

The Assembly met at 2 p.m.

Prayers

ROUTINE PROCEEDINGS

INTRODUCTION OF GUESTS

Hon. Mr. McLeod: — Thank you very much, Mr. Speaker. It's my pleasure today to introduce to you, and through you to all members of the Assembly, a group of 11 grade 12 students from the Onion Lake School in my constituency in the far north-western part of the province. I want to congratulate those people who came and the chaperons for bringing this group of students. It's not the first time that Onion Lake School has visited here; they have over a period of a number of years. And I want to congratulate them for coming that extended distance, which it is, to come down to the legislature and see how this institution operates.

The students today are accompanied by David Herron, their teacher, and two chaperons, Sandra Carter and Ray Whitstone. I would ask all members to join with me in welcoming them here to the legislature and to Regina. I hope they find their tour enjoyable and educational, and certainly we all wish you a safe journey home. Thank you very much, Mr. Speaker.

Hon. Members: Hear, hear!

Mr. Goulet: — I too, Mr. Speaker, would welcome the group from Onion Lake, and maybe refer to our language in Cree.

(The hon. member spoke for a time in Cree.)

Hon. Members: Hear, hear!

Ms. Simard: — Thank you, Mr. Speaker. I too would like to introduce a group of students in an English as a second language course from the Regina Plains Community College.

There are some 18 students here, Mr. Speaker, and I understand they're accompanied by their teachers, Yvonne Lewchysyn and Ingrid Alesich. And I would ask the members to join me in welcoming them.

Hon. Members: Hear, hear!

ORAL QUESTIONS

Waiting Lists for Saskatoon Hospitals

Ms. Atkinson: — Mr. Speaker, my question is to the Premier. During your free-time TV show the other night, you tried to get the heat off your government for the scandalous size of hospital waiting lists in Saskatoon. There's just one problem with your plan, Mr. Premier — you forgot to tell the doctors, the nurses, and the other operating staff about it.

Today in Saskatoon, Mr. Premier, medical staff at all of the major hospitals are calling your plan a band-aid approach and saying it will not solve the waiting list

problem at all. The president of the medical staff at City Hospital said today, and I quote:

It is entirely unreasonable to close hospital beds in the summer and then ask surgical staff to work extra hours in a futile attempt to reduce waiting lists later.

Can the Premier explain, why has his government failed to consult with the medical staff in Saskatoon as we asked you to do, and listen to their pleas to keep hospital beds open this past summer?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — Mr. Speaker, the hon. member will suggest and we've heard her in the House . . .

Mr. Speaker: — Order, please. Order, please. I think the Minister of Health is attempting to answer the question, and hon. members should allow him to do that without interruption.

Hon. Mr. McLeod: — Thank you very much, Mr. Speaker. Mr. Speaker, the hon. member on several occasions in the past has said, come with some strategy, develop some strategy as it relates to the waiting list problem and so on. And when we come forward with a policy, which I might add has been done in conjunction with the boards and the administration of all three hospitals . . .

Mr. Speaker: — Order, please. Order, please. I once more ask the hon. member to please allow the Minister of Health to answer the question without interruption.

Hon. Mr. McLeod: — Thank you, Mr. Speaker. You're right, it is difficult to answer the question when you can't hear yourself think from the members from the opposite side.

Mr. Speaker, the member, as I've said, has asked for a strategy for some time as it relates to the waiting lists in Saskatoon. I have said on several occasions that there are two ways to approach it. One of them would be the long-range strategy which . . . a part of which — and only a part of which — is the reconstruction and the new beds that are being added to all three of those hospitals — that's long-range; and in conjunction with that, a rationalization plan of those three hospitals in terms of which procedures are done at which hospital. Those are things which have been talked about for a good long time, but those are things which will be accomplished by this government. That's the long-term side, Mr. Speaker.

On the short term, the Premier announced the other night — and I say that announcement was done in conjunction with the administration and with the boards of those hospitals — and my understanding is that the chiefs of medical staff in those hospitals were in discussion with the administration of those hospitals when they came forward and said, yes, we can do 2,000 more surgical procedures in the city in the next six-month period. Mr. Speaker, those are concrete steps; those steps are reasonable steps. Obviously there will not be 100 per

cent agreement, there will be people who disagree. That's one of the problems over a period of time, that no one has been able to get 100 per cent agreement of all of the players. But the fact is somebody has to address it. This government is going to address it, and we are.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — A new question to the Premier, and it's to the Premier because he was the one that had the free time broadcast the other night on television. He made the big announcement, and I want him to justify it.

The staff at Saskatoon's hospitals are saying your announcement is a band-aid approach which doesn't solve the long-term problems at all. Mr. Premier, this is a political announcement and not a health care announcement.

As one anesthetist said, and I quote:

... keeping operating (rooms) open (extra) hours will cost more and accomplish less than maintaining regular hours (during) the summer.

Mr. Speaker: — Order. Order. Order. The hon. member is getting to have a long preamble and I would like to ask her to put the question. Order. Order. Order, please. Hon. members do not debate the Speaker's ruling, and I have ruled that she is getting slightly long in her preamble. That is the ruling. I don't want debates from the member for Saskatoon South, or Regina North East, or anybody else.

Ms. Atkinson: — Mr. Speaker, it was a new question and I'm just going to quote. One anesthetist told the *Star-Phoenix* this morning:

... keeping operating (rooms) open (extra) hours will cost more and accomplish less than maintaining regular hours (during) the summer.

"And if people are expected to work longer hours, fatigue is present. Fatigue is a very dangerous thing in the operating room."

What arrangements, Mr. Premier, have you made to hire additional staff to help with those extended hours in hospital operating rooms so that we don't get to the fatigue point and that we don't get to the danger point? What arrangements have you made?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — Mr. Speaker, the member asked a specific question as it relates to arrangements. Mr. Speaker, the arrangements for additional staff which will accomplish what the Premier announced will be accomplished are under the purview of the administration of those hospitals. Let me just quote what the hospital administrators have said as it relates to this announcement. The administrator of the University Hospital, the president of the University Hospital says his institution:

... expects to undertake an additional 800

operations under the plan.

That's at the University Hospital.

Larry Odegard, senior vice-president of operations at City Hospital ... (they) expect his facility will do between 650 and 700 (additional) surgical cases "over and above" the 2,400 procedures the hospital would normally expect to do during the six-month period.

Over at St. Paul's Hospital:

Richard Paterson, (executive director), said his institution expects to do an additional 450 operations over the six-month period, (that) he hopes will start Nov. 1.

Mr. Speaker, the administrations of those hospitals will be, and obviously they know in terms of ... the member quotes a physician who will say, oh this will cost more and so on. What I would say is that administration will deal with the staffing. When they say that there will be an additional 800 done, that additional 800 will be done on the basis of having the staff in place to do them, and it will be the same at all three institutions.

Mr. Speaker ...

Mr. Speaker: — Order, order. Order! I think you've made your point.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — A new question to the Premier who continues to duck. The president of the medical staff at University Hospital, Dr. Bill Bingham, told the media in Saskatoon this morning that long-term solutions are required to solve the problem of growing waiting lists. To quote him:

We can cut the waiting list by 2,000 over the next year, but if the more chronic problems of bed closings and inadequate funding are not addressed, the waiting lists will continue to lengthen with passing years.

Will the Premier now listen and will he instruct his Minister of Health to provide adequate funding to those hospitals so that we don't have the situation again next summer where hospital beds are closed to the tune of 308 beds and waiting lists continue to grow? Will you ensure adequate funding, Mr. Premier?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — Mr. Speaker, the member talks about adequate funding. Let me remind that member and all members — all of her colleagues, all members of the House, Mr. Speaker — the funding increase at the hospitals has been 63 per cent since this government assumed office. That was the legacy that ...

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — One thing, Mr. Speaker, one thing,

just as one small example. One million dollars, when we first assumed office, \$1 million in 1982 alone at St. Paul's Hospital for obsolete equipment at St. Paul's Hospital — \$1 million my colleague, the former minister of Health, had to go in because of the legacy left by that group. This is what we're trying to address; this is what we must address.

And as I have said, long-term and short-term solutions. The member here quotes a doctor who says long-term solutions are necessary. I couldn't agree more, Mr. Speaker. And I want to outline a couple of things, and they're important, and they're pertinent to this answer.

Mr. Speaker, at University Hospital, University Hospital alone, a \$27 million expansion. But the member says, will there be adequate funding; will you spend any money on hospitals? A \$27 million expansion at University Hospital will add 80 additional beds. That's long term, Mr. Speaker.

A \$53 million expansion which is under way at St. Paul's Hospital — never was under them, but is under us — 100 additional beds at St. Paul's Hospital. The government is also . . .

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

Some Hon. Members: Hear, hear!

Ms. Atkinson: — Supplementary. Mr. Minister, this summer St. Paul's Hospital closed 69 hospital beds. Their waiting list at the end of June was 10,729. Their waiting list at the end of August was 11,403. In the paper you report that you're going to provide an additional \$270,000. Mr. Minister, they closed those hospital beds to save five hundred . . .

Mr. Speaker: — Order. Order, please. Order, please. Order. Order! The supplementary preamble, as all members know, is getting too long, and I ask the member, who is quite capable of asking quick questions, to get to her question.

Ms. Atkinson: — Mr. Minister, I want to know: how much money are you putting into the system to start dealing with that hospital waiting list in Saskatoon? How much money?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — I just told the member, Mr. Speaker, there has been a 63 per cent increase over a period of time. Let me just give you some of the circumstances surrounding it. And I will give them, because they are very important and pertinent to this line of questioning.

Mr. Speaker, hip replacements, one of the things which causes the log-jam in terms of the orthopedics, are up 105 per cent in terms of the number of procedures performed over a period from 1980 to '86. A new technology — obviously a demand for those kinds of things with an ageing population. Cataracts or lens implants up, Mr. Speaker, 67 per cent, the number of procedures performed. These are the pressures which are on the system; these are the pressures that have been identified.

These are the pressures which were identified when we said, we will build the extra beds on those hospitals and deal with the legacy or lack of legacy that was left to us by those people.

Mr. Speaker, we are dealing with it in a long term and with an extra million dollars now directed and targeted right at those log-jam type of areas — ophthalmology . . .

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

Some Hon. Members: Hear, hear!

Ms. Atkinson: — Supplementary, Mr. Speaker. The minister said in the newspaper this morning that we're not talking about large amounts of dollars, we're talking about targeted dollars. My question is simple: how much money, Mr. Minister? How much money?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — Mr. Speaker, I just answered that question in my last answer. I just answered that question. I said, Mr. Speaker, there will be targeted dollars at the particular procedures which are causing the log-jam — \$1 million at those particular procedures — ophthalmology, orthopedics, ear, nose and throat. Those are the main areas, and that's where the dollars will be targeted.

In previous days in this House and elsewhere the members have said, address . . . they have said, address . . .

Mr. Speaker: — Order, please.

Ms. Atkinson: — Supplementary. This past summer 308 hospital beds were closed in the city of Saskatoon for a 10-week period, Mr. Minister. The hospital waiting lists have grown. They closed those hospital beds to save money. My question to you is this: will you ensure the people of Saskatchewan that we will not see any further bed closures in the city of Saskatoon or anywhere else in this province so that we can start dealing with the hospital waiting lists?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — Mr. Speaker, just so the record is straight, the closing of hospital beds in the summer months in the province of Saskatchewan began in 1975. Mr. Speaker, most of the people here weren't even here at the legislature then. Members there who sit and smile were the people who did it — member from Regina North East, member from Saskatoon South, former health ministers, they were the people responsible for putting that kind of thing in motion.

Mr. Speaker, the numbers that I have outlined, the numbers that I have outlined here in terms of the amounts — massive amounts of money that are being spent, and that have been spent over a period of time, speak for themselves. The member says, are you spending any money on health care? Yes, we're spending, Mr. Speaker. This government spent more money on health care, more money toward hospitals in the city of Saskatoon and in

the city of Regina than that group over there ever did. The pressures are there, yes. This government is spending the money in more difficult times than what they ever faced, and we will continue to spend more money than they ever did.

Some Hon. Members: Hear, hear!

Highway Construction in Melfort Constituency

Mr. Upshall: — Thank you, Mr. Speaker: My question is to the Minister of Highways.

Mr. Speaker: — Order. Order, please. Order, please. We're having difficulty hearing the member from Humboldt. I would like to ask the co-operation of the House.

Mr. Upshall: — Thank you, Mr. Speaker, I couldn't hear you either because of the noise coming from the other side of the House.

Mr. Minister of Highways, at a time when tax dollars are tight and highways all over this province are in terrible shape, you have decided to spend more than a million dollars to building two highways to the same place in your constituency. I'm talking about your announcement yesterday in Melfort, and rather than making a decision on where the new stretch of Highway 41 should go, you decided to build both routes.

I ask you: how can you justify this lack of leadership at a time when tax dollars are so tight?

Some Hon. Members: Hear, hear!

