever group home for severely multi-handicapped children, the Chip and Dale Home.

Last year there was a dramatic increase in the number of early childhood intervention spaces, and we introduced Canada's first ever, province-wide telewriter communications program for the hard of hearing.

A new one-year agreement will be signed with the federal government under the terms of the Vocational Rehabilitation of Disabled Persons Act.

Mr. Speaker, our past commitment to the Decade of the Disabled has been impressive, but we recognize there is much more to be done. And so this year we are budgeting more than a 5 per cent increase for grants and allowances for the handicapped. Mr. Speaker, new or expanded shelter workshop, activity centre, or group home programs will be offered in North Battleford, Maple Creek, Gravelbourg, and Regina.

Mr. Speaker, the proclamation of the decade is evidence of our continuing commitment that the concerns of persons who are disabled will be of paramount importance to this government in the years to come. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Tchorzewski: — Mr. Speaker, just a few brief comments on the minister's statement on the decade of the disabled persons. At the onset, I would just simply want to say that it is time that ministers of this government, including the Minister of Social Services, took some of the things that face Saskatchewan people seriously and spent some time doing something about that, rather than simply spending all of their time doing paper press releases, which accomplish very little. And, Mr. Speaker, that's what the minister has done here today with his statement.

If he would stand up . . . If he had stood up in his statement before this House and made some reference to the problems which the Ombudsman has brought to his attention, which involved disabled persons, Mr. Speaker, and responded to that in a concrete and positive way and indicated how he was going to do something to remedy the problems, then I think he would have done something worthwhile.

Among the disabled persons, Mr. Speaker, includes many different kinds of people. And one of the disadvantaged are people who are finding themselves on the welfare rolls who are between the age of 55 and 65. Many of them are widows. They are unable to find jobs. The government has proposed nothing in the way of providing assistance to them in immediate pension release. As a matter of fact, there have been cuts of something like 4 per cent . . .

An Hon. Member: — Forty per cent.

Mr. Tchorzewski: — Forty per cent in the funding. I think, Mr. Speaker, that the minister's statement, although it may be laudable, and he touches some issues here that are sensitive and important, fails to make the point and fails to hit the mark that the government and he and his department, under his leadership, have failed to address the real needs faced by not only disabled people, but people who are disadvantaged in many kinds of ways in our society.

And I think because of that, Mr. Speaker, that it is time, rather than just simply standing up in the House making statements and bragging about things they have nothing to brag about, the minister would be far better off if he would lean to the Premier, who maybe someday will show up back in this House again, and simply tell him to stand up . . .

Organ Donor Awareness Week

Hon. Mr. Taylor: — Mr. Speaker, I rise today to inform members that the Hon. Jake Epp, federal minister responsible for Health and Welfare, has announced this week that it's organ donor awareness week. I wish to join with him in supporting a commitment to greater public awareness of the benefits of organ donation.

The decision to become an organ donor is one of the most generous and compassionate decisions we can make. Organ donation offers the gift of a healthy life to people who otherwise would not have this chance. Last year in Canada I understand that there were almost 2,000 organ transplant operations performed. But there are not enough donors to help all those that need it.

If organ donation awareness week results in more people receiving this special kind of help, the week will have been a success.

INTRODUCTION OF BILLS

Bill No. 28 — An Act to amend The Education and Health Tax Act

Hon. Mr. Morin: — Mr. Speaker, I move first reading of a Bill, An Act to amend The Education and Health Tax Act.

Motion agreed to 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)

Mr. Lingenfelter: — Mr. Chairman, I want to spend some

time with the minister going over the issue that we dealt with in question period in which the doctors are expressing a great deal of concern about, and that is what they see to be, I suppose you could call it, a double-cross, and they have suggested that of the minister, on Saskatoon Agreement II.

Now obviously there is a great discrepancy on what the minister is saying about the agreement, what has been proposed, and what the doctors are publicly stating. I noted in coming into Regina today — I had an opportunity of listening to a number of programs and a number of newscasts on the way in, where I know over the weekend the past president and the new president are quoted as saying that because of a lack of consultation and a lack of progress in the negotiations on a new fee schedule, that the Saskatchewan Medical Association has taken what many people will see it to be the drastic step of calling for the minister's resignation.

And I suppose to start with, I will just ask you that straightforward question, because I don't think it has been dealt with in the public: as a result of this call by the doctors for your resignation, has the Premier talked to you about this issue and asked for your resignation from the department?

Hon. Mr. Taylor: — No, the Premier has not.

An Hon. Member: — Well, he's made a mistake.

Mr. Lingenfelter: — I wonder, Mr. Minister, in light of the fact that the doctors have obviously lost confidence in your ability to administer the department; the nurses, while not being as strident, are obviously indicating that they have a great deal of difficulty with your ability to administer the department. In talking to chiropractors and other people, they are indicating that they have difficulty getting meetings with you and consulting with you, and I know that the 8,000 people who are on the waiting list to get into Saskatoon for surgery have a great deal of difficulty believing that you have the best interest of the Health department in your grasp and are doing as much as you could. I would ask you: in light of that, have you personally considered over the weekend whether or not you would intend at this time to hand in your resignation and let someone who is more interested in going to meetings with nurses and more interested in meeting with doctors and more interested in doing estimates, I might add, to let someone else step in and do the job?

Hon. Mr. Taylor: — No, I will not.

Mr. Lingenfelter: — Well I would only indicate to the minister that in light of the fact that you intend to carry on, I guess the opposition then will intend to continue to get answers out of you on some of these important issues. The first one I want to deal with is, in fact, the negotiations that are going on at the present time. One of the questions which I didn't get a satisfactory answer to during question period: have you been involved personally in the negotiations to get a new fee schedule? Have you personally got involved in this dispute in terms of meeting with the doctors?

Hon. Mr. Taylor: — Mr. Chairman, obviously the

member doesn't listen very well. I answered the question five minutes ago, but I'll do it again. He knows very well that minister of the Crown do not actively negotiate. I have about 30 different agreements that I negotiate with a number of health professionals that are negotiated on behalf of my department. I have negotiating teams. With the nurses, the member knows that it is with the Saskatchewan Health Care Association. So I do not get directly involved in any of the negotiations.

Mr. Lingenfelter: — Mr. Chairman, the minister would imply that it's never the case that ministers become involved in negotiations. And I would beg to disagree with you that from time to time, when negotiations between working people or between professionals break down, that ministers do get involved — in fact, even to the extent, in some cases, of the Premier of the province getting involved in the negotiations. And I would ask you whether or not approaches have been made to your office, by the Saskatchewan Medical Association, for you to become involved in the negotiations?

Hon. Mr. Taylor: — Well certainly, Mr. Chairman. Again I answered the same question 10 minutes ago, and I'll answer it again, that I do not become actively involved with the negotiations with any of the health professions. From time to time I do meet with groups. I met with the SMA as late as Thursday last and was in telephone conversation with them on Friday.

Mr. Lingenfelter: — The question to the minister: have you been approached to get involved in the negotiations by the Saskatchewan Medical Association?

Hon. Mr. Taylor: — Well certainly I think the Saskatchewan Medical Association know that I don't become actively involved. So whether they think I do or not, I guess that's up to them, but I do not become actively involved at the negotiating table, and I will not be becoming involved at the negotiating table.

(1445)

Mr. Lingenfelter: — Well, we have your answer to a question that wasn't asked — you don't get involved; but I want to go back to the question that I put to you: have they approached you to become involved in the negotiating process?

Hon. Mr. Taylor: — No, they haven't asked me to become involved.

Mr. Lingenfelter: — And have they approached your department — negotiators for you to become involved? For example, the deputy minister or anyone negotiating, have they approached through your team to become involved in the negotiations?

You've indicated they haven't approached you directly. But have they, through negotiators, asked you to become involved?

Hon. Mr. Taylor: — No, they've never asked for me to come and sit at a negotiating table at all.

Mr. Lingenfelter: — Well the minister is, as usual, very

vague and beating around the bush, and the members laugh. The member from P.A.-Duck Lake thinks it's very humorous. And they seem to think that this role of dealing with a billion dollar budget is unimportant. And the member from P.A.-Duck Lake laughs and giggles and obviously has a great deal of difficulty understanding what his role in the Assembly is as well.

But if you want to get involved and defend the minister or ask questions, you have every right to do that. But if you're going to sit in your seat and yell and holler as you're doing right now, then we've got problems because we have a difficult time functioning if the chairman allows that kind of yelling by the member from P.A.-Duck Lake, because it's difficult to ask and get answers. And I'm sure the minister has a difficult time with you hooting and hollering as well. And if the member from P.A.-Duck Lake, the Minister of Justice, if that's all you've got to do with your time, then continue on. But we have important questions to ask, and we'll be keeping at it.

I would want to go back to the negotiating between the Saskatchewan Medical Association and your department and ask you whether, at the present time, any meetings are planned for today or in the near future? Have you got meeting set up, or where are negotiations at, if you could bring us up to speed on that?

Hon. Mr. Taylor: — There are no meetings set at this time. Under my last consultation and discussion with the chairman, the outgoing chairman and the new chairman, I've told them that we are able to, and ready to negotiate as soon as possible. I guess the one impediment is that the chief negotiator is the deputy minister who is seated beside me, and he's also needed in the estimates. So when the estimates are not taking place, we'll be willing to negotiate. The SMA realize that.

Mr. Lingenfelter: — I've heard this boloney from the minister for too long, and I want to tell you that the doctors and the nurses and the people who are waiting are getting tired of this, that you never have time because you're too busy. Well you're supposed to go to Estevan to meet with the nurses; you announce to the nurses you can't go because we're sitting in the House — the House didn't even sit that night. The House didn't even sit.

Now whether it was you or your staff who informed the nurses down there that you couldn't go, I don't know, but that game is getting a little tiring. Now today you say you can't meet with the doctors because we're in estimates. Now I want to tell you that we have given you the opportunity to postpone these estimates, and we'll deal with Urban Affairs. And to that end, Mr. Chairman, I move we rise and report progress and ask for leave to sit again, in a different department, and allow the minister to go and negotiate with the doctors, because I'm tired of that phoney-boloney that he's putting out to us.

