

## EVENING SITTING

## COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure  
Health  
Ordinary Expenditure — Vote 32

## Item 1 (continued)

**Hon. Mr. McLeod:** — Thank you very much, Mr. Chairman. I want to say a few words in response. I will say that they will be less numerous than some of the words that were addressed just prior to 5 o'clock from the hon. critic over there. I would say a couple of things, Mr. Speaker, in response, and I made a couple of notes on various things that were mentioned by the member from Lakeview.

First of all I think it needs to be noted, and it should be very clear to everyone, that while the member was presenting a very long sort of litany about health care from a series of notes that, you know, would suggest, I think, to anything in the House and the viewer and so on that those were very thoughtful notes put together by the member in her critic position as to the Department of Health, I want to point out that much of what was said comes from this little booklet that I have in my hand, beginning on page 68.

That booklet, Mr. Chairman, is called *The Facts* and is related to the . . . what I would call the scare mongering tactics of the Canadian Union of Public Employees as it relates to free trade. That's what this booklet is all about, and it has a section on education, and we heard some of that from the Education critic the other day, and we heard some more of it today from the health critic across. And I, you know, I say that's fine. Take your sources from wherever they are, but attribute your remarks to the sources and that's . . . I guess that's the only thing I would suggest, and I think all people in the House should recognize that this Canadian Union of Public Employees viewpoint is that that's being suggested as being the viewpoint, part and parcel, of the NDP opposition opposite, Mr. Chairman.

We went into several things, the member got into several things, one of which was the creation of the task force or the commission on health care which was just announced yesterday, and the concept for which was announced some time ago in the throne speech. At that time, the Leader of the Opposition said, if the members of the task force are credible people, and if there is a reasonable budget and a long enough time frame for that task force to be able to carry out its work, that he would support that task force. I heard that at that time, but the very day that the task force was announced, the critic in health care was up and attacking not only the concept of a task force and what it would not be able to do, frankly, on behalf of Saskatchewan — her words — she even went to the point of attacking one of the members of the task force, which I answered at that time and won't get into in a major way here now, unless the member would like to carry that on.

One of the things mentioned in this, the hon. member talked about the task force and some of the things that, according to the NDP, some of the four corner-stones of medicare and the way we understand medicare in this country — not just in this province but across this country — and talked about some corner-stones being universality, accessibility, comprehensive nature of medicare and of the health care system, and also the public administration aspect of health care, and talked about those being the corner-stones. I would just point out, Mr. Chairman, on page 68 of this document that I've been referring to, those points are very well laid out. And, literally, once I had this little document in my hand, I could follow the member's speech, following it all the way through. All I'm saying is that there are more points of view across Saskatchewan related to a very, very important sector of our life here, which is the health care sector. And, frankly, if you want to get into the . . . Even as it relates to free trade and all of the sectors of our economy, there are many more points of view across Saskatchewan than those points of view put forward by the Canadian Union of Public Employees, Mr. Chairman — many more points of view. So I just would make that point.

Now, Mr. Chairman, as it relates to the task force and just . . . I wanted to go into it in a very . . . to explain a little more about why. Let's talk about the history of the development of our health care system a little bit in this province. And it has developed over a good long period of time. We are in, now in 1988, the last . . . And this point was made by the chairman yesterday, the chairman of the commission, that point was made yesterday by Dr. Murray, that the last study, very comprehensive study of the health care system in this province was done 44 years ago. Forty-four years ago since there has been what we will say is a very hard look at the composite of all of the health care system in this province and the service that it must provide and the service that we must expect as citizens of the province, from this very, very large system. And I think it's . . . And if you just go no further than that, and from that understanding of 44 years ago one was done, there have been references . . . The member made reference earlier to the Elmer Schwartz report that has had some discussion here in the House and elsewhere in recent weeks, and other reports that were commissioned both by this government since we've been in office, by the other government when they were in office just preceding us, and certainly by governments preceding them.

There have been reports done, there have been snapshots taken of various aspects of the health care system, individual aspects of the system, whether it be the hospital system, perhaps maybe the regional system, perhaps the community health program — very, very many aspects of this very large system. But I would say, once again, Mr. Chairman, this task force, this commission is only the second time in the history of our province that the composite view of the wider system and how that wider system serves our people and can serve our people and will serve our people is being undertaken now. And it is, as some of the task force members have said to myself and to the Premier yesterday, it is a tremendous challenge for those individuals, there's no

question.

I believe, and I think . . . Well I was going to say all members of the House. I know that's not the case. I know that all members on this side of the House believe, and I know the Premier believes strongly, and I believe a large segment of the thinking population in Saskatchewan who know many of these people, who know many of these task force and commissioners from their contributions that they have made in various walks of life and contributions they have made in various communities, I believe the public of Saskatchewan thinks that these people are up to the task. I know they find it a humbling sort of experience to take it on and the challenge. I believe strongly that they will be up to that task and that the recommendations that they will bring forward will indeed be a blueprint that can look into the future in terms of the service to our public in this province — all generations in all parts of the province, both urban and rural.

Enough said on that, Mr. Speaker, unless, you know, we could get into some more detail of that a little later. But I think it's important to make that point. It's also important to make the point because the member did make reference to the fact that the task force is some kind of a . . . because they have a tendency over there to see everything in that partisan light. And I'm not against partisanship and so on. I come here with my eyes wide open in terms of partisanship, Mr. Speaker. And I do. I have won three elections in very partisan campaigns. I'll tell you that, Mr. Speaker, and I will win some more elections in very partisan campaigns, Mr. Speaker.

But I would tell you, Mr. Speaker, there are certain areas and there are certain times — even in this partisan forum in which I'm now speaking and in which the members are here — there are times when we must look beyond or at least reach out and try to look beyond some of that. And we did not see that in the opening remarks from the NDP critic on health care in those opening remarks because there was a very . . . It's hard to describe without succumbing to some of the temptation that I might have to get into some of that, but I would say to you, Mr. Speaker, that . . . And I will before we're finished, I'm sure — I may succumb to some of that — but I won't in this initial remarks, Mr. Chairman.

I say to the member and I ask all members of the House . . . And I believe, as the editorial in the *Leader-Post* today suggested, that this issue, this issue and this challenge that this task force has taken on, is a challenge which is going to need the support of the public in this province, the wider public, the thinking people of our province. Certainly all the people of our province are going to need the support of people who are elected to responsible office, whether that be at the municipal level or at the provincial level as we are here.

That task force, as the chairman said yesterday and made very clear, does not have, does not have, I repeat — and that's to refute some of the comments that were made — does not have an agenda in its hand that was handed to them by us to say, this is what you shall come in with.

And that's the suggestion that the member was making —

that we had an agenda; we said, here, come in with this report. Because when you say that, when any member stands and says that, what they are really doing is reflecting upon the integrity of the people who have said yes, I will serve my province. And that's what they've said. They haven't said yes, I will serve my Premier; yes, I will serve this Minister of Health or this administration or this party that happens to be government now. That's not what they've said, Mr. Chairman. They've said yes, I feel humbled by this. I feel challenged by this and I will serve my province.

That's what they've said, and I'm very glad we have people of that quality who will say that and who have said that and who are going to serve it. And they are not well served, nor is the province well served by that kind of attack on the concept of a task force or on any member of the task force. So that's all I will say about the task force just now, Mr. Chairman.

There are other things that the member mentioned that I want to make some remarks about. One other thing that was mentioned, and I will say it clearly to the member here and to all of the House: we will continue to operate in the Department of Health, to operate the day-to-day and the year-to-year department which is a very large one, as I've said. We will continue to do that. We will not be looking to the task force as some kind of cover for how the department operates on a day-to-day basis.

The task force is out there, as I've said, for a good futuristic look at where we are going and where we should go with all of the information possible — with all the information possible. But the day-to-day operations and the year-to-year operations of this Department of Health will continue; will continue and continue as it has. So that's a very important thing, and the task force would not be expected to be commenting on what we are doing at the present time, what we have done in the last week or whatever, or what we should do in the next month or two prior to the recommendation time. They need that independence and they have that independence, Mr. Chairman, and everybody should know that.

So, Mr. Chairman, I have said to the member, as she raised these issues: comprehensive nature, the accessibility, what she called the corner-stones of what we know as our medical care system in Canada — that medical care system that came out of this province; something that every citizen of our province should be extremely proud of — I have no problem at all with giving credit where credit's due.

There is significant credit to be given to those who had the foresight in 1944 to create the Sigerist commission. There's no question about that, that the Sigerist commission, being the commission named after Dr. Sigerist of Johns Hopkins University in Baltimore, which was the very first of these comprehensive studies. So those people had foresight.

The Premier of that day, Mr. Douglas, had foresight. The member mentioned that. The member mentions subsequent politicians who had foresight in implementing some of the recommendations of that report. Some of those recommendations took a good long

time to come into being. Others came into being early — medical college, some of our rural hospital systems, some of those things that would have served us well. And this medical care system has served us well.

The concept, the concept of publicly funded medicare and so on, came from this province. But it didn't just start in 1944 either; in fairness there were other people. And you go out on the highway near Bulyea and you'll see . . . Was it Matt Anderson, I believe, from the constituency of our Speaker, who had the first publicly funded system created in the municipality that he happened to be the reeve of at that time, back in as early as 1938, I believe it was. I mean, this concept and the concept of caring for ourselves, caring for our population, whether we be remote, rural, or urban people is something that has sprung from the soil of Saskatchewan and all of us in this province should be extremely proud of that fact. So I will give credit to all who are responsible for that sort of legacy. There's no question about that.

(1915)

Mr. Chairman, what we face, what we face now — and it's not something that's unique to this province — what this country faces in terms of every jurisdiction with the responsibility, a very great responsibility for administering the health care system, are some significant challenges.

And you know, we've heard of them, we can talk about them, and we'll talk about them in some detail if the member would like. But the challenges of technology that was unheard of just a few short years ago — technology; the challenges of medical science and developments in medical science for procedures that are now being done in our hospitals here, and hospitals across the country, frankly, that were unheard of just a very few short years ago.

The challenge of the demographics that we have and the demographics that we all are very aware of in terms of what we call . . . Sometimes it rolls out of us just too easily when we talk about the ageing population.

Mr. Chairman, that's a very . . . Some will say that that's a problem, the ageing population. Frankly, Mr. Chairman, the fact that we have more and more people living for longer and longer times is more than . . . It's not a problem. It's a challenge, certainly, and we talk about it in that context. It's a triumph for medical science and for mankind, and so on, but that same triumph creates, on the other hand, a tremendous challenge for us in terms of being able to serve these people and being able to create the circumstances in which they can have accessibility to the kind of procedures that, like I said a few moments ago, were unheard of some time ago. I think of a couple of things which are quick examples to come to mind: one is the way in which we are now able to deal with cataract conditions, and the way ophthalmologists . . . and the technology in terms of restoring eyesight to many of our people, many of whom are well on into their eighties and so on, and beyond. And another one is the orthopedic side, the orthopedic specialists who are able to replace hip joints, replace knees, replace so many of the difficulties that people have had over many years, and

those same difficulties were crippling in nature, and now if we can create the circumstances where their accessibility is . . . If we can meet that challenge so that that accessibility is there more quickly than it is now, those are the kind of challenges that we have. And those are the kind of challenges we should talk about here when we're dealing with this very, very large Department of Health and the challenges that face all of us. I think I'll leave it at that, Mr. Speaker.

The member went on and on, I know, for some time — talked about how we're withholding money from professions and we're withholding money from . . . which is not the case, not the case in any case, and I challenge her to tell me where that's the case; telling us that, yes, we have waiting lists in some of our large hospitals for some of the reasons that I've just outlined.

And I will say to you though, Mr. Speaker, that the waiting list in Saskatoon, for example, which was and is and continues to be a problem in terms of the number of people who are able to get that accessibility that I refer to, those are challenges that I would like to have some quick answers for. There are no quick answers, Mr. Chairman. But the waiting lists are down 1,500 since last September. While some will say, well it was unreasonably high before, I agree with that. It was unreasonably high. Frankly, Mr. Chairman, it's unreasonably high now.

But the key to remember as it relates to urban hospitals and waiting lists for some of these procedures, the key always is: how long does an individual . . . because when you're dealing with health care of individuals, how long does the individual have to wait for the given procedure rather than . . . (inaudible interjection) . . . And the member says in her normal glib way, too long. But I'm just saying to you, I agree. If they wait too long, it is too long. The waits are now too long. Those are challenges. Those are the kinds of things we should discuss, and we will. But those lists are coming down, Mr. Chairman. I'm pleased about that.

I'll say as well that anybody who's familiar with the Saskatoon circumstance knows that we have significant, significant commitments, and there's more than just commitments. The actual hospital construction is going on now, the openings are there. If you go by St. Paul's Hospital and see that major expansion of St. Paul's Hospital . . . which was long overdue.