Hon. Mr. Hodgins: — Thank you, Mr. Speaker. In response to the hon. member's question, if you'll just take my indulgence for a few moments, Mr. Speaker, I'd like to be a little more lengthy than I normally am.

The issue of the Highway No. 41 in the Melfort area has been with us for a long, long time. I can tell you, Mr. Speaker, that I went through two election campaigns and was elected both times fighting this issue. I can tell you, Mr. Speaker, for 40 years the people in north-east Saskatchewan have talked about Highway No. 41 linking Wakaw with Melfort. I can tell you, Mr. Speaker, for 11 long years, the last 11 years the NDP were in power, the highway . . . constituents of mine, people from throughout north-east Saskatchewan pleaded with the NDP government for a new highway. One was never built; one was never considered being built by the members of the opposition. Yesterday, Mr. Speaker, I announced to the people in my constituency and to the people in north-east Saskatchewan a compromise that has settled this issue . . .

Mr. Speaker: — Order, please.

Mr. Upshall: — Supplementary, Mr. Speaker. Unfortunately the history lesson doesn't answer the question.

After studying the two views, Mr. Minister, you showed no leadership in making a decision, and not every MLA

can solve a dispute by building two highways to the same place. This is at a time, Mr. Minister, when you have cut the Highways budget by \$8 million. You have cut the dental program. You have cut the drug program. You have 10,000 or more people waiting in hospitals. You sat on the fence and built two routes. How can you justify this mismanagement at a time when you should be using the taxpayers' dollars to their ultimate? How can you justify their mismanagement?

Some Hon. Members: Hear, hear!

Hon. Mr. Hodgins: — Mr. Speaker, as I was saying before, this has been a sensitive issue, it has been a difficult issue in my constituency and others for a long, long time. I will not hesitate, Mr. Speaker, in telling the people of north-east Saskatchewan that despite the fact that the people of north-east Saskatchewan and my home city of Melfort have come together, have accepted this compromise solution — I would say despite that, I will not hesitate in telling them, Mr. Speaker, that the members of the NDP want to continue the fighting and continue the bickering, and that's not what my people want back home. What they want is a new highway, and I say it's the same thing as the people who wanted the Meridian bridge who pleaded with the government, the NDP members opposite, and they were denied that like they were denied so many . . .

Mr. Speaker: — Order, please. Order. Order, please. Order, please. Order, please. Order, please. Please sit down.

Before we go to the next question, I would like to draw the attention to members that question period today is rife with long answers and rife with long questions. We are getting into debate. We are not into a question period, and I would like to ask hon. members to please get back to the intent of question period — the short, factual, brief questions with the same type of response.

Mr. Upshall: — Mr. Minister, as the Minister of Highways, are you going to apply this same criteria to other constituencies where there is a dispute over location of a new highway? Do you plan to build both routes, or is this privilege simply extended to the Minister of Highways?

Some Hon. Members: Hear, hear!

Hon. Mr. Hodgins: — Well, Mr. Speaker, I can tell you what I won't do, and that won't be a Reggie Gross compromise. I can tell you, Mr. Speaker, that what we proposed yesterday was a common-sense solution and, in fact, the member opposite is misleading the public again.

I can tell you, Mr. Speaker, and we spent a good time briefing the media yesterday morning, and the media were fair with me yesterday morning. And the media were well aware, well aware that this, in fact, when you consider the initial costs of construction, when you consider the maintenance, and when you consider the road user costs, in fact, it was the second cheapest alternative, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Hopfner: — Thank you, Mr. Speaker. I'm sure the NDP would maybe want . . .

Mr. Speaker: — Order. Order, please. Order, please. We have discussed this before, and hon. members know that the private members from both sides have the right to ask a question. I ask the private member to ask the question without any political preamble.

Movement of Grain

Mr. Hopfner: — Thank you, Mr. Speaker. Mr. Speaker, I have a question to the Minister of Agriculture. Mr. Premier, in light of the strike on the seaway, I am wondering what aspects you've been taking in regards to that strike, basically because of the fact that there are grains now to be shipped and the movement is being held up by this strike. Could you elaborate to this Assembly what steps you might have been taking throughout the term?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, the farmers across the province are extremely concerned about the marketing of grain, particularly farmers in the north-east part of the province because traditionally they have had good crops, high volume, and in some cases, not the quality that would reach many of the markets.

Today I am informed that the UGG (United Grain Growers Limited) terminal is not loading as a result of people not being prepared to cross the picket lines. The wheat pool terminal is. In discussions with federal officials and ministers in Ottawa, they assure me that they will take every step necessary to make sure that the situation is resolved as quickly as we can so that, in fact, grain can be marketed. If that takes certain kinds of legislation or whatever else parliament has at its discretion, the cabinet ministers inform me they are prepared to do whatever is necessary to keep the grain moving.

Some Hon. Members: Hear, hear!

Alberta Inquiry into Collapse of First Investors and Associated Investors

Ms. Smart: — Thank you, Mr. Speaker. My question is to the Minister of Consumer Affairs. Today the Alberta inquiry into the collapse of First Investors and Associated Investors begins public hearings in Edmonton.

My question to you is: has the Government of Saskatchewan finally received the complete list of all the Saskatchewan residents who lost money in the collapse of these two firms; and did your department use that list to notify all Saskatchewan investors about the details of the Alberta inquiry?

Some Hon. Members: Hear, hear!

Hon. Mr. Lane: — Mr. Speaker, the government received the list, I believe, in the last two days . . .

Mr. Speaker: — Order, please. Order. Order, please. Hon. members can't answer the question if they're immediately interrupted as soon as they get to their feet, so I would like to please ask the hon. members to allow them to answer the question.

Hon. Mr. Lane: — Mr. Speaker, the list is not complete. We are advised of the list, and when it is complete the first step the government will be taking will be writing to each of the members, or the individuals on the list, asking if we have their permission — the New Democratic Party wants the names to be made public — if we have their permission to make the names public. You may recall when we complied with your request to table the names under Pioneer, many people were embarrassed by having their names made public and were quite upset about it. So we will be asking each of them for their permission — that the New Democratic Party wants their names made public — and if we have permission we will release it.

Some Hon. Members: Hear, hear!

Ms. Smart: — Supplementary. The New Democratic Party wants your government to take responsibility for the negligence in regard to the collapse of these companies.

Some Hon. Members: Hear, hear!

Ms. Smart: — You refused to call a public inquiry in Saskatchewan. You said the Alberta inquiry could get to the bottom of the matter. Therefore you have made a clear obligation to make sure that as many Saskatchewan investors as possible appear before that Alberta inquiry. So my question is: has the government offered Saskatchewan residents, many of whom have lost their life savings, have you offered them any assistance to appear before this public inquiry? Have you offered to pay their travel costs? Have you offered to pay their government lawyer at the inquiry? Have you offered to make them available to help these investors with the procedures? Have you taken any of these steps?

Some Hon. Members: Hear, hear!

Hon. Mr. Lane: — Mr. Speaker, we should put the requests made by the hon. members in context in that five minutes ago they were complaining about spending money on highways, and now they want us to pay for a whole bunch of people to go to Edmonton. Mr. Speaker, I find it a rather strange position of the members opposite that when the government, believing it had some moral obligation to people involved in Pioneer, we made a payment because it was a Saskatchewan company, the New Democratic Party said no.

Now that this is an Alberta company, they are arguing for a complete bail-out. The government has ruled out a bail-out, Mr. Speaker, and I believe that in terms of the ability of investors to appear before the inquiry, they have already retained a counsel, Mr. Speaker — I believe Mr. Kuski — and that the investors can take the appropriate action through Mr. Kuski.

Some Hon. Members: Hear, hear!

MINISTERIAL STATEMENTS

Clean-up of Arsenic Waste from Abandoned Mine

Mr. Speaker: — Order, please. Order. I'd like to ask both sides of the House to please allow the Minister of the Environment to make a statement.

Some Hon. Members: Hear, hear!

Hon. Mr. Swan: — Mr. Speaker, I rise in the Assembly to announce the completion of a clean-up program which resulted in the removal of arsenic waste from an abandoned mine site near Creighton, Saskatchewan.

The arsenic was a waste product produced in the late 1940s and early 1950s during the operation of a gold mine. The gold mine and mill was owned by a company that has long since ceased to exist. The waste had been stored in drums inside a concrete vault.

Mr. Speaker, I must tell you that no administration prior to our government did anything substantial to rid the environment of this hazardous substance. It was our government that initiated the removal of this arsenic waste and provide a suitable disposable before the waste had a chance to affect the water quality of nearby Douglas Lake, which is the source of drinking water for the town of Creighton.

Water quality monitoring conducted by my department has shown that the abandoned arsenic has not had a negative impact on the quality of the lake. However, we wanted to ensure that the people in that area were protected from the wastes of the abandoned mine site. A consulting firm was retained to remove the wastes from the abandoned site and ship them to Yellowknife. They were shipped for treatment and for recycling.

Soils in the vault area were excavated and, together with the vault material, were buried in the Hudson Bay Mining and Smelting Company Limited's tailings management facility near Creighton.

Decommissioning is an important consideration over the life of any mining development. It is clear in this case that if the environmental regulatory program presently administered by our government had been in place when this site was abandoned, it would not have been an environmental problem today.

This action shows the clear commitment that my government has toward the continuing protection of the people of Saskatchewan and of our environment.

Some Hon. Members: Hear, hear!

Mr. Lyons: — Thank you very much, Mr. Speaker. I want to, first of all, congratulate the government for its initiative in undertaking the clean-up of arsenic. I do believe, however, that the Minister of the Environment is not correct when he says that no administration prior to our government did anything substantial to rid the environment of this hazardous substance.

As all members of this Assembly know, and as the general

population in Saskatchewan knows, the New Democratic Party government between 1971 and 1982 led this nation in environmental protection and has a record second to none — has a record, Mr. Speaker, second to none in this area. In fact it's interesting that the . . . it was interesting that we referred to during the '50s when this mine was in operation that there was in fact no arsenic introduced into the environment since the late 1950s, which shows the kind of environmental consciousness that the previous NDP government had.

However, Mr. Speaker, I've got several suggestions to make to the minister opposite, since he's into beginning to clean up hazardous substances in the environment. May I suggest, first of all, that the minister now direct his department to put its attention to cleaning up the piles and piles of uranium tailings — tailings from the uranium mines in northern Saskatchewan — by hiring Northerners to in fact decommissioning the mines and decommissioning the tailing sites which scatter throughout the North.

And may I also suggest that he in fact undertake that kind of clean-up campaign throughout the province.

And thirdly, Mr. Speaker, I should also like to suggest to the minister that he reinstitute a program which his government scrapped, a program which collected up used vehicles which were abandoned in the fields and farm lands throughout Saskatchewan, that he reintroduce that program here in the province to provide jobs and to provide in fact a clean-up of the environment which the minister so proudly talks about.

Thank you very much, Mr. Speaker.

Some Hon. Members: Hear, hear!

INTRODUCTION OF BILLS

Bill No. 54 — An Act to amend The Vital Statistics Act

Hon. Mr. McLeod: — Mr. Speaker, I move first reading of a Bill to amend The Vital Statistics 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)

Ms. Atkinson: — Thank you very much, Mr. Chairperson. Mr. Minister, over the past several months your government has developed a very bad reputation with respect to medicare. Unfortunately your government's bad reputation is fully deserved. Your attacks on the drug plan, your destruction of the school-based children's

dental plan, your betrayal of your election promises, your betrayal of medicare. Nowhere, Mr. Minister, has your betrayal, your incompetence, and your arrogance been more apparent than in your failure to deal with the hospitalization needs of Saskatchewan people.

Mr. Minister, people don't like having to go to hospital — it's traumatic, it's alienating, it's stressful — but there are times when people must go into hospital. And doctors don't like to send their patients to hospital for no reason. Physicians will generally only send patients to a hospital if it's necessary, Mr. Minister.

And I'm sure, Mr. Minister, that you would agree with me that the Saskatchewan Health-Care Association is a pretty responsible group who are committed to improving medicare in our province. You may not always like what they have to say, Mr. Minister, but I trust you have the good sense to respect their views, and the nurses of Saskatchewan, Mr. Minister, a profession whose members throughout this province are dedicated, committed to a first-class professional medicare system in our province and for their patients.

It's pretty obvious, Mr. Minister, that you don't like what Saskatchewan nurses have to say about your cuts to medicare. But I hope, and I say hope, that at least you recognize that they are speaking from their professional background, they're speaking from their heart, and they're speaking on behalf of their patients.

Mr. Minister, our hospitals are in a crisis. Surely even you must acknowledge that. They're short-staffed, they're underfunded, they're forced to go begging for voluntary contributions from patients. Waiting lists are unacceptably long and high. Surely by now, Mr. Minister, those waiting lists must be unacceptably long, even by your standards. They're certainly unacceptable to the people of Saskatchewan.

Now I know you like to brag and boast about your increased fundings to hospitals. Let's just put some of those figures into their proper context. Since your PC government took office, you've increased the total overall budget in this province by 55 per cent. You, Mr. Minister, are spending 55 per cent more this year than you were six years ago, but have you increased the operating budgets of hospitals to that extent? And the answer, Mr. Minister, is no.