Mr. Chairman: — The member from Shaunavon can ask to rise and report progress, but he may not put conditions on it.

Mr. Lingenfelter: — Mr. Chairman, I move that we rise and report progress.

Motion negatived on the following recorded division.

Yeas — 7

Blakeney	Lusney
Tchorzewski	Shillington
Lingenfelter	Yew
Koskie	

Nays — 24

Birkbeck	Dutchak
McLeod	Dirks
Andrew	Sandberg
Lane	Klein
Taylor	Currie
Schoenhals	Maxwell
Duncan	Morin
Pickering	Parker
Schmidt	Young
Folk	Weiman
Smith (Swift Current)	Rybchuk
Myers	Baker

Mr. Lingenfelter: — Mr. Chairman, we now see that the argument about wanting to be out of here to deal with the doctors, and having to be here to deal with the estimates, is one that is used as an excuse more than a reason. Because obviously, the people from Urban Affairs were in the building; they are on stand-by by the government House Leader . . . (inaudible interjection) . . . Well, if they're not, they should be, because the government House Leader has indicated they were on stand-by. And we could have moved very quickly into another department and done all the other estimates if they had . . .

Mr. Chairman: — Order, order. We are on the Department of Health. If you have a question for the minister in the Department of Health . . . We're not on any other subject at the moment, so let's proceed.

(1515)

Mr. Lingenfelter: — Mr. Chairman, talking about the Department of Health estimates, we are saying that we're here in Health — could be in any other estimates — but we're here because the minister wants to be here rather than dealing with the doctors.

But I would indicate to the Assembly that, if estimates go on for the balance of today . . . Tomorrow's a private members' day. We will not be dealing with Health estimates. And at that time you will be freed up, Mr. Minister, to set up meetings and go deal with the doctors, because ministers of the Crown don't usually get involved on private members' day.

So at that juncture, when we finish up tonight, if we're still on Health estimates, you could have your staff today, right now, one of them go set up a meeting to try to solve the problem, if your problem is that you haven't got time. Because tomorrow we won't be dealing with estimates.

And I wonder if you can tell the Assembly whether at this time you will have one of your staff go and solve that excuse you've been using of not having time because of Health estimates, because tomorrow you won't be in Health estimates at any rate. The Assembly will be dealing with private members' business. And the excuse you're using of not having time, whether or not if you want a meeting you'll have your staff set it up now for tomorrow.

Hon. Mr. Taylor: — We'll certainly be looking at negotiating with the doctors, and we will make the arrangements when appropriate.

Mr. Lingenfelter: — I just want to follow that up. I heard your comments over the weekend that you were too involved with Health estimates to negotiate, or you were using that excuse. I wonder now whether you will tell the House clearly, or explain to us clearly, for tomorrow, if the doctors approach you for a meeting tomorrow, whether you'll be available to meet with them.

Hon. Mr. Taylor: — Certainly, Mr. Chairman, again let me indicate to the member for the fourth time that I do not negotiate at the table. I told the chairman of the SMA, the incoming chairman, Dr. Hubbard, at my meeting on Thursday, if he wants to meet with me and consult about various things, certainly that can be arranged.

As far as negotiations, I've made it very, very clear at the meeting with the doctors that as soon as possible we will be willing to negotiate. It may well be that we can do it tomorrow, but they have to come from distant parts of the province, and certainly we will be exploring whatever avenues are possible to try and bring about a settlement to this negotiation.

Mr. Lingenfelter: — The minister has indicated again that he's not going to get involved in the negotiations, and clearly the question was whether he would meet with the medical association if they requested a meeting tomorrow.

Hon. Mr. Taylor: — Well, Mr. Chairman, I told the incoming chairman on Thursday that I would meet with him at any time. The Minister of Finance and I indicated that to him in my office. So I don't know what more I have to do. I'm sure he's aware of it. Dr. Hubbard is very aware of that, and if he wants to have a meeting with me, I'm sure he will give me a call.

Mr. Tchorzewski: — Mr. Chairman, Mr. Minister, over the last four years you have continuously said that it's so important to you and your government to have appropriate consultations with all sectors of the health system in order for you to make your decisions. I think what we have seen happening in the last week and, indeed, weeks previous to this is that your so-called consultation has not really been consultation. One of the things that your government and you, as the Minister of Health, have said to hospitals and nursing home boards is yes, we will consult with you, and then we will consult with the medical profession because that's sort of the pillar of our consultation process. That's the position you have been taking.

Now we see this so-called pillar of your consultation process has fallen apart. It's collapsed around you. It's collapsed around your government — because I submit, Mr. Minister, you cannot continue to fudge your way along as a government and not do anything and simply meet with people and pretend you will do something, and keep on a friendly basis with them for ever. And here we are, in the fourth year of your government — actually going into the fifth year of your government. There have been no results come forward, and so you shouldn't be surprised that it's all falling around you now, because all of those people to whom you have been pretending that there is a great deal of consultation have realized that that's all it is. It's a nice little dialogue without anything coming out of it at the other end.

The Saskatoon II Agreement which you signed — and maybe you should not have signed some provisions in it. I don't know. That's a judgement you and your government have to make — clearly said that there is a mechanism available to refer disputes between the negotiations between the government and the medical association. And it seems to me, if I am reading the news reports correctly and listening to the television reports correctly, what the Saskatchewan Medical Association is saying is that you're not living up to that agreement, Mr. Minister. Why are you not living up to that agreement, and why are you therefore not prepared to go the third party route?

Hon. Mr. Taylor: — Well first of all, on the topic of consultation, I just want to inform you that it was brought to my attention by the hospitals in Saskatoon that within the first year and a half of becoming Minister of Health that I had met more times with the Saskatoon hospitals than the previous Health minister who lived in the city of Saskatoon. That's fact. you can check the record. You'll see that.

Secondly, in connection to consultation, I don't think ever before has there been as massive consultation as there has been through the long-term care workshops — over 2,500 people. Certainly working out Saskatoon Agreement II— as I indicated to you, I was present at virtually every meeting.

So I don't think it's very fair for you to stand here and say there has been a lack of consultation when there has been far more consultation than previously. For you to indicate that we are not following Saskatoon Agreement II, and for the doctors to indicate that, simply is just not correct. We have been following Saskatoon Agreement II to the letter.

As far as arbitration or referral to a third party, both mediation or arbitration, they are part and parcel of the consultation process. The doctors, if they want to go that route, let them come and meet with my negotiators and so indicate.

Mr. Tchorzewski: — I am sure from what I hear the doctors saying, or the president of the Saskatchewan Medical Association saying, they would love to be able to meet, but you have been unprepared to meet. We gave you an opportunity here this afternoon to arrange a time to meet. We offered to get off the Department of Health estimates because we have a lot of questions to ask yet.

And we offered to go to another department, which has been on standby now for over a week, and you refuse. So really, your sincerity about offering to meet has got to be somewhat questioned.

You see, Mr. Minister, the point isn't the consultation. That's fine and good, and there should be some, and other ministers before you have had those kind of processes. The difference between now and the past is that in the past, after those consultations there were results. At the present and in the last four years, after those consultations there have been no results.

One of the things that consultation does is solves ongoing problems of administration. There are a number of problems that are not being solved. And I want to ask you this question very straightforwardly: if this consultation has been working so well, Mr. Minister, why do physicians in many cases have to wait as long as three months to get their payments on their fee schedule for services rendered? That's one of the problems that is faced by the Medical Care Insurance Commission. Why is it taking up to three months for some of those payments to be made?

Hon. Mr. Taylor: — Well certainly I believe the consultation has been working, and I think there has been results of the consultation. The member can have his interpretation of that, but certainly I feel that it has worked very, very well.

In the present round of negotiations there is a bit of an impasse which I am optimistic can be overcome, and I think the only way that will happen is for the doctors to get back to the table. As I said in question period, get back to the table and get into the realistic ballpark of demands. And I urge them to do that. And if they want to go to arbitration, then that's an avenue that either party can suggest. But the only way that can happen is if they get back to the negotiating table. So I would like to see that take place.

As far as the condemnation of the consultation procedure that's taken place in the Department of Health, the member can have his point of view if he so wishes. But I tell him it's wrong— that there's been more consultation in the last four years than there was previously, and that consultation has provided results. That consultation has come up with the \$100 staff enrichment program. That consultation has come up with the \$300 million health capital fund. That consultation has come up with the chiroprody program.

I could go on and on and on and indicate to you the new initiatives and the improvements in health care that has come about by the consultation. And if you deny that, I ask you to go to the senior citizens of this province. And you go back to ask them the first time that my colleague, the Hon. Pat Smith, who was the minister of Social Services at the time . . . We'd been ministers for about two weeks. We went to Yorkton to the Saskatchewan Senior Citizens Association rally.

There must have been 5 or 600 seniors there. They had a number of resolutions. I remember the two of us saying, what is your main priority? They said, well one thing that

we have talked about over the past six or seven years is a chiropody program. Well, after an explanation of what on earth a chiropody program was, we came back, and it's been implemented, and it's totally in place in this province.

So for that member to stand up and say that consultation has not brought about results is simply not correct. And I could go on all afternoon and cite you example after example after example where the consultation process has worked to the benefit of Saskatchewan people.

True enough, at this time there seems to be some road-block in negotiations with the medical profession. But I'm optimistic that we will overcome those. The way we'll overcome it is for the doctors to come back with a realistic proposal and get to the table.

Mr. Tchorzewski: — Let me just ask my question again, Mr. Minister, because in your dissertation you forgot to answer it. The question is: why is it taking up to three months for the Medical Care Insurance Commission to pay the bills, or pay the fees to physicians for services that they render from time to time?

Hon. Mr. Taylor: — Well this must be a very rare incident that the member is alluding to, because the average payment is well in less than 30 days.

Mr. Tchorzewski: — Well I submit to you, if the average payment is less than 20 days, then there's an awful lot of payments that are taking a long, long time, to get you average to that level, Mr. Minister. It seems to me that three months in almost any case, unless you have a dispute, is an inordinate, long period of time.