I'm not here to say we are building that because we are more committed than they are, but the fact is, there was a time for 11 years when that hospital at St. Paul's should, Mr. Chairman, have been expended in some better days . . . (inaudible interjection) . . . that St. Paul's should have been expanded. University Hospital should have been expanded and, Mr. Chairman, City Hospital got nothing from these other folks. City Hospital is getting a new hospital in Saskatoon.

Those are the kinds of things where they are significant commitments by us — significant commitments. And, Mr. Chairman, the challenges that we have are to be sure that those hospitals are there, the best equipment possible is there, that technology I spoke of earlier, and to have them staffed with the best professionals possible that we

can train in our own province, to a large extent, and we do, but to have those professionals available in those hospitals to carry out the kind of challenges that I talked about earlier.

And if we can get the discussion as it relates to this very important department into that sort of tender, Mr. Speaker, Mr. Chairman, I believe that we would serve the public very well.

**Ms. Simard:** — Well, Mr. Minister, those are many challenges for the future, and I wonder whether you're up to it. And let me just point this out: many of those challenges wouldn't be challenges today but for your policies and your cut-backs and underfunding in health care. Many of those challenges are there because you've created the problems, Mr. Minister, you and your government.

And I'm not surprised to think, to know that there are many other people out there who think like us, because we've been talking and listening to the people of Saskatchewan now for a long time, and they're telling us many of the things I put before the legislature today.

And with respect to source material, let me just tell you some of the other source material that we use. There was many different sources of material that we use, and this isn't comprehensive either, but the Watson task force is one of the sources of the material we used. The *Datawatch, Recent Trends in International Health Care Spending* is another source that we use. The *Canada Year Book* is a source that we use; the Economic Council of Canada, *The Canada-U.S. Free Trade Agreement; Possible Implications of Canada's Health Care System*, a paper prepared by the Economic Council of Canada, Mr. Minister. There are multi resources that we went to in order to compile our information to illustrate that your privatization policies with the health care are short-sighted and misplaced and right-wing in their approach. And I believe that we illustrated that this afternoon, and anybody that was watching in the public realizes that we illustrated that. And I notice that the minister has not been able to respond to many of our statistics.

With respect to the task force, Mr. Minister, the task force agenda of the task force members themselves most certainly is a different agenda than yours, Mr. Minister. I know that they will review the health care system, and they'll do their best to put forward a fair and honest report, but the fact of the matter is, Mr. Minister, there is a Tory agenda there. And the Tory agenda is nothing but a totally political agenda to justify their misleading and harsh policies and to direct medical care in the province of Saskatchewan towards privatization. Your agenda is to attempt to salvage some of your credibility, Mr. Minister, but it's not going to work.

And this minister talks about the caring tradition of the people of Saskatchewan. He talks about that as though he's part of that tradition, but I tell you, Mr. Chairman, he will go down in history as being one of the least caring ministers of Health that this province has ever seen. Those comments on his part ring hollow, Mr. Chairman.

Let's just talk about the Julie Shepherd case, and the Shepherd family, who couldn't get their prescription drugs, and tried and tried throughout the Department of Health to get some consideration, and only got some action — which I understand is incomplete, Mr. Minister, incomplete — only got some action after we were forced to bring the question up in the legislature.

Let's talk about all the seniors that are paying 100 per cent up-front costs for their drugs and 20 per cent in the end, after the rebate. And he calls that caring? People on fixed income receiving a substantial increase in the outlay of money that they have to produce — he calls that caring, Mr. Chairman? Well I tell you, his words ring hollow, and I know the people of Saskatchewan feel the same way.

He challenges us to show where he's withholding money, because I made a comment this afternoon about health care professionals being forced to go into private practice or leave the province. And he says, well where are we withholding money. Well, Mr. Chairman, the man obviously doesn't understand the system — doesn't understand the system.

When he cuts back on funding to hospitals, he cuts back on — destroys — a dental program. Where are these health care professionals, these 400 dental therapists going to go? Some of them went into the private sector. Where are they going to go? Some of the are leaving the province and getting wooed away by other provinces, and we're losing not only people and the money that they spend here but we're losing our Saskatchewan men and women that grew up in Saskatchewan, in many cases, because they're being wooed out of this province because of his firing of over 400 dental workers. And he says, where were we withholding money.

What about hospitals that can't provide the sort of surgical needs that the public wants? Don't you think these specialists in our hospitals and out there in private practice, or public practice, are getting frustrated by the fact that the system is constantly underfunded? Don't you think that's a reason, Mr. Minister, for the fact that specialists in this province are leaving at an unprecedented rate and that we have a terrible shortage of specialists, Mr. Minister? Where are we withholding money? That comment of yours just shows how little you understand the system, Mr. Minister.

Now I asked you about a specific case this afternoon, before I closed my remarks, Mr. Minister, a specific case with respect to a Mr. Max Smith who has been waiting for surgery since December 9, who has been in communication with you and received a response that simply more or less said I'm sorry, but there are lists there, and attempted to suggest that this wasn't a problem, that it was just something that happened recently with respect to lots of people needing this surgery. The problem isn't that lots of people need the surgery, Mr. Minister. The problem is that there's underfunding and there's waiting lists with respect to this because of underfunding, Mr. Minister.

Now I want to know tonight whether you will take another look at Mr. Smith's case and see whether there's something you can do with respect to the Plains Hospital

to ensure that he doesn't have to wait another six months to obtain this surgery, because this man with blood clots in leg, his condition is deteriorating every day, and the ultimate result of not getting surgery, Mr. Minister, is that he could lose his legs if this was allowed to persist over a long period of time. Could you please tell us tonight what you can do for Mr. Smith?

(1930)

**Hon. Mr. McLeod:** — A couple of things, Mr. Chairman, and I'll get to the specific case in a minute. And I just want to make a comment as it relates to . . . and it goes back to that, some of the challenges that I spoke of earlier, and they are certainly challenges as it relates to some of the procedures that we now are able to do in the province and across the country, and also the demand that increases at a quicker rate than what we're able to deal with. Like I say, that's another thing that's not unique here.

But the number of procedures — and I'm not going to get into this in a major way; I'll get back to your other case. The number of procedures is increasing at a tremendous rate every year. The number of procedures performed this year, for example, is far more than those performed last year. For example, total surgical procedures between '85 and '86 and '86-87 went up 36 per cent — 36 per cent more. So more than one-third more surgical procedures performed in our base hospitals across the two cities. The year before that it was a 28.6 per cent increase; the year before that a 15 per cent increase; the year before that an 8 per cent increase — just to show the trend line in terms of the extent to which that sort of pressure and that is happening. And I know that the member is aware of that. So those are the kinds of pressures I spoke of earlier.

Now another comment that the member made in the initial stages of the last remarks was that — and I just want to make this clear because I don't purport to have all the answers in a lot of things — the member says, I wonder if . . . I don't think you're up to the challenge of this, so I wonder if you're up to the challenge. And I'll say to the member and to everybody in the House, including the member from Regina Centre, including that member who has always been up to every challenge that he's undertaken, and everybody here will know that through history of . . . even in this legislature, we'll all know that the member from Centre, if you would be well advised just to let us carry on with this more serious debate. Thank you.

But I can say to you and to you, Mr. Chairman, that I sometimes wonder as well when you look at the major challenges that there are in this very large department which serves the total population and which has so much emotion surrounding it as relates to people's health and their well-being, anybody would be less than honest to say, in a very flippant way, I know I'm up to the challenge, because I tell you that in any one of us should and does say, I wonder if I'm up to the challenge, and then you go out and try to do what you can, I'll just say that to the member and that's the way I'd like to approach this.

As it relates to the specific case that the member raised earlier, just before supper, I believe you . . . I want to just

preface my remarks here by saying that — and I've said to you before — you may portray this as a cop-out, but it isn't. I'm reluctant to talk about the specific condition of the individual because it's not something that I believe that the Minister of Health, at any time and whoever it is, should be talking about — any particular citizen's specific condition. You chose to do that, and it may well have been with the permission of the individual and so on, but I still say to you, I still say to you even with his or her permission, I don't believe that their physicians will be talking about it, nor will I.

But I will say this. That individual has been on the elective waiting list. And I emphasize the word, "elective" here because they way you portrayed it a few moment ago, and you suggested that he's on Dr. Busse's list and Dr. Busse is a cardiac surgeon here in Regina, one who does a good number of emergencies and . . . His practice entails a good number of emergencies, which is difficult for those elective patients that are on his list, but all I can say to the member is that the individual you refer to has been on the elective list and remains on the elective list.

Our people over supper did contact the Plains hospital and, you know, to the extent that we can have any influence . . . Nor do we want to have because it will certainly be left to and must be left to the medical professionals to determine whether this is elective or whether this is emergency. And the way that you portrayed this in terms of the person is in danger of losing his leg, I believe you said, I believe is inappropriate. And I know the emotion surrounding this and I know how the individual must feel, and I know how that it is very, very difficult for individuals and for families while they wait for these procedures, but I think it's not an appropriate thing for us here . . .

**An Hon. Member:** — Indeed it is. It's what this debate's all about.

**Hon. Mr. McLeod:** — No. It is not an appropriate thing for us here to debate the specific concern, the specific condition of the individual, number one; and number two, it's not an appropriate thing for us to suggest what the consequence of a particular condition will be if the medical practitioner, the medical specialist in this case, has the person on an elective list that would suggest that what you're saying is wrong.

So I just want to say that. And I don't have a particular date when he can go in, but I know he's been on the elective list for some time and I agree with it.

**Ms. Simard:** — Mr. Minister, Mr. Smith is my constituent and it's important for me to come before you and fight on his behalf, and that's what I'm doing today, and you're not going to tell me what's appropriate or not. I'll do whatever it takes to get him into the hospital.

And I'm telling you, Mr. Minister, I spoke to Mr. Smith today and I asked him what the long-term consequences of this wait were. And he told me that his doctor said eventually it could mean the loss of his legs if he didn't get it . . . if he didn't get treatment. He didn't say he was going to lose his legs tomorrow, he said eventually that could happen, and that's what I said to this House.

And, Mr. Minister, Mr. Smith asked me, he agreed with me, discussing this in the House with you today and bringing this to your attention because he also believes, not just for himself but for the public of Saskatchewan and the men and women out there, these problems and these situations have to be brought to their attention so that everyone knows what's going on in this province and how the sick and the elderly people are suffering as a result of your heartless and inhumane policies, Mr. Minister.

So I think it is not appropriate for you, Mr. Minister, to tell me what's appropriate in terms of fighting for my constituent and for the best services possible for my constituent, Mr. Minister.

With respect to . . . (inaudible interjection) . . . Well there's nothing I can do about it, it's up to the doctors. Of course it's up to the doctors to make the decision. But you've put a restriction on them inasmuch as there's not adequate hospital beds in order to accommodate a lot of this surgery. You've put a restriction on them. They're forced into making these decisions. Sure they have to make the decisions. But if you were a little more forthcoming with funding to hospitals, this situation wouldn't have occurred.

Now I also asked you this afternoon with respect to Mrs. Smith and her Persantine, the drug that she's obtaining. When the 12 months was up on March 20 and she didn't get her claim in till March 26, then you cut her off. What are you going to do for her, Mr. Minister?

**Hon. Mr. McLeod:** — Mr. Chairman, a couple of things, and I . . . another to this other individual case, but I'll just give you as it relates to this drug Persantine which you raised. The policy governing coverage for Persantine is a policy recommended by two professional committees that which serve the Department of Health and, frankly, which serve the public; one, the drug quality assessment committee; and secondly, the Saskatchewan formulary committee.

The drug quality assessment committee is . . . some of the members: a professor of pharmacology; a clinical pharmacologist; and a physician, a specialist in internal medicine — a couple of those; a physician, a specialist in clinical pharmacology. Those are the people who serve on this committee, in other words, medical professionals who are best qualified to make these kinds of judgements.

The particular drug you refer to, in all of the best professional advice that we have in the drug plan and that this committee gives us and has gleaned from their various professions across the country, is that this drug is not effective after one year of use — is not effective. And I would say to the member that it is a drug which is, when it was covered for that first year after bypass surgery, it is a drug that is not on the formulary in a normal consequence. It's a drug that is given exceptional drug status for the period of one year. And the reason it's for a period of one year is, as I've said, because it is not effective beyond that year. And I must take their professional advice in that area.

And just one other point, Mr. Chairman. Prior to this government coming to office in 1982, this drug Persantine was never approved for drug plan coverage at any time by the former drug plan. So, you know, I just say to you that's for the case of bypass surgery.

