EVENING SITTING

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32

Item 1 (continued)

Ms. Simard: — Thank you very much, Mr. Chair. Just before supper the minister was talking about some of the things that he feels were very innovative and forward-thinking health care programs implemented under his government and while he has been Minister of Health.

One of the things he referred to, Mr. Minister, was the computerized health care card, and the Wascana Rehab Centre, the facility. He indicated that it was very important to have these facilities, even if they weren't properly staffed, because obviously the facilities would attract more people. And with respect to the computerized health care card, Mr. Chair, the point I would like to make is that I'm not saying the card is not a useful item but when the minister has to point to a computerized health care card as his innovative health care program, and a facility that may be a very good facility but isn't properly staffed, as his achievements in health care, I think it tells you where he's at with respect to health care.

However, Mr. Chair, we have to look at things like the number of public health nurses in the province of Saskatchewan, the shortage of public health nurses; the shortage of nurses in hospitals; the fact that hospital services is one of the lowest expenditures in Canada, the expenditure in hospital services in Saskatchewan, according to the most recent statistics that we have.

Those are the true criteria by which one judges the performance of a government, Mr. Minister — not a computerized health card, even though it may have a useful purpose. It certainly isn't such a laudable innovation that the minister holds it up as the thing for which he is going to be known in history, is the computerized health card. I think that says something about where this particular government and this minister is at, Mr. Chair. I want to make that point.

The minister says that we are worried about change and I just want to respond to that. We're not concerned about change. He says that we talk about scare tactics. We're not concerned about change. We want to know what type of change this minister has in mind because we know he intends to change the health care system. We know that and we want to know what type of change, Mr. Chair. That is key. Change is not a problem but the sort of change can be.

The dental plan was a change, Mr. Chair, and I think we very fairly represented the voice of the people of this province when over 100,000 signatures were tabled in this legislature saying that the changes that this government made to the health care system, the prescription drug changes, the dental plan changes, the underfunding of hospitals, Mr. Chair, that those changes were not acceptable.

That kind of change we are very suspicious about and yes, we are worried that this government will change health care in the province of Saskatchewan to such an extent that it is no longer the medicare that we understand it to be.

And the government will tell you in this pre-election year, oh no, this is scare tactics; we're not going to do anything. But if they're ever re-elected over there, Mr. Chair, if they're ever re-elected — and I doubt that that's going to happen; I sincerely doubt that — but if they were you can be sure that there will be major changes to the health care system. And those changes will be ideologically consistent with the Tory right wing party in this province. They praise the free-market system. They are bent on privatization across this province in every area of the public sector, and even though they've said in the past, oh no, we aren't going to privatize the utilities, we know that they are trying to privatize the utilities. It was evidenced in this legislature last year. And even though they say, oh we're just waiting for the public — that's what we're hearing now: oh we're waiting for the public to catch up to us. That's what the Tories are saying. Can you imagine? They're waiting for the public to catch up with them. What conceit. What conceit.

And that has come from members of the Tory bench, not from the Minister of Health. To be fair to him, that is not a comment made by the Minister of Health, but that has come from some of his colleagues in the front bench. And I say that is conceit, and I say that is totally out of touch with the people of this province, totally out of touch. I think the members opposite would serve themselves well if they listened to the people of this province and if they heard what the people were saying with respect to privatization. Not a simple majority, but an overwhelming massive majority and it will apply in the same manner to health care in this province, Mr. Chair.

So when we talk about change and our concern with PC change, that's precisely what we're talking about — their right-wing policies to move the public sector to privatization in this province. And so when I ask the minister questions about change, I want to scrutinize the change that he proposes, because if there's any change to undermine our health care system as the people of Saskatchewan want to see it, as New Democrats want to see it, you can be sure that we will be closely monitoring it and bringing it to the attention of the public, Mr. Chair.

Now my question to the minister was asked before supper and I'm going to ask it once again, because he didn't answer it before supper. The question was that he referred to only minor structural changes had been made in health care heretofore. I want to know what structural changes the minister has in mind, because by clear implication he's considering further structural changes.

Hon. Mr. McLeod: — Mr. Chairman, the references in my . . . the opening remarks in these estimates that I made to the changes that are taking place in the demographics of

the province, the changes are taking place not only here but across Canada and elsewhere, as it relates to new health technology.

So those are the things that I was talking about. And if the member will go back in her mind and remember and recall the things I talked about there: the changes that drug therapies allow us to now do; and deinstitutionalization is a trend that must take place and that is taking place in the health care world; the movement towards emphasis on health rather than only on health care; those kinds of things.

The very fact that the Premier appointed the Murray commission in health care to look at our system, and he and the commissioners to look at our whole health care system. And the response, I guess I could say, the response of the people of the province and of the people who work in the health care field across the province in the various sectors, to that commission, indicates the belief by the wider public that there will be a need to re-examine, a need to examine very closely the system that we have, and whether or not every aspect of that system is poised to go into this 1990s decade and to go beyond into the next century. Those are the kinds of things that I referred to when I talked about change.

And when I say to the hon. member and to others who will often belittle, I guess is the word, the suggestion or any discussion of change, it's important that we don't do that. And what I was really saying is that we have a responsibility. We being the government, all the people in the Department of Health here, and others out in the health sector, whether they be in the institutions or in the community-based programs, whether they be members of the legislature on the other side, whoever — whoever is in a position of responsibility has a responsibility to exercise and that is to recognize the changes that are upon us, many, many changes.

And I'm sure we'll get into some of those as we get into the specific questioning that I'm sure the member is preparing to get into. So that's what I was referring to when I referred to change and I'm sure we can get into as we deal with the specific aspects of this very large department. I'm sure we can get into some of those views of change — my views and the critic's views and so on.

Ms. Simard: — Well, Mr. Minister, I think when you referred to the Murray commission that that is the structural changes that you probably had in mind, because I don't really see drug therapies as a structural change. One usually considers a structural change some sort of change in the framework in the bureaucracy of the system. But you did refer to the Murray commission report in these remarks, and therefore I'd like to ask you a specific question. The specific question being: the Murray commission report recommends that the province be divided into 15 regions or divisions, Mr. Minister, 15 regions or divisions — 10 in rural Saskatchewan. And, as you know, it further recommends that these regions be divided into subdivisions or subregions and that the subregions elect two representatives to send to the regional board, and the regional board will then receive a global budget allocation from the Department of Health to administer all the health care services in that region.

The Murray report further recommends that local boards . . . this would remove the need for many of the local boards and representatives at a local level. Instead the subdivision would send two representatives to the regional board, and a regional board would consist of maybe 10 to 12 representatives and they would run the health care in the entire region. For example, Yorkton regional board would run it for Langenburg and Esterhazy and so on in that large area.

The Murray report also recommends that all publicly funded health care facilities, the ownership of those facilities would be transferred to this divisional board or regional board. It makes an exception for religious organizations and some corporate organizations, but publicly funded health care facilities would be . . . the ownership of these facilities would be transferred to the regional board.

Now, Mr. Minister, with respect to this form of regionalization, which is decentralized out of Regina but centralized in the regional board, it's centralized for small rural communities. Could the minister please give us his opinion on this form of regionalization and whether or not he's intending to implement it?

Hon. Mr. McLeod: — Before we get into that, when I said in my last remarks here about . . . and I used the example of drug therapies and being a . . . contributing to structural change. The member took some exception to that. What I meant and what is the fact, all over, throughout the health care sector, is that the new innovations, the new inventions in drug therapies, have served to change the way in which people with mental illness are treated.

It served to change the length of stay of people, of citizens, of patients in hospitals — all of those kinds of things which do bring about structural change in terms of the length, in terms of the need for hospital beds, the number of hospital beds needed for various aspects of curative health care. So that's what I was referring to and it does indeed contribute to structural change on that basis.

(1915)

Now we get into the Murray report. And as the member has outlined in a brief sort of way, the Murray report, from all of the reaction — I think it's fair to say — all of the reaction so far, well, there have been some differences of opinion on the Murray report or some differences of opinion as to how far Murray has gone with some of the recommendations. There have been some very positive comments from people throughout the health care sector as it relates to the depth to which this report has gone and looking at the very structure of this system that we have and that we take some pride in as I've said earlier today.

The concept of regions, which is, as you will know, the recommendation — 1.1 — the very first recommendation. And it's structured in such a way that almost all other recommendations follow directly from that — is something that's worthy of consideration. And it's worthy of consideration because it's very difficult to

just rule out of hand, for example, the concept of elected people at a regional level having some control, or empowerment and control at some local levels. But there will be significant debate, and there is now going on in the province . . . there is significant debate going on as it relates to just how far will this go.

The member raised a couple of points. One being the ownership issue as it relates to the facilities, the institutions that are now out there; that are now union hospitals or nursing homes owned by the contributing municipalities in a community or in a region.

The Murray report says, for example, — and this has become now a subject of some debate among hospital administrators certainly, and among people who are trustees or appointed board members of these hospitals — The Murray report recommendation makes a distinction between institutions which are owned, say, by a religious order, Esterhazy or St. Anthony's in Moose Jaw or, you know, whatever — St. Paul's Hospital in Saskatoon, a very obvious one, religious order.

They say well if they're owned by a religious order or a privately owned institution like, to use an example, Extendicare facilities which are in various locations in the province, that they would see — this as the Murray report now, speaking of this — they would see that as . . . those institutions could be contracted with or you could enter into contracts, the regions could enter into a contract for those services. Whereas the other publicly held ones or community-held ones would be owned by the wider region.

Now that's going to be a significant debate in and among health care administrators and among trustees in the province. But that will be a healthy debate, that will be a very healthy debate. And what you don't see very much of out there is, so far at least, is outright opposition to the concept of elected boards. Whether or not 15 is the right number, whether or not these regions are too large, these are all questions that will go on as this debate carries forward.

Let me just say clearly at the outset though, as we go into . . . because now we're speaking of recommendation 1.1 as I outlined and there are 260-some-odd recommendations. While the member will say the Minister of Health and the Department of Health and the government or whatever, we have not responded directly to this report and said, at the outset: this report will be implemented or this recommendation will be implemented, whatever.

We've done that for a very good reason and we believe we've done that for a very responsible reason. We sent out, my colleague and I, the Associate Minister of Health, the member from Assiniboia-Gravelbourg and myself, have sent out letters to more than 600, almost 700, groups and organizations in the province who have a direct stake in the health care system. And we've asked them and they've been very receptive to these letters, by the way. And we've asked them to give their thoughtful and reasoned responses to the recommendations of the report in its widest sense and also their responses or their reactions to those portions of the health care . . . of the Murray commission report which deal directly with their area of expertise, if you will.

Now we've had some letters back which are just saying to us, we're now in the process of going through this in some significant detail. We've, you know, almost as though these are just acknowledgements of our letter. And they're saying, give us time to go through this, our council is meeting, say the SRNA (Saskatchewan Registered Nurses' Association) in this month of June. That's one example. Others have sent similar letters that say our council is meeting or our executive committee or whoever, and we're going through this with a fine-tooth comb. So they're asking us for the opportunity to be heard and we are giving them that opportunity, and I think that is the responsible approach.

