EVENING SITTING

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32

Item 1 (continued)

Ms. Simard: — Before we adjourned at 5 o'clock we were talking about a number of different things, and we had pointed out to the minister that there had been cut-backs to public health nurses and cut-backs to public health inspectors and that the community health services branch generally had a shortfall in staff compared to previous levels. And the answers given to our questions indicate that many of these areas simply have not been brought up to the level which they were at a few years ago, Mr. Minister.

And although the Department of Health may be making some attempt to upgrade it, the fact of the matter is it demonstrates what I said earlier in my opening comments, that the government is attempting to play catch-up and, quite frankly, has not caught up in a number of different areas, and that's just not good enough, Mr. Chairman. The Department of health should be out in front on these areas. We should not be involved in a game of catch-up which we are today.

And the minister points out, for example, with respect to one specialty in particular, that the levels of service are higher today than they are in 1982. And I say, good, they should be. They should be, Mr. Chairman. They should be higher than 1982. They should be higher than in 1982 in every area, but they're not. And in this one area they may be higher than 1982 but the fact of the matter is, is the comparison with respect to population and per active speech pathologist is still high in Saskatchewan — high population per each speech pathologists — and the levels simply aren't acceptable.

And there's a lot more that has to be done by the government, and I'm sure the minister would acknowledge that. We are simply urging him to take another look at that and see whether there is any methods that can be employed for the purposes of encouraging people to train in the area of speech and language pathology, and for the purposes of attracting more speech and language pathologists to the province.

Reductions in child services for pre-school children is not going to encourage speech and language pathologists to come to the province, Mr. Minister. We have to keep on top of it and on par with other provinces across the country in order to attract specialists to the province.

And what we see, Mr. Chairman, generally, is an appalling shortage of specialists, therapists, and social workers in this province — an appalling shortage. And basically the reason for it, as I understand, is that our salaries in many cases are not competitive and the incentive packages in other provinces are more attractive. We see a situation where the School of Physical Therapy has been underfunded; we see that there is no school of occupational therapy in the province. And this has been raised on a number of occasions by the opposition and by OTs in the province, that there should be a school of occupational therapy in the province in order to retain more of the graduates from occupational therapy right here in Saskatchewan.

Generally speaking, there has been no vision in this area of specialists in therapy and no long-term strategic planning on the part of the government, as is the case with many other areas as well. We see an appalling lack of therapy services in rural Saskatchewan and a backlog of referrals, long waiting lists at many centres. And we see that hospitals are even suffering from understaffing in the area of therapists and social workers, for example.

So the physiotherapy in particular, if I might just deal with physiotherapy and zero in on that, I have been advised that all hospital physiotherapy departments are affected in one way or another by the problem of understaffing, Mr. Chairman. And we see growing waiting lists in both hospitals and private clinics.

Out-patient services have not kept pace with demand. There's an increasing demand for these services too, Mr. Chairman, which is another things that's happening in society. Because this is, if you like, an area of prevention as well. If someone can receive the physiotherapy and the occupational therapy that they require, the length of period that they suffer from their problem will be greatly reduced if they receive it promptly and if they receive adequate care and it's received as quickly as possible.

The home physiotherapy service for rural Saskatchewan, I have been advised, is minimal, Mr. Chairman. And I know that there was initially a two-stated expansion to the community therapy program which was planned to address this situation, but only phase 1 has been implemented. And phase 2, which I understand was to be implemented by now, was to provide an additional 10 positions, and simply has been put on hold and was put on hold in 1987.

In Saskatoon, the rehabilitation outreach program provides acute and rehabilitation home physiotherapy services for Saskatoon, and this program funds 5.25 physiotherapy positions. But I understand that there too the demands are far outstripping this program and that there's a backlog of referrals.

Regina's home care therapy services are another example of needs that are not being met because of the lack of staff, Mr. Chairman.

So I would ask the minister then, with respect to physiotherapy, with respect to physio — because I'll be getting into occupational therapy and some of the other therapies as we proceed through these estimates — how many new contracts have been awarded since 1982 to private physiotherapy practice, allowing medicare billing to private practice. How many new contracts since 1982?

Hon. Mr. McLeod: — Mr. Chairman, as the member indicated, when we finished prior to the break for supper,

the member was raising a series of questions and, of course, preceding most of the comments with her term cut-backs, and cut-backs in this area and that area.

I indicated before dinner that there were many areas of advancement, many areas of new direction and so on, and I mentioned Whitespruce and the Wascana hospital in rehabilitation; I mentioned the chiropody programs, rehabilitation centre in Saskatoon.

There are a whole series of other areas. We're not going to go over those but I will say that there is, in overview dollars, more money being spent on health care this year than last — certainly more in every year as we've gone through the estimates over a number of years now, more money spent on hospitals, more on cancer treatment and research, more on ambulances, significantly more in the ambulance area, in long-term care, more money, rehabilitation, that whole area of emphasis that was not emphasized for a good, long time in the province. The area of prevention, an area that was sadly lacking, that still has some way to go but which has a program in this province, a new initiative, fairly new initiative, that is catching on and is leading this country. Insured services, more money being spent, more money being spent on seniors, more on capital in both hospitals and in long-term care.

So all of those areas are areas in which the increases are there in funding and they're there for all to see, those who would wish to be objective on this.

As it relates to the specific question . . . Just before I go to that, the whole area . . . And this is a general thing that we did discuss before and that will be a thread, I'm sure, that goes throughout these estimates. And that will be the question of what I will call, in the country, a maldistribution of health professionals, and that's the case across Canada. And it's the case in Saskatchewan as well, where we have health professionals who wish to locate and seem to gravitate, certainly, to the cities, as professionals in many, many other fields tend to do. And it's a problem for us in terms of providing service to our remote areas of the North, which we talked about earlier as well, and to our rural areas.

The member says that her submission is that it's because of wages or that we have lower wages, or that there's a problem in that area. I submit that that's not the case. We're right there in the prairie average, which has been a bench-mark for this province for a long time.

I think the collective bargaining scene as it relates to the health sector is quite a good scenario at present. You think of some long-term care arrangements that are there now with nurses, long-term arrangements with physicians, long-term agreements with CUPE (Canadian Union of Public Employees), the support workers in hospitals, and in long-term care with SEIU (Service Employees International Union).

Most of the agreements and most of the tables which surround the health care sector have been settled, and not settled just on a short term but over some period of time and I believe that there's labour peace, to a large degree, out there in the health care sector. That's not to say there aren't issues, but many of the issues that, you know, as it relates to nursing and some of those, are issues that would best be dealt with outside of the context of collective bargaining. And that's one of the things that we're trying to do through the Department of Health and through co-operation with the nursing profession. So we can get into that later.

As it relates to physiotherapy, and that's the specific question the member had, there have been no new physiotherapy clinics open which have the right to bill the system, the insurance system. There are four which are in the works and will be open this year, during this budget year, and they are in the regional centres. And the plan there is to have one of these in each of the regional hospital centres, the same kind of facilities that are available to people in Saskatoon and in Regina. In the case of Moose Jaw as a regional hospital centre, there is already a physiotherapy clinic that does have billing privileges and there will be in the communities of Yorkton, North Battleford, Swift Current, and Prince Albert during this budget year. And that planning is ongoing right now.

As well, in the physiotherapy area in recent years, in recent probably three or four years, there have been 10 new physiotherapy clinics open who do not bill the medical care insurance branch directly, but who do bill workers' compensation, which is a large case-load for physiotherapists, obviously, and workers' compensation has arrangements with 10 other ones besides those which have the billing arrangements with medical care insurance branch.

Ms. Simard: — Thank you, Mr. Minister, with respect to the community therapy program, I understand that in the latest Department of Health annual report, '87 — 88 I believe, the government states that 92 communities are receiving regular service. But according to the Saskatchewan branch of the Canadian Physiotherapy Association, there is only 38 out of 51 centres receiving service in rural Saskatchewan. I'm wondering how the minister explains this discrepancy and what the true facts are with respect to the communities being served through the community therapy program.

Hon. Mr. McLeod: — Well the numbers I have before me, and I'm not just sure if there's a discrepancy in what . . . if the association that you're referring to, if the numbers are referring to, or where they feel that service in the truest sense is service by a physiotherapists who's resident there. I'm not sure if that's what they're thinking, and it may well be.

The numbers I have here are that there are 113 communities being served by community therapists now, but I know very well that some of those are with itinerant therapists and those that travel, and I understand the stress that some of these folks are under in terms of the amount of miles that they must travel. What I have here is that 85 of 108 hospitals are now being served; 80 of 105 special care homes are being served; and there are 113 communities being served.

Ms. Simard: — Thank you, Mr. Minister, I had indicated earlier that phase 2 of the community therapy had been

put on hold. Now is that still the case, and why has it been put on hold?

(1915)

Hon. Mr. McLeod: — The member refers to phase 1, phase 2. I'm sure anyone watching us would want to know what that's about. Phase 1 of community therapy was to be what the program is that we have now and that is service to . . . in the out-patient clinics in hospitals or in an out-patient basis in the hospitals and special care homes. Phase 2 was to be — which we should still strive for and we are continuing to strive for — to be at the point where we can have therapists visit patients in need in their own homes.

Now that's a laudable goal and it's not one we're able to do with the staff we have, but I will say that we have five new positions in physiotherapy and the community therapy program this year in this year's budget. So we're moving along.

And, you know, I think the point to make here is that this is 1989. In 1986 we began the community therapy program, the one that we're now talking about. We began that program under the auspices of this government, and while we would like to move to phase 2, and I'm sure that goal will be reached as we go further along and as we move in concert with several other programs, which take services directly to people in their own homes . . . That obviously is the goal that we have, and, you know, I just reiterate that here tonight.

Ms. Simard: — Well, Mr. Minister, the implementation of that phase, of course, is very crucial, if we're talking about primary health care and prevention, particularly with respect to seniors or people who wish to remain in their home as opposed to going into an institution, for example, which would be much more costly in the long run. I think that financially this would be a saving from the point of view of the government, although I would prefer to see it, to look upon it, as a manner in which we can improve the quality of life for many people.

Mr. Minister, can you tell how many funded positions there are, how many funded and filled positions in the community therapy program today.

Hon. Mr. McLeod: — There's one director of community therapy and 24 community therapists. So that's 25 people. The vacancies, I believe you asked for, are three. I'll even give you the locations — one in Rosetown, one in Prince Albert, and one in Melfort.

Ms. Simard: — Mr. Minister, is your department providing any incentive packages to recruit therapists to rural Saskatchewan and isolated areas?

Hon. Mr. McLeod: — The only, you know, incentives, to use that term, would be the bursaries and some of the sort of thing that go on, assistance for training. I will say that because of some changes in the modes of employ, sort of thing, we've gone with some jobs sharing which some of the people who live in . . . who are trained physiotherapists, in most of these cases are women who are working in rural Saskatchewan, who live in rural Saskatchewan, and who are willing to take on this community therapy position on a half-time basis. And so we have job sharing arrangements which have been a boon to the recruitment. And I think it's an innovative way to deal . . . Not that it hasn't been done elsewhere, and it has, certainly, but it's probably the wave of the future, more so. We're not having the same trouble as we were having, say, a year ago, or certainly two years ago in recruiting these people.

Ms. Simard: — Thank you, Mr. Minister. I want to just to point to patients . . . Well first of all, before I go on to that, I want to simply point out that in Ontario, for example, with respect to incentive packages, I have been advised that $15,000 over three years is being paid for people to go to underserviced areas in Ontario — housing tax allowances, educational allowance, and comprehensive benefits packages.

So this is what we're competing with, Mr. Minister, and that is what Saskatchewan is going to have to do if we want to get adequate physiotherapists and occupational therapists here unless we somehow improve the facilities and the working conditions to compensate for the very attractive incentive packages being offered in other provinces. And when I said earlier that wages were a factor, I was talking wages and incentives. So I think that that's something that the minister should take a closer look at and perhaps do something to overcome the discrepancies that now exist in that area.

We also note, as you know, that there are many patients — infants and accident victims — suffering with serious neurological impairments, and many of these individuals, these accident victims are living today when they may not have lived yesterday, so the demands with respect to physical therapy are becoming even greater, Mr. Minister, as a result of that aspect. Wee see a situation both at Wascana rehab and the children's rehab where we're having difficulty with respect to staffing some of these therapy positions. And I'm not going to go into staffing guide-lines for long-term care at this point because one of my colleagues will be dealing with that from the point of view of seniors, but I will move on to occupational therapists now, Mr. Minister, unless you wish to respond to those comments before I continue.

Okay, Mr. Minister, I just want to deal, if you're not going to respond to that comment then before I move on to OTs, with the fact that there has been a temporary increase in enrolment at the school of physiotherapy here in Saskatchewan, but I understand that the funding was needed largely to upgrade the whole undergraduate program and extra funding is needed for more graduates. And I'm just wondering what the government's commitment is with respect to the school of physiotherapy at the University of Saskatchewan, and whether or not the government is considering further increases in order to increase the enrolment there.

Hon. Mr. McLeod: — Some of the comments of the member as it relates to therapy and this whole area of physiotherapy, occupational therapy, and all that that entails and the way that's coming at us as a society, is a legitimate subject for these estimates, without question.

The comments related to Ontario and what we're competing with on incentives and so on are a little out of context in that what the incentives that are available in Ontario, I'm advised, are for individual institutions. There are some individual institutions with some very intense operations there that have these incentives.

And I think what we're seeing, and I don't know this specifically as it relates to physiotherapy, but as a general statement of what's happening in the country as it relates to some of this maldistribution that we talk about, with the overheated economy in southern Ontario and Toronto and region, and with the price of housing and the kinds of things, that people find just tremendously difficult to live in those circumstances when you're working in the health professions, or most of us would find it difficult in live in those kinds of . . . at that sort of expensive way of life.

Some of those incentives are there because while Ontario was sort of stealing from the rest of the country to a large degree, even a few years ago, the case is now that we are able to recruit, I say we, being all . . . most of the other provinces, and that's been a topic of some discussion at health ministers' conferences and so on in the last two years. So some of that is changing because it's . . . While some of the younger people still like to gravitate to Toronto and Vancouver, it's difficult for them to live in that expensive sort of . . . So some of that is settling out.

As it relates to the specific question on physiotherapy, we are funding 30 positions. You will remember there was 20 for the longest time and a couple of years ago we increased that by 10 positions per year, and it's at 30 now and it's our intention to leave it there. And we believe that in physiotherapy, for some of the reasons that I cited earlier in terms of the recruitment and some of the job sharing and so on, we're not having the same trouble recruiting as we were before.

Ms. Simard: — Well why would you leave it at 30, Mr. Minister, if we have a shortage of physiotherapists in the province?

Hon. Mr. McLeod: — Let's put this in context a little. We have in our hospital physiotherapy programs . . . We have 126 physiotherapists across the province in the hospital setting, plus the 25, I believe, that I referred to earlier. The 10 positions that we added in recent years . . . And in this past year we've had 20 graduates, because when we added the 10 positions per year that group is coming forward, I believe it's next year, will be the first time when there are 30 graduates. And so that's coming through the system and we feel that that . . . And that was the planning that went into it. When we put those in we knew they wouldn't be there immediately, they would be there three years hence. That comes up next year.

Ms. Simard: — Well, Mr. Minister, I hope you continue to review the situation, because from the information I have, that is not going to be adequate to meet our needs, and to meet the ever expanding needs in the whole area of physiotherapy in Saskatchewan. So I think that that should be reviewed very closely and some consideration should be given to expanding that as well.

With respect to occupational therapists, Mr. Minister, I think the situation is probably even worse with respect to occupational therapists. Saskatchewan has about half the number of occupational therapists per capita as the national average, Mr. Minister. And the . . . I think nation-wide there is about one occupational therapist for every 7,694 residents. However, in Saskatchewan, the figures are much higher. I think it's one to 14,228. That's the information I have, Mr. Minister.

In other words, occupational therapists in Saskatchewan have a case-load four times the optimum recognized by their profession — four times the optimum. The province to date relies on out-of-province education for occupational therapists, and it is maintained that this is one of the reasons why the attrition rate is so high, is because once people leave the province they tend to stay where they've taken their education or it's easier for them to move on and they're less likely to stay in Saskatchewan as a result of the out-of-province education.

(1930)

Some comments that were made here in a Saskatoon *Star-Phoenix* article, January 14, by a former president of the Saskatchewan Society of Occupational Therapists . . . She indicates that she and her two colleagues at the centre have case-loads ranging from 150 to 200 children, and the optimum case-load is in the range of 40 to 60. So the shortage means, Mr. Minister, that 30 to 40 mostly younger children get the lion's share of her attention while children over five receive the bare minimum. And so in other words, kids over five really suffer. That's what she says. They really suffer, the kids that are over five.

The comments were made by her about buying OT support from outside of Saskatchewan and the fact that this did not provide a structure for professional development within Saskatchewan because professional people like to see courses and training programs in their own province so that they can go back and take refresher courses and get involved in a support structure for their professional development.

I have heard, Mr. Minister, from a number of parents who are quite dismayed by the lack of occupational therapists in the province, and in particular with the Children's Rehab Centre in Saskatoon, which, as you know, I have raised in this legislature on a couple of occasions.

One parent, for example, has advised me that their child was to receive therapy once a week but only received it once per month and now has turned seven years old and the centre only treats pre-school children. So that child is now in the regular school system and the parents are paying something like $30 a hour for a physiotherapist. I understand some of that cost is recoverable, but it is still very high.

And similar situations . . . I've heard about occupational therapy at the Children's Rehab Centre, as I pointed out, and the fact that parents are unable to get their children in because of long waiting lists, or when they do get them in that they don't get the sort of intensive treatment that they would like to see them have. Now I have been advised that as of late June all the occupational therapists at the Children's Rehab Centre resigned, Mr. Minister, but I

understand that one was convinced to return. She did so for only two weeks and then went on vacation and I believe she'll be returning some time in September.

So I'd like to know from the Minister of Health what the prospects are for filling these other three occupational therapist positions at the Children's Rehab Centre. You will recall I raised this question some time ago. You said you were going to come back and report and so I'm waiting to hear your report, Mr. Minister.

Hon. Mr. McLeod: — The member's discussing this whole area of occupational therapy. We have . . . I'll just give you an overview of where we are. In training now in Alberta, we have five people going into the program plus 10 in the accelerated program, for a total of 15; and in Manitoba three people in the regular program for a total of 18. The graduates . . . These are our, what I would call our graduates or graduate student who are from our province, we'll have somewhere in the order of, you know, plus or minus in the area of 15 in 89; plus or minus 18 in 1990.

The bursaries, more than 50 per cent of those students receive bursaries from Saskatchewan Health to pursue this occupation, and the track record as it relates to those graduates that return to the province is about 70 per cent. I think it's about 70 per cent — 26 of 38 in recent years have come back to the province.

Now I've had those discussions as well with the organization representing occupational therapists, who lobby hard and I think legitimately for an occupational therapy school to be a part of that whole health sciences complex in Saskatoon, related to the physiotherapy and occupational therapy schools going together. I know that the arguments that they make as it relates to people being more likely to stay if they have taken their training in this province, I don't have anything to say, except I can't announce if there will e an occupational therapy school. I can tell you, it's under active consideration. We've considered it for some time. I believe I said a similar thing last year, and it's true; it's just a matter of when we're going to be able to deal with it. And I also know that there's some lead time required here, so it will need to be in place so that those graduates can come on stream once we have a school in this province. I personally am in support of the idea of a school in the province.

