

The Assembly met at 2 p.m.

Prayers

ROUTINE PROCEEDINGS

ORAL QUESTIONS

Patent Protection Legislation

Mr. Koskie: — Thank you, Mr. Speaker. Mr. Speaker, I would like to address a question to the Premier. Mr. Premier, tomorrow marks the first anniversary of the October '86 election.

Some Hon. Members: Hear, hear!

Mr. Koskie: — And I think you will agree, Mr. Premier, I think you will agree, Mr. Premier, that it also marks a year of disappointment for the people of this province and a year of deception.

Some Hon. Members: Hear, hear!

Mr. Koskie: — Mr. Premier, many of the campaign promises which you made have been broken. And I remind you in particular, in June of last year, just a few months before the election you issued a news release in which you promised to pressure the Mulroney government in order to pass legislation to reduce patent protection so that the farmers could have available generic drugs.

I ask you, Mr. Premier: what has Ottawa done? Have they done anything in respect to that or was it simply a promise made at election time and a promise broken after the election?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, I believe the hon. member is talking about generic drugs in consumers, not farmers. Farmers . . . farm chemicals. The hon. member, I believe then, Mr. Speaker, if I just can get the question right, wants to know about farm chemicals, farm chemicals and the production of farm chemicals here, and the change of the law with respect to encouraging the production of farm chemicals in Canada—fertilizers, generic drugs — so that in fact we can have access to more chemicals here, Mr. Speaker . . . (inaudible interjection) . . . Well, he's got drugs and chemicals mixed up, Mr. Speaker.

I would say with respect to farm chemicals, Mr. Speaker, we will and have been encouraging the production, and I'm happy to say that we just opened up a new plant in Tuxford last week which encourages the formulation of farm chemicals right here as opposed to in the United States. And in fact one-third of all the phosphorus now provided in the liquid form for Saskatchewan will be available in southern Saskatchewan at Tuxford.

With respect to changes in laws as they apply to both consumers and producers, Mr. Speaker, what we want to see are incentives to have the production here as opposed to us importing them from some other country, having all

the jobs there and us just paying the tax or the tariff or something else which will cost us more.

Some Hon. Members: Hear, hear!

Mr. Koskie: — A supplement then, Mr. Speaker. Maybe the Premier didn't hear the question. I indicated to you, Mr. Premier, that you promised the Saskatchewan farmers that in fact you would approach the Mulroney government to change the legislation in order that farm chemicals in the generic form could be made available.

An Hon. Member: — You said drugs.

Mr. Koskie: — Farm chemicals. I ask you, Mr. Premier, what has happened to that? Or was it simply an empty promise made before the election only to be broken after the election?

Hon. Mr. Devine: — Well, Mr. Speaker, we are, even in the province of Saskatchewan, we are seeing the increase in the potential and possibility to have generic chemicals produced right here. And I don't have them with me, but my estimates are coming up, I believe, on Wednesday or Thursday of this week, and I will be glad to provide the hon. member the kinds of things that are going on in Saskatchewan to encourage farm chemical production to take place here as opposed to either down East or in some other country.

Some Hon. Members: Hear, hear!

Farm Fuel Refund

Mr. Koskie: — A new question to the Premier. Mr. Premier, just prior to the October 20th election, you introduced a program in which it refunded 21 cents per gallon, or 4.6 cents per litre, on farm fuel, and you said it was to assist the farmers with their input costs. But shortly after the October election, in fact on December 23 as a Christmas present to the farmers, what you did is to cut it back very substantially from 21 cents to 9 cents.

I ask you, Mr. Premier, can the Premier explain why the farmers needed 21 cents in October, and after the election they only needed 9 cents? I ask the Premier . . . I ask the Premier, was that gain another election promise made and an election promise broken?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, I really think it's time that the NDP told the truth. Tell the truth. You tell the truth, my friend, and you tell it on health care and . . .

Mr. Speaker: — Order, order. Order, please. Order, please. Order. The Premier is attempting to answer the question, but he cannot do it if he's interrupted immediately — if he's interrupted immediately. I ask . . . Order, please. Order, please. I recognize the Premier.

Hon. Mr. Devine: — Mr. Speaker, let's make it very, very clear that the NDP voted with us on the oil royalty program, and they'd helped and they agreed with the formula. They passed it, Mr. Speaker, with respect to the

formula and on interest rate protection.

As interest rates go down and as oil royalties go down and the price of oil goes down, Mr. Speaker, it's tied to the formula for protection for farmers, and he knows that. As oil prices go up, the royalty program goes up to farmers; and as it goes down, obviously the program is designed to go down. And he will not admit it, Mr. Speaker.

The fact is you should tell the truth. Tell the truth about the program because you support the interest rate program, Mr. Speaker. And I am accusing, I am accusing the NDP of not telling the truth with respect to health care expenditures or royalty programs or interest rate protection programs, and they know that I am telling the facts, and they never tell the truth.

Some Hon. Members: Hear, hear!

Manufacture of Farm Chemicals in Saskatchewan

Mr. Anguish: — Mr. Speaker, today we want to talk about election promises made and election promises broken.

Some Hon. Members: Hear, hear!

Mr. Anguish: — We'd like to go back to the issue of farm chemicals. Last October, Mr. Premier, you promised that 50 per cent of all chemicals used by Saskatchewan farmers would be manufactured in Saskatchewan by 1991. And you said that \$10 million a year would be spent in each of the next five years "as seed money for new manufacturing plants." Well the seed money, Mr. Speaker, hasn't seemed to germinate very well.

Can the Premier tell us where the \$10 million in seed money went this year — and it certainly didn't go into the Tuxford operation, so we don't want you talking about that — and what percentage of farm chemicals used in Saskatchewan this year were actually manufactured, compared to 1986, Mr. Premier?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, I'm delighted that the opposition has finally recognized agriculture and its importance in the province of Saskatchewan. I congratulate them on their line of questioning — at least they're in the ballpark now.

Let me say, Mr. Speaker, for the area . . . the hon. member comes from North Battleford. They don't like to listen to the truth, Mr. Speaker. They're not accustomed to telling the facts as they are, but I'm going to lay it out for them so that they understand. The hon. member is from North Battleford and he asked that question.

Every single project that we have initiated in North Battleford region, whether it's recreational vehicles, whether it's agriculture jobs, packing plants, Mr. Speaker, whether it's the kind of things that we can do for agriculture, that member has voted against — he's voted against, Mr. Speaker. And they he stands in his place and says, well for Heaven's sakes, you have a goal, Mr. Premier, to have 50 per cent of the agriculture chemicals manufactured in the province of Saskatchewan.

One, if we did do it, he'd be against it; secondly, if he ever did get in government, he nationalize it; and third, he just sit over there and criticize and have more jobs in agriculture than any constituency in the province.

Some Hon. Members: Hear, hear!

Mr. Anguish: — Mr. Speaker, the Premier didn't hear the question. We're asking about farm chemicals and you said, during the election campaign, you would put seed money in the amount of \$10 million a year for the next five years so that chemicals for Saskatchewan farmers would be produced in Saskatchewan. What happened to the \$10 million this year? And actually how much chemical was produced this year in Saskatchewan compared to 1986? Tell us that, Mr. Premier?

Hon. Mr. Devine: — Mr. Speaker, I said, during 1986 and during the campaign, so the hon. members can hear it again — they hate to hear it, Mr. Speaker, because obviously they were not successful. In 1986 I said the goal for Saskatchewan over the next five years is to produce half the farm chemicals right here in the province of Saskatchewan. That's the goal, Mr. Speaker. Now, Mr. Speaker, I'm going to say to the hon. member . . .

Mr. Speaker: — Order, please. Order, please. We can't have a reasonable question period if the interruptions are kind of constant, coming from both sides of the House, and this time the Premier is being interrupted, and I would like to ask members to allow him to continue.

Hon. Mr. Devine: — Mr. Speaker, our goal is to produce more and more, and eventually at least half of the farm chemicals that we use in the province of Saskatchewan right here in the province. Now one of the ways that we can do that is deregulate natural gas that allows us to produce nitrogen fertilizer here. One of the ways we can do that is expand on the new upgrader that's here. One of the ways that we can do that, Mr. Speaker, is encourage more and more tariff-free trade between other countries so we could have access to wholesale supplies here in the province so that we could build here and not import, Mr. Speaker. And one of the most critical things that we can do, Mr. Speaker, is to encourage cost-reduction measures in the province of Saskatchewan so that in fact we can build and expand and create, not only for Saskatchewan and not only for Canada but indeed world-wide, Mr. Speaker.

Some Hon. Members: Hear, hear!

Seed Money for High-Tech Research

Mr. Koenker: — Thank you, Mr. Speaker. New question, Mr. Speaker, to the Premier. Mr. Premier, on Friday, October 10 of last year you stood in Saskatoon and promised \$10 million, an extra \$10 million for each of the next five years, a total of \$50 million in seed money for the high-tech community of Saskatchewan. Mr. Premier, this year you have cut the budget for the Department of Science and Technology from \$5.5 million to \$2.8 million, including other various funds associated with high-tech research. I ask you, Mr. Premier, how do you

justify this betrayal of your election promise to the Saskatchewan high-tech community?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — I'm happy the hon. member asked that question. I believe that if he'd have looked in *The Globe and Mail* last week he'd find out that Saskatoon, and indeed the province of Saskatchewan, is second in all of Canada in terms of new high-tech companies. And it's been because, Mr. Speaker, we have encouraged them to invest here, expanding on the science. The fact that we have committed about \$79 million new dollars to a new biotechnology, high-tech communication, that whole field, with a critical mass in Saskatoon, Mr. Speaker, is precisely what's going on.

When we can open up Innovation Place and we can have SED Systems expanding; when we can have others investing; so now we rank number two in the country and number two in jobs in the country, I mean the opposition has got nothing to complain about. We've got the second-lowest unemployment, the second-largest high-tech industry any place in Canada, and they're standing up and saying, well, you haven't got it all done, a five-year program in the first year.

Well, Mr. Speaker, if we're as fortunate in five years as we are in the first year, well, all I can say is that I look forward to the next five years. Maybe the opposition doesn't.

Some Hon. Members: Hear, hear!

Mr. Koenker: — Supplementary, Mr. Speaker. I ask you, Mr. Premier: when are we going to see the first \$10 million to the high-tech community, and not simply to other aspects of the economy the seed money you promised to the high-tech community, \$10 million for each of the next five years? And you cut your commitment in half to the budget of the Department of Science and Technology. When are we going to see that \$10 million this year?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, don't you find it interesting, Mr. Speaker, that the hon. member will stand and ask for \$10 million of government funds and will not acknowledge that up to \$500 million of private funds are going in new paper mills, going into an upgrader, going into recreational vehicles, or into packing plants? He won't talk about the private sector stuff. He wants another \$10 million of government money on a five-year program, Mr. Speaker.

Let me point out to the hon. member: I promised in the next five years that we would have a program in this province that encourages high-tech development that we would rank among the best in the country, and that we would spend up to \$10 million a year over a five-year program. I promised that, Mr. Speaker.

All I say to the hon. member: you watch — you watch us deliver on a five-year program in high technology, as well as farm chemicals or any other industry you want to talk

about.

Some Hon. Members: Hear, hear!

Seed Money for Tourism

Mr. Lautermilch: — Thank you, Mr. Speaker. Mr. Speaker, my question again to the Premier. Twenty million dollars that he can't find, that we can't find — I'm going to ask him about another 10. And I want to ask him about his promise last year during the election campaign to create 7,500 new jobs in tourism by spending an extra \$10 million each year over the next five years to expand that industry.