So I'm not taking a hard and fast position on any of this, but as it relates to the very direct question that you asked me about the regions and what is our response to that, I would say that, once again, there will be significant debate surrounding this. But it merits consideration by all of us when you consider that what they're recommending is elected boards to have more, sort of local decision making out there in the province. And that shouldn't be rejected out of hand certainly.

Ms. Simard: — Mr. Minister, when do you expect to have compiled all of the responses such that you can give us your opinion on this?

Hon. Mr. McLeod: — I can't give you a hard and fast time when we'll be ready with this because . . . and I know that warrants an explanation. And I can see by your look there that you expect a distinct explanation to this.

The groups in the province and the professional associations and the SHA (Saskatchewan Health-Care Association) and others, I think some of them will be holding regional meetings of their membership. Some of them will be having significant debate about various recommendations of this at their annual meetings as they go on in the fall. Some of them have indicated to us that that is the case and they want to be able to get into some debate at their annual meetings in the fall.

So I guess what I could say is that the Murray report's come in; he's unleashed this report on the public, and I think we have to give those organizations a chance to look at this in the kind of detail that they've indicated they want to, and it is our intention to do that.

Ms. Simard: — In other words, Mr. Minister, you won't have an opinion before the next election. Isn't that in effect what you're saying?

Hon. Mr. McLeod: — No that is not what I'm saying, and I want to make it absolutely clear to you that it is not what I'm saying. And I'll make it very clear to you, tonight, that that is not what is driving the time frame on this. Okay? That is not what's driving the time frame. The time frame will be driven by when those responses come back and when they are all compiled and then when we can have the follow-up discussions with these organizations and so on. And it is not what's driving it.

Now I know that's what drives the nature of this House, and the kind of debate we're in here tonight will bring that suggestion to the fore. But that is not what is driving the reactions to the Murray commission by any of those organizations out there, certainly, and it is not what is driving our agenda or our schedule as it relates to replying to the Murray commission.

Ms. Simard: — Well, Mr. Minister, the Saskatchewan Health-Care Association has said quite clearly that the proposals in your task force report are too revolutionary, and that they remove community control and community input. Now the Saskatchewan Health-Care Association represents many, many health care facilities across this province. They are the spokesperson for health care facilities across this province. Now you are going beyond the Saskatchewan Health-Care Association, stalling, I might say, because you are looking for further comment and debate. And I think that you're just putting off making a decision, because you don't want to face up to making a decision in this particular matter.

Mr. Helmsing is quoted as saying, in the *Star-Phoenix* on May 3 '90 that:

> We didn't envisage them proposing a structure (and this is a quote, Mr. Chair) that would eliminate community health boards . . . It's too bold a step. It's a quantum leap from what we have now . . . (It's) too revolutionary.
>
> If you suddenly remove community health boards, you're not giving those communities the input we feel is required.

Now I find it very interesting that this report talks about community input and community involvement and so on, and I would like to know, Mr. Minister, how there will be more community input by removing boards from rural Saskatchewan in small communities and replacing it by only two elected officials? I'm not debating whether they should be elected or not. I'm saying two people as opposed to numerous people. How is this going to increase community involvement? Could you explain that to me please, Mr. Minister.

Hon. Mr. McLeod: — Well the organization that you've picked out, for example, the health-care association — obviously a very large player in this and as it relates to this first recommendation — the one I've elected boards and so on. I think it's fair to say that the commission report went further than the health-care association went in their suggestions to the commission when it was doing its work out there in the province. The health-care association made recommendations for a regional type of system.

When you quote from Mr. Helmsing, who has said — and I'm not sure where you quoted from; I think it was a *Star-Phoenix* article — where Mr. Helmsing had said, on behalf of the health-care association that it was . . . I think he used the word revolutionary. And I know in a conversation that I've had with him his suggestion was that there are ways to accomplish elected boards by more of an evolutionary process rather than this revolutionary process. And that's the way in which the health-care association is approaching this at the regional meetings and the regional sort of discussions that they are intending to have from what I understand so far.

The health-care association, for example, is one that has said to us: we need time to consult with our regional bodies and with the various boards, the many, many, many boards who are members of the health-care association. So that's one group and it's the one that you've raised here, a very large one obviously. But it's one group that has asked us for time to really go into this in depth, and we have agreed with them that they will have the time that they need. You know, not in an undue way, to drag it out for ever and ever, but they will have that time.

And as I say, once the report was released to the public — and I think it's worthy of note that the day that that was released to the . . . at the very time it was released to the Premier it was released to the public in the same way, which is the way that our Premier wanted it to be so that it becomes the wide public debate that this kind of a structural study deserves. And I don't know what more I could say than that, except to say that we will give them the time that they require.

Ms. Simard: — Mr. Minister, with respect to the SHA, they made a proposal to the Murray commission that talked about districts and regions, but it wasn't nearly as far along as this particular proposal. You have led us to believe in the House here tonight that the SHA may be agreeing with your task force's proposal. They may be agreeing with it. That is not the case, Mr. Minister. I would beg to differ.

An Hon. Member: — No I didn't say that.

(1930)

Ms. Simard: — Okay if you didn't say that, fine; then I misinterpreted what you said. They are not agreeing with the proposal. It's not simply a question of the way in which it is implemented. That's not the issue here.

The issue here is that this proposal goes too far. It wipes out community control and community ownership. It takes ownership of the health care system away from the people in spite of the fact the rhetoric says it belongs with the people. I want you to tell me, Mr. Minister, because I'm sure you've discussed this with your task force, how wiping out local boards increases participation of individuals at the local level. I asked that question once before; please answer it this time.

Hon. Mr. McLeod: — First of all, you know, to use language like "these boards will be wiped out" or whatever it is — and remember, we're speaking here of according to the commission report of Dr. Murray and Mr. Podiluk and Mrs. Farr and others — they haven't said that in the report. There's no place in that report where it talks about local boards being wiped out or even to use a more reasonable term . . .

An Hon. Member: — Replaced.

Hon. Mr. McLeod: — No, there isn't anything in there that talks about that. There's a thing that talks about

regions and so on. But let me be very clear. When you say the health-care association, or that I was suggesting that the health-care association is in agreement with chapter and verse of what has been said by Murray, I didn't say that. In fact I know that they are not and that's what I had said in my earlier remarks. They aren't in agreement but they don't reject the concept of a change, a change toward regionalization at all, and they've asked for an opportunity to debate this internally.

And, you know, when I say internally as it relates to the health-care association, we're talking about a very wide public debate among board members from institutions all across the province, large and small. So it's not as though it's some, you know, internal in a negative sense of that word.

And as far as, you know, for you to characterize that this is my report and I'm either here to defend it or to reject it, that's not the case. I've said that we'll give them a chance, the health-care association and others. And many others have asked for an opportunity to give their reasoned and thoughtful responses and we want to give them a chance to do that.

Ms. Simard: — Mr. Minister, do you believe that the proposals of the Murray commission report improve consumer input into the health care system?

Hon. Mr. McLeod: — Well I note that in the report itself it talks about — and it uses that very phrase that you've used — about consumer-controlled health care system, and you've rephrased it slightly to ask if consumers would have more input into the system.

I think there are aspects of these recommendations which may contribute to that, that consumers or the public, the users of the system out there, our citizens, may have some more input into the system. At least I believe that the commission has that intention in mind. I believe that they are sincere in that.

But the debate that I referred to earlier, that the health-care association and others are now into as it relates to the size of regions, the structure of regions, the way in which the relationship of the regions, which they're proposing to be rather large, with the community hospitals and nursing homes that are now in existence — there will be some significant debate about that in the province. There's no question about . . . because it depends on what form the small hospitals or the hospitals that are not in the same community where the larger region might be centred . . . it depends on the input of local people and how those local people become to be members of the boards of those smaller hospitals. And that's not absolutely clear here and that's the subject of the considerable debate that will go on within the health-care association and beyond that within the public.

Ms. Simard: — As I understand from the Murray report, Mr. Minister, the regional board, the centralized regional board will be hiring the staff for local hospitals, for example. There's a clear implication in the report that as far as the Murray commission is concerned, there are too many boards out there and there's a need to replace them.

Now I know you'll say, oh it doesn't say that. But we know very well what the implication is, Mr. Minister, and we know where this is going to take us. It's the same thing as Elmer Schwartz, who did not say rural hospitals should be closed in his report, but he said it several months later to the health-care commission, exactly what he was thinking and which was there by clear implication in his report.

Now other people have interpreted the Murray report as saying that many of these local community boards will be eliminated and that this is a reduction in consumer input in community involvement. And I agree with that opinion, Mr. Minister. And that's the opinion that we hear as we travel throughout the province in small communities. And the small communities are very concerned, Mr. Minister, because they believe that the regional board will put the emphasis on the regional hospital as opposed to their small hospital, Mr. Minister. That concern has been expressed to me on a number of occasions and to my colleagues as well.

Now you will say, that's not in the report, but people have to read between the lines and they have to extrapolate through their real life experience and what they know takes place. And that's how they come to these conclusions. It may not be in the report that a small hospital, let's take an example, in Esterhazy or Langenburg, will be underfunded. But it doesn't take people long, in rural Saskatchewan, to realize that there is a possibility of the funding when the global funding goes to the regional board, being centralized in the regional centre, i.e., Yorkton, Swift Current and so on.

And this concern has been expressed to me, Mr. Minister, immediately upon the release of this report. It did not take three weeks or a month or six weeks for people to realize what was happening out there — took them 30 seconds, Mr. Minister. And that's why I'm so surprised at the fact that you have absolutely no opinion on this matter, when it's such a crucial thing from the point of view of the life and breath of our rural communities, who depend upon hospitals in their small communities, Mr. Minister, for health care reasons and other reasons, Mr. Minister.

Now the Murray report does not say that rural hospitals would be closed. It says hospitals with an acute daily census of less than 10 would be transferred into community health centres. But let me tell you, Mr. Minister, people in rural Saskatchewan are interpreting that as leading to the eventual closure of their hospital. And I want to know, Mr. Minister, whether you support that proposal and what you intend to do to make sure these hospitals remain viable if indeed you implement the Murray commission recommendations.

Hon. Mr. McLeod: — I think it's fair to say that everyone who has read this report has indicated so far that it's very comprehensive and that it's very detailed in many of these areas. So, you know, to say, well we're reading between the lines and there's some interpretation here, and . . . You know, Mr. Chairman, there is only one person that I'm aware of who's involved with the health care sector who had a response to this very comprehensive report within 30 seconds, as was just

suggested here, that all the people across rural Saskatchewan have a response in 30 seconds. They knew; they read between the lines and they knew what was wrong.

The only person who had a response in 30 seconds was the hon. member herself, and that's widely noted across the whole of the health care sector — that it is not responsible to take something as comprehensive as this and just reject it out of hand within a matter of a few minutes, or hours I suppose, to be fair. Now the comment was made that the commission has said, or has intimated at least, that they believe that there are too many boards in the health care sector across Saskatchewan. And I think that that's true. I think that this commission report has basically intimated that and they've, even more than that, they've basically said that. And I have said that in a public way for some time, that there are too many boards in Saskatchewan in the health care system.