Now just to put it into context, those bursaries are about $11,000 — I have it here somewhere — they're about $11,000 a year for each student that receives a bursary to go into this. Only we're not talking about small money here but it is well worth our while to pay that for these people to come back and to go into the heavy case-loads that are here for them.

Now as it relates to the Children's Rehab Centre. Children's Rehab Centre, I think in recent months here, has gone from . . . The approved positions there are for four positions. We've increased it to save . . . and you're recruiting . . . And they're into very active recruiting and having difficulty recruiting. I'm not exactly sure why, but they are having great difficulty recruiting. Some of it is . . . Obviously more than just some of it is related to the shortage that's everywhere in the country, but the University Hospital is doing this recruiting. They have an extra position that we've granted to them.

We can only be hopeful that they will have this fourth person, but right now there are a couple of vacancies, or three vacancies. So there's no question. You raised the issue before. It's not an issue that is a desirable circumstance to be in, but it's one where there's active recruiting going on, and that's being conducted by the University Hospital.

Ms. Simard: — Thank you, Mr. Minister. My information is that you talk about, you know, the number of people being trained outside of the province. My information is, is that by 1992, we will have a need for some 236 occupational therapists in Saskatchewan, and presently there are approximately 56 full-time practising and 25 part-time practising. So you can see, Mr. Minister, that we're a long ways away from our objective. If indeed by 1992 we ideally need an increase of some 200 per cent, we're a long, long way from our objective.

So the problem is — and perhaps these are ideal numbers — but the fact of the matter is the problem is or will be of crisis proportions in 1992. I think it is now. I think when the Children's Rehab Centre has three or four positions and can get only one OT and the other three positions are vacant, we have a crisis with respect to the Children's Rehab Centre, Mr. Minister.

You said you're spending some 11,000 to send away how many students — 57 students or thereabouts, altogether? I'm not sure about the number 57, but what does that come to a year? That's $600,000 a year. Is that accurate, Mr. Minister? And if we had $600,000 a year, would it be more effective to use this money here in Saskatchewan on an educational program in occupational therapy?

I think that we need some long-term effective solutions to occupational manpower issue, and these solutions must be implemented immediately, Mr. Minister. I think it'll take approximately five years from the date the decision is made to fund a school for such funding to take place. In fact, the federal -provincial advisory committee on health human resources in 1988 stated, Mr. Minister, that over the medium and long term, provinces without in-province education capacity should consider initiating complete or partial programs in one or more rehabilitation disciplines to meet their own service requirements.

So it may not be necessary to establish a full-fledged school, Mr. Minister. There might be some complete or partial programs that could be undertaken to assist in this regard. But the fact of the matter is as well, Mr. Minister, it's not just the question of the school. I think that Saskatchewan has a reputation for massive case-loads, for lack of continuing education, little possibilities for advancement. And I think that this has also led to the fact that we are short of occupational therapists in this province.

There is the mental health field, for example; I understand there's only three occupational therapists working in the mental health field. And this creates a serious gap because occupational therapists, Mr. Minister, can

provide a crucial link between the demands of the work environment and the needs of individuals with mental illnesses, Mr. Minister.

So I really would urge you, I really want to urge you to zero in on this problem and look at ways of solving the increasing shortage — increasing inasmuch as demands are decreasing, and we are not meeting demands. And if indeed the predictions of some 236 occupational therapists for 1992 are accurate, Mr. Minister, we have a crisis on our hands and you must make this another one of your priorities.

Hon. Mr. McLeod: — Well some of what the member says, it's easy to do it from that side of the House. But I want to remind you again, community therapy began here in this province under this government. We are the people who created the extra 10 positions in the physiotherapy school, positions that I think that was a number was requested for a good number of years, a good number of years prior to us putting those 10 positions in there. And it was a number that wasn't just drawn out of the air; it was a number that was there and related to some long-term planning.

Just so I can clarify the numbers, I believe I said 11,000. And I'm not sure — you are using a number 57 or whatever. There are 18 students out of province, and each of them, the bursary students anyway, receive in total 11,000. Five thousand goes directly to the student, and 6,000 goes to the institution for the contract seat. So we have a contract seat which we pay $6,000 a seat for in each of the . . . or thereabouts, in each of their locations,, and then the bursaries themselves are $5,000 a year. Just so I could clarify that point.

Ms. Simard: — Thank you, Mr. Minister. Now with respect to Wascana Rehabilitation Centre staffing, my understanding is that they are facing very serious shortages as well at the Wascana Rehabilitation Centre. And the indication I have is that the centre could use 100 more staff in all areas; that the answer probably lies in training more occupational therapists, physiotherapists, speech therapists, and rehabilitation medicine specialists.

But as of December 31, 1988, there were some 109 people waiting up to 13 weeks, for example, for braces and seating devices, and 52 waiting up to 21 weeks for artificial limbs, and 89 waiting up to 16 weeks for adaptive seating. And the occupational therapy showed a waiting list of some seven to 10 weeks from referral to first visit. And in prosthetics, we're looking at a waiting period up to 18 weeks, Mr. Minister, up to 18 weeks at the Wascana Rehabilitation Centre.

So I'm asking you tonight, Mr. Minister, what you are doing with respect to the situation at Wascana Rehabilitation Centre, and whether or not you are giving this problem your consideration, and what measures you're going to take to fill the gaps that are now existing and to reduce the long waiting lists and the long delay in getting services that people are experiencing at the Wascana Rehabilitation Centre.

(1945)

Hon. Mr. McLeod: — Once again, Mr. Chairman, I want to remind the member, the Wascana Rehabilitation Centre which is for all intents and purposes . . . The second phase is now very much under construction, and there will be new programming associated with the new construction that is going on. We have in this budget, the budget we are dealing with here, a half a million dollars more for recruitment of staff in the new programming as well as the programming which is in existence, referring directly to some of the circumstances that you outlined earlier.

What I want the member to not lose sight of the fact of how, you know, this whole rehabilitation area has come to the floor not just from the sense that it's been coming to the floor from the society out there, but because . . . And I want her to, I guess, recognize why there is a new Wascana Rehab Centre — because of the commitment of this group that's in government now; why there is the programming that is there. And it's because of a recognition that wasn't always with us in the province, and that recognition is there.

So I will say, half a million dollars in this year's budget, over and above what was there before, is there for programming — new programming — plus recruiting for the original programming as it relates to occupational therapists at Wascana.

I believe there are 19.1 positions approved. There are actually 14.8 there. And I don't know where these point ones and point eights come in, I sometimes wonder about that, but that's the numbers we have — for a vacancy of 4.3 positions in OT.

In physical therapists, we have 26.2 positions approved there; 19.9 are occupied and 6.3 are vacant.

Obviously the attention that we must give it is on those positions which are vacant. And Wascana rehab, I know, is on a program of recruitment, and hopefully some retention. We believe and they believe that their new facility will speak loudly to the retention once they can recruit people to that facility.

Ms. Simard: — Well, Mr. Minister, once again we're playing catch-up and this goes back to my comments earlier that I've made on other occasions, Mr. Minister. This government has been in government for seven years. It's had no long-term strategic planning with respect to health care. These problems were foreseen not yesterday, Mr. Minister, not in 1988, they were foreseen much earlier than that and yet there was no long-term strategic planning or vision with respect to the therapies in Saskatchewan and how they could improve the quality of Saskatchewan lives. Now we're playing catch-up, and we find out that we're falling behind some of the other provinces and we may not be able to meet our future needs, Mr. Minister.

Social workers is another example of this. Social workers, for example, in mental health agencies, are needed both for the treatment of individuals and families and it requires a certain amount of specialized training. But the numbers of staff in this area has not increased to meet the

growing demands for the services. In rehabilitation services, recent research studies of disabled people and their families show a strong need for social workers services, particularly counselling services, Mr. Minister. But because of staffing levels, rather, in rehabilitation facilities, the amount of counselling that can be provided is limited, Mr. Minister.

At Wascana Rehab Centre, two pediatric social workers have a case-load of approximately 800 children, and a recent work-load measurement review showed that one pediatric social worker at the centre was in contact with over 157 families — in one month, an average 35 minutes of contact per family, per family. And the situation for adults, of course, is very similar. We see a situation with respect to social workers in the health care area in rural Saskatchewan being one of struggle on behalf of the social workers. Children with special needs and many elderly people are often forced to go to the city for services, Mr. Minister.

And with respect to special care homes, we find that there are four social workers employed in special care homes in smaller centres. In rural Saskatchewan, they are virtually nonexistent, Mr. Minister. So my question to you, Mr. Minister, is with respect to social workers working in mental health agencies, rehabilitation services, services in rural Saskatchewan, and special care homes. What is your department doing to increase these numbers?

Hon. Mr. McLeod: — Mr. Chairman, I've been listening to the member and I have been patient, rather patient, with this stuff about, we're playing catch-up. Once again you're playing catch-up, she says to me, playing catch-up on this and playing catch-up on that as it relates to staffing and occupational therapists, physiotherapists, and she goes through some of the staff.

I'm going to give the member a little list, and all members of the House, Mr. Chairman, of areas in which we have been forced to a position of playing catch-up in health care. We played catch-up in the building of the Wascana Rehabilitation Centre which was not in the planning and which was not built by the other guys.

We played catch-up on St. Paul's Hospital in Saskatoon, which has now opened a new regeneration, and which will have its official opening next month in September; that's catch-up as well on a big St. Paul's Hospital, a major tertiary care centre in this province that needed to be built. That's catch-up, and it takes time to plan it, put it into the ground, and have it open. All of those things have been done, in relative terms, in a very short time under this government.

We played catch-up in the regeneration of the University Hospital. We played catch-up in the building of a cancer clinic which was not there . . . 11 years of so-called planning and being ready. We played catch-up on announcing and putting into the ground the new City Hospital in Saskatoon.

We've played catch-up as well . . . (inaudible interjection) . . . Right. The member has put her finger on the key word here, "catch-up". We're playing catch-up on the General Hospital in Regina, regeneration. We played catch-up on putting a pediatric unit into the Pasqua Hospital in Regina.

We've played catch-up, and have we ever played catch-up on nursing home beds — more than 2,400 nursing home beds. That's catch-up from a 1976 moratorium that says, no nursing home beds shall be approved after 1976. And none were from 1976 through until 1982. Now there is something to catch up on, and we're still catching up. And who is reeling from it? The senior citizens across Saskatchewan are reeling from it and have been for a good number of years.

So that's catch-up for you. And that takes money and that takes commitment, and we have them both in spades on this side of the House.

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — We played catch-up on drug and alcohol rehabilitation centres.

An Hon. Member: — You've driven us to alcohol.

Hon. Mr. McLeod: — Drug and alcohol rehabilitation is an area that was so sadly neglected, and we are still playing catch-up in that area. The member will say, oh there's no problem and he's being driven to alcohol because of the actions of this government. I'll tell the hon. member and all of his colleagues over there, the area of drug and alcohol abuse had no commitment from you folks. Drug and alcohol abuse has commitment with rehabilitation now, and it takes money and we are still very much in a catch-up mode. We don't say that we've arrived yet. We know that.

And in home care, more than doubled, more than double the funding to home care. And you know that. More than double the funding to home care and we still need more and that's why we're still playing catch-up. We're playing catch-up in many areas, so don't give us lectures about catch-up.

There's no question that we are in some difficulty. We are in some difficulty in recruiting. Some of those difficulties are related to shortages in the maldistribution of professionals across the province. I've been more than patient with some of the stuff that's been coming from the mouth of the critics across the way.

Some Hon. Members: Hear, hear!

Ms. Simard: — Mr. Minister, back in 1987-88 you cut the provincial health budget by some $18 million. You destroyed the dental plan and you hacked and slashed at the prescription drug plan and caused untold suffering. We have witnessed unprecedented waiting lists in this province, ranging from 12 to 14,000 people on hospital waiting lists in this province because of your lack of commitment to health care, because of your underfunding to health care, Mr. Minister. That's what was happening. You were playing cut-back at that time. Cut, cut, cut; underfund, underfund, and underfund, Mr. Minister.

We see, even today, interns blacklisting this province, blacklisting this province because your government did not see fit to treat the interns in Saskatchewan properly. You did not see fit to treat them properly. Now, Mr. Minister, because you're receiving some political pressure with respect to the interns you might do something for them. And you know what we'll say? You're playing catch-up; that's what we'll say, Mr. Minister.

And with respect to mental health, Saskatchewan was a leader in the mental health area until the PC government took over, Mr. Minister. We were leaders in the area of mental health, and mental health has deteriorated in this province to such a position that it's disgraceful, Mr. Minister, because your government refused to make health care a priority, because your government decided to cut health care services for the purposes of paying off your $4 billion deficit that was created because of your incompetence and mismanagement and your misplaced priorities and your privatization agenda, Mr. Minister.

Some Hon. Members: Hear, hear!

Ms. Simard: — Your privatization agenda, Mr. Minister, your privatization agenda that sees a dental health plan that was world-class in North America — world-class — one of the best in North American if not the best in the world, and you, Mr. Minister, decided to destroy that because of your privatization agenda, Mr. Minister, because of your privatization agenda.

And yes, you are playing catch-up, and your 11 per cent increase doesn't barely catch up for the fact you have not funded health care even to the extent of inflation over the years, not to mention your huge cut-back of a couple of years ago, Mr. Minister.

So what we see is catch-up on hospital waiting lists, we see catch-up in the therapies where there's been no long-term strategic planning by this government, no vision, no input into therapies and home care. We will be talking about home care, Mr. Minister.

But home care is the answer with respect to a lot of seniors and elderly people in this province, Mr. Minister. It's a way of reducing costs rather than special care homes. Home care is an answer in many, many of these cases. And prior to 1982, the New Democrats had made a commitment to home care. They wanted to put services into home care and to build with respect to special care homes where needed, but services in home care.

And this government put a hold on home care. It has not completely endorsed the concept of home care and certainly has underfunded home care. And you only have to talk to all the home care workers across this province to know what I'm saying about home care is accurate; that the home care workers and people working in the home care program feel they've been very poorly treated by this government — very poorly treated, Mr. Minister.

So yes, Mr. Minister, you are involved in catch-up, catch-up resulting from you attempting to pay your $4 billion deficit on the backs of the sick and the elderly, Mr. Minister. That's what we mean when we say catch-up.

Now I am going to refer to my colleague who has some questions with respect to home care, Mr. Minister, and with respect to some of the issues respecting seniors.

Hon. Mr. McLeod: — Before the other member comes in, I have just a couple of comments. I think it's important that we lay some of these facts out between us. You know, the members says we haven't kept up with inflation. In fact, I think you said didn't even keep up with inflation. I think the record is there for all to see.

In 1981-82, the expenditure on health care was $741 million. In 1985-86, it was just over the billion mark for the first time. This year, in this budget which we are now discussing this evening, it's $1.4 billion, and that's an increase over a period of eight years of 90 per cent — more than 90 per cent increase.

Now, Mr. Chairman, any objective observer would tell you that there has been no inflationary increase of 90 per cent over the same eight years. And you know it, all members there know it, the former minister of Health knows it, all these people over here know the facts are true and they speak for themselves.

As it relates to home care, the member talks about home care expenditures, and I agree. I mean, we are on the same agreement that home care is the wave and that we'll need more and more of it. but we have increased home care by 100 per cent — 109 per cent, to be precise — from $13.3 million in 1981-82 to $27.8 million in '89-90. Mr. Speaker, Mr. Chairman, that's a commitment to home care. It's not the commitment that we will need as the needs for home care keep coming toward us; we know that that's the case. But for the member to say when there is pressure to home care, which I acknowledge that there is, to say that pressure is as a result of us not having a commitment with funds up front for it, is not accurate and should not be accepted by the committee, Mr. Chairman.

Some Hon. Members: Hear, hear!

(2000)

Ms. Smart: — Thank you, Mr. Chairman. Mr. Minister, I want to direct some specific questions to you as the critic for seniors' issues. I have a number of areas that I want to cover, but I think first of all I want to express to you on behalf of the seniors my concern about the way in which the seniors are being treated in this whole health care issue, Mr. Minister.

I think to put it in a nutshell, my concern is this: I hear many, many times our describing the health care problems in this province as being the result of an ageing population. The seniors, it seems to me, are being blamed for the cost of health care and are being made to feel guilty somehow that they are taking all this money and needing all these services because of the ageing population.

I want to express my concern about that, Mr. Minister, and to say to you that I guess I'm not surprised to hear the government constantly saying that it's because of the ageing population that our health care costs have gone

up, because the government opposite has been very reluctant to look at some of the other major causes for the high cost of health care.

I was, for example, really surprised the other day to discover — I knew it was going to be high, but I didn't know how high it would be — that the cost for prescription drugs has gone up 233 per cent in this province. That's a terrific increase. And the reason for that, Mr. Minister, as we've pointed out many times, has been because the multinational drug companies have gotten control of the drug situation in Canada, and have persuaded the Conservative government federally to do in the Canadian generic firms and bring in an extension to the patent laws, so that the drug costs have gone up tremendously.

And we also have in medicine — and you've mentioned it too, but I think it needs to be really underlined — the development of the technological arm of medicine, and that's connected to the businesses that develop the machines that are produced for us, the high technology in medicine, the fact that a lot of capital has gone into that, to the promotion of the machines, etc. Yes, they do help people. I'm not denying people the opportunity to have access to that kind of technology, but I'm speaking as the critic for seniors' issues, and I'm expressing my very deep concern that the problem of ageing is being used to say that that's why we have such a high health budget.

And, Mr. Minister, one of the reasons why we have such an ageing population — I'm not denying the fact the there are a lot of older people now in Saskatchewan than there were before — one of the main reasons why we have an older population is because they've been healthier over the years and they've been able to live to an older age. And one of the reasons for that is because we've had a good health care system in this province for many, many years thanks to the CCF (Co-operative Commonwealth Federation) NDP from 1944 on, and the development of medicare. And so we have a healthy ageing population.

We have many people who are very healthy and living into an old age, and that's to be considered a plus in this society, not a minus. It isn't something that we have to carry as a heavy burden. We should be honoured that we have developed a health care system that keeps people in good health, and that we have many older people who now need services and well deserve them. They're the ones that have been pioneering this health care system over the years; they're the ones that have contributed to the building up of this province; and I should say, Mr. Speaker, that they're the ones that are experiencing quite a bit of stress right now to see what you're doing in damaging the work that they've worked so hard to build up over the years.

Mr. Minister, I was sorry that you weren't able to attend the senior citizen conference in Prince Albert this year, although, you know, you were expected as a speaker, but they passed a number of resolutions, had some very interesting discussions about health care.

One of them was a resolution that was passed by a large majority, and this is the Saskatchewan Seniors Association, with over 200 people at their conference. They passed a resolution calling on the government to show restraint and cancel your plans for the 85th birthday celebration, the $9 million that's gone into the Future Corporation, because in our province hospitals and health care facilities are handicapped by a lack of funds. The seniors were asking you to stop that particular program because they were concerned that the money go to health care, and rightly so.

And another resolution that they passed by a large majority again, Mr. Speaker, and with very little debate, was their resolution regarding privatization, and they said this:

> Whereas governments in the United States, Britain, and in Canada, including Saskatchewan, are heading down the path of privatization, even in the field of health services; and
>
> Whereas the free trade deal with the United States under chapter 14 will allow this to happen since American corporations are allowed the right to come into Canada and operate for profit all types of health care facilities and services;
>
> Be it resolved that we request our executive and board of directors of the Saskatchewan Seniors Association, Inc. (and you may be aware of this, Mr. Minister) to present opposition to this and to lobby the federal and provincial governments to prevent such United States and also Canadian for-profit groups and corporations from taking over sections of our health care services.

