

EVENING SITTING

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32

Item 1 (continued)

Ms. Simard: — Thank you, Mr. Chairman. As I pointed out when we went into these estimates last week, I believe it was, Mr. Chairman, the PC government has been slowly dismantling medicare as we know it in Saskatchewan and attacking the very basic foundation of medicare, and that is its universality, its accessibility, its comprehensiveness, and the fact that it's publicly administered. We illustrated last week, point by point, how it has gone about attacking each of those individual corner-stones in health care.

A further review of the health care system will show that one of the ways the government has been attacking health care in Saskatchewan is through underfunding to the Saskatchewan Health Research Board, through underfunding to cancer clinics, through failing to establish an occupational therapist program in Saskatchewan, through underfunding to the university so that the Plains hospital education system, which carried with it a number of specialists in the province of Saskatchewan, was severely damaged as a result of government underfunding. And all of these items that I've just referred to, Mr. Chairman, which have the possibility and the potential of creating a very positive atmosphere for specialists and for doctors and health care professionals who wish to come to Saskatchewan, the government has slowly been attacking these areas, and through its attack on health care, establishing a climate of health care in Saskatchewan where specialists are reluctant to come and set up their practice.

Let's just take a look at the cancer clinic, for example. Through underfunding of the cancer clinic, we have seen long waiting lists for people to obtain cancer treatment. I raised the case of one individual, in this legislature, who waited for three months, I believe it was, from the time she obtained surgery or biopsy to the time she actually received treatment. I understood she was to go in on June 20, and I'm assuming that she is now obtaining this treatment, Mr. Chairman. And I wrote to the minister about it, and we brought it up in the House, and the minister replied to me with a response that I found quite shocking — a response to the effect, Mr. Chairman, that a four-to six-week wait was acceptable. But actually, this woman waited three months from the time she had received a biopsy. So her situation was not being taken seriously.

I understand that at the cancer clinic we have had a couple radiation therapists leave. I understand that radiation therapy technologists are earning something like 40 per cent more in B.C., for example, which is why our radiation therapists are leaving the province, Mr. Chairman. That's why. They can earn more other places because the government refuses to adequately fund health care in Saskatchewan.

We have a climate being created whereby specialists such as that become dissatisfied and are not appreciated for their hard work and their commitment to the health care system. They are not appreciated for their dedication to the health care system, and as a result these specialists move on to better climates, to other provinces, where they will be appreciated for their hard work and their dedication.

And so what happens in a situation like that at the cancer clinic, for example, and the radiation therapists find they can get something, like, as I have been informed 40 per cent more in B.C. And what happens then with the doctors, the oncologists, whose responsibility it is to determine what treatment and the amount of it that these patients receive? Are they going to be willing, Mr. Chairman, to work in an environment where their therapists are dissatisfied as well?

And so we see the case building for a serious lack of underfunding, and the serious lack of consideration being given to the health care system by the department. And the cancer clinic is only one example, only one example, Mr. Chairman.

We look at occupational therapists and the need, for example, that we're going to have for occupational therapists. I think we have one occupational therapist to every 17,000 people in the province, whereas the studies have indicated it should be closer to one in every 7,000, not to mention the fact, Mr. Chairman, that there will be an escalation in the usage of occupational therapists in Saskatchewan. Some people have said over the next few years, it'll increase as much as 60 per cent.

And what are we doing with respect to occupational therapists? We're sending our potential occupational therapists out of the province instead of developing a program here. And as a result, we have an attrition rate in the vicinity of 50 per cent. And this government has refused to establish a program here in spite of the fact it has been brought to their attention what the future needs for occupational therapists will be. And so you have people leaving the province, spending their money outside the province to get themselves educated in this area, and an attrition rate of approximately 50 per cent — so I've been advised.

And then we see the government reorganizing the laboratory and radiological technology program in Saskatchewan, reorganizing it notwithstanding that the CMA (Canadian Medical Association) gave it their stamp of approval, the government moving to reorganize this other education program, cause more problems in the health care field. Once again, Mr. Chairman, change for the sake of change only, not change because it is good and the best thing for the system.

And then we look at, as I indicated earlier, the Saskatchewan Health Research Board and what has happened in there in the fact that they have had to dip into savings in order to keep themselves going, and now that most of that has been depleted, they find themselves short of funding.

And who is educated through this Saskatchewan . . . Who benefits from the Saskatchewan Health Research Board? Well everybody in the province benefits. Every man, woman and child in this province benefits from the research there because the money that's available for research attracts specialists, it attracts people who may be specialists in the future, and it brings them to the province, and it creates an environment where we're open and we're willing to look into research and where we want new people, we want people to work in their specialities. But no, this government instead told the research board that they had to dip into savings that they had until we get to the point where they're strapped for funding, Mr. Chairman.

And that's the sort of scenario that has been building in Saskatchewan over the last few years. That's why we're in a health care crisis in Saskatchewan, Mr. Chairman. It's misplaced, misinformed, PC policy and lack of commitment to medicare in Saskatchewan that has caused this crisis.

Now with respect to the cancer clinic, I would like to ask the minister whether . . . I understand there has been an agreement negotiated with the union at the cancer clinic, and I would like the minister to advise us what the terms of the agreement are and also whether it will close the gap between salaries that these individuals can obtain in other places in Canada as opposed to Saskatchewan?

Hon. Mr. Mcleod: — Well, yes, Mr. Chairman, several comments in response to the several points that were raised by the member opposite. First of all I'll get, at the end of my comments, to the specifics of your question, at least, about the agreement. I won't speak about the specifics of the agreement because as the member well knows, the agreement has not been ratified, at least at the last I've heard it hasn't been, and it may be very close to being ratified — both parties are in agreement and then both parties are recommending the deal.

Two or three things: the member mentions, Mr. Chairman, this is the Health Research Board, Saskatchewan Health Research Board. There was a question raised in the House, I'm not sure, some weeks ago now. I gave the assurance at that time that there would be a million dollars for the Health Research Board to spend this year and there will be, that will be available to the Health Research Board to spend in this year. The Health Research Board, the members of the board, and the chairman of that, Dr. Robertson, knows that. We've had a good understanding with that board — there's no question — and they are well assured that that's the case.

So, you know, the member can raise all the points she wants and talk about the fact that there's no commitment to any of those kinds of things and raise whatever political rhetoric she would like. The facts remain as they are, as I've stated them, and as I stated them on that other occasion, and as I state them here again.

As it relates to occupational therapy, I'm somewhat sympathetic to that, to the idea or the concept of having an occupational therapy school here. I think its time is really rapidly approaching when we can use that kind of school in the province. I know that's a thing that I will, as

Minister of Health, be talking both to the Minister of Education, and obviously it's not his direct responsibility to determine whether that school is there. But I have been in some discussions with people at the university just to say to them, I believe that it is a reasonable thing, but it's obviously up to the university as they look at themselves and to determine which colleges and which schools may well serve our populace and our needs here in the province on into the future that they look at. And that's all I will say about it, is that they look at the possibility of occupational therapy being included in those long-term plans.

Just on a similar topic, Mr. Chairman, the member will know as well that the physiotherapy school received last year 10 new spaces to add to the training that goes on, within the province, of physiotherapists. And that's important; it's been well received by that community as well. And I just lump those two together to this extent: that physiotherapy and occupational therapy are very important professions as it relates to the health care of the future and as it relates to that ageing population that we talked about here in the committee before, and which always will come up as we talk about the challenges that face health care administrators and people delivering health care across the country, and beyond our own province, certainly. But those two areas are going to be important, and they will be important as we try to keep our people mobile and active and so on for longer periods of time, which is obviously . . . From a financial point of view, it's better for the health care system, and certainly from a human point of view, in terms of the people being active, it makes eminent sense. So I agree with that.

(1915)

The member made some reference to the cancer clinics and makes wild-eyed statements, frankly, Mr. Chairman, about the provincial government not funding the cancer clinics and the provincial government not being there in terms of the cancer clinics and all of those kinds of things. The member will know, as well, and all members of this committee will know, that the new cancer clinic is opening soon, was to be opened in . . . (inaudible interjection). . . I just say to the former critic, she should go back to reading something about public participation, which she knows little about, but she should really read about that so that when her times comes, that she'll have something reasonable to say at that point. So I'll speak to the now critic of health care. I'll have something to say to the now critic of health care, Mr. Chairman. I think we'll get on with these estimates in a very reasonable way without interruptions from . . . I forget what I might want to call her there.

But in any case, Mr. Chairman, cancer clinic — the new cancer clinic in Saskatoon. And when I say soon, it was to be open in this month of June. Because of the delays caused by the union problems and so on within the cancer clinic, and because of some waiting lists which were caused by the lack of overtime and the ban of overtime associated with all of that, that problem is now by and large solved because the ban on overtime has been lifted. The time of waiting for individual patients, which is the key here, is dropping and is continuing to drop. And the plans are presently for them to be moving

into the new cancer clinic, with its state-of-the-art equipment and so on, in the month of August. So that's the case there.

As it relates to radiation therapists, the member makes some statements about how we have radiation therapists leaving Saskatchewan and all of the rest of it. It is not the case, and it is not the traditional thing here without that waiting list that was caused by the union difficulty, and the management union difficulty that went on in it for a number of months. Without that it has not been the practice and it has not been the history here for there to be waiting lists in terms of a lengthy wait at the cancer clinics, and that's returning to that more normalized circumstance now. So that's an important thing to note, and one would not get that from the comments that the member made earlier.

And, secondly, radiation therapists are in a shortage right across this country. There's no question that they are in a shortage. And as it relates to the agreement that is now out there for ratification from the union membership, the gap that has been referred to in terms of where they stand in this province compared to some others and so on, all I will say about the agreement is that that circumstance was addressed to some extent and the union agreed with it.

Ms. Simard: — Mr. Chairman, you know I think it is very poor on the part of the minister to be blaming the union for the problems at the cancer clinic, who were dedicated, who were committed to the provision of health care in the province of Saskatchewan, and worked overtime, Mr. Chairman, are now being blamed because they finally got burnt out and tired of the demands that were being made on them and felt that people's health care was in jeopardy, and they had to take some action. And the minister thanks them, he thanks these hard workers by blaming them for the crisis at the cancer clinic which is caused by government underfunding, Mr. Chairman, and that's the truth of the fact. It's caused by government underfunding inasmuch as these people are not being paid salaries commensurate with some other places in North America, and the minister knows that.

And my question to him was: does the agreement close the gap, and he did not answer that question, Mr. Chairman. And I suggest that he doesn't answer it because the gap probably isn't being closed as much as it should be in order to keep our specialists and our therapists in Saskatchewan because that's what we have to do, at least one of the things that we have to do in order to keep our people here.

Now the minister said that we made some wild statements. I have a question for the minister. Did one or more radio-therapists leave Saskatchewan and move to Halifax? Did one or more do that?

Hon. Mr. Mcleod: — Just to . . . (inaudible) . . . what I said to the member as it relates to the gap referred to as it relates to radiation therapists and their salary level . . . All I will say about it is that in the agreement that is now out for

ratification, that gap has been addressed and I said that in my earlier comments. The gap has been addressed, you know, to the extent that it's all accomplished in one year or whatever — I'm not sure of that — but I will just say to you that we were recognizing and the cancer foundation was recognizing that circumstance, and they were addressing it. And obviously that was one of the things that they discussed in the negotiations which went on — so just to make it clear.

As it relates to whether a particular radiation therapist or two or whatever have gone to — where did you say, Halifax? — I don't know that. I don't know if anybody has gone to Halifax, but it may well be the case. No one is going to, in the Department of Health, keep track of, did this employee go to Halifax, did this one go to St. John, New Brunswick. I know the last two that we've recruited, one came from Montreal, I believe, and the other one came from Great Britain. I know that . . .

An Hon. Member: — That's not the point.

Hon. Mr. Mcleod: — No, but the point is that they come from various places, and they will go to various places. And the point that the member will make is that somebody went to Halifax. Well fine, if they went to Halifax.

But I just will say to the member, what we need here is the And those positions are there; the positions are approved. The recruitment is active, and the recruitment is being somewhat successful. And we will have the people there to be sure that the people who are in need of this obviously much needed service have the service at their disposal.

Ms. Simard: — Mr. Minister, I'm not concerned about whether they went to Halifax or Montreal, and you know that's not the point. The point is, as I've been advised, one person has left. At least one — I have it in plural here, but I'm not sure it's in plural — left for Halifax. It may have been some other place; that's irrelevant. The point is, is you have radiation therapists leaving the province of Saskatchewan because of underfunding of the cancer clinic.