There is something wrong. Either the money from the Department of Finance isn't being made available quickly enough, which, with the kind of mismanagement we've seen with this government, I wouldn't be a bit surprised; or there is something else wrong that's causing . . . And it's not the rare occasion, because I happen to know from conversations I have had that it happens quite often; that there is a delay of up to three months.

Now why would there be — even in your terms, the rate occasion — up to a three-month delay in the payment of a bill for services rendered?

Hon. Mr. Taylor: — Well I don't know what incident, and it has to be a single incident, because the officials were telling me that at the 13 meetings, in the 13 negotiating meetings, this has never been raised as an issue once. There's been no concern about late payment, that pretty well all the payments are made well in excess of 30 days.

Now you may know of an isolated incident, and if you do I would ask you to relate that to me. If it's an individual, you don't have to bring his name forward in this House; you can have the option of sending the issue to me with a page. I will look into it and have my officials look into it. And if there is some area where there has been a mess-up, we would address it with the individual. But I can assure you, in the main that certainly isn't the way the commission operates.

Mr. Lingenfelter: — Mr. Chairman, I want to ask the minister about the news report over the weekend and in today's *Regina Leader-Post*, that the headline, "Hospital expansions criticized." And I know we've touched on this before, about the waiting list in Saskatoon, for example, being 8,000 waiting for surgery, and then the irony of having beds closed — 77 of them — for some time at St. Paul's Hospital.

Can you tell me at this time whether any beds are closed in the city of Saskatoon due to the lack of funding or staffing, or for any other reason? Are any of those beds still closed? I believe there were some in pediatrics at the University Hospital, as reported by one of the officials of the hospital in the press in Saskatoon about, oh, three or four months ago, and also 77 beds at St. Paul's. Are any of those beds still closed?

(1530)

Hon. Mr. Taylor: — They indicate that the only ones that are closed are the pediatric beds, and we have initiatives in this budget to have those re-opened.

Mr. Lingenfelter: — Could the minister explain how many beds are closed in the pediatric ward at the University Hospital and how long they've been closed.

Hon. Mr. Taylor: — There are six beds, and they've been closed since May of '85. And, as I repeat, there are initiatives in this budget to have them opened.

Mr. Lingenfelter: — Well can the minister explain why these beds are closed and if . . . They've been closed for a year now. And it seems to me, when you're putting large amounts of money into hospital construction . . . On two floors above the pediatric ward you can hear people hammering and building, and I don't think anyone's arguing that they shouldn't be building. That's not the question.

But the irony for the staff and the patients in the hospital is to see the empty beds on one floor, and they're told that they can't have them open because there is no money, and at the same time they're building more beds up above. And I'm sure you, Mr. Minister, will realize the public and the people who work in the hospital simply don't understand that.

And I wonder if you can explain why these beds have been closed for that length of time — almost a year — and the need is there. The unemployment is high. Certainly there are many people around looking for jobs and can work in the health field. What is the reason for having those beds closed?

Hon. Mr. Taylor: — Certainly. The reason is there was a decision by the University Hospital board to reassign funding from pediatrics to other resources. In fact, pediatrics, thank goodness, with the preventive and inoculations and vaccinations we have, not as many children are in the hospitals as they were previously. So the consensus in the pediatrics was such that reduced capacity could accommodate the expected demand.

The number of pediatric beds were reduced from 53 to

47. There have been no emergency admissions. No emergency admissions have been or will be turned away, and in looking at the Saskatoon scene, there were unused pediatric beds at other Saskatoon hospitals. So if you look at the total service to pediatrics in Saskatoon, there have been none turned away at the University Hospital, and some of the ones at the other hospitals that were not being used are taking up the slack.

So it was a decision of the board to best deploy their resources where they best felt they were meeting the needs of University Hospital.

Mr. Lingenfelter: — During the past year then, at the University Hospital, we've seen these beds closed for almost a full year. Are there any other beds at that hospital that have been closed during the last year; and if you'll indicate which area they are in of the hospital, and the number in each of those areas, and the number of days they were closed?

Hon. Mr. Taylor: — From time to time through the year, due to holidays by doctors and staff, there are beds closed from time to time in hospitals. That has taken place at University. They tell me at the present time that isn't taking place. There are no beds closed other than the pediatric ones that we have discussed.

Mr. Lingenfelter: — ... (inaudible interjection) ... The minister has indicated that there have been in pediatrics a number of beds that were closed since last May, but over the last year can you indicate how many other beds were closed in different areas, and I'm quite sure that ... In fact, I know that there have been other beds at hospitals in Saskatoon closed over the past year, and what I'm looking for is the number of beds that were closed, and I would like the area and the number of days each of them was closed.

Hon. Mr. Taylor: — As you know, for the past ten years there has been the custom of, at certain holiday times, Christmas for example, that beds are closed down because of: number one, doctors taking holidays; because of staff taking holidays; thirdly, because of some individuals choosing to stay at home Christmas rather than going to a hospital.

He's asked for the number of beds, the wards, and the number of days. I will provide that to you. I don't have it at my finger tips at this time, but we'll provide that to you.

Mr. Lingenfelter: — Well, I want to get those numbers because you had the number for the pediatric ward, and I'm sure that in somebody's book they will have them there at the present time. And while you're at it, if you get for St. Paul's Hospital the number of beds that are now closed at the present time. If you'll give me that right now, and then I've got some other questions on that.

Hon. Mr. Taylor: — We'll get that as quickly as we can for you. If another member of the opposition has questions that we can go on and discuss, we will do that. As quickly as I have the figures for St. Paul's, I will give them to you.

Mr. Lingenfelter: — If the minister could just explain the process here. Has someone in the room got the numbers

of the number of beds closed in St. Paul's right now at the present time?

Hon. Mr. Taylor: — We don't have them in the room at this time. We'll have to contact the hospitals.

Mr. Lingenfelter: — Well it seems interesting, Mr. Minister, that you would have some of them, namely the University Hospital, the pediatrics, but you don't have St. Paul's. Have you instructed one of your people to go get them? I haven't seen anyone leave the room. Have you instructed someone to go get those numbers, because we're wanting them here so we can continue on our debate.

Hon. Mr. Taylor: — We're going to get them as quickly as possible for you. You mentioned why we had the pediatrics. I had requested that those be brought forward because I remember you raising that specifically earlier, so I asked for that information. As quickly as we can get the information, we'll provide you with it.

Mr. Lingenfelter: — We had also raised St. Paul's Hospital — the closures there. If you're talking about the reason that you had the pediatrics of the University Hospital, if that's the logic you're using, then I would assume that you would have had for St. Paul's. Can you give an estimate? I'm sure the people who are sitting around you would have an estimate of how many beds are closed at the present time. And over what time period was the announced 77-bed closure ... How long did that stay in force?

Hon. Mr. Taylor: — We will try and get that as quickly as we can. As you know, the pediatric ones have been closed for some time, and we have that information. These other ones, there may be one or two closed today. I don't know. I've sent someone to find out as quickly as he possibly can.

Mr. Lingenfelter: — Does the minister have the information on City Hospital in Saskatoon? We know that we have 8,000 people waiting to get into those hospitals, and the irony that we would have any beds closed when the waiting lists are 8,000 ... It simply isn't understood by the public, nor do I think it should be understood by the public, how you can be closing beds in Saskatoon at a time when we have 8,000 people, Saskatchewan residents, paying taxes and waiting to get in — and building hospitals at the same time.

Now you have stood up and explained how, because of holidays and because of this and that, you're closing beds in Saskatoon at the same time as you have 8,000 people waiting on waiting lists for surgery. Then in the next breath you say, but I didn't think it was important enough to bring the numbers to the Assembly, that's how well I'm prepared.

And after two weeks of trying to get answers out of you, for you to come here without those kinds of important numbers, I think it's obviously why we're having to spend such a long time in trying to get answers. Because these are perfectly reasonable and very simple questions that are being asked by members of the opposition, and ones that should be anticipated by the minister.

Obviously we've been concerned about waiting lists in Saskatoon. We've raised it in question period a number of times. And I would think that a minister who is in tune with the issues in his department would come to the Assembly briefed to the hilt, and his staff would come here with all the information in briefing books, and I think they do come here.

But I think that way you're doing is attempting to avoid the embarrassment by not giving the information, because I don't believe that your staff don't have those numbers with them. I don't believe that your good staff doesn't know on a day-to-day basis how many hospital beds are closed in Saskatoon — in a sensitive area where the hospital waiting lists are a big issue.

To tell me that none of your staff know how many beds are closed, or which ones were closed in the last year, and that they wouldn't have brought it in their briefing book, and that of the 10 or 15 or 20 people that you have here with you today, not one of them has a briefing book that indicates which beds were closed in Saskatoon, I just want to ask you the question: do you expect the public and the opposition to believe that?

Hon. Mr. Taylor: — Well, Mr. Chairman, I've indicated to the member I have no reason to want to mislead you or the member or anyone else, that I want the most up-to-date information. He wants to know how many beds are closed in Saskatoon. My officials are looking into that. It's just as soon as we have the accurate information of what it is today, we will provide it to him. I think that's being fair, and I don't think he can ask for anything more. I mean, he wants to know what the situation is today. I have officials contacting the hospitals right at this time to find out what it is at this present time.

Mr. Lingenfelter: — Well if what you're hanging your hat on is the fine term of today, then we'll go back and . . . The estimates started two weeks ago. Let's use a date two weeks ago. Let's say April 1st, and at the time is when the briefing books Saskatchewan would have been put together and everyone would have had time to prepare and come . . . because we were all expecting estimates. On April 1st, from April 1 of 1986 back to April 1 of 1985, do you have the numbers for that time period for those three hospitals?

Hon. Mr. Taylor: — My officials indicate there has been no designed closing or deliberate closing of any beds other than those six pediatrics that I explained. Now there can be a temporary close for various administrative reasons within a hospital for a day or two here to move something around. Do you want that information? Please be very explicit in what information you want, so that we can provide you with the exact information.

Mr. Lingenfelter: — What I would like is the list of beds that were closed in that time period, from April 1st of 1985 to April 1st of 1986, for each of the hospitals in Saskatoon: University, St. Paul's, and City Hospital; and a number of beds that were closed in each time period, and the area of the hospital that they were in for whatever reason. And I'm not questioning here the reason whether they were planned or otherwise or staff holidays were planned around the closures. What I want you to, if you

could, is just stand up and say at University Hospital, in this area this many beds were closed between June 8th and June 10th, and if you want to give the reason you can; that's not important to me, but I want to be very clear.