And within your Department of Health you've increased your own general administration costs by some 57 per cent. Those are expenses for your personal staff, Mr. Minister, your political staff, and your own personal political expenses. But have you increased hospital funding by 57 per cent? And the answer again, Mr. Minister, is no.

And let's look at the Premier's department of government, the Executive Council. Mr. Minister, since your government took office your government has increased the budget for the Premier's political office, the personal staff and political expenditures in the Premier's department which is the Executive Council, not by 55 per cent, not by 65 per cent, not by 75 per cent, but 85 per cent, Mr. Minister. Mr. Minister, that's unacceptable.

And so we can see, Mr. Chairman, where this PC government's priorities really are — an 85 per cent increase in spending for the Premier's political staff in Executive Council, but cuts to medicare and underfunding of our Saskatchewan hospitals. Those, Mr. Chairman, are obviously the PC priorities, but the wrong priorities.

Mr. Minister, if we look at your hospital funding in just this year, and in your budget you're estimating approximately 523.7 million — but if you look at your original budget for the year '86-87, you estimated 513.3 million. With the supplementary estimates of 7.7 million, your total budget for 1986-87 was 521 million.

Mr. Minister, 521 million last year, 523.7 million this year — that's an increase of one-half of 1 per cent, one-half of 1 per cent. At a time in Saskatchewan's history when we have the highest inflation rate in Canada; at a time when we have a crisis in our hospitals; at a time when waiting lists are unacceptably high — we have over 11,000 people in Saskatoon waiting to get into hospital beds — an increase of one-half of 1 per cent, Mr. Minister, is irresponsible and it's unacceptable.

And my question to you is simply this: why only, why only one-half of 1 per cent this year when we have a desperate situation in this province when it comes to getting into hospital?

(1445)

Hon. Mr. McLeod: — Mr. Chairman, the member raises, you know, the question of the funding of hospitals and the level of that funding, and whether or not it's appropriate. I say to her that, given the kinds of pressures that are there in terms of the various procedures as it relates now to surgery and so on, I suppose we could always discuss, you know, the appropriateness of funding and say, well it could be more and it could be more.

What I will say to the member and to all members of the committee is that it's a major accomplishment to be able to maintain and, in fact, increase the funding to individual hospitals in the circumstances that we find ourselves in. Hospital funding has increased and increased over what, I ask, Mr. Chairman? The increase is over last year, albeit a small increase, but over last year's funding, which was an increase over the year before that, which was an increase over the year before that. Those are the kinds of . . . that's the sort of scenario that I want to outline here. Over a period of four or five years and since our government came into office, there is no five-year period, no five-year period in the history of this province that has seen the kind of hospital construction, the kind of dollars directed toward hospital construction and regeneration that has happened in this period of time.

Now we talked a bit about this earlier in question period in terms of the numbers that are there. Mr. Chairman, it's important to note this. In terms of looking at the long-term strategy of the hospitals and the service that they will provide and the various categories of hospitals, we dealt with the major base hospitals in a major way. And let me just outline some of them, and I have done it before, and

the member will know that. But the expansion that's going on at the University Hospital now, which will bring 80 additional beds on in the spring of '88 — next spring, 80 new beds — that's not an accident. That's as a result of hospital planning for that city and for the needs into the future. And it takes a good deal of time, as you know, for the planning and so on, and that construction is under way — very, very well along in its way.

The St. Paul's Hospital regeneration and the construction that's going on there — major expansion, \$53 million expansion — almost twice as large or more than twice as large. A hundred additional beds will come on stream in 1989. That's planning on into the future, and that's what I have said on many occasions is that we must address this in both a short-term and a long-term system, and these are the long-term ones that I'm talking about now.

The new City Hospital which is in the planning stages, very well along in the planning stages now, will be a reality, and that will bring about an additional, and it will add an additional 112 beds to the existing numbers.

The new cancer clinic in Saskatoon wasn't built in those heady and halcyon days when prices of every commodity that this province depends on were up. It was built under this government in some more difficult days but with a commitment to the kinds of things that should have happened and that are now happening. And that was a cost of \$16 million. Those are the kind of numbers.

And I don't want anyone to think that it's only city hospitals in Saskatoon and in Regina, Wascana Rehab being another one in Regina where there's major new construction taking place, and of course the General Hospital has reconstruction and so on, regeneration. But we have a new hospital at Nipawin and one at Melfort and one at Maidstone and one at Gainsborough and one at Watrous and one at Watson, and that's an incomplete list, and there are others that I can't think of just now. But those are hospitals of the various categories that have been build and that are under construction now in some cases.

So I just want to put that into context so that we can say, you know, the sort of scenario that's there, and the context within which this discussion takes place. Now I will say to the hon. member and to all the members of the committee that I wish there was more money to put into some of these facilities and to put into the operating of these facilities. What minister of Health would not wish that there could be more money for this sort of thing when the pressures are as they've been outlined so many times here, Mr. Chairman? But I also say, there is not that kind of money.

And I also say, the commitment to health care and the commitment to the hospital sector and the commitment to spending, as it relates to the extent that spending is always, you know, in the minds of some is the only yardstick to use; but to the extent that that's the case, I'm very, very pleased that we were able to maintain the funding and in fact increase the funding to hospitals in these kinds of times.

There have been some excellent signals that have come

from hospital administrators who have said things like, because they have been forced — for lack of a better term — because they've been forced to deal with their efficiencies and with their management practices and with many of the long-standing practices that have been around — and that's the case whether it's in the hospital system or the school system or the business sector — it does not hurt anyone to deal with that.

Obviously within the government sector we've had to do that. It's not pleasant. In fact, indeed, it can be very painful. It can bring about change which is not comfortable. All of those things take place and we recognize that.

But I would say to the member, all of that change is not for the worse. That change is for the better and for the strengthening of the system in the long term. I don't know what I can add except to say that I'm pleased that we were able to at least maintain and in fact increase, by whatever minuscule amount, the funding to hospitals in this circumstance we find ourselves in.

Ms. Atkinson: — Well, Mr. Minister, you talk about a new extension to University Hospital, you talk about a new extension to St. Paul's Hospital, and you talk about a new City Hospital. Mr. Minister, I want you to know this, that there are some people in this province that are very concerned about the likelihood of some of those hospital beds opening because of the present crisis in hospital financing.

You know, Mr. Minister, it's easy in many ways to build a big building as an edifice to the Progressive Conservative Party. And you can stand here in this legislature and point to that addition and that addition, and you can put up your big blue signs, Saskatchewan Builds, all over this province, but if there isn't the staff to look after the hospitals and nursing homes that we already have, those buildings mean absolutely nothing. Those buildings mean nothing because the question here, Mr. Minister, is quality care — quality care.

And I want to remind the minister of the following. Current data from Statistics Canada show that among the 10 provinces, operating expenses per patient-day in Saskatchewan's general hospitals are the second lowest in Canada — \$50 per patient-day below the national average. Our hospitals, Mr. Minister, also ranked ninth or second lowest in terms of paid hours per patient-day — two full hours per patient-day below the national average. That's not fat in the system, Mr. Minister, that's not fat.

You set up this little patient care fund. And that patient care fund was to ensure that more and more staff went into our hospitals; staff the hospitals that we already have and the nursing homes that we already have. Well, Mr. Minister, no one can find those new nurses and new health care positions. No one can find them, and the reason is this: you may allocate positions to hospitals; you may fund positions in hospitals, but if you don't take into consideration inflation rates for medical supplies, new technology, and all of the other things that are necessary in order to run that hospital, where do the hospitals get the money? Seventy-five per cent of a

hospital's operating budget comes from staffing. The only place that they have any flexibility is staffing, Mr. Minister, and you can talk about building a new hospital here and there, and building a new nursing home here and there, but if you don't have the money to staff them, the hospital building doesn't mean a thing.

And I ask you this, Mr. Minister, I ask you again: how in your conscience, how in the name of quality care in our province can you justify a one-half of 1 per cent increase to hospitals when we have huge waiting lists, when we have nurses and hospital staff that are saying they're burning out?

We have nurses coming into work when they're sick because there's no money to replace them and they don't want to annoy their colleagues. How can you justify that, Mr. Minister? You've got money for Peter Pocklington and George Hill and all your other hacks. We've had an 85 per cent increase in funding to the executive arm of council which is the political arm of government, but we haven't had the corresponding increase to support people who require health care. How do you justify that?

Hon. Mr. McLeod: — Well, Mr. Chairman, the member refers to quality of care and talks . . . and I have used this number before, and I want her to be very clear about this, you know, because the suggestion is made, whether intentionally or not, the suggestion is made that there have not been increases in the staff to deal with the quality of care issue. I don't . . . let me just put it this way, I don't disagree that there are some pressures. There's no question that there are pressures in this sector, as there are pressures in almost every sector in this society, given the times that we are now living in.

(1500)

There are pressures in every sector that you can name, and let's go around the sectors that there are in this province, and yes, there are some pressures placed through administration, on the administration by the government, certainly, and in turn by the administration of the various large and small hospitals on the staff that they have in place. I don't disagree with that; that's the nature of the world within which we live. I don't say I like it. I don't say that I appreciate it, but I certainly appreciate it in the sense that I understand that those pressures are there. And I don't want you to think for a moment that I don't understand those pressures are there as it relates to, well, various things including nursing staff positions and nursing staff being under significant pressure, especially in the large hospitals where the action is intense. So don't misconstrue what my thoughts are on that because they certainly are with those people.

But in terms of quality of care and the kinds of things we've tried to do, which you will always say is not enough, and that's fair because that's the role here, and you'll say it's not enough and I'll say I hope it's at least adequate and we're going to try to put more, and so on. And that will be the continuing debate we'll always have.

We have in this province, in terms of the diagnostic care which contributes directly to . . . or diagnostic services which contribute directly to quality of care, six new CT

scanners. Now the member will sigh and say, oh, I don't want to hear about CT scanners, but I'm telling you that that is a very important issue. It's extremely important as it relates to just the kind of pressures that you mention because it eliminates a good number of what were formerly exploratory surgical procedures and all those kinds of things, which in turn puts pressure on staff and operating room staff and all the rest of it.

So those are the kinds of things which we've done and which we will continue to try to do to stay out there on the leading edge of things even though we are this jurisdiction of one million people.

You mention, what is it that we recognize when it comes to the funding of the individual hospitals or of the wider hospital sector collectively. For example, the biggest number — and you and I agree on this, I think — is that the biggest number is the staffing of hospitals, paying for the staff; in other words, wages and benefits of the people who work here — and obviously health care by its very nature. Sure we can talk technology, which I will do and which I believe is a very important part, but we must also talk about the folks who are there and hands on and are there in which . . . who are a very important part of the physical well-being and the spiritual well-being, and so on, of people who find themselves involved with illness.

But we do fund staffing and we pay 100 per cent of that. We recognize 100 per cent of the staffing costs, and this year you will know, even in the kind of times we were in, there was an agreement prior to this year of — what was it, 3.5 per cent? — of 3.5 per cent, and we allowed for that and provided the funding for all of it.

So I don't know what the member . . . And we do recognize increases in costs of equipment, all of the kinds of things which you say we don't. The fact is all of those kinds of things are included in the formula. Now there are years, and this is one of them, when we try to effect greater efficiencies and so on, which goes back to the argument I used a few minutes ago. When you apply significant pressure to, in fact, come with every bit of efficiency that you can come out of the system with, that's . . . I don't apologize for, because it's an important in this sector as it is in the education sector, where I once was, as it is in the government sector, where we now both find ourselves.

So we don't disagree. And I would like it if there would be more money. I recognize the pressures, especially nursing staff — and I say especially — especially nursing staff are under, and in that case, especially in the larger hospitals. We recognize that.

We've put 653 new staff positions into hospitals. That's through the funding formula that we have, and I'm sure that that will increase over a time. And we've talked about that when we talked about the patient care fund and the way in which that would be dealt out over a period of some time.

So, Mr. Chairman, that's really all I could add on that basis.

Ms. Atkinson: — Mr. Minister, you talk about 653 new

staff positions. You're funding 653 staff positions. Can you tell me whether those staff positions actually have people in them, in hospitals and nursing homes? Can you tell us, can you be unequivocal and say that there are an additional 653 real people in those hospitals and nursing homes, or have you just funded the positions and hospitals because of all of the other stresses that you've put on them? They've had to use the funding for those positions to pay for other things.

Hon. Mr. McLeod: — What I will say is that when we funded the hospitals and we said, these will be the funds for the hospitals — and you know, we've been through this many times. And it's the way it must be, because if we say to the hospital administrators, we will fund these positions — now it's up to the administration of the hospital, and it should continue to be up to the administration of the hospital how they spend the individual dollars that come to them.

Now if they decide, or if there's a decision of the board and the hospital and the chief of medical staff and the head of nursing at these various hospitals, if that's in agreement, this is what we can do, this is what we can do with the staff we have available. These are the new positions we need. That's a decision that's theirs, and it should remain their decision. That's the way it stands; that's the way it will continue to stand.