Now, Mr. Minister, I'm sharing that with you, although you know it already if you've had a report back from your associate deputy minister, who was at that conference. I'm sharing it with you because you've been one of the people who have accused us of trying to frighten the seniors all the time as well, and saying that we're using scare tactics, and I'm saying that the seniors are not vulnerable to that kind of manipulation. The seniors understand very clearly what's happening in this province. And this resolution regarding privatization reflects that; the resolution asking for you to cancel the 85th birthday celebration reflects that. They know where it's at as well as we knowing where it's at, and the concerns that they've been expressing deserve your consideration. And I would urge you to take them seriously and I would urge you not to keep on reiterating that the reason for our high health costs are the ageing population but to support the seniors and to be honest with then, and be up front with them about what the costs are in this province in terms of the other factors that are impacting on our health care system.

Our critic for Health was mentioning poverty earlier, Mr. Minister, and I just wanted to underline that in terms of seniors, because while we're looking at trying to help people at the health care and looking at prevention, we have to look at the low incomes that many older Saskatchewan people are living on, not just the seniors, but the people who are between the ages of 50 and 65, many of whom have lost their jobs and haven't got any income except social assistance.

And they're not doing very well at all, Mr. Minister, and their health is jeopardized by their level of their income and by the fact that programs like the home repair program's been cancelled, so that seniors have more difficulty getting money to repair their homes. And one of the things that's so important in terms of health is having access to good shelter.

And also, Mr. Minister, I want to underline that the seniors, both at this conference and all around the province, have been expressing their interest and their concern about the dimensions of preventative health care, the things that can be done to make it better for them, to continue to make it better for them in their old age so that they don't become a really expensive burden on the health care system. And one of the things they've mentioned regarding that, of course, is home care.

Now, Mr. Minister, you mentioned that the home care budget has been increased by 12 per cent. I look at the figures in the home care budget and going from 23,000,400 to 27,000,700 is, in my calculations, under 9 per cent, just under 9 per cent increase, not 12 per cent. If you've increased the home care budget by 12 per cent, can you tell me where that increase is?

Hon. Mr. McLeod: — There are a couple of things, Mr. Chairman. I believe I should clarify, the hon. member in the initial comments said that — I'm not exactly quoting here, but I believe it was the case that she said that she's heard that prescription drugs prices, drug prices from the manufacturer went up 233 per cent in the last year. Is that . . .

An Hon. Member: — Not last year.

Hon. Mr. McLeod: — Since when then? If I could just get a clarification. Because, Mr. Chairman, a number like 233 per cent, the member will say, and I'm not sure where she's relayed this information, at which meetings of seniors or which seniors you she talked to. But that's exactly what I speak about when I, to use your word, accuse you of frightening seniors — 233 per cent.

Here are the numbers, here are the real numbers as it relates to . . . you know, you people over there were involved in, you said oh well, don't support this Patent Act because you know we don't care about manufacturing or whether the manufacturing's done in Canada or whether that manufacturing done in Canada speaks to the future of this country in terms of our competitiveness in the world and all of those things. We don't care about that. We don't want to hear about that. We just want to hear that well, drugs are being made somewhere and we don't want any changes made because change scares the heck out of us. That's the posture that you've been taking.

The facts are, in 1988, this is after the passage of the Patent Act, Bill C-22, in 1988 drug prices went up 3.3 per cent, less than inflation, less than inflation significantly, and the lowest increase in a good many years — that was in 1988.

In 1989 drug prices are, now hear this one, not 3.3 per cent — 0.8 per cent increase in drug prices from the manufacturer, by far and away the lowest increase in a number of years. Mr. Chairman, it is not . . . and we have not said, and it is not the case as it relates to drugs and the utilization of drugs and so on, that the costs and those inflationary costs or the very large increases in costs are what the problem is. The problem in the delivery of health care as it relates to drugs, relates to the misuse of drugs.

And that misuse of drugs . . . and it's been documented in many jurisdictions beyond our own, and it's not related to what happens here in the drug plan and all of the things which you will scare up. It's related to the fact that we have a number, a large, large number of our senior population who have been . . . who are in serious difficulty with the numbers of prescription drugs, the various kinds of prescription drugs they use, and that's been acknowledged and it is acknowledged by the medical profession as they conduct studies.

The health care . . . the study and the growth of use in health services released here in this province shows just that, that one of the very major increases in costs of health care and in costs as it relates to, not just financial costs, but costs to our own health as citizens, is the abuse of prescription drugs as well as obviously the abuse of non-prescription drugs.

So, Mr. Chairman, that's important and it's an important point to make and it's one that we all should, here in positions of responsibility, should be on the same wavelength in this area.

So no one is accusing the seniors of using the system beyond what they should No one has said anything like that. And it isn't the case, so don't . . . I would ask the member to be sure to lay out the facts as they are. Our commitment to seniors is there throughout this health budget in home care, in the doubling of the home care budget, in the 2,400 beds in long-term care beds, in the chiropody program, and many of those others that I mentioned.

Now to get to the member's specific question as it relates to the budget. For home care, in 1988-89 — these are the 45 home care districts plus northern home care — the budget was $24,419,500; in 1989-90, the one year following this present budget, $27,777,200, for an increase of 13.8 per cent. That's the increase in this year, blue book over blue book.

Ms. Smart: — Mr. Minister, we're going to talk more about the prescription drugs later. I want to turn back to the seniors because the seniors have been expressing to me a concern about being consulted in terms of the health care programs that you're developing. I know in the brief to the health care commission from the Saskatchewan Seniors' Association they were requesting that the Home Care association accept an elected or an appointed senior to their board, and that there's many other briefs to the health care commission recommending that seniors be more fully consulted, Mr. Minister.

With regard to the continuing care branch, you do say that consultation with local service agencies and consumers should be carried out to ensure the co-operative and co-ordinated development of long-term

care. I would like you to describe how you consult with seniors. Do you have any formal structures, either with interdepartmental or in connection with seniors' groups and would you be more specific about how you consult with seniors.

(2015)

Hon. Mr. McLeod: — Well, Mr. Chairman, there are ongoing and a good deal of consultation that goes on with all kinds of groups across the province, certainly with seniors. The senior citizens advisory council which is set up really under the auspices of my colleague, the Minister of Social Services, but that advisory council, I've been to their meetings. Others in our department, and members, senior people in this department are involved in meeting with that group.

We have an associate deputy minister, Mr. Loewen, who you referred to, who did speak at the meeting that you referred to, senior citizens, and I agree with them and I agree with you. I would have liked to have been there as well. It's just one of those things that one can't be in two places at one time, although I think that's expected from time to time. So I wasn't able to be at that particular meeting, but I know that Mr. Loewen did an excellent job for the department in that role.

So that consultation goes on. It goes on on an ongoing basis. The member, I think, will and should realize that there are many, many senior citizens who consult with a good number of very dedicated members of the legislature that we have here. They deal with not only the organizations but also the local branches of those organizations in their constituency. And they deal with a good number of individual senior citizens who will make their wishes and their thought well-known to their members, through their members to myself. So that consultation, that is not something that . . . nothing magic about it. It's gone on for many years. It's gone on with whoever occupies this chair, and it continues.

As it relates to consultation, it's been about, I think, three different times now during these estimates somebody's mentioned that consultation. . . that we talk about consultation and don't in fact have consultation taking place. I just would like to read into the record, Mr. Chairman, a list of some of the groups and some of the consultative groups that we have in place.

In addition to a number of professional consultation committees, the following committees have been established since 1982, were not in existence prior to that. Business liaison committee — that's related to the Everyone Wins program and to the whole area of health prevention; community health medical care advisory committee, the community hospitals funding review committee, global hospital funding review committee; the home care nursing review committee; the medical technology advisory committee, which is being established just now; mental health medical advisory committee; minister's advisory committee on health promotion; minister's advisory committee on organ procurement; minister's ambulance advisory committee; minister's medical advisory committee; professional liaison committee; review committee on the growth in use of health services; Saskatchewan Commission on Directions in Health Care, obviously one very large consultative process that was put in place by the Premier; the Saskatoon hospitals strategic planning committee and the working groups associated with that; the task force on breast cancer screening.

All of those areas which touch across the bases, the whole base of health care delivery in the province. We have these advisory committees in place; they are all very much a part of consultation.

The chairman of the seniors' advisory council is on the advisory committee on health promotion, the chairman, Mr. Azevedo of Nipawin. So we have seniors involved in many of these and we have seniors involved in many ways in advising this government, advising myself through the Legislative Secretary, the member for Wascana, through the Health caucus chairman, what we call the health caucus chairman in this caucus, the member for Rosthern, and other members. We have a lot of consultation that goes on with seniors. And the programs that we have which speak directly to the needs of seniors are a direct result of that consultation.

Ms. Smart: — Mr. Minister, the list of organizations that you've just read to me are mainly organizations of professional health system, not seniors' organizations. And while I recognize that there may be seniors on some of those committees and I recognize your senior citizen advisory council, the seniors are saying that they need much more consultation as consumers of the health care system than what they are presently experiencing.

Mr. Minister, I'd like to turn though to talk about the district co-ordinating committees for a minute. My understanding is that there's no formal mandate within the Department of Health for them and that there's no funding available for them. My question is, do they co-ordinate around the province at this point, and do you have any plans to give them a formal mandate and funding to continue their work?

Hon. Mr. McLeod: — It's interesting that the next topic after the topic of no consultation is the question related to district co-ordinating committees which have been successful and are working very well in the province. There are 85 district co-ordinating committees in the province, Just last — was it in the fall? — last fall there were a series of regional meetings with these district co-ordinating committees done by Mr. Peters and others in the department, and those meetings were just that very thing, the consultation that we talked about earlier, about what can be done in a better way with the district co-ordinating committees. The DCCs (district co-ordinating committees) are an initiative that came forward once again under the auspices of this government, and they're a thing that has worked very well.

And you know, I think your question was, do we have any plans for formalizing the, I think was your term, and I can't really say that we have any plans for formalizing the many more than what they are now. We're certainly been encouraging and we've been trying to nurture these into place in areas where they didn't fall in to place quite

as quickly as some of the others did, but I would say, in a province-wide basis now, the district co-ordinating committees are working very well and are well received by people out there.

Ms. Smart: — The briefs to the health care commission underlined that the government must facilitate the role and function of the DCCs, and they need funding and they need a formal mandate, Mr. Minister. What you have here in the continuing care branch directory is that each committee is composed of representatives from the local special care home — a representative from the local special care home is not necessarily a senior — representative from the hospital, from the home care agency and the housing authority, and then other local service organizations and professionals, such as mental health, public health, consumer groups, and therapists may be represented.

Now there's no formal mandate there that the DCCs must have seniors on their committee and be represented, and I'm raising that concern with you because I know that's a concern for the seniors, that they have to have a more formal structure for consultation at the local level. They've said that regarding housing and they're saying that regarding health care.

I want to turn to the home care budget, Mr. Minister. I challenged you when you said that it had been increased by 12 per cent. I said it had been increased by 9 per cent. I don't think you explained to me the difference. If you look at the budget that's published in *Estimates*, the home care budget for this year is 27,777,200 and last year was 24,419,500. I make that an increase of just about 9 per cent, just under 9 per cent. You're saying the budget's been increased by 12 per cent. Where do you get the other 3 per cent?

Hon. Mr. McLeod: — Well you know there's probably not much served by us going through these numbers except to just clarify whose calculator works best, I think.

The numbers are in this years budget: 27,777,200, as you said; last year 24,419,500 — I believe it's 13.75 per cent. That's the difference between those two numbers according to the calculators that we have, and the batteries are new. So check your calculator and put new batteries in it.

Ms. Smart: — Mr. Minister, an increase of 3,357,700 is about a 9 per cent increase, and I don't want to hammer that any further on you. I want to point out that it's still only 2 per cent of the whole budget, and it's a very important program for the seniors.

Now I want to ask you to break down the funding formula for me for the home care, and what will the block funding be for 1989-90? What's the block funding?

Hon. Mr. McLeod: — Block funding, I'm informed, is $23.1 million. I think that's the question that the member had. I just would ask for one bit of clarification. Once you get that other number figured out, I think it's important that when you do go and tell seniors what the home care budget increase was, that you are very clear with them that it is 13.75 per cent and not 9. You know, you could scare them with only a 9 per cent increase.

Ms. Smart: — In the funding formula, Mr. Minister, what is the amount per capita?

Hon. Mr. McLeod: — The '89-90 funding formula for each district is $44,940, base funding; plus $10 per capita; plus $44.78 per senior age 65 and over; plus $85.03 per senior age 75 and over.

Ms. Smart: — And what's the total for the target grants?

Hon. Mr. McLeod: — Two point six million dollars.

Ms. Smart: — Mr. Minister, I just want to point out that people have said very clearly that this kind of funding formula does not provide for the flexibility for the districts to continue some of the services that they contract with the family to offer, because sometimes the funds run out. It's a complicated process funding health care, home care, and your budget has not increased by very much. It's increased for the amount per person over 75 but the other figures are pretty much the same as they've been in the past.

Mr. Minister, I want to also point out that the fees that you charge for home care deter senior citizens from getting that care in many instances, and that there's no similar deterrent to hospitals and special care homes except for the personal needs cost which I'll be mentioning later.

(2030)

And with home care, the people themselves provide quite a lot of their costs. They cover their shelter, their food, and their major care services. This is a great saving to institutions. The executive director of home care in Saskatoon has estimated that it costs only $140 a month to support a chronically ill person with home care, compared with $2,500 a month for care in a nursing home.

Now much of that service is provided by volunteers, Mr. Minister, as you know. But I understand, when the associate deputy minister spoke to the seniors in Prince Albert, he said that there's some discussion and some disagreement in your department as to whether home care costs actually do end up being cheaper than institutional care. Can you discuss that a bit, Mr. Minister, from your point of view in terms of policy development. Are you seeing home care as a way of reducing the costs or do you see it as the same, it costing just as much as the institutional payer?

Hon. Mr. McLeod: — The member asked me to comment. I think it's at least a legitimate subject for us to discuss here. For light care or lighter care people, there's no question that home care or service right in a person's own home is exactly what we should be striving for and what we are striving for. There's no questions that that's true.

And I think the member says that there's some discussion within the department whether or not that's the case. The people in the Department of Health, all of them, believe strongly in home care initiatives. We all do: I do, the

deputy minister does, and no one here in this department does not believe in it, and no one in this government that does not believe that's an important aspect.

But there's a balance there, and the institutional care is important as well. We need institutional care. We've been building institutional care beds, as I've indicated to the House a few moments ago. There's a balance. There certainly has . . . You know, I think one of the questions that many within home care will . . . As they get into their discussions about what home care can do, they speak in glowing terms about, home care may be able to bring about a reduction in the use of hospitals and some of that sort of thing. I think there's no question that what has been happening, and what can happen to an increasing degree, is we can slow the increase in the use of hospitals, is about where it's been going, and I think that's a more fair way to put it. And I think that's been happening already, the slowing of the increase in the use of hospitals and hospitalization and institutionalization of some clients who get good service from home care. And I see the former minister of Health nodding his head and agreeing with me, and I appreciate that.

Another point that the member made a moment ago was that, I think she said that there is a significant increase in home care funding in this year's budget for those 75 and over, but not very much for those that are in the 65 range and younger than 75. And just so that the member has it all in context, 63 per cent of the services that are received by seniors from home care are for those people 75 and over. So that's the legitimate place to target the increase in funds and the substantial increase in funds go to those areas that need the most services, and in fact that do receive the most services.

Ms. Simard: — Thank you very much, Mr. Chairman. Mr. Minister, I have just received a memo here about a specific situation and I wanted to raise a question on it this evening now that I've got you here, and it has to do with kidney stone operations.

Apparently there's an individual who requires a kidney stone operation but this can only be done in Winnipeg or Vancouver, and the waiting lists there are fairly lengthy, I have been told. And apparently this individual or people who are waiting for these operations suffer a great deal of discomfort and pain when they're waiting. The problem arises as a result of a lack of an ESW (echosonographic wave) machine to perform this type of operation, and I understand the ESW machine uses shock wave therapy to successfully eliminate kidney stones in 85 to 90 per cent of the cases.

But apparently negotiations between the base hospitals in Saskatoon and Regina and the Department of Health have been going on for two years without any results, Mr. Minister. I also understand that private money has been donated for this machine. And I am wondering what the status is with respect to this machine, Mr. Minister, and whether or not Saskatchewan can look forward to an ESW machine being implemented in the near future in Saskatchewan.

Hon. Mr. McLeod: — The machine that the member is referring to is lithotrity, I believe, the exploding of kidney stones and so on.

You're quite right in saying that there has been discussion going on for some time with the department and primarily with St. Paul's Hospital to put it into a very strict . . . If there was to be one of these machines in Saskatchewan, it would be . . . I think everything would point to it being at St. Paul's, if it was here.

But the economics of this machine are the following: it's worth about $1.8 million. In order to justify it on an economic basis — and obviously there are many things other than that — but there would be a need for a volume of 2,000 cases per year for that. It's only a matter of about two years ago that there was one of the machines in all of western Canada, and that was located in Vancouver. People from Winnipeg west went to Vancouver for this service.

Presently we have about 86 cases a year in Saskatchewan — in Saskatchewan, not just in northern Saskatchewan or in St. Paul's normal catchment — 86 cases per year and they go to Vancouver. Some in recent months have been going to Winnipeg, and Winnipeg has one which they are having the same sort of . . . You know, in discussion at the Health Sciences Centre in Winnipeg, when they were putting theirs in, I think they were counting on some volume from north-western Ontario and from Saskatchewan, probably at least part of our province, to go there, as we deal with how they can make theirs justified in that city of Winnipeg.

We have what is called a medical and technology advisory committee in the province now made up of health professionals and technology professionals — that's under way — and they're reviewing this request which has come from St. Paul's. We are focusing the request for lithotrity in the province on the St. Paul's request, if that's the case.

But the jury is still out as it relates, not just in the Department of Health but throughout the health community, on the need for this in the province or whether or not we can get our people to these other centres. And it's a matter of time. You were quite right in speaking about the discomfort that people suffer when they have kidney stones and so on.

So this is new technology. This is technology which is coming at us quickly. And if I was guessing, down the road, I think that we will . . . You'll see some action in this area. But I'm not sure when, and I certainly can't give a commitment to the House or to St. Paul's.

Ms. Simard: — Thank you, Mr. Minister. I want to direct your attention to a very serious problem in Saskatchewan, and that's the problem of teen pregnancies.

As you know, they are unacceptably high in Saskatchewan. In facts, births to young women, 16 and under, have been increasing, Mr. Minister. In 1987, there were 345 births to mothers 16 and under compared to 284 in 1986, which represents something like a 4.6 per cent increase.

We understand that Saskatchewan has one of the highest

teen pregnancy rates in the country. Each week some 40 adolescents become pregnant, Mr. Minister. And the solutions, of course, are education and prevention, Mr. Minister — education and prevention. We have seen prevention implemented in Ontario, and it has a had a very noticeable effect with respect to reducing the number of teen-age pregnancies in that province.