Will the minister admit that we have a shortage of staff at the cancer clinic? Will he admit that?

Hon. Mr. Mcleod: — I will say that there's active recruiting going on, and the recruiting is going on to recruit people into positions which are funded and approved and so on. And when the people can be recruited to come to the positions, they will be hired.

And once that is very clear, then it makes no sense whatever, Mr. Chairman, for the member to say the reason that they're not here is because of underfunding and because there's no positions for them. The fact is there are positions, as there are positions in almost every jurisdiction in this country in this particular speciality area, and there's a shortage. So we're out there recruiting, we, being the — in this province's case — the cancer foundation. And the people are out there recruiting and they are doing an excellent job.

What I said before, and I don't think you heard me, was I said, I'm not sure if anyone has left and where they've gone. What I said is, the last two we have recruited — which is the key for us, the key for the province — one came from Great Britain and one came from Montreal, came from those places to Saskatchewan.

Ms. Simard: — Mr. Minister, you have admitted that there is a shortage and that's why you're attempting to recruit. The fact of the matter is, you're not going to be able to recruit specialists in Saskatchewan if you underpay them, and if you create a climate of negativism with respect to the provision of health care in the province of Saskatchewan.

Now you talk about a new cancer clinic, Mr. Minister, but the present cancer clinic is understaffed and has difficulty manning the equipment that is there now. What are you going to do, Mr. Minister, when you move into a new cancer clinic? Will you have additional staff at that time to manage the equipment that's there in the new clinic?

Hon. Mr. Mcleod: — I say yes, and the reason I say that there will be adequate funding and physicians and equipment and so on, is because the cancer foundation board has said yes, we have this funding as approved for the new cancer clinic which has an increase in position and so on. And the cancer foundation board has said yes, that will fulfil our needs. And I am very confident that they will be able to, once moved in to the new facility . . . And there will be some growing pains in that transitional period, I think, in the month of August. And that's one of the reasons for the delay from June to August, as I outlined before, is because they want to get the time of some of those waiting periods down, now that the union and management problems are over.

And I just want to make another point on that. The member got up very quickly after my last comments, or after my comments a few moments ago, and said that I am here blaming the union people — the very people, to use her words, that have been working this overtime, and so on.

I made it very clear at the time, and I'll make it very clear again: all I was doing was outlining the circumstance, the reality of the circumstance that was surrounding the problem of some lengthening periods of time for people to wait for radio-therapy treatment. That's all I was doing. I wasn't blaming the union or the management.

I said to both sides and, as all of us in this House were, wished very much that both sides would get on with it and get on with the negotiations. And it happened very well, and as it turns out they have come to an agreement, an amicable one that both sides have agreed to. That's as it should be, and that's great.

But I wasn't blaming anyone. All I was saying, outlining to you and to the House, the circumstances as it related to the cancer clinic and some of the waiting times that were associated with it.

Ms. Simard: — How many positions are there for radiation therapists at the cancer clinic, Mr. Minister, and

how many of these positions are filled?

Hon. Mr. Mcleod: — As it relates to radio-therapy technicians, there are, in this budget that we are considering, there are 12 positions there. There were presently, prior to that, there were 10. So there are two new positions approved, and there are four vacancies. And those four vacancies, recruitment is actively going on for those four vacancies now.

Ms. Simard: — Mr. Minister, will you please tell us how many vacancies will be there in August of this year when the new cancer clinic is supposed to come on stream.

Hon. Mr. Mcleod: — Mr. Chairman, I would hope none, but I don't know that. We are actively recruiting, we are actively recruiting for the four vacancies that are there, and when I say actively, I mean it's widely known across the profession and so on that we're recruiting these people. I'm hoping that there would be none. It's very hard to know; I don't know that. There are four vacancies now, and we're hoping that we have those filled or at least some of those filled or whatever, but that's not something that I can control from here, how successful the recruitment policies are.

Ms. Simard: — Well, Mr. Minister, hoping is not enough. We have to do much more than hope. Do you agree with me, Mr. Minister, that a three-month wait for radiation therapy, after a biopsy has been done with respect to breast cancer, is unacceptable? Do you agree, Mr. Minister?

(1930)

Hon. Mr. Mcleod: — I can't say what's a particular time for a particular case. But I would just say to the member, as I've said before, some of the waiting times that have been referred to for some time prior to that circumstance that I've outlined, as it relates to the ban on overtime and so on, that's thankfully behind us all. I would say that those waiting times are dropping rapidly and . . . (inaudible interjection). . . No, and the question is . . . And the answer to the member's question is, unless you have a specific case or whatever, I'll just say that all throughout that time when some of those waiting times were increasing a little, the oncologists at the cancer clinic had the option of looking for an alternate place for treatment and whatever — and they did that on several occasions, let me say. They always have that option. But they did not tell us, and we asked on several occasions if there were problems arising from this and they said if it was to continue for a very extended time there may have been, but there weren't during the period of time that that circumstance was in place.

Ms. Simard: — Mr. Minister, you said the ban on overtime was behind all this. Once again you're trying to put the responsibility on the shoulder of the workers. The ban on overtime was behind all this; they're responsible for the waiting list, is the conclusion. He said the ban on overtime was behind all this. The conclusion is that they are responsible. Mr. Minister, when are you going to accept responsibility for your ill-advised policies of underfunding the cancer clinic? When are you going to accept responsibility for that?

Hon. Mr. Mcleod: — We should be very clear here, Mr. Chairman. I think you heard me, and everyone else in the House except that one member heard me say, the ban on overtime, that circumstance that we talked about a little bit, is behind us now, is what I said. The record will show that. I said it's behind us now, thankfully, I believe were my exact words. And I say that again. Thankfully that circumstance of a labour-management dispute, which had an effect upon the waiting times of individuals in the cancer clinic — which was a serious circumstance — is behind us. And I said, it's behind us now. I didn't say it's behind this or anything else, so you can interpret whatever you like. It doesn't make any sense.

So all I would ask the member, listen very carefully. And while I wouldn't ask her to hang on every word I say — as I certainly won't hang on every word she says — I would say, get at least the gist of what is meant in the statements that are made.

Ms. Simard: — Mr. Minister, it doesn't take a great mind to decipher that when you talk about the ban on overtime being behind us, which affects waiting lists, that you're not . . . Are you suggesting, Mr. Minister, that you're not blaming the workers for the waiting list? Is that what you're saying now?

Hon. Mr. Mcleod: — I said I'm not blaming anyone. I said I blamed a circumstance of a labour-management dispute and I blame that circumstance. And a lot of people blamed the circumstance; a lot of people wished that the dispute could have been resolved in another way without lifting, without imposing a ban on overtime which affected patients throughout. And that's all I'm saying.

And I'm saying it was a circumstance that was unfortunate. Thankfully it's behind us now. Once again, note that, please. And that's all I can say. So I'm not blaming anyone; I'm just outlining the circumstance as I believe it is my responsibility here to do.

Ms. Simard: — Well, Mr. Minister, that ban on overtime would not have been there had you properly and your government properly funded the cancer clinics. And that's the reality and the fact. And for you to try to use that — as we saw in this House in question period when we ask questions, as we saw earlier — for you to attempt to use that as an excuse for these waiting lists is pathetic, Mr. Minister, because the real responsibility lies with your government.

Mr. Minister, you said that there would be \$1 million for the health research budget in Saskatchewan. You said \$1 million. The fact of the matter is in this budget, which we're now talking about, you have only budgeted 750,000 for the Health Research Board. How are you going to get the other \$250 million, Mr. Minister? Where are you going to get it? Mr. Chairman, I just want to correct that. That's 750,000.

Hon. Mr. Mcleod: — As I said to the member, I'm not sure which member asked me the question in the House the day that I gave the assurance that there would be \$1 million, but let me just clarify. In the initial discussions

leading up to the budget time and leading up to what will the number be in the blue book and in our estimates of expenditure, we always operated from the premiss — both sides — I don't want to say both sides in the sense of any adversarial relationship because it certainly is not that, but both the Health Research Board and ourselves in the Department of Health operated from the premiss, initially, that there would be \$1 million to spend, or for them to spend on the various research projects some of which they have been committed to and others which they may be contemplating at this time.

So when it came down that we put the 750,000 in on the understanding that they would have something in the order of 200,000 or more in reserve, that they would be able to draw upon . . . And I heard the member's comments as it relates to that earlier, and I won't comment on that. But that was the understanding that we had.

As it turns out, the amount of money that our people in the Health department believe that they have in reserve, or at least in reserve that would be available for a draw-down like this, was somewhat less than that. And I would just say to the make-up and the assurance that I have given to the Health Research Board, and that the cabinet has agreed with me on, is that we will be sure they have their million dollars and if we need a special warrant to do that, they will have it.

Ms. Simard: — Mr. Minister, is it true that in 1980-81 and '81-82, the legislature appropriated a total of \$600,000 for low-level radiation research grants under a letter of agreement between the Minister of Health and the Saskatchewan Health Research Board; that this was approved by treasury board to be administered for radiation research purposes, and that that was given to the Health Research Board? Is that true?

Hon. Mr. Mcleod: — Yes, Mr. Chairman, there was such an appropriation to the Health Research Board and there was no demand. Now the appropriation went out to the Health Research Board on the basis of research and studies done in low-level radiation. As I understand it the research board did not receive from the research community, like in a wider sense, the research community did not come forward with acceptable research proposals, or projects in this area, and so the money was not spent in that area because of the lack of demand from the research community.

Ms. Simard: — Then in May, 1986, Mr. Minister, is it correct that your government directed the board to begin drawing on its radiation fund to partially support general health research and administration? Is that true, Mr. Minister?

Hon. Mr. Mcleod: — Yes, Mr. Chairman. The answer to the question is yes. I'm not sure of the date, but they were . . . it was communicated to the, I understand, at the . . . and I don't remember the circumstance, if I signed it or if it come from me or if it came from my predecessor, Mr. Taylor, or maybe from the deputy of Health or whatever. In any event, the decision was made for the reasons that I outlined earlier because this money was there and the demand from the research community was not there in

this area, that they should use this money for research projects which the Health Research Board found to be appropriate, and that was done.

Ms. Simard: — And, Mr. Minister, as a result of your directive, I understand that the board approved the termination of the radiation fund and transferred the remaining fund balance to the general fund. Is that correct, Mr. Minister?

Hon. Mr. Mcleod: — I assume that that's the case. I assume that that's the case, but I would just say to the . . . I assume that that's right, but I just say to the member, and it's some of the money that I referred to earlier in terms of what might have been in reserve by the research board of whatever, okay?

Ms. Simard: — Mr. Minister, my understanding is that a transfer was made to the general fund according to your instructions, and that according to the Provincial Auditor's report of '86-87, this was an appropriation for a purpose not authorized by the legislature. Is that correct, Mr. Minister?

Hon. Mr. Mcleod: — Mr. Chairman, I'm aware that the . . . and the officials tell me that, yes, the auditor has, you know, declared that indication to us.

(1945)

Ms. Simard: — So, Mr. Minister, you, in effect, directed the board to do something that the board had no authority to do with respect to the permission and the powers granted by the legislature. Is that not correct, Mr. Minister?

Hon. Mr. Mcleod: — In effect I suppose, you know, the way in which the auditor has characterized this thing that would be true. Let me just go through this because this is what would have had to be done, as I understand it now, after hearing and after our department having heard from the Provincial Auditor. We probably should have said to the research board: send us back that money — send all that money back from the research community, and then by raising a special warrant or some other means here in the legislature, sent them a cheque for a like amount. That would have, from the point of view that you're raising these questions, that would have satisfied the Provincial Auditor perhaps, and that may well have been the appropriate thing to do, but it wasn't done. But I would say the like amount — that amount of money is in good hands and is being spent by the Health Research Board.

And if I am, or the Department of Health officials, or whoever, and I guess ultimately it's who's the minister, so I'll take that, if I am to have my fingers rapped for saying, for using what I would call the common-sense approach, well then so be it. But the same amount of money went there, and we said to go ahead and use it for other research projects. They had several that they wanted to work on, and we said go ahead and do that.

Ms. Simard: — And so they've been drawing on that fund, as I understand, Mr. Minister, and you have been funding the Health Research Board at a lesser rate through the years in order for them to draw on those funds.