What I'm telling you and telling the committee is the number of staffing positions which have been funded on an incremental basis by this government.

Ms. Atkinson: — Well, Mr. Minister, with your changes to the prescription drug plan — you've added a number of new drugs to the prescription drug plan that now hospitals have to supply to their patients, but you haven't increased the funding for that.

You know, Mr. Minister, that there's an inflation rate in this province of over 6 per cent. Hospitals have to have medical supplies; they have to have those kinds of things that assist them in providing patient care to their patients, Mr. Minister.

And you can talk about funding 653 staff positions. I note that when you wrote the nurses you said it was 655 since 1982. You can talk about those staff positions, Mr. Minister, but I defy you to go out around this province and point to an individual and say, that person and that person and that person have come about as a result of our increase in funding to Saskatchewan hospitals because, Mr. Minister, they just aren't there. They are not there because hospitals are having to make decisions. Seventy-five per cent of the budget in terms of labour costs — minimum — 75 to 80 per cent. And they're taking the money out of staffing, Mr. Minister, and they're taking the money and paying for other things that have come about as a result of inflation.

Mr. Minister, they are not there, and I want you to acknowledge to the people of this province that because of your cuts in funding to hospitals, hospitals are having to make the decision to delete staff positions and use the money to pay for other things. Will you admit that?

Hon. Mr. McLeod: — Mr. Chairman, I want to say — as I have acknowledged and I say to you, that I know the pressures that folks, especially in the large base hospitals are under. But I will say as well in an unequivocal way, quality of care — as the member will talk about — quality of care has not suffered at any location in this province. And I challenge you to tell me where it has suffered, because it has not suffered, and we are told this by the best professional advice that we have. We would like to see the kinds of pressures that you and I both talk about, relieved. And that's the kind of commitment we have in trying to deal with that on an ongoing basis. The quality of care has not suffered, and you should not get away with saying that it has.

Mr. Chairman, I want to just take you back a little bit and I'll take the member back to a . . . In 1976, Mr. Chairman, 1976, the member from Regina North East who sits in this House now was the minister of Health at that time. They imposed . . .

Let's just go back to what happened at the various hospitals. Hospital administrators are very quick to tell me about this, and they will at all times. And there are people in the Department of Health now who had to take this message from that former minister. He imposed a fifth . . . or, I'm sorry, a 5 per cent reduction in occupancy upon the hospitals of the province. They just went out and arbitrarily said, you will reduce the occupancy of your hospitals by 5 per cent. And they sent staff from the Department of Health out to the various administrations in the hospitals in an arbitrary manner and said, and the way you will accomplish it is by reducing staff.

This happened in 1976 in this province, and let's just think about 1976 in terms of what the prices of our commodities were, the kinds of times that we were in, compared to now.

Mr. Chairman, even in these kind of circumstances, the circumstances we find ourselves in in dealing with this budget in the widest sense, all of the departments, we never contemplated, would never contemplate such a Draconian action as was taken by that former government in those days. We would not contemplate that. That is what was done.

The record shows that clearly. I just want to point it out so that the member does not carry on or does not think that she can carry on with saying, oh, under our administration we really looked after hospitals. We did not reduce funding. We did not close hospitals in the summer. Remember that? You said, oh, we don't close hospitals in the summer. Hospitals began closing in the summer in Saskatchewan in 1975.

In 1976 your group over there said, here you go, reduce your staff to accomplish a 5 per cent reduction in the occupancy of patients. When we talk about occupancy reduction in hospitals, you know what you're talking about? Occupancy reduction is patients not being in the hospital.

Now that is not the way to deal with it. That is not the way we have dealt with it. And as I've said to you, to the member, we will agree to disagree. I hope we'll agree to

disagree. But there will be no question about it, we will disagree and continue to disagree as it relates to how any Department of Health under anybody's administration should deal with the administrators of the hospitals and the boards of those operations which operate independently and should continue to operate independently.

Ms. Atkinson: — Well, Mr. Minister, my actions aren't at stake. I was still at university the year you're referring to. Your actions are at issue here. We're talking about your actions, your policy, your government, and your underfunding of hospitals.

Mr. Minister, do you deny that of among the 10 provinces in our country, operating expenses per patient-day in Saskatchewan's general hospitals are the second lowest in Canada? Do you deny that?

(1515)

Hon. Mr. McLeod: — Mr. Chairman, the member has raised where this province ranks in terms of other jurisdictions in the country and various areas, and she talks about operating expenses. And I just want to read into the record some very interesting statistics. These are for comparative provincial hospital statistics across the country.

As it relates to the number of people in hospital in Saskatchewan per 1,000 population, in other words, the number of people in our province who are in the hospital, we rank first in the country in terms of the people who receive hospital care. We rank eighth in the country in terms of the average length of stay, which is an excellent number because it talks about the efficiency of our hospital operations, which is an aspect of it. The home care and various other things that we have, add to that.

And the average length of stay is 8.7 days in Saskatchewan, just so those numbers are on the record. But we rank first in terms of the number of people in hospital per capita. And that's extremely important because it speaks directly, it speaks directly to the kind of pressures that I had talked to you about earlier today and on other days. And it speaks directly to the situation that we have with an ageing population, where the highest percentage of citizens in our province are over 75 — not over 65, but over 75 — which obviously has ramifications for this hospital system.

Public general hospitals, beds per 1,000 population, number of beds in this province per 1,000 population as it compares to the rest of the country, where does Saskatchewan rank there, Mr. Chairman? First. Once again, we're first. We have 6.7 hospital beds per 1,000 population in Saskatchewan. The national average is 5.1, and this province ranks right up there at the top in terms of being first. Public hospitals, beds per 1,000 population, our rank is . . . where are we here? Our rank is third, and beds 7.2.

Now operating expenditures per capita, we rank fifth in Canada — fifth. And the national average of the amount per capita means the number of people who go to hospital. The national average is \$493.8 and the

Saskatchewan number is 501.4. So we're above the national average, and we rank fifth in the country in terms of operating expenditures per capita, which is excellent, frankly, and I don't think anyone would dispute that it's excellent.

So our system is operating efficiently, there's no question about that. I don't dispute that. I'm sure you won't dispute that. We have excellent people running the hospitals.

And it's just back to the disagreement that we will continue to have, I'm sure, in terms of how we can fund more, if there is money to fund more, and to what level can we increase the funding to hospitals. That's the question that will have to go on between us.

I believe, yes, there will be increases on an ongoing basis to hospital funding, because it goes back to the other point. And I want to make this point very clear. You intimated, at least to use the best word I can, that when the new hospitals and the new beds come on stream, those that I mentioned — University Hospital, St. Paul's, for example — when those new beds come on stream, you say there are people in Saskatchewan who . . . you being one of them, frankly, who say, oh, those will be nice new hospitals and so on, but there won't be any funding for staff and so on. Or I shouldn't say that you are one of those, I guess, but you may well be inclined to encourage those who think that way.

So all I will say is, when the new hospital beds are open and when they do open, there will be staff and there will be equipment. But I will not apologize for bringing as much efficiency to the system as is possible, and that's what we've attempted to do. And I will not back away from the suggestion that I made earlier, and that is that I do understand that there are significant pressures, especially on nursing staff.

Ms. Atkinson: — Well, Mr. Minister, there's a couple of things that you said that are true. It's true that we have the largest number of beds per capita in our province, that we lead the nation, and it's true that we have the largest utilization rate. And I'm pleased to see that you acknowledge that part of the reason is because we have the ageing population in Saskatchewan, we have the largest ageing population per capita.

Mr. Minister, I wasn't talking about dollars spent per capita. I was talking about Saskatchewan being the second lowest in Canada in terms of operating expenses per patient. That's what I'm talking about. What we don't want here, Mr. Minister, is to sacrifice quality for big buildings.

You know, you talk about a new hospital here and a new hospital there, and funding going to St. Paul's and City Hospital and University Hospital to build new buildings, but we have a situation in Parkridge, as far as I know up until a few days ago, where we had 38 beds that hadn't yet opened. This was your big, big facility to increase the number of nursing home beds in Saskatoon. You closed down two old facilities, opened up this brand-spanking-new facility, and you haven't opened up 38 beds. We're still waiting for that. That's what people are concerned about.

You can put money into all of these new buildings through your property management corporation. It's easy to borrow money and build buildings. It's a lot more difficult to make a commitment to put money into ensuring that those buildings are run, that there is staff there for patients, that patients can actually occupy those beds.

And I just want you to agree with me, Mr. Minister, that we rank ninth in this country when it comes to money for patients. Mr. Minister, in terms of putting money into patient care in hospitals, we rank ninth, and I want you to admit that. And that, Mr. Minister, is part of the problem.

Hon. Mr. McLeod: — Mr. Chairman, the numbers that I had . . . the numbers that you have are from StatsCanada, I believe you said? Okay. I would appreciate if you'd send me a copy of that over and I don't mind, you know, having a look at it. But in terms of the ranking and so on that I quoted to you, are a case of comparing apples with apples.

There are several things as it relates to those numbers. We don't deny, frankly, that it's lower and that we have in terms of the number of paid hours per patient-day are low. And frankly, that's fair, in terms of how we operate the system and how the hospitals out there will operate the system.

But there are several things that . . . All the provinces in the country don't compile their stats in the same way. That's number one and that's true. They don't compile them the same. And you alluded to this as well, and this is one of the reasons. The number of long-term care patients in the hospitals will certainly contribute to this. And we have that and that's the kind of fact that we identified when we put in the system as it relates to this now, more into the rural part of our province where we said integrated facilities are the way to go. And we're building these integrated facilities where you can move long-term care patients from the acute care centres and put them into more appropriate facilities. That's the sort of thrust of that program. It doesn't happen overnight, but it certainly is happening at a rapid rate.

And you know, without getting into the comparisons again about who's building long-term care beds and who didn't build long-term care beds, you know, we could get on to that if you like, but I don't think that's what you want to do either. And you know there are various factors here, but we don't deny that we have, in terms of the paid hours per patient-day, that we have a low number there.

Ms. Atkinson: — I'm glad you don't deny it because Statistics Canada, Mr. Minister, indicates that Saskatchewan ranks number eight in Canada in terms of paid nursing hours per patient-day, and Saskatchewan ranks ninth in Canada in terms of total paid hours per patient-day. And obviously, Mr. Minister, because of your underfunding to hospitals, this is having a serious impact upon patient care, the quality of care in our province.

And we have examples of that, Mr. Minister, time after time. And I note that you got a copy of the SUN,

Saskatchewan Union of Nurses, hot-line report, and it was sent to you, Mr. Minister, and it talked about some of their concerns, concerns of people who were calling the hot line. I just want to read into the record some of those concerns, Mr. Minister.

Here's an example. This man has been waiting one year for a prostate operation. The condition is not cancerous but is very inconvenient. The client suggests, "start petitions to open beds." The caller has cancer of the bladder and is having to wait two months for surgery. He states:

In my opinion, if money is the problem, I'd gladly pay to keep beds open rather than walking around knowing I have cancer.

Another caller; this caller's been waiting for hip replacement surgery since November '86. She was asked if she wanted to be placed on the urgent list. She declined if it meant replacing someone who has cancer. She had a daughter die of cancer. She requested the government stop closing hospital beds.

And it goes on and on and on, Mr. Minister, example after example of people calling the hot line. This man is on a waiting list for removal of a kidney stone. He has waited six weeks thus far. He's had several attacks of pain and there is a very real possibility of having severe kidney infection with possible damage to the kidneys. The client has spoken to the aide of the Minister of Health, with no satisfaction. He has tried all avenues to discuss his concerns, with no results.

(1530)

Mr. Minister, you know, at a time when we have over 11,000 in Saskatoon waiting to get into hospital, at a time at the end of June when we had close to 11,000 people in Saskatoon waiting to get into hospital, hospitals in Saskatoon had to decide how they were going to attempt to balance their budgets. And they decided, Mr. Minister, to close 308 hospital beds in our city, in the city of Saskatoon, of which I'm one of the members of the legislature.

Mr. Minister, I have a document from St. Paul's Hospital that shows that the administration that expected to save between 500 and \$800,000 by closing hospital beds.

Mr. Minister, your underfunding is causing hospitals to close hospital beds for 10-week periods in the summer. When those hospital beds are closed, it means more people on the waiting list; it means people waiting for longer periods of time to get into hospital.

And my question is simply this: why wouldn't you put more money into the system so that hospitals don't have to close beds in the summer, that they can bring in replacement staff? Nurses want to work, hospital workers want to work, doctors are prepared to do surgery. Why not fund them so that they can do what they do best, and that's look after the people of this province who are sick and require operations?

Hon. Mr. McLeod: — Mr. Chairman, to make the point,

and I want to make it very clearly with some numbers which will be clearly and on the record in terms of the commitment, in terms of the kind of money that's been spent, the number of people that have been funded by this government related to hospitals. Then it will go nursing positions right across the whole piece. Total staff. . . Oh, the member says, why won't you put . . . You know, the question is always the same: why won't you put more money into the system; you know, dump some more money. The answer is more money. Always the answer is more money.