Mr. Premier, this year's Tourism budget is exactly the same as last year's, and I would like to know where the \$10 million went that you promised the tourism industry a year ago, or is this just another election promise made and another election promise broken.

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, if you just . . . the hon. members know only about buying. They don't know about building. During the campaign, Mr. Speaker, we never mentioned Queensbury Downs . . .

Mr. Speaker: — Order. Order. Order, please. Order. Unfortunately, I must interrupt once again — which I don't like to do — and ask hon. members to please allow the Premier to answer.

Hon. Mr. Devine: — Mr. Speaker, just to remind the hon. members. I never campaigned on the new Queensbury Downs either, but we made a significant contribution to that — significant contributions to the whole agribition complex, Mr. Speaker; a significant contribution, Mr. Speaker, to the new trade centre. Why doesn't the member talk about the new trade centre going up in a hotel right here in downtown Regina? Would he mention that? Four season resorts destinations for the province of Saskatchewan — he doesn't mention that, Mr. Speaker.

All I can say is that when the private sector invests here along with our incentives, the NDP, who are against the private sector, won't acknowledge it. It's like the member from P.A.-Duck Lake won't acknowledge Weyerhaeuser's contribution — \$500 million, and he doesn't mention it.

Mr. Speaker, all I can say is that we promised to see tourism grow, we promised to see farm manufacturing grow, we promised to see high technology grow and, Mr. Speaker, we're running first or second in the country, and we're going to continue to see that kind of success on into the next five years.

Some Hon. Members: Hear, hear!

Mr. Lautermilch: — Mr. Speaker, it seems that a financial commitment and financial commitment to any area is fairly elusive. I got a new question to the Premier about something perhaps a little more tangible. Mr. Premier, last year you promised to have a new tourism and hospitality institute in full operation by this fall. Well, Mr.

Premier, the people can't find it. And I'm asking you where this new institute is located. And I'd like to know, as well, when it opened its doors, or was this just another election promise made and another election promise broken?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, the opposition, Mr. Speaker, doesn't seem to realize that it's a partnership in Saskatchewan, and we do things with the private sector, with communities, with municipalities.

And if you want to look at tourism, Mr. Speaker, the Saskatchewan tourism industry is working with us. We're putting together a board of directors so that we can have that kind of expansion. It isn't just run, Mr. Speaker, like it used to be out of a Crown corporation for the whole province. It's a partnership, Mr. Speaker.

We're not trying to own farms; we're not trying to nationalize businesses; we're not trying to take over the uranium industry; we're not trying to apply sanctions to people here. We want to see a partnership for growth, and that's what you see in tourism and agriculture, processing and manufacturing. And the jobs record, Mr. Speaker, speaks for itself — the second best job record in Canada as a result of the things we're doing, Mr. Speaker.

Some Hon. Members: Hear, hear!

Proposed New Fertilizer Plant in Regina

Mr. Tchorzewski: — Mr. Speaker, I have a question for the Premier — the member who is somewhat less than an expert on the truth.

Some Hon. Members: Hear, hear!

Mr. Tchorzewski: — Mr. Speaker, I too want to ask him about election promises made and about election promises broken, and so I want to ask about some of the economic development projects which he announced with such great fanfare prior to the last election.

Now, Mr. Premier, in April of 1986 you announced a \$200 million fertilizer plant which was to be constructed beside the Co-op upgrader here in Regina. Can you tell us what is the current status of that proposed fertilizer plant and when you expect it to open, sir?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, from a political strategy point of view, I got to ask, what in the world are they doing in this question period, Mr. Speaker? They have walked into this one. I mean, they didn't build an upgrader in the years, the 25 years they were in government they never built one upgrader. In our first term we put it together and they're against it. They're against it. They said we'd never build a new paper mill, Mr. Speaker, and they're against it. And now they're asking where is the new fertilizer plan because they're against that too. Well, Mr. Speaker, all I can say to the hon. member is you just keep your eyes wide open and you watch us build fertilizer plants in the province of

Saskatchewan so that we can go back and say . . .

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — . . . paper mills, yes, Mr. Speaker, upgraders, yes; packing plants, yes — expansion.

So the hon. member knows, and I could ask . . . Mr. Speaker, we looked very carefully with the Sask Wheat Pool, who explored it very carefully whether it would fit into their operation — and I hope he isn't belittling the Pool — and they looked at their operation. They stood beside me and said, we want to explore this possibility, as have many others, Mr. Speaker, and that's exactly what you want to see.

I don't recall them coming to the NDP and saying, would you build this with us? They knew it wasn't even in the cards, Mr. Speaker. The NDP might buy one after it was built, but they wouldn't build a new one, and they wouldn't encourage others to build it. And that's why we're on this side of the House and you're reminiscing on that side of the House.

Some Hon. Members: Hear, hear!

Bandage Factory for Swift Current

Mr. Tchorzewski: — Mr. Speaker, a new question to the Premier. Mr. Premier, another one of those economic development projects, which you made a major announcement of, was the bandage factory at Swift Current. You said, during last October's campaign, that there would be \$12.5 million spent on a plant in Swift Current and it would start by the spring of 1987 and it would be completed and built by this fall.

Now, Mr. Premier, I ask you a very straightforward and simple question: can you tell us when this plant was officially opened because we seemed to have missed it? And if it wasn't opened, can you explain to this House why you misled the public in Saskatchewan that way?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Well, Mr. Speaker, you know, it's becoming very clear why the NDP are not the CCF. Do you remember, Mr. Speaker, years and years ago, the former premier of Saskatchewan — the Hon. Tommy Douglas, the former premier of Saskatchewan, CCF premier — Tommy Douglas would at least have the courage to try and build. And he had tried to build this project and this project and this project. And the members opposite, Mr. Speaker, are not in favour of trying to build, they're in favour of either criticizing others who build or, Mr. Speaker, they will only nationalize what's already built.

Some Hon. Members: Hear, hear!

Mr. Speaker: — Order, please. Order, please. Order. Order. Order, please. Order, please. I believe the Leader of the Opposition has the right to ask his question without immediate interruptions, and I ask for that favour.

Vacancy in Saskatoon Eastview

Hon. Mr. Blakeney: — Mr. Speaker, my question is to the Premier. Mr. Premier, it's been more than three and a half months since the PC member of the legislature for Saskatoon Eastview, Mr. Martineau, resigned. This has left 18,000 voters in Saskatoon Eastview without their own elected representative. Mr. Premier, why have you failed to call that by-election up to now?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, the hon. member can rest assured that there will be a by-election in Saskatoon Eastview, and he can also be rest assured that I will give him ample notice, and that I will give the public ample notice when that by-election will take place. And he knows that. He's called by-elections when he sat in this chair, and it's the responsibility of the Premier to do so, and I'll be making the announcement at the appropriate time.

Hon. Mr. Blakeney: — Supplementary, Mr. Speaker. Mr. Premier, you have spent this afternoon in question period saying how proud you are of your record, saying what a good record it is.

Some Hon. Members: Hear, hear!

Hon. Mr. Blakeney: — Now, Mr. Premier, if you believe that, if you believe it's a good record, why won't you give the people of Saskatoon Eastview an opportunity to pass judgement on that record, and they will tell you whether it's a good record or not?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, it's the same thing that happens after every general election; the NDP lose and they start calling for an election. Mr. Speaker, I mean I can understand why they want one.

Last year, in 1985, they called for an election and they called for a by-election, and they called for a general election, and then they were defeated again. Mr. Speaker, they lost. And the honourable . . . the Leader of the Opposition says he'd be here for five more years; well what happened to your promise?

You're about to leave. We may even have to have a by-election in Regina Elphinstone. Okay. As a result, Mr. Speaker, I will call the election and I will decide when your by-election is ready. And they can call for more elections, Mr. Speaker; every single time they get defeated, Mr. Speaker, they ask for another election.

Some Hon. Members: Hear, hear!

Mr. Speaker: — Order, please. Order, please. I would ask the hon. member from Moose Jaw North to please be quiet. I don't think those kinds of interruptions are necessary or called for.

Order, please. Order. I also ask the member for Regina Rosemont, and I don't want interruptions from him, please. I think if all members would just co-operate, we wouldn't have this scene in this House, and it doesn't

behold them.

Order. Order. Order.

ORDERS OF THE DAY

GOVERNMENT ORDERS

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure Health Ordinary Expenditure — Vote 32

Item 1 (continued)

Mr. Kowalsky: — Thank you, Mr. Chairman. Mr. Minister, the students that have enrolled in a dental therapy course in Wascana have been — who were enrolled there a year ago — have now been reduced, I think, down to 16 in number. What is happening to them, though, at this stage, Mr. Minister, is that they are in need of from 2,500 to 2,700 school children on which to do their *practicum* so that they can properly complete their courses.

Now all efforts by the faculty and the director at that school have only yielded 700 students. That's all they can get at this stage, Mr. Minister. Now the parents, and of course the students themselves, find that they're very anxious at this stage because they are unsure whether or not they will actually be able to complete this particular program.

Now there were places available prior to your government's decision to scuttle the school dental program; these students were available. Now what I want to know, Mr. Minister, is: will you stand good on behalf of these 16 students and assure them that you will do something to get those 2,500 to 2,700 school children on whom they can do their *practicum*? Will you assure us of that?

Hon. Mr. McLeod: — Just to clarify, Mr. Chairman, the point that the member makes is as it relates to the people in training at Wascana who are — I believe it's 16 students as you say — in the therapy program who are finishing their course, that they will need students to work on as they have in the past. Frankly, a similar situation exists at the dental college in Saskatoon where under the former program there were certain schools in the two cities that were just designated arbitrarily, said these schools shall . . . all students who receive their therapy services, and so on, shall receive it from the students at Wascana through the Wascana program, and the similar thing in Saskatoon.

Now what we have done, and people will know this, is that when the registration forms and so on were sent out to parents across the province to say, choose your dentist that you would like to have the services from under the new program, we also sent a letter to the folks of Regina to say that this was available for them to choose. They could choose the dental therapy program in place of choosing dentist A, B, or C downtown or wherever they might be located. We have a number . . . there are not enough

people who have chosen to do that with their children, to go to the therapy program rather than go to dentists. We know that there is another mailing going out with an encouragement to do just that, and that will be the case, and we don't know to what extent that will have the desired effect.

The point that you raise is a valid one, in the sense that it's important that they do have, you know, someone to work on in order to develop the *practicum* side of their program. There are other options open to us, some of which may be to approach adolescents, and they may be approaching some adolescents who were formerly under their program to come that way, but that's not determined at this time.

But I'll give the member the assurance that there will be the young people available, whatever age they are, there will be the young people available to deal with . . . or for the students to deal with in their training program.

Mr. Kowalsky: — Mr. Minister, when a student enrolls in a school, I look upon it myself as almost like a contract between the school and the student. And what I want is an assurance that the contract is not broken. And certainly it's not the intention of the school to break it, but it's because of the change in programs that this is happening.

Would you consider going to the private sector to ask for assistance in producing the students? Because obviously a lot of these students, a lot of these children are now going to dentists in the private sector. We know we're up to 700, and we still got close to 2,000 to go.

Hon. Mr. McLeod: — I'll go to your first point in terms of the nature of it, and you characterize it as a contract in terms of the assurance that when one enters a program that they enter the program and will receive the training, including the practical components of that program. And that's fair and we recognize that.