And just let's think about the way in which our system has developed as new programs have come on to the stream and have essentially been add-ons. We had a good system of hospitalization and then as we moved into, as our demographics changed — some of the discussion that we had here a little earlier — as our people aged, as there was more and more need for longer term care, the evolution from what we once called in all of our communities the "old folks home" and now it's the long-term care centre and it's more and more of what we call in the jargon, level three and level four — all of those kinds of things. We have boards for these level three and four homes which are really health care service boards whereas once the old folks home board, you know, I use that term because it was the way in how we described these places at one time in our history. And at that time they were basically a housing board and now they're very much a delivery of . . . they're very much a board involved with the delivery of health care.

And then home care, for example, came onto the scene, also in a response to that ageing population, whatever. But I mean we can, we don't have to get into all the reasons for it. Home care came in and there were districts set up for home care and boards for home care. And they were add-ons. If one would take . . . any citizen of this province was to look at the map of Saskatchewan with all of the boards for hospitals superimposed on top of it, and then as we tend to do now with these overlay sheets, roll down the overlay sheet with all of the boards for nursing homes, and then put down another overlay on top with all of the boards for home care, you would see a maze there that doesn't make any sense at all.

And then we have ambulance boards which are not exactly in line with the district of the hospital at which this ambulance is actually centred. And the ambulance board very often is the same as the hospital board, in terms of the people who are on the ambulance board, but without having the same district as the hospital serves. Some of those things don't make sense.

And those are structural things that were being addressed by people in the department over a good numbers of years before we came to office and in the term of government of the former government and probably many of these kinds of discussions went on with the government before that. So this is not something that's just all of a sudden, out of the blue, the Murray commission has said there are too many boards, or at least that the boards without having coterminous . . . some kind of semblance of a coterminous boundaries didn't make any sense.

So I agree with that recommendation, if there is in fact a recommendation, and I don't think it is. But I agree with that suggestion that there are too many boards and that there will be a need for some type of streamlining. That's what the SHA basically said to the commission in any case.

(1945)

Now let me just quote here, a person who's concerned with health care in Saskatchewan. Now with respect to the concept of regionalization, I think it's important to note that we do have to co-ordinate services and integrate services, health care services, in Saskatchewan on some sort of a district level.

Now that quotation is from the Health critic for the NDP, speaking on May 4, I believe, on CBC radio. And it's right, it's the co-ordination kind of thing that's being suggested. And it's being suggested not only by yourself in that interview and at other places, not only by myself and my colleague and other members of our government, people in the public service in Health — it's been suggested by a lot of people. Now the questions is, and this is the key question: how do we get there?

The Murray commission has suggested what's been characterized a very sort of a revolutionary way, a very radical sort of way, if you will. And others have suggested along the way — and that's what has sparked the debate that will go on now for some months — and it is, how do we get there in a more evolutionary sort of way, or do we need to go as far as the Murray commission has suggested? And I think those are very valid questions and I'm waiting for those answers from a good number of people who are involved every day.

Ms. Simard: — Mr. Minister, it's not a question of how do we get there. I know what you're saying, but I want to clarify it. I do not like the Murray commission regionalization proposal. Regionalization à la Bob Murray. I do not like that proposal, it goes too far. It's not a question of getting there in my mind, Mr. Minister, and I want to make that point perfectly clear.

There is a need for co-ordination and integration of health care services across the province. There's no question about that. But the regionalization à la your task force report à la the commission appointed by you, that's why I call it your task force report, goes too far. And I want to make that point perfectly clear. And if it means eliminating large numbers of community boards, then it is reducing community input which is one of the things that is so important to our health care system that we want to maintain and retain in our health care system, and improve upon because it has been so critical to our health care system thus far.

Now the minister said, well there was only one person who had a reply in 30 seconds. I know you would have liked me to take one month to reply to the matter — or three weeks or two weeks — but the fact of the matter, Mr. Minister, whether I had taken three days or half a day, I would have come to the same conclusion. It didn't take more than a reading of the report to come to this particular conclusion. You have to remember I have travelled this province with this health care commission, and let me tell you, without having actually counted the briefs, that over 50 per cent of the briefs were against the concept of regionalization, Mr. Minister.

And I don't recall any brief — and maybe there was, but I don't personally recall any brief — that went as far as the Murray commission with respect to regionalization. Now there may have been, but I certainly don't recall it. I am very cognizant of what the arguments are out there, Mr. Minister. It doesn't take three weeks for me to respond to this. And nor does it take the man in small-town Saskatchewan, or the woman in small-town Saskatchewan, long to figure out what the implications of some of the recommendations are, Mr. Minister.

That's the point I wish to make. Meanwhile you are sitting and not taking an opinion; not giving an opinion or taking a stand. Well you're consulting — and this is the new PC government — consulting right across this province. Well I believe in consultation too but, Mr. Minister, I wish you would have consulted with the dental therapists; and I wish you would have consulted with Saskatoon health care professionals before you proposed a major integration. You didn't even consult with your own commission in that case, and therefore I'm rather suspicious about your consultation in this particular case. But as I recall, you didn't even consult with the Murray commission before you made that particular proposal.

Now, Mr. Minister, there is another proposal in the task force report that caused me concern, and that was the 5 per cent taxing authority. And what the Murray report does is it allows for the regional boards to levy a 5 per cent tax on the global budget for that particular region, for special programs, etc. Now I don't know what that's going to come to on a regional basis — probably about $5 million, if we do a very rough calculation of the health care budget of 1.5 billion, Mr. Minister. Now the concern that I have and that many others have with whom I have spoken with respect to this taxing authority, is that it opens the door for off-loading, for the provincial government to off-load onto municipalities and property taxpayers because this new taxing authority will have the right to tax property taxpayers up to 5 per cent.

Now it could be 5 per cent in the Murray report, Mr. Minister, but 10 years from now it might be 20 per cent. We know from experience with the goods and services tax in other countries that it went from 7 per cent to 21 per cent in some countries. This could happen here as well, Mr. Minister, not to mention the fact that this government has a practice of off-loading to municipalities and municipal property taxpayers, off-loading in the area of education, off-loading to municipalities, off-loading to health care. Mr. Minister, the concern is that this proposal opens the door for the provincial government removing its responsibility with respect to funding health care. Do you agree with that concern, Mr. Minister?

Hon. Mr. McLeod: — The member will remember well that when you first raised this issue of taxing authority in the light of, as though it was something brand-new, and I responded to you at that time that you were entering into . . . well a phrase that I've used before, in a scare tactic sort of thing on it.

And let me just say what's happening here. The fact is that in Saskatchewan now all of union hospital districts have taxing authority. This is not something new. The concept of taxing authority for hospitals in Saskatchewan is not new at all.

An Hon. Member: — This is different, George, and you know it.

Hon. Mr. McLeod: — Now the member says to me, this is different, and I know it; says this is different. Well it might be different, but it isn't different in the sense that there is taxing authority now in the union hospital districts and there is significant taxing authority. There are some hospitals in this province that have a levy of as high as 18 mills, and the average is in the range of 4 to 5 mills.

Now that doesn't take place in either of Saskatoon or Regina or in the case of religious hospitals, although there is and has been for a number of years a lobby by those religious hospitals. You used an example earlier of Esterhazy in the region, and the hypothetical example of that region. Esterhazy is a privately owned hospital, owned by an order of sisters of the Catholic Church. Now they don't have taxing authority, but union hospital districts in Saskatchewan have taxing authority.

They have taxing authority and they apply that to construction. I'm not sure of the percentages but it's a significant percentage of any kind of renovations. At least half of renovation cost on capital construction, all those things, are through the local tax base, including the towns, villages, and RMs that are in that union hospital district.

So it's not something new but it was presented in the earliest stages of this debate — not the debate here tonight but the debate on the Murray commission when it was first released — by yourself as something new and revolutionary, this whole concept of taxing authority for hospitals. And it isn't new and revolutionary but it would be for the two largest cities. There's no question that that's true.

Ms. Simard: — Mr. Minister, this is a taxing authority for the total global budget which is a lot different than taxing with respect to hospitals only, Mr. Minister. There's a huge difference here and you know it.

There's no point — Are you saying it's the same taxing authority, Mr. Minister? Is that what you're saying and that it's going to come to no more than $5 million? Are you saying this five million is less than what hospitals tax now, Mr. Minister? And are you saying this 5 per cent taxing authority is no broader than a hospital levy?

Hon. Mr. McLeod: — Just to make it very clear. Here are

recommendations as it relates to the financing out there that — and I'm just going to put another example that's in the report into this mix and then just give you a couple of comments as to how I feel about it. There's also a recommendation in this report that says 100 per cent of all furnishings and equipment should be paid by the province. That's one of the recommendations made. For example, I'm not sure that I think that that's a reasonable recommendation when you consider the context of what has happened over many years in Saskatchewan and what people have been for a long time, especially in union hospital districts and in more recent years in the foundations that have been set up by the large base hospitals, and very successful in their fund raising for specific pieces of very high-cost equipment and for furnishings of hospital wards.

The hon. member, I know, has been in many of the facilities around the province. I have. All of us who have been in these facilities, whether they be large ones or small ones, will recall wards and rooms of the hospital or pieces of equipment that have a little plaque on them that say, this room was furnished by the Elks and the Royal Purple of this community. This room was by the Kinsmen and Kinettes, or whatever. Those are the kinds of local fund -raising activities that people in the various communities take great pride in and frankly have . . . and my experience in raising funds in the Lions Club and in other service organizations has been that those become the projects which are the easiest, you know, to use that term, the easiest to raise money for because people want to donate to these kinds of facilities.

So there's a recommendation, for example, if I put it into this whole mix of the funding of the way in which the Murray commission suggests funding be done, I think that there's a whole picture here and this is an area that the member's identified here tonight and rightly so; and it's also an area that the SHA has identified to us and I'll just be forthright of that. And that's an area of significant debate that they're going to carry on within their regions about how they would like to see this happen.

People in the base hospitals, for example, will tell us and as they did. And the reasons for these foundations coming up in the large cities, for example, were, they said, if rather than charge us 15 per cent from the local fund-raising base or from the local base here, rather than charge us 15 per cent or levy 15 per cent for the capital construction costs of these very large hospitals, the government should pay for the capital costs and they would pay for equipment and furnishings because, for the very reasons that I've cited earlier, they felt that was money which they could raise because they had something to point at, and fund raise for a particular piece of equipment and all the kinds of things that go on in those fund-raising activities.

And none of those are new concepts in this province or anywhere else in Canada. So that whole concept of how this funding would take place is the subject of debate and will be over a period of time here.

Ms. Simard: — Well thank you, Mr. Minister, for acknowledging that maybe there is some legitimacy to our concern with respect to the 5 per cent.

(2000)

An Hon. Member: — I always have acknowledged that.

Ms. Simard: — No you don't, Mr. Minister, often times you say it was scare tactics. That's what you said in the House here — we're using scare tactics. We weren't using scare tactics. We were raising a deliberate, a logical, and an honest concern. But your reply to our concerns is always that it's scare tactics, Mr. Minister, because you're afraid of debate on these issues, that's why. And you think that by saying that you're going to shut us up and stop the debate. It's not going to work, Mr. Minister. We are going to continue to raise our concerns. And we're going to press to make sure that our concerns are heard by you regardless of the accusations that you throw across this House.