The fact is, Mr. Chairman, we have put significantly more dollars into it. Spending over the actual — now this is actual, 1985-86 until now, over a two-year period, and a difficult period in terms of the economy of this province which we all have responsibility for — up \$6 million or 8.3 per cent. That's an increase; that's an actual increase in the spending. And that's an increase over and above other increases which went on just prior to that.

Let me just give you some numbers as it relates to the end of June. So this is an updated number; you will not have had these numbers before — updated. In total staff, 1,193.87 more total staff in the period from 1981-82 through to the end of June 1987.

Now let's just break those down: R.N.s, 337.112; CNAs, 95.889; nurses' aides, 142.43; other nursing staff, 97.45. Total nursing staff, if you take all of those and add them — to the end of June now, so I've given you the 653 number which was to the end of the fiscal year, and now it is 672.89, so that's an increase even from March till now — and other staff, 520.98; for a grand total of . . . the total of nursing staff plus other staff, 1,193.87 additional staff in the hospital system in difficult times — 1,193.87 for my colleagues who are showing some interest and wanting to know the number. In some difficult times that, Mr. Chairman, is the commitment that we have.

And as I've said to the member before, I only wish there was more money to put into some of the system. But I can also say this is a tremendous commitment given the circumstance we find ourselves in. And when I say we find ourselves in, I don't mean we the government, or we the treasury benches, I mean we the people of Saskatchewan, we the people who live in all corners of this province.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — Mr. Minister, I didn't hear whether these people that you're referring to are in nursing homes or hospitals. Are they in hospitals or nursing homes or both?

Hon. Mr. McLeod: — All of these numbers are related to hospitals.

Ms. Atkinson: — That's pretty interesting, Mr. Minister, because you write a letter in August to the nurses, and you indicate, Mr. Minister — now this is from 1982-83 — but you indicate, to present there are 655 new positions; some of those positions are registered nurses. Are you telling me between 1981 to 1982 that you brought on stream an additional 500 nursing personnel, Mr. Minister? Is that what you're telling me, in the year

1981-82? Or are these simply another example of phoney numbers, phoney figures, phoney funds?

Hon. Mr. McLeod: — No, Mr. Chairman, I knew, or at least I thought that probably the member would revert to those kinds of terms that she likes to use. And she uses the word phoney, and she always uses all these word which are really very, very far from being responsible, frankly. But she would go to those, and her parrot over there from Saskatoon South will sit there and babble away, which is his contribution to this place.

I will say that, as I said earlier in my early remarks, in 1981-82 through to June of 1987 in the hospital sector. So the numbers that I have quoted here are on the basis of the hospitals — '81-82, fiscal '81-82, through to 1987 up till June. Those numbers are updated as of June 30 of '87.

Ms. Atkinson: — Well, Mr. Minister, I simply don't believe you. I'd like you to take me on a tour of Saskatchewan and show me where these new positions are, point to individuals, oh, this is a position that was hired, or put together since 1981-82. I simply don't believe you, and neither do the nurses in this province and all the other health care professionals in this province, and neither do the doctors, and neither, for that matter, do hospital administrators, Mr. Minister. It's simply not true. And I'm just asking you again: can you take me around this province and show me where those new positions are and people who actually are in those positions, because we can't find them?

You know, Mr. Minister, the other day in estimates we talked about your patient care fund. And you talked about how, in this year, there'd be some 18 or \$17 million for additional positions in patient care. And, Mr. Minister, I pointed out to you that that was physically impossible in view of your budget. Your budget, Mr. Minister, is one-half of 1 per cent increase. It's a \$3 million increase in hospital spending alone. Mr. Minister, it was a phoney fund; we showed that to you the other day. It was a phoney fund.

There's no increase in budgeting for staff in our hospitals and nursing homes, and when you tell me there are 1,193.87 additional staffing positions in our hospitals in this province, I don't believe you. Prove it. Table the names of the people who are in those positions, and then we'll check with those hospital administrators to make sure that, in fact, you're telling us the truth.

Hon. Mr. McLeod: — Mr. Chairman, the numbers that I have laid out here in the House are the numbers that are in the funds which are provided through the formula to the various hospitals of Saskatchewan from the Department of Health of Saskatchewan. Those are the numbers that are there.

The budget submissions are brought forward by the hospital boards and administrators across this province, as it should be. Those submissions come forward, and those submissions are approved or discussed or whatever, and when the final numbers go out, that is what is there. The numbers that I have given to the hon. member and to the committee are the numbers that have been provided in the funding formula for the hospitals

across this province.

The member says, take me around the province and point over here — and here's Sally who's a nurse, and she was hired on that date, and she's one of the 672. I'll say to the hon. member, she has a very simplistic way of looking at the world. That's unfortunate. It's not surprising, but it is unfortunate.

And all I'm saying is the numbers that I've laid out, the numbers that I've put forward, are the accurate numbers up to — and the most updated numbers that there are — up to the end of June of 1987. And I stand by the numbers, predict, Mr. Chairman — she will stand up again, and she'll say, I don't believe you. I don't believe you; she'll say that. Well I could say that to her. I mean, how many times has she been up here with some kind of an accusation about this or about that? How many times have we seen it in the short, well I was going to say the short time this session has been on, but I shouldn't say that. How many times have we seen it in the long months that the session has dragged on? We've seen it more times than any member should ever want to have happen, the kinds of things that she will bring forward.

So I will just say, those are the numbers. We stand by the numbers. They're the numbers compiled by Saskatchewan Health. We stand by them as a department. They're accurate. And the hospital boards, that the member from Saskatoon Nutana has decided that she will say, well I'm sorry we don't believe you folks on the hospital boards that you got this money.

I heard her even say that administrators don't believe that those numbers are there. Administrators know that those numbers are there because it is the administrators who do the budgets of the various hospitals, and they know how many positions they're funded for — they know that very well. And it's the administrators that are charged by their boards with the responsibility of operating their facilities and their institutions for quality care that they provide across this province, and they do provide quality care.

And let me reiterate one more time, regardless of whether or not you believe me or not, the fact is, quality care, the quality of care has not been compromised in any way in this province — is not being compromised. And you can say what you like, but the fact is this hospital sector in Saskatchewan is operating very well, is in fact operating more efficiently than it once did. And there have been some difficult times in arriving at that, but they are to be congratulated, not condemned for having done it.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — Well I see you have your little cheer-leading section out today, Mr. Minister, and I'm sure you do thank them for that because they're the only people in Saskatchewan that are cheering you. No one else is — no one else is. Doctors aren't cheering you. They think you give misinformation to the press all the time, that obviously you don't understand the hospital waiting list situation; you don't understand health care.

Nurses don't believe you. They're not cheering you, Mr.

Minister, and neither are patients, Mr. Minister, who know exactly what's happening in those hospitals. And they know that nurses and other health care professionals are running off their feet — running off their feet, Mr. Minister, because you won't properly fund those hospitals. We have example after example of people calling our offices, talking about what's happening in those hospitals, what's happening to the quality of the care. And they don't blame the nurses, Mr. Minister, they blame you. So you can have your little cheer-leading section all you want, but they are the only people that are cheering; no one else is.

Now, Mr. Minister, you talk about 1,193.87 staff positions. And I challenge you, Mr. Minister, take me around the province. I'll go with you. I'm sure we'd have a nice drive around this province; it's a beautiful time of year. And I want you to show me where those positions are and who occupies those positions. Will you do that, Mr. Minister?

Hon. Mr. McLeod: — Mr. Chairman, some more facts. I want to refer the member to the statistical tables supplementing the annual report, '85-86. Okay. You may not have this page, but I'll put it on the record so you can look this up — Saskatchewan hospital services plan. If you refer to page 32, table 16, here. The title of the table is: average number of full-time employees in Saskatchewan general hospitals and paid employee hours per patient-day for selected years. I just want to refer you to a couple of the numbers.

Nursing staff, which includes central supply. In 1976 there were 5,434 — 5,434. In 1984-85 there was an increase of 1984-85 over 1976, of 24.1 per cent. That's an increase, that's an increase.

(1545)

No, it's not . . . (inaudible interjection) . . . the member from Rosemont says we're fudging. I just say we picked '76, and that includes some years in which those were increased; that includes some years of your jurisdiction, your administration, and some years of ours. But I just want to point out, because the member is painting a picture or attempting to paint a picture for the committee that there has been and there's a continuing decrease, there is not a continuing decrease. There is a continuing increase in the number of nursing staff and the number of other patient care staff.

As it refers to other patient care staff, which includes everything from physiotherapists to pharmacists, all the kinds of . . . the other professionals around the hospital, the increase over . . . from '84-85 over 1976 is 29.1 per cent — significant increases over admittedly a significant period of time.

But still it shows a trend, and it's the trend that continues. And it's the trend that's been accelerated by this government in these difficult times, not slowed down by this government, which is the picture you've been trying to paint, and it's an inaccurate picture.

Ms. Atkinson: — Well, Mr. Minister, it wasn't myself or the members on this side of the House that announced

this patient care fund in response to a serious concern expressed by the nurses in this province and other health care professionals — wasn't this side of the House. It was your side of the House. And the Minister of Health, the former minister of Health announced in February 1986 a new patient care fund spending of a hundred million dollars over the next five years.

Mr. Minister, it's very curious. It didn't even get mentioned in this year's budget. No mention of it at all. There was a mention last year, but no mention this year — the patient care fund.

Mr. Minister, we went through this exercise the other day on what happened to the patient care fund. And the patient care fund was there to assist hospitals and nursing homes in gaining more money for new nursing and health care positions, Mr. Minister.

When I talk to administrators in this province and other people involved in the health care field, they advise me that with your no increase in funding, with your, in essence, cuts in funding to hospitals because of our inflation rate, there's only been a one-half of 1 per cent increase in the budget, Mr. Minister.

And with your changes to the prescription drug plan, where new drugs have gone on to the plan and hospitals have to provide those drugs to their patients, Mr. Minister, but no increase in funding from your department to take that into account, with the increase in inflation rate when it comes to medical supplies and all of the other things that hospitals have to have in order to run a hospital, that they are taking money, Mr. Minister, out of position . . . funding from positions, and they're using it for other supplies, Mr. Minister. That's what happening.

You've got flexibility when it comes to staffing, Mr. Minister. You've got flexibility when it comes to labour costs, and as you've admitted 80 per cent of the costs of a hospital are labour costs. But you don't have a lot of flexibility when it comes to supplies.

Mr. Minister, hospital administrations, in response to your cut in funding, in response to the hospital crisis, are taking dollars out of positions and using that money to pay for other things. And we, Mr. Minister, have a crisis in our hospitals. We have underfunded hospitals to such an extent that we don't have adequate staffing. And you can ask hospital administrators or nurses or union members or doctors, and they will tell you that. And you can talk about your funding 1,193.87 positions since 1981 but, Mr. Minister, I suspect, and I would ask you to prove that those people actually exist. You might fund the positions, but the money, Mr. Minister, is being used for other things.

Now, Mr. Minister, we had to close 308 hospital beds in the city of Saskatoon in response to the funding crisis — 308 beds. And what do you do? What do you do, Mr. Minister, in response to the growing waiting list in Saskatoon of over 11,000 persons — 11,000 persons? You have the Premier of this province get on free time broadcast and announce some extra money to deal with the hospital waiting lists. But, Mr. Minister, here's what they say, here's what Dr. Harvey Michaluk says, and he's

at St. Paul's Hospital. He says:

It came as a complete surprise and our staff is really upset after having to take 10 weeks' forced vacation during the summer (during temporary bed closures) and now (we're) being expected to work . . . extra hours.

Mr. Minister, will you make a commitment to this House that additional staff will be hired to deal with those hospital waiting lists in Saskatoon; that you're not expecting already overworked and over-stressed hospital staff to try and deal with that hospital waiting list; that you'll put new money into the system so we can hire more people to start dealing with the hospital waiting list? Will you make us that assurance?

Hon. Mr. McLeod: — Mr. Chairman, I want to put a couple of . . . you know, and I hesitate sometimes to go back to numbers, but I want to because it's important that the numbers are clear. Because as part of painting this picture, what concerns me more than anything else, I think, as it relates to the hon. member, is that she may now be . . . I understand this place and the political forum that it is. We all should. I do. I came into these estimates and into this House a number of years ago now with my eyes open, realizing that this is a place for political points to be made. You are attempting to make yours. But let me tell you this, let me tell you, it's important that you also look at the numbers, and I will put the numbers there to show you.

You paint the picture that says the hospitals have less money than they had last year. I say the hospitals have more money than they had last year, and let me just give you some examples. I've given you these before. Saskatoon University Hospital, an example, in operating money, the increase is \$1,366,008. Now you ask the people at Saskatoon University Hospital if they received that money. They will tell you, yes, we received that increase, regardless of the picture which you try to paint which says, ask the administrators, you say, ask them and they'll tell you they didn't receive this money. Well I'll tell you, they will say they received this money, and they received a million dollars more at the University Hospital, or more than a million dollars more.