So you know, in terms of your portraying us as some kind of heartless group that won't deal with those kinds of things — to use some of your terms — I just say to you that that's the circumstances. That's the committee that I must guide, and we must guide ourselves by, because those are the people best able to make those kinds of judgements, and that's where it is.

**Ms. Simard:** — Mr. Minister, I'm aware that Persantine is not covered after the 12-month supply. The face of the matter is, is this was the 12th month that this woman purchased the stuff, the drug rather. The only problem is, is that she was, oh, into six days over when she filled her 12th prescription. That's the problem, Mr. Minister. She was within the year, but she was six days over when she filled here 12th prescription, and your department refused to cover it. Will they please reconsider this because this was her 12th prescription?

**Hon. Mr. McLeod:** — Mr. Chairman, as I've said, the one-year coverage on this, following bypass surgery, is coverage which, you know, if the professional committee had said that this particular drug . . . and let me assure you . . .

**An Hon. Member:** — You missed the point, George.

**Hon. Mr. McLeod:** — No, I didn't miss the point. If the professional committee had said that this particular drug was effective for a longer period of time, extra drug coverage would have been given for a longer period of time.

Mr. Chairman, the drug that the member is talking about, and she uses so many days, or whatever, that the use of that drug . . . What we must do is deal with the length of time that the drug is deemed to be effective, and beyond that, there's no coverage. And that's exactly what's been done here, Mr. Chairman.

And so while some will say, well if it's effective in the first year, why can't I have another prescription to carry on into the second year and so on. And when the best medical advice said it's not effective, it's not being covered.

**Ms. Simard:** — I think you've quite missed the point, Mr. Minister, but I take it that your response is no, that this woman, who is entitled to a 12-month supply, is being denied coverage for her 12th month. And that's the minister's answer. Is that the minister's answer?

(1945)

**Hon. Mr. McLeod:** — My information, as it relates to this specific case, is that the prescription, which is in dispute or which you refer to, would have taken this particular patient beyond the 12-month period of time when the drug has been deemed, by the professionals, to be not effective. And so there's no reason to cover the drug. It's

not a matter of any kind of intransigence. It's a matter of the fact that it's how the medical professionals have said this should be handled. That's the reason we're doing it this way, and that's the only reason.

**Mr. Brockelbank:** — Mr. Chairman, Mr. Minister, I wanted to make a few comments about this departmental estimate, and I also wanted to ask the minister some questions later on. And I want to start my remarks today on the same vein that the member for Lakeview began her remarks.

Earlier today, after we had dealt with some Bills in the House, we went into Committee of Finance to deal with the Health estimates. As the minister walked in with his officials, we were having put on our desk reports relating to the Department of Health — every one of them. And, as a matter of fact, the chairman had started the committee before the final report dropped on the Table.

These reports are the interim report of Saskatchewan health and vital statistics. That particular report is 14 pages long of statistics — dropped on the desks today.

The other report was the Saskatchewan Health report . . . the Department of Health report. The Department of Health report is 74 pages long. The report on the Department of Health for the year ending March 31, 1987 — not '88 — but 1987, dropped on the desk as the minister began his estimates today.

The next report that was laid on our Table was the Saskatchewan Health prescription drug plan. This report, the health prescription drug plan is 28 pages long. This has the auditor's statement in this report, and the date on the auditor's statement was March 31, 1987. This report is for the period 1986-87. The auditor's stamp is March 31, 1987, put on our desks today, as the Minister of Health walked in the House to begin his estimates.

The next report is the Saskatchewan Medical Care Insurance Commission. This report for 1986-87 — 47 pages long. The auditor's stamp in this book is August 18, 1987 — getting close to a year ago that the auditor had approved it. These four reports, dropped on our desk today as the ministers and his officials walked in and the chairman called the committee to order — total 163 pages.

Now this kind of hiding information and holding information back would be bad enough, Mr. Chairman, if it was just confined to the Department of Health, but this is not confined to the Department of Health. The tabling of the *Public Accounts* of this province approach the scale of scandal this year, the latest the *Public Accounts* have ever been tabled, which is an accounting of the expenditures of millions, actually billions of dollars of taxpayers' money that this government has collected and had failed to report on until the latest opportunity that they had to report on it.

This hiding of information, this holding back of information, has become endemic with this government, and there's other people commenting on it, not just me. There are other people commenting on it as well. The Provincial Auditor is another one who comments on it.

And what, Mr. Chairman, is the background? What is the background in which the Minister of Health does this, puts before us 163 pages of reports, ending March 31, 1987, on our desk as he and his officials were walking in today? Well the background of this, is this: this government, and I recall it well, Mr. Chairman, was elected on the basis that they were going to be open government. They said it. They advertised it all over the province. They said, this is open government; we're going to give the auditor more funds; we're going to give the auditor more independence; we're going to be open and frank with the public. And they even said, we're going to bring in freedom of information legislation.

Well, do you doubt my word? Here's the member for Melville in his 1982 ad, part of which must have been responsible for getting him elected, said, "establish freedom of information" right in his election ad, Mr. Chairman. Now they have done none of these. You cannot believe their ads, Mr. Chairman. You cannot believe their ads, because they say other things in those ads — and we have sheaves of them from all over the province, stating how they were going to preserve medicare; how they were going to provide more information to this legislature and to the people of Saskatchewan; how they were going to be an open government. They've ignored all their advertising, and they've put off, in as many cases as possible, and in this case, which is a serious department, which has serious difficulties, they put off bringing in the reports until the very day the estimates start, the very day the estimates start.

Why is this government doing that in the face of its solemn promise, its advertising to the people of Saskatchewan it was going to be open government? Well, I don't know the real reason, but I know you can't believe their advertising.

The task force on health care has been mentioned here and before this time. I think it's worthy of some comments, because the minister and his Premier and others have attempted to say that we are attacking the individuals on the health care task force. The problem with the health care task force is not the individuals on the health care task force, it's the time interval before the task force and, something we have to look forward to, the time interval after the task force. And this is where this government has a great weakness. Everything this government has done, virtually everything this government has done in the health care field has been to run down the health care system.

Someone mentioned that the number of Americans that are not covered by their health care systems . . .

**An Hon. Member:** — Thirty-seven million.

**Mr. Brockelbank:** — The figure is mentioned as 37 million. Well I have something to add to that which I'm sure the Minister of Health will be interested in. I read the figure as 35 million. Now there's a discrepancy between the figure that I have and the figure which the critic brought forward — a difference of 2 million people in the United States. But regardless of that discrepancy, it's a

serious problem. It would be a more serious problem if that was a situation in Canada or Saskatchewan. My figure of 35 million comes from *Au Courant*, which is the journal of the Economic Council of Canada — quotes 35 million Americans are not covered by a health care system.

And the interesting addition to this information which I have is that about nine years ago, nine to 10 years ago, I was invited by the New Jersey State Medical Society to be on a panel at their 212th annual convention — now I'm not going to go into the detail about how I got the invitation to go to that particular convention. I took the invitation, Mr. Minister, and when I arrived at the convention, it was interesting to note the feelings of the doctors at the convention. I was the only Canadian on the panel — there were about four people on the panel dealing with health care — and when I arrived at the convention, there were some United States doctors who would not shake hands with me because I was from Canada. Now there were very few, there were just two — just two — and I regard them as the exception. Most of the others were very friendly and I was invited by the orthopedic section of that medical association to be at that convention. They must have thought that the information that I provided to them was of some value because they printed my remarks, verbatim, in the state medical journal a few months later.

And in the research, Mr. Minister, in the research before I went down there, at that time, about 10 years ago, the research showed that there were 10 million Americans that were not covered by their health care system — 10 million. Last fall in *Au Courant* it was 35 million.

Now what has been said here . . . Now I have no objections, I have no objections as to how the Americans conduct their health care system and I took no view in my presentation at the convention. But I think it was quite clear that the problems in the American systems, if they recognize them as problems, are getting more severe. Whereas it was 10 million about 10 years ago, it's now 35 million. And everything that this minister has done and this government has done to our health care system tends to push it towards that system. If the people in the United States want that system, that's fine with me, but I don't want that system. I want the system we have in Canada because I think it's a better system.

Now the push in Canada by the federal Tories is towards a two-tiered system towards increasing the costs of the health care system. The drug legislation that the federal government passed tends towards that. The drug plan, which has been brought here in Saskatchewan, tends towards that. I call it the sick tax, it's the Tory sick tax. And the reason you call it the Tory sick tax is quite simple, because the only people that pay it are those that are sick. You do not pay this prescription fee unless you're sick. And you pay the fee of a deductible of \$125, and you pay a deterrent fee of 20 per cent on your prescription costs from thereon. All of this tending towards the two-tier system.

The hospital waiting lists, the same thing. The hospital waiting lists are so bad in Saskatoon that it approaches being unbelievable — unbelievable.

(2000)

Now, Mr. Chairman, I don't want to take too much time in this estimate, but I wanted to register some serious considerations I have about information, about the timing of the presentation of the information, and about believing what this government says. You can't believe what this government says. They give you ads, you know. They give you the ad from the member for Qu'Appelle-Lumsden that says they're going to remove the deterrent fees, any deterrent fees or charges on the prescription drug plan. You can't believe their ads; not worth the paper they're written on. You can't believe what this government says about health care.

This evening — this very evening — while I went out for supper, I was coming out of the restaurant, Mr. Minister, and a gentleman approached me. He says, just a minute, I want to talk to you. I did not know the man. He introduced himself, and he said that he knew who I was. And he said, I have a couple of things I want to tell you. One of them was about SaskTel, which is no relation to what's happening this evening; the other one was about the prescription drug plan. And I'm going to pass on what that gentleman had to say this evening, just over the supper period, around 5:30 this evening, 6 o'clock.

This gentleman back in July had incurred a \$300 prescription drug bill. He sent his receipts in. He was waiting for his reimbursement. He waited months, and nothing happened. He finally phoned the department, and they said, we've received nothing. They said, go to your dentist, or go to your druggist, go to your druggist; you'll have to get a new set of receipts. So he went to his druggists, and his druggist, as you can understand, would be disgruntled about having to dig up another set of receipts because this government has inflicted some more bureaucracy on the druggists of Saskatchewan. But as this was happening, he finally got a call from the prescription drug plan in November. This was in July when he sent the \$300 bill in. In November he finally got a call from the department who said, oh, we found your receipts.

Now I'm not faulting the bureaucracy, the people that work in the bureaucracy. I think what this minister has done, not only in this department but in the other departments, is loaded on inefficient bureaucracies and more and more red tape and procedures to go through, that the opportunity to lose prescriptions such as this has gone up and up. That's one case I wanted to mention, Mr. Minister.

I have another one that I wanted to mention. I had a call in May, and this is in my own constituency. This gentleman called me up. He was over 80 years old, lived in my constituency. His wife broke her hip on May 19. She is about 80 years old. He phoned me up; he was desperate. His doctor could not get the lady into the operating room at University Hospital. This happened on May 19. He called me on May 21. Finally, on the late afternoon of May 28 the lady had her operation. So this lady, who broke her hip — 80 years old — broke her hip on May 19; finally on May 22 she got in and had the operation that was required.

Now this smacks, Mr. Chairman, of inaccessibility, which is one of the corner-stones of health care in this province, at least in previous times — doesn't seem to be the order of the day now — inaccessibility to the health care service, and that's what this gentleman had a problem with. The other gentleman had a problem with the bureaucracy that this government has built up around a number of programs . . . You know, take the gasoline tax, drug plan, you take it; they've built up the bureaucracy.

They have their various reasons for doing it, but I suggest to you, Mr. Minister, that that's not good enough. That's not good enough for the people of Saskatchewan. You're going to have to do a lot better, and I am surprised at the minister. It appals me that this minister comes into this House on the day of his estimates — virtually at the time they're going to start — and dumps four reports dealing with his department on the desks of the members, and then sits back and pretends that this is open government. That appals me, Mr. Chairman.

Mr. Chairman, I don't know what the minister is formulating over there, but just in case he is just consulting with his officials for the sake of consulting, I will give him something to answer. I want to know why he dumped those four reports on our desks today, as his estimates are starting. And I also want to know why this gentleman, who had a \$300 drug bill which you lost . . . Are you going to pay him interest on his money?

**Hon. Mr. McLeod:** — A couple of things, before I get to the specific cases that the member raises. As it relates to your comments regarding the . . . You know, you've said several things here. One, that everything we have done just tears down the system, and it goes on into some of that sort of rhetoric that we've heard before — unbelievable lists — and he talks about some of those things.

I would ask the member from Saskatoon Westmount if he's really proud of his days in . . . You know, just driving in your own city and looking at St. Paul's, what's happening there. And do you ever wonder to yourself, why was there no expansion at St. Paul's during those days? Why was there no commitment to City Hospital in those days? Those are legitimate questions, because as the member from Nutana keeps saying, well the waiting list wasn't as high at that time, so we didn't commit to the St. Paul's or the City Hospital at that time.