So, yes, you'll have the assurance that there will be people to work on to the extent that it's humanly possible for us to do that. Remember what you're asking though. If you say for us to go to the various dentists in Regina, in this case, the Wascana program, and say, designate certain students to go over there, I mean, we are doing through encouragement to the extent that we can, and so on, for people to go to Wascana because there are dentists there at Wascana and on the site and under the supervision of professional dentists, and so on, and people need to know that.

But the point here is, I don't know how we can impose on parent A, B, or C to say, you must send your child there. And I'm not sure if that's what you're suggesting. Because we have said, as one of the aspects of this program, is that parents will and should have the right to choose the dentist that they take their child to. Parents, given that choice — and you've pointed out at just the argument that I've been making for some weeks — given the right to make that choice, the parents have chosen to register their children in private dentists' practices. And they're chosen to do that, and not a sufficient number have chosen to go to the Wascana program which is at . . . even though the Wascana program has professional dentists in

the supervisory roles there.

So we're doing everything we can. We recognize the point that you make as it relates to being sure that the practical aspects of the program are in place. We will do that through whatever means we have, and certainly through increased encouragement for people to register in that area. There's still time for that, by the way.

Mr. Kowalsky: — Well I hope that you are able to get these children for them. In the event, Mr. Minister, that you're just unable to generate the children necessary to complete the *practicum*, would you make a commitment to offer an alternate type of training for these students in the event that they are just unable to complete this or get their total program commitments and make their total commitment to the program?

Hon. Mr. McLeod: — Yes, you have my commitment that . . . and they have, and they need to have the commitment of those of us in government, whether it's myself in conjunction with the Department of Education, there will be . . . the practical aspect of their program which includes the opportunity to work with the young people, and so on. We'll do everything we can to be sure that that takes place and to have alternate systems, and so on. We'll make sure that that's there.

Mr. Kowalsky: — Mr. Minister, I want to turn very briefly to another topic. I dealt with this in Environment estimates, and I asked the Minister of Environment. I want to ask you, as well, are you familiar with what is known as the 20th century disease? It's a disorder — and it's not . . . (inaudible interjection) . . . No, I'm not referring to that. It's a disorder of the central nervous system and at least one other system, and it's increasing, certainly increasing in frequency, and often results as . . . is most often, I believe, in Saskatchewan results after spraying season or after people are working a lot with chemicals or some other aspect of perhaps airborne or water-borne pollutants.

I want to know whether you are recognizing this disease officially, and whether you're doing any . . . taking any statistics in trying to set the basis for how to deal with this 20th century phenomenon.

Hon. Mr. McLeod: — I've just signalled for another of my officials to come down, so if you just bear with us for a minute or two we'll have the response to whatever extent we have available to us today, okay?

Mr. Kowalsky: — Could I then turn to the next one. We'll come back to this.

Ms. Atkinson: — Thank you very much, Mr. Chairman. I want to carry on in terms of our discussion of the children's dental plan. And I believe that you probably got the same letter that we got, discussing some concerns about pediatric dentistry in Saskatchewan and, in particular, the discrepancy or the problem with the fee schedule that was negotiated between the Department of Health and the college of dental surgeons.

(1445)

And as I understand it, Mr. Minister, for someone specializing in pediatric dentistry — and this is dentistry for children who have behaviour problems or may have physical disabilities — there is only a 5 per cent differential between the general fee schedule and what a practising specialist in pediatric dentistry might be eligible to receive.

And I'm wondering, Mr. Minister, in view of the fact that we only have three pediatric dentists in Saskatchewan and only one of those dentists practising full time, I'm wondering, Mr. Minister, if you can advise me what arrangements have been made to improve the fee schedule for a dentist practising in a specialty such as pediatric dentistry, in order that we can ensure that we have those kinds of specialists available to Saskatchewan children.

Hon. Mr. McLeod: — Just in answer to the question: yes, we're aware of the issue that you raise. As you will know, under this plan and under the dental plan, the prior dental plan, the fee schedule is determined by the college of dental surgeons of the province, and that's the way that it's always worked. It worked then, and it works now.

Our role in that is to deal with the total amount or the amount per student enrolled, and so on. But I . . . just to answer your question more specifically, I'm aware that within the college of dental surgeons there have been — and I think as late as late last week I think there was another meeting of it — they are attempting to come to some resolution of that within their own college as it relates to the amount that will be charged by specialists, or the amount of mark-up, or whatever term we might want to use there.

But I'm confident that there will be a resolution of that within the college, but I'm also aware of the issue that has been raised by some individual specialists in letters to myself and probably to yourself as well. And I, at this point, certainly will be leaving it within the college to come to that determination but at the same time monitoring what the results will be if they're not able to come to a determination. I'm very confident that they will. In fact, I feel very strongly that they will come to a determination on it.

Ms. Atkinson: — Mr. Minister, just to recap here. We only have three pediatric dentists in Saskatchewan. Only one of them is a full-time dentist. The other two practise in the College of Dentistry in Saskatoon.

As you are probably aware, pediatric dentists deal with behaviour-disordered young people and young people with serious physical disabilities or physical disabilities. And it doesn't make much sense in terms of time allocation to only receive a 5 per cent differential from what a general practitioner would receive when you're dealing with someone that may take some time to treat.

And so I guess I'm interested in knowing if the college of dental surgeons can't come to some sort of arrangement with these specialties. What are you as Minister of Health prepared to do to ensure that we don't lose this kind of specialty from Saskatchewan? As I understand it, there are only 130 pediatric dentists in the country. Only three of

those are located in Saskatchewan. Of those three, only one is a full-time practitioner treating young people. And I'm just wondering: as the Minister of Health, what are you prepared to do so that we don't lose those specialists?

Hon. Mr. McLeod: — I guess I am sensitive to the issue that you raise, and I would say that, as I have said to you before, just a few minutes ago, I believe there will be a resolution to the problem.

You ask a further question along the lines of, what am I prepared to do if that is not the case? And I would just say to you today, and to them — whoever will read this record — but certainly I'm prepared to bring the two factions — I don't know if that's the right term really — but to bring the specialists and the executive of the college and whatever together, to be sure there is a resolution for the benefit of the young people who need that specialized service in this province.

Ms. Atkinson: — Okay. Thank you, Mr. Minister. The other day when we were speaking about what sort of training arrangements were made to ensure that there were more training positions in the dental hygienists' program, you indicated that there were 30 positions at Wascana Institute. I'm wondering if you will still maintain that position, Mr. Minister, that there are 30 hygienists' positions at the Wascana Institute.

Hon. Mr. McLeod: — I'm informed that there are 30 hygienists in training now at Wascana.

Ms. Atkinson: — Well, Mr. Minister, I'm informed that there are only 24 hygienists in training at Wascana. I'm informed that there were only six additional positions created after the dental therapists were fired by your government. And I just want you to put it on record, because there seems to be some dispute between what you're saying and what people in the community are saying.

So if you could just confirm how many positions were there previous, how many new positions were created, that would be most helpful in terms of advising the public of Saskatchewan what you're doing to assist a few — and I say a few — dental therapists in getting into alternate training and retraining.

Hon. Mr. McLeod: — No, I'm informed that the numbers that I've given you are the accurate ones from the officials of the health sciences program at Wascana. Last year's program had 12 in hygiene, dental hygiene, and there are 30 now in training.

Ms. Atkinson: — Mr. Minister, I just refer you to *Hansard* on August 12. When I questioned the Minister of Education, he advised me that there were 24 positions in the dental hygienist program, so I gather you've created another six positions.

Now, Mr. Minister, I want to turn to another issue, and I guess I see it as a broader issue, and that's the whole area of preventive health or wellness policy. I think it's quite clear that if you look at the provincial budget and the allocation of money in the provincial budget in terms of the health care allocation, very, very little is spent on

preventive health care.

And I'm wondering, Mr. Minister, to what extent do you believe that work place injury is an important health issue? Do you believe that illnesses, diseases, and injuries of the work place, on the farm, in the shop, in the plant, in the bush, or in the hospital are a significant health issue? And if you do, Mr. Minister, I'd be interested in knowing what your government is doing about this particular problem, health care problem?

Hon. Mr. McLeod: — Before I get to the specific points about work place injury, which I agree with the member is part of a wider and a very broad issue as it relates to this whole very large enterprise which is the health or the well-being of our citizens, I guess if one was to . . . if we ever had the luxury — we being the public or all of us in government, or whatever — of starting from square one again, sort of thing, and saying where would be the emphasis, it would certainly be in this kind of area, there's no question.

And we need to build more and more toward the preventative side and promote wellness and all of those kinds of things that you've talked about. I'll get to the specifics of what's happening in the work place in a moment. The analogy I'll use is one that, you know, and I've talked to a lot of health professionals, as you have, and it's sort of like what happens within the confines of a particular hospital.

(1500)

You use that analogy, well, there are so many things that can happen in that hospital in terms of better ways to spend the money in terms of prevention and so on, the attention is always at the emergency room door because that's where the here and the now and everything is . . . the attention is always there.

And that's sort of what it is if you take that analogy and put it to the broader health care field where we've got this huge amount of dollars to be spent. We've got this tremendous pressure from all of the various areas on this department and on the whole enterprise, the health enterprise, whether it's this department or all the health care association and all the other groups out there.

And you say, well, to what extent can we get this very large ship turned around so that we can point the bow in a another direction? — and that direction being preventative health and wellness and so on. For example, I think a few years ago — not very many years ago, frankly — if you were to ask someone to put up one picture or one image, or to describe one image that would best describe a good health care system, I think a few years ago it would have been an operating theatre with all the most modern equipment and everybody with the, you know, all of the professionals around and carrying on whatever duties they do there.

And I would submit to the member and to other members of the committee that that has changed in a significant way over the past few years, number of years, to the point where that image, if you had one image of people's attitude towards health, would be an image not of a

hospital or an operating theatre or doctors gloved and gowned and so on, but it would be an image of better nutrition, or health food store . . . I don't know about a health food store in particular, but the right kinds of foods, maybe a pair of jogging shoes, or that kind of thing, a sweat suit, activity — all the kinds of things which we know now, and which the wider population is becoming more and more aware of that contribute to better health and to wellness.

So those are the kinds of changes that have taken place in our society and the kind of changes we as a department and we as a society should be encouraging in a greater way, the kinds of things that I would like to see if I would have a sort of a, I don't know, for the lack of a better word, a vision for the department; I would like to see that ship turn around at a more rapid pace than it has. And that's something that is very hard to do. We need a lot of water to be able to turn it in because it's very large boat.

Now to get to the specifics, work place injury and the kinds of things that are happening. Some of them are things that have happened for a good long period of time and continue, and there is excellent work in this area.

I think of things that are being done by the safety council, who does receive some funding from the provincial government. The Saskatchewan Safety Council does excellent work in this kind of area in terms of prevention of work place injury and advertising and so on, increasing awareness.

Workmen's compensation board is a similar area, for obvious reasons. The advertisements that come from the large Crowns which are associated with government — Sask Power, for example — and we can all see the ads that, you know, in our mind's eye, the ads that they use in terms of farm accidents, and so on, obviously in their case related to electrical power lines, and so on, but those ads go beyond that in terms of encouraging people to be careful. SaskTel and the others.