So, Mr. Minister, my question to you is: when is your government going to implement a proper family life course which is not only taught in our schools, but which can also be extended to parent participation, parent information, and parent involvement in the course?

Hon. Mr. McLeod: — The whole issue of teen pregnancy is one that the member . . . The issues of teen pregnancy that the member raises is one that obviously is of concern to us all in delivery of health care to the province. To the extent that numbers like this are any kind of comfort, the numbers are going down or they're maintaining a fairly consistent level in recent years.

I would just point out some numbers here just to start with. I'm speaking now of single mothers, 19 and under: 1979, there were 1,419 births to single mothers; in 1988, it's 1,401. It's just remaining consistent . . .

An Hon. Member: — But not the young ones, George, that's the point.

Hon. Mr. McLeod: — The member's making the point that the . . . Under 16, I believe you said . . .

An Hon. Member: — That's right.

Hon. Mr. McLeod: — Okay, in the younger ones. And that's obviously an area of concern, if that's the case. And those numbers . . . Obviously it's worse.

The public health nurses and through the public health nurses branch, we have a program in place now where they advertise within high schools and make themselves available to high school students. One of the sort of the new realities that we spoke about earlier, for public health nurses to be involved in as they go into school, and prior to this they've been very much involved with some of the elementary schools and younger grades. So they have advertising in the high schools that the public health nurses are available to these young people and so on.

Social Services, I'm aware, has a program of education and counselling for people on . . . not just people on social services, I don't believe, but for young moms and young women who are pregnant or who feel that they may be pregnant. So all of that is in place.

It's an area of concern, and the numbers have been there consistently for a good number of years. Our numbers in Saskatchewan have been high, as it relates to teen pregnancy, and it's an area that we all have a great deal of concern about. Some of these programs are built just to address that.

Ms. Simard: — Mr. Minister, the general trend is for rates to decrease, but Saskatchewan lags behind the rest of the provinces in the rate of decrease.

With respect to children, 16 and under, young women 16 and under there has been an increase, Mr. Minister. I say that it's tragic for any single mother to become pregnant; but when she's 16 and under, it's even worse, Mr. Minister.

That problem has to be addressed. It's not good enough for public health nurses to go in and talk to the children. It's not good enough.

(2045)

You need a family life curriculum in the schools. And something like 83 per cent of the population in Canada support a family life curriculum in the schools that deals specifically with sex education.

But what we have seen, Mr. Minister, is a situation where the government has increased the cost of birth control pills for single women, have cut funding to Planned Parenthood, which performed an educational function, and, I understand, have removed birth control pamphlets from some of the public health offices in the province.

Now that accusation has been made, Mr. Minister, that birth control pamphlets have been removed from some of the public health offices in Saskatchewan. I'm wondering how, in the face of these astonishing figures that show young teen pregnancies increasing in Saskatchewan and Saskatchewan lagging behind other provinces, how you can justify increasing the cost of birth control pills to single women or to women, period? Because married women who are living in poverty experience a very similar problem with trying to find birth control. How you can justify not implementing a family life curriculum in schools — it's not adequate for public health nurses to go in sporadically and talk to them — but a real good sex education program, and how can you justify removing birth control pamphlets from public health offices, if indeed the latter has occurred, Mr. Minister?

Hon. Mr. McLeod: — Mr. Chairman, I am aware of . . . and through discussions we've had throughout the whole area when we got into the discussions with the AIDS (acquired immune deficiency syndrome) advisory committee and some of these others.

And when people across Canada began to look at the health program in division 3 of our schools, which is grades 7, 8, and 9, junior high school age group, we have the most advanced junior high school health curriculum of any province in the country. And that was acknowledged at the conferences that we've been to, the national ones, that we have the most advanced health curriculum, which includes, you know, the module that's now been put in there, as it relates to communicable diseases and AIDS and other things.

Mr. Chairman, just to put this whole issue into some perspective, the number of . . . The percentage of total births in Saskatchewan which are born to mothers under 19 years old in 1979 was 14 per cent; in 1988, it's 10 per cent, and it's been consistently at the 10 per cent level

since ’85. Beginning in ’79 and coming through to 1988, it was 14 per cent — 14 in ’80, 13 per cent, 13 per cent, 12 per cent, 11, 10, 10, 10, and 10. It’s stabilized at that 10 per cent level — obviously too high, remains too high — but we can only continue to work on this from the various aspects of government programming. But in terms of . . . And I mean government programming through Health and through Education and through Social Services and other agencies.

Ms. Simard: — Mr. Minister, I want to just direct your attention to some information I have with respect to cancer in the province of Saskatchewan.

The Saskatchewan statistics show the number of new cases diagnosed has grown from 3,400 in 1970 to 5,800 in 1987, an increase of some 70 per cent over the 18-year period. It is estimated that in 1993 there will be 6,820 new cases of cancer diagnosed, and in 1988, that number is expected to be 7,720.

There’s the whole issue of the environment and the preventable aspect of cancer, Mr. Minister, that my colleague from Saskatoon University will be getting into. But I wish to point out that a 1986 study by the Canadian Association of Radiation Oncologists recommended one radiation oncologist for every 200 new patients treated per year. I understand to date — now these may have changed since then — but I understand at the time I had this information, there are currently 9 radiation oncologists, that the Saskatchewan Cancer Foundation will require 12 in 1993 and 14 in 1998 using the above formula, the formula that I just described.

So I’m wondering, Mr. Minister, what measures your government is considering to ensure appropriate specialists are available in this area.

Hon. Mr. McLeod: — I just would say I’m informed that . . . Just to speak to the statistic that the member used earlier, I don’t have those numbers, I didn’t jot them down, the numbers you were quoting, but I’m informed if you adjust for age, which means that because we have an older population than most other provinces in the country . . . Adjusted for age, we have the lowest incidence of cancer of any province in the country. That’s not to say that . . .(inaudible interjection) . . . No, but we have that the case.

The cancer clinic that I referred to earlier, the new cancer clinic . . . And we had a while back, we had some difficulty with recruitment there but I believe we have filled some of those positions; and we’re just digging now to see what those positions are. But I’ll undertake . . . We haven’t got the sheet here that I wanted for this and I’ll undertake to give it the member before we’re finished, as soon as the official digs it out, anything related to oncology.

Mr. Prebble: — Thank you very much, Mr. Chairman. Mr. Minister, as my colleague, our Health critic, the member for Lakeview, has indicated, one of our concerns is the escalating rate of cancer in the province of Saskatchewan and the lack of any clear policy by your government to deal with this alarming increase in the incidence of cancer that we’re seeing in Saskatchewan.

I want to cite one other figure, Mr. Minister, which I believe bring this increase home. And I just refer you to your own annual reports published by the cancer commission. In 1976, 13 years ago, the incidence of cancer for men in this province was 399.2 per hundred thousand; and for women the incidence was 353 per hundred thousand. Now in your latest annual report, Mr. Minister, the incidence of cancer among men per hundred thousand has risen from 399 to 604.9 per hundred thousand; and for women it’s gone up from 353 to 494.9 per hundred thousand. Now, Mr. Minister, that’s quite an alarming increase.

As you well know, sir, it’s well documented in the literature that the large bulk of cancer is preventable. It’s either associated with life-style issues or it’s associated with the general deterioration of the environment that we’re experiencing. And you have made some limited effort as a government to address yourself to life-style questions.

You’ve basically made no effort at all, Mr. Minister, to address yourself to the environmental causes of cancer. To my knowledge, Mr. Minister, for many years now people who are concerned about this issue have been urging you to hire provincial epidemiologists who would work with the cancer commission and try to identify some of the . . . And try to crystallize more definitively what some of the most significant causes of cancer are over and above things like the use of tobacco and the presence of hazardous chemicals in the work place. I wonder, Mr. Minister, if you can tell us whether or not the cancer commission this year has an epidemiologist on staff.

Hon. Mr. McLeod: — If I could just ask the member to clarify that. He was quoting the numbers, I believe, 399 per hundred thousand, I’m speaking of males now, and then 604.9 per hundred thousand. Would you . . . I’m looking at the Saskatchewan Cancer Foundation annual report, ’87-88. Is that the same? Because on page 20 . . . Let’s just clarify that we’re both speaking from the same song sheet here.

An Hon. Member: — You ought to be dancing to the same tune.

Hon. Mr. McLeod: — Oh well, I’ll try to stay in tune as much as I can. Okay, just let me . . . On page 19 at the bottom . . . Just let me just confer here for a second.

I ask the member to turn to page 20, because the first number that you outlined, the 399.2 and the 353 for males and for females per hundred thousand, was taken from a table like the one on page 20, and the one on page 20 has 417 cases per 100,000 for males . . .(inaudible interjection) . . . Yes. And 361 cases as opposed to 353 cases per hundred thousand because you’re doing a bit of mixing and matching and putting skin cancers and some other things in, which are not normally in those provincial incidence number, I’m informed.

Mr. Prebble: — No, Mr. Minister, I don’t believe you’re correct, sir, although I naturally stand to be corrected as well.

I’ve looked at your annual reports very closely, and I think

these are very comparable figures. Unfortunately your annual report in some ways does a bit of a disservice to the people of Saskatchewan because you don't compare the incidence of cancer more than one year back, generally, in our annual reports.

On page 20, Mr. Minister, you're looking at new cases of cancer. I'm talking about incidence of cancer per 100,000 population. And I'm pointing out to you, sir, that in effect the incidence of cancer per 100,000 of population has increased by in excess of 50 per cent in the last decade. And you have no plans, sir, to address that issue. In fact you seem to be confused even about whether in fact what I'm claiming is correct. I just ask you to refer to your own annual reports.

Hon. Mr. McLeod: — Would the member just give me the year that the first numbers that you have . . . I mean, it's very important, because you're basing, I think, and argument, and we must begin from the same premiss.

An Hon. Member: — All right. From 1976, Mr. Minister.

Hon. Mr. McLeod: — Okay, so it's about 10 years or . . . Yes, 10 or 11 years. I'm informed by people who know better than I do that they're absolutely convinced that the numbers that we should be comparing, apples to apples, would be: in 1976, males, 399.2; 417 now; 353 in the case of women per hundred thousand, 353 in the first year cited; 361 now, which means that it's a very . . . The track is very similar. And that is the case, so that's why I'm . . . But we begin from that premiss.

Even having said that, we know that it's high and it has increased marginally, very marginally, but it certainly is not in that 50 or 60 per cent range that you cited earlier.

I would say to the member that, you know, to go to your next question, the one about what are you doing and what are we doing in the area of cancer and so on, the cancer clinic, cancer research, we've increased by more than a million dollars the amount of money that goes to health research. Some of that is in the Centre for Agricultural Medicine, which is directly related to the potential, at least, for cancer, or for some of the potential cancer-causing problems associated with agriculture and chemicals used there and some of that.

So there's a good deal of money spend on research — something like in the order of a 42 per cent increase over a period of well, one year really, in research. So I just say to the member, as long as we're beginning from the same premiss and speaking from the same song sheet, we can have this discussion and it's a legitimate one to have.

(2100)

Mr. Prebble: — Well, Mr. Minister, I'm surprised at your staff for questioning this. I'd just ask your staff to go back to the 1976 annual report of the cancer commission, which I would presume they have on hand, and read it, because I've very carefully gone through the figures in each of the annual reports for the last 11 years, and I can assure you we are comparing apples to apples, Mr. Minister, and there's a very sharp increase in the incidence of cancer. We're now dealing with a situation in which authorities at the national level tell us that one out of every three people in this province and in this country will die of cancer, Mr. Minister, and we know, Mr. Minister, that this is a preventable disease.

And we know some of the causes of the disease, Mr. Minister. We know, for instance, Mr. Minister, that one of the major causes is the use of tobacco and yet, Mr. Minister, we have seen very little initiative from your government to do things like, for instance, ban the use of tobacco in provincial government buildings or in Crown corporations or even in this legislature, Mr. Minister, as a way of providing an example to municipal governments to do the same. We've seen from you, Mr. Minister, no program to in fact encourage municipalities to play a leadership role in terms of restricting the use of tobacco in public places in their municipality.

In the area of chemicals, Mr. Minister, you made reference to agricultural chemicals. We only need to step outside this building to recall the problems that the use of chemicals in Wascana authority has caused. We saw a number of young Canada geese killed this year as a result of the application of a pesticide outside these legislative grounds, Mr. Minister.

You know, Mr. Minister, there are many states in the U.S. that have banned the use of agricultural chemicals in urban centres, saying that their use is unnecessary. There are many other municipalities and states in the U.S. that require home owners and businesses to post warning signs when pesticides are used on lawns or gardens. We've seen no such initiative from your government, Mr. Minister.

There are . . . We have waited for many years for the department to hire an epidemiologist to assess more precisely what some of the causes of cancer in this province might be and whether there is a direct link between the application of certain pesticides in the province and the incidence of cancer in rural Saskatchewan. And to my knowledge, we've seen no initiative in that area either.

We've been waiting for some time, Mr. Minister, for an announcement from your government that there would be a clean-up and a removal of some of the toxic chemicals that re in dump sites around this province that may be polluting our water supplies. We've seen no action from your government in that arena, Mr. Minister.

We've been waiting for some time to see the provincial government act on a resolution that was passed in this legislature, in 1981, in which the province was supposed to be urging Ottawa to ban cancer-causing food additives that are regularly applied to our foods, and we've heard not a word, Mr. Minister, from you on that either. And only very limited headway has been made in this province, Mr. Minister, with respect to banning cancer-causing chemicals in the work place.

Now these are some of the obvious causes of cancer, Mr. Minister, and because we don't have a provincial epidemiologist we haven't refined precisely how much each one of those causes is contributing to the increased incidence of cancer in the province of Saskatchewan. But

my question to you, Mr. Minister, is: when are we going to see the appointment of a provincial epidemiologist that will specifically examine the relationship between the incidence of cancer in this province and various causes? When are we going to see your government take some concrete action to attempt to reduce the application of cancer-causing agricultural chemicals in this province? When, Mr. Minister, are we going to see you take action to restrict the unnecessary use of pesticides in urban Saskatchewan, Mr. Minister, and when, Mr. Minister, are we going to see some concrete steps by your government to ban the use of cancer-causing chemicals in the work place? Can you outline what your plan is going to be for attacking the increased incidence of cancer in Saskatchewan?

Hon. Mr. McLeod: — Well, Mr. Chairman, I introduce to the members of the House the provincial epidemiologist, who sits on my left here and has been the provincial epidemiologist for a number of years, and he's a member of the board of the Saskatchewan Cancer Foundation. Recently he's been put on there as a member of the board of the cancer foundation. He's an associate deputy minister in the Department of Health. The University of Saskatchewan and the cancer foundation are presently actively recruiting an epidemiologist for their own purposes at the cancer foundation. But in terms of the provincial epidemiologist, we have had one for a number of years and he's here now and he's been of some significant help to me. And it's that provincial epidemiologist that was giving me the numbers earlier, you know, to refute the numbers which were quoted.

And not that you were taking them out of context of anything . . . and I ask the member . . . No, just before the member gets a copy, I would ask you to go to page 20 and we'll just look at it for a minute, because I want you to refer to it because it has the incidence of cancer for 1976 on there as well. So they're there, and if you adjust those numbers and the gap between the present day numbers in 1987 or '88, whichever this last year on here is, when you adjust that for the fact that we have an older population now than we did in 1976, you'll find that that gap is even closer. And that's an important factor in this.

So I'm not saying that, you know, all is well or anything like that. I just want to be very, very sure that we're not laying out anything that would indicate in any remote way that the incidence of cancer has risen to the extent that you first indicated, because it is absolutely not the case. Okay, so it's very important to raise that it's important for you to raise it, and certainly if that had been the case it would be important for you to raise it maybe from the top of your chair or something. But it's not the case and so you should say that it isn't the case and we can get on that that same premiss.

But as far as . . . You mention other areas in terms of health. And I did in my initial comments talked about this budget and its relationship, the Department of Environment and it's relationship with healthy public policy, to use that phrase, and it's an important one — the kind of clean-up that goes on. I think you will acknowledge that we have approached the area of these PCB (polychlorinated biphenyl) storage areas around the province that have been there for a number of years, and we've taken them all to the one site. That's not the be-all and end-all, but certainly it is in a more manageable location now. Those are the kinds of things that contribute to this. The Department of Environment, under my colleague, the Minister of Environment, from Rosetown, are very conscious of this kind of thing. And we, in the Department of Health, are supportive of that, and more than supportive. We urge them to continue in that sort of area.

Oh, what else do I have. There are several other things I could talk about and I'm sure we will as you go on with your questions.

Ms. Simard: — Thank you very much, Mr. Chairman. Mr. Minister, there was a recent study done by Queen's University that showed that grade 11 students in Saskatchewan are below the national level in AIDS awareness, that they receive far less instruction in schools than the national average, but are more sexually active than the national average.

And, Mr. Minister, this of course points to the conclusion — indeed if this study is correct, and I assume that it is — that there's a major failing on your part and the Department of Education when it comes to informing our young people about AIDS and the consequences of AIDS. And I believe that that should be corrected immediately, Mr. Minister. Now this study was brought to your attention sometime last March of this year, I believe, and I want to know what steps you've taken since then to create a more proactive information system for this disease with respect to our children in schools as well as with respect to the general population.

Hon. Mr. McLeod: — Since the advent of this disease, we in Saskatchewan have had put in place the AIDS advisory committee, which I know the member is very aware of. We have worked with Education and developed within . . . well, in conjunction with Education. The division 3 curriculum is now in place and operative. That division 3 curriculum is a module injected into that grade 7, 8, and 9 health curriculum which I talked about earlier, which is the best in this country and is acknowledged by people in National Health and Welfare and other provinces, in terms of them trying to develop their programs for schools and for informing young people about AIDS, that our programs are excellent, frankly, and that's not to say that everybody who should be informed is as informed as they should be, and we . . . It's a sensitive area but we try to get that information out and have not shied away from putting information out in, I think, what would be considered more explicit than some would expect because of the nature of this deadly disease. And the division 4 curriculum is now developed, and I can't give you the implementation date, but I believe it's during this coming school terms implementation date will be there for division 4 curriculum.

Ms. Simard: — Thank you, Mr. Minister. I would like you to give me an update on the number of AIDS cases in the province. I believe last year you told me there were 23 AIDS cases in the province, and I estimated approximately 30 carriers. Could you just give me an update on those statistics please.

Hon. Mr. McLeod: — Thirty-one cases.

Ms. Simard: — So that would be increasing at about nine cases or eight cases a year. Is that within the predictions, Mr. Minister? Is that within the predictions?

Hon. Mr. McLeod: — It's been about eight cases per year over the last three years, the increase. I should say that our incidence is much lower — I think we can use that — much lower than . . . The per capita incidence is much lower than any other jurisdiction in the country . . . oh, than the national average, I'm sorry, much lower than the national average, and I think that's to be expected.

But certainly, you know, it's eight cases more than we had last year, and I don't know that anybody really has a handle on being able to predict how many more in a year, in the next year, and so on. We've been able to hold it to about that per year here. We've done what we can and we will continue to have educational programs and advertising and some of those kinds of programs to be sure that people in this province, in our jurisdiction, are well informed. And I think that's the only weapon against this disease, is education.

Ms. Simard: — Mr. Minister, can you tell us what you are doing with respect to a media campaign in this area for the general public because, of course, the human tragedy is our primary concern, the human tragedy associated with this deadly virus. But we also have to look at the cost to the health care system. I think it's some $80,000 to treat a person who actually has AIDS until that person dies. And I don't think that figure takes into consideration things like home care and long-term care and some other costs, extra facilities that might have to be built, and so on. So the $80,000 figure may be conservative, is what I'm saying, Mr. Minister.