I say that this kind of enterprise and the kind of hospital needs that are there — in that city of Saskatoon and certainly here, and in other places — those needs are there and the planning that must go on for those needs has to be long in advance of when the circumstance arises that we have these kinds of lists.

And it's a matter of having the foresight to look forward and recognize the demographics and the number of seniors that we have, and the number of people with hip replacements required, and the number of people with knee joint replacements, the number of people with the requirements of ophthalmic surgery, and so on — all of those things.

So I just say to the member: look, you know, while it's very easy, and it's fine, and we'll get into this sort of thing. And I recognize that, and as I said, I came with my eyes open. But the important thing for you to think about, I think, is to say to yourself once in a while, are you really proud of that 11 years without expansion at University Hospital, no commitment to City Hospital, no expansion at St. Paul's? What happened there? And I just ask you those questions.

You say we've torn down. I mean what did you do as it relates to rehabilitative care, rehabilitative care in this city? Wascana hospital is now going up. That rehabilitative care is based on the needs of this province, not only presently, but on into the future — those needs which were identified and which were identified by everybody in the field long before, long before. And rehabilitative care is there; any rehabilitative care commitment is there, and what government is about is making some choices.

We made choices and with the choices we made we said, rehabilitative care will be looked after. That means injured workers, injured and disabled children in this Wascana hospital over here for all of this province, and for the southern half of this province, certainly. We made choices as it relates to that hospital construction I talked about.

We made choices as it relates to an area that you neglected in a very serious way and that's the alcohol and drug abuse area. Those areas were neglected. We've made choices in there and given significant money, and committed significant money, not only in this year or in the last year, but significant money over a period of time. All of those things are important to do; we've made those choices and have said those commitments are there.

We made choices as it relates to nursing homes, too. Nursing homes. We made choices in that area and you did as well. And I grant you that; you had the right to make those choices and you made them. And the member who's just sat down was in cabinet, and was part of making the choice to say there will be no nursing home construction in this province — 1976 you made that choice. And you imposed a moratorium on nursing home construction across this province much to the dismay, serious dismay of rural communities all across the province.

We've made the choice that we're going to build those nursing home beds. We've also made the choice that we're building nursing home beds as integrated facilities which ties in with, and speaks directly to, the viability of rural hospitals — some of the small ones. We've made that choice and we've said that's it, and we're going to do that. And we are doing it much to the pleasure of rural communities. And I will be the first to say there are other rural communities who have not received their project yet, but there are rural communities who are out there now raising their local portions and dealing with that in a positive way. And they will have that money raised, and we will have the commitment there, and those nursing home construction projects will carry on.

So just to put all of that stuff into context, I would say . . .

Now we get to the specific case of the gentleman that you mentioned as it relates to the drug plan, and I can only say I don't know . . . The circumstances as you've outlined it is, I understand, the circumstance. I don't know the specific case or whatever, and as I understand it, he has received his money, but it was a long delay because of a mix-up in terms of having lost his receipts or whatever, I think, as you've outlined it.

I know that there were something in the order to 235,000 claims last year. I don't think that circumstance was around for very many. One is too many, I'll admit that to you. And there may have been more, and I'm sure that there . . . I believe there probably were more in that circumstance with that inundation that we were subjected to.

So all I can say to you . . . And you asked the specific question: will we be paying interest. The member knows that we won't, and it's just not the nature of anything within the government, that the government does it and can't get into that whole process of paying interest on that money. And I understand the question that is raised in the public about that, and I've heard it many times, as you have, and you've been a member here for a lot longer than I have. And you have heard those kinds of questions in the past from various other times.

So all I can say to you is that, you know, it's an unfortunate circumstance that you outlined. I'm glad that he's got his money now, and I understand his consternation, as well, for not having received it earlier.

**Mr. Brockelbank:** — Mr. Minister, you forgot to answer my question about those four reports you laid on the Table today.

**Hon. Mr. McLeod:** — As it relates to the reports, and I had it down here, I wanted to say that because the member from Lakeview raised it, right off the bat — and justifiably so — and you were justified very much in raising that, as well.

(2015)

The reports should have been tabled a matter of a month or two ago, and I'll say that here. I should have had those on the Table a month or so ago, and it has nothing to do with the folks in the Department of Health, I'll say that. These folks had them over from the building there into my own office, and they were in the vault of the office, and I'll give you the whole circumstance of how this happened, which I'm not proud of, but which I'm being very forthright with you.

I went in, in anticipating of these estimates coming today, and I asked one of the folks in my office for the annual report of the Department of Health to just give me the report because in anticipating a couple of questions, and they went for the reports, and they went into the vault and there the reports had not been tabled — my little package of reports that I should have had in here and into the House.

So that's a thing that I'll take direct responsibility for. I'll take responsibility obviously, as I must, for everything in

the department, both here and in the department and out in the field. But in this specific case, and I say to the member from Westmount, I had every intention of mentioning that to the member from Lakeview earlier on today, so it's not a . . . As I recall, she spoke right till 5 o'clock and I didn't have any opportunity.

**Mr. Brockelbank:** — Mr. Minister, I will accept your apology to the House in so far as I can for myself. I realize that happens once in a while, but I would suggest that possibly next year we'll be asking you very early for your report just to keep you on your toes.

The prescription drug . . . (inaudible interjection) . . . Yes, they should be ready very soon, Mr. Minister. Probably you could send them out to us in August, September. Maybe we'll be here and we can just pass them out during August while we're here.

Mr. Minister, like I said, everything that you've done in health care tends towards running down the health care system in Saskatchewan, and I don't want that to happen. You get up here and you talk about our record. Our record is no problem to us out there, no problem at all. We don't have a problem with it. As a matter of fact, the people are really not talking about our record, they're talking about your record.

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

**Mr. Brockelbank:** — And that's what they were talking about in Eastview. You got the message, Mr. Minister, or maybe you didn't hear about Eastview, but there was . . . It was circulating around there, and it would have done you wonders, Mr. Minister, to go out and walk around a little bit in Eastview constituency because it would have been a valuable lesson to you about health care in Saskatchewan. Because I was out there and took the opportunity to walk around and hear not only about health care but many other things. And they weren't talking about us except to say, gee, it's sure changed, and we don't like it. And they talked about a whole bunch of your programs — how you slashed the dental nurses program, how you slashed the drug program, and how they can't get information, and how they got this bureaucracy they've got to go through now. That's what they're saying in Eastview, and you missed that valuable opportunity to get out there and meet those people.

Now I know you're not going to take my word for it, Mr. Minister. You know you're looking around for plastic solutions. You're looking around for plastic solutions, anything that will put off the day of reckoning. And one of them is the creation of the task force at a bill of \$1.5 million — and I suggest that'll be the minimum.

You're suggesting plastic cards for another \$2 million, Mr. Minister. You know, this whole thing is much more elementary than this — much more elementary than that. You know, if you just turn to your officials in your department and say, you know, give me the reports you've been afraid to give me up to this point because you knew I'd bite your head off, have them give you — have the people in your department tell you what's wrong in health care. You don't need a task force, Mr. Minister. You just need some resolve of your own, but I don't think

you've got it.

And I'm not the only one that says that. I have a letter here from someone I know you'll be glad to hear from. This is May 17, '88 — very recent. And this person says — this was in the *Leader-Post*:

I am appalled at the hardships forced upon people needing special medication for health problems.

Oh, by the way, the sentence before that was:

As the former Conservative candidate for the provincial legislature, I am appalled . . .

Well you shed a candidate there and probably shed a supporter because he says . . . Essentially he says unless you get on the ball he's not going to vote for you guys next time. And he was a candidate for you not too long ago, a Mr. Shepherd.

And you know, even your own people — even your own people . . . Well I don't whether those ones there could but some of those out there — because I had Tories in Eastview — Tories in Eastview were telling me what was wrong with the Tory party, what was wrong with their health care.

The problem is a hearing problem you've got, Mr. Minister. You can't hear. You're insensitive. You're not . . . you know to get up here and say that the four corners of the health care in Saskatchewan came out of the CUPE (Canadian Union of Public Employees) magazine, is just to try and derail the issue of facing up to health care.

Those four corner posts of health care in Saskatchewan were around before CUPE was around, Mr. Minister. The pioneers of this province engineered those pillars and the manifestation of those ideas about health care — came out with hospitalization, pre-cancer treatment, a medical care plan, dental plan, prescription drug plan. That was the manifestation of the four corner posts of health care in Saskatchewan. And you attempt to divert that with the nonsense of saying that the critic got the idea out of the CUPE magazine, Mr. Minister. Just be honest with yourself, Mr. Minister. That's all I'm asking.

**Hon. Mr. McLeod:** — Well the only comment I'll make, and I think if you go back to what I said about the CUPE magazine . . . I'll just leave it quickly. But I was just going through and pointing out to the public and to all the members, frankly, that as I read through this, I was just reading and I could almost literally follow the member's speech, going through this. So I'll just tell you that that was one of the sources.

But I would say to you, Mr. Chairman, that the things that the member tends to make like of, a couple of things that he makes light of . . . And, you know, I accept the source from which they come. He makes light of the fact that we are talking about the technology that will be afforded with the technology of the plastic card, and so on, as it relates to the payment for drugs and the potential applications of that kind of technology for several things in this sector.

Those are forward-looking things and we don't apologize

for that. We don't apologize for looking at what technology can bring to the administrative side of health care. If any one of us would think for a moment — and I invite you all to do that — technology has been very, very rapid. The advancement of technology has been very, very rapid in the medical science area, in the treatment area of the health care sector, and the use of technology in the administrative side of health care has not been very rapid at all. And one should ask the question: why is that? And it's a very difficult question to answer because the administrative side of this very large enterprise we call the health care sector is a very large administrative . . . It is a very large bureaucracy and all the rest of it, and it goes around the piece.

So there's no reason in the world that we should not look for the best technology as it relates to the administrative side of health care and the delivery of that health care to our citizens.

And the second one is the commission. The member, as well, talked a little bit about the commission. And I just say to him that those two things, the card and the commission, both of which you tend to just sort of dismiss and say it's some kind of a plot, or whatever, that you like to do . . . And like I said to your colleague, I recognize what this forum is about and I recognize what it's like to be in opposition and what it is to be government. And I know the member does, as well, having sat on both sides of the House, as I have.

I'll just say to you that both of those things, the card and the technology and what that might afford to us, and the commission, are both forward looking and they're the kinds of things, the kind of initiatives that we need and that will be widely regarded by the public of this province when they come to understand how well they both will serve us. I just will say that and I will stand upon that and make no apology at all for attempting always to be forward looking in some of these areas.

**Ms. Simard:** — Mr. Minister, will you send me a copy of that CUPE pamphlet that you talk about because I don't have it in my possession and I've never seen it. I would like a copy of it, please. Will you send it over.

**Hon. Mr. McLeod:** — I will say to the member: I won't send this; I would never part with this. You know, this is my bedtime reading. This is funny. But I will tell you this. It's called *The Facts* by the Canadian Union of Public Employees, submitted for publication to the CUPE PR department at 21 Florence Street, Ottawa, so I would suggest if you write to 21 Florence Street, Ottawa, Ontario, K2P 0W6 — or maybe you could phone them at area code (613) 237-1590 — I'm sure the Canadian Union of Public Employees would send you one of these copies. And that's the best I can do for you. I'm sorry.

**Ms. Simard:** — Mr. Minister, you made an allegation that we quoted from that line and verse, now send us a copy if you're going to make that allegation.

Number one, will you send us a copy? Number two, why are saying this is bad literature? Simply because it's written by CUPE? Is that why, Mr. Minister?

**Hon. Mr. McLeod:** — I said earlier I only have the one copy and I won't send it to you. But I very much made it very clear to you, and you can have a look at it. But make a phone call. I gave you the number. Phone. They'll probably send it to you.

And all I say to you is . . . All I'm saying is that the particular article — and we can get off on this, I suppose — but the particular little booklet is one put together, not as it relates to health care necessarily — there's a section on health care and a section on education — and it's all based on the opposition of this particular organization to the whole concept of trade with the United States, and that's what it's all about.

So all I'm just saying, and I pointed that out earlier, and just to make the point that if you haven't used the copy, some of your researchers then have been using the copy to commit to the notes, or the ones that you were using.

**Ms. Simard:** — Mr. Minister, do you mind if we borrow it and xerox it and we'll return it to you? Do you mind that, Mr. Minister?

**Hon. Mr. McLeod:** — See me when the House adjourns, I may well lend you my book. But I don't really want to part with this book, Mr. Chairman; it's really important that I hold onto this.