The Environment department has a responsibility as well for issues as it relates to the environmental health and then the health of people through the environment, a little bit related to what your colleague from Prince Albert was talking about earlier. Those are the kinds of things that come to mind.

And then the one other one, of course, which is very prevalent, and that is what is being done in the alcohol and drug abuse area as it relates to the work place, as it relates to employee programs. It's not just within government but the kind of things that are being encouraged through SADAC (Saskatchewan Alcohol and Drug Abuse Commission), an agency involved with this department in terms of employee programs in the work place for people who have some significant difficulty with abuse of drugs and alcohol, and so on. So that's just a bit of an overview of some of the things that are under way.

I'll reiterate once again, if we could ever have the luxury of starting from a new point, sort of thing, and turning more quickly, I would very much like to see this ship turn toward the preventative side in a faster way than it is now.

But one of the ways that that can happen, and one of the ways in which I'm encouraged, is the public attitude that that is the way to go, and there's more and more of the public are very much aware of that sort of thing.

Ms. Atkinson: — Well I guess, Mr. Minister, I don't think we have to sort of start all over again. I don't think that that's necessary. When the children's dental program began, I believe it cost about \$165 per child when you considered the start-up costs of the program and the cost per child remained fairly high, and then it started to decrease to such an extent that when the program was terminated by yourself it cost about \$90 per child for them to be seen by a dental therapist and all of the other dental workers in the dental program.

I guess my point in this is that when you start dealing with prevention it is expensive, initially, but over time you start to garner some kind of reward. As the children's dental program, Saskatchewan went from the worst dental health amongst children and young people in Canada to the very best, and that took some time. It was expensive, initially, but over time the cost decreased dramatically.

Now, Mr. Minister, I'd like to know whether you know how many work place injuries there were in 1986 and what that cost the people of this province through workers' compensation fees?

Hon. Mr. McLeod: — While I understand the question being related to health, certainly it is, I mean, this department cannot say, well that's not something that, you know, that work place injuries and those kinds of statistics aren't related to what we do; certainly they can be. Just in the way in which the statistics are kept, they're kept by Workers' Compensation Board. The reason I just asked the Clerk the question here as it relates to Labour estimates, is if they've gone through here. I believe they have.

But that's a question better directed . . . but I won't pass that off and say, well here, direct it to my colleague, the Minister of Labour, at some appropriate time if they've already gone through. What I will say is that I can bring on that information. But I don't have it here, and we didn't come prepared to discuss those statistics, but I can certainly provide it to the member.

Ms. Atkinson: — Well, Mr. Minister, as the Minister of Health, I'm disappointed that you don't know the answer and your officials don't have the information. For your information, and we can only go on 1986 because your government hasn't yet tabled the 1986-87 report, there were 16,621 work place injuries. Mr. Minister, that cost \$90 million. That's what it cost the workers' compensation program — \$90 million.

Mr. Minister, last year there were 38,000 workdays lost due to permanent work place injury. That's more workdays lost than anything associated with a strike or lock-out or those kinds of labour disputes that you people like to talk about and get so upset about. We had 38,000 workdays lost due to work place injury. And those are permanent injuries, Mr. Minister, they're not the temporary kind. They are the long-term kind. They're not a broken arm, they're not a burn, but they're permanent.

And, Mr. Minister, I understand that that cost the Saskatchewan economy, alone, \$4 million last year. And we're not talking about pay-outs from the workers' compensation plan, we're talking about lost revenue for the people of this province through the economy.

And as the Minister of Health I would think, sir, that you would be concerned about that. That that is a major amount of money, \$90 million, just for workers' compensation; \$4 million lost from the economy. That's a major, major expenditure.

So I guess my question to you is, what are you doing as the Minister of Health — and you are the Minister of Health — along with your colleague from the Department of Labour, what are you doing to reduce the number and severity of work place health problems in Saskatchewan?

I note, Mr. Minister, that since you've taken office the number of occupational health and safety staff have been cut dramatically. And that, Mr. Minister, is a major preventive health measure when you have people in the work place ensuring that we have proper occupational health and safety procedures so that people don't get injured.

Hon. Mr. McLeod: — I just want to clarify a couple of things with the member. When I said . . . you know, when I was checking on whether Labour estimates had gone through, I asked the member this question — because while you can say, well it's your responsibility as Minister of Health — which I agree — we need to co-operate very fully with the Workers' Compensation Board and others who will carry on the programs that are there. And there are some very excellent ones in this province that have been ongoing for a long time, and certainly they are updated as time goes on.

What this department provides to workers' compensation — they tap into our data in terms of lost time injury and the cost to the health system and all of that sort of thing. And they use that data in terms of developing the statistics, some of which you cite here from another year, and in terms of them developing the programs that they see are most appropriate for that year or for the future if there are some alarming trends changing in one way or the other.

I guess I could ask the member: did you raise this with the Minister of Labour when he was up with Workers' Compensation Board?

An Hon. Member: — Yes, I talked to him.

Hon. Mr. McLeod: — Okay, because I think it's important if it's the issue, that would be the appropriate place to have raised it, and when they went through here — Workers' Compensation Board. That's what a responsible member does. If you're interested in an area, ask the appropriate minister because I don't have it. But I have said to you that I will provide any kind of data, if you have specific data from there — since it is gone by — that you neglected to ask for at that time, I'll certainly provide it or undertake to.

We did not come with the Department of Labour staff

today or the Workers' Compensation Board staff or any of that sort of thing. And I'll just give you the undertaking that we'll provide some of those kinds of things if they're pertinent to the discussion here.

Having said that, I want to say that they do run excellent programs through the Workers' Compensation Board, and they do have excellent up-to-date data, and they do run excellent programs for people's awareness of work place injury.

But I just say to the member, I don't want to diminish in any way, I don't want to diminish in any way the importance of this issue, of work place injury and the costs of work place injury to the taxpayer through the utilization of the health system. I understand that that's true. The points you raise are pertinent ones, and there's little more I can say about that except to say that the most appropriate place is there.

Ms. Atkinson: — Well, Mr. Minister, I think you seriously misunderstand workers' compensation because they do not run any kind of program to reduce occupational disease and injuries, Mr. Minister. The Department of Labour has an occupational health and safety division where they have some staff people that are to go into the work place and train workers on how to prevent occupational health and safety injuries.

Now, Mr. Minister, I get the distinct impression that you're passing the buck, and I realize that we have a Department of Labour, and I realize that we have a member responsible for the Workers' Compensation Board, the member from Melville, but I'm asking you: what is your department, what's your department doing to reduce the number and severity of work place injuries?

(1515)

And I note that the member from Maple Creek, in her typical snide way, has to enter into the debate, and I would ask her to bring her estimates forward so we could have a little go at her, because I note that she regularly ducks question period and very seldom . . .

Mr. Chairman: — Order, please. Order, please. I do not believe that the minister is the topic of conversation at this time, so please get into the Health again.

An Hon. Member: — Bring her to order.

Mr. Chairman: — I do not expect this ruling to be debated. Now would the member please continue asking questions concerning the Department of Health.

Hon. Mr. McLeod: — In coming to . . . (inaudible) . . . Mr. Chairman, a couple of things. The member says that workers' compensation does not conduct programs in this area. I am informed by people here that they run significant programs in that area. I don't think you — you know, there are very few work places in the province where there are not those, the posters and the kinds of things and the reminders that are out there from WCB (Workers' Compensation Board) for the things that they do. I believe that they do a good job and have for a good period of time.

That's not to say — and I don't want you to get away with, in any way, shape, form, the suggestion that I'm trying to pass the buck, to use your term. It's not the case. And in fact if you would have listened carefully, what I said is, if you have specific information which you neglected to try to get from my colleague when his estimates were up, which was the appropriate place to ask the questions, which you didn't do, I have said to you, and I said earlier in a mode of some significant co-operation, that I'll try to get those and hand over whatever information we have, so that you can see the stats and the kinds of programs and some samples of their programs and whatever else you might like, and you can have that.

So all I say to the member is, I think there are significant programs; I know there are significant programs that go on there. There is excellent co-operation between our department because we recognize the point that you made earlier, that it has significant impact upon the Department of Health and the expenditures of the Department of Health in terms of the wellness of our citizens, if you like, and we take that seriously and continue to.

Ms. Atkinson: — Mr. Minister, you talked about co-operation between your departments. I'm wondering how your department is co-operating with the Department of Labour to reduce work place injuries. Can you give us some information in terms of how you co-operate with other departments in this particular field which can prevent major expenditures of money if work place accidents and injuries are reduced?

Hon. Mr. McLeod: — The role that this department has now, and had in years gone by, before our government and in the days of your government and so on, is that we become . . . well we are, for obvious reasons, their only source of hospital and medical data, the very stuff that they need in order to develop the programs that they will need to carry on. We co-operate in every way with that, and they are very pleased, I'm told, in the way in which that's done.

And we continue to encourage them, as we always will continue to encourage them in the programs that they carry on to discourage people from practices in the work place which can lead to injury and then therefore cost to the health system, but certainly personal costs as well in terms of time away from work and all of the rest of that sort of thing, trauma, and all the other things associated with serious injury. So, sure we encourage them in that area, and we co-operate in every way possible. And we recognize that that's a cost factor without question, but I don't think it's fair to say that there are not programs because there are significant programs in this province to discourage work place injury.

Ms. Atkinson: — Mr. Minister, I know there are a few work place programs, but in terms of my familiarity with them they tend to be union programs where the union has gotten involved in occupational health and safety issues. And of course, that's beneficial to those workers, but it would be appreciated, I think, if there was some decision by the government, in co-operation with the Department of Health and the Department of Labour, to launch an

extensive work place prevention program where we could prevent and move towards preventing work place injury which costs the treasury of our province a great deal of money each year, and it cost workers' compensation a great deal each year, and it costs our economy a great deal of money each year.

But, Mr. Minister, I guess I'm disappointed that you talk about how the Department of Health is helping in a technical way, through statistics and data base and that sort of thing, the Workers' Compensation Board. But it's disappointing that you're not doing more in terms of working with the Department of Labour to prevent work place injury.

I want to go on to another issue, and that's the whole issue of suicide. And I note that in Saskatchewan in 1985 there were 133 suicides, and that's a decrease from 1984. Among the 35 to 44 age group and also the 25 to 34 age group, suicide was the third leading cause of death. And among the 15 to 24 age group, suicide was the second leading cause of death. In 1985, in Saskatchewan, suicide accounted for 4,984 life-years lost. I'm wondering, Mr. Minister, whether you see this as a major health issue amongst young people, and whether or not your department is working along with community organizations and community service groups to try and do something in terms of preventing suicides in this province?

Hon. Mr. McLeod: — I have someone from the mental health branch coming down for the member from Nutana's question. I wonder if I could revert back now to the answers to the member from Prince Albert. The member from Prince Albert . . . you asked some questions a few moments ago as it relates to what has been dubbed "20th century disease." And you made the comments, I believe, that you know it related to certain times of the year in our province and so on in terms of use of chemicals and some of these kinds of things.

I want to tell you that there's no consensus that we have been — I say we have been — the medical profession has been for some time trying to come to some grips with this. There are no statistic kept as it relates to this because there's no consensus within the profession, within the medical profession, as to what constitutes this disease or what causes it. We do recognize special cases where patients manifest total allergy reactions, and that's really what this is. It's a total allergy sort of reaction, and that's what has been called 20th century disease, apparently.