So I'm wondering how much you are putting into media campaigns this year and into preventative education for adults with respect to AIDS and with the view in mind, of course, to reducing the number of AIDS victims in Saskatchewan.

(2115)

Hon. Mr. McLeod: — Well as the member will know, in the blue book there's a significant increase in the whole area of promotion, health promotion and so on, obviously the AIDS programs. I just should say, we will be this fall going with what we'll call phase 2 of an advertising program for the general public. Phase 1, if you'll recall, utilized . . . well utilized is the wrong word but Dr. Conly from the University Hospital, an infectious disease specialist from the University Hospital in Saskatoon, was a spokesman on the advertising that took place in phase 1.

That advertising, you might recall, was, I think, pretty effective. We had a little difficulty with the CBC (Canadian Broadcasting Corporation) in that they wouldn't run the ads, which was really interesting to me, but we went with the ads despite the CBC. And I think it was a successful program. You know, how do you measure that except that you try to put out as much information as possible? We'll go with phase 2 this fall. I can't give you any more on that except to say that that's in the planning stage now.

Ms. Simard: — Mr. Minister, could you clarify for me, then, how much you are spending on this area of health promotion, on the AIDS area in particular. What are the figures?

Hon. Mr. McLeod: — I don't have a really definitive amount, and I'll give the member a breakdown of where these moneys are being spent. In terms of the promotion as it relates to this, we spent $430,000, there will be $430,000 to be spent in this budget. There's also the money that'll be spent in education, on the curriculum that I referred to earlier and the implementation of that. There's also the money that is being spent in the provincial lab, which isn't broken out, related to this particular disease; and also the hospital costs which aren't broken out, related to this particular disease. So obviously it's a substantial amount.

The human tragedy, you know, as you indicated, is important to understand. But it's a significant cost, and that 430,000, which is a definitive amount on promotion of a healthier life-style and all related to this area plus a lot of other, but this particular 430,000 is related directly the AIDS initiative.

Ms. Simard: — Mr. Minister, I'm just reviewing some of the information that was provided to me for estimates last year. And last year I predicted that by 1991 we would be talking about somewhere between 51 to 91 people with AIDS. Now if it's increasing at eight per year, as you indicated, that would come to 1991 to approximately that 50 figure that I mentioned. So in other words, Mr. Minister, I guess what that's telling me is that our promotion isn't working because it's going along as predicted.

And so I'm wondering if the minister has given this any thought and whether he has any suggestions as to other areas of other ways that we could be preventing the escalation of this disease because it seems to be going along generally as predicted. And you are suggesting we're spending some 430,000 in health promotion on the AIDS issue. Maybe that's not enough, Mr. Minister. I don't know what the answer is to the question, but I want to know whether you've considered it and whether you are considering any other newer different measures to assist in reducing this problem.

Hon. Mr. McLeod: — Well, you know, I say that the AIDS committee that we have was the first in the country even though we have a low incidence here. Our AIDS committee would be interested in suggestions you might have. You know, I say that sincerely. If you have suggestions about other things that they can do, or professionals can do, or that we can do in health care, or whatever, we'll take those suggestions, and very sincerely take them.

I think I would point out to the member that just in the very short time that I've been involved in this portfolio, and various meetings that we've attended, you know, across the country or here, related directly to this disease, I think that the incidence of AIDS is not increasing at the

rate that was predicted just a couple of years ago — that's nationally and the case here — because we could only extrapolate our numbers from the national numbers.

So I think that the advertising is in fact working, but I mean how do we measure that, really. I think we would be negligent in our duty if we did not make every attempt to have that kind of information out in as wide a spread way as we can. And that's what we're trying to do and that's what we will continue to do.

Mr. Prebble: — Thank you very much, Mr. Chairman. Mr. Minister, I'd like to get some further clarification with you with respect to these two annual reports. I have now before me the 1986 annual report . . . sorry, the 1977 annual report of the Saskatchewan cancer commission, and it shows on page 29 that the incidence of cancer for all forms of cancer in the province of Saskatchewan, in the year 1976, was 399.2 per hundred thousand for men, 353 for women per hundred thousand. I also have the 1987-88 annual report of the Saskatchewan Cancer Foundation. It shows on page 19 that in 1987 for all forms of cancer those rates had gone up, those incidence rates had risen to 604.9 per hundred thousand for men, and 439.9 per hundred thousand for women, considering the whole population.

Now, Mr. Minister, I presume that your annual reports are relatively comparable, and I've gone through them noting that the different kinds of cancer are relatively comparable. I find this increase in incidence of cancer to be quite alarming. If in some way I'm misinterpreting your annual report, I wonder if you could explain to me what that misinterpretation is.

Finally, Mr. Minister, I just want to make a point with respect to the provincial epidemiologist. Of course you've had a provincial epidemiologist for some point, for some while now. That wasn't the point I was making and you knew that full well. I'm talking about an epidemiologist that will be hired full time to work for the Saskatchewan Cancer Foundation.

That's clearly what's needed if we're to conduct research into the link between the escalating incidence of cancer and prospective causes of cancer. And we've waited now, Mr. Minister, for seven years for your government to make such an appointment and to date you've not done so. So I want to re-emphasize that point and I want to ask for your explanation of how you explain this escalation in cancer rates.

If I've made an error in interpretation, explain it to me, and also then explain to me why your annual reports are not comparable, because surely you should be trying to publish comparable annual reports.

Hon. Mr. McLeod: — The reports are comparable and I hear what the member's saying. He's referring to page 29 of the '76 report, page 19 of the most recent report, '87-88. If you look at the page that I was referring to on page 20, just so that we are there, you will notice at the bottom of the page, non-melanoma skin cases excluded, in other words non-malignant cases of skin cancer excluded, and that's done in provincial incidence reports always, and there is about a 50 per cent increase in those skin cancers that are non-malignant, and there is a distinction between malignant and non-malignant skin cancer.

So to the extent that you were looking at page 19 and 29 and saying that those are comparable, you were correct in that. To the extent that I was talking about the incidence of cancer and malignant cancer in Saskatchewan, I was correct in that.

And as it relates to the epidemiologist, you said provincial epidemiologist and that's what I was referring to, so I was off . . . you know, I didn't understand exactly what you were referring to. And as it relates to you waiting for seven years for us, not for us but for the Cancer Foundation to appoint an epidemiologist, I'm sure the Cancer Foundation and we and everyone else waited 11 years before that for you to appoint one; you never had one.

All I'm saying is that there will be one. The recruitment is actively underway between the University of Saskatchewan and the Cancer Foundation now, and they will have an epidemiologist in place very soon. I don't know if I can give a date, but Dr. West is now on the board of the Cancer Foundation and epidemiologists will attempt to recruit epidemiologists I am told.

Mr. Kowalsky: — I draw to your attention, Mr. Minister, the *Challenges and Opportunities*, your section in here on health care for Saskatchewan, and specifically on page A6 that describes the capital program for '89-90. And it talks about $64 million to be used for Saskatoon City Hospital and St. Joseph's Hospital in Saskatoon and Wascana Rehab Centre. La Ronge — new hospitals in La Ronge, Macklin, Broadview, Langenburg; integrated facilities in Craik, Eatonia, Midale, Edam, Imperial, Lafleche, and Oxbow. Have there been any others added to that or deleted since this has been published?

Hon. Mr. McLeod: — Well I want to point out to the member that those places that are mentioned in this book are basically a sampling; I admit to you, a selective sort of sampling of some of the ones that are there. But that is by no means the capital construction program for hospitals for the year, for '89-90, by no means. And there are new hospitals, but there are also major renovations in various hospitals, and so on.

I could go down a fairly long list here and read it out and give the member the list of hospital construction for this year if you would like, but the list there was never intended to be the definitive list of all hospital construction this year. Certainly not.

Mr. Kowalsky: — Can you send me a copy of that list? And second question, I want to know which part of the Health budget, under which item of the Health budget are those capital projects itemized, and the dollar figures?

(2130)

Hon. Mr. McLeod: — First of all, yes, I will provide a list of the capital projects from this year. We'll send one over to you. We'll get a cleaner list; we've got a bunch of notes written all over it. So I'll send that over to you.

As it relates to the budget and where this shows, the member will know I believe the system and the dollars that are spent in this year's budget will be dollars that are spent that are the amortization payments for this year on projects which have been now completed.

And the nature of hospital construction, school construction, all of that now is done on the basis on an annual amortization payments which are made from Health to property management corporation for loans which have been incurred by the, for example, by the University Hospital, or by the hospital at Loon Lake, or whoever is having construction take place in a given year.

Mr. Kowalsky: — Just to make it clear then, this $64 million represents the cost of the construction to be done, but that $64 million may be paid up over a period of several years, it will be amortized.

Hon. Mr. McLeod: — To make it clear I think, as you outlined, we're spending $16 million this year on amortization payments on projects which have been completed. What we've committed to this year is, I think it's $64 million for a period of time. Those amortization periods will range from 15 years to, I think for the very large projects and the very large tertiary care hospitals or whatever, 35 years.

The way it works, and I think the member knows how this works if the loans go from SPMC (Saskatchewan Property Management Corporation) to the hospital, once the construction is completed, the Department of Health is responsible to pay in the budget of a given hospital the amortization payment for that particular year through the amortization period, for each year through the amortization period.

Mr. Kowalsky: — Now with respect to the items from your budget, items 31 and 32 where you spend 9.5 million and 17 million for grants for hospitals and initiatives related to delivery, enhancement, and efficiency improvements, my question is, I want you to identify specifically what those grants were for, which hospitals.

I understand Kyle and Leoville are two of them, and I think you were talking about St. Paul's Hospital as being part of it. I want to know what you're going to do, Mr. Minister, with the shortfall that's going to come into that portion of the budget. Because I indicate to you, as has been given to me in an answer to a question from the Minister of Finance, that when you get short some money for those particular two items, he's going to go and call the groups together and you're going to have to make some kind of a decision as to who gets cut off.

I want you to indicate to this Assembly which one of those groups is going to be cut off and by how much. Because you can already project that there's a certain amount of money that's not going to come into that fund compared to what you were expecting to come or targeted to come.

Or are you going to get the money somewhere else? That money was supposed to have come in there from an ill-conceived lottery tax, which as you know is not panning out. I kind of hate to see what is happening to health when you're depending on uncertain funding to come into the Department of Health. And now something that you've budgeted for is going to have to be cut back.

I say that what's happening is unfortunate, that you're letting the health care in Saskatchewan be undermined by going to an insecure funding source to do it. Better you shouldn't let the Minister of Finance talk you into such a hare-brained scheme. Stick with a solid Health budget and deliver when the time comes. Now what are you going to do about this shortfall?

Hon. Mr. McLeod: — We'll deliver when the time comes; first of all you need to know that.

These areas — and we have them listed in the hospitals tax. And we projected that we'd receive in the hospitals tax, I believe it was $9.5 million was projected.

And the member opposite, in the last few days and again today, is suggesting that the 9 million will not be reached. It's far too early to determine whether that will be reached or not.

It was indicated, I think, today or last week in question period, that the sale of break-opens has not fallen, in fact has increased slightly. The bingo, patronage of bingos has not gown down. It's far too early to know, in terms of lottery tickets, just where we will be, in terms of whether this projection is accurate or not. I predict that it will be.

I'll go on the record here and, as the Minister of Finance said, we won't be far off from that. All you need is a couple of large pay-outs in the lottery . . .(inaudible interjection) . . . No, there's no question about it.

And you know how ticket sales will increase. Ticket sales increase substantially when the lottery jackpot increases substantially. And there's a direct proportion; it can be a direct relationship there.

So Regina General Hospital, package 3, 4,329,150; Saskatoon St. Paul's, 4,743,500; Kyle integrated facility, 324,620, are what our obligations are in the current year. These are the four areas that we believe that we can pay this year's obligation from the imposition of a hospitals tax.

Now the hon. member says, no, you shouldn't have a hospitals tax and you shouldn't pay for health care through a tax on gambling. But, you know, that's the same argument that's used by your colleagues, by the Finance critic, says, oh, there's a new tax federally or provincially; we don't like that tax; you shouldn't have a tax. And that's always your position — no, don't have a tax.

Your position is never that a tax that is there, that's being changed, should be changed. your position is never that there's a need for revenues as well as expenditures. We've listened to a long litany from your colleague about all of the expenditures that should be made in health care despite the fact that we have an 11 per cent increase. That's not enough for your guys, never — not enough. Raise those expenditures but lower those revenues. Forget about the revenues, forget about the revenue side of the balance sheet. That's your story; that's socialist

economics, my colleague says, and I'm kind of believing it's true.

So all I'm telling you is that we'll live up to our obligations, and it's far too early for you or for any other naysayer to predict that the number will not be there.

Ms. Simard: — Thank you, Mr. Chairman. Mr. Minister, with respect to the lottery tax, I have a few suggestions for you. Cut your $9 million birthday party; cut the waste and mismanagement in government; cut the government patronage; cut out this GigaText fiasco that's costing the taxpayers some $5 million, Mr. Minister; and cut out all your self-serving advertising and cut out your privatization agenda that has meant nothing but lost revenues and people leaving this province and lost jobs, Mr. Minister. Lost jobs means lost revenues to the provincial coffer. People leaving this province in record numbers means lost revenue to the provincial coffer.

Mr. Minister, if you were interested in adequately paying for health care in this province, you would see that there were sound economic and social policies in this province as opposed to your privatization agenda and as opposed to your waste and mismanagement and your patronage that has chalked up millions and millions of dollars of debt in this province, all as a result of your incompetence and your mismanagement.

And if you want to pay for health care seriously, you clean up your act and start doing what is necessary in Saskatchewan for the purposes of properly generating revenues, instead of putting a tax on gambling, and taxing the poor, in effect, who are more likely to use gambling for the purpose of paying for hospitals. Clean up the mess, Mr. Minister, and we'll have money for hospitals and health care, and we won't need to engage in these hare-brained schemes of the Minister of Finance and the minister.

Now, Mr. Minister, I want to draw your attention to the fact that you made a promise in the budget for some 370 new nursing positions and only a portion of those have been filled. I understand, as you indicated in question period, that you're looking at the situation, that you're reviewing the statistics and seeing where these positions would go. And I think you indicated that I should be understanding of that. Well, Mr. Minister, I think that you should have known where those positions were going prior to the 370 being promised in the budget. You should have known about it, Mr. Minister, but you haven't.

We've known for some time in this province that nursing staffs across Saskatchewan are overworked and have excessive work-loads, and the nurses have been repeated saying that. They said this became a focal point during the nurses' strike. And in fact, your own PC health care commission received a brief from SUN (Saskatchewan Union of Nurses) which indicated the following a, number of things that are very, very distributing to the people of Saskatchewan.

The number of vacancies for registered nurses in Saskatchewan, Mr. Minister, is increasing. The Saskatchewan Registered Nurses' Association recently completed a vacancy survey report concerning the actual and anticipated vacancies for the period of May 1 to August 31 in health care facilities. This revealed 104.25 actual vacancies and 55 anticipated vacancies. This is a 112.7 per cent increase in actual vacancies in 1987 compared in '86 when there were only 49.

The brief goes on to state that for many nurses their much beloved profession has become intolerable. Its opportunities for caring have all but vanished, and many nurses are refusing to work under increasingly unbearable conditions that do not allow them to give patients the full and proper care they need and deserve. Nursing as nurses once knew it no longer exists, and some of the conditions that they have to endure are itemized as follows: excessive patient loads, too few support staff, increasing demands to perform non-nursing duties, poor working schedules.

These frustrating conditions, coupled with other working life frustrations such as lack of recognition — and they go on. Poor employer support for extra education, little say in health care management, counterproductive restraint measures, dangerously low staffing levels, exposure to legal liability, and health safety standards have combined to create a crisis both for Saskatchewan's nurses and the health care system, Mr. Minister, and that's how it has been described.

And that's as a result of your . . . I know there have been increases in health care, but they haven't been adequate, Mr. Minister, and they haven't kept pace with needs, and that's because of your underfunding and because of your cut-backs.

Now, Mr. Minister, I want to know whether you have completed your study for the 370 nurses, or the positions that haven't been filled, and whether you will be forthwith creating these positions in hospitals and health care facilities so that this nursing shortage can be somewhat reduced.

Hon. Mr. McLeod: — Okay, I might say to the member, just as it relates to the 370 positions that we talked about in terms of the number of nursing positions there are in the province and have been, and the increases over a period of the last few years, it's important to know that local boards have the responsibility to ensure patient safety and to be sure that they have the complement of nurses that's required. Since 1982 we have funded more than 746 additional nursing department positions, costing over $23 million every year. In 1989-90, we anticipate another 370 positions, which I've just referred to, and I'll get into the detail of that in a minute.

(2145)

We've also increased funding in '89-90 for medical and surgical supplies by $6 million to offset concerns that hospitals were borrowing from the nursing department to help pay for other cost increases — and that was an issue that has been around the hospitals for a while now.

I just say to the hon. member that the total increase in nursing positions is 746, more than 746; in '89-90, the estimate is 370 more, and the breakdown as follows:

University Hospital, 60.9; St. Paul's, 77; community hospitals, 49.7; large community hospitals, 15; regional hospitals, 24.4; the base hospitals, 143 — and that's 370 in total.

Now the member was referring to a nursing review, and I was clear in saying that it was a funding review of the hospitals. But obviously a major component of that is nurse staffing.

The new funding mechanism will now recognize the higher nursing staff requirements in specialized units such as intensive care, the coronary care unit, the neonatal intensive care unit and the burns units. A component will also be built in to recognize the intensity of the case mix for patients on nursing wards. This new funding system will ensure that the increased number of nursing positions approved is allocated where care needs are the greatest.

That whole issue, and it's easy to say here, is an issue that has been requested and asked for by the larger hospitals, certainly the larger hospitals when I refer to those specialized areas, and it's an area where we're responding to. And it's not as simple as it is to say here, either in question period the other day or right now, but we're well along with this funding review and we're planning to have these positions in place later this fall.

Ms. Simard: — Can you give us a more accurate estimate as to exactly when these positions are going to come in place. From the newspaper article that I read, I understood there was going to be some $11 million saving to the government by the delay in implementing these positions. Is that correct, Mr. Minister?

Hon. Mr. McLeod: — No, these positions are integrated into the hospital funding in the fiscal year. It's not a saving; we're not looking at it as a saving to the government. We announced in the budget, which was the appropriate place, that this will be there during this fiscal year and those positions will be in place during this fiscal year.

Ms. Simard: — Mr. Minister, another problem that has been raised with me on a couple of occasions is the fact that your government may fund a hospital for some nursing positions, but these nursing positions never actually get formed. I don't know if, you know, how accurate that is, but I am wondering whether or not the Department of Health has any way to ensure that the positions that it creates and funds are actually created and filled.

Hon. Mr. McLeod: — When I gave my earlier answer and I spoke about, and the reason I mentioned that $6 million supply fund, special fund for supplies, was for just the reason, and they must be dealt with in concert. The hospitals boards have the responsibility to hire their nursing staff and their staff complement throughout the hospital.

One of the areas of concern was that as supplies and the cost of supplies has escalated in a major way — far beyond inflation in all the hospitals and all medical and health related supplies, and that's the case — that because of that the hospitals were in a positions where they were, at least it's been alleged, that they were taking from the nursing positions and buying supplies.