The question that I want to ask is: how many beds were closed, for what period, in each of the three hospitals, and for what time period for whatever reason?

Hon. Mr. Taylor: — We're getting that information for you. If there were deliberate closures for periods of time in the three hospitals in Saskatoon over the last year, we'll have that information for you.

Now I'm still not clear. If, say, there may be a bed closed today for X number of reasons — you know, there may be repairs to a room or something of this nature. The oxygen may have broke or something like that, and there's no one in that bed, do you want to know all of those things too, because that would take considerable more time. If you need just deliberate bed closures or things of this nature, we have phoned for those. But if you want to know every one, we will have to go back and get that information.

I would like you to indicate if that's what you're wanting, too. Let's take the example of, say the oxygen isn't working in a room and that bed for that day is vacated, and then it's repaired that day and the next day someone is in that bed. Do you want that information also?

Mr. Lingenfelter: — What I would like is the beds that were closed, and I'll use the example of St. Paul's Hospital in Saskatoon, as you were indicating, for staff holidays. Now you're the one who referred to those 77 beds being closed for that reason. I'm not putting words in your mouth, but let's start there.

You continually try to get things thrown in that are irrelevant to the debate. But let's take the 77 beds and go at this very slowly because you're having a difficult time getting the questions down. But let's say the 77 beds at St. Paul's: which beds were closed, in what area of the hospital, and for what time period?

Hon. Mr. Taylor: — We'll get that information for you.

Mr. Lingenfelter: — Well, Mr. Minister, here again I want to get it clear: do you have the information in the Assembly on that issue, or is that, too, not in anyone's briefing books?

Hon. Mr. Taylor: — We have to get the information from the hospitals. As I've pointed out many times, the hospitals are autonomous boards. They make decisions. Sometimes they decide to make a close over a holiday period of time. But if the member wants to know exactly what beds were closed during that period of time, we'll be only too glad to get that information from the hospitals. We're trying to get it as quickly as we can.

(1545)

Mr. Lingenfelter: — Well the issue here is that we're not getting any information. I mean, obviously, I've asked a number of questions about hospital closures in Saskatoon and I referred to the 77 that we asked questions about in

question period, and you have no answers to it. And obviously the reason that we have been here two weeks and may be here another week is because every time we ask a question about an area in your department, you don't know anything.

And what I really have a difficult time believing is . . . and the difficult position you're putting your staff in, because obviously they know the answers to these questions, otherwise you wouldn't have them around you. Obviously they would know that, because at any time press people will walk up to you and you'll have to answer these kinds of questions, and you would know.

I think it's obvious that what is happening here is that a minister who is trying to keep the lid on a boiling kettle in the Health department is simply trying to avoid the questions, and then two weeks later or a month later he will then take an opportunity to quietly send the information, as he has done in the past, so that no one will know about it.

Well the estimates are important so that the public know what is going on in the department. It isn't a matter of trying to hide information and then quietly putting it out later so the public don't know. That isn't what estimates are about. The estimates obviously are the issue of taxpayers' money. We're spending over a billion dollars here in this department, and what we're trying to get to the bottom of is where the money is being spent and where it isn't. And obviously you may be saving some money by closing these hospital beds. But it's difficult for us to know when you don't have any answers.

And this process is going to take us for ever unless we can start getting some answers. And what I would like to do is, we'll continue on in a number of other questions, but would you, Mr. Minister over supper, take the opportunity, and can you give us the commitment that you'll bring these numbers back on hospital bed closures when we come back after supper?

Hon. Mr. Taylor: — Well the pattern hasn't changed much over the years. In fact it was better in the last couple of years at St. Paul's. They operated at a higher ADC (approved daily census) than they ever had done before. But I will give the commitment, just as soon as I have the information, that I will give it to the member opposite. I have people trying to get the hospitals to put it together at this point in time so it's the most up to date and the most accurate. As soon as I have that I'll be pleased to provide it to the opposition.

Mr. Lingenfelter: — I would just ask the minister again, and I just want to get clear on this: will you be bringing those numbers back tonight? Can you give us that commitment that somebody will go do that now over the next hour before offices close and make a phone call and bring those numbers to us tonight for the committee?

Hon. Mr. Taylor: — I have people working on it right now, and there's an hour or so before work quits, I suppose, at the hospitals. If they can bring it together, I will certainly bring it. But as soon as I have it, I will deliver it to him.

Mr. Lingenfelter: — Well this is an important issue because we want to get the answer to this before we leave estimates. And it will have something to do with the timing of the end of these estimates — this and other questions. And if those numbers are here tonight, that will help us decide whether or not we get through estimates today or go on to Wednesday. But I will want those answers.

And I'll tell you again right now, what I need is for the three base hospitals in Saskatoon — University, St. Paul, and City; and for the three base hospitals in Regina — the Plains, the Pasqua, and the General. If you'll get me the same numbers of the beds that were closed, what time period, and we will expect those tonight. And if they're not here tonight, then we'll have to come back Wednesday and wait for them, because it gets very, very tiresome and tedious for the members of the opposition to be asking questions and to be stonewalled by the minister. And it makes it tough for the people who are listening and watching to try to find out what the answers are, to try to get any information . . . (inaudible interjection) . . .

Well the Minister of Urban Affairs says that nobody's listening or watching. Well he lives in a different world than I do, because the million taxpayers in this province who see a billion dollar deficit are interested — 2 billion — are very interested in what goes on in the spending priorities. And I know that members of the government benches say that all of this is unimportant, and we can just spend this money the way we want, and no problem. But what kind of arrogance from a massive majority government, I think is one of the reasons that this government has a few problems, because the arrogance of these people to come here to this Assembly and treat with disdain the billions of dollars of taxes that have to be paid each year simply doesn't go unnoticed. And here again, I want you to . . . If you could give me a commitment now that we will be getting those numbers tonight?

Hon. Mr. Taylor: — Well, Mr. Chairman, it would make it a lot easier if the member would get his homework together. We started this line of questioning about 20 minutes ago. It started with University Hospital; it went to St. Paul's Hospital; now City; then the member gets up and said how about the three Regina hospitals. If he would have asked me about that 20 minutes ago, I could have had my people looking for all of those.

An Hon. Member: — You should have this.

Hon. Mr. Taylor: — Now the minister who likes to yell from his seat says you should have had this. Let me indicate to you that the decisions within the hospitals are made by the hospitals — they're made by the hospitals. They're made on a day-to-day basis, on a week-to-week basis. Now for me to come with a bunch of statistics at the beginning of estimates, which do not reflect the situation as to today, would not be giving the exact information. I have no intention to not give the exact information. That is why, on matters pertaining to the hospitals and so on, we are in contact with them now, and we will be in . . . we're in contact with the Regina and Saskatoon ones; now we'll be in contact with Regina.

But if they really want to speed things up, if they would have stood up and said, look, we're concerned — and they have every right to be concerned, I don't question that — we're concerned about bed closures. There are six base hospitals in the province of Saskatchewan; we want to see what the bed closures were. Mr. Minister, would you attempt to give us as soon as possible the bed closures of this, this, this, the six hospitals — if they'd done that half an hour ago, we might have the information by now, but to drag them out and just keep adding on just makes it more difficult for my staff to get the information.

But I give the commitment to the member that as soon as I have that information, the minute I have it, I will give it to the opposition to continue on with their line of question and discussion.

Mr. Lingenfelter: — Well the minister will want to set out how he would like the questions phrased and asked and the tone of voice that he would like them asked in, but obviously that isn't his job. The job of the chairman is to monitor the arguments between the members, and I will ask questions as I see fit, and I will live with the way I ask my questions and you, sir, will deal with the answers you give, because they aren't adequate. The answers you give have fallen short in every area, and you've weasled your way out of giving answers time after time again, and this is a very important issue of bed closures.

Now you can say that the boards make up their minds which beds they're going to close, and everyone knows that, but you may be surprised to know that their decisions are based on funding that comes from the government. You may be of the opinion that it has nothing to do with your department when hospitals decide to close beds, but that shows the stupidity of your argument in saying that. It shows how ridiculous you are when you say that the hospital boards will decide which beds to open and close.

Obviously it's based on the funding that comes from your department. And what they're saying is that we have to close pediatric beds at the University Hospital in Saskatoon. We have to make that decision because the government is starving us for funds. But at the same time they have money for new construction because the press releases the minister wants to make. And they have a great deal of difficulty understanding how you're getting away with not answering these questions of why you're not funding properly existing beds, at the same time as you're building new ones.

And obviously what should be happening is every bed should be open every day with the exception, as you mention, of remodelling and that sort of thing. But there's no way that pediatric beds at the University Hospital should be closed for a year because of lack of funding from the provincial government, and lack of funding from the federal government because they're cutting back as well.

I just say to you that these kinds of answers should have been anticipated by yourself. I feel they were, by your department people who are with you. I think what is

happening is you're stonewalling and putting your people in a very difficult position. And the time period that we're talking about is not today. The question was framed very clearly: the beds that were closed from April 1 of 1985 to April 1 of 1986?

Now you may want to make up your mind that you want to exclude the answer by extending it to today because you don't have that information, but the public knows what you're doing. Obviously you're doing the same thing here as you did with the nurses; the same thing you did with the doctors; and I say it's unfair to play this kind of politics with people who are waiting to get into hospitals. And it's unfair to treat the committee this way as well, to come so ill-prepared, or in such a closed nature that you won't give the answers.

Now what I would like to know is whether or not after supper you will have that information for the committee? It doesn't take a great deal of personal fortitude for you to stand up and say yes, I will have that information tonight, because everyone knows you can get it; it will be in the department.

Obviously, in knowing that it's in the department doesn't mean that I believe that you run the hospital. But you do have that information. Obviously you do. We've been in government before. We know full well that you were aware and brought up to par on what beds were closed and when, and the department keeps those records. Obviously you fund each of those beds, so you would know which ones were closed for what time period. That would also be in your computer. You don't have to check with the hospitals to find out which beds were closed; you know full well. It would take two minutes for someone, if they haven't got the information with them — and I believe they do have — two minutes for you to send someone to your office, tell them to get the information, and be back.