The kinds of funding that we provide, you know, are just the normal ones. If someone . . . to general practitioners to treat this in whatever ways, there's some consensus the treatment would work. In terms of specialists, we provide that help for treatment as well. There are some specialized out-of-province programs for treatment where prior approval is received from MCIC (Medical Care Insurance Commission) through just the normal referral pattern. Some doctors will refer someone to another program outside the province if they feel that there could be some help, and, of course, through the drug plan, where the patient suffers complete allergy, or complete food allergy, whatever, which now is this disease.

I know I haven't been very definitive, and the reason I'm not is because I don't think you'll find anyone in the profession who is very definitive, or certainly very definitive in a way that is accepted by the profession itself. So obviously there's a good deal of work to be done in this area. But the question that you raise is a valid one in the sense that there are people in the province, both in the profession and outside, and lay people, as you and I are, who are discussing it here today, who will have some concerns as it relates to this. And obviously there are some theories, and they are just that, now — theories about what the causes are and how they relate to this province.

Mr. Kowalsky: — I'm aware, Mr. Minister, of the elusiveness of defining the disease and subsequently, of course, the almost impossibility of dealing with it. And I know that the medical profession across Canada has tried to attack this, but really I guess they have not been able to come up with anything very tangible, although when you talk to parents or relatives of members that are afflicted by it, then they'll tell you it's quite real.

And I think that that's where perhaps a role of a department like yours may be able to help out. Perhaps some seed money in terms of establishing a bit of a research depot so that we can at least monitor the occurrences that are identified — monitor the occurrences that are identified.

Whether or not there is official recognition, I don't know whether that matters. I suppose just by putting some seed money to it, and so that eventually if you can identify the occurrences we can work towards training people in it and eventually, if necessary, developing training facilities.

And I say this because we now have estimates that in Ontario it's between 20 and 50,000 people who are afflicted by it, so you can take perhaps a proportional amount of people in our population.

And I leave that with you, Mr. Minister. I know there are no definitive answers, but I would like to see you make a commitment at least to consult with the Department of the Environment and try to establish at least a preliminary strategy, because this thing is not going to escape us, it's going to get worse, if anything.

Hon. Mr. McLeod: — Your suggestion as it relates to research being done here, for example, and so on, is, frankly, a valid one. And we have in the Health budget on an annual basis . . . there's the Saskatchewan health research board, or whatever. But there is money available for . . . And the reason it's just that is because someone, or a group of practitioners, or a group of researchers who are moving in an area that's elusive, as you say, and that may have some significant ramifications in our province because of some of the things that we have here, can apply to that and get some research. So there is that pool of what we'll call seed money, to use your term, that is available, and anybody who would be into that kind of research would certainly be looked upon favourably to receive that kind of thing and to get on with the kind of research.

There's no question, when something is this sort of controversial within the profession in terms of trying to get a handle on it, the research will spring up here and there. And we all know as well that research money is not the easiest thing to come by. But that would be looked upon favourably in this province.

The issue that the Health critic raised as it relates to suicide in the province is one obviously that the Department of Health and the mental health branch is always very — well, interested would be the wrong term, but are very involved in that whole area.

I will say that there are some positive signals, however small. The rate of suicide is slowly declining. Just to give you some numbers, some comparative figures: in 1981 there were 17.7 per 100,000; and in '85 there were 13 per 100,000. Obviously one is too many, but as you watch the trends — and these are the kinds of trend lines that become important in monitoring whether any programs we have are successful, or at least we hope that they can be.

We've expanded our counselling skills, I'm told. And we've offered — and through our department staff they've been offering more and more what we will call management forums on stress management and that kind of . . . in that sort of area because it's stress-related very often, some of these things.

(1530)

And I will say another thing as it relates to SADAC (Saskatchewan Alcohol and Drug Abuse Commission). We often come back to SADAC and the alcoholic and drug abuse commission as it relates to so many issues within health, and here's another example. SADAC has an expanded and increased role in this area for the last couple of years, but certainly now more since the initiatives have come in, since last December, in terms of the kinds of money that's available to SADAC. They had two major conferences in the province where they dealt strictly with this issue of suicide, in this case obviously related to drug abuse and overdoses and so on, so that's an important role.

We had a project at Yorkton called the Yorkton suicide project, which was within the mental health branch, and as a result of that there's just very recently, within a matter of a week or two ago, there was a . . . and this is a kind of example of the kind of things that our folks will do around the province. There was a group of 150 teachers in the Yorkton region who just had a major seminar on the methods of identifying the danger signals and the kinds of things which people that are working with individuals on a daily basis out there should be aware of in terms of identifying — well I guess the best term is danger signals and the ways in which we can prevent this horrible circumstance.

Ms. Atkinson: — Well thank you, Mr. Minister. I just want to remind you it's the second leading cause of death amongst young people between the ages of 15 and 24. And it represents, I believe, of all of the deaths of young people in that age category, it represents 20.6 per cent. So

it's significant and it's serious, and I realize that there are some teachers in the province that are very concerned about it and are starting up programs where they look for the danger signals and start identifying some of those behaviours that can be associated with suicidal tendencies.

I was interested in knowing what your department is doing. And I realize that through clinics like MacNeill Clinic and through youth services on College Drive in Saskatoon, which is funded by the Department of Health, that those programs are dealing with young people and trying to help young people sort out some of their problems along with their families.

But I was wondering whether or not you have any kind of high profile program planned in the year ahead so that the issue can be given some profile in Saskatchewan, because I'm not sure that the general public realizes the extent of the problem; and whether you will be planning some conferences to bring people together from around the province, representing various fields of authority, so that the issue can be . . . we can start dealing with the issue in a public way so that young people realize that we as legislators and people "in authority" have concern about that particular issue.

Hon. Mr. McLeod: — I just want to point out — and I did in a very brief sort of way before — some of the things that have gone on and that are continuing to go on. There is more emphasis on this area now than there has been, I guess, probably ever, within the department and within the society. And like I say, the incidence is dropping every so slightly, and that's an encouraging trend line.

I think it's important to point out though that the belief of the professionals in the field, and of others, and I think I share this, is that the best method of approaching a problem like this is to direct your efforts very, very substantially at the . . . what we'll call the, you know, the "at risk" groups, and where you can reach them most, you know, in the best possible way. And that's obviously done, as it relates to young people to whom you refer here.

And one thing that's significant in this is, in the division 3, the new health curriculum in division 3 in our school system pays . . . well the only time it's ever paid attention, frankly . . . I remember the old curriculum, and I don't think it paid any attention at all to anything like stress management or the kind of things that, you know, the pressures, peer pressures in the most significant sense. They just talked about the adolescence or the peer pressure thing, but not in a wider sense.

And that new curriculum and some of the materials that are available through collaboration of the Department of Education curriculum developers and our department here is significant. And some of the things I mentioned earlier in terms of dealing directly, in terms of directing our efforts at those who are in best position to be involved in prevention of this kind of thing, and that is, to deal with, for example, teachers, people who work on a daily basis, you know, with young people and, I might say here, with young people of native ancestry because it's statistically true that the incidence is higher there.

And so we have to direct our efforts, our money, our programs, our whatever we have, and resources, at prevention in those areas rather than some — what, I think, to use your term — a high profile thing which comes to mind, television programs or those kinds of things, which I'm not sure would be as effective as directed efforts at those areas.

Ms. Atkinson: — Mr. Minister, I wasn't talking about a "feeling good campaign" or some sort of awareness campaign on television.

I guess what I was talking about was the commitment on behalf of the Department of Health to make suicide prevention an important priority. And I recognize the Department of Health is a huge department with a number of different functions.

I think that if we're talking about prevention, and very little of the budget is spent on prevention, that when you look at work place injury prevention, suicide prevention, and a number of other areas of prevention, that that is money well spent. We tend to treat the acute care side of health in a . . . We give more money to the acute care side of health, and I guess that's the way it has to be. But I think that we need to start looking at prevention into those areas that cost us all a great deal of money, but which very little emphasis is put on in terms of expenditures, public expenditure, and commitment from the Department of Health to prevent things like suicide or work place injury.

There's another issue, Mr. Minister, that I think is a broader issue in terms of prevention, and I had the opportunity to review some statistics. And I note that the neonatal death rates in Saskatchewan has gone up since 1981. We used to, Mr. Minister, be below the Canadian average of neonatal death rates; and that is the mortality rate for babies under four weeks. And our rates used to be below those for Canada, and they no longer are. And I note that each year they've been going up: in '82, the nation or the Canadian rate was 5.9, our rate was 6.4; 1983, Canada rate 5.5, Saskatchewan rate 5.8; 1984, Canada rate 5.2, Saskatchewan rate 5.6; and in 1985 — and this is the last year that I was able to get data on — 5.2 for Canada and 6.8 for Saskatchewan.

And I think that we would all agree that infant mortality is often used as a proxy indicator for overall basic good health, overall basic good health amongst our population. And good health deals with income and diet and family hygiene and provision of basic public services or basic health services. And I'm wondering if your Department of health has looked into the problem of neonatal mortality rates in Saskatchewan and whether you see it as a significant health care issue for people in Saskatchewan, and what you're doing about it, Mr. Minister?

Hon. Mr. McLeod: — The issue that you raise is a good one. There's always two sides, and you're on the prevention side. I just want to put a plug in here, I guess, and it's important that we do for the good work that's done at both . . . at the neonatal unit in Saskatoon, at the University, and the one at the General here in Regina. Because a good deal of what they do is not only the treatment but the tremendous follow-up that comes from

there. And I know you're aware of it, and I am certainly, of the follow-up that's done by the people who work in that unit with the very young babies that go through that system and, in fact, when they leave, they call them graduates, and they follow them on into their life beyond.

A couple of areas we have money available, and we have been increasing this in the last while in terms of money available to groups like the Native Women's Association in Regina and Saskatoon, in those two centres for programs which they will conduct among their . . . especially the young people, you know, their very young mothers, and so on, in terms of promoting the healthiest babies possible and all of that thing which is extremely important, and especially dealing with the youngest mothers that we have, which in many cases are very, very young.

And we have last year given a commitment to the Institute on the Prevention of Handicaps which is headquartered in Saskatoon, whose mandate is very much just this kind of thing in terms of . . . and their focus is on prevention, and they deal with all of the pre-natal sort of things, you know, as do many other programs.

(1545)

So yes, we recognize the area that you raise. Certainly one of the issues that I think is important to recognize is, as technology has increased and as the neonatal units and some of these units have been increasing their ability to save these very young babies, you know, there's certainly a marked drop in the number of babies who do not make it because of premature birth and other things. So there are some improvements there, but certainly it's an issue that, in terms of general health of a wider society and so on, that has to be watched, and I agree with you to some extent on some of your earlier comments.

Ms. Atkinson: — Well, Mr. Minister, I'm not quite clear from your answer why it is that Saskatchewan has a average higher than the Canadian rate, and it seems to have gone up since 1981. I would be interested in knowing whether or not you have an explanation for that, but it doesn't appear as though you do.

I'd like to now turn to the community health services branch, and as you know, this is the, what I call the prevention branch. This branch does a lot of work in terms of preventing illness.

And I note, Mr. Minister, when we look at the budget, subvote 8 in the Department of Health estimates, that we see that the expenditure for the branch has been reduced from 17.4 million to \$17.2 million, and the staff complement has gone from 368.2 person-years to 347 person-years.

As I said earlier, Mr. Minister, the Saskatchewan health services branch is preventive in nature, and much of it is designed to reduce further demands on our health care system, and a major part of its work is directed towards child health services.