Now with respect to the 5 per cent, I also want the minister to know that the public, members of the public, are concerned that this will result in a two-tiered health care system and by that we mean that richer regions that can afford to raise the money will be able to afford better health care than poorer regions. And that is a concern that has been raised by us and by others in this province.

And the other concern, as I pointed out earlier, is that this 5 per cent could increase and become 20 per cent in the future some time, Mr. Minister, which means that even a larger portion of the health care costs will be off-loaded by the provincial government onto the backs of municipal property taxpayers. And let me tell you, that's a concern for the people of this province, and it's a concern for many of the people I've spoken to, that what the report does is set up a system that would allow a provincial government to off-load onto municipal property taxpayers. As New Democrats, we oppose that type of proposal.

The other concern that has been raised is that this system is designed so that the provincial government does not only off-load responsibility with respect to funding, but off-loads a large portion of its decision-making ability at this time which will have the effect of creating disparities in various regions in this province. The decentralization will result in disparities across the province, Mr. Minister.

Now can you tell us today, can you tell us today, Mr. Minister, what measures you would implement to make sure that that did not occur if this system of regionalization was implemented under your government?

Hon. Mr. McLeod: — Well, a couple of things here. The commission report, and I know the member will acknowledge this, the commission report also talks about and is very specific in dealing with, provincial standards would have to be in place for all regions of the province and those kinds of things. And that makes eminent sense. If you need that assurance in terms of where I would stand or the government, you know, what we would believe in that area, there's no question that we would stick with that. There's no question about that.

Now I have heard members of the commission publicly

saying, as it relates to your point that you've raised about off-loading or more specifically your point about wealthier regions and less wealthy regions and the opportunity for those wealthier regions to have better facilities and so on, and I've heard commissioners talk about this publicly and I think the hon. member knows that that's the case.

Where they use the example of the school system that we now have in the province, that has division boards and all those kinds of things out there, where there is an equalization system in place so that there is no such thing as, you know, some regions of the province having access to school facilities that are better or school programming that is more advanced than another region that may not have the same tax base.

And that concept is there and I've heard commissioners acknowledge that. And that would be a principle that I don't think there would be any disagreement with in this House. So that point.

Let me come back to the context, you know, in our first little discussion here earlier about the context of raising the five per cent taxing power and in my characterization of it as a scare tactic and so on.

This debate during the estimates is an ideal place for us to share sort of thoughts in a more reasoned way. And that's as it should be. But I still characterize pulling out of a taxing authority 5 per cent, without discussion of some of the other things that I added to that debate here earlier with the reference to the 100 per cent expenditure of the provincial government as it relates to capital facility, that sort of thing as it relates to equipment and furnishings, all of that has to be together when we discuss the financing aspects of health care as is advocated by the Murray commission. All of it has to be in that context, and so when we do it in this kind of context, it's reasonable in my view.

When we do it . . . and I understand how this system works and how question period comes along and you only have so long before Mr. Speaker says, you know, you're too long in your question. And I only have so long to give my answers, and I always would like just a little longer to be able to give those answers to you in a more thorough way. I'm not allowed to have that time.

An Hon. Member: — We was wishing it was a little shorter.

Hon. Mr. McLeod: — And I know the member from Regina Centre would appreciate it if I had a little longer as well. So I thank him for that.

But in any case, the wide context of funding, the funding of the system as is advocated by Murray, is and must be a wider debate than what you and I will be able to have here.

Ms. Simard: — Well, Mr. Minister, it's a debate that should take place in this House because that's what this House is for, is to raise those concerns, bring them to the attention of the public, have it debated in the public and in this House.

Now, Mr. Minister, with respect to the ownership of publicly funded facilities in the regional board, you can appreciate that that is creating considerable amount of concern.

Another concern that has been raised with me, an individual who raised it with me over the weekend, is that this could lead to the privatization of health care facilities in the province, of hospitals, sectors of the hospital, or probably the entire hospital because the decision would no longer be made by the provincial government in many of these cases. But your regional board would be running all the health care facilities, publicly funded health care facilities in the region.

So that concern has been expressed to me, Mr. Minister, just within the last five days. And I'm raising it with you and I would like to hear your opinion on it.

An Hon. Member: — I'm waiting for the question. Will this lead to privatization? Is that the question?

Ms. Simard: — The question, Mr. Minister, is — if I can be more specific: the concern has been expressed that giving the power to regional boards to own and run all health care facilities in the region could result in privatization of some of the smaller hospitals in the region inasmuch as the board would privatize aspects of the service like housekeeping or the linen or various aspects. Or perhaps if they couldn't fund the hospital out of their global budget, make the decision to put it in the hands of the private sector or to close it.

Now what guarantee, Mr. Minister, would you implement that these small hospitals would not be closed or turned over to the private sector?

Hon. Mr. McLeod: — Just let me just say, because from what I know of the people on this commission, and all of them, it's not the intention and there's nothing in this commission report for any of them to say or to even suggest that what they would . . . I mean they're not talking about . . . I suggest to the member, and I believe that you do have some people in your party who would suggest that whatever happens is some kind of a scheme for privatization.

But if you use the logic that you just used, for example, housekeeping or janitor services or whatever, I mean in this province right now we have a school system that has division boards and those division boards approached those kinds of services for their schools in different ways.

Some that I was involved with in my other life, before I came here, had contracted janitor services where a family, a man and his wife and a couple of their children or whatever, would contract to do the cleaning in the small school in the community. And that's the kind of thing that you're saying might happen with one of the small hospitals in Saskatchewan. And then you would stretch the bow even further and say, that's privatized health care. And I don't believe that it is.

And I make that point because that's the sort of example that you use. But there is nothing in this report and there is

nothing in the suggestion of regionalization that points to a privatized health care system.

Ms. Simard: — Mr. Minister, we never indicated that the report did that, suggested that these systems be privatized. We're not making that suggestion. What I'm saying to you is that the concern has been expressed to me that with the provincial government abdicating its responsibility with respect to the administration of many of these health care facilities, that it could open the door to the rural hospital closure or to privatization if they couldn't be funded.

And this concern has been expressed to me not by a member of our party, but by a member of the public at large, Mr. Minister. You may not think the concern is important. I think that that means this person has sat down and thought about some of the implications and possibilities and that this concern warrants attention.

Now you may not agree; you may think it's a frivolous concern. I don't believe it's a frivolous concern, Mr. Minister, not having regard to what we've witnessed in this province in the last few years. The attempt to privatize SaskEnergy, just an example; the privatization of the dental plan, another example, and so on.

So, Mr. Minister, what I'm asking tonight is what guarantee can you give us that this will not happen under your government?

Hon. Mr. McLeod: — The example that the member used, if you want to get . . . you have to get more . . . a better example. I mean the example of services and the kitchen services and the laundry services in the health care facilities, you won't get a guarantee from me that those services won't be done by contractors in Saskatchewan. No, never.

An Hon. Member: — Will the hospital be sold?

Hon. Mr. McLeod: — And will the hospital be sold, the member says from her seat, will the hospital be sold? And I would say to the member, there's nothing in the report, and she's acknowledged that there's nothing in the report, that would suggest that regional boards, whether they be 15 in number or 30 in number, are there to sell hospitals. That's not the point of the whole thing.

An Hon. Member: — Will it be closed?

Hon. Mr. McLeod: — Well we first of all don't know if there will be regional boards. And that's another debate and that's the one that has to go on, and we've talked about that. So for me to stand here and say . . . you know to speculate out into the future, I won't do it.

Now the member mentions privatization. I've made this argument to her before. I'm going to make it one more time. Privatization of . . . she says the dental plan is now privatized. I've heard her say it on many occasions and in many places around the province. The dental plan is privatized but medical services are not privatized. That's what they have been saying for a long time — medical services in Saskatchewan aren't privatized but the dental plan as is now there for children in the province, is privatized.

Now explain to me please — and here's an opportunity for you to do this — explain to me please the difference between a citizen of Saskatchewan who happens to be of the age to go into the dental plan, so 12-years old, who goes to a physician and the government pays the physician on behalf of the citizen of 12-years old — that's not privatized. But the citizen of Saskatchewan who's 12 goes to a dentist and the government pays the dentist on behalf of the same citizen — that's privatized. Now what's more private about that then what is the case with the physician? Make your arguments about that; I'd be interested to hear them. There is no difference, there is no difference.

(2015)

And so, you know, we hear this, you know, the privatizing this and that. Frankly the member knows, and the member knows it very, very well, the citizens of Saskatchewan are not concerned about the services, in fact they are just the opposite — they are very happy with the services that their children receive from the dentists of Saskatchewan right now.

Ms. Simard: — Mr. Minister, the citizens of the province of Saskatchewan are very upset about the privatization of the dental plan. Now I'm not surprised the minister doesn't understand what the difference is between 411 dental workers on staff, on salary, in 338 dental clinics across this province, servicing children from five to 17, Mr. Minister. That was the school-based dental plan, Mr. Minister.

Now under the new privatized plan, we have 411 dental therapists out of work. These people were fired, Mr. Minister. That's what you did. You gave them an opportunity to work, quote, "in the private sector", as we've heard the members opposite say.

When you fired these people, took them off salary, and gave them an opportunity to work in the private sector, you privatized that plan. And to suggest that it's not privatization, Mr. Minister, is not to face up to reality because it clearly is your form of privatization — 338 school-based dental clinics across this province as opposed to some 35 or 25 or 38. I'm not sure what the number is today because they keep opening and closing dental clinics in rural Saskatchewan. That's a huge difference. That's the difference, Mr. Minister. That's the difference. Fewer children being serviced, Mr. Minister, that's the difference. That's what happened as a result of the privatization of your dental plan, Mr. Minister.

Now with respect to the prescription drug plan, I suppose you'll ask how that's been privatized as well. Well, Mr. Minister, you've off-loaded responsibility on the prescription drug plan on to the sick and the elderly. They are paying a larger portion of their cost. That's privatization, Mr. Minister, when you make people pay a larger portion of their costs. Well you'll say, we're still paying 80 per cent of the costs. It's not privatization.

But, Mr. Minister, you can say what you want. The sick people of this province and the elderly people of this

province who are having to pay that 20 per cent up-front cost, and families with three or four asthmatics who are having to pay huge drug costs, are telling you that the prescription drug plan has been privatized to the extent of that 20 per cent, Mr. Minister. Yes, I understand there was the dispensing fee before but there's no question that a larger portion is being paid today by many, many people.

The physical physiotherapist is another matter of concern to us, Mr. Minister, because as I understand you have been encouraging physiotherapists to set up clinics. Now we don't have any problem with private sector physiotherapist clinics. But when the correspondence goes to physiotherapists who are working in hospitals and it's perceived by people in hospitals that their physiotherapists are being attracted into the private sector and out of the salaried positions, we become very concerned that this minister wishes to privatize our salaried physiotherapists and put them in the private sector, when what our hospitals need are more physiotherapists on salary.