As I mentioned to you earlier, Mr. Minister, the Health Research Board is critical to the vitality of Saskatchewan's health research and the attraction of specialists to the province of Saskatchewan, and the development of specialists in the province of Saskatchewan. It's a real opportunity for new scientists to get their careers off the ground.

But what we have seen is a basic underfunding by this government over a period of years. A \$750,000 allocation this year, when the government wasn't even aware that the additional \$250,000 wasn't there, was a lack of awareness on your part, Mr. Minister, and the part of your department. You didn't become aware of this until after this budget was drawn up.

Mr. Minister, I just want to point out to you, for example, some of the casualties as a result of your lack of funding to the Saskatchewan Health Research Board. The training fellowship program, for example, which provided scholarships for full-time graduate students in health sciences was offered for the last time, as I understand, in '85-86.

I also have here a letter from the Merici Centre for infant development in Regina, Saskatchewan, addressed to the Deputy Premier, which states that the research initiative, which is very valuable to the Regina community and very valuable in the area of infant development, is being discouraged by the provincial government through allocation of limited funding to a community eager to keep Saskatchewan in the forefront of discovery and participation in matters of national and international importance. And that, Mr. Minister, is where the problem is. That's the crux of the problem, Mr. Minister.

This government is not prepared to keep Saskatchewan in the forefront of discovery and participation in matters of national and international importance.

Now I know, Mr. Minister, that you received a copy of this letter, and what I would like to know this evening — and you received it some time ago, so you've had an opportunity to respond and do something about the concerns of the Merici Centre — can the minister assure us tonight that the Merici Centre will receive its funding and continue to be a viable centre in Regina?

Hon. Mr. Mcleod: — My officials tell me that they're aware that the Merici Centre has made application to several sources for the potential research project that the member refers to. Now I'm not sure if that has included the Health Research Board. So be it.

The Health Research Board is independent and the decisions that they make as it relates to which research projects which will go forward and which ones they deem to be appropriate . . . But I want to give you the assurance because I don't want to leave the impression that the continued operation of the Merici Centre is in jeopardy in any way whether or not this research project goes forward.

And I have no reason to doubt or, at this stage, to confirm that the research project you refer to is a good one or a

bad one, but all I'll say is the continued operation won't be affected one way or the other and will continue it to the good work that they do. And if the research board, as one of the agencies approached by the Merici Centre, believes that they can provide some funding for such research, well fine, but that's certainly up to the members of the board of the Saskatchewan Health Research Board.

Ms. Simard: — Mr. Minister, the fact of the matter is concern was being expressed to your government and to us by people from the Merici development centre indicating that that funding was not going to be available because of the fact you were underfunding the Saskatchewan Health Research Board.

But this is the sort of problem that is developing in Saskatchewan, Mr. Minister, and although it's taken a lot of time and determination on our part and the part of the members of this House, I believe that you have finally come to the conclusion, and your government has finally come to the conclusion, that we have an acute shortage of medical specialists in Saskatchewan.

Can you tell us, Mr. Minister, what plans you have to rectify this problem of an acute shortage of medical specialists in Saskatchewan.

Hon. Mr. Mcleod: — I want to make several comments as it relates to the specialists in the province, and the shortage in some speciality areas, certainly. And I want to put it into some perspective here and put it into context, because the circumstances in this province in some areas is not unlike the rest of the country, and that is that there are some areas — examples are pathology, anesthesia, psychiatry, some of those areas — where we have shortages here. There are shortages right across the country in those areas, and it's a very difficult circumstance for us and for all provinces to be recruiting, outside of basically the three largest cities in the country. And those are some difficulties.

As it relates to the history here, we've had our ups and down's in terms of some specialist areas, and we have always been. And when I speak to the people at the various large base hospitals who are very involved in the recruitment of some of these people, that's been an ongoing process as long as any of them can remember, in terms of recruitment of specialists. And it certainly does go on now and I certainly don't suggest to you that there aren't some shortages, because there are. Those three that I mentioned: pathology, anesthesia, and psychiatry, certainly. We have some problems in some subspecialties of endocrinology and rheumatology. We have some problems there as well.

But I'll just say to the member, recruitment goes on. I'll give you an example. In Regina, I'm not sure of the numbers right now, but I think we were down to three or four ophthalmologists. I think we'll be at — what is it, seven? — soon. I'll get the exact numbers here just so I don't give you numbers that are not accurate.

But we're coming very soon with having for southern Saskatchewan, located here in Regina, ophthalmologists which will very well serve this area of southern Saskatchewan in terms of . . . And as you know, in terms

of waiting lists at our hospitals, ophthalmology is one of those specialities which are causing backlogs because of the number of people, especially in our elderly population, who are requiring cataract surgery.

So those are some of the challenges, but we've had some successes, and I use the ophthalmology for an example. And we have some areas where things aren't moving as quickly as I would like them to or you would like them to or anybody here who's thinking about this responsibly would like to see them go.

Ms. Simard: — Well, Mr. Minister, obviously you have been unable to outline any sort of plan with respect to recruiting specialists in the province. I have been told by one person in the medical profession that we are running at something like one-half of the national average, Mr. Minister — one-half the national average for specialists. Dr. Ian McDonald estimated that over the course of the next decade, Saskatchewan will need something like 450 additional specialists to meet the requirements of Saskatchewan health care needs — 450 additional specialists, Mr. Minister, and you should have a plan that you can outline to this legislature today as to how you're going to attract those specialists in Saskatchewan. And obviously you don't have, because you've been unable to provide that with respect to my question.

In fact, Mr. Minister, the policies of your government have aggravated your attracting specialists to this province. Your underfunding of hospitals, creating long hospital waiting lists, is not attractive for specialists who want to come to Saskatchewan when they look at how doctors are being overworked and unappreciated in this province by your government.

And rather than attempting to train and attract specialists, you've been showing the, through your cut-backs to things like the Saskatchewan Health Research Board — which is what you did in the past few years — and by your cut-backs to university funding so that the training at the Plains hospital in Regina was severely damaged by your cut-backs, was cut back . . . We lost a number of specialists from the province of Saskatchewan as a result of those very cut-backs, Mr. Minister. So you've been doing anything but attracting specialists to this province, and that's clear from your answer.

(2000)

In fact, last year we experienced a net loss of two specialists, three public health positions, and four administrative positions, according to a medical manpower study by the College of Physicians and Surgeons, Mr. Minister. But that doesn't show the extent of the problem that we're facing in Saskatchewan. It's only the tip of the iceberg, and it doesn't reveal the true extent of the damage that is being caused by your government.

In at least 20 speciality areas, there's deficiencies in the supply of medical personnel, and these deficiencies were identified as early as 1985, Mr. Minister. For example, in internal medicine, Canadian standards indicate that we should have in excess of 150 in Saskatchewan. We need at least 50 more than we have. And last year, Mr. Minister,

according to my information, we saw the stock of specialists in this field fall by three. Is that not correct, Mr. Minister?

Hon. Mr. Mcleod: — As I said in my earlier response, I wanted to put this into some perspective and to characterize this as it should be characterized by all of us, is that it's a . . . There is a historic problem with some speciality areas in terms of recruiting.

As I said last year in the estimates, and I know it's the case, we have some areas where it's . . . Especially when there's a chronic shortage in the country, it's a hard thing. People, after a good deal of training . . . And I don't know why they don't do this, but I know for sure, and doctors have told me, that when they wake up in the morning after their final year of training at McGill and so on, they don't just wake up and say, I can't wait to get to Regina. Now that's just . . . That's the fact. I don't understand why they don't all want to be in Saskatchewan on the earliest possible plane, but they don't seem to.

So it's one of the circumstances that we have, is that we must recruit and we must . . . And one of the things that we do have as a success story in this province is that we have some excellent equipment, the kinds of things that will draw people to the province, and we have some of that.

Now let me just give you some numbers. As I say, I believe that there's some distance to go in some of these areas, but I also believe that we're on the right track. You said we have no money and no plan and so on, and I just want to outline a couple of things for you.

We have, in this year's budget, \$300,000 as it relates to Regina alone in terms of just recruiting, just strategies, and the recruitment that we've undertaken with the hospitals and in conjunction with those hospitals. It's to assist in the . . . And we have another 300,000 which is set aside to assist in the development of the regional hospitals and in their recruiting of people in some of the regional hospitals, which means in the more rural areas than just these two base hospital centres. The regional hospital thing is something that was not done before us coming to government, and it's something that has been widely received out there.

Now the 300,000 that I mentioned, as it relates to Regina, is a number that I suppose you and I can dispute. You can dispute that and say, well it should have been four or five, or whatever. I'm saying that it's three and it would be nice if it could be more and we could do even more active recruiting than we are, but I believe we are doing active recruiting and with some success.

Let me just give some numbers to put this in perspective, Mr. Chairman. We've witnessed in this province a marked improvement in specialist supply in the 1980s. And I think it's important to measure some of this in terms of the decade of the '80s versus the '70s or whatever it is, but we've had marked improvement. And as I said before, I preface all of that by saying we have still some difficulty.

We have 80 more specialists overall in the province — a 20 per cent increase. We've got marked improvement of supply in the following areas: internal medicine, up 30

per cent; psychiatry — despite the shortages that I talked about earlier in terms of the national shortages — up 38 per cent; dermatology, up 50 per cent; anesthesia, up 48 per cent; plastic surgery, 50 per cent increase; and obstetrics/gynecology, up 25 per cent. All of those areas, Mr. Chairman, and to the hon. member, have had increases through the '80s in terms of the number of specialists available to the public of Saskatchewan.

Now we went through in the earliest hours of these estimates, a number of days ago, a week or two ago now, some of the challenges that face us as we attempt to deliver specialty services. And one of those challenges is a rapidly increasing demand for many of these services that I am outlining.

So I'm not saying this, in terms of these increases, in any way to say, because internal medicine and a number of specialists is up 30 per cent that we can rest on any laurels there, because we certainly cannot. We must have more. And that's a challenge that we face. So you've identified a challenge that we have; we recognize it. But for you to portray our actions as inaction is not true. And all I'm saying to the member, I just want this to be put into perspective. And I will give the assurance to the committee and to the member opposite and everyone here and across the province that the efforts to recruit more specialists will continue. The Department of Health people and the people in the hospitals, especially those base hospitals, but as well the regional hospitals, are very dedicated to trying to bring more and more of these specialists to the service of our people.

Ms. Simard: — Mr. Minister, any recruitment of specialists on your part is good, but the fact of the matter is, Mr. Minister, is that's not adequate. And your attack on the medicare system, your cut-backs of 18.5 million last year, the fact that you are underfunding hospitals, is a direct cause of the fact that we are not attracting the number of specialists we should in this province. And it may be up a certain percentage from the '70s, but the fact of the matter is, Mr. Minister, it's only about half the national average on a per capita basis, and we have an inadequate supply of specialists in Saskatchewan.

You talk about ophthalmology, Mr. Minister. You talked about ophthalmology earlier in your comments. We should have, according to the studies done on this, at least 30 ophthalmologists, and that's a low estimate. And apparently we have only 13 in the province, Mr. Minister — less than half the appropriate number. Is that no correct, Mr. Minister, that we only have 13 in the province?

Hon. Mr. Mcleod: — Yes, I believe there are now 13 now in the province. You use a number that . . . I'm not sure what your number was now . . . Certainly 13 is not enough, and that's why we are recruiting and actively recruiting. We believe there will be two or three more here in Regina by the end of next year. And that recruitment, some of it has gone on.

We have some excellent recruits coming in from South Africa, and I know that . . . and who are extremely well trained according to what I've been hearing from some of the folks in that area. And I just say that while 13 may not

be enough . . . I agree with you; 13 is not enough, and we are recruiting more for these two base hospital centres.

Ms. Simard: — Well 13 is certainly not enough when the estimate is that it should be 30, Mr. Minister.

Mr. Minister, would you please advise how many specialists in both ophthalmology and otolaryngology do we have in the province of Saskatchewan. How many of those specialists in both those areas — eyes and ears, Mr. Minister?

Hon. Mr. Mcleod: — Mr. Chairman, just for a point of clarification: does the member . . . Just for us to have our discussion back and forth, if we're both referring to the same page, are you referring to the annual report of '86-87, page 39?

An Hon. Member: — No.

Hon. Mr. Mcleod: — Okay. Do you have it there right now? Okay. Anyway, all I would say, I will just refer the member to that page 39 of the annual report because the numbers of the various specialties are right there and it's just a matter that, if we're to have this discussion, if we had it back and forth as it relates to that page and both referring to the same one, we could probably expedite this.