And what you're doing here is stonewalling. And call it what it is, it's simply a minister who's not doing his job. And this is why doctors are demanding your resignation, and nurses are saying you aren't doing your job. And more importantly, the 8,000 people who are waiting to get into surgery in Saskatoon are wishing that you would go somewhere else, get a different job, because they don't believe you're doing a good job of carrying on your department.

And I say to you that these kinds of very simple answers should be at your fingertips and at the fingertips of your staff. They're in your department. Obviously each closed bed wouldn't get funding, and you would have that in your computer. And so to try to pretend that you have to now go and canvass each hospital and find out that information, simply isn't accurate, and the public knows that.

I would say to you that this avoidance of the answers in trying to hide and keep your political skin, at a time when you're in trouble and under heat from the press and from the public, simply isn't good enough.

In fact, you should be doing the opposite. Instead of acting arrogant and carrying on this big government

image of hiding things from the public, you should be saying look, the public is mad at me; they're on the verge of turfing us out of office as a result of our arrogance; the doctors are mad; the nurses are mad; and come here in the Assembly and say, look, I'm going to change — I'm going to start giving answers. And instead we see even worse response from the minister when it comes to try to get some very, very simple answers to some questions.

Hon. Mr. Taylor: — Mr. Chairman, for the member opposite to indicate that the only factor in keeping beds open is operating expenses shows his complete lack of understanding of the administration of a hospital.

There are many factors that come into priorities set by hospital boards, and boards have that right to set those priorities. There may be the mix of patients. That could be one thing that he would not allude to or give any credence to that being a factor that may indicate what beds are open or closed. There is the fact of holidays for staff. There's the medical component, the availability of medical manpower. There are a number of complicating factors. To try and boil it down to some simplistic issue — of saying, just funding — simply shows the complete lack of understanding of the operation of an acute care hospital.

And furthermore to that, Mr. Chairman, I'd just like to bring it to the attention of the committee that the operating costs for hospitals has gone up \$156 million since 1981-82, or 45 per cent over that period of time. So to indicate that it is funding, when there's been a 45 per cent increase over the last four years, simply is not credible.

I've told the member we will get that information from the hospitals. I have people working on it now. I will give the commitment again. As soon as it is here, I will provide it.

Mr. Lingenfelter: — I wonder if the minister could inform the Assembly and the people of the province when we will get the answer? Can you give us a commitment that we'll get it tonight, or on Wednesday?

Hon. Mr. Taylor: — Mr. Chairman, I think as we look at it, as I said there's probably . . . I don't know the quitting times at the hospital, but let's say it's 5 o'clock. They're looking at that information, bringing it together. I'm sure the hospitals want to give the most accurate information as quick as it comes in. I can't give a guarantee that they'll have it all in by 5 o'clock, but as quickly as they can get it in — there's people contacting them now — we will provide it.

(1600)

Mr. Lingenfelter: — Well, Mr. Minister, I'm not impressed, to say the least, with your inability to answer questions about hospital closures in a very important area, in Saskatoon — as all of the hospitals are. And I know full well that you would monitor closures in hospitals, and your department would keep a record of it, and that these numbers would be in someone's briefing book. Obviously that is the case. But if you want to use the excuse of going to the hospitals to save some political face now, I will allow you that corner to get into, but not

for very long.

And I will move off of this area and allow my colleagues to become involved on some other issues. But after supper I will come back, and we will ask the questions again. And after supper you can come back and say, we did a survey of the hospitals — when in fact you're going to go to somebody's briefing book and take out the information. But if you want to save face in that way, we'll give you the three hours to do it and allow my colleagues to get in. And then after supper I intend to be back here asking those same questions again, and we'll see whether you've had an opportunity to get them together for us.

Hon. Mr. Taylor: — Mr. Chairman, I understand that that information that the member is asking for, the up-to-date information, has never been brought to estimates by the department. It is in the hospitals. That's the way it has always been.

We're contacting the hospitals to try and get the most accurate and up-to-date information. I say to you again, the moment that I have it I will provide it to the opposition. Until that happens I cannot give a time when I will provide it. I hope we have it this evening for you, sir, but I can't give you a guarantee, because the hospitals are pulling it together. And I just want to assure you, Mr. Chairman, members of the Assembly, members of the opposition, that that is no different than it has ever been in estimates. That kind of information, if asked, is brought from the hospitals.

Mr. Lingenfelter: — I would just ask a further question to the minister on the base hospitals. Does your department monitor the closures of hospital beds?

Hon. Mr. Taylor: — Hospital boards don't require our permission in advance to close beds. If beds have been closed, usually there's some consultation or discussion, but they don't need our prior approval to close beds. So therefore, as they're closed, we do have discussions. We're looking at that information now, making sure that it's absolutely correct, getting it from the hospitals where those records are kept.

Mr. Lingenfelter: — Well no one asked you whether you had any input into the closures. The question was: do you monitor the closures? For example, in Saskatoon do you monitor which beds are closed, and when?

Hon. Mr. Taylor: — Not which beds. You know, if there's a bed closure, we will be in discussion with the hospital, see what brought about that closure. I've indicated there are many factors that could bring about the closure of beds, but we do not know exactly which beds are closed and when they are closed.

Mr. Lingenfelter: — The minister is obviously on some tricky ground here when he says that his department doesn't know which beds are closed. I mean, no one would believe that the Minister of Health and his department and his officials don't know when beds are closed in Saskatoon, why they're closed, for how long, and for what reasons.

If you expect the people of the province to believe that

you and your officials don't know when beds are closed, then you shouldn't be there — then you shouldn't be there. And the docs are right, that you don't know what you're doing and you should leave. Because I'll tell you that if you don't know when beds are closed in Saskatoon, and keep a record of it, you're not doing your job.

And I'll say again, we'll allow you to save your face for the evening. But if those answers aren't back tonight, then we'll know what you're up to, and the public will be allowed to continue on making the judgement that you're not able to continue on as Minister of Health because these are very, very simple, straightforward questions that we're not getting answers to, and they're based on reports coming out of Saskatoon.

You would have us believe that the *Star-Phoenix* in Saskatoon knows more about your department than you do. Now I don't believe that. I think the people in your department know when beds are closed, they know for how long, and they know what reasons. I'm not arguing with whether they agree with the reasons or not, but they know how many beds are closed, and when.

And the reason you're not giving it to us is because you're politically embarrassed, and you don't want to do it. It's got nothing to do with not having the facts. We'll allow an hour or so to go by, and then we'll ask the question again and see if you have the report back.

Hon. Mr. Taylor: — Mr. Chairman, we're certainly not politically embarrassed about an input of \$156 million into the operation of the hospitals. I'm not politically embarrassed about that at all. I think that is something that all of us in this Chamber are very, very proud of on this side of the House.

I have told this gentleman at least eight times that I will get him the most accurate and up-to-date information from the hospitals. I have told him sincerely, as soon as I have that information, I will provide it to him. It doesn't seem to him that that is a satisfactory answer. I don't know what else he could expect a person to do other than to go to the hospitals that keep the records, and we're on the phones now to provide that information. And I say once again, we will do it.

Mr. Yew: — Thank you, Mr. Deputy Speaker. I'd like to direct a question to the Minister of Health. Last week I raised the issue about health and medical services in northern Saskatchewan. And in particular I raised the question about an item that was published in the paper, referred to as the *Sun*, where the local funeral home would not be providing any further services because this government's policy has been to cut back on its many essential services and programs for the North.

And today I read in the headlines that this very same person, Mr. Jim Thomas of the Thomas Funeral Home in Meadow Lake, has refused ... It says here in today's headlines, "Mortician refuses to pick up the deceased people," Mr. Minister. I happen to know the one person very well, and I know that there's some extreme anxiety and hardships in a family. When the family wanted to have this deceased relative of theirs taken care of and there was no one to turn to, Mr. Minister, you know, it was

extremely difficult for the family.

I keep hearing you and the government opposite, the Progressive Conservative Government of Saskatchewan, reiterate time and time again of how good your programs are — how good the services and programs, and how well you're listening to the people of this province. I tend to disagree, Mr. Minister, and I know a good majority of the people in this province disagree. That is basically why you're backing down, why your Premier and your government is backing down from calling a provincial election — because you're afraid; you're scared.

Now I'm getting a little off the topic, but basically getting back to the subject, the point of my question to you, Mr. Minister, is this. You have definitely cut back on services for medical and health programs in the North. The program I'm referring to, Mr. Minister, happens to fall partially under your jurisdiction and partially under the Attorney General's department. But Mr. Minister, I want to ask you: has the situation been looked into? Are there any plans to look into the matter and provide for an adequate service and program of this nature?

Hon. Mr. Taylor: — I think you have to address those questions to the Attorney General. I think that falls under his jurisdiction. I couldn't say what changes he has made, or if the services are adequate or inadequate. When you come to his estimates, please raise it. But we have nothing to do with that aspect.

Mr. Yew: — Did I hear correctly that the minister will take notice of the question?

Hon. Mr. Taylor: — No, you did not hear that. What you heard me say is that it is under the jurisdiction of the Minister of Justice, and when the Minister of Justice's estimates come up, I urge you to address the situation to him.

Mr. Yew: — There again, Mr. Minister, you're confusing the whole nature of your department's policy for northern Saskatchewan and the province as a whole. I noted with interest certain portions of the estimates before us. You have a tremendous boost in terms of funding for your communications ads for health. I noticed that with interest you've got under last year's estimates \$1,030,000 for communications and health education. This year, as well, you've got an increase, Mr. Minister, of \$1.1 million.

You know, what we're seeing here, and I look at other estimates as well, Mr. Minister, like under Tourism, you've got a tremendous amount of ... you've got a 26 per cent increase in terms of communications expenditures. We are looking at nothing but major government ads at this point in time, Mr. Minister — big government ads to boost the very unsteady future you have politically; that your party seems to be floundering around back there. You haven't got a concrete specific plan or policy for delivering government services, essential services, for this province.