So the two had to be dealt with in concert. We have come up with the funding system which they have requested for some time, which is directed positions at these intensive care units and others, burn unit, and the others that I outlined.

And we knew that we must deal with the supply issue at the same time and we have done the two of them in a concert with each other, and the hospitals recognize that and are appreciative of that.

Ms. Simard: — Thank you, Mr. Minister. Now with respect to waiting lists at hospitals for surgery and elective surgery, we have seen waiting lists in this province that have just been completely unprecedented and have caused untold hardship to people in the province of Saskatchewan waiting to receive elective surgery, Mr. Minister.

Now the last time that I took count, I believe the waiting lists were something like 8 or 9,000 in Saskatchewan, or thereabouts. It may be been a little bit more because we were looking primarily at the major centres.

Mr. Minister, when can you assure us that these waiting lists will get down to an acceptable level? And 8,000 is certainly not an acceptable level.

Hon. Mr. McLeod: — Mr. Chairman, as it relates to the waiting lists in Saskatoon, I went into that somewhat in the earlier stages of the day here. I'll just say to the member, to put this into perspective, surgical volumes in Saskatoon, the number of people who have received surgery in Saskatoon's hospitals, has increased by more than 65 per cent since '82. Volumes per year — more than 65 per cent increases in volume, the number of surgical procedures performed. That's a tremendous number of surgical procedures by comparison to . . . you know, two-thirds more again from what had been happening on an annual basis.

As of June 30 of '89, there were 7,484 people waiting for elective surgery, Now, Mr. Chairman, that's . . . as I said before, and I . . . The numbers of people waiting are not nearly as important as the length of time each of those people will wait or will be required to wait, and that's the case here in Saskatchewan, anywhere where people will wait for surgery and in some cases suffer the discomfort and the pain that's associated with that wait.

That number, though, if we were to talk about numbers — and I'm just anticipating that the member will talk about numbers and not waiting times, as is the tendency of opposition people to do — but that number is down 35 per cent since August of '87.

So what are we going, what have we been doing, what are the initiatives that we've taken to try to alleviate this circumstance? Obviously, the first and the most obvious one is the construction of new beds: St. Paul's Hospital, major regeneration; day surgery unit that opened at City Hospital had a major impact on the reduction of waiting

lists and the length of time people would wait for certain types of surgery to be done on a day surgery basis; the new St. Paul's that is opening just in the . . . presently opening now will have a day surgery unit, and that will have a major impact on the length of time people wait, especially in the areas of ophthalmology and some of those; Pasqua Hospital, as well, has a day surgery unit that is just coming on stream, and that will have a major impact in southern Saskatchewan.

We have put in special supports, in terms of financial support, for high-cost prosthetics, hips, knees, some of these prostheses which are very expensive and which the incidence of these kinds of operations — hips, knee replacements, and all of that — are increasing at a very rapid rate, as all of us will know.

Orthopedics program in Prince Albert has been encouraged, and there is now an orthopedics program in Prince Albert with an excellent orthopedic surgeon at the location.

We have implemented itinerant surgery in various large community hospitals, where surgeons from Saskatoon are going out to areas: I give Melfort as an example; I give Humboldt as another — I'm not sure if they can go into Humboldt yet — and Tisdale. They are to be going, I believe, to Kindersley and Meadow Lake areas where there are . . . And that's related directly to the medical practice which is in place in those large community hospitals. In most cases it's an associate clinic with a variety of expertise in that clinic, and the specialists feel very comfortable in working with them in the after-care and so on.

So surgery taking place in Melfort, Tisdale, Humboldt, places like that, that heretofore had only been done by the patient and their families coming to Saskatoon. Now the physicians go to them, a major step, and it's one that's an initiative that's been encouraged by our government and by this department.

Ms. Simard: — Thank you, Mr. Minister. I am pleased to see that some surgery is being decentralized for the purposes of alleviating some of the unprecedented waiting lists — I think it was 7,400 or 7,800 that you just said — in any case too high and not acceptable for the province of Saskatchewan.

I know that it's also as a result of the lack of specialists in certain areas, Mr. Minister, such as the area of ophthalmology, and we also see a very huge waiting list for hip replacements, some up to two years, I think, in some cases. And of course this is totally unacceptable because people's health care deteriorates as they're waiting for a hip replacement. Their mental health and their physical well-being deteriorates and we simply have to look for procedures to expedite this sort of surgery.

Also the fact that many people have to leave the province for the purposes of getting needed cataract surgery is causing concern to Saskatchewan citizens and dismay to their families.

We do have a specialist shortage in Saskatchewan that is completely unacceptable. I am looking now at a *Leader Post* article of February 17, a brief that was presented to the health care commission by a doctor in Regina, a practising internist, who indicates that:

> The delivery of specialist health care services in Regina and southern Saskatchewan has been put in severe jeopardy by a critical shortage of manpower, and the delivery of specialty health care in southern Saskatchewan is like a card house ready to come tumbling down with the next prairie breeze. There are shortages of specialists in heart disease, internal medicine, infectious disease, respiratory disorders, blood diseases, and many other areas.

Well, Mr. Minister, you will recall that as a result of your cut-backs to the university, to the College of Medicine, there were cut-backs to the Plains hospital that resulted in a number of specialists leaving their specialty at the Plains hospital. And some of these specialists actually left the province and have never been replaced, all as a result of cut-backs by this government which then in turn led to hospital waiting lists because there aren't adequate specialists in order to perform some of these responsibilities.

So the crisis has been created by your government, Mr. Minister, in many, many ways, through lack of long-term strategic planning, through lack of any commitment to take any initiative, through cut-backs such as the ones that took place at the Plains hospital.

This doctor indicates that there's a nation-wide average of one cardiologist per 37,000 population, but there are only five cardiologists in Regina serving a southern Saskatchewan population of 500,000, Mr. Minister. He goes on to say there are two respiratory specialists in Regina serving a population of 500,000 south of Davidson, but the national average is one respiratory specialist per 86,000 population. And Regina has half as many internists as Saskatoon and about one-third the national average on a per capita basis.

Another article that I'm referring to, Mr. Minister, in the Saskatoon *Star-Phoenix*, February 24: U of S (University of Saskatchewan) fears loss of medical researchers. And the point is being made by Dean Ian McDonald, the Dean of Medicine, that the school's research budget should be doubled to compete with other provinces and create the critical mass of researchers in leading areas that are needed for the future. The point of the article, Mr. Minister, is because of underfunding, because of underfunding to the College of Medicine, the U of S fears that they will be losing some of their medical researchers. And as you know, these medical researchers are important for the purposes of training and attracting other specialists to the province.

(2200)

So we see a continuing problem with respect to attracting specialists to this province, with respect to attracting health care professionals such as nurses, who are leaving their profession because of the increase in work-loads and the burden imposed on them as a result of heavy work-loads and understaffing in the hospitals. We see

interns, Mr. Minister, interns who blacklist this province because of the poor working conditions and the lack of the fact, the lack of being able to negotiate a contract for hours of work and for adequate salary.

So we see a situation, Mr. Minister, that's being created in this province that's totally unacceptable, and that the end result of it is that it's inferior health care services to the people of Saskatchewan — long waiting lists, tired nurses, interns blacklisting the province, shortages of specialists, internists in the city saying there's a shortage of specialists in Regina.

The Dean McDonald, dean of the College of Medicine, saying that the U of S fears it's going to lose its medical researchers . . . Now, Mr. Minister, what are you going to do about this crisis with respect to health care professionals and shortage of health care professionals in the acute care sector in Saskatchewan?

Hon. Mr. McLeod: — Mr. Chairman, the member was mentioning Regina hospitals. And I remember in estimates last year we talked . . . I'll give you a case in point with ophthamologists and ophthamologists and the way that's burgeoning the lens implants and all the work that's been done in that area now and giving that freedom to our seniors. We had four at that time, I believe, and we had an active recruiting program under way and I indicated that to you. And I remember the sceptical nature of what you were saying.

I'm pleased to report to the committee this year, one year later, that we have 10 opthamologists in Regina. The indication was that we needed 10 and the recruiting program went under way. The recruiting program was successful and we have those 10 opthamologists in this city. And, in fact, I think it's fair to say that there is no waiting lists for opthamology in southern Saskatchewan. And that's a tremendous plus, and there's some people that really should be congratulated for that.

The four Regina hospitals are co-operating in supporting the joint specialist recruitment effort and they've been working very hard at this. And there's some excellent people working with that. And I'm informed that they're involving physicians in this and I think it's important that they do that. We have provided funds for that from the hospital services branch in Health. I think it's something in the order of — what is it? — $500,000 to help the hospitals in this effort.

As I mentioned, the ophthalmologist is a case in point, and it's a success story, and I think that's something that should be pointed out here.

At the present time, the hospitals here in Regina are supporting four positions enrolled in specialist training programs and have made commitments to a further three. So there are four in specialist training programs; they've made commitments to three more. These physicians all have agreed to return to Regina to practise when their training is completed. All of those are initiatives which definitely look to the future in terms of this specialist recruiting that we must do and we must direct, to the extent that it's possible, our recruiting to those who have chosen either Saskatoon or Regina, whichever the centre.

And in some cases — like the case of the orthopedic surgeon in Prince Albert — those are the kinds of positive initiatives that we have to build upon and which we're trying to build upon.

So I can say to the member, as I've said on other occasions, many of these specialists who are in short supply across the country and across North America, don't wake up at McGill in the morning and say, I can't wait to get to Regina the day after graduation, or to Saskatoon. I don't know why they wouldn't say that, but they don't. And all I can say is, we can do what we can with good recruitment programs, substantive recruitment programs, involve the hospitals — we've done that — and we've put the money forward to help these recruitment programs.

Ms. Simard: — Thank you, Mr. Minister. I'm pleased to hear about the situation with respect to ophthalmologists in southern Saskatchewan, and it just goes to show, Mr. Minister, what you can do with a little bit of political will and a lot of encouragement from the opposition.

And I just hope that you take some of our other comments over today and implement some of our suggestions that we've made today, and maybe we'll see some improvements in the health care system.

Now, Mr. Minister, with respect to ophthalmologists, however, I believe there's still a problem in northern Saskatchewan, in the northern part of the province. In fact, I had a newspaper article to that effect with me earlier today but I've just been unable to locate it. But it's my understanding that there is still a problem there, and people are going out of the province for cataract surgery.

Mr. Minister, I raise comments with respect to interns. Mr. Minister, I want to know what you are going to do about solving the negotiation problems, like what are you doing with respect to the problems we're facing in this province with respect to interns. And while you're answering that question, Mr. Minister, I'd like you to comment on the fact that the College of Medicine and the College of Physicians and Surgeons is thinking of putting in a two-year pre-licensure programs, and what your thoughts are on this two-year pre-licensure program, which I have been advised will create further problems for attempting to hire doctors from outside of Saskatchewan in the province.

Hon. Mr. McLeod: — Two or three areas that the member has mentioned. In one of your earlier questions you talked about Dean McDonald who had indicated a need for increasing funding of research money and so on. I should tell you that there is an increase of a million dollars in research. Dean McDonald is aware of that and pleased with it. He's also, the same Dean McDonald is sitting on our joint recruitment committee which is a committee involved with the Department of Health here and SHA (Saskatchewan Health-Care Association) and the SMA (Saskatchewan Medical Association). So he's involved in it, in those initiatives that I described a few moments ago.

As it relates to the interns, I think it's fair to say . . . I think it's unfortunate, first of all, that the interns . . . and I know

the action that they took and I know the . . . I think we all understand the action that the took in the context of a protracted negotiation, and it has been that with SHA. Interns have an argument which says they're very . . . they have to work very, very hard and they're expected to work very hard and there's some traditions in the training in a medical profession which are difficult for some of us who are not in the medical profession to understand sometimes. But they say that and I think it's the case across the country. But as far as the interns that we have, I think I should report to you that I'm optimistic that we'll have a settlement with SHA and the interns soon, and I think they'll withdraw their, you know, the action that they took and be sure . . . I don't know that but I'm hopeful that that would be the case.

An Hon. Member: — What are you doing about it?

Hon. Mr. McLeod: — And the member says, what are you doing about it. I'm doing about it what we have done throughout the negotiation process throughout the health care sector. And I think we have a very excellent record in that in recent years, and that is that we have long-term agreements with almost every group across the health care sector, and I'm confident that the residents and interns will have a good settlement with SHA soon.

You asked the question about the two-year licensure, which is being bandied about by the, or more than bandied about, but is a suggestion by the College of Physicians and Surgeons. I think it's important to put it into context. The two-year licensure will be . . . the major emphasis there will be on family practice. It will not affect in any substantive way the specialist recruiting that we're talking about. So that doesn't fit into that context in the same way.

It does speak directly to what will happen with family practice and with the recruitment of general practitioners in the rural, although the same two-year licensure can as well speak directly to some training modules for family practitioners being done in some of the regional centres, and that can help us in the dissemination of rural practice of our own graduates working in rural Saskatchewan with a tie to some of the regional centres. And that will be related to some of the changes which are necessary and referral patterns and a whole series of things which can make some difference in terms of the pressures on our big hospitals in the two largest cities.

So, yes, it could bring some pressures, but it won't be on the specialist, but it will be on family practitioners. It is not a pressure in recruiting. We do not have pressure in recruiting the general practitioners. We have too many of them in the city right now. We don't have enough in the rural, and that's just a maldistribution problem.

Ms. Simard: — Well, Mr. Minister, that was my concern with the two-year pre-licensure. It wasn't with respect to specialists. It was with respect to recruitment of doctors in general practice and the effect that would have on rural Saskatchewan, and I am concerned that this two-year pre-licensure will have a negative effect on attracting and putting doctors in rural Saskatchewan. And as you know, the rural Saskatchewan situation is not good with respect to attracting Canadian trained doctors. We do have mostly foreign doctors in rural Saskatchewan.

And what we see in this session is more legislation coming from the College of Physicians and Surgeons that may, if they chose to do so, have the effect of reducing the number of foreign doctors who are able to be licensed in Saskatchewan, and that causes a considerable amount of concern because there are foreign doctors attempting to be licensed in Saskatchewan, as I understand, and who have been unsuccessful in doing so, and I'm sure that there's a lot of communities in rural Saskatchewan who would be pleased to have a doctor. And so, Mr. Minister, this two-year pre-licensure is just another way in which this problem is increased as opposed to alleviated. I want to go into rural medical practice in a little more detail in a few minutes, but I want to just finish off with some comments with respect to specialists, Mr. Minister, before I move on to the question of rural medical practice.

I want to point out that the Saskatchewan Lung Association, Mr. Minister, has complained of specialist shortages as well, particularly respiratory therapists and physician specialists in respiratory medicine. And my information tells me that lung cancer has become the target killer of women in the country, and that the lung association is making a plea for further staff in that regard.

I want to also point out that with respect to Regina obstetrics and gynecology, we have a situation where there is a shortage of obstetricians and gynecologists. I believe the ratio should be something like 1:15 or 1:20, and it's presently 1:33,000 in Regina or southern Saskatchewan. Mr. Minister, you know, I think that it's important for your government to address that problem and see whether or not we can attract specialists in that area to southern Saskatchewan.

(2215)

And then, of course, we have an ongoing problem with getting anaesthetists in the province, an ongoing problem. We're short of anaesthetists. This is one of the reasons for the long hospital waiting lists, because hospitals don't have an adequate number of support staff of anaesthetists in order to deal with all the operations that they may be able to. In other words, they need anaesthetists, they need nursing staff, and they're not there; so they perform fewer numbers of operations as a result.

The University of Saskatchewan, I understand, has designed a program specific to the educational needs of anaesthetists. But I understand there's little or no support for training in that program, and I assume that the minister can address that when he's in his response as to whether or not the increase in funding this year will be funding for that particular program with respect to anaesthetists and care in the province.

The statistics that were put forward by the SMA, the Saskatchewan Medical Association, in their brief to the health care commission on specialists, ranked Saskatchewan in almost every specialist at seven, or seventh in the country. They're 9, 8, 10, 7; there's one 5 here in neuro-surgery; 8, 7, 7, 9, 7, 7, 10, 8, 7, 8, in internal medicine, pediatrics, psychiatry, dermatology,

genetics, anesthetics. In other words, Mr. Minister, what that is saying is that we are at the bottom of the ladder in the Canadian context with respect to the population per active specialist.

And what does that mean, Mr. Minister? That means that our doctors are looking after huge numbers of patients. They are being overworked, Mr. Minister, and I would like to know exactly what recruitment incentives you have in place, what your plans are to correct this specialists shortage in areas such as anesthetists, in areas such as obstetrics and gynecology, with respect to lung cancer, with respect to many of the others I've mentioned, and what your plans are, Mr. Minister, to overcome these shortages and provide Saskatchewan people with a fair number of specialists in each area.

Hon. Mr. McLeod: — Well, Mr. Chairman, in the latest agreement with the SMA there are rural and specialist incentives built into that, just to refer to one of the questions the member had.

One of the statements that you made, which was sort of an incredible statement, given the numbers and the surgical volumes and the increased in volumes of surgical procedures . . . In Saskatoon, for example, I believe it's . . . In '82-83 there were 27,000 procedures done in Saskatoon hospitals, which is a very large number in itself — 27,000. That's been increasing steadily every year to '88-89. The last year there were an estimated 45,000, and projected for this year, '89-90, this fiscal year, to be 50,000 surgical procedures done in Saskatoon alone, in those three hospitals. So for you to say, or for anyone to suggest that the procedures . . . they're just not performing surgery in the Saskatoon hospitals, as much or as many surgical procedures as they were, which is one of the things that you said, that wasn't the case. But in any case, those numbers are . . . I think speak for themselves.

As it relates to the . . . We have an advisory committee, that I referred to earlier, which has representation from the SMA, from SHA, from the Department of Health, and Dean McDonald sits on that as well. We're working very hard in the recruitment of professionals, especially surgeons or specialists.

The numbers that you outline are numbers which have been with us for a long time, in terms of us, where we sit in the country, in terms of recruiting some of the very . . . especially some of the very highly specialized — what do we call it? — subspecialty areas. We're short; there's no question about that. We have difficulty . . . Even when our young people and general practitioners go from our medical college and go for substantial training and for training in the subspecialty areas, once they reach those centres of training, because of the demand across the country and across North America, they tend to go where their training takes them. That's a problem that we have, and it's not one that's easily solved, for I guess the same reasons that you didn't practise law back in Meadow Lake when the time came; you came to Regina, or whatever.

An Hon. Member: — I did not.

Hon. Mr. McLeod: — Well, I don't know, maybe — I won't get into that, about why you weren't successful there.

In any case . . .(inaudible interjection) . . . No, but I mean, those were the reasons. The professionals will migrate to the larger centre and to all of those areas. It carries on, and it will carry on for a number of years in the future.

Ms. Simard: — Mr. Minister, do you have any thoughts on the question?

First of all, we did not say that surgical procedures were down; we did not. What we said was that there were not . . . there could be more surgical procedures performed. And the lack of anesthetists in our hospitals, the lack of specialists reduce the number of surgical procedures that could be performed. And that's a fact, Mr. Minister; it does. So, Mr. Minister, that's not what we said and I'm sure that *Hansard* will bear us out.

The lack of specialists in this province reduces the amount of work that we could be doing in our hospitals, Mr. Minister. And that's a fact. And there's a lack of specialists largely because you have created a climate in this province where health care professionals do not wish to practise. They do not wish to practise because of underfunding by your government, that's why. That's one of the major reasons why we have a shortage of specialists in this province.