Ms. Simard: — Mr. Minister, I want an update. I want to know today how many eyes and ears and nose specialists there are in the province of Saskatchewan. Can you tell me that, Mr. Minister?

Hon. Mr. Mcleod: — Twelve.

Ms. Simard: — Twelve. Well, Mr. Minister, I have a report here from the College of Physicians and Surgeons that indicates that there are none in the province of Saskatchewan and that we had, actually, last year, we had two of those and that those two specialists have left. Is that correct, Mr. Minister?

Hon. Mr. Mcleod: — No, it's not correct.

Ms. Simard: — Well, what is the correct response, then?

Hon. Mr. Mcleod: — Twelve.

Ms. Simard: — And where are these 12 specialists situated, Mr. Minister?

Hon. Mr. Mcleod: — Seven in Regina, five in Saskatoon.

Ms. Simard: — Mr. Minister, in the area of urology, it's my understanding that we should have almost 20 specialists and today we have only 13. Is that correct?

Hon. Mr. Mcleod: — Well, you know, to get into how many we should have in terms of what the ideal world would bring about as . . . I'm not sure. You know, you used the number 30 as it related to the other specialists, speciality area, a while ago. You use 20 now. What I can give you is what we have and, as well, some of the areas, as I've done — some of the areas that have been identified to me and to the department officials as relates to areas

where there are some shortages that are identified and that are recognized by everyone. As it relates to urology, we have 14 — nine in Saskatoon, five in Regina.

Ms. Simard: — Mr. Minister, in the area of radiology, we need, I understand, almost 70 specialists to serve the people of this province, and I understand we now have only 45 after a loss of four last year. Is that correct, Mr. Minister?

(2015)

Hon. Mr. Mcleod: — Just so we put this into context as well and to portray this in a way it should be, just for anyone who is following this in a major way, you say your information is that there should be, I believe you said 70 diagnostic radiology specialists. That information will vary. The College of Physicians and Surgeons will give you a number, the chapter of radiologists will give you another number, the national body will give you another number in terms of population and what would be the requirements and so on. I mean, those numbers that you will stand and say, it's my information that, and just sort of leave it there, that some specialist said, this is how many there should be, I can't accept and I won't accept . . . (inaudible interjection) . . .

The college is one of those areas that will raise that, Mr. Leader of the Opposition. But the fact is, Mr. Chairman, we have 42. We have 42 diagnostic radiologists in the province — 23 in Saskatoon, 17 in Regina.

Ms. Simard: — How many did we lose last year, Mr. Minister?

Hon. Mr. Mcleod: — I'm sorry, I should say just for clarification, if you don't mind. I should clarify that, as well. There's one, also, in Prince Albert and one in Nipawin for a total of 42.

Ms. Simard: — Mr. Minister, how many did we lose last year?

Hon. Mr. Mcleod: — Okay. I don't have an exact number on that. I can find out exactly, but as you will know, the annual report page that I referred you to has, for '86-87, 33 of these people in the province. But that does not include some salaried folk that are in the hospitals and whatever. So that's not an accurate comparison with the 42 that I gave you here.

Our people will undertake to find the exact number that was, say, at this date last year compared to what I've given you for the date that I'm giving you these numbers this year, so you have an accurate number. But we have no reason to believe that there's any change either up or down in a significant way — maybe one or two here or there.

Ms. Simard: — Mr. Minister, my information indicates that last year we lost approximately four radiologists, and that we now have 45. Now you're telling me we have 42, so that would mean that we lost seven, because that's three less than the figure that I have here. So I would appreciate the minister providing me with the information as to how many of these people have left the

province in the last year.

I would also like from the minister a list of names, if he would undertake to give me a list of names of the eyes and ear specialists in the province. He indicated there were 12 — and I'm wondering if he could provide me with that list of names?

Hon. Mr. Mcleod: — Just a point of clarification here just so that we . . . I'm informed that we're maybe talking about apples and orange to some extent, and I want to clear it up.

When you say . . . Just a minute now. When you say, and I believe you did, eye, ear, nose, and throat folks, is that the one that you're talking about? Eyes and ears, you said?

An Hon. Member: — Ophthalmology and otolaryngology.

Hon. Mr. Mcleod: — Okay, that's the point I want to clear up here. I'm told that that combined speciality, that combined speciality of eyes, and ear, nose, and throat, that combined speciality has not been trained in that combined way for a good number of years. So the people who have been practising that in a combined way are coming to the stage of retirement, and in fact, I think we had two that retired at the end of last year or during the last year — two that have retired.

So what we're talking about here now in what I . . . the numbers I have been giving you have been related to ophthalmology — strictly dealing with the eyes — and I've been giving you the otolaryngology, which is a long mouthful for a boy from Meadow Lake. I don't know what it is for a girl from Meadow Lake, but anyway, it certainly is a big mouthful for me. But that's the ear, nose, and throat folks, and the numbers I gave you in that area are 12, and that stands at that.

Ms. Simard: — Yes, Mr. Minister, and my understanding with respect to the combined speciality was that there was a loss of two in this province. Are you telling me that that was as a result of retirement, Mr. Minister?

Hon. Mr. Mcleod: — That's right, and I'm informed that they won't be replaced in that same configuration of specialization, if you will, because they are not trained in that same way any more. So we lost those two through retirement, and now we are recruiting, as is the case across the country, in ophthalmology and in the ear, nose, and throat area — separately.

Ms. Simard: — Mr. Minister, I understand that we lost one thoracic surgeon. Is that correct?

Hon. Mr. Mcleod: — Well the number I have here at present is seven. The number in the annual report that I referred you to earlier was seven as well, for '86-87. So from that, I believe it's the same.

Ms. Simard: — Mr. Minister, according to the College of Physicians study, which I have in front of me, we've lost one thoracic surgeon, one neurosurgeon, one dermatologist, and we now have only six specialists in each of the surgery subspecialties, Mr. Minister,

according to their information. Now are you disputing that, Mr. Minister?

Hon. Mr. Mcleod: — Well I'm just outlining the facts as I have them here; so I'm not disputing anything. I don't know what their figures are. You say that they've lost one, and maybe when they wrote their . . . I don't know when their report was done. Maybe we had lost one, maybe we recruited another one in the subsequent period. All I'm saying is that the report before showed we had seven. The report that I'm referring to here, that I'm giving you the numbers from, says we have seven. And that means that it's a . . . in a net way that means it's exactly the same as it was last year.

Ms. Simard: — Mr. Minister, do you not have a copy of this report? Do you not have copy of this report — a provincial medical manpower report prepared by the College of Physicians and Surgeons?

Hon. Mr. Mcleod: — Can you give me a date on the report? Is it about a month or two old, just to clarify?

Ms. Simard: — As far as I am aware, it was released in April of '88 or thereabouts.

Hon. Mr. Mcleod: — Yes, we have a copy of it but we don't have it here with us. I'm informed that our people in the department have a copy from Dr. Kendall, but we don't have it here with us right now.

Ms. Simard: — Mr. Minister, have you looked at the report?

Hon. Mr. Mcleod: — I can honestly tell you I haven't had a look at the report. The people in the department have.

Ms. Simard: — No wonder, Mr. Minister, you're not aware of the facts that we're bringing forth as a result of this report. This report clearly establishes the need for many more specialists in the province of Saskatchewan and the fact that specialists have been leaving the province of Saskatchewan. In this report there's an indication that out of 19 identified medical specialties, Saskatchewan has made a gain in only four — only four out of 19, Mr. Minister. It also indicates that in North Battleford-Lloydminster area, for example, the ratio of specialists to population shows a dramatic deterioration. In 1982 this area had a ratio of specialists per 8,984 people, and in 1986, this ratio was down to 1:12,286. In the Yorkton-Melville area, the total number of specialists dropped from eight in 1982 to five in 1986 and this area lost specialists in internal medicine, in general surgery, and in ophthalmology, Mr. Minister. And the evidence goes on and on.

And I'd suggest, Mr. Minister, that you take a very close look at this report because obviously the fact that you're not reading the information that comes to you is the reason why you haven't . . . that all you're talking about is \$300,000 for active recruiting of specialists. You just don't appreciate the depth and the seriousness of the problem that's facing Saskatchewan people with respect to the shortage of specialists, Mr. Minister — that's obvious.

Now with respect to the Plains hospital, the Plains hospital and your cut-backs, Mr. Minister, to university funding that resulted in something like the elimination of 33 full-time teaching positions at the Plains hospital and 24 support staff jobs at the college's Regina program — at the College of Medicine's Regina program, Mr. Minister. As a direct result of your funding cuts, southern Saskatchewan lost the following medical specialists, Mr. Minister: an endocrinologist, the only one in Regina; an infectious disease specialist, one of four AIDS (acquired immune deficiency syndrome) specialists in the entire province, Mr. Minister; a specialist in intensive care medicine, a cardiologist, a rheumatologist, a pediatrician, two microbiologists, a hematologist. And that's a total of nine medical specialists, Mr. Minister, who have left this province to find positions elsewhere in provinces where they'll be better appreciated.

Have you given that consideration, Mr. Minister, and what are you going to do about rectifying that situation with respect to the Plains hospital?

Hon. Mr. Mcleod: — Well, Mr. Chairman, let's portray these things in the context with which the . . . In fact, the report that the member refers to, the one that she's been referring to for some time from Dr. Kendall, and that's why I asked for clarification if it was about two months old. The report prepared by Dr. Kendall on behalf of the College of Physicians and Surgeons was prepared at the request of the University of Saskatchewan. The university, being involved with the College of Medicine, with the Department of Education within our government, Department of Health, in a review of the College of Medicine at the university, — very extensive review in terms of the needs of this very specialists' areas and so on — the university asked the College of Physicians and Surgeons to make us . . . give a substantive report and they did that.

And the report that the member is quoting from and is chastising me because I haven't read it as, you know, the absolute gospel and so on at this stage along the development of that review, is that it was done at the request of the university for this review. It will be put into the hopper, so to speak, with all of the other requests for information which have come forward to the college and for that review.

(2030)

And when that is completed, Mr. Chairman, I can tell you that I'm sure the university will have the backing of both departments of government and others to come up with solutions to some of those problems.

So that's just by way of clarifying and putting into some perspective the kinds of somewhat wild accusations that are coming across the floor here.

Secondly, Mr. Chairman, I just want to make it clear to you that while we have some problems with recruitment and we've talked about that, and she says, what are you going to do about it. I have outlined earlier the things that we are attempting to do and the amount of money that we have put up in conjunction with the base hospital centres.

In the case of a \$300,000 amount that's in this budget, we've put up for regional hospitals and the recruitment that needs to go on there in terms of some speciality areas to those regional hospitals. And I just say, Mr. Chairman, I'm sure that will be disputed from across there to say, well 300,000, not enough. It should be another number, and that's fine. We'll have to agree to disagree on that.

I may even say on many occasions that I wish there was more for certain areas, but I will say that it is simply not accurate for her to portray the circumstances of recruitment and of specialist shortages in some of these areas as a subject or as a circumstance that we are not addressing because we are addressing it. We are addressing it aggressively; we are addressing it more aggressively, frankly, than has been done for some time, and it's because of some of these shortages that have been outlined.

Ms. Simard: — Mr. Minister, this report by the College of Physicians and Surgeons is a searing indictment of your health care policies.

Some Hon. Members: — Hear, hear!

Ms. Simard: — And how did you pass it off? You said you were going to put into the hopper, I believe, put it into the hopper. Another study, just another study, is the implication that that statement makes, Mr. Minister.

You were talking about wild accusations. The fact of the matter is, this is information gleaned from a very responsible report, Mr. Minister. I don't think there are any wild accusations in there. It's facts, Mr. Minister, it's independent facts and evidence and a searing indictment of your health care policies.

And so what are you going to do? You're going to put it in the hopper, and somebody will look at and make some decision about it later on. He's passing the buck once again because he doesn't want to take responsibility for the problems that are facing Saskatchewan people. He doesn't want to take immediate action and responsibility for the health care cut-backs that have created this problem in Saskatchewan, Mr. Minister.

And this problem was identified in 1985 as I indicated earlier that we would need many more specialists in Saskatchewan, and what was your government's response to the identification of that problem? An \$18.5 million cut-back in the health budget last year — that was your government's response. Long hospital waiting lists, the decimation of the prescription drug plan, the decimation of the school-based children's dental plan — that was your government's response to the fact that these problems in health care were identified back in 1985, thereby creating an environment in Saskatchewan whereby health care professionals would be reluctant to come to the province, Mr. Minister. You're directly responsible for that problem, Mr. Minister. Now all you're going to do is let someone else make the decision down the line somewhere. And I say to you, Mr. Minister, that you should be taking immediate action on this matter.