You know, when you slap together a policy, a budget such as you have before us, a plan, a program that's put together out of desperation, you have nothing, Mr.

Minister. That is why we've been sitting here for, what — 23, 24 consecutive days now, under the estimates of Health. And we've had nothing but protests — protests by the Saskatchewan Union of Nurses, protests by the Saskatchewan Medical Association, protests by the people, as well, in terms of correspondence. We've got correspondence — correspondence even made . . . given to the media.

About the performance of your government, Mr. Minister, I want to read out to you an item dealing specifically with estimates that we are presently under, dealing with presently. And it says here in his public letter regarding Health estimates, Mr. Minister, "Demand better health care," written by a mother who had spent some time at the University Hospital in Saskatoon. And she goes on to say:

During my stay in University Hospital for my son's birth, I was impressed by the understanding of the nurses. But, I was appalled at the lack of staff.

Appalled at the lack of staff, Mr. Minister.

By the third day of my stay, my son was spending all day with me and twice it was requested that I keep him overnight because there were not enough nurses to handle all the babies in the nursery. I resented the assumption that I would be willing to comply, as I was in the hospital to recuperate from my caesarean operation (section).

I felt obliged to accept the almost full-time care of my son as, on more than one occasion, I witnessed (she goes on to say I witnessed) the nurses literally running from room to room to provide care for other patients. Also, one evening I was compelled to comfort and coach the other patient in my room as she went into labor and no nurse was available.

(1615)

And, Mr. Minister, she goes on to ask you and the people of Saskatchewan:

What has happened to our health system? What I experienced was not adequate health care.

This is what she's saying.

I strongly urge the people of Saskatchewan to stand up for their rights and demand adequate care in their hospitals.

And this is signed, Patricia A. Livingston, from Saskatoon.

There's a good number of people in this province, Mr. Minister, that are concerned about health care, nursing, staffing, facilities. The type of policies that your government has been trying to slap together out of desperation . . . That is basically the conclusion that a lot of people in this province have arrived at. You had no program. You were all hyped up for an election when you came out with that throne speech on the 17th of March. But all of a sudden on the 26th, when you came down

with the budget, a budget that was put together out of desperation . . .

Mr. Chairman: — Order. Order, order, order. We are not discussing the budget at the present time. I would ask the member to please get back on the estimates.

Mr. Yew: — What I am saying, the point of my preamble here, Mr. Minister, is that you have no health and medical program for the province. Absolutely none. You're throwing deliberate smoke-screens in the estimates. In the *Estimates* I look on page 48, or pardon me page . . . In terms of capital, in terms of health capital projects you have 100 million designated, not under that specific item, Mr. Minister, but under property . . . way back, under the Saskatchewan Property Management Corporation — \$100 million. What are you, Mr. Minister . . . What is the sense of that, you know. What is the sense of putting together a budget that has no logic at all? Who is responsible for that particular branch or department, Mr. Minister? I'd like to know.

Hon. Mr. Taylor: — I wonder if you could repeat the question. I kind of lost track of what you were asking.

Mr. Shillington: — Mr. Minister, in the last session of the legislature, I raised with Mr. Minister the issue of the ads of escort agencies in the Saskatchewan telephone book. You undertook at that time, Mr. Minister, to look into that matter and get back to me. I wonder what your investigation of those ads and those agencies has disclosed, Mr. Minister.

Hon. Mr. Taylor: — It is some time since those estimates were here and I can't really recall giving you that commitment. But certainly it was not the commitment of the NDP youth group, who were looking at a resolution which was passed calling for the legalization of prostitution through the formation of worker-owned co-ops. That is certainly not the stance that we would be taking — the worker-owned co-ops for prostitution.

Mr. Shillington: — Well if that's the kind of response you're getting from the Minister of Justice, I think you need a new adviser.

Mr. Minister, do I take it from the fact that you quoted that resolution that your government is in favour of legalizing prostitution, and that's why there are advertisements for escort agencies in the Saskatchewan telephone book?

Hon. Mr. Taylor: — No.

Mr. Shillington: — Well, Mr. Minister, your memory is obviously failing you. I raised the issue last week — last year, rather, Mr. Minister. You, I think in a rather sheepish fashion, undertook to look into it. And again I ask you, Mr. Minister, whether or not you did look into it, and if not, would you then give us your comment on whether or not you think it's in the best interests of the health of Saskatchewan people to have escort agencies advertising in the telephone book?

Hon. Mr. Taylor: — No, I don't think that's the best for health of Saskatchewan people, but I fail to see where this has anything to do with the estimated figures in the blue

book under Health.

Mr. Shillington: — Well the health, Mr. Minister, the overall health of the Saskatchewan people, is your responsibility. I know members opposite think this to be a riotously funny subject. I can tell you, Mr. Minister, that it's not a humorous subject if the problem happens to be in your riding. I agree with what the mayor of Vancouver said, that anyone who believes . . . any federal member who would vote in favour of legalizing prostitution deserves to have the problem moved to his riding. And that, I think is an apt comment.

Quite apart from the victimization of women . . . Well I see members vigorously defending a resolution. Mr. Minister, quite apart from the victimization of women, it destroys . . . (inaudible interjection) . . . Well, the member from Maple Creek will have an opportunity to express her views in a moment. I am expressing mine. I am saying it is not in the best interest of Saskatchewan people for escort agencies to be advertising in the Saskatchewan telephone book. I want to know, Mr. Minister, whether or not you think that's in the best interests of the health of Saskatchewan people.

Hon. Mr. Taylor: — Mr. Chairman, I think those questions should be asked of SaskTel in Crown corporations. I think really they're responsible for what's in the yellow pages of the telephone book, and certainly not the Minister of Health.

I don't think we need to advertise these. Certainly I would be against that. They're certainly not the kind of things that people on this side of the House are interested in looking at. It may be some of his reading; I'm not sure. But I can tell you this, that our stance is far different . . . And let me repeat again, because I think the member opposite missed it, it says here, a "lively debate."

Some of the liveliest debate involved the economic development resolutions.

Economic development — listen to this. "NDP youth gearing up." For what, I don't know." One resolution was passed . . . Under economic development. Listen to this.

One resolution was passed calling for the legalization of prostitution through the formation of worker-owned co-ops (worker-owned prostitute co-ops).

And he stands here to try and make an issue out of an ad in the yellow pages of the phone book when his own party, his own youth wing of his party, want a worker-owned prostitute co-op. Now what kind of gall do you have to stand here and talk about that issue?

Mr. Shillington: — Well all I can say, Mr. Minister, is that your responses have reached a new low when you'd duck a subject . . . when you duck a subject by referring to a resolution passed by the SYND (Saskatchewan Young New Democrats.). I was not aware that at any time the resolutions passed by the SYND, or the young Conservatives, are policy of the senior parties. They are not.

Mr. Minister, someone may have passed a resolution urging the legalization of prostitution but, Mr. Minister, the government of which you're a part has allowed them to further their activities through the use of the yellow pages. I ask you, Mr. Minister, if you are opposed to these advertisements, which is what I understood you to say, have you taken the time to communicate those views to the minister in charge of SaskTel?

Hon. Mr. Taylor: — Mr. Chairman, he seems to think I'm quoting from some strange source. I'll admit it's a strange source, but it is *The Commonwealth* magazine, the magazine of the NDP party. It's on March 12, 1986 and it says here: "The NDP youth are gearing up." And it says this:

The youth in the party is where the new ideas come from.

That's what it says. Then it goes on to say, and I'm going to quote it once more so it sinks in. "There was a lively debate." This is in their own party.

Mr. Chairman: — Order, order. I think I've allowed quite a bit of latitude on both sides here and I think it would be best if we got off of this subject and got back on to the estimates of Health.

Mr. Shillington: — Mr. Chairman, let me be clear. If you are saying that what the Minister of Health . . . if you are saying that the position of the Minister of Health on government policy is not a proper subject for debates in estimates, then I . . .

Mr. Chairman: — Order, order. I have asked that we get back on to the estimates of Health. I don't think that is the proper place for it, so let's get on with the job.

Mr. Shillington: — Mr. Minister, I ask you again: have you as Minister of Health, communicated your views to the minister of SaskTel . . .

Mr. Chairman: — Order, order, order. I have ruled on that, and that is final. Let's get back on to the Health estimates with the minister.

Mr. Shillington: — Well, Mr. Chairman, I say you're ploughing new ground. The position of the ministers with respect to government policy has always been a proper subject. And I suggest that you are ploughing new ground with this ruling that you just finished giving us.

I ask you again, Mr. Minister, to clarify that. Are you saying that the position of the minister on issues of the day is not a proper subject for debate . . .

Mr. Chairman: — As it pertains to Health, yes, but let us stick to Health. And those items that belong to other departments, then bring them up with them in their proper place.

Mr. Shillington: — Well, all right. Let me phrase a brand-new question then to you, Mr. Minister. There are within your estimates, within the expenditures of the Department of Health, moneys devoted to venereal disease and the curing of venereal disease. Does the

minister think that the advertisements in SaskTel might not be counter-productive to the work you're trying to do elsewhere?

Hon. Mr. Taylor: — I have no idea if the advertisements in SaskTel have anything to do with venereal disease. I haven't read one that advertises venereal disease.

Mr. Shillington: — I know members opposite think this is a riotous subject. I can tell you that . . . I invite members opposite, who think this is such a humorous subject, to try doing some canvassing in some areas of town where this problem exists. Try doing some canvassing on the east side of my riding if you think it's a funny subject. It is not funny. It is destructive of neighbourhoods and destructive of women.

Mr. Minister, I want to, since the question has been ruled out of order, I want to raise with you a comment which appears in the covering letter . . . It is not the covering letter. It is the chairman's statement in an annual report of the Saskatchewan Health Research Board tabled by you, Mr. Minister. The sentence which I want to quote to you is as follows:

It would be encouraging . . .

This is written by D.D. Johnson. I believe him to be a medical doctor.

It would be encouraging to report that Saskatchewan increased its share of health research funding and activities over the past year relative to other provinces, but such is not the case.

Mr. Minister, you not only have the nurses criticizing you; not only have the doctors criticizing you; now we have a chairman appointed by you, in the annual report, criticizing your government for its spending on health care in a report which you filed.