Now, Mr. Minister, another area that I want to bring to your attention is out-of-province treatments. We have the distinct impression on this side of the House that more and more of these services are not being covered, out-of-province services. And I raise the case of one individual who needed laser treatment to treat port wine stain, and that this is not being covered by the province of Saskatchewan; and another woman who needed cancer treatment in North Dakota and her treatment wasn't being covered by the province of Saskatchewan; and then there was a woman who required treatment for her diabetes while visiting in Alberta, and she made the mistake of paying for her treatment and now can't seem to get repayment. And, Mr. Minister, it appears to us that more and more of these out-of-province services are not being covered.

And therefore, Mr. Minister, I would like to ask you whether or not you have a list of physicians' services excluded under your interprovincial agreements. Can you provide us with a list of services that are not covered — the list that you have today and, as well, the list that you had five years ago.

Hon. Mr. McLeod: — The member made a reference to a couple of specific cases and I will just address one of them in a minute or two. But just to put the record straight here, Saskatchewan Health pays for out-of-province or out-of-country approved procedures that are done; and approved means sent by physicians here, or by the Cancer Foundation, for example. And we pay in full for those that are out of the country. For those that are out of the province and in Canada, we have reciprocal arrangements which have just come into place in the last couple of years, really, across Canada.

The one specific case that you mention was one that was brought to our attention by your colleague who sits directly behind you there, on a case of a person in . . . It doesn't matter where the young person was from, but in any case it was a citizen here who had a specific case that had to be dealt with in Alberta. We paid the full Alberta rate. We're the same as what the Alberta government would pay and that's what the nature of the reciprocal agreements are. So if a procedure's done in Alberta, the physician there is paid by the Alberta government on the rates that would happen had the citizen been an Alberta citizen, and then we reimburse on that basis. And that's how it's done across the country. All of the provinces but Quebec are into that system.

In another case, you were saying that you have the impression, you and your colleagues have the impression that there's been a reduction in this kind of coverage. And the fact is, for example, in drug coverage, it was expanded in January of '88 to give the same coverage out of province as in the province. So I mean that was an expansion of service, and then, of course, with the . . . and it's about at that time that the reciprocal arrangements were made with the various provinces in Canada and that's been done.

At one time provinces would pay according to the rates of the home province and in some provinces some of these rates were higher or they varied across the country and it was a bit of a shemozzle for citizens, especially in this more mobile society we live in where people move around a lot more. So your impression about less coverage is in error, really. And, in fact, there's, in some slight degree, even more coverage.

Ms. Simard: — Mr. Minister, do you have a list of the services that are excluded under the interprovincial agreements? Do you have a list today and one or did I hear you say that it has only come into being of recent? Like I'd like to compare the list from a few years back — say, five years to today.

Hon. Mr. McLeod: — Yes, we have a list and that list came into effect on April 1, 1988. So there's not anything to compare it to from prior because, as I say, that came into effect when the reciprocal arrangements between provinces came into effect. And what the list comprises is it's a list that is there and it was part of the negotiations for the reciprocal arrangements across Canada. And that list is for procedures that in some provinces are not covered and some provinces they are, and so on. So there was an agreement certain procedures would not be under this reciprocal arrangement, and they're there. But yes, we have a list and I'd be quite willing to provide it to the member.

Ms. Simard: — Mr. Minister, I'd like to get a copy of your list and as well, I'm wondering, does this mean that those services that are excluded, can the Saskatchewan resident obtain coverage from the Department of Health for those services — you know, Saskatchewan coverage? Or does this mean that the Saskatchewan resident simply doesn't get reimbursed for those services, period?

Hon. Mr. McLeod: — Let me just give you an example. If I understood your question it was, if a citizen of Saskatchewan received the service in, let's say, Vancouver, and it was something that is covered in Saskatchewan and not covered in B.C. Is that the gist of what you're asking? And if that was the case, that person could come back, because they are a resident of Saskatchewan, and get that coverage, and have that paid for.

Now the cases that I talked about earlier were things like what's known as cosmetic surgery, or altering of appearance, or whatever that it's officially called. Something like that that isn't covered in either place, according to the reciprocal arrangements, we have a list of those things and they're not covered in Vancouver, and they're not covered here in Saskatchewan either.

Now I just want to just address the one specific case because I think you probably have it there. The case of the young person that had to go to Calgary for a specific kind of dye and so on, and a procedure to change a very large birthmark on her face and whatever.

Now that case was back and forth, and I'm not sure what the circumstance was with the physician and the billing, but what was covered there after some significant letter writing back and forth. I shouldn't say significant because it wasn't that many letters, but there were two or three letters that went back and forth.

What was covered there was the procedure, and we paid the Alberta government according to the rate that the Alberta government paid their physician over there. But what was not covered was the product that was used. The dye that was used was not covered, and that is not covered in Alberta, nor is it covered here in Saskatchewan.

Ms. Simard: — Mr. Minister, are you going to be sending that list over right now?

Hon. Mr. McLeod: — Yes, I'll sent it over to you right now. I'll ask the page to . . . Do we have another copy of it? Just a minute, I'll ask the page to make a copy and then give it to you. How would that be? We might need it for . . .

(2030)

Ms. Simard: — Excuse me, Mr. Minister, are you indicating that these services are not covered in Saskatchewan, things such as routine, periodic health examinations, such as therapeutic abortions, such as genetic screening and other genetic investigation. Are these services not covered in Saskatchewan, Mr. Minister?

Hon. Mr. McLeod: — Okay. The list that I provided you with and the procedures that are there are issues that have been excluded from the common agreement that exists across the country. In the negotiations there was common agreement on almost everything being covered in a reciprocal way. In other words, Alberta would just pay their physician for a procedure done on a Saskatchewan resident — okay? — except for these that are listed here.

That's in the reciprocal system. So if someone received a procedure that's listed here and they wouldn't get it paid for through the reciprocal arrangement, just a direct payment by the government in the province where the procedure took place, they would then have to go through the process the way it once was, where you'd have to bring your bill back to Saskatchewan and then have it paid here. And that's what would take place.

Ms. Simard: — Thank you, Mr. Minister. Now tell me what sort of discretion do you have with respect to paying these particular bills. For example, if someone needed cosmetic surgery for altering their appearance, or, for example, if someone needed a therapeutic abortion for health reasons, what sort of procedure would one have to follow in order to be covered, and are there any barriers that the department sets up or do they pay these automatically upon submission of the bill?

Hon. Mr. McLeod: — Okay, for an example, surgery for alteration of appearance, cosmetic surgery, which is not covered here, if the procedure had been done in Regina, it wouldn't be covered. And so if it's done in Winnipeg, you can't bring a bill back because we treat it as though it had been done here. And it's the case with all of these things — if it's covered here as though the procedure had been done in Regina or Saskatoon or somewhere within our borders, then they can bring the bill back and it would be paid.

Ms. Simard: — Thank you, Mr. Minister. As I take it then, if someone gets a periodic health examination out of the province, when they submit the bill it will be automatically paid by the department, according to your remarks. I just wanted to clear up some of the . . .

An Hon. Member: — That's true.

Ms. Simard: — That's true, okay. And the same applies, I take it, with respect to genetic screening and other genetic investigation. That's covered in the province, is it?

Hon. Mr. McLeod: — There's just a discussion here with the professionals whether or not . . . and I try to recall whether or not that's on the fee schedule. They believe that it is. But as I said, if that procedure that you outline, the genetic screening, is on our fee schedule here, in other words, if it's on our coverage list, yes, it will be paid, the same as I outlined in my earlier answer.

Ms. Simard: — Okay, thank you, Mr. Minister. I wanted to clarify how this particular list worked.

Now the other thing that has been raised with me is the . . . as a result of the chronic understaffing in hospitals, we have run across incidences where families have used private nursing care, Mr. Minister — private nursing care. Now is this service being covered, Mr. Minister?

When we have a situation where — and I wrote to you about a particular situation which was quite shocking — where it was impossible for the regular staff to look after the patient, and the family had to undertake private nursing care. They have found it virtually impossible to get coverage for this private nursing care, and of course take the position that they pay taxes and, you know, medicare should be taking the responsibility for this. But it was a question of understaffing in the hospitals that resulted in the lack of staff to look after the mother.

So, Mr. Minister, what sort of recourse does a family like this have in a situation like that? Can you tell us what recourse they would have, please?

Hon. Mr. McLeod: — Well the situation with the kind of

example that you raise is that private nursing care within the hospital is covered fully in a case where it's ordered by the physician, which is the case for all of the services. So it's not a decision that a family can take. If a family comes in and says I think mom should have private services besides the services that are provided in the institution and, you know, over and above, and if that service has not been ordered by the physician because it's needed for medical reasons, it wouldn't be covered. And that's how it's been for a long time and that's how it's done now.

Ms. Simard: — Mr. Minister, I want to note as well that the federal government, the federal PC government has cut back on funding for health care. I want to make that point because it is a point that should be made in these estimates.

However, I want to know what you are doing, Mr. Minister, to stick up for the people of Saskatchewan and to pressure your friends in Ottawa to stop their cut-backs with respect to health care funding. Mr. Minister, can you tell us what you have done and what you are planning to do in that regard?

Hon. Mr. McLeod: — Well the established program's financing — and I know that's a significant debate that's going to go on here with the . . . well I think it maybe has. I may not have been listening just as carefully as I should have one day, when there was a debate between your Finance critic and our Minister of Finance, about the reduction in established program financing as it relates to the funding for health care and post-secondary education. Now I normally listen very carefully to all of those debates the member from Regina Centre engages in, but let me just say in a serious note, the Finance ministers of Canada, all of them provincially . . . I think it's fair to say all of them have been expressing this loudly to the federal government.

And the Health ministers of Canada — and we had a communiqué to this effect — the Health ministers of Canada, all of us, have expressed this in no uncertain terms to Mr. Beatty, the federal minister, at our last meeting at the conference centre in Ottawa. We have been concerned about it. We remain concerned about the diminishing level of federal funding at the same time as the pressures that we are feeling . . . because of the pressure of the things that I talked about earlier tonight as it relates to the technology and the costs of, well, salaries and everything else in the health care system that are going up.

And we're concerned. There's no question about it. We've expressed that in no uncertain terms to the Minister of National Health and Welfare. And I did . . . a year ago I expressed it on behalf of all the Health ministers as chairman of Health ministers of Canada.

Ms. Simard: — Well, Mr. Minister, it certainly is not going unnoticed by the people of Saskatchewan because I've heard about it in a number of localities. And I urge you to take a strong stand with your federal counterparts to tell them that these cut-backs are hurting the people of Saskatchewan.

And what I want to talk a bit about now is the poverty statistics in the province. And I want to talk about poverty because the minister knows, the minister talked in his opening remarks about moving into the wellness model and the health promotion model and the health prevention model. And the minister talked about that. He talked about changing the emphasis with respect to health care, or words to that effect. Now with respect to the issue of poverty, the statistics clearly show that people on low income and poor people are more likely to have serious, disabling illnesses and live shorter lives. Now I don't have my fingers on those statistics right now, but the minister will know that they're contained in Mr. Epp's document on achieving health for all. Very telling statistics.