**Mr. Pringle:** — Thank you very much, Mr. Chairman. Mr. Minister, you might find that report funny, but the people of Saskatchewan, sir, do not find you funny, nor I don't think they'll find you making light of the serious health care concerns funny. I think that they're very serious about the way you're undermining the health care system.

In addition, Mr. Minister, I would like to add my comments about and concerns about releasing this information just prior to these estimates. You released your plastic card idea during the by-elections because you were trying to get yourself out of the political hole. That didn't work. You released the information just before these estimates. You announced the task force yesterday just before these estimates to try and get yourself out of the political hole. That won't work either.

Mr. Minister, I have to join with my colleagues tonight and protest that you are, in fact, breaking your promise to preserve, to protect, and to build health care in Saskatchewan.

Viewers, I'm sure, will not be very encouraged by what they hear you saying tonight. You don't build, Mr. Minister, by dismantling; you build by strengthening a system. You build by reinforcing and you build by adapting to change. You talked tonight about health challenges, and I agree there are many health care challenges to be faced. Your challenge, Mr. Minister, has been to see how quickly you can cut health care in Saskatchewan. If you're serious about consultation and communication, read the executive summary of the SHA's (Saskatchewan Health-Care Association) brief that was presented to you in March of '88, where they talk about the need for better communication, co-operation and co-ordination in health care in this province.

You're not strengthening it, that is, health care, Mr. Minister. You're dismantling it and you're privatizing. It has been very clearly demonstrated tonight. You have abandoned the very important and fundamental principles upon which our health care system has been built — the principles of universality, of accessibility, of comprehensiveness, and of public administration.

(2030)

I haven't seen that CUPE publication either, Mr. Minister, and if they say that then they must have read the Hall report, which I would suggest you do as well, sir. You may not believe the New Democrats, Mr. Minister, but surely you believe people when they tell you of the hardships created by your government in terms of the significant cuts to health care.

Your candidate in Saskatoon Eastview, I would suggest that you give her a call — I certainly didn't see you up there talking to people during the by-election — give her a call, because she has publicly acknowledged that your health care cuts are creating hardships for people of Saskatchewan and it was a major issue that made you lose your deposit in Eastview.

I spoke two days ago on health care, on an important motion put forward by my colleague from Saskatoon Centre, asking your government to restore the prescription drug program in this province.

Mr. Minister, residents of Saskatchewan feel betrayed. They feel betrayed, if I may use that word, because you do not listen, you do not acknowledge their pleas for financial relief in the prescription drug program. In fact, your members laugh — and I've seen them myself — at hearing about examples of hardship of the people of province. Your members laugh at hearing about starving children — I saw that last week again. They laugh when they hear about women being turned away from transition houses. They laugh about people driving for miles to get needed dental care as if that's not the case.

**An Hon. Member:** — Did you write this?

**Mr. Pringle:** — Yes, I wrote this, sir. I hope you listen and take notes.

Your people laugh about hearing of 10,000 people on the waiting list in Saskatoon as if it somehow is funny. Mr. Minister, you're laughing now. It's not funny. It's not funny. You may be laughing at me, but those people don't think this is funny.

Mr. Minister, two days ago when I related some examples of drug hardship situations some of your members — I talked about seven examples, real, live people — some of your members were laughing. Why? I don't know, sir. I saw nothing funny about this. My only guess is that it's part of the arrogance and the insensitivity that I see on that side of the House.

You know from the two recent by-elections that people in this province do not find your attitudes or your health care policies funny. In fact, yesterday you may have noted — I

know you people don't like to read the *Leader-Post* — but you may have noted that Vander Zalm, who's going in the same direction you are, lost an election by over 5,000 votes in a strong Social Credit seat. Both that government and your government are going in the wrong direction, Mr. Minister, and I suggest that you're going to have a lot of difficulty holding onto your seat.

Mr. Minister, your policies in health care have been very devastating to individuals and families in this province. When, Mr. Minister, are you going to start putting people first?

Mr. Minister, I'd like to talk about another example, Mr. Minister, of a family that's experiencing hardship thanks to your policies. This I received in my office just yesterday. It's a situation of a constituent. They have 18 and 19-year-old young adults living at home. Both are attending school. There are additional family costs associated with these young people remaining with their family, even though one's 18 and one's 19. Neither of these young people are earning money. The parents suggested to me that it costs between 80 and \$90 a month to feed these young people. They're paying for it, of course, because they're trying to help out.

Since both of these young people are over 18, they're not eligible to be included under the family deductible of \$125. Their deductible as a family, family unit of four, is \$375, Mr. Minister. This family is very upset. You look surprised. Now their deductible is \$375; this is what they're sharing with me. They have asked me to convey their disappointment in you because of this, and of course they would like this to be changed so that anyone living in the family unit would be under the \$125 deductible. And that means they have to . . . Otherwise they have to pay almost \$400 before they get any relief. Mr. Minister, you like to, and your Premier likes to, talk about families and family life and supporting families. The problem is, you and your government only talk about it; you don't do anything about it. You are not supporting families, Mr. Minister. Tell this family, tell this family that you're building health care in Saskatchewan.

Plastic cards won't help this family, who feel very financially strapped, Mr. Minister. This is an added cost. The prescription drug costs are an added cost to this family by your government that cannot be afforded by this family. And don't forget, Mr. Minister, they are also experiencing the effects of your flat tax increase, your school and property increases, your tuition fee increases, your sales tax increase, your licence tax increase, your telephone tax increase, and on and on. I might add, Mr. Minister, they're also helping to pay your debt off at a rate of \$1 million per day interest.

Mr. Minister, how much do you think, and your government think, that people can continue to pay? What is the limit that you can stretch people to, as you and your government continue to mismanage your economy and squander our finances?

Individuals and families by the thousands have exceeded their limits, their ability to meet their financial obligations in this province. We're the second highest percentage of

people living in poverty of any province in the country. Those are federal statistics. They're not New Democrat statistics, Mr. Minister. Surely, you must be embarrassed about that. When will you people get that message and do something about it? When will you start putting people first?

Mr. Minister, in the Saskatoon Eastview by-election I can reaffirm what has been said just a few minutes ago by the member from Saskatoon Westmount. The message was clear: your managing the Saskatchewan health care system is considered to be so horrendous, your rhetoric is so misleading that you actually, go to Saskatoon, you actually contribute to people's stress and strain and illness, when your job, sir, is to relieve it and to support relieving of it.

I'm aware of a family in Riverhurst — you like to talk about rural Saskatchewan. This family had to drive 73 kilometres to Outlook and 80 miles to Moose Jaw for recent dental work for their children. Well, what does that mean to this family in rural Saskatchewan? Well, it meant that the parent had to take time off work. They had to take their children out of school for two or three days.

This is not accessible health care, Mr. Minister, that you talk about. This is a hardship that this family cannot afford to experience. This creates additional stress and strain that's clearly linked to your policy, Mr. Minister.

Now I know that you view dental care as fringe health care because I heard you say that two or three months ago in Saskatoon at the Holy Cross High School. Well I can tell you, Mr. Minister, that this family from Riverhurst does not view dental care as fringe health care, nor do we on this side of the House.

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

**Mr. Pringle:** — I have another example, Mr. Minister, because I don't want you to think that we're just throwing out a bunch of rhetoric. I want you to get the message that we're talking about real families and real people and their real experiences, and these people are calling us every day.

One call I got yesterday — here's a family on partial social assistance. They have a son who's 12 who's still under the dental program. He's needs a procedure called grafting or graphing — and I'm not familiar with it — but this is what's being shared with me. They cannot afford it, Mr. Minister. They have explored coverage. They've talked to officials in Social Services whom I know; they've talked to officials in Health, one of who is here tonight; and their information is that no one will cover it. Social Services will not cover it; Health will not cover it. The dentist is saying that this is essential dental work that's required, and if it's not, the outcome is that this youngster may lose his teeth.

Now this family is obviously feeling very distressed about this. They're wondering where to turn, where to go with this. And I can certainly provide your officials with the name of this family — and I see you're expressing interest in hearing that and I appreciate that — but my point is there are many, many families like this whose

names you don't know. And this isn't a statistic. This is a family, a real live family.

Another family I have, Mr. Minister, a prescription drug concern, a family in Saskatoon, one of my constituents. It's a couple with a son aged 21; father had a brain tumour recently; he's got some scar tissue that requires ongoing medications costing about \$115 per month. The son is unemployed, thanks to, I would suggest, your policies on job creation — your failed policies on job creation. At any rate, this son has a severe case of asthma, drug costs anywhere from 80 to \$100 a month. So this family is paying 200 to \$215 per month, up-front money, Mr. Minister. The son is living at home — yet another example of not being covered under the family's \$125 deductible.

And another concern they have — of course they're concerned about the deductible — another concern they have is that they have seen drug costs increase over the last seven months, as was illustrated by the member from Regina Lakeview, that theirs has gone up an average of 25 per cent, Mr. Minister, and it's becoming to be prohibitive to them to, in fact, get the needed drugs.

They wanted you to know that they're very upset about this. Again I can provide the name. I would be happy to do that. They are also concerned and they wanted me to advise you of this tonight, that they're very concerned about your array of tax increases that I just talked about.

And I was very pleased to hear my colleague from Saskatoon Westmount talk about the example of the gentleman who approached us on the street tonight when we were coming out of a restaurant having supper, recognized us, and stopped us on the street to talk about his problems with the prescription drug program. I mean, it's come to that, Mr. Minister, and I wish you would get that message.

As I said, these examples come to our attention every day, and they must come to the attention of your members, sir. Surely they come to the attention of your members. Aren't they giving you this feedback? Either that or they're not approachable, or you people simply don't listen.

Certainly, Mr. Minister, as has been brought out today — and I want to say more about this later on in these estimates — but your disgraceful handling of the hospital waiting list issue was a major issue, a major issue in the Saskatoon Eastview by-election, there is no question about that. It has been well documented, and I will provide examples again in the next day or two of those, the suffering and pain that people are going through as they await necessary surgery.

(2045)

And I can tell you, I can tell you that I talked to a prominent physician in Saskatoon, and he tells me that four or five of his colleagues are leaving. The fundamental reason is that we've lost the ability in Saskatchewan to provide basic health care services. He is going to some place where that can be done.

**An Hon. Member:** — Ontario.

**Mr. Pringle:** He's going to Ontario, that's correct. You're hiding behind plastic cards, Mr. Minister, or task forces. It's no help to the people in the examples I talked about tonight, these real people. And I would suggest, sir, that the task force is an 18-month excuse and delay.

In closing, on behalf of the family with the \$375 deductible and hundreds and thousands of others like them, I appeal, Mr. Minister, to your sense of duty, if not your sense of compassion, to restore the drug plan as it was and then await your task force's decision about what should be done with the recommendation . . . what should be done with it. But in the meantime, please restore the preventative cuts that you've made. Do the same with the dental program. Many dental technicians are still around. That plan could be re-established if there was just a commitment to it.

You lose credibility when you talk about prevention and you talk about your commitment to health care and then you cut cost-efficient preventive programs, you simply lose your credibility, Mr. Minister. Then you try to recover politically with plastic cards or task forces. And I want to make it clear, I'm not being critical of the members on the task force; I am critical of some of your terms of reference, as our party was well articulated this afternoon by the critic on health care. But people see plastic cards for what they are. It's just simply a chance to try and bring you out of your political hole.

Please announce tonight, Mr. Minister, your decision to restore these important, preventive, cost-efficient programs that you have cut. Show some real leadership in health care. Show the people of Saskatchewan that you don't agree with your Premier that Saskatchewan seniors are drug abusers. Seniors were very upset to hear that. Show your Premier you don't agree with him and make some important decisions that put people first. Show the people of Saskatchewan that the member from Kelvington-Wadena was wrong the other night when he said that we just don't have the money.

I have here, Mr. Minister, a copy of an article from the *Globe and Mail*, June 2, 1988 — talks about Royal Bank's first half profits jumped 30 per cent. And I'd just like to read a couple of paragraphs and make a comment about this. It says, and I quote:

The Royal Bank of Canada showed a 30 per cent profit gain in the first half of its fiscal year despite large additions to its provision for possible losses on loans to less-developed countries.

. . . the bank's profit rose to \$297-million from a restated \$228-million a year earlier.

. . . The bank said it intends to raise that percentage to about 45 per cent during the rest of the year . . .

Now, Mr. Minister, your government cut the Royal Bank's taxes by 2 per cent in the last budget, while yet all the same time, passing the tax burden and increasing taxes to Saskatchewan families — that you like to talk about supporting — another half per cent. And that was just in

the last budget; I'm not talking about the 1 per cent you added the year before. What hypocrisy, Mr. Minister, when you talk about a commitment to health care or you talk about supporting Saskatchewan families. When you cut tax to the Royal Bank, their profits jumped 30 per cent, and then you say you don't have money for important health care services. Where are your priorities?