Now, Mr. Minister, I think we know that pre-natal courses for expectant parents is a good preventive measure, that

those pre-natal courses assist parents, expecting parents, on how to ensure that they have proper nutrition. And they do all of those kinds of things that are necessary to prepare parents for parenthood.

Now I note from a clipping in the Regina *Leader-Post* that pre-natal courses are being dropped or put on hold because of a shortage of public health nurses. Now this is according to the Saskatchewan Public Health Nurses' Association. And I believe that they are talking about a problem that many positions in the 10 public health regions have gone unfilled as nurses have quit or retired.

And she talks about a problem in the area of Assiniboia, this woman that is being interviewed by the Regina *Leader-Post*, I believe. Now she said, as a result of those shortages, public health nurses are having to not vaccinate children as a priority because there is a shortage of nurses.

I'm wondering, Mr. Minister, what you are doing to ensure that we have pre-natal classes not only in urban Saskatchewan but in rural Saskatchewan as well. I note that your executive director of the community health services branch said that the Department of Health did consider the idea of eliminating the pre-natal program when it was cutting costs last spring but that no final decision has been made.

Now I'd like to know, Mr. Minister, what's the position of the Department of Health? Are expectant parents in this province going to have access to pre-natal courses or aren't they? Are pre-natal courses going to have to be purchased? Is this another deterrent fee that you're implementing, Mr. Minister? What exactly is the position of the Department of Health when it comes to the provision of pre-natal courses to Saskatchewan families?

Hon. Mr. McLeod: — I saw the clipping that the member refers to. I just want to say in a clear a way as possible that the pre-natal classes are very much in the preventative side. I just want to give you some . . . begin with a few stats and then come back to this because I'll get into it. In '86-87 the number of women attending our pre-natal classes to the number of births was 56 per cent, okay, to the number of births recorded. This is as it relates to the rural health regions where we're responsible for this area. It's not related to the two larger cities, okay. I'll just go down through these stats: the number of pre-natal classes held, 1,614; number of pre-natal series held, which means six classes equals one series, 269; number of women who attended, 5,432; number of infants born in the rural health regions, 9,691. And then that percentage figure that I gave you earlier which is 56 per cent.

I want to point out that there is no intention of any change in terms of the way the neonatal . . . not neonatal, pre-natal classes are conducted. We have some difficulty, and we have been for some time advertising for public health nurses, and there are now eight vacancies in the province — eight vacancies in the rural regions, and we are actively pursuing these folks.

One of the areas, and it's a fact, and all of us who are from the rural area will know that these are some of the most respected health professionals out around the area,

because of all of the people that they do touch in their day to day business. And many of them were long-standing employees. And when the early retirement program came around, which was a global thing across government, I think it was 13 of the 19 people who took early retirement in this branch were public health nurses. And that obviously leaves a significant hole in terms of experience to the job as well as just in terms of the numbers of people to conduct the classes.

But we recognize pre-natal classes as very much a preventative health issue, and we recognize it as one that needs to be developed in a greater way than it has. And obviously with some of these vacancies it's caused some delays.

But you mention Assiniboia — I think it's in the Moose Jaw region. There haven't been any classes cancelled in that region up to now. And then there have been some areas, the Weyburn-Estevan region, the worst hit, frankly, in terms of the availability of pre-natal classes because of our inability to be able to hire public health nurses there.

Ms. Atkinson: — Well, Mr. Minister, the association chairperson, Colleen Ochitwa, I believe her name is, said that in the Assiniboia area there are only two nurses remaining, and there used to be five. And when that's the case, nurses have to make difficult choices about what duties should be given priority. So they are concentrating on child immunization programs, setting up respiratory equipment for patients, and visiting schools and homes. When you get into that sort of thing, it leaves little time for designing programs or implementing programs for new parents.

Now, Mr. Minister, I just want to go back to the budget for the community health services branch. I note that in 1980-81 the portion of spending for this branch, in terms of the total spending of the department, was about 2.1 per cent. By 1985-86 this had been reduced to 1.6 per cent. And — this is based on actual *Public Accounts* — the estimates for '86-87 in 1980 . . . 1987-88, provide further evidence that your government is reducing its commitment to the community health services branch to an extent that it causes me a great deal of concern.

The percentage of your department's budget allocated to the community health services branch in 1986-87 was 1.5 per cent, and in 1987-88 it is projected to be 1.4 per cent. Now we've gone from 1980-81, where the spending in this branch represented about 2.1 per cent of your total departmental spending, we have now got a projected estimate that this spending in this branch represents 1.4 per cent.

And as I said earlier, Mr. Minister, this is what I call the prevention part of the Department of Health. And I'm wondering what has happened in terms of your department's priority. I would say that even in 1980-1981 that that allocation was not enough. But it causes me a great deal of concern when I see that the spending has decreased significantly in this past year, and when it's decreased significantly since 1981-81.

Hon. Mr. McLeod: — Just a couple of points as it relates to this. I think it's important to be sure that we're making the

comparisons . . . A couple of things in the realignments over a period of some years, some transfers in and out of community health services branch, for example the health promotion, that whole area of health promotion and so on, once was in this. It's not there now — it's not included in there.

Communicable disease, some of the aspects of that are gone over to the expenditures of the lab, okay? You say, I think, the comparison's back to when it was 2.1 per cent. That was before the days of continuing care being part of the big health pie in terms of all of the expenditure that that brought to the big budget.

So we're making a comparison as a percentage of the total health budget. That would make some significant difference, and I know you agree with that . . . (inaudible) . . . No, I know. No, I make that point. Sure, I do the same thing but I'm just making the . . . and I readily acknowledge that when we talk about the amount of money being spent on health care we do talk about continuing care as included in that, so I'm not trying to make a difference in terms of apples and oranges here.

(1600)

And the other thing that is an important one to remember in all of this is that of all aspects of the health budget, that aspect which has escalated at the greatest rate is obviously the hospital side, and it's tremendous escalations in that area. And so when you're talking about the percentage of the total health budget, you're into a very difficult kind of comparison to make, and I'm not sure how valid, given from the time between, say, '81 and '86 in terms of the rate at which hospital expenditures have increased.

Ms. Atkinson: — Well, Mr. Minister, I just note that I know how much hospital spending has escalated since 1980-81, and we spoke about that the other day. It hasn't escalated to the extent that spending in your Executive Council, your political arm of government, has escalated. It has not escalated to the extent that medical care insurance commission has increased by some 95 per cent in spending since 1980-81. And so I guess my point here is that very little money in terms of the percentage of the total health care budget is spent on prevention.

Now I want to go back to the public health nursing services, Mr. Minister. I note that in 1982-83 there were 162 public health nurses. In 1984-85 the number was reduced to 154, and in 1985-86 it was reduced to 152. I also note that there were 22.5 person-years cut from your spending in '87-88 in the community health services branch, and I'm wondering if you can tell me how many of those position cuts were, in fact, public health nursing positions.

Hon. Mr. McLeod: — The specific answer: the early retirements were 13, as I said before, and vacancy deletions, three, for a total of 16 public health nurses.

Ms. Atkinson: — So 16 public health nursing positions were deleted in this province. Is that correct, Mr. Minister?

Hon. Mr. McLeod: — No, it's not correct. Early retirements, there were 13 who retired, and vacancy deletions were three. Okay? In other words, when the vacancy deletions went across all of government and there were positions that had been vacant for some time, they were deleted on the basis that there was no one in them.

I want it to be very clear here, and, as I've said before, we have eight vacancies now which we're trying to fill — with some great difficulty to try to fill them. You know, we hear so much about it's difficult for people to find work, but well-trained people who have potential to be public health nurses are certainly wanted by the Department of Health and it's . . . That's specific to some regions. Some regions it's very difficult for us to hire public health nurses, and that's been an ongoing thing.

Ms. Atkinson: — Mr. Minister, you said there were 13 early retirements, public health nurses retired, plus there were three vacant positions . . . (inaudible interjection) . . . Okay. So does that mean that there are 16 public health nursing positions that were deleted as a result of your budget cut-backs?

Hon. Mr. McLeod: — Of the 16 that I mentioned, seven of them came from what we'll call supervisory positions, so that means nine that were in what we'll call the front line positions. Okay. Now that's in terms of the number of person-years that are there and available, and that's the 16.

But I want to reiterate again, while you can have the person-years in the book, unless you can fill those positions with actual living and breathing public health nurses who will carry on the work out there, there's no reason to have them in the book. There isn't any reason, you know, to deal with the budget numbers.

And as I said before, we have, even with the reduced number of health nurse positions available, we are short eight and are actively trying to recruit eight people to fill these positions now.

Ms. Atkinson: — Okay, I understand, Mr. Minister. I guess I would say this, that the priority should be placed on finding public health nurses for Saskatchewan, and particularly rural Saskatchewan.

As you know, they're involved in pre-natal and other child health services with emphasis on immunization, screening, teaching, counselling and pre-school core services program. Now, Mr. Minister, this service is cost-effective because a lot of those public health nurses are involved in identifying children that have difficulties — developmental difficulties or developmental problems.

Now I understand, Mr. Minister, that there is a great deal of concern with your allocation for speech language pathologists and I know that in 1982-83 your government doubled the number of funded positions in Saskatchewan, and that was an admirable thing to do. I'm wondering if you can advise me now how many of those positions are vacant, Mr. Minister, and how many of those positions have been deleted with your budget cuts?

Hon. Mr. McLeod: — As it relates to speech pathologists, Mr. Chairman, we had 19 positions. We now have a complement, or the number of positions available of 16, so that's a reduction of three. We have . . . The member shakes her head, but I want to point this out as well, because . . . and if I can be allowed another commercial here, and it's the same thing as what I said as it relates to public health nurses and audiologists on another day.

It's fine to have the numbers in here to say, these are the number of people that are available in terms of the person-years available so it makes the budget look good. But if you can't recruit the people to fill the positions, there's no advantage because there's no person out there delivering the service it needed. As it relates to speech pathologists, of the 16 positions, we have 14 now filled; two are vacant. Those two we are very hopeful will be filled in the very near future. We've been actively recruiting for a while. But apparently we have two bursary students, or students who have received bursaries in the past and went out for training who are now coming back, or at least we are hoping that they are now coming back to take positions here and to fill our full complement. But that's been a very difficult thing to keep those positions filled, and we'll do everything we can.

And if I might, Mr. Chairman, I want to just, for anybody watching who knows audiologists, public health nurses, or potential public health nurses, audiologists, and speech pathologists, we're hiring and we're looking for people who are qualified to do those positions.

Ms. Atkinson: — Well, Mr. Minister, at a time when a number of citizens are concerned about a lack of speech pathologists in their particular community . . . in fact, I am told that at MacNeill Clinic that some parents are worried that their speech pathologist position after January isn't going to be funded.

At a time when we have students who are leaving the province to take speech pathology in other parts of the country — I know you have a bursary program — I think that you should be encouraging these young people to return to Saskatchewan. And I know once again of a speech pathologist who couldn't find a job in Saskatchewan and left the province along with the audiologist because they were a couple, Mr. Minister, that it's unfortunate that you're deleting positions in speech pathology, in public health nursing when these two particular professions are involved in preventative work, Mr. Minister.