I ask you, Mr. Minister: do you agree with the statement? If you do, what are you going to do about it? If you don't agree with it, how on earth did you come to table a report containing comments with which you disagree?

(1630)

Hon. Mr. Taylor: — Mr. Chairman, I just wanted to go back onto the topic that he was preoccupied with, on the whole thing of venereal disease, and it affecting neighbourhoods of the city. I'll just say, I wonder which neighbourhood his colleague, Harry Van Mulligen, wants to establish the red light district in Regina.

But being that as it may, just for the statistics and for the information of the committee here, I have a table here under the annual report of Saskatchewan Health, page 13, and it's a "Crude Incidence Rate For Sexually Transmitted Disease," Saskatchewan population, '75 to '84, both male and female, and I indicate to you that the total . . . The number of contacts of venereal disease has been going down every year since 1981. The trend for both males and females has been decreasing.

Mr. Shillington: — I gather, Mr. Minister, that you don't care to deal with the chairman's statement in the annual report which I brought to your attention.

Hon. Mr. Taylor: — Well certainly the funding for the Health Research Board has been maintained at approximately \$1 million a year. And last year we even instituted a new initiative of money for research into the situation of the elderly — which I think certainly indicates one of the needs here in Saskatchewan. So the funding is maintained, and we have enlarged upon it with designated certain fundings for research into the elderly.

Mr. Shillington: — Mr. Minister, that's not what your annual report says. You tabled it. If, Mr. Minister, you have done such an outstanding job of health research, why is your chairman unable to appreciate your genius?

Hon. Mr. Taylor: — Certainly, as I say, last year we put \$100,000 in and added money into research for the elderly. I think the chairman of the Health Research Board is saying, if they had more money, they could probably do more things — and that's understandable on any kind of research. I'm sure if you go to any research foundation or any research institute across this country, they would certainly indicate, if they had more money, they could do more research.

But I think we are continuing the funding that we have been providing over the years, and last year we put in \$100,000 extra for research on the elderly. But I do not deny that any research association — be it the Saskatchewan Health Research Board, be it research at the University Hospital, be it research at McGill, be it the research council of Canada — if you have more money, it's probably . . . You're capable of doing more research. And I think that's what the chairman was referring to.

Mr. Shillington: — Mr. Minister, that may have been what he meant to say, but that's certainly not what he said; nor will the language of his statement bear that interpretation.

It would be encouraging to report that Saskatchewan has increased its share of health research funding and activities over the past year relative to other provinces, but such is not the case.

And then what follows is a full page of criticism of health research funding in this province. And, Mr. Minister, I will read it in its entirety for you if you like. But if I had been you, I would have either done something about health research funding or I wouldn't have tabled this annual report. Because I assume, Mr. Minister, that when you table the annual report, you put your stamp of approval on it. It is your report, Mr. Minister, not your chairman's.

I ask you again, Mr. Minister, to refer to the comments and address yourself to the issue and not some other issue.

Hon. Mr. Taylor: — If you'd understand what you were reading you would see that the chairman is indicating funding from all sources. And as you realize, there is funding from national agencies and so on. But certainly

our funding, our proportion from the Saskatchewan government, has been maintained and in fact increased with the addition of funding for the elderly research.

So what he's talking about is the global picture of funding. And as I told you before, when you're running a research organization you will look for sources of funding from whatever source you can get it: there are many areas; there's bequeaths; there's all kinds of things that can go into research funding.

And I think that's what he's indicating, that certainly we could stand more in Saskatchewan. And I'd be glad to see more of that money coming in, into this province, and that's what the chairman, who is a pharmacologist, is indicating.

Mr. Shillington: — What portion of the board's moneys come from sources outside the government?

Hon. Mr. Taylor: — If you look into this and read it correctly, you'll see that the chairman is indicating . . . And you asked: how much? Their sources come from us, but they would like to see more sources coming from other things, such as the MRC (medical research council) and other agencies, as he says at the bottom of the paragraph, if you take the time to read down to that point in time. And I support him.

And I think, if we in Saskatchewan could get research money from foundations, philanthropists, various sources, from companies, that certainly that could be put to good use in health research and in other research, in agriculture research or whatever kind of research that would benefit this province. And that's what Dr. Johnson is talking about.

But to go back to your initial questions and statements, we have maintained our payments to the health research board, increased them. And the man is just simply saying it would be wonderful if we could tap other sources, and I agree.

Mr. Shillington: — Well, Mr. Minister, I wonder if you might address your attention to the financial statements in the annual report. I think they bear out the chairman. I want to say as well, that nothing . . . that the chairman's comments simply won't bear the interpretation you put on them. He is talking about money from the government, for the very good reason, Mr. Minister, as you point out, that's the only money they get. That is the only money they get, Mr. Minister.

I ask you to look at the financial statements to see why he's complaining as he is. In 1984 and previous years they got a grant from the Department of Health at \$750,000. In 1985 that grant was not continued. In 1985 they had to exist simply on the interest. So I say, Mr. Minister, that the chairman has good cause for his complaint. You have failed . . . You have not given the board a grant. The only money that they have had to spend is interest.

I ask you, Mr. Minister, to address yourself to the question of funding of health research and to cease giving us

dissertations on whether or not the board ought to be getting outside funding. I would think that would be extremely difficult, for a government agency to pick up donations from outside government. A private research fund might be able to do that. I would think it would be extremely difficult for a government agency to get donations outside the government. As the statements point out, Mr. Minister, the board has not received any outside funding. All their money comes from the government, and you haven't continued it. You discontinued the grant of \$750,000. It is to that matter and to the chairman's clear statement about the inadequacy of government funding that I wish you'd address yourself to.

Hon. Mr. Taylor: — Certainly their level of funding has been maintained. We've put in \$500,000 each of the last two years, as I said, with the addition of 100,000 for geriatric research. And for you to indicate that a public research corporation doesn't get outside funding shows your total lack of understanding. I think if you would look at the universities you would see that there is outside funding in many indications, in many indications. And right within my own department the psychiatric research branch attracts over \$500,000 in outside funding.

So to make that foolish statement that a public corporation or a public body will not get outside funding just illustrates your naivety and your complete understanding of how research moneys come about. Surely you must understand that universities throughout this country, universities both public and private, get outside sources of funding. Research councils get outside sources of funding. It's what happens and goes on.

You many not understand, because I realize your mind-set is that everything should be centrally controlled and come from the government. That's where your blinkers hold you. You can't see the possibility of any other type of venture, any other type of way of addressing a problem. You have no new ideas. You come with the same old work ideas year after year after year — of centralist control, government to manage and do everything possible, and don't ever, ever let anybody else have any impact into the operation of anything that the government has, because you lose your control; you lose your socialist ideology of control and manipulation. You can see it in your arguments and your mind-set. Every time you stand up you just telegraph right across Saskatchewan that centralist, old, worn-out ideas of yours — every time you come on your feet.

And when you stand here and say that you can't get outside funding, that just shows the socialist blinkers that you wear towards every problem.

Mr. Shillington: — Mr. Minister, I don't believe the comment you just made. I do not believe the health research fund has done anything to attract outside donations. I don't believe that's part of their mandate. Mr. Minister, I don't believe you asked them. I think you are misrepresenting the situation to this House, and I think that you must know it. I think you must know you are misrepresenting the situation.

Mr. Minister, this is a fund set up by the government

through which the government might do its share of funding of health research. This is not intended to be a private agency. This is the government's share of health research. Of course there are other sources for health research; of course moneys come from universities; of course moneys come from private companies. But this fund, Mr. Minister, is the government's share.

Mr. Minister, I want to know if outside funding has ever been sought by the board. I want to know, Mr. Minister, whether or not the fund has ever sought outside funding.

Hon. Mr. Taylor: — Well most certainly my deputy minister has met with the Health Research Board and has encouraged them to see if they could access outside funding. Now whether they've been successful to this date or not is questionable. But they have been encouraged to do that.

And again you show your complete lack of understanding of the purpose of the Health Research Board. The purpose of the health . . . (inaudible interjection) . . . if you'd listen. If you want to shout from your seat, go ahead. If you want to listen to my answers then please be quiet, because I'd be pleased to give them to you. Now which do you want to do? Shout . . . (inaudible interjection) . . . I will. I will certainly answer the question . . . (inaudible interjection) . . . There he's shouting again.

I want to tell you that the purpose of the Health Research Board in Saskatchewan is to get young researchers started, to give them a chance to look into topics of their interests, to establish their credibility, to help them do research that will raise their profile on the national scene. That will help these young people in Saskatchewan get that recognition as a researcher so that they can attract money from the national level, from national companies, from foundations such as the Terry Fox foundation for cancer. That's the purpose of the Health Research Board. One of the purposes is to establish that degree of expertise in health research here in Saskatchewan.

So I would be more than happy if we could give a grant to a young doctor, a young scientist at the University of Saskatchewan who could receive money from the Health Research Board, do their research — be it on social aspects or be it on biological aspects or what it may be — that acclaims, that is nationally acclaimed.

And then we will see these Saskatchewan people, and if they stay at our university or in our intellectual community in Saskatchewan, that they will be able to attract this national money, this foundation money. So that's the purpose of it.

And I think the member opposite, from his querulous questions and statements, shows a complete, utter misunderstanding of the purpose of the Health Research Board in Saskatchewan.

(1645)

Mr. Shillington: — Mr. Minister, it is patently obvious that you are either misleading this Legislative Assembly or you don't know what the fund is. Let me assist you, Mr. Minister, with some more information put out in this

annual report, for which I wish you would address yourself to.

If I were to ask this minister the time of day, I swear you would respond something along the following line: well now that's an interesting subject and I am so proud that Saskatchewan people can tell time. And you are saying, they can't tell time. I swear that's the way you would answer a question of that sort.

Every single question you are asked becomes an opportunity, Mr. Minister, to extol the virtues of Saskatchewan and to suggest that somehow or other we believe those virtues are sins. I wonder, Mr. Minister, when this silly cat and mouse game is going to come to an end, when you're going to start answering some questions.