Mr. Minister, it was no fluke that you lost your deposit in the Saskatoon Eastview and the Regina Elphinstone by-elections.

I would like to just make a couple of comments. As the member from Saskatoon Westmount said, we have got 160 or 170 pages from you that should have been here months ago, so we haven't had time to study those yet, but I would just like to make a few observations from one of the four booklets called *Saskatchewan Health Prescription Drug Plan*. And I'd like to take a look at the objectives of the prescription drug program, Mr. Minister.

The first objective says to: "Reduce the direct cost of prescription drugs to Saskatchewan (families) residents." Well, Mr. Minister, you're not achieving that objective, you have increased cost to Saskatchewan families, residents.

The third objective you say to: "Reduce the cost of drug materials by encouraging effective price competition and quantity discounts." Well, Mr. Minister, that's not happening either. We've just heard today, and we've heard from the experiences of people throughout the province, that drugs have gone up anywhere from 25 per cent to 300 per cent. So you're not meeting that objective either, Mr. Minister.

Therefore the only conclusion that one can reach is that you're simply not meeting the objectives of the program. But are you going to do about it? That's your challenge, Mr. Minister.

What the report doesn't say, Mr. Minister, what this report doesn't say is just as important as what it says. It doesn't say that in many cases the people of this province care putting up hundreds of dollars, up front, that they cannot afford, for necessary medications; it doesn't say that they wait four to six weeks before they get their money back; and it doesn't say that people cannot afford their medication so they send them back over the counter; or that they're making decisions between whether to buy food or whether to buy medications.

These are the real stories about the prescription drug program, Mr. Minister. Those are the real stories. And I suggest that you take a serious look in your planning for next year, you take a serious look at the objectives and measure the feedback you're getting from the people of the province as to whether or not you're achieving those objectives, and then have the courage to make the necessary adjustments, have the courage to admit that you made a mistake. People will accept that, and they'll admire you for that. And put the money there to reinstate the program.

Mr. Minister, in conclusion . . . If I could have your attention, Mr. Minister, I'd like to ask you a question on

concluding. In conclusion, I would like to ask you if you would please, if you would please reinstate, make an announcement tonight, make an announcement tonight to reinstate the prescription drug program in its original form pending the recommendations of the task force, pending the recommendations of the task force. If the task force says to abandon the prescription drug program, then you can make the decision about it at that time.

Please make a decision tonight to reinstate the prescription drug program, to reinstate the children's dental program so people don't have to drive 75 kilometres for basic dental services, and make a commitment tonight, Mr. Minister, to adequately fund for operational costs, not just shells — the University Hospital and the cancer clinic and St. Paul's. Make a commitment to adequately fund, through operational grants, the hospitals. Announce those decisions tonight, and the people of the province will be very thankful to you, and I would be happy to stand up after you finish and commend you for that leadership.

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

**Hon. Mr. McLeod:** — Mr. Chairman, a couple of remarks just in response to the member from Eastview, and I appreciate some of the comments that he made. A couple of things though that I want to make a point of. One is, the member — and we'll come back to the drug plan in a minute because there's several things that I want to say about that — the member makes reference to the fact that, you know, we're building shells in his home city of Saskatoon and that those shells are not funding and there is not operational funding and so on. And nothing could be further from the actual fact. And that's . . . I just wanted to be sure that the member understands that. Those shells that you refer to are something that you should be proud of as a member, and as a person living in Saskatoon, that those facilities are going up. You should not be proud to be associated with a party who was a government, who did not build on to those three hospitals, and I've mentioned that before.

You mentioned about specialists, and you mention a particular specialist and two or three, and I believe you're referring to the orthopedic people from University Hospital. I can inform you that the people at the hospital, in the specialty area, are convinced that there will be no problem with — I shouldn't say no problem — but they are convinced that there will be replacement orthopedic surgeons there at University Hospital and that they will be able to carry on. And it's always . . . That's an ongoing circumstance that we've had in this province always, frankly always, in terms of having the supply of certain specialties that we might like to have.

We've got a maldistribution of specialists across the country, and certainly we have a maldistribution of physicians across the province here. But in the orthopedic area that you made a specific reference to, I would just give you the commitment that that is being looked after by the hospital people and there will be orthopedic people there.

I give you another example, as it relates to specialists leaving the province from time to time, and specialists

coming into the province from time to time, ophthalmologists in this city of Regina, for example. We have seven now. There will be an eighth ophthalmologists in Regina by July. I dare say that there hasn't been a time when we've had ophthalmologists in Regina.

So that kind of recruitment, and the kind of thing that's going on in many of these specialty areas — the same speciality areas that I refer to in my earliest remarks here — as it relates to those areas where there is increasing pressure. No one can deny that, and I certainly don't attempt to, that there is increasing pressure as it relates to orthopedics, as it relates to ophthalmology.

And those are the two areas, especially those two areas and on other, in general surgery, where we have some . . . the waiting list pressure in Saskatoon that you referred to earlier. But we've had a drop of something like 1,575 people from the waiting lists from September of '87 till April of this year, and that trend line is continuing. That's based on a couple of initiatives that we have brought forward, one being the day surgery unit at City Hospital, and the trend that's changing so that there's more and more of these surgical procedures that are done on a day surgery basis and that certainly brings down the waiting list. So I'd say that to the member and just . . . because I respect your concern as it relates to those things in the city that you live in and represent. There's no question that we should all be concerned about those things, and we are. So you should know that.

**An Hon. Member:** — Well, what are you doing about it?

**Hon. Mr. McLeod:** — And I've outlined . . . The member from Nutana says what are you doing, and I've outlined some of the things that we're doing. And I would say that you — none of you; none of you — should be very proud of your record, of your record of leaving that whole area and of not being forward looking, and of lacking the foresight to build for the future, which is now.

We are now living in the future that you people neglected to look forward to, and that's the problem that this government, whoever occupies this chair, would have to face now. Had it been one of you or me, it doesn't matter. That person occupying the chair of the Minister of Health at this time in our history would be facing those problems that we've outlined because of the lack of foresight from some years ago. And I'll say that very clearly and anyone who's a thinking person in this province in any of our major cities or anywhere else in the province understands that clearly.

Another point that I want to say to the member, and this is a point that, you know, I don't want to dwell on too long, but I will say to you very clearly, and I think it's important that you . . . You said in your earliest remarks that members on this side of the House and that I, you know particularly, was laughing at particular cases of hardship that you raised. Okay. Okay so now you . . . Okay and you indicate that I didn't and I certainly will say to you and to the House in any open way, I did not, nor have I ever laughed at any particular case of hardship.

And I want to say to the member as well, if you're going to say that members on this side of the House — whether it

be the other day during your comments in the House or today or any other time — were laughing at the circumstance that you were outlining, I want you to name the members now. Because what you're saying is that these members are, well, just what I said. You said clearly that members on the government benches were laughing at particular cases of hardship that you outlined and I want you to say who they were so that they will have a chance to defend themselves and have a chance to put on the record that it is absolutely a falsehood what you have just outlined here.

(2100)

And it's very important that we do that. And I don't want to dwell on it in a big way and I know that you're a new member in the House, but that's no excuse for that kind of attack on a general sense, on all of these members because it did not happen the other day nor did it happen today, this evening. So all I'm saying is: stand in your place; name the members. Say which members laughed at hardship cases that were outlined by your or any of your colleagues, and those members will then have a chance to get up and clear the record and clear themselves and clear the case. So that's all I will say about that, and I hope you'll do the honourable thing and actually maintain that.

**Mr. Pringle:** — Well, Mr. Minister, a couple of comments. First of all, you didn't answer my questions in response to the questions I raised so I'll ask again. I would like to say that I am very, very proud of the record of the previous CCF (Co-operative Commonwealth Federation) and NDP governments in health care. You should be so lucky, sir.

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

**Mr. Pringle:** — How on earth do you think you inherited the best health care system in Canada?

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

**Mr. Pringle:** — But what you have done, what you have done . . . Do you think we could not have responded to the times? Do you . . . I mean for Heaven's sakes, when are you people going to start taking responsibility for the fact that you've been governing for almost seven years? Everything that comes up, you say, well if you wouldn't have done this . . . Whether it's potash lay-offs, or the health care system, or the educational system, or whatever, you blame us for 10 years ago. You have to start taking responsibility. You're the government. You've been the government for well into your second term, Mr. Minister.

Mr. Minister, in terms of me being from Saskatoon and recognizing building, health care buildings in the city, I have stated publicly during the by-election on at least two or three occasions that I, as a resident of the city, was thankful, and I complimented the government on those buildings. And so if I neglected to do that tonight, my apologies. I did it at that time. However, I was also concerned that empty shells without the committed funds to operate them don't bring down the waiting lists for surgery. A building, you know, a building to provide cancer treatment with no equipment or commitments to

staff don't deal with the cancer issue. Again, health care is a matter of balancing needed facilities with the ability to operate those facilities. And I'm not suggesting it's easy, but you don't address the problem unless you also give the hospitals money to operate. That was my point, Mr. Minister.

So what I would like to ask you is: will you commit tonight, on behalf of people, the examples of families I talked about, will you make a commitment tonight pending the recommendations of the task force? I don't think this an unreasonable request, because why on earth would you, if you were serious about the health care challenge and building health care for the future, why would you cut preventive cost-efficient programs and services when there's still the capacity to get them in place at relatively little cost? Why don't you reinstate those programs tonight, and then wait and see what the task force says about the prescription drug program and the children's school-based dental program? That would give you the credibility that you're missing if you would make that kind of commitment tonight, Mr. Minister. Will you please do that?

**Hon. Mr. McLeod:** — A couple of things, and I will get to the drug plan before I sit down this time. I want to say to the member, it's nice for you to be able to stand here and say, and as you have done here, you talk about the cancer clinic, and I think you made specific reference to a cancer clinic that's just a shell and it has no commitment to staff, I think, if I use your terms. The facts are: there is commitment to staff; they're there and they're budgeted for. There is a new cancer clinic in that city of Saskatoon built by us, this government, but certainly built by the people of Saskatchewan, let's face it. And they're moving in, and I believe in this month of June as far as I know. But that's ongoing and that's done by the foundation people. And that commitment is there, the staff is in place.

And you said something about the lack of the best of equipment. That's not the case at all. In fact, nothing could be further from the real case. They have three linear accelerators in that new cancer clinic, the very best of equipment, and the staff to man it to the extent that that's possible in this country. and there is a shortage of radiotherapists and you folks will know that. You folks know that very well. And there is a shortage of radiotherapists in the country and we have moved a significant way to deal with that in this latest agreement that's just been . . . we hope is ratified very soon. You many know more about that than I do, frankly.

But I'll just say to you that the cancer clinic, the staff and the equipment is all there — all of it is there. And yet the member will stand and say that's not the case. Now it makes for a nice little story, I suppose, if you're standing at the door in some campaign. But it is not an accurate story to say here and on the record, which you've just done. Now you can say it in your campaign, and you have done it, and you've said all these things, but they weren't the fact. And it is not the fact as you outline it tonight. So that's the case.

And I just . . . And the other thing the member says he is very proud of, and that we should recognize that, when I speak of these hospitals that are being built now and that

are soon to be moved into and so on. In the case of the University Hospital where there is a . . . the moving, the plan is . . . they are moving in, in fact, now. The St. Paul's Hospital, all of these others that I've mentioned on several occasions tonight, the member needs to know — and I think all members over there need to know — to have the foresight to look down the road to the length of time that it takes to plan, to construct, and to move into one of these very large sophisticated hospitals that we're talking about here, is a period of some seven to eight years. That's how long it takes.

So don't say to me, you've been in government for six years and why haven't you got all this done. Those things are being done and they're very advanced — they're all very advanced. And all I'm saying is that it's fine to get into our political rhetoric, back and forth, and we will. And that's the nature of this forum. But on the other hand, it's important, as well, for you to recognize and for people that support you to recognize that that planning process is a very long one. It's a very long process, but it's an important process and it's ongoing as a result of decisions taken by us to go ahead and build those hospitals. And the reason we took those decisions, because there was absolute neglect in taking those decisions prior.

Now, the drug plan. The member mentions specific cases as it relates to the drug plan and I just want to reiterate to you and to your colleagues the circumstances surrounding the new drug plan and when we brought it in. We went to Manitoba and we asked them: what is your plan which works well? And we know that their plan worked well in Manitoba — they had a good plan. And their plan worked well and all of them, from the people administering it to the politicians in power at that time, the NDP government, all said it was a plan that works well. And we said, okay, if that plan works well and we believe that it's important to have an understanding of what the costs of drugs are and so on, we will implement a similar plan — very similar plan, with some changes. One of the changes was that the deductible here is cheaper for seniors than it is there — \$50 for singles and so on.