Saskatoon St. Paul's, \$98,136 more; Saskatoon City, \$1,162,200 more than they received one year ago; Regina Plains, 538,608; Regina Pasqua, \$702,696; Regina General, 729,696. All of those numbers are increases over last year. All of those numbers indicate more money going to the hospitals, not less.

An Hon. Member: — St. Paul's.

Hon. Mr. McLeod: — St., Paul's, I did say, \$98,136. Those are increases over last year on very high and significant budgets. Very large numbers of dollars are being spent into this sector.

We come now to this discussion that you have because it's been some time now, and you said, address waiting lists. And I have said to you, and I've said to the province, and I've said to the people in Saskatoon through a variety of consultation — a variety of consultation, let me assure

you — we need the long-term solution to this kind of problem and we need to understand it well. That's number one.

And the long-term solution will be . . . Some of it is on stream now in terms of the new beds, which I went through today earlier — the new beds which are being added at the three hospitals. That's part of the long-term solution. Another part of the long-term solution which the hospitals, frankly, have been . . . or the medical staff certainly, and some of the hospitals have been reluctant to deal with, it goes back certainly into your jurisdiction and now into our jurisdiction when anybody talks about rationalization of the operations of the hospitals in the medicare centre which is Saskatoon. And everybody acknowledges it to be that for northern Saskatchewan and a good percentage of this province.

Rationalization is something they have been reluctant, frankly, to talk about very much. They will talk about it a little bit. We asked the hospitals in Saskatoon to come forward with a rationalization plan on July 1 of this year. They have been hesitant, let's say, to put it nicely. They've been hesitant because they know of the various pressures and the various status quo thinking that goes on in the various groups across the piece up there.

But the fact is rationalization of the use of three very large hospitals in a centre that is a medical centre must take place, and has proven to be successful in almost every province, in almost every large medical centre in this country and outside of this country, and one of them including this city of Regina which serves southern Saskatchewan. That has proved to be successful to varying degrees in many places.

Saskatoon has been reluctant to some degree, although there is an increasing view in Saskatoon among all of the players that that can take place and that it will take place. And I give you the assurance and then the assurance that there will be some rationalization take place at those three hospitals. There's no question about that. That's all part of the long-term strategy which must be done to deal with the various procedures which have to take place, or the various procedures which are there, and where there are long line-ups. I've mentioned those before, but they bear repeating.

Ophthalmology, orthopedics, and ear, nose and throat are the three major ones, and then general surgery the fourth. But the first three are more acute than the others. All of those areas have to be dealt with. We are dealing with them. The plan that you say — and you use your terms of derision any time you speak about the Premier reporting to the public of Saskatchewan, which I will report to you he will continue to do because the people of Saskatchewan want him and like it.

So the plan that was announced by the Premier, the plan that was announced by the Premier was a plan that came forward from the hospitals of Saskatoon. It came forward from the hospitals of Saskatoon to say, yes, we are more and more in agreement with the long-term strategy, and we've been a part of that — and they have in

terms of the planning of the hospitals that are being constructed. That plan came forward from the hospitals.

You say that you were quoting from Doctor A or Doctor B, or Specialist A or Specialist B. I will readily admit that nothing will ever take place in terms of dealing with this issue, either short-term or long-term, if we are to wait for 100 per cent agreement from all the players in the game up there, or in any community in that matter; that's just not the way it will happen. There will never be 100 per cent agreement in how to deal with some of these issues.

I am not worried about the fact that there may be some who have, whatever interests and their own particular interests in mind, who will say, no, we disagree with that. What I am concerned about is to deal with the waiting list issue, as many have called upon us to do, you included. We will deal with it as I have said before, and we will have the courage to deal with it in both short and long term. The plan came from the hospitals. The hospitals assured the deputy minister of Health as late as last Thursday that they have been in consultation with their medical staff on this plan, and with the various number of procedures which will be increased over the six-month period, which was part of the announcement that the Premier gave. That's the case.

Now the plan is relevant, and I just want to make that point. I just made myself some notes. The plan is relevant because it deals with the long term and it deals with the short term. Now the article in the paper that you refer to earlier today and once again just a few moments ago, and you mentioned one doctor, president of the medical staff at St. Paul's who claims that the surgeons, anesthetists, and other staff are angry about the waiting list initiatives because for one reason they were not consulted; second reason, they were forced to take some weeks of vacation due to summer bed closures.

(1600)

An official of the Saskatchewan hospital services plan contacted St. Paul's and received the following responses: "(1) Medical department heads were consulted about the program by the administration," one point that must be made; and "the department heads stated they were prepared to support the waiting list initiatives if extra funding would be provided," which it will. There will be extra funding provided for the staffing which you've referred to earlier, and I'll say that to you here as I have said in the past. And the last point is, no one was forced to take 10 weeks vacation.

Ms. Atkinson: — Well, Mr. Minister, what happened was that people were asked to go on holiday. It wasn't necessarily what they wanted to do, but they were asked to go on holiday, Mr. Minister, that's what happened. And so in essence what you did over the summer by your underfunding, by the closure of 308 beds, Mr. Minister, you closed hospital beds, a hospital, Mr. Minister, in essence, the size of Pasqua hospital. When you close 308 beds, that leads to more people on the waiting list and longer waiting lists, Mr. Minister.

At the end of June there were approximately 10,700 people on the waiting list. At the end — and that's in

Saskatoon — at the end of August, Mr. Minister, there were over 11,400 people on the waiting list; that was an increase, Mr. Minister, of 700 people — 700 people. And now you talk about “alleviating” the problem by getting rid of 2,000 people on the hospital waiting list in the next six months, and you talk about it in terms of putting a million dollars into the system in Saskatoon. But, Mr. Minister, it didn’t have to be like that. You should have left those beds open this summer. We asked you to leave those beds open. We asked you to leave the beds open, and we also asked you to extend the hours of surgery as a short-term solution. Now what these people are saying, what these medical staff people are saying, is that this is not the solution, Mr. Minister.

They say it’s unreasonable to close hospital beds each summer, and the times are getting longer; you used to close them for a month; now they’re being closed for two months. And the number of beds being closed are larger, they’re larger, Mr. Minister. And so as a result of those bed closures, Mr. Minister, 700 additional people are on the hospital waiting list — 700 additional people.

My question to you is this: why don’t you fund hospitals so that they can replace staff in the summer, so that they can continue to operate so that we don’t have this crisis — and it is the worst crisis in the country of over 11,000 people on a hospital waiting list — when you people, your government, your PC government won’t fund the hospitals to such an extent that they don’t have to close 308 hospital beds.

Hon. Mr. McLeod: — Mr. Chairman, in the three years preceding the present year which is under construction here, we put an additional \$9.5 million into the system, which was just to do the kinds of things which the member now suggests: why don’t you do more of this? And it was to keep hospital beds open, and it was to do those kinds of things which you mention. And, frankly, what has been the result of that? Because \$9.5 million, even though the budget we talk about here is 1.2 billion, which is a mind-boggling number — it certainly is for me, and I’m sure it is for you — it’s a very large number; it’s one-third of the budget of this entire province. And I just say that 9.5 million, while it’s small in comparison to that very large budget, is a significant expenditure.

That money was put into the system for just the kinds of things which you suggest. And I will say to you that had that money been targeted in the way in which this money that is now going in — because there’s a clearer understanding of the system and how it will work — if that money had been targeted, it would have addressed waiting lists in a greater way than it did. That is not that it did not address waiting lists, because it did to some extent.

What I’m saying is that the plan that is now going to go into place will target, and so every one of those hard-earned taxpayers’ dollars that is being spent will be maximized by targeting at the specialties and at the procedures which are causing the log-jam in the system in Saskatoon and that’s . . . I can’t think of a better term because that’s exactly what it is, right into two or three of the specialties.

And just to put this into context a little bit, the total surgery cases, Regina — let’s just talk about Regina and Saskatoon — in ’82-83 there were 26,658 procedures performed in Regina, 26,658, and in 1985-86 there were 32,626, an increase of 32 per cent over that period of time. That’s in Regina. In Saskatoon there were 27,201 performed in ’82-83, and in ’85-86 there were 36,653 performed, a 35 per cent increase over that period of time.

There’s no question, Mr. Chairman, that those pressures we’ve talked about and which, I think, we both acknowledge in our more reasonable moments, are the kinds of pressures on the kinds of services which, until just very recently, were not even available to our citizens or to citizens anywhere. Because if they are available to citizens anywhere, for the most part they’re available to our citizens here in Saskatchewan through the technology and through the specialists that we have.

So in Saskatoon, for example, four of the 85 specialist — 85 specialists in Saskatoon — four of those specialists are responsible for 21 per cent of the waiting list. Four out of 85 are responsible for 21 per cent of the waiting list. That’s why targeting is so extremely important in this, and this targeting. I suggest, because I’m assured by the hospital administration and the boards there, will bring results, as it relates to bringing down the waiting lists which you and I, at least on this point can agree with, is unacceptably high.

Ms. Atkinson: — Well, Mr. Minister, you’ve caused an even greater concern as a result of what you’ve just said. Are we talking about targeting funds only to ear, eye and throat, only to ophthalmology, and only to orthopedic surgery? Is that what you’re talking about, Mr. Minister?

Because I want you to know that 80 per cent of that hospital list isn’t dealing with eye, ear and throat, ophthalmology, and orthopedic surgery. It’s dealing with things like gall bladder operations, elective surgery, gall stones, kidney stones — all of those kinds of things that people are waiting months and months and, in fact, over a year for many of those operations. So what are we talking about when we talk about targeting?

Hon. Mr. McLeod: — I said before that it’s based on four specialties — ophthalmology, orthopedics, ENT, and general surgery. And those that you mention are obviously in the general surgery category, and that’s part of it.

Ms. Atkinson: — Okay, Mr. Minister, I just . . . I have a final question before I turn this over to my colleague from Moose Jaw South. Can you tell me whether or not your department has any plans to close any rural hospitals in this province during this fiscal year?

Hon. Mr. McLeod: — No.

Ms. Atkinson: — Well that’s good, Mr. Minister, because there are a number of rural hospitals that are concerned as a result of that budget leak of yours in the spring of this year, where you were talking about closing 18 rural hospitals. And I just want to ensure the people of this province that in fact if you’re going to close rural

hospitals that you'll bring it before the legislature so we can have a debate.

I just want you to remember what happened to Ross Thatcher when he decided to close rural hospitals. Rural people have a difficult enough time, Mr. Minister, having access to services, particularly in view of your recent changes to the children's dental program, and to take hospitals out of rural Saskatchewan would cause a great deal of hardship in terms of access to medical services.

Hon. Mr. McLeod: — I would just say to the hon. member, when you see a budget leak, you'll see it on budget documents, and you certainly didn't see anything like that.

Mr. Calvert: — Thank you, Mr. Chairman. Mr. Minister, I would like us to return to the continuing care side of your portfolio just now, and I would like to begin with what is clearly a betrayal of commitments that your department has made over the past number of years.

I have in my hand here, Mr. Minister, a release issued by the former minister of Health, released April 12, 1985, in which the former minister announced additional special care home projects as part of a five-year \$300 million health capital fund. And in this release he talks about 1986-87. He says:

Work will begin on a project to completely replace St. Anthony's Home in Moose Jaw during the year 1986-87.

And as an appendix to this release, he sets out the nursing home projects schedule for 1987-88, 1988-89.

Mr. Minister, in this release the former minister committed your government to creating an integrated facility in Cabri, a new facility in Cut Knife, a replacement facility in Elrose, an addition to the Fort Qu'Appelle facility, an integrated facility in Leoville, an integrated facility in Loon Lake, an integrated facility in Montmartre, phase 2 completion of the replacement of St. Anthony's Home in Moose Jaw, a new facility in Nipawin, an integrated facility in Theodore, and a facility in Wadena.

Mr. Minister, your government committed itself to those projects for this budget year. I ask you: which of these projects, as we meet today, are now under construction?

Hon. Mr. McLeod: — I will preface my remarks with a sort of a brief statement. The member rightly refers to the announcement that was made over, you know, for a period of time by my predecessor, and which we are still committed to, frankly, except that the time frame will have to change. And that was announced at the time that some deferrals were announced, for some very obvious reasons, at least to those of us who really recognize the financial strait that the province is in.

I have spoken to . . . Well, I'll just give you . . . to the specifics of your question. Canwood is going ahead now, Kyle is going ahead now, Leoville is going ahead, and Theodore is going ahead. Those are the four for this fiscal year that are going ahead.

And those on the list, which I believe you read, which was the '87-88 portion of the list, those which are not are Cabri, Elrose, Loon Lake, Montmartre, Moose Jaw St. Anthony's, which is by far the largest of these, Nipawin, and Wadena, are not going on ahead and have been deferred — is the term that we've used.

And in most of the cases that I outlined, those that have been deferred, we have had meetings.