Now I want to talk about your health promotion branch. It's now, I guess, called the communications and health education and it used to be the health promotion when we were the government. It's interesting, Mr. Minister, that in the 1981-82 year the budget for that particular department was \$1.2 million. In those intervening years, Mr. Minister, it hasn't increased one cent. It's still \$1.2 million. That's six years. There's been a slight decrease in the number of staff who are working in that department. There's been no change in the budget even with inflation. And I'm wondering if you believe that this health promotion area has an important job to do, and if it does have an important job to do, why do you keep cutting the

budget and freezing . . . or cutting the number of staff and freezing the budget, Mr. Minister?

Hon. Mr. McLeod: — The specific answer is yes, it's extremely important. Health promotion to SADAC which is . . . As you know, we spend a good deal over in our . . . Within the Department of Health and within health promotion branch, we've spent a good deal on health promotion through the SADAC branch, which is not related to this. And when we left that branch with the amount of money, very similar to the amount that was there last year, we knew that this year there would be some initiatives coming forward as it relates to the AIDS initiatives and that will be coming forward and will be added to this area. We didn't have a number on that, but there will be AIDS initiatives as I spoke to your colleague, the member from Regina Centre, two or three days ago about the initiatives as it relates to AIDS.

Ms. Atkinson: — Mr. Minister, there has been some concern that you're going to reduce the number of community health services branch regions or the number of health regions. There are now 10, I understand. Can you advise me what your plans are? Are you going to lower the number of offices that are available to the public? What exactly are your intentions for the coming year in terms of those health regions?

(1615)

Hon. Mr. McLeod: — Just a point I would make on this as it relates to . . . Within this Department of Health we have, for example, the community health branches which you talk about in terms of 10 regions in the province. In the mental health area, which we talked about just a few minutes ago, we have eight regions in the province. There is some concern about that and should be, because these are two branches which have grown up quite independently of each other which they should not have done, and we are looking very carefully at some kind of concurrent boundaries between the mental health and the community health branches within this single Department of Health.

Ms. Atkinson: — Well, Mr. Minister, I just want to say to you that people are very concerned about the possibility of reducing the number of regions. I have heard from people across the province that they already have a problem with the number of staffing positions allocated to their area. There's a problem with public health inspectors, speech pathologists, psychologists, a whole variety of health professionals. And I guess I would urge you, because I know that you have some money in your budget for a bursary program for health care professionals, I would urge you to do all that you can to encourage young people in this province to go into fields that will help support health care in this province, particularly in those areas where we appear to have some shortages. I'm not so sure that if we didn't undergo a vigorous advertising campaign across this country that we couldn't attract psychologists and speech pathologists and physiotherapists and all of those other support people in health care.

I guess, Mr. Minister, we've just gone through a process of looking at the preventative side of health care. We've

talked about suicide prevention, work place injury prevention, the community health services branch and all of the preventative things that they're involved with, and I have to tell you that I've been somewhat disappointed in your remarks and responses. I have a number of questions that I could have asked you. You seem to take a great deal of time to respond to the questions. That is disappointing in a way because it appears as though you're kind of what you call dragging the puck because we are now at 4:20 . . .

An Hon. Member: — Ragging the puck, not dragging . . .

Ms. Atkinson: — Or ragging the puck, whatever you want to call it. And I guess that's really unfortunate because there are a lot of people in this province that are interested in prevention and they're interested in knowing what the Government of Saskatchewan is going to do in terms of preventing health problems.

And it seems, Mr. Minister, that you're interested in sickness, and your department is interested in sickness, but you don't seem to be that interested in health. And your definition of health, Mr. Minister, is somewhat narrow and I think that it's a Conservative viewpoint. It's a viewpoint that doesn't acknowledge change, and we are changing. Change. Change. It doesn't acknowledge change, because if we're going to change the direction of health policy in this province away from treatment and acute care, we have to start looking at prevention, and very little money in the budget is spent on prevention. We will note that the health promotion budget hasn't received an increase since you people came to government. In fact, there's been a decrease in the number of people who are trying to promote good health in Saskatchewan.

We will note that the community health services branch, which does a lot of work in terms of prevention . . . and I call it one of the few departments of the Department of Health which is involved in preventative work. And yet we've had a deletion in the number of positions for public health nurses and speech pathologists, and I understand psychologists as well.

Now when I talked about occupational health and safety disease, Mr. Minister, you didn't seem to know much about it, and yet we have lots of victims in this province, victims of occupational disease. And it would seem proper that the Department of Health should be involved with the Department of Labour in trying to do something about the amount of money that is spent in this province to support injured workers through our health care system, rehabilitation, and all those other things, Mr. Minister — \$90 million in 1986 spent through the Workers' Compensation Board, on workers who were injured in the work place.

In terms of suicide, Mr. Minister, I know that there is some good work being done through those health regions, particularly through non-government organizations and through the school boards and others. But it seems to me that we need to start co-ordinating some of that activity, Mr. Minister, because suicide is the second killer of young people in this province. It's the second cause of death amongst young people, and with that, Mr. Minister,

comes a great deal of tragedy for those families. And there is a cost to society when young people kill themselves.

In addition, Mr. Minister, I was surprised that you didn't know that Saskatchewan's rate for neonatal mortality is higher than the Canadian rate.

An Hon. Member: — I knew that.

Ms. Atkinson: — Well you may have known it but you didn't indicate you knew it. And I don't see what your department is doing to try and lower that, because it has increased since you people came to government. And neonatal death, Mr. Minister, is a good indicator of what's happening in a society, what's happening in terms of their nutrition, in terms of employment, and all of those other indicators. And we will note that the number of people in this province has increased dramatically — or the number of people who are unemployed in this province, has increased dramatically under your rule. The number of people on welfare has increased dramatically under your rule. We have hungry children in Saskatchewan, and I know we have hungry adults.

And yet, Mr. Minister, when there's a time when we see the neonatal rate, or morbidity rate increasing, you are cutting back on the number of public health nurse positions in this province, and those public health nurses are involved in pre-natal work, Mr. Minister.

You have also destroyed the school-based children's dental program. And, Mr. Minister, that was a preventive program. Saskatchewan in 1968 had the worst dental health amongst its young people, and now, Mr. Minister, we have the best. And we will wait with some anticipation, and it'll be interesting to see whether or not you keep any records on the state of dental health amongst our children in years to come.

Mr. Minister, I think that your policies are somewhat misdirected and misguided. I think we have . . . There's no question that we have an acute care system in Saskatchewan, and that acute care system is in crisis.

Mr. Minister, it's unfortunate that you don't seem to be spending much time or effort, or even thinking, on how we develop a wellness model and how we go beyond the medicare and look towards the future in terms of how we start stopping those escalating health care costs through prevention. And it's going to cost money initially, because you can't put all of your emphasis into prevention and not into acute care. You have to have both. You have to have both.

And I know you want me to wrap it up, but I'm not going to wrap it up. I just want to continue my remarks, Mr. Minister. Prevention is important. It's important to the people of this province. And it seems to me that you need to start thinking about prevention in order that we can move away from a sickness model of health care delivery to a wellness model of health care delivery.

So with that, Mr. Minister, I'd like to conclude my remarks on prevention. And if you'd like to respond, I'd appreciate that.

Hon. Mr. McLeod: — I have a very short response for the member, and it isn't following, it is something that I have said earlier. When we talked about prevention, and I used the term before which said . . . and I remember her comments as it relates to having the luxury of being able to start over. Well obviously you can't, and I didn't suggest that anybody ever thought that we could.

But there's no question that the society within which we live is now more and more aware, are becoming more and more aware of the need for preventative health, for the wellness model, for all of that sort of thing. There's no question that that's the case.

I want one more time to say to the member, because she mentions things like the positions of public health nurses, of audiologists, of speech pathologists, and all of these areas which are very much involved in the area of prevention. And just to put in a word of a type of commercial if you will, in the sense that we are looking for people to fill the positions of audiologists in this province and those advertisements have been ongoing. Public health nurses, we have eight vacancies which we are trying to fill on an ongoing basis. Speech pathologists, the same thing.

The member will always refer back to, you have this number of positions in the total complement of positions available. And while it's fine to say you have this number of positions, it makes no sense to have a greater number of positions than you have the ability to fill because of the availability of people to fill those positions. And we are doing everything we can to hire those people.

So I say to the hon. member, the record will stand for itself and the numbers are there. And we have the numbers. We have excellent people involved in the community health services branch. We have excellent programs under way in terms of prevention. And obviously there needs to be more in that area as the time goes on.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, I just want to ask a couple of very brief questions. I have a constituent who advises me that her situation with respect to the prescription drug program is as follows:

We are a family of three living on my husband's UIC benefits which are \$348 every two weeks after income tax deductions. We have a drug bill of \$156 monthly, which has some prospect of being reduced somewhat if we use generic brands. That was the suggestion from the department. But the drug bill would certainly be well over \$100 monthly on any basis.

She has applied to your drug review panel, drug benefits review panel and has been advised that she will get no assistance other than special priority envelopes.

Now I want to repeat the facts again: a family of three living on my husband's UIC benefits of \$348 every two weeks after income tax deduction; a drug bill currently of \$156 monthly which, even if reduced by any use of generic drugs, would be well over \$100 monthly; her application approval was not recommended; it has asked . . . the panel has asked that we supply you with special

priority envelopes.

Do you have any reason to deny any one of those facts? And do you then have reason to deny that that is a fair representation of the level of people who are denied help by the drug benefits review panel?

Hon. Mr. McLeod: — The numbers that the member has related to me, can you give me the . . . the number is, I believe, \$348 per month. Were those the numbers that were . . .

Hon. Mr. Blakeney: — No, sorry, \$348 every two weeks from UIC benefits, Mr. Minister — UIC benefits of \$348 every two weeks after income tax deductions. A little calculation would indicate that that would be about \$750 per month after income tax deductions, roughly — twice that plus one-third of a week. And this is a family of three — a man, wife, and one child.

An Hon. Member: — And the drug bill was \$156 . . . (inaudible) . . .

Hon. Mr. Blakeney: — Yes, and the drug bill is \$156 per month. And there is some reference in her letter here to . . .

If our doctor agrees to prescribing generic brands for two of the prescriptions, we have some opportunity to reduce it to something over \$100.

She's not clear what it would be, but something over 100 and less than 156.

Hon. Mr. McLeod: — The member's question is: do I have reason to deny that those were the numbers, and so on? I don't; I have no reason to. But my folks don't, you know, aren't aware of a case; we don't have a case here.

But I will say to the hon. member, the various options which are there for the drug panel and the ways in which they deal with them — some cases, in a case like this, I would say that probably would have looked at one of two things; the priority envelopes to ensure that they had their money back in time to deal with next month's drug bill, or the option of a 20 per cent up front, one payment of 20 per cent up front. And that's a . . . But I don't have the specifics before me and I accept, you know, you've said here. And I don't make those decisions, obviously.

But I would say to the hon. member, that's one of those two options. If, as you indicate, that the person has been given the priority envelope and if that's too onerous, I suppose there's an option for them to tell us that once again. But I'll just leave it at that now, and I'm told that that's the . . . (inaudible interjection) . . . No, I'm told that that's the way it would have been dealt with — one of those options, priority envelopes or 20 per cent up front.

Hon. Mr. Blakeney: — Thank you, Mr. Chairman. Mr. Minister, my constituent advises me that it has been done with special priority envelopes, light brown in colour. I don't know whether that is significant, but . . . And I just wanted to establish that. As my constituent has said, if we don't qualify for a special consideration, and we obviously don't, I'm wondering just how poor one has to

be to qualify, and I couldn't have put it better myself.