Now with respect to occupational therapists, you had

suggested earlier, Mr. Minister, that you would be in favour of setting up a program in Saskatchewan to train occupational therapists. Mr. Minister, my understanding is that such a program would cost perhaps an immediate outlay of \$400,000 to set up the program, but that the ongoing costs would not be substantially more than what you now spend to Albert and Manitoba to have our occupational therapists, of which only 50 per cent return. It would not be in excess of the amount that you are now spending.

Is that correct, Mr. Minister, and when can we see your government put forward the needed funds to set up an occupational therapists school in Saskatchewan in order to train needed occupational therapists?

Hon. Mr. Mcleod: — Couple of things, Mr. Chairman. Just to go back a little bit to the report that the member was talking about earlier, and for her to say that I had said . . . when I use the term “wild accusations,” I was using the term “wild accusations” based on the portrayal by that member of my response to the report that was done for the university by the College of Physicians, and those were wild accusations as it relates to her inability to understand what the real series of events here were.

That report by the college was one of about 20 reports which is going to the university, requested by the university, and they said the university would . . . or I mean that the university and the college, the Department of Health, whatever it is, the study of the roles of the College of Medicine, a review there, and a very welcomed one by all concerned.

So when I said “wild accusations,” that’s what I was talking about is the portrayal by that member of my lack of response. In fact, it wouldn’t have been appropriate at all for me to respond to that particular report because it was done for the university.

And she also portrayed in one of those statements a few minutes ago that the reason that we’re having trouble recruiting, even though we have more money into some of these . . . and significantly more money into the recruitment of specialists from all across the country, and in some cases, into South Africa and other places, we have more money into that recruitment than has been there of some significant time. And for her to say, and as you will hear in the line-up of rhetoric about the . . . oh, they’ll go through a whole series of things about how this minister has totally wrecked the health care system and all of that sort of thing. And if you take that portrayal, Mr. Chairman, one could only conclude from that that before this minister was here, they were beating the doors down, specialists that is now, were beating the doors down in Saskatchewan to get here. I suppose, somewhere like I portrayed it before that once they’d finished their speciality areas at whatever hospitals in the very large universities across the country, they said I can’t wait to get to Saskatchewan.

It’s not the case. They haven’t been saying it for some time. We must actively and aggressively recruit. We are actively and aggressively recruiting, and as I outlined earlier, we are having some success albeit not the success that I would like to see or that any of us who are in our

more responsible moments would like us to have. So that’s the case.

As it relates to your last question about occupational therapists, I said to you before that I believe that the time is very near when we should, at our University of Saskatchewan, have a school for occupational therapists. I say that as Minister of Health and as one who looks at this wider health enterprise and realizes that physiotherapy — and we’ve been through this a few moments even tonight — that physiotherapy and occupational therapy are areas that should be looked at and who should be trained here in the province. As it relates to physiotherapy, we added some positions, as I said.

So obviously that decision rests with the University of Saskatchewan. I, you know, have been in some very informal discussions with some people at the university to say that I believe that, as Minister of Health, that occupational therapists school is an appropriate area, but obviously the university must make some of those decisions, and they will. I can’t give you a time frame. I can’t give you a budget or any of that sort of thing, nor will I be in a position to at any time during these estimates.

Ms. Simard: — Mr. Chairman, it’s not simply a question of having difficulty recruiting specialists, although that’s a serious problem. The fact of the matter is, specialists are leaving the province, and this minister and his government, Mr. Chairman, have contributed to that.

Now with respect to occupational therapists, Mr. Minister, the predictions are that we will need something like, by 1992, one for every 7,000 people in the province of Saskatchewan. Do you agree with those predictions, and what are you doing today in order to meet that need? Because right now, as I understand in the province of Saskatchewan, we only have one to every 17,000 people in the province of Saskatchewan. By 1992, just four years from now, we’re going to need one in 7,000.

So, Mr. Minister, you may say you can’t say anything about it today, but I want to know what are you planning to do today, and what is your department planning to do to meet the crisis we’re going to be facing in Saskatchewan with respect to occupational therapists in the year 1992?

Hon. Mr. Mcleod: — Well I’m told that we’re making major strides in this area now, and I preface my comments with what I said earlier that, I recognize, and all of us who look at the population and some of the demographics out there, and the need for some of people that work in these areas it’s going to be great and that’s why we’re trying to deal with it now.

Last year in this province we had 70 practising occupational therapists. We have 19 that are graduating this year from the two schools in our two neighbouring provinces, 14 of whom were on bursary, funded to an extent, certainly, from the Government of Saskatchewan. I believe almost all of those 19 will be coming back, so we will have, all being equal, we will have approaching 90 practising here in the province next year.

So we are making some major strides in this area, but that does not diminish the facts, as I outlined them to you before, and that I think you and I will agree on, is that we will need more, and that's the basis for my comments earlier, that I believe, as Minister of Health, that there will be a need for an occupational therapists school. And it's probably in an area like this, where the demand is greater for the number of people to graduate from the school, it's probably more cost effective to deal with them here in the province, but that's a decision certainly that's not mine in the Department of Health. But I will do what I can to promote that idea at the University of Saskatchewan.

Ms. Simard: — Mr. Minister, what it takes on your part is commitment and funding. It's not . . . And don't attempt to just pass the buck once again to another body in Saskatchewan.

Mr. Minister, according to the information that I have, we will need about 236 occupational therapists by 1992. At your rate of 20 graduating . . . And you said most of them are coming to Saskatchewan. I have been advised the attrition rate is about 50 per cent — 50 per cent is what I've been advised. But even if every single one of these people came to Saskatchewan, 20 a year for the next four years, that would give us about 150 occupational therapists, as opposed to the 236 that we're going to be needing by 1992.

I know that the minister appreciates that there's a problem there, but obviously he doesn't have commitment to solving the problem or he's not prepared to put his money where his mouth is.

With respect to laboratory technicians, Mr. Minister, will you confirm that it is your intention, or the intention of your department, to radically change the existing training program for laboratory and radiological technicians? Will you confirm that, Mr. Minister?

Hon. Mr. Mcleod: — I am informed that there are three areas. I believe you've mentioned laboratory technology, but there are three areas in the health sciences, related health sciences: medical laboratory technology, medical radiation technology, and certified combined technician — those three areas where health and education, the two departments, have been in some discussion about reviewing the curriculum.

Now I just wanted to make it clear that . . . because I believe in your question you said, is the curriculum being changed? And my answer to that is that it may well be, but the curriculum will not be changed until everyone involved in it has come to an agreement.

(2045)

And just to give you the status of this, a committee is meeting to study the entire question now and the membership on that in all related areas — members from the Department of Education and our own Department of Health, the Saskatchewan Institute of Applied Science and Technology, the hospitals, as well as the program advisory committees. And there are advisory committees in each one of those, by and large made up of professionals in the field in those areas, in each one of

those areas.

So I'm not sure what the base of your question except that, if I understood you properly, you were asking if the curriculum has been changed or are we proposing a specific change. If that's the case the answer to that is, no. There's a committee looking at the program, and it may well be that it changes, but it will only change if there's substantial agreement.

Ms. Simard: — Mr. Minister, I'm pleased to see that you're finally consulting with the people involved in this program because it's my information that originally a letter came out of your department indicating that these programs were going to be substantially altered and giving as a reason for that, that it was an obsolete apprenticeship model and that the curriculum was outdated.

This was coming out of your department, Mr. Minister, and I have a copy of that letter in my possession. And this letter came out of your department at the same time that the Canadian Medical Association in Saskatchewan reviewed the course and gave it its stamp of approval and in fact indicated that it was one of the best of its kind across Canada, according to my understanding, Mr. Minister.

Needless to say, it shocked many people — students and employees involved in this program — that the government would be looking at disbanding a program because it is obsolete, when the Canadian Medical Association was saying that it was excellent, and there was virtually no criticism with respect to the program.

And one of the suggestions that was brought forward was that — and in the letter from the Department of Health, Mr. Minister — that as a consequence of the proposed changes, the students would lose their status of employees within the meaning of The Trade Union Act. Mr. Minister, is that the main reason for you attempting to change this program?

Hon. Mr. Mcleod: — Well absolutely . . . The last statement is absolutely erroneous. So that's not the case. I mean, I . . . You know, if that's the belief of some, then I would just say clearly here that it's not the case.

Let's just be clear in what's happening here. I'm aware that there was some concern raised by some people who misinterpreted the letter that came out from the Department of Health to the various hospitals and others who have these practitioners in their employ. It had been brought to our attention by some that there needed to be a review of the curriculum and of the apprenticeship model and some of the things that were under way. And we asked for some feedback whether that was the case or not. And we certainly got some of that, and that's where it stands.

So for anyone to portray this as any kind of attempt to change something in a unilateral way, it's not the case — never was intended and never would be the case. So I just leave it at that and give you the assurance that that was not the intention. And if there's . . . You know, I'm not sure what it serve to go around and around on this thing, but

we can if you like.

And I just say that the committee now involves all of Education, Department of Health, the institute of applied science and technology, and the hospitals who employ these practitioners. So all the bases are covered and I think it's . . . Well, whatever comes out of the committee study will certainly be without question the best curriculum and the best training model that can be there for these areas of study.

Ms. Simard: — Mr. Minister, the letter that I'm referring to, dated March 10, 1988, indicates the timing for the change program would be effective on September 1, 1988, and there would be no student intake in any of the programs in September of 1988. The letter goes on to say things like, the basic elements of the new direction are clear, Mr. Minister. That's what the letter says. I think it's perfectly clear from this letter that it was intended that these changes would go forward, until there was a hue and cry from people involved and only then did your government sit back and listen. But it was another instance of where your government was going to move without adequate consultation with the people involved.

Now, Mr. Minister, can you assure us tonight that these students will not lose their status under The Trade Union Act. Will you ensure us of that tonight, Mr. Minister?

Hon. Mr. Mcleod: — Mr. Chairman, let me just be clear of how this thing works. Presently we have part of the program that we're referring to here, in the training program, involves practical training in the hospital lab. We pay a stipend to these students at a cost of about \$3 million annually. That's the case. And I believe the \$3 million comes from part of an collective bargaining agreement, if I'm to understand it properly here. So for the member to say . . . For me to say they will always be, and to predict the future, I don't know that.

If this study says — and this is fine — if the study says that . . . The study that I'm talking about says that these people, through their training program, will be something other than members of the union or whatever during the time of their training. We will be willing to look at that. But I would tell you, as I said earlier, it was not the intention in the initial stages of looking at curriculum to say to them, here we are, and we're going to change this on the basis of whether or not you're in the union. We would change it on the basis of whether or not the apprenticeship model that they now operate in is the appropriate one, and we will continue to look at that from the best educational model, and that's the way it should be.

So the hospitals, the institute, the advisory committees which are made up of practitioners in the area, or the various areas, and these three that I've outlined, they're all involved, and whatever comes out of that in terms of the training model that's the most appropriate for these three areas of medical lab techs, medical radiation techs, and certified combined technicians. So I can't predict the future, but I can say to you that I won't give an unequivocal statement here because it wouldn't be appropriate to, to say that they will for ever and ever, amen, be a part of the union. I can't say that because if that's not the model that's adopted by the committee, it

wouldn't be appropriate for me to have said that at this stage.

Ms. Simard: — Mr. Minister, my question is not for ever and ever, amen. My question is as a result of the restructuring — which many people maintain is totally unnecessary because the CMA said this was a good program — as a result of this restructuring on your part, will these employees, will these students lose their status under The Trade Union Act? It's a simple question, and we're talking about a specific period of time, Mr. Minister.

Hon. Mr. Mcleod: — Well, Mr. Chairman, as I have said, there is no restructuring, there has been no restructuring. And what I said to you before is that if there is a restructuring, it may well be that they are not part of the union. But there is no restructuring as of now, and I don't know if I can predict that there will be. In fact, I can't predict that there will be a restructuring or whether the status quo will remain, as some believe it should. And certainly there is a variance of opinion and I believe inside the committee or in the various agencies that are a party to the committee. So we'll see what comes from that. I'm in no position to predict what the outcome will be, nor should I be, frankly.

Ms. Simard: — Mr. Minister, why would your government propose to change a program, which is what you did — I know you're having second thoughts, but that's what you did — to alter a program which has just been passed by the CMA as passing with flying colours? Why would you propose to do that, Mr. Minister?