Now in Saskatchewan, Mr. Minister, we have a very shocking rate of poverty in this province, and we have many, many children who are living under Canada statistics poverty line and who are lining up at food banks. In 1982 the per cent of Saskatchewan children in poverty was at the national average, Mr. Minister. In every year since 1982, Saskatchewan has been above the national average, and by 1988, Saskatchewan had the highest proportion of children in poverty amongst all the provinces, Mr. Minister.

Let me just give you some of the statistics that we find so shocking, that the people of Saskatchewan find shocking. In 1982 Saskatchewan had no food banks, and now there are food banks in all major Saskatchewan cities. The Saskatoon food bank, in 1988, fed 76,164 people. The Regina food bank, in 1988, fed 59,705 people. The P.A. food bank, in 1988, fed 12,242 people. More than 5,000 breakfasts and snacks are fed to children each month in Regina, Mr. Minister. Over 47 per cent of the people dependent on food banks are children, Mr. Minister. "Hunger comes from people not having enough money to buy nutritious food", Mr. Minister.

And that's a quote from the Mayor's report — The Mayor's Board of Inquiry, page 12.

(2045)

An Hon. Member: — Are you just going to stand there and read?

Ms. Simard: — And the member from Weyburn is shouting from his seat as usual, Mr. Chair. I think I would ask him to remain silent. He can get into this debate a little later.

Since 1982, the number of families living in poverty in Saskatchewan has increased faster than anywhere else in the country. I want to raise this in particular. Minimum wage earners, Mr. Minister, most of whom are women, have a maximum gross annual income of 9,360. And the Canadian poverty line is 11,432 for a single person and 20,132 for a family of three. And yet there are many single parent families, headed mostly by women, Mr. Minister, who are doing precisely that — working on minimum wage.

And the statistics go on. About 20 per cent of the population of Saskatchewan, or 180,000 live in poverty.

That's page 20, Mr. Minister, of The Mayor's Board of Inquiry. The highest rate of poverty is among female, single parent families — 56 per cent of them live in poverty, Mr. Minister. And 70 per cent of the children living in female single parent families are poor.

And according to the most recent statistics put out by the National Council of Welfare, 64,560 Saskatchewan children are growing up in poverty. "Women over the age of sixty-five are twice as likely to be poor as elderly men, and women generally comprise about 60% of all poor adults."

And the situation in northern Saskatchewan, which my friend from Cumberland will be going into in more detail in a few minutes, Mr. Minister, is even more deplorable. And I tell you, Mr. Minister, the situation with respect to poverty in this province is shocking. The demand for food banks has grown 165 per cent since 1985 in Saskatoon, 70 per cent in Regina since 1985, 78 per cent in Prince Albert since 1985. And, Mr. Minister, you have 700-plus dollars for Chuck Childers but only $740,000 for children living in poverty, to solve the hunger problem — something like three cents per child, Mr. Minister.

Now I think that says something about the misplaced priorities of your government, Mr. Minister. And as the Minister of Health it is incumbent on you to be lobbying to solve this crisis with respect to poverty and hunger in this province, Mr. Minister. That is part of your role as Minister of Health if you truly believe in health promotion and the wellness model of health, Mr. Minister. Because as you said, it's not health care. Those were your opening remarks, Mr. Minister: we have to talk about health, not health care. And if you truly believe that, Mr. Minister, it is incumbent on you to take responsibility as Health minister to solve the crisis with respect to poverty and hunger that we are facing in this province and that has been growing and growing since 1982 by leaps and bounds in a shocking fashion, something we've never seen before to such an extent in this province, Mr. Minister.

So I would like to know . . . (inaudible interjection) . . . Well he says, it's an exaggeration. I suppose he's going to quibble with the National Council of Welfare statistics of 64,000 children-plus being hungry in this province, Mr. Minister, living, growing up in poverty.

Mr. Minister, what steps have you taken to ensure that the poverty in this province will be alleviated and that children will have nutritious food and live in an environment with adequate housing, proper sewer and water, and the proper amenities so that they can grow up to be healthy individuals, physically and mentally.

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — There are a couple of points that I would like to make in this area. Mr. Chairman, in my earlier remarks today when I talked about the direction that the Department of Health has been attempting to go to and the new directions in terms of emphasis on health, and spoke about the determinants of good health, including poverty and poor housing and water supply, all those kinds of things — we're very serious about that. But when I said to the member, and as my colleague has said often to her colleague across there, we don't serve our citizens well by using numbers which aren't appropriate. And I tell the members that the number 64,000 children is not an appropriate number to use in the context of Saskatchewan. And here's why. The StatsCanada or the National Council of Welfare, I believe, is where the member was quoting from, and they use numbers which are based on the net incomes of individuals. And the net income of Saskatchewan farmers, people all across the rural parts of this province, people that I represent, people from the area that you're from in your early stages of your life, those numbers include children in homes on farm after farm after farm in Saskatchewan who by that statistical point that you raise, the net income of their family . . . And you very easily bridge from there and you say, because they fit the statistical base set out by the welfare committee or the National Council of Welfare, because they fit that statistical base then it's automatic that they're hungry and that those children are not being fed properly and that is absolutely not the case. That's absolutely not the case and that's why the number 64,000 is not appropriate.

Now, let me clarify this. Let's just . . . there is no question that there are children and that there are people in some of our cities and in some of our locations, and it isn't just applied to the cities and so on but it doesn't do this debate any good for those of us who would purport to responsibly deal with our citizens, whether they be city or rural, to say that there are 64,000 because I dispute that number. Okay. So be it. We dispute the number. The fact is there are some children who are hungry.

The fact is the reason that we put — we, being the government — put into place the family foundation, why the consultations that are going on by the Minister of the Family . . . and members across — I've heard some comments about I think recognizing some of the work that's going on and criticizing some of the work that's going on or criticizing the minister various times and whatever.

But there's no question that that minister's doing an excellent job of going out to see what's happening in those areas and to deal with the issues in a direct way without just standing back and saying, there are 64,000 and all of the rest of it. Let's get to the centre and the core of the problem and try to deal with it. That's what been done.

Mr. Speaker, the member asked what I have done as Minister of Health in this area. I say to the hon. member, it is because of the information coming forward in the Department of Health and it's because of representations by the Minister of Social Services and others that we have come up with this structure within the government to just try to deal with just those issues and to try to zero in on what's happening, specifically to the Department of Health.

Our people in the Department of Health and our public health branch work directly with those in poverty or at risk. The public health nurses have a teen-parent support program and these programs have been in place for a

number of years. And they deal with just those people who are most at risk from poverty and all of the implications of poverty and all of the things which follow up from poverty. Our nutritionists work with groups such as Social Services' clients, Justice clients, single parents who wish to enhance their economical food selection skills.

And more importantly — not more importantly than that, but very importantly as you well know — the public health units of the two large cities are administered by those cities through grants which come directly from the Department of Health to the cities. And in recent years we have increased those grants to the cities for just such reasons. Because in the inner core of these two large cities some of the issues that the member is raising and some of the people that the member is referring to are living in the centres of these cities and the public nurses, the public health nutritionists, and others are . . . well are having difficult times, and there's no question that they are.

So we've increased our grants to public health in the two cities for just that reason after discussions with both of those cities. And we have it on a formula now where that increase carries on into the future. I can confidently say that those two cities are pleased with the way in which this has gone through the Department of Health; and because the Department of Health has recognized just the kinds of issues that, not only did I talk about earlier, but the kind of issues that you're speaking of and that we all recognize have something to do with the health of our people.

And the other point in health care, of course, is that our people, regardless of their level in income, have access and equal access to the health care system that is provided in this system.

Our social assistance rates in Saskatchewan increased at the rate of $10 a child, effective June 1 of this year, just this week; $10 shelter allowance — I'm not able to read the writing here so well — $10 utilities allowance. The social assistance plan rates for families are amongst the highest in this country, in this province, and the Saskatchewan cost of living is amongst the lowest in this country. So you take those two in comparison: our rates are amongst the highest and our cost of living is close to the lowest in the country.

Minimum wage went up in the province, going to $5 on July 1, 1990. We've had 28,000 job placements, training opportunities, all of the kinds of things that some of my colleagues in other portfolios have been talking about; all of which point to the kinds of things that we are attempting to do, in some difficult economic times, to deal with this issue of poverty, and especially poverty among children in families who are finding it difficult.

And the other thing, Mr. Speaker, we've had 11,000 jobs created since 1984 for social assistance clients, directed at social assistance clients, people who were once on social assistance and are now working. And there's been a big increase as well for the budget as it relates to student loans. So all of those things which relate to people in some need, we've been attempting to address them in some difficult times.

Ms. Simard: — Mr. Minister, with respect to the National Council of Welfare statistics, I think it's important to note for the record that all previous governments have been judged on the same standard and with respect to the same measure. And in 1982 the per cent of Saskatchewan children in poverty was at the national average according to that standard. And since then, since 1982, according to that standard, Saskatchewan has been above the national average for the percentage of children living in poverty. And by 1988 Saskatchewan had the highest proportion of children in poverty amongst all provinces, Mr. Minister. And I think that's important to note.

The other point, your point with respect to minimum wage. In the seven-year period between 1982 and 1989, Saskatchewan had the smallest increase in the minimum wage in Canada. So the fact that you may be raising the minimum wage today certainly hasn't helped the people that lived so far below the poverty line for the last eight years, has it, Mr. Minister?

And the maximum basic social assistance allowance provided to a family of three, one adult and two children, is only 62 per cent of the poverty line, Mr. Minister, in Saskatchewan. In the case of a single person it is only 43 per cent of the poverty line, Mr. Minister. And we can go on and on and on with exactly this sort of statistic, Mr. Minister, which clearly shows that we have a problem in Saskatchewan, and that this government has not taken any serious steps to deal with it.

What we've heard from the minister today is that once again they are analysing and looking at the situation, and studying it to death instead of taking concrete action. I note that it didn't take them all that long to decide that Chuck Childers was worth some $740,000, but it is taking them for ever to decide what they're going to do with hungry children in this province.

(2100)

And the Minister of Health, the man who is responsible for the health of these children, is defending this government's policies, and I find that shocking, Mr. Chair.

Now with respect to public health nurses, you talked about public health nurses out there working. Well from 1983 to 1988 the public health nurse staff complement fell from 171.5 to 148.2, Mr. Minister. You actually decreased the number of public health nurses out there, according to a document dated August 1988 from the Saskatchewan . . . prepared by regional nursing supervisors. And you proceeded to twin health care regions which put more burden on public health nurses and made them less accessible to the public. They were unable to perform many of the duties they wanted to perform which was to keep in touch with people and to deal with individuals in the province and help them with health promotion and disease prevention.

And, Mr. Minister, and it goes on — the northern food transportation subsidy and so forth. But I'm going to leave . . . devote some time now to the member from Cumberland who will want to question you on northern

Saskatchewan.

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — Just, for the member, just a couple of comments and just one last comment. I wanted to make this again about the issue of the statistics of the National Council of Welfare. I don't say that other governments and over the time haven't been judged by this statistic or the StatsCanada statistic.