(1615)

If I have not personally, my Legislative Secretary who does a good deal of work in this area, the member from Nipawin, does a good deal of work in this area in terms of dealing with the boards and discussing over the longer period of time with the boards the kinds of things that are done.

The member from Regina Rosemont points out that one of those that is deferred is in the constituency of the Minister of Health, my own constituency of Loon Lake. I want you to know that whether it's in Loon Lake or it's in Elrose or it's in Cabri or it's in Montmartre or where it is, every deferral of a project which has the hopes and the dreams of the people in the community raised, and expectations raised, is a difficult decision to make — every one. And Loon Lake is certainly included in that for the minister, when I go home to my constituency. But I will say that the folks in Loon Lake, as they are in Cabri and in Elrose and in Montmartre and others, are very understanding of this and of the circumstances surrounding the deferral. They are.

Now let me say one more thing as it relates to these. As we have told all of the people, when those projects went on to the capital list, they were on there on the basis of the need which was recognized by this government. There is a need there. There's no question about that. We don't dispute that in any way, shape or form. Just a matter of how many capital dollars do we have in the particular year that we're in. And we came to the decision that we don't have them, and so the deferrals will go out.

As a result of '87-88 projects being deferred, and as a result of these projects being one year ahead of '88-89 and '89-90 which follow, deferral letters went to all of those that were on the list for subsequent years. And that's as it should be, because they were placed on the list in the location that they occupy on the basis of need.

So we've told them — if I might use a bit of an analogy here—it's like a car race, you know, there's a bit of a wreck on the track, and the flag is down so hold your position and when we get the wreck cleared off, which is the fiscal circumstance of the province, the race will carry on.

Mr. Calvert: — Mr. Minister, so you are saying to this House and to the communities of Cabri and Cut Knife and Elrose, Loon Lake and Montmartre, that it's the fiscal crisis of your government that has caused the deferral of these projects? Will you say that very clearly: is this the reason that these projects are not going ahead, because of the fiscal and financial state of your government?

Hon. Mr. McLeod: — Well the member uses Cut Knife in his, and I want to be clear just so we're not . . . because Cut Knife is operational now. Cabri, Elrose, Loon Lake, Montmartre, Moose Jaw St. Anthony's, Nipawin, and Wadena — those are the ones that were on this year's '87-88 list which have been deferred. Okay? And I'm saying very clearly that the reason is . . . that's the reason and it's a clear reason. And he says that it's because of the financial state of our government. I say it's because of the financial state of the province of which we happen to be the government.

Mr. Calvert: — Mr. Minister, will you confirm for this House that in . . . and I'll use St. Anthony's Home, Moose Jaw, as an example because I know it best; it's in my own constituency. But it's typical of each of these.

Mr. Minister, will you confirm for this House that during the October 1986 election campaign, the commitment was again made in the constituency of Moose Jaw South and in the community of Moose Jaw that St. Anthony's was going ahead, that indeed following the election that the commitment was again made? Is it unreasonable to assume that the people of Moose Jaw and the people of these other communities were confident that their projects were going ahead? When was it, Mr. Minister, that you discovered that the financial state of the province wouldn't allow us to go ahead with these projects? When did you discover that?

Hon. Mr. McLeod: — Mr. Chairman, we went through the process, the budget process which now we're all very familiar with. And how long it was — it was a long and arduous process, and I don't know how else I could describe the process we went into, coming into this budget which we're now discussing here. And we started well back at the beginning of the year and we went on until the budget was finally presented here — what, June 17? — which was obviously late. And we've heard that point here before from you and others of your colleagues that it was too late and all the rest of it. And we say it was necessary to go that period of time to get an excellent look, line by line, department by department, in terms of where will the expenditures go.

I say, as the Minister of Health, you mentioned St. Anthony's and let's just use St. Anthony's as an example. There's no question, no question in my mind whatsoever that there's a need for a new facility at St. Anthony's. I've talked to the people at St. Anthony's. We have excellent co-operation from the people and the administrator of St. Anthony's and the folks involved with their board. There's no question about that, and frankly I'm pleased with their level of understanding of just the circumstance that we all face, including that they face as taxpayers and we face as government, they face as administrators in trying to operate in these times. But they also know and understand that their project is recognized by government as one of great need. They also know and understand that they will have a project at St. Anthony's, and there's no question about that, I'm sure, in their minds nor is there in mine.

Mr. Calvert: — Mr. Minister, your argument then is that the projects can't go ahead because of the financial state of your government, or the situation that we find our

province in. Mr. Minister, why then is this argument now applied to projects such as Shand, Rafferty project? Why is it that that argument doesn't also apply to that kind of \$1 billion boondoggle in the Premier's constituency? Why do we have money to go ahead with projects like that, but not money to go ahead with nursing homes?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — It's always easy if one gets into the, you know, political rhetoric. I mean, you oppose the fact that there's to be a power project at Shand, I think you mentioned. You say, oh no, don't build a power project. And you try to . . . you know, so send it over to my colleagues in Manitoba, you say, to buy power from them rather than build at a capacity in our province. I mean, that's a debate that goes on in another forum, in another place — maybe the same forum and another auspices. But what I say is, when we look at the total picture of government, which we did in this budget, obviously health is a major aspect of that, and nursing homes and the construction of nursing homes are a major part of all of that.

It rings very, very hollow, frankly, for members of the New Democratic Party, or adherents, or whatever you call yourselves of the New Democratic Party, to say that, you know, there's no commitment to the facilities that are there, because there is commitment from this side. And I've given you that commitment again for badly needed facilities in this province for the long-term care of our elderly, which your colleague and I discussed a little while ago in terms of the pressures that a population, and an increasing percentage of that population over 75 will bring to bear on the system.

Let me just go back a little bit to show you — because you haven't heard of these before, maybe, all of the places — you may not have heard of these. But these that I will read into the record now, Mr. Chairman, and I would like all members to listen carefully because this is a bit of a geography lesson in terms of this province; this is a bit of a lesson in geography for this province in terms of commitment to all people of the province regardless of how remote their community may be, regardless of how far they are from the main highway that you live on. I just want to point this out to you.

This is the result of the backlog that was there from the moratorium that your colleague put on. Okay, in 1982-83: Birch Hills, a new 30-bed facility built, completed and now operating; Weyburn, one new and 49 replacement beds, badly needed replacement beds in Weyburn, 1982-83; Biggar, 12 new and 12 replacement beds; Wakaw, 15 replacement beds; Meadow Lake, 36-bed replacement facility, for a total of 156 special care home beds in this province in that year, in '82-83, a direct result of the moratorium which had built a tremendous backlog for this province and for the senior citizens of the province.

Mr. Chairman, in 1983-84, the second year of that program which addressed the very, very short-sighted moratorium imposed by the troops over there, Central Butte, new 30-bed facility; Whitewood, new 30-bed facility; Spiritwood, 15 new and 21 replacement beds.

And when we speak of replacement beds, I'm somewhat familiar with some of the facilities that these replace. Those facilities were in dire straits, and they were left in dire straits through some very good times by some of your troops that are now sit in those sides, and those who went before you, who came here before you wearing the same label that you now wear.

Herbert, 19 replacement beds — for a total of 115 beds in 1983 and '84.

1984 and '85, the program, 1984-85 ... Listen carefully because all members of the House should be very interested in the communities that are mentioned here. Because as I travel this province, as my colleagues travel this province, as my predecessor, the former minister of Health travelled this province and opened these facilities, and discussed with the board these facilities, and gave approval for these facilities, this Progressive Conservative government, under the leadership of this very able Premier, said to the senior citizens of Saskatchewan, we are committed to special care home beds for you; you have not had such a commitment from any government prior to this, and it's unlikely that you will ever have such a commitment.

1984-85: Davidson, 10 new and three replacement beds; Indian Head, 15 new and two replacement beds; Kelvington, 10 additional beds; Kindersley, 80-bed replacement facility; Kinistino, 16 new and two replacement beds; Lloydminster, 16 new and three replacement beds — no, I'm sorry — Lloydminster, 50-bed replacement facility; Outlook, 16 new and three replacement beds. I'm sorry, Mr. Chairman. Regina Lutheran, 11 additional beds; Saskatoon Circle Drive, new 50-bed facility; Stoughton, six new and 24 replacement beds; Wawota, new 30-bed facility — a commitment to the seniors of the province, a commitment to the seniors, for the most part of rural Saskatchewan, where they had been neglected for so long they hated to try to remember how long they'd been neglected by you folks over there.

1985-86, Mr. Chairman, a very important list and another whole series of communities who are very, very happy with the commitment of this Department of Health in this Progressive Conservative government for this facilities. Let's just go through the list: Arborfield, new 36-bed facility — and what I'm doing on passing, Mr. Chairman, is taking the members opposite on a bit of a tour of Saskatchewan, that is outside, outside of where they are on a daily basis, and that is in the cities. Okay? We're going on a bit of a tour of places that were neglected for so long that the people were sick about it, frankly. The people saw the commitment.

Arborfield, new 36-bed facility; Big River, new 30-bed facility; Dalmeny, nine new and 27 replacement beds; Foam Lake, 10 new and two replacement beds; Goodsoil — I feel excellent about the one in Goodsoil, by the way, in my own constituency — 12-bed integrated facility; Lampman, 19-bed integrated facility; Lucky Lake, 12-bed integrated facility; Meadow Lake, 25 replacement beds; Melville, 30 new and two replacement beds; Nokomis, 12-bed integrated facility;

Rabbit Lake, 12-bed integrated facility; Rose Valley, 12-bed integrated facility ... (inaudible interjection) ... For those of you that are asking questions, the member from Saskatoon Centre, I could send you a highway map and mark these places so you'd know where they are. Saltcoats, new 30-bed facility; Saskatoon Lutheran Sunset Home, two new and 78 replacement beds — so there are some in the cities.

And all I can say to the members opposite, and I want to say very, very clearly to the people of the province of Saskatchewan, we have an '86-87 program as well, and I want to say clearly, we had that commitment before, we delivered it, and those facilities are up and operating with significant increases in the amount of money which goes from Saskatchewan Health to the facilities for the operation of those facilities.

1986-87 program: Cut Knife, new 30-bed facility; Dinsmore, 12-bed integrated facility; Esterhazy, 10 new and four replacement facilities; Fort Qu'Appelle, 10 new and six replacement beds; Gainsborough, 12-bed integrated facility; Invermay, 10 new beds; Langenburg, 10 new and five replacement beds; Lumsden, new 30-bed facility; Mankota, 12-bed integrated facility; and Norquay, 10 new and one replacement bed — for a total in '86-87 of 162 beds.

Now, Mr. Chairman, it's obviously a long list, 1982 to 1987, five years. Five years, 1,675 special care home beds built by this government with the kind of commitment to the people, and especially the elderly people of this province — 1,675. Why that many?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — My colleagues feels justifiably proud of that because it's a commitment that this government under this Premier made to the people. They feel justifiably proud of that. But the fact is, the reason that there was a need, such a dire need for 1,675 beds, the reason that that need existed was because of the moratorium — was because of the lack of commitment that you had when you chose in good times to sit and rest on the laurels. You rested on the view that someone else at some other time, another generation, who said, we are committed to health care; we built this. And what did you folks say? You said, we don't have to build this because the seniors in our province believe, oh, the NDP, they're for health care.

But what did the NDP who were for health care do for the people? We hear what they say, and we heard for so many years what they had to say. But what did they do? was the question asked by people all across this province, in all of these communities that I've outlined here, and in others who are still on the list and who still have the commitment from this government that they will have those facilities.

So, Mr. Speaker, as I say, we're justifiably proud of the record in nursing home construction. The member raises a legitimate point, as it relates to being a member from Moose Jaw, on St. Anthony's Home. I have acknowledged to you, and I acknowledge to you here again, there's a need at St. Anthony's Home for a new

facility. There is a need, as there was a need in all of these that I have outlined, and there will be a new place at St. Anthony's Home. But the circumstances that the province of Saskatchewan finds itself in does not allow us to build to the same level, to the same extent this year as what we had hoped we would be able to do as we continue to catch up on a backlog that was left by an irresponsible bunch, and that's what you were. And that's what you still remain.

So, Mr. Chairman, let me just add to this just so we have it all into perspective.

An Hon. Member: — Let's get it all out.

Hon. Mr. McLeod: — Let's get it all out in the first time here. I said 1,675 beds built in the period 1982 to '87. Let's go back, 1975 to '82, a similar period, both seven-year periods. How many beds were built by the troops opposite? How many?

An Hon. Member: — Sixteen.

Hon. Mr. McLeod: — The member says 16, but they actually built more than that. They built 776 beds in seven years. This government built 1,675 beds. There was a need for those 1,675 beds, I will submit, prior to this government ever coming to office. But did they meet that need? No. Did they leave the people of Saskatchewan in dire need of these kinds of facilities? The answer is yes. Should they be ashamed of themselves? Obviously, they should be ashamed of themselves. Are they ashamed of themselves? Obviously, no, by the looks on their faces.