Hon. Mr. Mcleod: — I can't deal in the hypothetical, Mr. Chairman. I said there's no restructuring; the status quo remains. The status quo may well remain for the foreseeable future or it may change and there may be some restructuring of the way in which these programs are offered and which educational model they use.

Other than that, I don't know what else to say. There's nothing I can say at this juncture, and so I don't think it would serve the committee well to go on to any more.

Ms. Simard: — Mr. Chairman, I have been advised that the teaching technologists presently in the hospitals will probably not welcome transfer to SIAST (Saskatchewan Institute of Applied Science and Technology), particularly in view of staff upheavals in 1987. It has been suggested to me that teaching technologists may very well decide to leave the teaching field or the province, Mr. Minister, as a result of this proposed restructuring that came out of your department, Mr. Minister.

And this is another example, Mr. Minister, of how your department goes off on a tangent, wanting to change something for the sake of change, not because you see anything good in it — without consulting people, causing people to be upset, causing concerns in the field — another example of why health care professionals are not remaining in the province, Mr. Minister, because you're chasing them out by your wrong-headed policies and by moving in areas where you don't know what you're doing. You have no idea of what's going on and you just decide that for some reason or another you want to

change something with no real foundation or good reason for doing it.

Mr. Minister, when we take a look at the situation and see why you wanted to change it, the only reason people could come up with was to save the government the 2 or \$3 million that you spend as a stipend for these students; to save that money by restructuring the program so that the students are no longer protected by The Trade Union Act. That's the only reason that people could come up, because none of the other reasons given by your department had any validity whatsoever, Mr. Minister.

And this is another example of how you go about looking after the affairs of health in the province of Saskatchewan, and why we're in such a situation and such a crisis today with specialists and health care professionals trained in Saskatchewan leaving the province, Mr. Minister.

Hon. Mr. Mcleod: — The circumstance, as the member portrays it as it relates to the . . . She says, I have my information is that the teaching technologists are going to all catch the first bus out of the province as soon as something changes, whatever. I don't know exactly what she was saying, but it's somewhere along that line. And I just . . . Our information is that I don't believe that's the case, and while I've said it before, the status quo may remain; there may well be a restructuring of the educational model. I don't know that. I don't know what else I can say, Mr. Chairman, except to say that all of the deep and dark sort of motivation that is attributed to me by the member opposite and the health critic is unwarranted.

(2100)

Mr. Romanow: — Thank you very much, Mr. Chairman. My interest this evening for the moment concerns itself with the recently announced task force on new directions for health care — the Saskatchewan Commission on Directions in Health Care. I have the material in front of me which the government used in the announcement of the task force, and I notice that the Hon. Premier, in describing the task force on page 2 of a copy of the written statement that I have that he made, described this as an independent, comprehensive review of the health care system. I note the words "independent" and "comprehensive" review.

Mr. Minister, my question to you is: why would the Department of Health not include in the terms of reference or in the mandate statement a specific commitment to the four principles which have served as the basic foundation of our medicare and hospitalization system from the Thompson commission through the Hall commission studies, Lloyd, Douglas governments — universality, accessibility, comprehensiveness, and public administration? Is it not correct that the comprehensive review that the Premier promises that this task force will undertake in fact means just that — it means a review of those very four basic principles which serve as the corner-stone for our present system?

Hon. Mr. Mcleod: — Well a couple of things just to put the members mind at ease here. The four principles that the member refers to — universality, accessibility,

comprehensive nature, and the public administrative nature — all those four are enshrined in the Canada Health Act presently. I mean those are taken as given, and they're in the Canada Health Act, and they're enshrined there, and for us to reiterate the principles of the Canada Health Act or other health Acts on the national scene would, I don't think, serve anything in terms of the nature of this review. I've said that we will conduct and that the commission . . . and give them their mandate to conduct a comprehensive review of the Canada Health . . . not the Canada Health Act, but of the health system in its widest possible terms here in the province, we mean just that, very clearly.

And I think the member in looking at the membership of the commission, in looking at the people that are there and the unquestionable sort of qualifications of those folks and their acceptance by the people of the province, I think that they will do an excellent job, and I know your question was not related to the job that they will do or their qualifications.

So I just want to make it very clear that those things which you mentioned, and I have said on other occasions and say again, and the Premier said in his announcement of the members of the task force and of its mandate and so on, that what we are recognizing here is that there's need for a very comprehensive study which is the composite of this total health care enterprise. There's only been one other in the history of this province — one that was done in the Sigerist report of 1944 — there's only been one other comprehensive study done in the history of this province in 1944 in the Sigerist review, the Sigerist commission.

And while there have been many studies, and we've always heard the rhetoric surrounding that — another study and this study is done and this one's got dust on it and this one is on the shelf and all the rest of those things that go on, that the people talk about in what tends to become very much a politicized war of words, back and forth in terms of politics of this whole area. But each one of those other studies will have been on a particular aspect of health care, whether it be regional hospitals or rural hospitals or the role of the medical college or the association of the medical college with the needs of the province or whatever. I mean there are just many, many of them.

But what this study is out to do is to look at the whole picture and to come with a blueprint, to use the term that's used in the mandate statement. I just want to give the member assurance, as I have done, I believe, before, that those things are in the Canada Health Act and we have no intention of suggesting that it be changed.

Mr. Romanow: — Well, Mr. Chairman, I thank the minister for that assurance, but I take a look, for example, at the terms of reference, the specific terms of reference, and it seems to me the government is building into its argument a basic contradiction of what it says. It says that the study is to be comprehensive. Indeed the terms of reference are very comprehensive.

Is the minister telling me that under item 2, for example, or let's take item 11, the utilization of health care services,

all of those things which the Canada Health Act prohibits are beyond the study of this commission? The question of utilization fees or the question of the utilization fees either at doctors or at the hospitals, those are out of order now, is that what you're telling me because the Canada Health Act prohibits them?

Hon. Mr. Mcleod: — Well they are, as I've said. It's a very comprehensive study of health care in the province, okay? I've said that. You asked me before, in terms of these very basic principles — sort of building blocks or whatever — principles of the system that we know in this country, a good deal of the credit for which rests in this province, and there's no question about that. It rests with . . . come out of the souls of the people in this province. And it was though the political process and so on, and that's fine and that's good and some excellent pioneers here, some of whom the hon. member asking the questions knew very well or knows well. And there's no question and no denying that and no willingness to deny any of that because that's the history of our province, one that all of us as citizens should be proud of. So those are there and those are taken as given and that's . . . you can have that assurance now. So it's not a question of that.

As it relates to the Canada Health Act, what the Canada Health Act says in basic terms is that any time there's a reference to, you know, costs or fees or charges, all those kinds of things, there's a major cost to implementing anything like that. That's what the Canada Health Act says and we adhere to that in this province. There's a financial cost to any kind of implementation of some of those things.

So I mean, if you . . . I think, by and large, you and I are in agreement with that, but the problem with that is that you don't want us to be in agreement because you're looking for your little chink in there and so on where you're going to have some great political horse that you can charge around the province on. And I'm sorry, no white charger's going to be let in here by me for you to hop on and ride out on.

Mr. Romanow: — There's so many white charges or chargers that this government and this minister have released that we're all riding them actually, if you want to look at them, so don't worry about another one.

But I say to the minister — now think this out carefully — and I'm trying to park my obvious commitment to medicare and hospitalization the way I see it. I'm trying to park that for the moment. I'm trying to get you to give this House and the people of Saskatchewan a straight answer as to the scope of the study of this task force.

I put this specific question to you: are you telling me that, for example, the terms and the conditions of the Canada Health Act, because they are adhered to by this provincial government, those four principles are beyond the scope of the study of this task force? Yes or no? Or is everything understudied? You can't have it both ways. It's either comprehensive, in which case the Canada Health Act and the provisions are understudied, too. Or in the alternative, it isn't comprehensive and those provisions aren't understudied. Now, which is it?

Hon. Mr. Mcleod: — Mr. Chairman, I just want to be very clear here with the member because he asked a specific question, initially, in his first question about why . . .

An Hon. Member: — No, what.

Hon. Mr. Mcleod: — No, no, no, just let me come to that. About why, for example, were these four principles — universality, accessibility, comprehensiveness, and the public administration of health care — why those four principles were not specifically laid out in the terms of reference. That was the question that you asked, and I said because they are understood to be the principles of the system in this country, and they are. So there's no need to lay them out directly here.

Now I said to you that the commission has been asked to look at the health care system in our province, all of the delivery and whatever, of the health care system, and they will do that. And what I will say as well, because the next logical question would be, what have you, you know, what have you said to them that we will not entertain, and is there anything that you might recommend. And the facts are that I have not said to them things which we will entertain as recommendations, and I have not given them guide-lines to things which we will not entertain. I have said to this very astute and eminent group of Saskatchewan citizens, look at this system; come with recommendations that will develop a blueprint for the delivery of health care in the province on into the next century and over some period of time.

And within that context I believe, and I believe strongly, that these principles, universality and so on, are there and understood by all of the members of the task force, by all the members on this side of the House, by all the members on that side of the House. They're understood clearly and they're there. And this provincial government will be adhering to those, and I believe that the members of the task force know that well, and they don't need that spelled out to them by me or by the Premier.

Mr. Romanow: — Well, Mr. Chairman, I don't know how much I should pursue this, but I find the answers of the minister, to be quite frank, a little bit confusing. I won't say quite confusing, but a little bit confusing. let me repeat the history of the questioning and the answers as I see them on this issue that I raise tonight.

I asked, in essence, how comprehensive is the study, and then I suggested that perhaps it shouldn't be so comprehensive as to permit the task force to re-examine again the four basic principles under which our health care system is based: comprehensiveness, accessibility, universality, and public administration. And perhaps I didn't state it this way, but I suggested that those four principles should have been excluded specifically in the scope of the task force terms of reference.

Now the minister's answer to me is, they're not in the terms of reference because they're covered in the Canada Health Act, and they are "generally understood" by the members, including, he says his own government.

(2115)

Permit me to be political for a moment. Leaving the members of the task force aside, I'm not so sure how much those principles, four principles, are understood by you, sir, and your government, but that's another issue.

Now coming back to the history, you're trying to tell me that those four basic principles are not included in the terms of reference because they're covered by the law of Canada called the Canada Health Act and other provisions. My question therefore to you is simple: if that is so, will you define — if I may put it that way — tonight, that the terms of reference of this task force do not permit the task force to study the four corner-stones of the medicare, hospitalization system? In other words, you're limiting the scope of the inquiry. That's what I'm asking.

Hon. Mr. Mcleod: — Now what I'll say to the member is that I will not restrict what the commission can or should look at. What I could do and what we could do in the government is to say to the commission: here you are; look around the room; this is the commission; these are the members of the commission; you have a very broad mandate, and the terms of reference, and the reason . . . And I go back to that. From what I could do as Minister of Health, and the Premier in appointing these, what we could do is to set out the terms of reference, and we could say to the commission, go and do this in the broadest possible context. And that's what we have done.

The reason that I did not, or we in the government did not include in the terms of reference the basic corner-stone that you talked about in terms of saying "here they are" and so on is because they are in the Canada Health Act. I believe that they are understood. I believe they're understood clearly by our citizenry, by the people in this legislature; I believe they're understood by the members of the commission, frankly.

But I have no intention beyond that — what you see here — to say to that commission, and I will respectfully ask that we allow this commission now to go out there and do their very independent study. And I give you the assurance here and on the record as I've done before, but I give you the assurance — and the member will laugh — but I give him the . . . (inaudible interjection). . . No, well, just a smile, but a smile from that member is a hardy laugh. I tell you that. He hasn't been smiling much recently for obvious reasons.

But in any case, Mr. Chairman, what I will say to the member is that I will give him the assurance that the commission has the broadest possible mandate to look at this. They have not, and it would not be appropriate for myself or for the Premier to put restrictions upon these folks — they did not; they should not have. And I think the reason that we were able to have affirmative answers from many of the people who are on that committee was because they had that assurance from both myself and the Premier that restrictions would not be placed upon them for them to go out and do their very challenging job, and no one can deny that it is a challenging job that they've undertaken.

Mr. Romanow: — Well, Mr. Chairman, I agree, it's a challenging job. And I agree that there needs to be a look, a futuristic look at the health care system in Canada and in

Saskatchewan.