The point I was making was, and it's an important one to make because while it may be the statistic that's been used for a long time, it doesn't mean that it's an appropriate statistic to say that because there are families who have fallen below that line, that rural families are not feeding their children, which is what is suggested when you say 64,000 children based on those numbers, and that's what the number that keeps coming across here. And you don't contribute to the service of our people by saying that rural children living on farms in Saskatchewan whose parents, through difficulty in agriculture, have fallen below the net income level that the National Council of Welfare calls the poverty line, are not feeding their children. Because it is not fair to say that and it is not the fact.

That the . . . (inaudible interjection) . . . now the member over here says I'm rationalizing. The member can say I'm rationalizing. I acknowledge that there's a problem in the inner cities; frankly, there is. And the member should say — and if we're going to have a reasoned debate on this — talk about the inner cities, then; don't say 64,000 because it's a nice number for your NDP rhetoric. Don't say 64,000 for your NDP rhetoric when it's saying to rural people, you're not feeding your kids; because it's not true.

Mr. Chairman: — Order, order. The member from Cumberland has the floor.

Mr. Goulet: — I would like to start out by reiterating some of the points that were raised by the previous speaker, the member from Lakeview, and I wish right off the bat that the minister would get excited in trying to resolve the issues rather than trying to defend the shocking record of this government. I think he should devote more of his energies in trying to resolve the issues relating to health in this province, rather than to get excited about the guilt feelings that he has about the lack of action in many areas of this province, including the terrible poverty that exists for many children in this province.

Those facts have been brought out by people from across Canada, and those records are there clearly, as comparative records from province to province, and they were not created from this side of the House. We just are repeating statistical evidence that is brought out by regular agencies who keep statistics from across Canada.

I guess I would like to start out, Mr. Minister, in regards to the North. I would like to ask you, Mr. Minister, from the last time we were in the House, I asked you for statistical evidence about the situation in the North. I asked you what the situation was like, for example, with TB and also with accidents and with pneumonia, heart diseases, and so on. So I would like to, first of all, ask you what the situation is like now in 1990. Has there been an improvement of the situation from your statistical evidence in the past year, and if so, where is your evidence?

Hon. Mr. McLeod: — Now the hon. member . . . I believe last year following these estimates we — and I think you made reference to that — we sent you a report of the vital statistics as it relates directly to northern Saskatchewan, done by the northern medical services branch. And we've asked them to update that for this year and we don't have it yet. But I will undertake to be sure that you have an update of that as it relates to the year that's elapsed since then.

But I just say to the hon. member as a . . . I just use this as a . . . Have you got a copy of this green book called *Health Status of the Saskatchewan Population*? We'll undertake to send you one of these. It does not specifically relate to northern Saskatchewan but there are some numbers in here that will be of interest. There are numbers there that are broken down according to Saskatchewan registered Indians, a number of whom were living there but there are, you know, many residents in northern Saskatchewan who don't fall in that category, and I recognize that as well.

One of the problems we have in identifying, for example, infant mortality as it relates directly to what you will call the North, is because many of the people from the North will come to locations that are not in that geographic area to have their babies, whether that be Nipawin or Meadow Lake or P.A. or Saskatoon, many of those cases. And so the infant mortality rates are not specified by place of residence. They're not coded in that way, I'm told.

But I'll give you a statistic in terms of the registered Indian population, for example, and the whole population in terms of infant mortality for 1,000 live births. It's a diminishing number of deaths each year out of 1,000. In the registered Indian population, in 1988 it was at 15.4 per 1,000. The year before it was 16.7; '86, 17.2; '85, 18; '84, 19. You know it goes back for a period of years. Compared, 1982 was 21.5. So there is . . . and that's always a measure that is used and it's a widely used measure for, you know, sort of the . . . you measure the health status of a wider population.

I'll undertake to send the member one of these books because it's a very well done report. And it's a part of . . . it's done as a result of a . . . by the health status research unit at the University of Saskatchewan, Department of Community Health and Epidemiology. And it was done as one of the elements of our "everyone wins" program where we knew that it was necessary to measure the starting point of the health status of our people wherever they live so that we could have the basis on which to set goals for the population in terms of improving the health of our population all across the province. But I'll send one of these books. We don't have an extra one but I'll undertake to send one over to you.

Mr. Goulet: — Okay, I'll await your information then from the general records that you do have. I will then deal with some of the stats that I do have already from northern

Saskatchewan. I sort of found it a little bit amazing that you didn't have all of those at hand in the sense that, you know, we would raise the question, you know offhand, and that you should have that record.

We knew that the records are kept under, for example, census division 18, and that you should be able to cross-reference that through Sask. hospital. And that those types of records should be more readily available to you because there is a method as to how the medical services in northern Saskatchewan is always able to access the records.

So I would like to quote for you some statistical information. You will find in the Health and Welfare Canada the health of the registered Indian population in Canada, which was done in April of '89, from the medical services branch. So that's available in regards to statistics for the Indian population.

(2115)

There was also a 1987 vital statistics one for the registered Indian population of Saskatchewan. And I might add that I was looking at an article specifically related to the topic that I want to move into. Before I get there I might add that in order for the government to move into planning, into the '90s, that material that I've been raising questions on, should be easily available and readily updated — you know even on a half yearly, or even a monthly basis — because when you're doing planning I think it's extremely important to be able to have that evidence on hand because there are short-term trends and more longer-term trends.

I'd like to talk now on a more longer-term trend in regards to an important area such as tuberculosis. What I have found in regards to the tuberculosis statistics is that it's as absolutely shocking in this day and age that we would have tuberculosis at the rate that we do have it in Saskatchewan.

So I'll provide you with some information in regards to TB (tuberculosis), since you don't have the records at hand in front of you. What I've found in regards to the tuberculosis population — and this is from the Health Reports, Volume 1, Number 1, and it's *Tuberculosis in Canada*, 1987, by L. Gaudette. And so that the following stats are in reference to his article. It says that in 1977 there were 472 cases of tuberculosis for the Indian population. In 1987 it was 372. What that shows, Mr. Minister, is that what we have in 1987 is 79 per cent of what we had in 1977, 10 years earlier.

For the rest of Canadians, the percentage figure is 42 per cent. In other words, other Canadians have improved by quite a margin during those years as compared to the Indian population. And when you look at it in just straight forward percentage figures from these general numbers that I have given, the percentage improvement, of course, was 21 per cent for aboriginal people and 58 per cent for the rest of the Canadian population.

When I looked at that statistic and I started looking at what the population was in Canada, and I wanted to see how it referred to Saskatchewan, I looked at the stats in Saskatchewan and I found that according to the health of the registered Indian population in Saskatchewan, they said that the TB rate was 13 to 25 times higher than the rest of the population. These are shocking statistics.

And I will go on further in regards to the general population as a whole. And these are . . . I'll quote you comparative figures. I'll compare the Canadian population as a whole along with Newfoundland, Manitoba, and Saskatchewan, and these are the 1977 stats per hundred thousand.

It was, for Canada as a whole, it was 13.7; in Newfoundland it was 16.0; in Manitoba it was 16.8; and in Saskatchewan in 1977, it was 15.5. When I look at 1982, there was an improvement in every place right across Canada. Canada had improved from 13.7 to 10.0 by 1982; Newfoundland had improved from 16 to 12.6; Manitoba had improved from 16.8 to 14.9; and Saskatchewan had also improved from 1977 to 1982, from 15.5 to 11.2.

Now I want to compare the 1987 records, ever since the PC government had come in. Five years after the PC government had come in, the records in Canada as a whole had improved again to 7.8. And for Newfoundland, it had improved from 1982 to 1987, 12.6 to 6.0. So there was quite a bit of an improvement in Newfoundland. Then we checked out Manitoba and there was an improvement again of 14.9 to 11.7.

But when I look at the Saskatchewan statistics, it is quite shocking because everywhere else in Canada there has been an improvement. The only place in Canada where everything has gone down in regards to TB cases is Saskatchewan. And the fact is it has gone up from 11.2 to 15.4. That is absolutely a shameful record.

Here we have, from time to time, the Saskatchewan government saying they're leaders in Saskatchewan. And certainly enough, when we look at the statistical evidence, we were leaders at one time. And now we're way at the bottom of the list. We are even worse than Newfoundland. We are even worse than all the other provinces right across Canada.

The TB rates have sky-rocketed, and one of the reasons that a lot of people have stated time and time again is because the poverty situations have gone up, that the sewer and water situations have not improved. We had made great improvements in housing in regards to sewer and water in northern Saskatchewan. And yet we have made very little since then.

I would state that in the same way that many other health researchers have stated before that this shocking statistic is really the cause, and the cause is the lack of action by the PC government, not only in the health area, but also in regards to social and economic development in northern Saskatchewan.

So I would like to ask as my first question to the minister: in regards to the shocking statistics that I have quoted, not only to the Indian-Metis population as a whole, although to a large degree a larger per cent of the population on TB cases were in reference right directly in northern

Saskatchewan. Because when I look at the record of 157 cases, 66 were in the North.

For example, Saskatoon had 30; Regina, 17; and P.A., 15; 66 were in northern Saskatchewan, which has a population of approximately 30,000, the rest of them — 970,000. We are close to about 40 per cent of the total in northern Saskatchewan — northern Saskatchewan, which has a population of only 30,000. The rest of the province has a population of 970,000.

Here we have a situation in northern Saskatchewan with 30,000 population having close to half of the cases in regards to TB. So I would like to ask the minister what has he done in the past year to deal with this, to deal with this terrible situation in regards to TB, to tuberculosis? What has he done? What have you done, Mr. Minister?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — The case as it relates to tuberculosis — and just to put this into the context, the member is outlining a very difficult circumstance and a bad circumstance in northern Saskatchewan as it relates to tuberculosis. I acknowledge that openly.

The situation with tuberculosis over some time, and I don't want to dwell on the history of it, but just to go into . . . we once had the anti-tuberculosis league that did just laudable work in this province back a number of years ago when the various sanatoria were in Saskatchewan, and there was a time when . . . and not very long ago when they spoke quite openly about, and they believed they had this disease eradicated or very close to that.

And the anti-tuberculosis league became the Saskatchewan Lung Association, and they were much smaller, you know, in terms of the amount of money that they spent and the work that they did out in the communities was a smaller organization than they once had been when tuberculosis was more prevalent in the province.

I'm not sure just when, I think it's about two or three years ago, three years ago now probably. I'm not sure, but I remember it's since I became the Minister of Health. The Saskatchewan Lung Association wanted us to . . . and we've been into long discussions with them about the incidence of TB in northern Saskatchewan, and they by this time had become a centralized sort of model based in the two major cities.

We wanted them to get into, and they agreed with us, that there was a need for more of a community-based model of dealing with this disease, of identifying the disease, and of being sure that people who have been diagnosed took their medicine on a regular basis, and did the kinds of drug therapy that's important for recovery.

And so we did take that over and we have increased the funding for the tuberculosis units significantly, and in this last year — the member asks the question: well what have you done in the last year?

Let me just put this into context again. In the last year of the lung association, their annual budget was $620,000.

That was in '86-87 — $620,000. Last year under the department's auspices and moving from that centralized model that I described to you, a more community-based model into primarily the North, the budget was 837,550. This year's blue book in the budget we are now considering . . . it is up to 910,850 and we have just recently, in fact just this last week, redirected another 210,000 on top of the 910,850. And that's a redirection within the department to . . . because of the circumstance that the member outlined and the circumstance that I acknowledged openly is a serious problem.