Mr. Minister, I want to go on to one other item, and that has to do with the Regina General Hospital, which is a hospital wholly owned by the Government of Saskatchewan and for which I assume you have ministerial responsibility.

(1630)

And I want to ask you, Mr. Minister, whether up to some time this summer, the Regina General Hospital did not procure its meat and light products — meat and poultry and light products, from a local firm known as Butcher Boy, and I want to ask you whether some time this summer the product was no longer obtained from Butcher Boy locally, but from Gainers in Edmonton. And I want to ask you whether that is true, and whether it is the policy of the Regina General Hospital or any other agency of which you have ministerial responsibility, to direct purchases from local firms to Gainers in Edmonton, because of your special relationship with Gainers.

Hon. Mr. McLeod: — First of all, I don't know where the Regina General Hospital purchased their meat products prior to or even at the present time because it's obviously a decision of the hospital board.

And in terms of the suggestion — to use the mildest term — the suggestion that there would be some policy of the government to suggest to them that they should buy their products from Gainers in Edmonton or Gainers anywhere, or from Butcher Boy, for that matter, that is not the case. If anything at all, we have this policy which suggests to all agencies of government and boards and so on, whether they be at arm's length or whether they be, you know, direct agencies of government, that they do in fact where possible buy Saskatchewan products in every circumstance possible.

Hon. Mr. Blakeney: — Well, Mr. Minister, and Mr. Minister, thank you, Mr. Minister, although it's not awfully helpful for you to say that you don't know what happens, but you're sure this does.

I don't know how I get the answer, but I'll ask you this — I won't detain the committee. Will you find out whether some time this summer the purchases of Regina General Hospital for meat and poultry and the like were not in fact changed from procurement locally, through Butcher Boy and perhaps other suppliers, to Gainers? Would you find that out? And I suspect, when you do find it out, you're going to find out that it's true.

Now I obviously cannot give you all the reasons for that, since I'm not privy to all of the finances of the Regina General Hospital. But I ask the minister to find out what cover story was used for the direction of procurement of the Regina General Hospital from local firms to Gainers in Edmonton. And I ask you then, Mr. Minister: find out whether that isn't true? And if it's true, what cover story is being offered by you and your colleagues for this diversion of procurement from local firms to Gainers?

Hon. Mr. McLeod: — I will tell the Hon. Leader of the Opposition, yes, I will find out. I will tell him further than

that and give him the assurance that there was no impetus from myself or any of my colleagues to suggest to General Hospital at any time that they should buy their meat products from one source rather than another source. We did not say that; that is not the case.

I will find out through the Buy Saskatchewan agency of this government if that is in fact the case, and why it is in fact the case if it's as the member says. And I have no reason to believe that, you know, what he's saying is not the case, but I will certainly find it out, and the member can be assured of that.

Hon. Mr. Blakeney: — Mr. Chairman, and Mr. Minister, can you tell me, is it not true that you appoint all the members of the board of the Regina General Hospital?

Hon. Mr. McLeod: — Yes, that's true.

Ms. Atkinson: — Mr. Chairperson, over the past two weeks we have had a remarkable display in this Assembly. We have seen the PC government members opposite do everything that they could to hide from health care. The government tried to have Health estimates and the drug plan amendments debated the day after the free trade deal in an effort to hide the PC disaster of health care.

At a time when the PC government opposite is cutting medicare, cutting back on medical care services and actually cutting its overall health care spending in this province by \$18.6 million — this is at a time when Saskatchewan people are celebrating the 25th anniversary of medicare — we have the PC government and their minister actually bragging about their cuts to health spending in this province.

Mr. Chair, let's just review for a moment what the minister has told us in these estimates. He has tried to justify his sharp fee increases for home care and nursing home fees. Home care fees in this province have gone up to the . . . gone up in terms of cost to the elderly and the disabled by 66 per cent in one fell swoop; nursing home fee increases, Mr. Chairperson, by 18 per cent.

And he has tried to justify his broken promises in terms of building new nursing homes, like the one for Moose Jaw, St. Anne's nursing home in Moose Jaw, promised by a Premier, promised by a Premier before the election, and cancelled by that Health minister after the election.

The minister has tried to defend the indefensible by trying to pretend that his PC government is administering health care efficiently. The minister has tried to justify and defend his elimination of the school-based children's dental program. That's a PC decision that shows the true direction of this government in health care. It's backwards, it's hurtful, and it's harmful to Saskatchewan families.

This minister has tried to justify his cruel decision to attack the prescription drug plan, a decision that is causing a great deal of hardship to Saskatchewan people. And, Mr. Minister, you may live on a \$60,000 a year salary, \$70,000 a year salary, and as the member from Elphinstone, the Leader of the New Democratic Party of

Saskatchewan has just shown you, there are people in this province who are living on less than \$700 a month, a family of three, Mr. Minister, and they're not eligible for any kind of assistance by your special drug review benefits committee except from priority post envelopes. How shameful. How shameful.

This is another cruel decision by your government, and what it really is, Mr. Minister, is a tax on the sick. Despite what everyone in this province knows, the minister has somehow tried to pretend that there is no real crisis in Saskatchewan hospitals. You can pretend, Mr. Minister, but the people of this province know that there is a crisis in health care, that there is indeed a crisis in health care and in the hospitals. And that crisis is an underfunding by your Progressive Conservative government.

Short-staffing in our hospitals, Mr. Minister, has caused serious problems for patient care. And the waiting lists in this province, particularly in the city of Saskatoon, are unacceptable and they're unacceptably too long.

Mr. Minister, you don't have to take my word for it. All you have to do is go around this province and ask the hospitals, ask the doctors, ask the nurses, and ask the patients. As the people of this province, Mr. Minister.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — You know full well, you know full well that you've created an unacceptable crisis in medicare.

And finally, Mr. Minister, you try to pretend that your PC government is interested in preventive health. Mr. Chair, if the minister's hypocrisy were not so tragic, it would be ridiculous. Mr. Chairman, the PC government opposite seems to be approaching health care the wrong way. They are approaching it backwards. They are facing backwards, Mr. Chairperson, trying to undermine the medicare victories of the past, trying to attack through the back door the basic medicare services they don't dare attack through the front door.

But we don't need the minister's attacks on the past. What Saskatchewan needs, what Saskatchewan needs is a health care vision for the future. That's what people are looking for, and they're looking for some leadership from you people over there — a health care vision for the future that will preserve and protect the gains of yesterday and build on those tomorrows, Mr. Minister — that's what the people of this province are looking for.

We need a health care approach to take us into the future, to take us to a system where we start addressing the wellness of society and not the illness of society. Good health, Mr. Minister, that's what we need. What we have here today is a sickness model. We don't have a wellness model.

And when we show you how your health care policies are hurting people, and when we point out to you how we have some serious problems in this province, particularly with regard to neonatal morbidity rates, suicide among young people, and work place injury, you're not addressing it, Mr. Minister, and you should.

Mr. Minister, what we need is an approach that has three fundamental principles. Universality, Mr. Minister; we need a principle fundamental to the future of health care, and that's universality. We don't need a two-class system of health care. We don't need a two-tiered system, Mr. Minister. We don't need one system for the rich and one system for the poor. What we need is a system that's accessible, and accessible to all, so that regardless of your income, regardless of where you live, you have access to our health care system. We don't need deterrent fees, Mr. Minister, and that's exactly what you've created with your prescription drug amendment. That's what you've created. We have unacceptably high waiting lists in this province. And when we have unacceptably high waiting lists, and we have 11,200 people waiting to get into hospital in Saskatoon, that is not an accessible system. That is a system that prevents people from getting into hospital. And, Mr. Minister, we need a system where people can participate.

Never again, Mr. Minister, should we have a government in this province that has done what you've done. You have not consulted with people. You did not consult with the nurses and the doctors and the psychiatrists and the speech language pathologists and the public health nurses. You didn't consult with the people — no consultations, just an attack. Just an attack — that's what you've done, Mr. Minister. You've attacked people without consultation, and you're attacking medicare.

What we need, Mr. Chairman, and Mr. Minister, is an approach for the future which will involve the people of Saskatchewan. What we need is a full and open participation — participation by hospital boards, by health care workers, by doctors, by community groups, and by the public.

Mr. Minister, we need an improved health care delivery system, a principle that we could build on, Mr. Minister. What we need to do is examine alternative models like community health clinics, and we don't see you doing that. We need to examine alternative models in staffing.

Mr. Minister, there are a number of health care professionals in this province that could be doing some of the work that doctors are doing. Doctors don't need to be the only point of entry into our health care system. There are a number of positive proposals by health care professionals around this province, and obviously you're not listening.

And above all, Mr. Minister, we need the development and implementation of improved preventive health services. That's what we need — preventive health services, Mr. Minister. What we need to do is to develop a true health care future for Saskatchewan and not a sick care system alone, Mr. Minister.

(1645)

Unfortunately, Mr. Chairperson, the PC minister and his PC government have failed to face the challenges of the future, and that is why this government and this minister have betrayed medicare. They betrayed the people of Saskatchewan. But what we need to do is protect medicare, preserve medicare, and go beyond medicare.

Mr. Minister, I will restate what I said the other day: you are not the Minister of Health; you are the minister of sickness, and you're making a lot of people ill.

Some Hon. Members: Hear, hear!

Item 1 agreed to.

Items 2 to 35 inclusive agreed to.

Item 36

Ms. Atkinson: — Mr. Minister, I have a number of written questions that I'd like to send over to you in terms of out-of-province travel, the names of your staff, and that sort of thing, if you wouldn't mind providing me with that information; and when could you provide it?

Hon. Mr. McLeod: — Well just send the questions over and, sure, I'll provide it within, you know, days. The normal questions . . . I presume these are the normal questions about who works in my office and my personal staff and that sort of thing. I'll provide that . . . (inaudible interjection) . . . Well this week.

Item 36 agreed to.

Vote 32 agreed to.

**Supplementary Estimates 1988
Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32**

Mr. Chairman: — Page 10 of the 1988 supplementaries, any questions?

**Supplementary Estimates 1987
Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32**

Mr. Chairman: — Page 7 of the 1987 supplements.

Items 1 to 5 inclusive agreed to.

Vote 32 agreed to.

Mr. Chairman: — I'd like to thank the minister's officials.

Hon. Mr. McLeod: — Mr. Chairman, I would join with you in thanking the officials of the Department of Health, those that are here with us today in the House, others that are in the gallery, and have been patiently sitting through and listening for questions in their various agencies. And also, Mr. Chairman, if I might, officials of the Department of Health, a very large number of people who work in the Department of Health across this province in all the various places. And I want to say a word of thank you to them. I want to say a word of thank you to them for their willingness to be involved in making some very difficult decisions, but very responsible decisions, as we face the future of this province and obviously the future of the health and well-being of our citizens everywhere.

Some Hon. Members: Hear, hear!

Ms. Atkinson: — Yes, Mr. Chairperson, I too join with the Minister of Health in thanking his officials for providing us with some of the information that we requested. As a former civil servant, I know that it takes a great deal of time and energy in getting ready for these estimates, and we've appreciated you being here. I know there've been a number of you here over the last two weeks.

Unfortunately we would have wished that some of the people who had been fired by the Department of Health could be with us as well, but they weren't. We note with sadness the 411 dental therapists that were fired and the way they were treated.

Some Hon. Members: Hear, hear!

The committee reported progress.

The Assembly adjourned at 4:53 p.m.