And all I'm saying is that that plan worked well. There were no stories of hardship cases in any communities across Manitoba. They just were not in existence, just were not in existence. And what I'm saying to you is that many of the problems that people have deal directly with a lack of acceptance of the fact that there is a change at all. There's no question that that's true.

Now, Mr. Chairman, and to the hon. member, you raised specific cases and if you have . . . and as I've said to you before . . . You say, I think on the one case where there was a specific response required, that you would provide it to us and I urge you to do that . . . Two cases. Then please do that and we'll get on to giving you an answer as soon as we can.

**Mr. Kowalsky:** — Mr. Minister, I want to tell you for the record that statements that you've made about the cancer clinic are not completely true. They are not completely true and my colleague, the member from Regina Lakeview, will deal with this at another time.

But what you have done is you've been very selective and

you've given some misleading statements. And for the record I want to tell you they're not completely true.

What I want to do now, Mr. Minister, is I want to deal with a specific case from my constituency — the case of Mr. Epp. And you might get your officials ready on that because I want to deal with that — the case of Mr. Epp. And I want to give a case of Mr. Epp as an example to show how you in this government are on the wrong track, Mr. Minister. You're completely on the wrong track.

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

**Mr. Kowalsky:** — You see what happened is, we in Saskatchewan had the best health care in the country, in North America, and probably in the world, probably in the world. And if you hadn't gotten off the track, the track — and you're relating the principles of medicare — then you wouldn't be in the jam that you are. You wouldn't be having to answer all these questions and all these specifications such as in the case of Mr. Epp.

Now Mrs. Epp is watching on television tonight, and she's been waiting, waiting to see . . . And she's waiting to see what your answers are going to be with respect to her husband who had knee surgery started away back in 1984 and is still waiting — is on a waiting list and is still waiting — so that he can have his corrective knee surgery done.

Now what's happened is, instead of you adopting the principles of medicare — that is the principles of universality, of universal access, the principle of comprehensiveness, and of public administration — you're going off on some scheme where you're trying to use profit as the motive. We want service to be the motive for health care — service.

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

**Mr. Kowalsky:** — Now what's happened is you've gotten yourself into some kind of a flat earth theory. If you're wrong in principle, Mr. Minister, if you're wrong in principle you will never ever be right in practice. And the principle of profit-operated medicine is the wrong way to go, and you should be endorsing the medicare scheme, and you should be endorsing the principles of medicare.

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

**Mr. Kowalsky:** — Now let's get on. And I want to ask for your commitment to be able to do something in the case of Mr. Epp. Now Mr. Epp had knee surgery back in '84, and then what happened to him in '84 is the knee surgery didn't provide all the corrective . . . all the corrections that was done. So he went back to his doctor and the doctor advised that he go to a specialist. And he went to see a specialist. He went to see Dr. Begg, in Saskatoon I believe it is, and Dr. Begg said, he told him right there and then that he needed corrective knee surgery. So what has he done? Instead of being able to go in and get the corrective knee surgery, because he's been having trouble with this knee since 1984, he was put on a waiting list, and he was told well maybe he can get in next year or the year after. It will take about a year.

Now Mr. Epp has been in contact with you to no avail. They got in contact with my office and I wrote you a letter. And I want to know . . . And there was nothing happened as a result of the letter, Mr. Minister. There was nothing that happened as a result of the letter.

And I want to know what you're doing in the case of Mr. Epp. I want to know if Mr. Epp can be assured that there is some way that you're going to be able to help him out. Because what's happened here, Mr. Minister, what the system needs, is political surgery. There's a political answer because it was a political problem. The waiting list is a political problem, and that's why I'm coming to you.

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

(2115)

**Hon. Mr. McLeod:** — Well, first of all, Mr. Chairman, to the hon. member, my folks here, based on the information that you've just given us . . . Like we haven't got this specific case, and you've said to me that you've written a letter to me and so on. I don't have it right in front of me; we'll certainly look for it right away here.

And you can say well, the waiting list is a political problem. And I'll say to you that the waiting list is a problem of demand and of resources and of a lack of building those hospitals in time. And it's certainly not the case that we haven't been going full speed ahead to try to have them in place in time and so on. And as I talked to you about earlier, the challenges are there for all of us not only in this province but elsewhere.

But I'm going to need more information, and I would ask you to give it me, or send it over if you wouldn't mind, just writing in on a paper when you wrote a letter to me, what it was, you know, exactly the case and so on. I know you've outlined that he was with Dr. Begg. I take from that that it was at St. Paul's Hospital. Those are the kinds of things that I need to know, and our people I know are now, as a result of your question, looking for the specifics.

**Mr. Kowalsky:** — I'll give you a few more particulars with respect to Mr. Epp, Mr. Minister, but I want to re-emphasize that I insist that this is a political problem. We never had waiting lists, and if you had . . . we never had waiting lists of this magnitude. The waiting lists now are 10 times what they were before — 10 times.

It used to be, Mr. Minister, that you'd get sick, you'd go to the doctor, you'd get an appointment, get a referral, go to get your operation, go home, and get well. Now it's get sick, go to your doctor, get your referral, then go home and wait. That's what it is now: go home and wait. Go home and wait for a year. And that's what we want an answer to, Mr. Minister.

Now, Mr. Minister, here's the thing that really gets me, Mr. Minister. Here is the thing, and here's the evidence for this being a political problem. After you were written, you replied to me, and I quote the letter that you replied to me on May 13. May 13 you said:

Thank you for your letter of May 6 with respect to

Helen and Peter Epp of Prince Albert. This is to inform you that my office has already been in contact with Mrs. Epp and Dr. Begg regarding the waiting time for Mr. Epp's surgery. I trust you will find this satisfactory.

Signed, "Yours truly," the minister who purports to be Minister of Health. You signed it yourself, and you tell me it's not a political problem. I say it is a political problem.

When I contacted Mrs. Epp again about this — which says, well, you've been in contact — she says, what do you mean? I haven't heard anything from him. Those were her words; she says, I had not heard anything from him. And I phoned her again today. I say, have you had any reply; and she said, no.

You owe Mrs. Epp an apology. You owe this House an apology.

**Hon. Mr. McLeod:** — Well, Mr. Chairman, a couple of things. The member says well we never had waiting lists and so on. I mean, if you continue the debate at that level, in terms of waiting lists and the causes of them and so on, and say, well we never had waiting lists — I tell you, you had waiting lists, and the signals for those waiting lists were there for a good, long time. And those signals were things like I talked about earlier in terms of just the kind of thing you're talking about now — orthopedic surgery and in ophthalmology, areas that for a very few years ago many of the procedures that are being done in those areas were unheard of.

But the signals were there and the technology was advancing so that those procedures, not only were they heard of very quickly, but became commonplace across the country and certainly here in Saskatchewan. And that has caused a significant problem in terms of the numbers of people that can have hip replacements, knee joint replacements, things that were unheard of and a very short time ago. And I have had some personal experience in some of that area, and I know that the physician, the orthopedic surgeon that you refer to, Dr. Begg, very well as a matter of fact because of that.

But I will say to you that the . . . So for you to take it to the level of, oh, we never had waiting lists — it's not true; you had waiting lists. But what's worse, what's worse about that is you had those and those signals were there, and forward-looking people at that time, forward-looking people at that time, few of whom were in your own ranks, but forward-looking people knew that that was what was coming upon us. But did you respond in a forward-looking way? No, you did not.

And so as I said a few minutes ago, whoever is in this responsibility now, whether it be this government, whether you are, here, or whether the member from Assiniboia-Gravelbourg was, over here, it would not matter. The circumstance, as it is in this jurisdiction and across the country, would be the same, and it is the same, and we are trying to accept these challenges as best we can.

Now as it relates to the specific case that you mentioned, you say that I received a letter on the 6th; I acknowledged

it on the 13th. I don't have the other letter before me, but certainly there will be another letter going out to her.

I would say to you that the circumstances surrounding this, I believe, would be that it's based on . . . that it's an elective case, and that this is a case that must be determined by, in this case Dr. Begg. And there's little I can do about it. And I understand the pressures as well that Dr. Begg and others in his profession are under in terms of the kind of expectations people have, and also the emergency surgery that they are required to do in the orthopedic departments, and not only required to do but the emergency surgery that they have now the capability to do as a result of accidents and some of those things.

So as I've said to you before, it's a triumph, frankly, for medical science and for all of us that we have the capabilities of doing these things. It's now . . . the challenge that we all face is to be able to respond to that as quickly as we can, and to respond to it so that there is accessibility and everybody can get in in a much quicker way than they are able to now in some of these circumstances that you outlined.

**Ms. Atkinson:** — Thank you very much, Mr. Chairperson. I have sat here for some several hours now listening to the Minister of Health reflect back on all of the ills of the health care system and refer to the problems that obviously, in his viewpoint, came about as a result of an NDP government from 1971 to 1982.

I think that the minister doesn't realize, when he talks about signals, and from my point of view he's got a few crossed signals, the minister doesn't realize that his government has been the government of the day for the last six year. Mr. Minister, you can no longer talk about the problems of the health care system in the context of something that happened 20 years ago, something that happened 15 years ago, something that happened seven years ago, or six years ago. You have had the opportunity for the last six years to take responsibility for the present state of our health care system. No one else is responsible Mr. Minister/ Your government is clearly responsible because of your underfunding and because of your lack of planning as it comes to our health care system here in Saskatchewan.

Now my colleagues in this legislature have spoken tonight about a number of specific cases that have come about as a result of your government's health care cuts — some \$18.6 million last year. They've talked about some of the problems that have come about as a result of underfunding in our health care system, underfunding by your government. And I want to relay to you tonight an example of how your health care cut-backs, particularly your changes to the prescription drug plan, are hurting Saskatchewan families.

Now we know that you are a government that purports to be pro-family; you purport to be pro-life. I have an example, Mr. Minister, that has been raised with you and your government officials, of a family in Saskatoon where the mother is six months pregnant; they are expecting their fourth child. This woman went into premature labour and was told by her doctor that she required a prescription drug that would cost the family \$131. That

family didn't have the money to come up with the up front costs for those drugs. That family didn't have the money.

This is what happens when you don't have the money to buy prescription drugs, when you're in a position where you're in premature labour. You can go into labour, Mr. Minister; the baby can be delivered; and when you're dealing with a six-month fetus or baby, you're really dealing with an infant who is in a position where that infant has to go into a neonatal unit. And that infant goes into the neonatal unit for some months. And my understanding, Mr. Minister, that it costs the Government of Saskatchewan, approximately, between 31 and \$40,000 to have a baby in a neonatal unit at University Hospital in the city of Saskatoon.

For \$131, Mr. Minister, this family didn't have it. This family didn't have \$131 to purchase this drug that would prevent premature labour and would prevent the delivery of a premature infant. So what happens, Mr. Minister? This family had to go to other family members, go to neighbours — I don't know who they had to go to — to come up with the money for this particular prescription drug. And my office, through myself, contacted your officials in your department, your political aides, to find out how we could resolve this problem for the following month, Mr. Minister.

Now this was a drug that was not on the formulary, but your government officials deduced that it could be put on the formulary for the next couple of months while this woman continued her pregnancy. The only problem was, Mr. Minister, she still had to come up with the up front money for that particular prescription drug. That was the problem. And there have been other examples, Mr. Minister, that have been brought to my attention since this specific case, of women who are going into premature labour who require very expensive drugs in order to prevent the early delivery of a child. And I want to know, Mr. Minister, does this really make sense that these kinds of drugs are not available to the family if they don't have the money in this province, they don't have the money to pay the up front costs; why shouldn't those drugs be available to the family when the Department of Health, the taxpayers of this province, are looking at horrendous, horrendous social and economic costs when premature babies are delivered between the six and seven or eight month period. Does that make any kind of social and economic sense for a government that says that it's pro-family and it's pro-life? How is that saving lives, Mr. Minister? How is that saving the family? And it certainly isn't saving any money.

(2130)

**Hon. Mr. McLeod:** — Mr. Speaker, I am aware of the case that the member raises. A couple of things, of points of clarification. The drug the member raises is . . . I think I wrote that to you on March 9, that that drug has been approved as a benefit drug in that case. But I know that's not the gist of your question. The gist of your question is that she went forward for this drug, and I think if you go back and look at it, she was requesting a prescription for a full month's supply at the time when she was unable to pay for the drug, and so on. I think there were some certain circumstances that could have been followed

there, like a portion of it, or whatever.