I took part in, perhaps not the greatest study that was ever done, but it was certainly a study on ageing in technology with the Canadian Medical Association myself and saw how difficult the task was. That's not the direction that I'm criticizing, or at least questioning. I'm trying to determine, and I think the press and the public wants to know, exactly what it is the government intended.

Now please, Mr. Minister, I don't mean this in any personal basis, but verbal assurances for the purposes of this government and for me, with the greatest of respect, are not good enough. This is an important undertaking and enterprise. I want to know where it is, why it is . . . Well I'll reword it this way: I want to know if the minister says that the provisions of the Canada Health Act are not to be studied, universality — you know the debate that has been going on about universality. Your government in Ottawa, for example, thought that universality with respect to old age pensions was something that should be looked at. We know there's a lot of literature on the question of universality. Now if that's verboten, if that's out, if that's not under the consideration as an example, then why would the government not consider — I refer the minister to the mandate statement, Mr. Minister, page 3, where in the broad mandate . . . it's not page 3, I'm sorry, paragraph 3, you say the following:

The Saskatchewan Commission on Directions in Health Care will:

. . . 3) recommend policy options to the government on:
a) ways to improve health care delivery and efficiency of the system (now I'm underlining these words) while maintaining quality and accessibility of service . . .

Why didn't you add in there, "while maintaining quality, accessibility, and service, and commitment to the principles of universality, comprehensiveness, and public administration," the four corner-stones of our publicly-funded health care system that members on this side of the House fought so hard to implement?

Hon. Mr. Mcleod: — I believe that, as I said before, that those principles are understood. I believe that they were. And I just say to the member, just let's be very clear here in the sense that we have to . . . you can't look at, you know, in the broadest sense, in terms of some of the issues which are out there and the challenges that are there for this society.

We talked a little bit tonight, your member from Lakeview and the critic . . . (inaudible interjection). . . No, but the critic talked about specialist shortages, for example, tonight — obviously an area that must be looked at in terms of solutions to some of that problem and so on. Now you cannot, nor can the commission, nor any of us can look at that in a major way without looking at and discussing and recognizing problems of accessibility. Whether for, you know, for people who live in more remote parts of the province, whatever. Accessibility and the whole . . . all of the principles there have to be looked at as it relates to the specialist shortage circumstance that

has to be studied.

You look at the comprehensive nature of the medical care system and of the health care system, I mean, you . . . In terms of some of the new technology that's around, in terms of transplant centres of excellence, the kinds of things that we are going to need, those are the kinds of things that have to be studied.

You cannot look at that, no one can; this commission can't, I can't, or the officials in Health can't, even you can't — if you wanted to get into this in some kind of a serious way — discuss this without dealing with the comprehensive nature of the area — even the study that you referred to that you were a member of, the commission sponsored by the CMA, a study on what I believe is ageing and technology, was the title of that. Accessibility, the comprehensive nature of the health care system, those things have to be looked at in the context of the accessibility of health care for our ageing population, all of that.

So you know, it's very hard to draw a line and say, well you can't study this and you won't be able to touch that, because it really does tie the hands of this very excellent committee in terms of dealing with the issues.

But as I go back to the principles of accessibility for our citizens and wherever they might live and the universal nature of medical care and so on, I say to you, those are given principles, those are principles that have been around a long time, and those are principles that will remain a good, long time for sure.

Mr. Romanow: — Well, Mr. Minister, let me just get a little more specific, if I can, to see if I understand your assurances. Under the terms of reference, as opposed to the mandate — I'll just pick one, although I could pick several here — I'll direct your attention to paragraph 2 under the terms of reference, "insured services," the task force is to look at "insured services."

Is it the minister's view that the comprehensive nature of the mandate to the commission gives it the power to both look at, and in theory recommend, de-insuring a variety of services which are currently covered by our medicare and hospitalization plans?

Hon. Mr. Mcleod: — As it relates to the paragraph you refer to, it says insured services such as medical services, dental services and drugs and so on . . . Is that the one that you're referring to? And I say to you that in a very wide nature of what they must do . . . I suppose hypothetically they could say several things. They could say in these areas we think that there should be a wider area of insurance in some areas. And on the other hand, they may say these services probably should not fall under insurance services. They could say both of those things, hypothetically. They must have the mandate to be able to look at this in the broadest context. And they have that mandate.

Mr. Romanow: — Well that's the point. I think they have a mandate all right, and it is a broad mandate. There's no doubt about it. The minister's answer, I think, goes to show how broad it is. The minister says they could seek to

expand the insured services, but equally true, they could seek to limit or contract the insured services. That's a potential threat to the medicare system as we know it. You admit that.

Let me refer you to paragraph 11, the utilization of health care services. Is it the minister's view that theoretically the task force could say that utilization of the health services is so great that here needs to be placed some form of disincentive for the use of hospital or doctor's visits? Does it have that freedom and comprehensiveness too?

Hon. Mr. Mcleod: — The answer here will be the same, Mr. Chairman. The committee has the mandate to look at all of this system. I mean, what the . . . and they have the mandate to come forward with recommendations which will look at this system as it is now, as they believe it should be into the future, for the benefit of our . . . and the health and well-being of our citizens. That's really what the whole thing is all about. And that's what they'll do.

It will not serve that commission well, you know, at the risk of . . . because of the very wide mandate of you saying because this is excluded that, you know, there's some problem at that . . . You go ahead and say it if you like to, but this mandate is very wide, and it's very wide by design for them to have the opportunity to go out and look and to make recommendations for perhaps some change; perhaps some additions to the services that are now there, because of changing demographics, changing technology, whatever; perhaps deletions. I don't know.

I mean, they can say whatever. They must have that mandate. I can't go any further than to say that they will continue to have that very broad mandate without restrictions being put on them by me at the time of announcement, at the time of discussion with the various members, and with the entire commission in terms of what its terms of reference and what its mandate would be, or at a time like this, here in the House, where I would give, as you would like me to do, is to give some quotation which can be widely touted in their face, sort of thing, and say well, but your restrictions are here. I will not place those restrictions upon them now, as I did not several weeks ago.

(2130)

Mr. Romanow: — Well that's fine, Mr. Minister, and fair enough. And I think that that, in fact, means — if I may say so, Mr. Chairman — to me it means how it is that almost every so often in our political history in this province we have to, in effect, convince somebody again about the social advances which have been attained by our province.

No question about it, as the minister says. We have to go through; perhaps it won't be as it was in 1962 but since this commission's mandate is unlimited — unlimited, notwithstanding the Canada Health Act. It means that it can consider the very pillars of medicare and hospitalization under some guise, some notion in your minds, this government's mind, that those four principles must be considered again.

And I think that that, without making any aspersions on

the members of the committee, indicates to the people of the province of Saskatchewan, I think, a very serious challenge posed by this commission because it's excluded some things such as quality and accessibility, but not others. Everything else is in, everything else, on not only the principles of universality but some of the details; as the minister admits, even the prospect of utilization fees.

You want to limit the hands of the commission. That, I think, is disturbing, and coming as it does, the creature of this government, all the more disturbing. People of this province should take note and watch carefully how this commission operates and what this commission is about in the next 18 months.

Now what I want to know, Mr. Minister, in addition to that is: would you be kind enough to tell the members of the House what the financial arrangements are for the members of the commission? What per diems and expenses are afforded to them?

Hon. Mr. Mcleod: — Mr. Chairman, could I just . . . I would like to send that over to the . . . I could send it over to the member. I don't have it with me right now in terms of . . . I want to be sure of the exact numbers on the per diem, and I'm just told I don't have it here. We'll give it to you tomorrow morning, if that's fine, or afternoon? You'll have that.

In the broadest sense, we expect that the commission will cost about in the order of \$1.7 million for the term that it's undertaken. The arrangements, you know, I'll just give you in the broadest sense, and I just want to be accurate in terms of the per diems of the chairman and others and the sort of thoughts that they will have. And I think they're coming to some of that now in terms of the number of days per month that they think they'll be working, some of those things which will be things which the commission will deal with themselves. The executive director and the assistant chairman will be on salary because he will run the office of the commission and all of the rest of that. That's the former deputy of health.

An Hon. Member: — When did he become a former deputy? That's okay. I'll ask that question later.

Hon. Mr. Mcleod: — Pardon me? Well, he will be the former deputy of health as of the 1st of July, and that was . . . and I just say to the members that's the general gist of it. And I'll send over the per diems to the hon. member tomorrow.

Mr. Romanow: — Well I want to be . . . I'm not . . . I'm a little bit nonplussed by the fact that the minister's officials, while I don't want to . . . the officials aren't in this debate, but the minister . . . (inaudible interjection). . . no, no, that the minister is not able to tell us. I mean they set up a commission here, Mr. Chairman. They've got terms of reference; they got a mandate statement; they've got bodies named; they've got executive directors; they've got the location of the commission, and the minister is unable to tell me how much they get on a per diem basis.

Now, Mr. Minister, I want to be reasonable in terms of some information, but surely to goodness that

information must have been sorted out at the very beginning and there's no big deal about it. I just want to know what you're paying them.

Hon. Mr. Mcleod: — I'm not withholding anything, I'm just telling . . . I told your member the general outline, and I just don't have the exact numbers, and I want to be sure that I give you accurate numbers because if I give you, well, I think that I remember it to be this, and I turned out and I thought we had it, we don't. I will have it for you tomorrow. If you'd like me to put it on the record, I'll undertake to put it on the record when we come back to Health estimates. At the first opportunity I'll put it on the record. So it's not a matter of withholding anything. I will have it for you, and I'll give you the exact per diems of the chairman and the other members of the commission. So I'm not withholding anything from you.

Mr. Romanow: — Mr. Chairman, I'll accept the minister. I have no choice, I guess, but to accept the minister's in this regard.

I must say parenthetically that it certainly is a little bit confusing that you wouldn't know whether it's \$150 a day or \$400 a day or whatever the figures are. You would be kind enough, as you say, to put that before us, and we'll have an idea as to what this works out to.

Mr. Minister, having said that, I note on page 3 of the Premier's statement on this task force the following:

The work of the commission will not be restricted, but three major categories will be reviewed in detail: institutional, treatment and support services, insured services, and community (health) services.

Now if the commission has the independence to decide which of its mandate and terms of reference it should or shouldn't study in detail, how is it, why is it the Premier is telling us that the commission will study those three? I thought they had a totally free rein to do what they wanted to do here.

Hon. Mr. Mcleod: — The reason that those three are mentioned — and I think if you really analyse them and look at them carefully, if you were to look at this whole health delivery system that we have, the whole thing can be divided into those three areas; I mean, that's where it is now in terms of . . . So they're to look at those three and they don't have to . . . as I say, because their work is not restricted and will not be, if they decide it should be divided up in some other way or some other term, that's fine.

But institutional services, obviously, you know, anyone . . . and we won't get into all the details of what that is, but certainly institutional services, the insured services, and the community services are the services that are right out there on the ground, in the community, and so on. Those are the three areas — very basic to what's going on. And we just said, look, it's just a statement of the obvious, I guess.

Mr. Romanow: — Just a statement of the obvious, but why wouldn't the Premier state the obvious and highlight

the importance of, say, number 10: the assurance of quality in all aspects of health care. I suppose the minister's answer as well: of course it's obvious, everybody wants quality. But that's the whole point, you see, in this question and answers in estimates, and I don't mean to be overly critical of you, sir, but you see, you're not . . . (inaudible interjection). . . No, I don't. You're not clear to us as to what the commission's all about. On the one hand, it is to be comprehensive and that clearly is the case, but no, the Canada Health Act excludes. On the one hand, it's got a right to pick its own priorities, but the Premier identifies three of the priorities that it will report on. That's what he tells us it will do it.

We asked you about the per diems. Well you don't have the exact figure of the per diems. We'll let you know tomorrow what the exact figure of the per diems are. It turns out, really, that as I said in my earlier remarks, that the concepts, the very concepts of medicare and hospitalization are before us. I think it's just that kind of uncertainty and less than forthcoming approach about what this government really wants this commission to do that fosters, in the minds of some people — you can say it's only on this side of the House; I think it's more than on this side of the House — in the minds of some people exactly the motivation behind the government in setting this commission up.

I want to ask one other area before I leave this topic, to move on. Is the government going to take the position in view of the fact that so much money is going to be spent on the study of this health care field that for the next 18 months, or whenever it takes from now until the report of the commission, that the various areas that need improvement and repair are not going to be touched by the government; for example, the dental program to be reinstituted or the drug plan to be reinstituted. Is it the minister's position that these will . . . Well let's leave those examples out, if you don't like them. It's clear that it's government policy. It will take an NDP government to reinstitute those. But let's leave those examples out of it.