Some Hon. Members: Hear, hear!

Ms. Simard: — Now with respect to rural medial practice, Mr. Minister, there have been a number of recommendations made over the years with respect to rural medical practice and how we could possibly get doctors in rural Saskatchewan. In the SMA brief, they specifically say that:

> Training programs must change if we are to adequately staff rural areas with physicians. There must be greater exposure of our medical students and family medical residents to rural practice. There must be greater emphasis placed on teaching them to cope outside the teaching centre and to rely on their medical judgement. Family medicine resident programs will need to be more flexible to enable trainees to prepare themselves to provide anesthetic, surgical, and obstetrical services in the communities where they intend to practise. A formal exchange system between residents in training and rural practitioners would provide an opportunity for rural practitioners to refresh skills and give residents a feel for rural practice. (They go on to say that) Training programs must be tailor made for practice in large community hospitals. (And they say that) Surveys in Manitoba and Saskatchewan indicate that students from rural areas and those who have done a summer extern programs are more likely to favour practice in a rural area.

So, Mr. Minister, there are a lot of suggestions out there and, of course, there's the suggestions about amalgamated medical practices that we saw in the rural medical review or report. And I want to know, Mr. Minister, what initiatives your department has taken to implement these

suggestions of training programs changed adequately for the purposes of encouraging young doctors to go into rural Saskatchewan, and what you have done, Mr. Minister, with respect to encouraging doctors in rural Saskatchewan to amalgamate their practices or encouraging doctors, young interns to go out to rural Saskatchewan. What specific steps have you taken and what's your plan for the future, Mr. Minister?

Hon. Mr. McLeod: — Well, one of the . . . I'll get into some of the rural medical practice initiatives that are going on out there in specific areas of the province, but the Minister of Education and myself and the university commissioned a report a couple of years ago called "*Towards a New Beginning*." It was a report by Dr. Carr White. I think you're familiar with the report that came out. It's a study of the university medical college and its role in the training of physicians for the needs of Saskatchewan, of the province, and that very many of the things that you've outlined, which you've indicated are around in some other reports and so on, are spoken to by Dr. White in that report. That report's I believe — I'm not sure, I believe it's a public report. It's now a public report. The Commission on Directions in Health Care has a copy of it, and they speak directly to some of the things that are needed in that Health Sciences Centre at the University of Saskatchewan.

As it relates to the rural medical practice, we have several areas. Some of them have been mentioned in here before in estimates, the Shaunavon, Climax, Eastend area, and there's active consultation going on there for an amalgamated medical practice for those three communities. There was one at Unity, Kerrobert, and Macklin which now has Wilkie added. And Wilkie has expressed an interest and there are Wilkie hospital boards involved in this one as well.

There is interest being expressed, more than just passing interest expressed by Spiritwood, Rabbit Lake, and Leoville, I believe it is. Yes it would be Leoville, given the geography. So all of those areas are areas where amalgamated rural medical practice or some form of rural medical practice reports are taking place. And all of those are positive signs as we go into the future of what medical practice will be in rural Saskatchewan.

Ms. Simard: — Mr. Minister, with respect to community clinics, are you going to provide us with the report that we are long awaiting and that we have repeatedly requested and that I know many other people have requested across this province? Are we going to get it tonight?

An Hon. Member: — Shall I give it to you? Do you want it?

Ms. Simard: — Yes, right now.

Hon. Mr. McLeod: — If we've got it here; I'll provide it to you tonight. So I'll see if we can find it.

Ms. Simard: — I've heard that one before, Mr. Minister. I want it right now. I've heard that one before.

An Hon. Member: — Right now, like this minute?

Ms. Simard: — Like this minute. Now, Mr. Minister . . .(inaudible interjection) . . . No, no. Anyway, Mr. Minister, with respect to the role of community clinics, I want to know whether you see whether or not community clinics have a role in Saskatchewan, a greater role in the Saskatchewan health care system, Mr. Minister.

Hon. Mr. McLeod: — Yes, I do see them having a role in the delivery of health care in the province. They've had a role in this province since 1962. We've had a balance between fee-for-service physicians and those that are employed in community clinics. I think it's been a balance that's worked well for us. Obviously there's been some stress and strain from time to time, but I believe that they work well and certainly there is a role for community clinics in the province — has been and will continue to be.

Ms. Simard: — Excuse me, Mr. Minister. With respect to community clinics, what I'm specifically asking is: are you going to encourage the role of community clinics in rural Saskatchewan? Are you going to be encouraging that in terms of providing the necessary support staff to rural Saskatchewan communities and providing adequate funding so that these clinics work?

Hon. Mr. McLeod: — I don't know what the member means by adequate funding. We have community clinics in place in the province now, some rural and some urban. My information is that they work well in the areas that have asked for them to be there. I believe Wynyard is one of those, you know, and there are several of them around the province. I believe there is a good balance there now between fee-for-service physicians and those working in community clinics. And it's not a matter of the Minister of Health or the Department of Health encouraging either community clinics or fee-for-service physicians. We encourage service to be in areas where there is limited service. We want service in as wide a range across the province, in a geographic sense, as we can get. And we haven't achieved that in all areas, obviously, as some of these estimates have indicated. But there's a role for community clinics; there's a role for fee for service. That balance is here and it will remain.

Ms. Simard: — Mr. Minister, funding with respect to community clinics has not been adequate to provide many of the services that they would like to provide, many of the expanded services, because the role of the community clinic goes beyond that of simply doctor patient. There are many other services that are provided. And the funding has not been adequate for the purposes of providing the top quality services that many of these clinics would like to provide, and it's also been very uncertain funding, Mr. Minister, because it's not a long-term budget. I understand they're funded on a — is it a month-to-month basis, Mr. Minister?

(2230)

So I think in view of the report, which incidentally I still don't have and would like to receive this evening — according to the report, community clinics are a very cost-effective way of running and providing health care services in the province. And therefore I believe it's imperative on a conscientious government to encourage

the development of community clinics in the province.

And I'm not suggesting to the detriment of fee for service; I believe that the two can co-exist very nicely. But I don't see this government doing what it should be doing, knowing the facts in that study to encourage the role of a delivery system of health care that obviously is first class and that obviously is cost-effective.

Hon. Mr. McLeod: — Well I think I've made my position quite clear. You know, if you on one hand say, encourage community clinics, what do I do? Am I supposed to discourage or are you advocating, you know, discouraging fee for service? I don't think you are. I don't know if you are; I am not. I think we have a balance that's there in the province now that will work well, has worked well, will continue to. We have . . . I'll just leave it at that.

Ms. Smart: — Mr. Minister, first I'd like to ask you a question about a constituent of mine, a person that you and I have talked about already and her name has been on the news. I'm referring to Mrs. Pendleton and her daughter Eliza. Eliza has the port wine birthmark on her face and is trying to get . . . is going for laser treatment, dye tuner laser treatments, Mr. Minister. My question is quite general, Mr. Minister. You may know the answer to it. it has to do with the role of the medical consultant within your department, and my question is this: when I talked to Mrs. Pendleton — and she doesn't mind me using her name because it's already been in the news, so it's public information — when I talked to Mrs. Pendleton, she said that you were providing her $120 for the cost of the dye tuner laser treatment in Calgary, and that's about half the cost of the treatment itself.

But my question to you has to do with the role of your medical consultant in helping people get treatment out of province. The Pendletons wanted to do some comparison shopping, if you want to put it in those terms; they wanted to get the rates from specialists in Edmonton who do the same kind of treatment, and they were told that the medical consultant with your department wouldn't help them to shop around to find a lower cost of treatment.

Now the amount of money that you're giving her is only half the amount needed for the treatments in Calgary, and I just want to ask you a question about the role of the medical consultant in the Department of Health and why you don't provide people who need to get treatment our of province — because we don't have it here in the province — why you don't provide them with some help in terms of finding out where the treatments are available and what the lower price is when the prices that are being charged are much higher than what your department will pay for.

Hon. Mr. McLeod: — Okay, the circumstance we have here is that — I'm familiar with the case — the services available in Vancouver, Calgary, and Edmonton, as I understand it, I believe the amount that we pay is according to the reciprocal arrangements we have with the other provinces. We will pay what Alberta will pay for one of their own residents.

And what the case is here is that the physician who's doing the service, Alberta allows that physician to extra bill out-of-province patients, and there's no limit on that, and this is what the physician is doing. And we have no real way to do anything about it because our reciprocal arrangements with other provinces including Alberta is that we will pay what the rate is, the established rate for a particular procedures in that province, as they will pay for one that's done in our province. It's a difficult case. I know it is, and it's in terms of the numbers, you know, that are involved here. You say there's only the three machines in western Canada. There are not a large number of these. I have said to you before, I believe, that we have been looking at what we might do to find . . . and I think you asked the question here tonight about define the lowest cost service. Out information is, it would be the same in Vancouver. The physician in Vancouver that does that as well, our information is that the extra billing is done in the same way as is done by the Calgary physician. So we don't really have an out on this.

Ms. Smart: — Well I hear what you're saying about not having control over the extra billing. I mean, obviously you could make representation to the ministers of Health in the other provinces and try to straighten that out in the long-run, but in terms of what's happening with the Pendletons, they needed information, they needed help to find out what the different costs would be at these different places. And they could not get any response from the Edmonton doctor. The Edmonton doctor refused to speak to them on the telephone. Now that doesn't speak well for the Edmonton doctor, and they certainly didn't get their business.

But the role of the medical consultant from our Department of Health didn't extend trying to help the Pendletons to do that comparative shopping and to find out what the rates would be in Edmonton versus Calgary. Edmonton is obviously easier to get to from Saskatoon. And my question is: why didn't the Department of Health help in that regard?

Hon. Mr. McLeod: — Our information is that the Department of Health, our people from medical care insurance branch, did in fact find out the costs and what goes on in those locations. Now . . . and I think as I mentioned in Vancouver and Calgary, and I'm not sure if we had an Edmonton number quoted, but I can certainly investigate that further. Our information was that the amount charged through that extra billing mechanism by the Vancouver and the Calgary physician was the same.

To go to your further point, I'm quite willing to take the issue forward and in fact will plan to do that at the health ministers' conference because it's a problem that we have in several areas — not widespread, but it's a problem we have between provinces. When we get a reciprocal agreement which is good for our citizens who are more mobile, then we end up with a problem where this kind of thing comes forward. And I will be making representation to my colleagues at the next Health ministers' conference.

Ms. Smart: — Thank you, Mr. Minister. I just want to refer quickly to the staffing in the nursing homes.

I notice that you're providing a million dollars for the operation of the new long-terms care beds, the facilities at

Nipawin, Elrose and Wadena and also another million dollars for new positions to improve staffing standards.

My question is: how many staff will be provided by that $1 million and where will they be located?

Hon. Mr. McLeod: — The million dollars is for 100 positions spread throughout the system; come into effect on October 1, which is the time when it comes into effect on each year.

Ms. Smart: — Mr. Minister, how many of those jobs are full time or full-time equivalent? A hundred positions with only a million dollars is not much of a yearly salary for a full-time position.

Hon. Mr. McLeod: — That's $2 million annualized, but it's a million dollars in this year's budget because it comes into effect on October 1. And those are full-time equivalents.

Ms. Smart: — Mr. Minister, I just want to emphasize the fact that the funding for staff for nursing homes ins not adequate, that there's a real problem with level 4 residents residing in level 3 facilities, being identified as level 3 heavy care and receiving less allocated resources for care than their counterparts in level 4 facilities; that some level 3 care homes are providing 24-hour registered nurse coverage while others are staffed by a registered nurse on the day and evening shift only.

There's concern that some of the qualifications of some of the care givers no longer meets residents needs and that on-trained staff are performing duties well beyond their capabilities and legal responsibilities. And some of the issues that staff are having to deal with — requiring increased blood and lab tests and oxygen therapy, increased insulin and blood sugar tests, increased need for increased recording of vital signs, dressing and other treatments including increased medications, and an increased need for special equipment — all this requires increased staffing, particularly registered nurse coverage. This is obvious, Mr. Minister.

Having noted that, I want to go on just to point out that there are no current, universally recognized, accepted and distributed standards for long-term care, as I understand it. The regulations governing the special-care homes are in urgent need of revision which would include looking at the staffing. In 1966, regulations were reviewed and revised in 1982, but have never been improved or implemented by Saskatchewan Health.

So my questions is: why — why not, actually, why not approve them, implement them?

Hon. Mr. McLeod: — Well we have, I'm not sure what . . . I know that the association of special-care homes has talked to us bout just the issue that the member raises.

We have in this province, in long-term care, good standards, frankly. We have standards by comparison, and you can make the valid comparisons with other jurisdictions in terms of the standards of the facilities that we have and the standards of staff and all of that. I know that there are calls on an ongoing basis for increasing nursing staff and so on as the care becomes heavier and heavier in nature.

In the last number of years, from '83 through to this present budget which we're now discussing, we've had more than 600 new positions, full-time equivalents, added. And those new positions are there as a result of increasing standards in some of the existing homes, as well as new positions in . . . which are obviously new positions in homes that had not been in existence and are now in existence as a result of the construction program.

So we have excellent standards, I believe. There may be room for improvement, and that will be an ongoing discussion between ourselves and SASCH (Saskatchewan Association of Special-care Homes), the association of special-care homes, and I can't add much more than that to it.

Ms. Smart: — Well a lot of the briefs to the health care commission called on the government to improve the staffing in the nursing homes, in the special-care homes, and to look at the need for regulations that are updated. And so I would urge you to do that.

(2245)

I have one specific concern from the estimates of last year, Mr. Minister. You said that you have consultants who are monitoring the care in the special-care homes facilities, in the individual facilities. I'd like to know who the consultants are, if I could get a list of them, and what is the procedure for monitoring? Does the same process apply to all special-care homes, to the government run ones, the non-profit and the profit ones?

Hon. Mr. McLeod: — If it's acceptable, I'll send the member a list of the people with a description of what they undertake and the process, and how it works, and so on. It that's acceptable, I'll undertake to sent that to the member.

Ms. Smart: — Thank you. And does that process that you're going to send me, description of, apply to all the special-care homes, the government run ones, the non-profit and the profit ones?

Hon. Mr. McLeod: — Yes.

Ms. Smart: — Mr. Minister, have you sent a consultant out to Melville, to the nursing home where they've had a lot of problems — concern about understaffing, poor quality food and deteriorating cleaning standards, among others? And what are you going to do about a public inquiry with the citizens of Melville asking for that?

Hon. Mr. McLeod: — We haven't had a consultant there recently. Frankly, I think it's important that we don't have, given the circumstance that's there. The circumstance is a very local one. There's a dispute that goes on between the board and some people in the community, and the union and others in terms of the way the board has chosen to contract some of the work that goes on there. The people in continuing care branch are satisfied and report to me that we're satisfied that there is no problem with resident care. It's that administrative dispute that goes on at the

local level, and I believe it's the prudent thing to do is to let it take its course, and it is taking its course now.

Ms. Smart: — Well you're having a wait and see attitude on that, Mr. Minister, and certainly if the community is as upset as they were when I was there about the conditions in that nursing home, it's going to impact on the patients, and it's your responsibility to see that the care is good in that facility as well as everywhere else. And the fact that you don't have uniform regulations that have been updated and agreed on just reinforces the concern about the standards in the nursing homes and whether they're going to be appropriate.

Mr. Minister, just quickly I want to ask you about the cost of supplies in the nursing homes because the nursing home residents are being asked to supply . . . Let me put it this way. In last year's estimates you said that the medical supply budget for nursing homes was being increased by 4 to 5 per cent. But people at levels 3 and 4 who need supplies like incontinent pads that I mentioned last time, and bandages, are being charged extra for these. And these charges are using up much of the nursing home clients' money, the hundred dollars extra that they get, supposedly, after they pay their fees. The people in nursing homes are in heavier care and needing more of these supplies. And I just want to ask you whether you don't consider those kinds of supplies as medical, which would be funded by your department, and why are people being charged for them in nursing homes, when if they're in an acute care hospital, they get those supplies free?

Hon. Mr. McLeod: — First of all, the nursing home is a residence not the acute care hospital; that's one.

But the issue is, we don't supply funding and never have. I believe we never have supplied funding in the long-term care budget for these kinds of supplies, those that you referred to. So people will buy those kinds of things from their disposable income. They have, I believe, $109 a month for that kind of disposable income. I've been in many nursing homes and those people who are in the heaviest levels of care, in almost all cases, have money left over at the end of each month for whatever their supplies are and so on.

Ms. Simard: — Thank you, Mr. Chairman. Mr. Minister, with respect to mental health services in the province of Saskatchewan, I'd just like to direct your attention to that for a few minutes.

I just want to comment that complaints have been centred on the health care system basically around these items, Mr. Minister, that there's no comprehensive crisis intervention — that is particularly a problem in rural Saskatchewan, Mr. Minister — no follow-up care or public awareness programs in the community. In fact, areas such as Lloydminster and Melfort reported few and unco-ordinated services to the PC health care commission. There are no independent living programs, no recreational or social programs and no vocational programs in Lloydminster. The Melfort committee has stated that the extent of mental health services in its area is two full-time mental health nurses with an extremely large case-load and territory and a psychologist who only visits once a week. Dr. David Keegan, head of the psychiatry departments at University of Saskatchewan and University Hospital in Saskatoon, says that Saskatchewan receives a disproportionate lack of funds to this system. And in his opinion we've lost a lot of worthy professionals in the process and the result is an inconsistent mental health care system.

There were a number of problems outlined in the system, such as the lack of commitment to residential housing, and this is a significant problem, particularly for the mentally disabled. We find many people suffering from mental illness and the mentally disabled live in substandard apartments and basements or hotel rooms. And many people with a chronic problem in the family, a chronic mental health problem in the family, the families need support, Mr. Minister, and there's little support for these families and little continuum of residential services is provided from simple affordable housing or through adequate programs.

And I take a look, for example, at the funding to the Phoenix House and the Phoenix Residential Society brief. I'm not sure what the funding is for '89-90, but there was in '86-87 and '87-88, I understand that it remained frozen at 51,500, and that may have been the case s well for '88-89, Mr. Minister. I'm not sure what it is in '89-90, but the fact of the matter is is that the funds have essentially been frozen for a period of years, and as a result, they are unable to provide the amount of services that they would like to provide to the public. And I have been told on numerous occasions by people, family members who have member of their family who attend the Phoenix home, that this is a very good service. And so I'm wondering whether or not the minister agrees with this type of model and whether or not he sees it open to him to support them and to develop further homes of that nature in Saskatchewan in the near future.

Another area of mental health that causes people suffering from mental health problems is the lack of employment opportunities. And we know that if people suffering from mental health can get flexible adequate employment, that it goes a long way to improving their mental health status, Mr. Minister.

I pointed to family support. The programs simply aren't there to deal with family stress and family support in this kind of situation. The counselling programs simply aren't there, Mr. Minister. And of course, once again I just want to re-emphasize the lack of facilities and programs for crisis intervention, particularly in rural Saskatchewan.

And when I attended some of the hearings in the southern part of Saskatchewan I heard counts, personal stories by family members . . . of parents actually of children who have suffered crisis situations in certain rural communities, and one parent told me that it took 72 hours for their child to get care. Now if someone had a broken leg of course that would be fixed within a matter of hours, but this child was hallucinating and suffering terrible mental anguish and it took something like 72 hours to get care, Mr. Minister.