And I understand the cash flow problem can be a circumstance that somebody at the counter would not be able to deal with unless they can deal with a pharmacist on an ongoing basis and could deal with a credit from that pharmacist. Or there are programs available within the government, and I know the member is aware of it, as well, in terms of people with a circumstance like that who could apply for short-term benefits from the department of my colleague, the Minister of Social Services. And those kind of things are available to people, and I understand as well though, you know, the emotional circumstance of this case and, given the circumstance as you outline it here, it's not the kind of thing where you've got other things on your mind, obviously, other than the financial circumstance, and I know that.

But all I'm saying is that the drug plan *per se*, regardless, has no way to be able to deal with those dollars on the very, you know, at the moment of appearing at the drug store. But I believe as well that the pharmacist, given that circumstance, there would have been some short-term credit from the pharmacist, or whatever. I know that that's the case.

**Ms. Atkinson:** — Mr. Minister, I think you've missed the point of my remarks. This family, and there are thousands of families like them, are not eligible for social assistance benefits. They're not eligible for a plan 1, a plan 2, or a plan 3 because of their income.

Now there are families in this province that are low income families with children, or they may even be middle income families with children, but they do not have the money to pay for up front drugs, prescription drug costs. My point in all of this is this: that here is a family; they're expecting their fourth child; this woman was in premature labour; she had to have the prescription drug like that; she had to have it to prevent a premature delivery.

This woman had no option, Mr. Minister. She had no money, and her family had no money, and there are other women in her position. And her question to me was this: this is a government that purports to be pro-life, and this woman was pro-life; this is a government that purports to be pro-family, and this woman was pro-family; this woman was worried that if she went into labour her baby would be premature and end up in a neonatal unit or, Mr. Minister, her baby would die. That's what she was worried about.

And she needed the prescription drug. And I contacted your office immediately, and you, Mr. Minister, are not equipped to deal with those kinds of situations. You're not . . . your office isn't equipped to deal with those kinds of situations where you can make a decision that that prescription drug will be paid for like that by the provincial government, 100 per cent. And there are situations in this province where families don't have the money, they need a prescription drug immediately, and your government does not have the flexibility to deal with those kinds of situations. And I suggest to you, Mr. Minister, that this was a situation where your government needed to respond immediately, and it did not.

It did not respond, and this woman was forced to go and try and find some money to pay for the prescription drug. Now you say this woman could have gotten a weeks' prescription or two weeks' prescription or whatever, but, Mr. Minister, you know that pharmacists cannot change prescription drugs when a quantity is prescribed by a doctor. You know that; you know that. And this woman needed the drug now.

And, Mr. Minister, since this case has come to my attention and it has been brought to your attention, I have received other calls from people in similar situations. And, Mr. Minister, I wrote you a letter outlining the circumstances of this case and what I was arguing: does it make sense from a social and economic point of view in this province for your government not to pay the 100 per cent prescription drug costs for this particular drug which would have prevented a premature delivery of a baby?

So you're not prepared to do that. So this woman goes into premature labour, which she was in, and it needed to be stopped. But say she hadn't have gotten the money to buy that drug. She would have gone into premature labour and her baby would have been delivered, and one of two things would have happened: the baby could have been born early and not lived, or the baby could have been put in a neonatal unit at the University Hospital at a cost of somewhere between 30 and 40,000 a month for a three or four or five month period. This baby may have been born brain-damaged and required the state to intervene for the rest of its life.

My argument is this: that there are social costs associated and economic costs associated with your government's decision to change the prescription drug plan. There are long-term social and economic costs associated with it, and your government doesn't have the flexibility or the political will to deal with this situation or situations like this.

And I'm asking you: if I ever phone you again, and a woman is in this particular situation and her family is in this situation and she doesn't have the money for a prescription drug to prevent a premature delivery of a premature baby and she is in labour, will your government have the decency to make sure that that drug is made available to her when she doesn't have the money?

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

**Hon. Mr. McLeod:** — The member knows, and I hear you raising the case, and so on, and the member knows that the circumstance — and the way you're outlining it is that the person was not able to get the drug. The person in fact did get the drug; the person got the money, and the person got the drug, and the person has coverage now and that's a . . . you know, and that's a good circumstance. I know that.

All I'm saying, all I can say to the member is that the . . . you're making a medical judgement that I don't believe you or I, either of us, are qualified to make when you go so far . . .

**An Hon. Member:** — You haven't answered the question.

**Hon. Mr. McLeod:** — No . . . when you go so far as to say that this drug, and by the use of this drug you can carry on the pregnancy to the point of saving the neonatal unit costs and all of that. I think you're making a medical judgement, as I believe the use of this drug probably is there to maintain the pregnancy to the point where the baby can be born and then probably, in fact, make use of the excellent neonatal unit that's there at the University Hospital.

So, you know, just to bring you up to date on that topic . . . And the other thing I would say is that, Mr. Chairman, these kinds of circumstances are difficult circumstances. Nobody will ever deny that; I certainly don't deny that. It's a difficult circumstance, and the member says, is there some flexibility to deal with it. I would suggest to you that there is, and had the member had a conversation with her pharmacist and whatever, if there was . . . been a straight call to the department, that could have been solved. And I believe it would have been, by the drug plan people.

**Ms. Atkinson:** — Mr. Minister, your response absolutely is remarkable. You do not have the sensitivity to deal with this issue. You do not have the knowledge or the capability to deal with this issue.

Mr. Minister, I ask you whether or not your department, the prescription drug plan, the Department of Health — your government — was prepared to be flexible on questions such as these, on issues such as these. Now I recognize that you and I aren't medical professionals, but most people, Mr. Minister — which should include yourself — realize that when women are in premature labour at the early stages or the middle stages of their pregnancy, that there are prescription drugs that will prevent them from going into labour, from delivering their baby. And this woman was in that situation where she required a prescription drug at a cost of \$131 to stop her premature labour.

That's not a very difficult thing to understand, Mr. Minister. This woman was in the position where she did not have the money and she required the drug immediately. Since this woman's situation has come to my attention, other situations have come to my attention that are similar. Drugs that prevent premature delivery of babies are expensive, and there are many families in this province that cannot afford the up front costs of those drugs, and they need the drugs immediately. They do not have time to go to the Department of Health and apply for the 20 per cent waiver; they don't have time to get the Priority Post envelopes; they have to have the drug now.

And I'm asking you, Mr. Minister, will you make a commitment to families in this province, particularly families who are expecting children and who may be in the position of this family that I have referred to tonight, will you make the commitment that if they don't have the up front costs for those prescription drugs that you will ensure that they have access to prescription drugs in order to prevent premature delivery of babies in order to prevent horrendous social and economic costs associated with young infants being in a neonatal unit

such as the one at University Hospital

Mr. Minister, it makes no sense, to me anyway, for your government not to be prepared to spend \$360 in this woman's case for three months supply of this particular prescription drug. That makes no sense when you have the possibility of looking forward to a cost to the state, a cost to the taxpayers, of over \$100,000 for that child to be homed in a neonatal unit for three or four or five months, and you have the outlook or the possibility of having to deal with children who require rehabilitative care and who have disabilities.

For \$390 dollars it does not make any sense to me. You say you are a pro-life and a pro-family government. I'm asking you: how can you possibly say that this particular policy decision of yours is enhancing family life in this province and is, in fact, a pro-life policy?

**Hon. Mr. McLeod:** — Mr. Speaker, as it relates to just so the . . . the member portrays this as a case . . . and suggests that there are several or many cases of similar things out there. And I would say to you that the officials in the drug plan tell me that, as far as he can recall, the executive director of the drug, this is the only case of this drug, okay. The only one. I just want to make sure that you know that. It's an extremely important case, there's no question about that. It's important, but I don't want you to be able to portray this as though there are all of these cases of this same thing, because it's not the case.

Now in this circumstance, and as you will know and as we have mentioned here, this case has been looked after, and the lady thankfully and happily is in good shape. And I understand that she got some money from her father, and whatever, and on she went.

But I would say to you that there is . . . you say, will you be flexible? There is flexibility in the plan, and there is flexibility and there is a mechanism to get some special coverage when that's there. It doesn't happen by just being there, but I would suggest, if the pharmacist had called directly to the drug plan, that flexibility could have kicked in right there at that time. That's number one.

And number two, the safety net that we have in this society, the safety net that we have in this society for the Department of Social Services, for people who find themselves in that circumstance, is there. And that person could well have gone there and been looked after, and you know that that's the case.

**Ms. Atkinson:** — Mr. Minister, I just have one sentence to say to you: you say she got the money and on she went, and I say to you, how callous!

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

(2145)

**Ms. Simard:** — Mr. Chairman, the minister made several statements tonight about the PC government's record with respect to hospitals and what a great record it is. And what he neglected to tell us is the fact that somewhere, shortly after they were elected to government, one of the hospital boards — at least one that I know of in

Saskatchewan — received some sort of communication from the government to the effect that the planned expansion of hospitals in Regina would be held back. He neglected to report that fact, Mr. Minister.

I also want to refer to the fact that in my possession right here I have an ad in the . . . I assume it's the Saskatoon *Star-Phoenix*. It is July 21, 1987. And the ad is a picture of a doctor holding up his hands with surgical gloves on, and a mask, and a hat, dressed in his surgical equipment, saying: St. Paul needs your help. And it's asking for funding from the public of the province of Saskatchewan.

I have another article here in the *Leader-Post*, August 7, entitled: Hospitals Team Up to Solicit Money. And this is August 7, '87. The first paragraph in this newspaper article, Mr. Chairman, reads:

Regina's four hospitals are banding together to raise \$8 million for equipment which the provincial government is no longer fully paying for.

Banding together to raise \$8 million. Well I would like to know from the minister, Mr. Chairman, if the PC's have done such a great job with hospital funding, why are the hospitals in Regina and Saskatoon having lotteries and begging for money?

**Hon. Mr. McLeod:** — Mr. Chairman, the member mentions Regina hospitals, and I'm pleased that she did. She said that somehow that there was a hold-back and that we have been holding back the construction of hospitals in Regina. And I just want to outline this. We've spent some considerable time tonight talking about Saskatoon hospitals and the construction of those hospitals — St. Paul's, and the announced City Hospital, and the expansion at University Hospital.

In Regina we have a construction upgrading program going on within the Plains Hospital; we have a new pediatrics ward going into the Pasqua Hospital this year; we have a brand-new Wascana Hospital related to rehab centre that you never did build and that we are now under way, and that is very much under way, and in fact is . . . and at the General Hospital, this budget provides for phase 1 of the fourth package of the regeneration of the General Hospital.

Now, Mr. Chairman, by anyone's standards, anyone's standards, even the standards of those folks over there who are so cynical and sceptical about everything, they must at least acknowledge, on behalf of the citizens of this city and of southern Saskatchewan, that those are going ahead, and that those are going ahead because of decisions of this government.

Now the member mentions fund raising activities that are going on in the city of Regina as it relates to southern Saskatchewan's base hospitals. Now, Mr. Chairman, the cost of those hospitals, 100 per cent, 100 per cent of the cost of the construction of those hospitals is borne by the taxpayers of Saskatchewan — the people of Saskatchewan — 100 per cent. And, Mr. Chairman, the cost to the local fund raising and the local hospital boards and the local municipalities, and so on, is 15 per cent.

And that's the case all across the province.

Now the reason that the government is paying 100 per cent of the construction costs, and 15 per cent is being raised or equipment costs are being raised, equipment and furnishings by the hospitals in Regina, was at the request of the hospitals in Regina because they said the following. They said: you, government, taxpayer, build the hospitals, give us a period of time during that construction to come up with the money, and we will raise it on the local level. We'll raise the money for furnishings and for equipment. And that was an agreement that was reached between us and the hospitals. It's a very excellent agreement. The hospital boards are doing well.

I should say that a similar circumstance is going on in Saskatoon. City Hospital is away out in front of their projections in terms of the kind of money they are able to raise.

There are some very excellent people in both of these cities and across the province, frankly, who are raising money for these facilities that are much needed, and, as I've outlined, that were neglected for some period of time and that are now being built. So we make no apologies for that, and the co-operation between the government, this Department of Health, and the health boards — the health boards — but in this case, more specifically, the hospital board of both Regina and Saskatoon — is excellent, Mr. Chairman. And I believe that's the case, and that's been the case for a number of years now.

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

The committee reported progress.

**Hon. Mr. Andrew:** — Mr. Speaker, earlier today Bill No. 82, An Act to amend The Litter Control Act was introduced, and, Mr. Speaker, with the indulgence of the House, I beg to inform the Assembly that His Honour the Lieutenant Governor, having been informed of the subject matter of the Bill, recommends it to the consideration of the Assembly.

Mr. Speaker, I move that this House . . .

**An Hon. Member:** — Even the Lieutenant Governor supports that legislation.

**Hon. Mr. Andrew:** — Mr. Speaker, the Lieutenant Governor recommends it. And, Mr. Speaker, I move that this House do now adjourn.

The Assembly adjourned at 9:53 p.m.