Is it the position of the government in other areas that in effect it's a status quo for the Department of Health until this commission reports? Surely there can be no other conclusion than that, otherwise you'd be acting on new initiatives while the commission is doing its study. So what is your position in that regard?

Hon. Mr. Mcleod: — Well I said very clearly at the time of the announcement of the mandate, very clearly it is not our intention . . . I mean, it's one of those things that one in your particular role, at the present point in time, if we said no, we're going to leave everything to the commission to study and we're just going to sit and do nothing and wait for it, you would say that well, that's just a cop-out. On the other hand, if we were to say well, as I am saying, that we are going to continue to operate the Department of Health . . .

Remember that the Department of Health is a \$1.2 billion operation, very large operation, divided into those three categories that we just spoke of in terms of institutional care, insured services, and the community services — all those three very basic areas. Some of the concerns that have been raised by the health critic and other members

as it relates to recruitment of specialists and all of those kinds of things, those are the ongoing, day-to-day, and month-to-month operations of a very large and all encompassing department. And we will continue to operate in a proactive way in that department, in this department. There's no question about that, and we must do that.

And just to restate it, the mandate of this commission is not to look at initiatives which may come into place necessarily in this next month or two months or whatever, or next year or whatever. The commission's mandate is to set out a blueprint for well on into the future. And that's, as I say before, and as they will all reiterate, all members of the commission will say that it's a very onerous and humbling and challenging sort of process for them to enter into. I'm pleased that they took it on, but at the same time they know very well that the operations of the Department of Health will carry on.

They are not there, the commission is not there — I'll make it very clear — to be either proponents of, or apologists for, initiatives that may be taken by the Department of Health through the time in which they are conducting their study, and that's as it should be.

Mr. Romanow: — Well, Mr. Chairman, I guess I have one comment and/or question to the minister as I close off this exchange on the mandate of the commission. I know for sure that the hon. Minister of Education must have had something to do with writing the terms of reference because the mandate statement talks about the needs of Saskatchewan people into the 21st century and beyond. I think we shall remember the hon. Minister of Education as he fades into the political sunset for that phrase. In the meantime, the concerns of the people in the 20th century we leave to other governments to deal with. The more temporal needs, I guess others will have to worry about, and the Minister of Education can worry about the 21st century.

(2145)

So the position of the minister is, I guess, that if under paragraph 9 of the terms of reference the task force recommended that it is not the best way to communicate illness prevention or health information or education of the public in personal health matters by way of massive — say \$2 million — advertising programs for something called “everyone wins” or something of that nature, it wouldn't matter, would it?

The government, if it in its wisdom felt that that's the way to go, it would simply say, well, we'll worry about this recommendation in the 21st century. I guess that's the position that we're in. You're asking an independent task force to recommend to you, but in the meantime you're going to continue doing what you want to do.

Now that is confusing logic for a government which supposedly is operating in a systematic and orderly way. Surely the minister does not mean that, but maybe he does. And if that's the case, I guess all we can do is just await the outcome of the task force, hope that the citizens of Saskatchewan understand the need to protect and defend their medicare and hospitalization, get out

there, unfortunately have to reconvince the commission and the government again about the four principles, the basics, and hope that it isn't too badly attacked, the report, by this government once it is tabled.

Thank you very much, Mr. Chairman.

Hon. Mr. Mcleod: — Well, first of all I think the member does a disservice to the members of that commission when you say that they need to be reconvinced or convinced at all about those principles. And I think, if you think about that for a moment, you'll know that's the case.

An Hon. Member: — I've thought about this a lot.

Hon. Mr. Mcleod: — I bet you have. I just might say one thing as it relates to . . . He was making a comment as it relates to my colleague — my colleague, younger than I, even younger than I, sir — the Minister of Education who speaks of the 21st century. And for those who are of the younger age group, let's say, the 21st century being 12 years away from now, we do not write off 12 years from now as some kind of a time into the aeons of the future. It all depends on one's age where one's perspective of the 21st century comes.

So I would just say for those of us who are in our 30s and 40s, let's say, we understand that the 21st century is just very close to being around the corner. We also understand that those young people who are finishing kindergarten right now, in the month of June, will be graduating from grade 12 in the 21st century. So, as long as we know where that is.

An Hon. Member: — Well, I think I understand that, too.

Hon. Mr. Mcleod: — I'm sure glad you do, because I've been concerned about the hon. member, a little bit, in terms of his perspective on the time. As time goes by, because of . . . and he will know, I mean, those who have come to the House in the '60s and so on, and deal with the issues of the '60s, it's a little different ball game now to be dealing with the '80s. And then to come with a perspective of the 1960s to the 1980s legislature of Saskatchewan, and then to have the very onerous possibility of having to think forward as much as 12 years from now for one of that age, I'm not sure. So, Mr. Chairman, that's difficult for the member, but I want him to really think about that carefully as well.

So, Mr. Chairman, I give the assurance again that the commission will be doing its work, and the Department of Health will be operating the necessary, very necessary work of the day to day, month to month, and year to year operations of this department throughout time.

Ms. Simard: — Thank you, Mr. Chairman. Mr. Chairman, the minister talks about the 21st century, but his government would have us living in the 18th century with respect to medical care. And the proof of that is the fact that his party passed a resolution saying that deterrent fees should be implemented in the province of Saskatchewan, the PC Party for the province of Saskatchewan, the PC Party for the province of Saskatchewan.

They've privatized medicare, Mr. Chairman, they've privatized the school-based children's dental plan, they want to move towards privatizing labs in the province of Saskatchewan. We can sit here and talk about one aspect after another with respect to the privatization of health care: their acknowledgement and acceptance and approval of the free trade agreement in Ottawa, which provides for Americans to come in and administer our hospitals and nursing homes, Mr. Chairman, which would result in the privatization ultimately of the administration of our hospitals and nursing homes in Saskatchewan. What this government wants us to do, Mr. Chairman, is to move back to the 18th century with respect to health care, not the 21st century.

And, Mr. Chairman, the minister talked in response to a question from the Leader of Opposition about a \$1.2 billion budget for health care. And I simply want to point out that that statement is very misleading. It's misleading inasmuch as this government has over the years transferred things from other departments and other agencies and put them in the Department of Health for the purposes of padding and inflating the Department of Health budget. That's what they've done, Mr. Chairman. While they were cutting back on health care services, they were taking things out of other areas and putting it into the health care budget so that they could make it look larger than what it actually was. And that amount, in effect, comes to about \$260 million in this budget, 1988-89 — \$260 million of reallocated funding, Mr. Chairman.

And I want to comment on these Saskatchewan Property Management Corporation payments that are in this Health budget, Mr. Minister. I believe that subvote 60 and 61 of the health care budget, Mr. Chairman, they come to approximately 16 million, in one case, and then vote 61 is 788,700, Mr. Chairman. We're talking a substantial amount of money.

And what this money represents is loans to the Saskatchewan Property Management Corporation, as I understand it, money that was already allocated in provincial budgets. And now the hospitals have to pay it, back to the Saskatchewan Property Management Corporation. This money was already paid out, and if I'm correct, Mr. Chairman, was already allocated in earlier budgets.

And there's a reference to some \$62 million to the Saskatchewan Property Management Corporation in this year's budget, which I suggest to you, Mr. Chairman, is going to show up next year and the years to come as health care spending in terms of loans being paid from hospitals and special care facilities to the Saskatchewan property management — a total fabrication, an untruth as to the amount of money that's being spent in Saskatchewan on health care, a total fabrication, Mr. Chairman. And that's what we're seeing in this budget.

If one takes a look at '83-84, there was a re-allocation of some \$163 million into the health care budget and they called it an increase. But it was just taken out of other departments and put in the health care budget. In 1984-85 it came to a 180 million; in '87-88, 242 million;

and this year in the vicinity of \$260 million, Mr. Chairman. And that puts an entirely different picture on the health care budget than this government would like to paint in this province, Mr. Chairman, an entirely different picture.

With respect to the allocation of funds to the community health services, we see a situation here, Mr. Minister, where there was a substantial cut-back of last year's budget of \$155,0000, and they reduced the staff available to perform these very valuable services by something like 22.5 person years.

And now we see, now we see, Mr. Minister, in this budget, '88-89, that being increased. In other words, the staff that was cut out has been replaced. And I find that rather interesting because I believe that that is an acknowledgement by the government that their cut-backs were hurting people, in particular were hurting rural Saskatchewan people, and they found it necessary to reinstitute the funding that they had cut back originally, Mr. Minister.

However, needless to say, in spite of the fact that they are putting more funding there, the fact of the matter is, is that early childhood psychology services and speech and language pathology services have suffered substantially in Saskatchewan, because we saw back from March '86 to March '87 an increase of something like 16.3 per cent in the demand. Notwithstanding that 16.3 per cent, they cut back, and it has certainly hurt those services very seriously in Saskatchewan.

And in particular, I know a case in point, in Regina, of a family that I've been dealing with, with respect to speech pathology, Mr. Chairman. And this family has been attempting to get services paid for by the Department of Health, and they've just been getting the run-around. They're told that the school system provides it through Wascana hospital. What do they do? They've underfunded Wascana hospital; Wascana hospital had to release two speech pathologists. They released two speech pathologists and the services simply aren't available there, not just because of lack of staff but also because of inadequate funding, so that they're unable to provide the specific service and only give consultative services, Mr. Chairman.

And that's what's happening today in Saskatchewan. We have concrete examples coming to us every single day, Mr. Chairman, concrete examples of people who are suffering in the area of early childhood intervention and in the area of speech pathology because of funding cut-backs by this government. And I think that they know that it has hurt people, and I think that is why you see a slight change in the budget in this area today, Mr. Chairman.

And with respect to community health services, I want to ask the minister, and he can answer it tonight or he can answer it next time we're dealing with health estimates, whether in effect there were community health services based in P.A. with some 11 employees, and how many of those employees are still left?

Hon. Mr. Mcleod: — I see my officials are writing down the specific question. I'll give you the answer when we return to this place — different time, same station, one of these days. So I'll give you that answer.

Just a couple of comments, Mr. Chairman, before we wrap up the committee tonight, as it relates to the specific question of the speech pathologist at Wascana. The member mentions this, the cut-backs of this government are taking out two speech pathologists and you cut them out of Wascana.

The facts, Mr. Chairman, the facts are the following: they had two part-time speech pathologists. The Wascana Hospital believed that they could provide the service better. Everybody in the field knows and believes that they can provide the service better with a full-time pathologist, speech pathologist, and that's what they've done and they've made the change — two part-timers to a full-time job. And that's what's been done. And so while you portray it as some kind of a major cut-back, it is in fact the very opposite of that.

Mr. Chairman, the member, in the very initial stages of those long and involved comments, most of which were not anywhere close to the facts, she said in the initial comments that the padding of the health care budget, it wasn't anything close to a billion and two, because you padded the budget by bringing in a lot of unrelated things to the health care budget — unrelated. Here's how unrelated the things that this government has consolidated into the health care budget: we brought ambulance services into the health care budget, Mr. Chairman; that's unrelated, I'm sure, to that member, unrelated ambulance services, pre-hospital care. Do you know where they had them when the NDP was in these chairs, Mr. Chairman? In Urban Affairs. Urban affairs department looked after ambulance services. That was really related to urban affairs.

Well, Mr. Chairman, they are rightfully located in health care now and definitely they will remain as long as we're in the government because it is the right place. And the health care sector in Saskatchewan says thank you for putting the ambulance services in the health care department.

Some Hon. Members: — Hear, hear!

Hon. Mr. Mcleod: — Secondly, Mr. Minister, nursing homes. What did we do with nursing homes? Padded up the health care budget with bringing nursing homes over from the social welfare department, senior citizens and nursing homes on welfare and being dealt with by the Social Services department because they believed that it was a social welfare sort of issue.

Well I believe the care of seniors and the housing and the care of those seniors in special care homes, and every member on this side believes, that those are rightfully located, and special care is rightfully located in the Department of Health because it is, without question, a health issue.

Some Hon. Members: — Hear, hear!

Hon. Mr. Mcleod: — So we are not padding the budget; we are putting appropriate services in the appropriate department. We've done that. And, Mr. Chairman, those are appropriate decisions to have been taking and everybody in the health care sector says so. And do you know what they say when those people come with those kinds of comments? They laugh about the way they operated in those days.

The committee reported progress.

The Assembly adjourned at 10 p.m.