Now I'm sure that you know what these problems are. I'm sure that you have heard about it, Mr. Minister, and I

would like to know what initiatives you are taking to correct some of these problems and alleviate some of the suffering in this area.

Hon. Mr. McLeod: — You're right. I've heard some of them as you have, as many of us have as we have undertaken the Saskatchewan model, which is widely known across the country as the Saskatchewan model of deinstitutionalization. Some of the problems that have been associated with that over the years have been . . . perhaps we haven't been able to keep up with the community services that are necessary for that to be implemented in its best format.

This year you ask what initiatives were taken, but in terms of just this budget and where and what we've done in the budgetary sense to address this, this budget this year is $32 million in mental health services, which is a $2.5 million dollar increase or a 9 per cent increase over last year.

I don't want to diminish the size of the problem because there is that out there. The mental health association and I have had a meeting in fact in the past couple of weeks, and they've met with the department officials on a number of occasions. We have a good co-operative approach taking place to move us into the next phase of implementation of what we'll call and continue to call the Saskatchewan model.

You mentioned Phoenix House. I agree with you. Phoenix House is a good model. Phoenix House is the kind of a model that we should have probably more of and should encourage to be there.

You will know, I know, that our new Mental Health Services Act that was passed in 1986 has been considered very progressive by everyone involved in mental health services across the country. And that I don't just mean the professionals involved, I mean by parents and families associated with this disease.

We have a batterers' treatment program implemented in this province. We've got NGO (non-governmental organization) grants that are increased from $800,000 a few years ago in '82 to a present level of $2,567,000 this year. We've introduced community-based liaison worker programs in the Prince Albert region which is a whole area to get people out there to liaise with families that are suffering, and with the individuals. We've increased the grants to the provincial Mental Health Association. We supported work to farm families experiencing stress, and that's a whole area, given the downturn in agriculture that has taxed — in some areas in the rural — has taxed our people in mental health to a significant degree.

As you well know, the Everyone Wins program with the seven areas in our preventive health care area — one of those areas is stress and the ability to cope with stress, and coping skills, and management of stress and so on — that's one of the targeted areas in the prevention program. We have interdepartmental initiatives to deal with family violence. A good deal of that is related to mental health. We have a 50 per cent increase in out-patient services since 1982, mental health.

We're now examining Saskatchewan Hospital North Battleford, a regeneration there of that facility. And we have a $500,000 new program to assist families and individuals in crisis. And we're working with Social Services on developing new employment initiates for people suffering from mental health. And that's one of the issues that you raised. It's an issue that's important to the Mental Health Association and to ourselves as we go through that process that I described with the officials that are involved in the Mental Health Association.

(2300)

Ms. Simard: — Mr. Minister, with respect to mental health services personnel, the information I have before me shows that there's been a drop in total positions from 1982-83 to '89-90, from 834 to 715.1, Mr. Minister, in other words, less than 100 positions in mental health services. Now, Mr. Minister, is that figure correct? Has there been a drop of that amount?

Hon. Mr. McLeod: — The discrepancy between the numbers, '82 to now, a major impact was the early retirement program which impacted, not exclusively, but very largely on the institution at Saskatchewan Hospital in North Battleford for the institutional care side. Property management corporation now has responsibility for those people at the large institution at North Battleford that are in the support and maintenance which were once in that subvote that you're referring to, that they're now under Saskatchewan Property Management Corporation.

The NGO staff, the increase in funding to NGOs and the NGO staff out there that work in . . . has increased and there are more people working in the NGOs' area now, and the psych research unit has been transferred out from the Department of Health mental health services branch to the University of Saskatchewan. So some of that has been dispersed, and that's an explanation for the discrepancy between those numbers.

Ms. Simard: — Mr. Minister, with respect to Phoenix home, it has been indicated to me that inflation rates have continually eroded the purchasing power of the Phoenix staff, and the Phoenix staff also lack adequate benefits with respect to salaries, and I'm looking at a brief where there are complaints about the fact that their salaries are not comparable to positions in governments.

Now if the minister is indeed in favour of the concept of the Phoenix home, I am wondering whether he has increased their funding for this year and what his long-term plans are in the province, which is a question I asked earlier but he hasn't answered specifically. What are his long-term plans for implementing further homes such as the Phoenix home in Saskatchewan?

Hon. Mr. McLeod: — The brief that you're referring to as it relates to Phoenix House is prior to the budget being finalized. I'm pleased to report to the committee that this year's budget includes funding for two things: it's an increase in salaries for Phoenix staff, as well as, for the first time, an increased in the pension benefit side for the staff at Phoenix House. So it's something that they've been asking for and it's something that's been responded to.

Ms. Simard: — Thank you, Mr. Minister. With respect to prescription drugs, Mr. Minister, I want to direct your attention to the fact that you said earlier that drug prices had not increased under the new drug patent legislation. That is not the information I have. And I am referring to a brief that was presented to the PC health care commission on drug prices. And, in effect, what they say is that prescription drugs costs have increased at rates at higher than inflation and this is despite assurances that the prices review board would keep prices and increases in line.

An Hon. Member: — Whose brief? Whose brief are you reading?

Ms. Simard: — It's the Canadian Drug Manufacturers' Association. They go on to say that they estimate in the next year that the increase for the Saskatchewan plan will be at approximately 18 per cent, Mr. Minister, approximately at 18 per cent.

The brief is quite lengthy and I'm not going to go into all the details of the brief at this point, but I think it's important to note that they did a comparison of single source drug prices to those of products with generic competition in the same therapeutic category and saw differences in prices of 16 per cent — 67 times greater for the brand name as opposed to the generic drug; tranquillizers, 126 times greater, Mr. Minister. And they make the point that new drugs are coming on the market at high entry level prices never seen before, and they refer to the AIDS drug in this regard. And there's a number . . .If you haven't read the brief, Mr. Minister, I would suggest you do because there are a number of very good points made in there, very good points.

And on page 4 they talk about, "during the past year prescription drug costs have increased at rates higher than inflation." "Provincial drug plans reported a wide range of increases in costs from '86 to '87 as follows," and it goes on. And the . . . So I'm not going to go through the entire brief except to say that there are a number of things that are happening in the drug industry that cause me considerable amount of dismay as a result of having read through this report.

Now I know that the Canadian Drug Manufacturers' Association is largely a generic organization, and that will be the minister's response, that their statistics are cooked. But I don't believe that their statistics are cooked, Mr. Minister, if your response is that they're generic drug manufacturers. And their arguments are very well presented in there, Mr. Minister, very well presented.

So I would urge the minister to take a look at that brief and reconsider his comments that the drug patent legislation was the end-all and be-all. Research, yes, that's important. But they make the point also that the research costs are only a fraction of the profits that these multinational drug corporations make, and only a very small percentage of their direct profits.

I also want to point out to the minister that the 20 per cent, that $125 deductible and the 20 per cent up-front cost is causing some people difficulty — not in the same numbers that we saw with the 100 per cent up front which was just causing untold suffering. And I'm pleased to see that the minister has taken some action to correct that. The 20 per cent is still . . . and it's not good enough to say these people are on welfare because there are always people who fall between the cracks, Mr. Minister, and these are the people that are suffering as a result of this. And they're particularly people who are chronically ill or there's more than one member in the family who is receiving medication, and the costs are too great for them, Mr. Minister.

Now I want to know whether your department is taking a look at the effects of the prescription drug plan on people and whether or not you'll be considering some way of dealing with these people who are having difficulty with respect to their prescription drugs.

Hon. Mr. McLeod: — A couple of points — I'll make them quickly. The member says that I will say that the source of the study or that the submission was from the generic manufactures. And I am glad that you acknowledge that because it's important to say that any submission . . . All of us in public life will know that any submission to . . . will always be presented to present the case and to put the best light on the particular bias that will be brought forward by whoever's presenting it. And we understand that and that's as it should be and there's no problem. And I agree with you, their brief was well presented.

The numbers that I reiterated earlier, 3.3 per cent increase in '88 in the cost of drugs, is the actual number as it relates to this drug plan in this province for this million people, and that's a hard figure. And in '89 that number so far is 0.8 per cent . . . well I guess it is 0.8 per cent because the contracts are signed for the year. So it's 0.8 per cent increase, and those are very substantial savings, and they're certainly decreases in terms of what was predicted by the doom and gloomers who are talking about what would happen as a result of patent legislation and other things. So that's on that point.

As it relates to the point of, are we monitoring what's happening with the drug plan now and the way that it operates and the potential hardship it might have for family A, B, or C, it will fall into a certain category — yes we are; we have the drug prices review or the drug panel review situation still in place — have almost no requests any more.

I'll give you some examples, these are for families where there were costs greater than $500 for a family. In 1985-86, under the old plan, there were 147 families in this entire province who had costs more than $500 for their drugs for the year. In '86-87, again under the old plan, there were 169 families across the entire province who had costs more that $500. And under the new plan in '87-88, we had 137 families who had costs more than $500. So the plan as it is now constituted takes into account just those kind of cases that the member refers to where there can be for the chronically ill, where there's a member of the family that is chronically ill or whatever. And I believe that this drug plan's been well received by the people and it is sensitive to just the kind of case that the member referred to.

Ms. Simard: — Mr. Minister, in what ways is it sensitive to

this kind of issue? Can you just describe that in more detail, because my understanding is they still pay the 20 per cent, and if that comes to $2,000, it's $2,000.

Hon. Mr. McLeod: — We have the review panel that was put in place and it's sensitive to that for an example. I mean the member uses the number like $2,000. I mean, that would be $10,000 worth of drugs for a person to have $2,000 in costs. And I know you're just taking a number, but it's important that you don't just take numbers out of the air because those numbers can, you know, refer to . . . they can mislead or tend to mislead.

There's nobody who uses $10,000 worth of drugs and the panel is there for just that reason, for someone who has an extraordinary circumstance. That's dealt with by the panel.

Ms. Simard: — Okay, Mr. Minister, with respect to the increase in drugs, the increase in costs, is that increase of drugs that are already on the formulary? Is that like the increase in what you're going to be paying for drugs that area already on the formulary?

Hon. Mr. McLeod: — Yes.

Ms. Simard: — Well then I just make the observation, Mr. Minister, that that does not then take into account new drugs coming on to the formulary which come in at a substantially increased price over what they would had it been for a longer period of time, had the generic drug laws still been there or had generic drugs been accessible.

With respect to the children's dental plan, Mr. Minister, I would like to ask you some very specific questions. There are a number of things that have been left unanswered with respect to that plan. They are, for example, the number of children that have been seen once in a period of a year by that plan, and the number of children that have been seen more than once, and the number of completes. Mr. Minister, I wondering if you could provide me with that information.

Hon. Mr. McLeod: — To be specific to say the number that have visited once and twice, I don't have those numbers. I'll provide you with that, though, but I can't provide it tonight. But I'll provide it and I'll sent it within days, okay?

Ms. Simard: — Well, Mr. Minister, that's really important, because you have said the utilization rate is around 90 per cent, but utilization, as I understand, is the number of children seen one or more times.

It has to be broken down, because you can't really tell what the utilization rate is until you know how many children have been there once. You also have to know how many completes there are because you can't judge this plan unless you know what the completes are, because under the old plan the completes were virtually 100 per cent as my understanding goes. So I think that information is crucial in order for us to make an objective assessment of this replacement plan. And I'm just wondering if you have any information on completes, Mr. Minister.

(2315)

Hon. Mr. McLeod: — Now, let me get it straight, but I believe the member is under the misconception that would count it if the child visits twice, we count that twice. That's not the case. When we talk about utilization rate, we talk bout children who have visited the dentist whether that be once of five times, and that the determination of whether it's once or five times will between the dentist and the family to determine how much work is needed or what corrective action is needed, whatever. So the number if which children have visited the dentist in that year.

Ms. Simard: — So the . . . Okay, Mr. Minister, you will be providing me with thin information in a few days as I understand, and also the number of completes. I'm assuming you have that information; the last time I asked, your department didn't have it.

Hon. Mr. McLeod: — Yes, we'll provide that, Mr. Chairman.

Ms. Simard: — Thank you, Mr. Minister. There's also a great deal of discrepancy in the comments that have been made with respect to the number of communities, rural communities that are being serviced by satellite clinics.

I received a letter from the college surgeons, dated April 12, that lists some . . . I'm not sure of the . . . some 34 members, or 34 communities, or something to that effect. I don't have a tally here right now. On the other hand I've received a list that was given to me by Mr. Podiluk this spring that I think came from your department, and it showed different communities. And what seems to be happening Mr. Minister is that we have satellite communities in a community for a short period of time and then it phases out and it's no longer serviced and another community is added to that list, and that a number of the communities that were originally being serviced are not being serviced today while at the same time new communities may be added to the list. Because I have two lists here, one that came from Mr. Podiluk and one that came from the college of dental surgeons, and they're inconsistent in terms of locations. I'm wondering if you could explain the discrepancy to me, Mr. Minister.

Hon. Mr. McLeod: — The numbers I have here, and it's the most recent we have, is that since spring of '87 we have 10 new full-time locations and 21 satellite clinics. I'll read the list to you if you like, read the whole list, or I can provide it to you. I will provide it to you.

Ms. Simard: — Mr. Minister, I want to deal lastly — although I could go on with a lot of other things too but we're going to wrap it up here — Saskatoon's hospital integration. I want to know where that is at, Mr. Minister, and I specifically want to know why you adopted the approach that you did, because the approach you adopted precluded, at the time that you adopted . . . You may have rethought that, Mr. Minister, but at the time you adopted, it precluded community input.

I was sitting in a room here in Saskatchewan listening to briefs being presented to . . . in Regina, listening to briefs being presented to the PC health care commission, and it

came to my attention that day — this was around 1 or 2 in the afternoon — that this integration is taking place. And it also came to my attention that your own commission didn't even know it was happening. And here is the commission that is supposed to be directing future health care policy. And I'm not suggesting, Mr. Minister, that you should wait for commission report to take an initiative such as this, but I am suggesting, Mr. Minister, that at the very least you could have consulted with your own commission members. But that was an example of lack of consultation. And that example, Mr. Minister, was occurring, while at the same time, you were saying that you supported community involvement and community input. And I believe that your actions were inconsistent with your words once more, and that takes up squarely full circle back to what I said at the beginning of the day. Your rhetoric is fine but your actions are different, and they don't follow through on your rhetoric.

There has been a lot of concern expressed with respect to integration of the hospital in Saskatoon, and I know you're aware of the problems. We've heard from doctors who are concerned that specialization will reduce the role of the family. We've heard about nurses who feel that they're left out. We've heard about the fact that this is moving towards the American model. There has been a lot of criticism, Mr. Minister, a lot of criticism.

And so what my question is to the minister is: what is he doing to alleviate the concerns and the anxieties of the people in Saskatoon with respect to this integration? Is he proceeding with the integration, and what procedures has he put in for adequate community input and involvement?

Hon. Mr. McLeod: — Well first of all, Mr. Chairman, there are a couple of misconceptions being presented to the committee tonight. First of all the integration or the . . . of the Saskatoon hospitals and centres of excellence and dealing with those hospitals as a . . . and dealing with Saskatoon and those three very large hospitals there as a centre of medical excellence . . . Saskatoon the centre of medical excellence with those three hospitals a part of it is something that's been around for 17 years. Don't suggest that this particular Minister of Health who now occupies the chair went to Saskatoon and came up with some brand-new idea, because it's simply not the case and you know that. As your colleague from Saskatoon Nutana said the say it was announced, it's a step in the right direction and the quote is there.

The member refers to the method, the method of how does one begin the ball rolling on something that has been around for a long time, and for the consultation process to being in a substantive way, not in a rhetorical way, which went on for some portions of those 17 years that I refer to. So what has happened and what is going on at the present time is that we have working groups, very active working groups working right now in Saskatoon, maybe not right now, they're probably more reasonable than we are, but during this month and during this last number of months, to deal with the specific issues that were laid out.

The announcement that I made was not an announcement by me alone. The announcement was made in conjunction with the chairman of the three boards, with the presidents of those three hospitals, after long discussion between health officials at the very senior level and those hospitals boards who, I might add, do represent the public. The very nature of boards and the board representation is of the public and of that community.

The working groups are under way. The request that came was a request which came from the chairman of those three boards; a request for doing this and taking this initiative and going forward with it and to begin that consultative process is now ongoing.

I guess I would characterize it this way: for that ball to roll and to begin the process of . . . to take it to where we all would like to see it, it's nothing to do with an American model; it has everything to do with the model of modern medical science and modern medical centres, whether they be in Edmonton, in Calgary, in Vancouver, in Winnipeg, in Toronto, wherever else in this country, and to some degree — to a very large degree frankly — in Regina, not in Saskatoon. Now there's no reason why Saskatoon shouldn't really be part of the 21st century or even the 20th in some of this area.

So all I did, if I could characterize it this way, was sort of give the ball a little nudge, and it started to roll and the consultative process is now under way and as a . . . I would be interested in the hon. member's position as it relates to amalgamation or to centres of excellence. I know it's easy to say, oh it's not a good process, but I believe the process is going rather well, and I don't think the hon. member or anyone else has heard very much negative about it in recent weeks.

Ms. Simard: — Mr. Minister, you did far more than give it a little nudge. You sent the community of Saskatoon into a panic over the situation because you lowered it like a bombshell, Mr. Minister. And we're not objecting to this process, discussing hospital integration. What we were objecting to at the time is the manner in which you approached it, Mr. Minister. The manner in which you approached it was totally unacceptable and inconsistent with your objective of community involvement.

Mr. Minister, I could . . . there are a lot of questions left in health care, but I think that we should wrap up these estimates at this time, so let's just proceed.

Item 1 agreed to.

Items 2 to 36 inclusive agreed to.

Item 37 — Statutory.

Vote 32 agreed to.

Supplementary Estimates 1989
Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32

Items 1 to 9 inclusive agreed to.

Vote 32 agreed to.

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

Ms. Simard: — Mr. Chairman, I would also like to thank the officials of the minister for helping out today, and the minister, with respect to these estimates.

Hon. Mr. McLeod: — Thank you, Mr. Chairman. I want to thank the officials . . . I did . . . in initiating these estimates, for the work they did, not only here in supporting me in the estimates, but the work they do and all of the other people who work in Health throughout the year. They do a good job and we have a good department with a mission statement that we try to live up to.

Some Hon. Members: Hear, hear!

Mr. Chairman: — Being past 11 o'clock, the committee will rise and report progress.

The committee reported progress.

(2330)

Hon. Mr. Hodgins: — Mr. Speaker, prior to adjournment, I seek leave of the Assembly to move a motion respecting sitting hours for tomorrow and Thursday.

Leave granted.

MOTIONS

Sitting Hours

Hon. Mr. Hodgins: — I'd like to move, Mr. Speaker, seconded by the member for Kindersley, by leave of the Assembly:

> That the order of the Assembly adopted on July 26, 1989 regarding extended sitting hours be rescinded, and that the hours of sitting of the Assembly for the remainder of the session shall be as follows: Monday to Friday inclusive, 8 a.m. to 11 o'clock p.m., with recesses from 11 o'clock a.m. to 1 o'clock p.m., and from 5 o'clock p.m. until 7 o'clock p.m.

Motion agreed to.

The Speaker: — Being past 11 o'clock, the House stands adjourned until tomorrow morning at 8 a.m.

The Assembly adjourned at 11:32 p.m.