Mr. Calvert: — Mr. Minister, as a member of that party that government this province so irresponsibly for that 11 years as you describe it, when we had a balanced budget or a surplus budget each of those years, Mr. Minister, I want to respond initially to that long-winded statement of yours just now by saying this. I want to congratulate you for every bed that you've put in place in this province. We welcome every one of them.

And now I want to complete the list. Let's go back then, you read right down from 1982 to 1987. Now I want to complete the list here — 1987-1988: Cabri, dream destroyed — promise made, dream destroyed; Elrose, promise made, dream destroyed; Loon Lake, promise made, dream destroyed; Montmartre, promise made, dream destroyed; Moose Jaw St. Anthony's, promise made, dream destroyed; Nipawin, promise made, dream destroyed; Wadena, promise made and dream destroyed.

Mr. Minister, I question both the wisdom of your decision in deferring these projects and the ethics on the question of the wisdom of your decision to defer. How much money, Mr. Minister, do you anticipate it would have taken in your budget this year to put these projects on stream as planned? How much money has this saved your budget?

Hon. Mr. McLeod: — I might just say in response, while my officials dig up the number, so I give you accurate figures . . . But you say, if I quote you properly here: promise made, dream destroyed in Cabri and in Loon

Lake and in Montmartre and in St. Anthony's and so on. I just want to correct you on this. Promise made, dream not destroyed. The dream continues, and they will have it; they will have their home.

And in every case, in every one of those boards the people responsible, the people there all know very, very well that they will have their facility. Their dream is not destroyed. There have been some attempts by some, and I don't say you because I believe you have not, the member who is now conducting the questioning, who does have the integrity to stand and say we congratulate you for every bed you build. That's fair ball because that's the way . . . that's true. And I appreciate that very much.

But I would say to you that there's no dream destroyed. Those people know that those facilities are coming; those people understand better than many in this House the circumstance that whatever sector they work in, is in, and the circumstance that the province finds itself in. So we will have the beds, and there's no question that we have gone a very, very long way in working off the backlog that was left there for a good, long period of time.

Mr. Calvert: — Mr. Minister, let me quote to you from an editorial while your officials are finding the figures that I asked for. Let me quote for you from an editorial which appeared in the *Moose Jaw Times-Herald* after your announcement that the St. Anthony's Home project would not be going ahead in this calendar year, and you have given no assurance to the community of Moose Jaw or to the board of St. Anthony's Home when this project will be going ahead. You said it may be next year, it may not be. It may be the year following.

Mr. Minister, the editor of the *Moose Jaw Times-Herald*, reflecting on your decision, said this, the point is this: a dream has been demolished in Moose Jaw and the Premier's government is the cause of it all.

Mr. Minister, I would like to read into the record — because I think it puts a this issue so concisely and so clearly in a way that I could not — a letter that was written to you from a constituent of mine in regard to your decision to cancel the rebuilding of St. Anthony's. She writes:

Dear Sir: It is with great concern that I'm writing you and I hope you will forgive me for taking your time. It was a shock to me that St. Anthony's building was put on hold. I worked 21 years at the Union Hospital in Moose Jaw and so many times a dozen beds were filled with aged people who needed nursing care that is capably given at St. Anthony's, and these people were on a waiting list, and we had a lot of younger people waiting for surgery in the hospital.

So when the plans for building at St. Anthony's were announced I was pleased to hear that. I am 73 years, live in my little house, and hope I will never need to go into a home. I cannot afford things like applying for a home improvement grant, but I scraped up what I could to donate to St. Anthony's building fund and donated through my church, Emmanuel Lutheran, as they also did in

other churches, and even small children's groups collected for it. I belong to a caring society, as I'm sure you know many Saskatchewan people are. If I have to pay income tax on my small pension, then I want my money to work for the people who need help.

I was raised through the years when our car was made into a Bennett buggy. I worked for \$5 a month. I was a maid for people who could afford to pay more, but I was not bitter. I was glad my father had one less mouth to feed. My father taught me to be proud and remember that money and power did not necessarily make a lady or a gentleman, but helping the ones who needed your help were special.

Now, Mr. Minister, here's the question that I would ask, the question she put to you:

I trust that you would reconsider the plans to put St. Anthony's on hold and give someone a home and someone a job.

By reconsidering this decision of yours, by putting St. Anthony's on stream, and the other nursing home projects which you have deferred, you accomplish two goals. You meet that need which you have recognized — you give someone a home — but you meet another need, and that's the need to give people in this province a job.

And surely if you argue that putting funds into home improvement grants creates employment, then surely putting funds into creating new homes for our seniors and disabled, surely that too will create employment.

So, Mr. Minister, would you address the question so capably put to you by my constituent:

I trust that you would reconsider the plans to put St. Anthony's on hold and give someone a home and someone a job.

Hon. Mr. McLeod: — Well, Mr. Chairman, I don't recall the specific letter, but I did get several letters like that. I recognize the disappointment of people who . . . A couple of things.

I know across this province . . . and I'm very, very familiar with one in my own constituency, in Loon Lake, where people have donated money and put money forward to raise the local level of funding and so on, and you made some reference to that, or the person in that letter made some reference to that.

And I understand how that works, in terms of you put your money in and then the interest is being collected by the local board rather than by the individual who put their money in, and they wonder about the project going ahead. All of that, that's the nature of how things happen.

But I will say to you this, the people of this province are pragmatic people who understand, and they do, and they have shown that in each of these circumstances that you've outlined today — those seven projects which have been deferred. They understand the necessity for that

kind of thing. What they have asked for and what they have received is an assurance that they are not being dropped from the list. In other words, a deferral does not mean cancellation, and it's extremely important that that's clear and that was made clear to them. Deferral is not cancellation. Deferral means that it's just put on hold and when the fiscal circumstance will allow, they will go forward because the need is still there. Okay?

(1645)

So I understand the disappointment. I understand the disappointment of those who tied some hopes and some dreams and some wishes and so on, to the kind of homes that are to be built in their communities. And obviously Moose Jaw, that you represent, is one of those. I know that.

But the point is and will always be thus — the decisions are difficult ones. Like it's not something that I'm really happy about that we had to defer these projects. I don't like to do that. I don't like the decision, making that kind of decision. But it has to be done — has to be done. It's a responsible decision.

And when one is given a responsible position, that I suggest that this is, to look after this large budget in Health, you have to make these kinds of decisions. They're not easy, but they're necessary. People understand that. Board people that I've talked to and that my colleague from Nipawin has talked to, understand that in spades across this province. And that's why . . . and they also understand that their needs that were identified are still needs that are identified.

And the integrity of this group right here — the integrity of this group right here in terms of our track record of delivering nursing home beds, our track record of having developed the concept of integrated facilities which will increase the viability and in fact ensure the viability of some very small hospitals in this province, this is the group that developed that program, that developed that concept. This is the group that delivered that program and that concept to several communities across the province, and this is the group who now says, despite some difficult times, there will be nursing home spaces built in the future.

And like I say, I don't know what more I can say except to say to you, I understand totally the sentiment that the letter writer expresses, the sentiment that you express in bringing her concern to the House, but it will always be thus.

Those who are given the responsibility of making decisions will have to make them in a responsible way, and those who are given the responsibility of criticizing those decisions will criticize the decisions because they do not have to be encumbered as you aren't encumbered by the responsibility of looking at the global budget as we are. We've looked at that. We've taken our responsibility seriously, and we've made good and responsible decisions.

Some Hon. Members: Hear, hear!

Mr. Calvert: — Mr. Minister, I asked a question a little earlier, on how much money has been saved from your budget by deferring these projects. I've yet to get an answer to that question.

Hon. Mr. McLeod: — I'm sorry I had it in front of me, but I had a couple of points that I wanted to make and I was happy that they were made. Seven projects were deferred in '87-88 budget; 312 beds deferred; and the total capital cost of those projects is 24.7 million.

Mr. Calvert: — So \$24.7 million, Mr. Minister, is what you're saving, which my rough . . . by just my quick, rough calculation is about one month's interest payment on the public debt created by your government. Now here we come to the reason for this kind of deferral. We are now paying out of the treasury of Saskatchewan some almost \$300 million a year in interest payments on a massive public debt. Therefore, yes, we are financially strapped. Therefore we do not have the funds to go ahead with these very necessary kinds of projects.

And yet we do seem to have the funds to go ahead with other things — home improvement grants. We have funds to go ahead with power projects. We have funds to go ahead with, we heard today, an 85 per cent increase in the Executive Council spending. Mr. Minister, I submit, yes, it is due to fiscal problems that we can't go ahead with these projects, but fiscal problems primarily created by your government.

Hon. Mr. McLeod: — Well this goes back to the point that I tried to make a few minutes ago. And the point is that all of us in this cabinet, or whatever cabinet at whatever day you look at, and all of us in this caucus and in this government have to make decisions on the global budget. We must make them, and we have to make them. Because you will say by comparison, well, that's this percentage of the interest on the public debt, or it is this payment on the interest on the public debt. You will also say through — I mean, let's just put this all into perspective — you also say, don't raise taxes; do not raise taxes. They've said it how many times here? — don't increase your revenues, no taxes, no tax on fuel, no increase in the sales tax, none of those things. That's what they've said.

They say that so many times, Mr. Chairman, because . . . but all of that goes back to what I had said earlier. It's not a responsible thing. It will always be thus. Opposition members will never be encumbered by that thing we call responsibility — never. But that's the nature of the system we're in, and that's a legitimate system. It's a legitimate system.

So they say, don't raise taxes. They say, don't deal with any projects which will be wealth-creating in our province and diversity the economy in this province, which will then in turn create the kind of wealth which will generate revenue, which will in turn come back to the province so that we can in fact use it to do just the kinds of things which you say we should be doing at a greater rate than we are. Okay, you say, don't do that.

Well I say we are doing it in looking at the total budget. And that goes back to the things like the power projects, the development of a paper mill in Prince Albert, value

added to the nth degree, which is something that you folks, or not you, but your ilk over there who were here prior to this last election, who would say, no, don't deal with Weyerhaeuser; don't build a paper mill; don't do anything that's wealth-creating; don't do that. And then it's been reiterated by some of you who have come in the class of '86, who say, oh, don't deal with Weyerhaeuser, it was a bad deal; don't deal with anybody who's wealth-creating. That's what you said — all of that sort of thing. You say that.

You say that, and your parrot over there from Saskatoon Centre is now coming into this discussion. But I just say, I ask her to stay out of the discussion until she's ready to contribute something worthwhile; and I invite her to do that if she has something to contribute.

So all I say to you is, there's no responsibility in raising these kinds of things and those kinds of comparisons. You say from time to time, don't raise taxes; raise the price of wheat; raise the price of oil; raise the price of potash; do all of those things which you very well know are impossible for a government to do. We can't do that. But you say, do it anyway, because you're not encumbered by any kind of responsibility. You say, don't deal with anybody who's wealth-creating, don't deal with the private sector, don't privatize because there may be some wealth generated. Don't do that. That's what you say.

Well all I'm saying to you is, we have made responsible decisions as it relates to this Department of Health and as it relates specifically to the building of special care home facilities for the seniors of our province. We have made those commitments. We will continue to make those commitments as the need arises, and the need is certainly out there. And we will continue with that, and there's nothing more I can add, Mr. Chairman.

Mr. Koenker: — Thank you, Mr. Chairman. Mr. Minister, I'd like to ask about your level of support for level 4 care, and I raise the particular circumstances of a nursing home in my constituency, Sherbrooke nursing home. They recently completed an assessment on their residents considered to be level 4, and it turned out that 38 per cent of their residents are assessed at level 4. That's some 125 residents are classified or assessed as being level 4, and Sherbrooke receives no funding for level 4 care. I'd like to know how you expect the home to operate on this kind of basis, and if you're aware of this kind of problem being encountered at Sherbrooke home.

Hon. Mr. McLeod: — Mr. Chairman, the member raises the Sherbrooke home in your constituency, and it's certainly in Saskatoon in any case. There's no question that we acknowledge, as we have, and my comments to your colleague; we acknowledge the increasing level of care certainly that's required because of that very fact which points out that more and more of our population is 75 years and above, and so there's an increasing level of care required. Now I'll just give you a number here: in '86-87 there were additional full-time, equivalent staff added, 4.2, which is a total . . . an increase of \$83,059 added into that home to meet that shift to heavier care. Now whether or not, you know — and this is where it becomes an arguable point — whether or not that meets it becomes a debatable point in terms of, you know, some

at the home would say, and I recognize the pressures that they're under, especially in some large homes like that, they say, well, I'm not sure that it meets the care. But certainly this was more than a simple gesture toward that; this was directed at just that very point. And we're making that attempt.

So we recognize the point that you're raising, and we've been attempting to increase the staff and the money to pay for that staff, to meet the kind of heavier-care needs that are out there.

Mr. Chairman, I realize that the time is getting close, so I would ask that the committee rise, report progress, and ask for leave to sit again.

The committee reported progress.

The Assembly adjourned at 5:01 p.m.