Mr. Minister, let me read from page 3 of this report:

The Saskatchewan Health Research Board (SHRB) was established as a corporate body under The Health Research Act . . . to administer the Saskatchewan Health Research Fund.

Question: what is the fund?

With the proclamation of the Act, the Saskatchewan Health Research Fund came into being for the purposes of assisting and stimulating research in the healing arts and health sciences.

You will note, Mr. Minister, that the board does not of itself do research; it makes grants to others to do research. It goes on to point out where the moneys have come from — all from government, as the Act anticipated.

Mr. Minister, the board administers the fund; the Act provides that the fund comes from the provincial treasurer, from the Minister of Finance. This is not, and cannot be a research agency to which people make contributions. There is no such provision, because the only thing this board does is to make grants. Why would any private agency make a donation to the fund so that the fund could make a grant? Why would someone who wanted to invest in health research not make the grant directly?

The suggestion by the Minister of Health that the board ought to be soliciting donations makes no sense because they don't do any research, they only make grants. Anybody who is going to make a donation would want to make it to the donor and not to the provincial government. The minister's answer makes no sense at all. You answer the questions, Mr. Minister, as if you thought this board was doing research. It isn't. All it does is make grants.

Mr. Minister, I ask you again to address yourself to the question of this government's responsibility for health research, the funding for which fell dramatically in 1984 to '85. and I don't believe— although I would ask you to correct me if I'm wrong — I don't believe that the situation has changed since 1985. It's my understanding that the grant from the Department of Health has not been reinstated. So I ask you, Mr. Minister, to deal with this

government's responsibility for health research and not deal with everybody else's.

Mr. Minister, I'll close by saying the language of the chairman simply doesn't bear your interpretation. I ask you to listen to it:

It would be encouraging to report that Saskatchewan . . .

He has referred to Saskatchewan throughout to mean the Government of Saskatchewan. He's used it several times in a context which can only be taken to mean that Saskatchewan means the Government of Saskatchewan.

It would be encouraging to report that Saskatchewan has increased its share (that's my point) of health research funding.

Please, Mr. Minister, address yourself to what this government is doing for health research funding and save us these silly speeches about what everybody else is or isn't doing. Address yourself to your responsibility, not to someone else's.

Hon. Mr. Taylor: — Mr. Chairman, I don't think the member opposite, and I'd ask him, I don't think he's ever visited the Health Research Board. From his comments it's very obvious. I have met with the Health Research Board at least four or five times in the past four years. I understand very well how the research board operates. And for him to try and stand up here and to think that I thought the board did the research, it just shows again his complete lack, complete lack of understanding of issues.

You know, to get up and read a bitten line here and so on, and then to go on and not . . . I don't think he's ever set foot . . . I'd ask him: have you ever set foot in the Health Research Board? I'm sure the answer to that is no. I'm sure the answer to that is no.

Certainly the foundation is laid for our people to get money from other sources. And I believe this is only right. I believe this is only right. I remember being quite active in the Steve Fonyo run and where Saskatchewan put up more money per capita than any other place in Canada. And it seems only right to me that Saskatchewan researchers should have the capability to access some of that Saskatchewan money that went into there. That seems reasonable to me. That's what we're trying to do. That's what the deputy was talking to them about.

As far as any reduction in the funding, he's simply all wet. We put \$500,000 in '85-86, and the same in '86-87. and they've drawn down on their reserves. And there's been \$1 million to spend each year, as well as the \$100,000 for seniors' initiatives. So certainly I believe the Health Research Board has been adequately funded. I think you're going to see that there's some good research coming out of projects that the Health Research Board sponsors.

I can tell you how it happened. People put in proposals to the Health Research Board. They're looked at. They're sent out to peers all across this country to look at them — to professional people — evaluate them. And the ones

that are on a certain point average, come up to the standard or the criteria, are then funded by the research board. I've talked to the research board and I said there were probably some areas — I would like to see some local kind of funding for areas in Saskatchewan where we have questions asked about — are there a greater amount of MS in this part of the country than in another? Is this part of Saskatchewan more prone to cancer? Those are the kind of research that I think people would like to see answers to — they're not easy to come by — as well as the new initiatives that come in biological research at the University of Saskatchewan.

If they can attract money from outside sources, well be it, good. Maybe they could joint venture something. The Health Research Board could put up some money, and an outside foundation put up some more money, and we could have a major research here in Saskatchewan on some health related topic. That's what it's for. Those are the kinds of initiatives that we want to explore.

So I believe that the Health Research Board is working, and is working well, in the interests of Saskatchewan people. And I just want to reassure you that they've had \$1 million to spend each year. In fact, in the last year they had more than that with the extra \$100,000.

Mr. Shillington: — Mr. Minister, do you admit that all the board does is administer grants? And if you admit that patently obvious fact, since that appears to be the case from your financial statements, would you tell this House why anyone would want to make a grant to the board for research, rather than make the grant directly to the agency or institution which is doing the research?

Hon. Mr. Taylor: — Yes, a major portion of its work is issuing grants. As I said, people apply to the Health Research Board, many propositions come in, many pieces of scholarly work, suggested researches. They look at these, they evaluate them, they send them out to professionals across Canada to research these or to further evaluate them. On those bases, a selection is made. Not all the projects are funded. Quite a number are.

So that is the major portion of their work at this time. But they have been in discussions with people of my department, following the initiative suggested to them by the Deputy Minister of Health, that they would look at some joint funding. We're very interested in doing that — especially in the field of gerontology — very, very interested in working with foundations, in working with philanthropies, things of this nature, to joint venture research that will benefit Saskatchewan people.

Mr. Shillington: — Mr. Minister, I ask you to address yourself to the question and stop ducking into an irrelevancy. The specific question you were asked was: why would anyone want to make a donation to the fund rather than directly to the institution making the research? Why on earth would the board go out and solicit donations?

Hon. Mr. Taylor: — Yes, I can see why a group may want to go with a donation to the board, because the board has that credibility that they could assure that person who

was giving that donation or that foundation who was giving that donation or that business, that through the peer review selection criteria, where they look at all these — the top professionals in the field look at them — that you would be sure that the person who received that funding, as put out by the research board, would be probably the tops in that field in Canada . . . or in Saskatchewan, I should say. So they would have that assurance that that money was going to a very, very credible researcher.

So I think on that basis alone, if someone was donating money you would want that, shall we say, clearing house — clearing house of ideas — where the ideas come in, the tops in the field evaluate them and they say, this, this, this, and this, look like very meritorious types of research and we recommend that they be funded. I think if I were a person donating a large amount of money to health research, I'd want to have that assurance.

Mr. Shillington: — Mr. Minister, your comments are unmitigated nonsense. Mr. Minister, the board has only been in existence for six years. If they had the people, and they may well have . . . (inaudible interjection) . . . It may be eight years but it's less than 10.

Mr. Minister, if the board had excellent people, and it may, it has not been in existence long enough to have developed this sterling reputation to which you attribute it of making excellent grants.

But, Mr. Minister, your comments are nonsense from another point of view. I wonder if the minister can think of a single incident where anyone has made a donation to a government. That's what you're asking people to do, is to make a donation to the Government of Saskatchewan to supplement its funding, the job that you're not doing. Mr. Minister, can you think of a single incident where people have made a voluntary donation to the Government of Saskatchewan? — because that's what you're asking them to do.

Hon. Mr. Taylor: — Well certainly, you know, I mentioned universities some time ago. Universities get grant after grant from foundations, because they like to have somebody that will administer that grant. I mentioned to him a while ago — but again, when you're shouting from your seat, you don't hear all the answers. I said very, very distinctly to him, that the psych research unit — psych research unit, a sub-department of the Department of Health — did over \$500,000 per year from outside sources. You missed hearing that because of the shouting, but there is an example for you where that money comes in — \$500,000 a year into psych research development from outside sources.

Mr. Shillington: — Mr. Minister, that is just . . . it is completely unrealistic. The fund was set up so that a body of medical people would make the key decisions with respect to the government's funding of health research.

Mr. Minister, I was enthralled to learn that the fund might go in with joint ventures. Mr. Minister, that's always been the case. The board has always been prepared to fund part of a project and let them get some additional funding elsewhere. That has been the case since the board came

into existence, Mr. Minister.

Mr. Minister, the fund is the government's contribution to health research funding. As these statements make clear, your funding was reduced from '84 to '85 by \$750,000. That fact appears in the financial statement on page . . . The financial pages are not consecutively numbered. It's statement number 2, Mr. Minister. Mr. Minister, the funding which the department put into health research went down by \$750,000, and what the chairman's statement says that they were told to do, was live off the capital.

Mr. Minister, the level of funding has gone down because the board I think is reluctant to use its capital up quite that quickly. But what you're telling the board to do is to in effect sell the farm, quarter by quarter. As the chairman points out, that, Mr. Minister, is inimical to health research in this province.

Mr. Minister, time doesn't permit it because I would run past 5 o'clock if I did, but Mr. Minister, I could read the entire statement of the chairman for you. His statement which you tabled in this Legislative Assembly, his statement is, Mr. Minister, a damning indictment of health research by this government.

Mr. Minister, one of the things I'd be delighted to learn, but I know you won't tell me, is whether or not you read this before you filed this annual report. I'd be interested in knowing whether or not anybody on your behalf read this statement, or did this come directly from the chairman, who obviously feels very deeply about health research funding. If the chairman didn't feel strongly about the issue, he wouldn't place his position as chairman on the line with this statement.

His statement is critical of the government's funding. No amount of bletcher by you can avoid the fact that your chairman is critical of this government's funding. He obviously felt fairly strongly about it. I don't think he took the decision to criticize the government who had appointed him, lightly. I think he did it because he felt there were serious problems with health research funding and important opportunities were being lost by investigators and researchers in this province. He obviously felt strongly about it; he took a grave risk to his own position. He felt strongly about it, Mr. Minister.

It's apparent that neither you nor anyone else in the government had enough interest in research funding to even read the report. Because if you would have read the report, I don't believe that this government would have filed it. It puts upon you an obligation to either correct the situation, which you haven't done, or, Mr. Minister . . .

Mr. Chairman: — Order. Being near 5 o'clock, this House does now stand recessed until 7 o'clock tonight.

The Assembly recessed until 7 p.m.