One of the things that has been happening as our people have come into that community-based model and have gone into the communities to identify the incidence of tuberculosis, it's a case of as they go more and more in looking for this disease, they find more; they find a higher incidence. And it's a case that we recognize. And the northern health unit has been adamant about that they need more resources, and we've been giving them those extra resources based on that need.

So we are putting extra resources into it. I could give the hon. member some more recent statistics, and it just relates to the issues . . . or it relates to the incidents. There have been 40 new cases in the north since the January 1, 1990 and I'll give them to you by community: Black Lake, 12; Cumberland, 12; Deschambault, 7; Fond-du-Lac, 2; La Loche, 5; La Ronge, 1; Pelican Narrows, 1; Sandy Bay, 1; Stanley Mission, 1; Wollaston Lake, 8.

(2130)

I don't want to just point out which communities, necessarily, except just to show that it's across the area, and it's as you've been saying as well. We're making an attempt to put more resources, more people on the ground, so to speak, to be sure that there is follow-up. And one of the things I'm told by the professionals is that it's very important once diagnosis is confirmed, it's very important that the drug therapy that's prescribed is followed. And that's important to have people on the ground there to make sure that that happens.

Mr. Goulet: — You said you were providing money. How much money did you increase then for the health branch in northern Saskatchewan to deal specifically with the situation of TB?

Hon. Mr. McLeod: — The moneys that I referred to, while this money that's specifically related to tuberculosis is being spent in the North for the reasons that you've outlined and that I've outlined in return to you, while it's being spent in the North, it is not budgeted through the northern health services branch. It's budgeted through the lab and disease control services branch. And the amounts are . . . Oh, I gave them to you a minute ago here. This year is 910,850 — that's the blue book number — plus an additional 210,000 that's been redirected internally in addition to that. And that was just done last week, as a matter of fact. So what is that — $1,120,850.

Mr. Goulet: — I'd like to quote some other stats in regards to the north so that the public there understands the severity of the problem. In many situations, people simply don't know. I mean, we've heard Dr. Murray say northern

Saskatchewan was third-world medicine and when the health care task force report came up to the north and did the recommendations. So I'd like to just review a few more.

We know that the suicide rate is about three to four times the provincial average. I've stated that many times again that, you know, for every 1 per cent rise in unemployment, there's a 4 per cent rise in suicide rate, that indeed, some of the solution has to be in the area of socio-economic development.

And the other aspect that a lot of people have raised was the issue of counselling. Now a lot of the people in northern Saskatchewan, of course, speak Dene and Cree as their language and they have their own cultural practices, of course, in regards to their local medicine and also the regular medicine that we get. So I'd like to know from the minister: seeing the suicide rates have gone up in northern Saskatchewan and looking at the causes of deaths. When you look at the mortality rate, for example, on the Indian population of Saskatchewan, of course . . . the mortality rates per thousand in regards to accidents, which is the highest cause, is 69, 69.4. But when you get down to suicides, it's at 30, which is just about at the same level as pneumonia and influenza. So it is extremely high.

What are you doing in regards to the health system and making improvements in the area of counselling which takes into consideration the cultural background of the people in northern Saskatchewan? What type of plans have you got? And I know the cultural aspect was not specifically mentioned in a task force report, but I want to know from you as a minister whether or not you have any plans in regards to deal with these issues of the high suicide rates in northern Saskatchewan?

Hon. Mr. McLeod: — Some statistics as it relates to suicide rates. The suicide rates in the province of Saskatchewan appear to be similar to the rates in this country, across Canada as a whole. In 1988 there were 145 suicides in Saskatchewan. Now that's slightly higher than the figure of 132 in 1987. In '87 that 132 was the lowest number that had been recorded since '76. But the 145 in 1988 was lower than the numbers for both 1981 and 1982 which were 171 in each of those years. I mean, we have fewer suicides province-wide than what there has been the case in some other years. But obviously those are still high numbers; they're high numbers in the country.

And I think that what you're relating to in the context of . . . I think you're quoting from, if I remember right . . . I'm not sure just which booklet you're quoting from, but it was one, I think, related to registered Indian population. Is that . . . yes, and I acknowledge that those are higher and especially in the one age group, the younger people in the registered Indian population. And we know that that's a . . . I mean, that's a problem that's there, especially in northern Canada, all across the country.

Mr. Goulet: — I guess we can . . . When I looked at the other stats in addition, for Indian people in the province, you know, back in 1986, I saw that the . . . according to that, the diabetes rates were anywhere from two to 10 times higher.

But also there was the socio-economic record. I related to you the socio-economic record for northern Saskatchewan and it's fairly dismal. We had done a lot of new house building up to 1981-82, and we remember the housing crisis at the federal level at that time. So a lot of the unemployment rates rose during the summer and the ability to access UIC was just not there because they couldn't work the number of weeks when the housing crisis hit. So a lot of it was related to that aspect, you know, which was a bit of the economic situation in Canada and the federal policy of the day not to build as many homes, you know, right throughout Canada, and more particularly in northern areas. So I would like to also relate that.

In regards to running water, in regards to having, you know, good water, we recognize that . . . When I looked at the statistics, there was . . . running water on the reserves were 36 per cent. And it tells you quite a bit about the situation — only 36 per cent of the homes had running water.

And when we looked at the incomes, they were half of what the general population was able to get. Fifty per cent of what the ordinary person gets in the province is what Indian people get. So that the economic base and the resources required to be able to have a healthy life-style simply is not there.

So when I'm talking about health here, I'm not looking at it only from, you know, the improvement of facilities in health and also the improvement of health practice, but the improvement of the socio-economic conditions of Indian and Metis people throughout this province.

But also, the conditions of people in northern Saskatchewan. We well know that we take out about a billion dollars a year from northern Saskatchewan. You know, a couple of years ago we got, you know, just from uranium mining alone, production of $700 million. In the past couple of years, it has gone down a bit and it's around $800 million in the past couple of years.

So what we're looking at is that while we cut back for the big corporations, we provided a 1 per cent royalty tax holiday for the big corporations, which amounted to about $15 million in the past three years. It's very difficult for people in northern Saskatchewan to see that amount of money going to the big corporations and for them not being provided with the jobs.

Historically, you are the minister of the North. We used to have hiring rates in the mines of 45 to 55 per cent. Then it dropped way down to approximately 15 per cent. And you were, yourself, the minister of northern Saskatchewan. We've got it back up to about 26 per cent now, but still the law states we're supposed to be up to 50, 60 per cent. So as a minister, as a former minister in charge of northern development, you should have probably paid more attention to the employment rates of northern Saskatchewan rather than simply turning over royalty tax holidays to the big corporations.

I might add that we create 400 miles of road for Weyerhaeuser, you know, the American corporation,

and we spent $8 million last year for Weyerhaeuser in regards to building roads at interchanges. But in regards to creating employment for people in northern Saskatchewan, it simply was not there. So I'd like to make that point, that we expect people to follow the law in northern Saskatchewan. We created a law so that we could employ people in the North and we simply don't follow that. So I'd like to make that as a point in regards to the socio-economic aspect of it.

I guess I'd like to turn over to the issue of the health care task force. And I'd like to make a point. I raised this with you before in question period, so I'd like to raise that with you again. The health care task force had a lot of good recommendations in it. There was fairly good substance in it, and I'd like to say that the food transportation subsidy was one good recommendation. And I'd like to quote that aspect from the health care task force report. It says that, "Given its unique needs and geography . . ."

An Hon. Member: — Wrong page.

Mr. Goulet: — I'm on the wrong page. This was on the special ambulance services for northern Saskatchewan. But the point here, Mr. Minister, is this: in regards to the food transportation subsidy, a lot of people have been asking for it ever since your government came in and took it away from them. It helped people have fresh food and vegetables which looks at a more balanced nutrition as a basis of preventative health.

Yet, Mr. Minister, in this day and age this government still provides subsidies for whisky, for beer, for wine. You still provide subsidy for booze in northern Saskatchewan. I'm wondering, Mr. Minister, why don't you take away the subsidy from liquor and transfer it over to food subsidy.

(2145)

This way you can say you did not take any special money from anywhere. All you would be doing is transferring help from the subsidy you provide for liquor and helping the people out in northern Saskatchewan get a better balanced and nutritious meal for their children. Would you be prepared to do that, Mr. Minister?

Hon. Mr. McLeod: — Well first of all, as it relates to the food subsidy, and I pointed out to the member it's recommendation 6.51. And one of the things that it says very clearly there is that:

> Policies should clearly identify the foods to be subsidized and should exclude foods and related products with little or no nutritional value.

I don't sense that you're arguing with that recommendation, but that's a far different sort of thing than what was once the food, the northern food subsidy that you and a couple of your colleagues will hearken back to from time to time, and the way in which that food subsidy was operated.

As it relates to this concept that you're talking about in terms of whether or not the government subsidizes liquor in the North. The fact is the government does not subsidize liquor in the North. And you know that the price of any liquor product is . . . I don't know what percentage is taxed. Many people tell me it's a lot, but I know that as a treasury board member that it's a significant portion of whatever is spent in that area — is taxation which comes directly in here. So there's no subsidy by the government on that — just to make that point. Although I don't need to dwell on that.

I would say to the hon. member that in terms of some of your other comments about the socio-economic circumstance of people in northern Canada and people, specifically to this case in northern Saskatchewan — the need for water systems, the kinds of things that are going on and that have gone on over a number of years, water systems in.

And I know that you were quoting, once again, from the — what do we call it — a brochure that dealt with registered Indians, and it talked about the number of people on reserve that had access to sewer and water systems, and what we would call very basic services as it relates to the public health and to the individual health of those who live in . . . wherever we might live in Canada. So I agree with you on that sense.

And that's why I can think of communities in the North that in very recent times have received water services. I think of Cole Bay and Jans Bay — I know they're not in your constituency — but they're north of where I live and in the member from Athabasca's constituency. I am aware of the community of Patuanak has an application for a water system, which the village of Patuanak . . . and I'm informed that it will be the case very soon.

So those are the kinds of things that we are doing and we are continuing to do just out of the very recognition of the kinds of things you are talking about, the need for water and sewer programs. As Minister of Health, I will always support those kinds of programs across northern Saskatchewan and areas where the socio-economic level is not as high because it is very important to the individual health of the residents. I know that, and that's why I at the cabinet table will support those kind of recommendations. And I'll support them whether I'm the Minister of Health or not, but in the particular circumstance of the here and now, I am the Minister of Health and I do support those programs.

Mr. Goulet: — One other basic question, Mr. Minister, and that relates to the fact that in the North the recommendation over in the *Future Directions* was for elected boards all the way down South, and appointed boards in the North. So I'm wondering what your position there is. You've had a better chance now to think about that. So I'd like to know what you're position on that is.

The other one I'd like to know is the wording was very different from the North to the South, and when I look at the wording in the North . . . For example, on 1.6 for the South it says, "Division councils must have the authority and responsibility for all aspects of health care . . ."

Now it says . . . It's on page 214. It says they "must." The wording there is very emphatic that that will happen. But when it comes down to the North, and you go to page 262, on 6.3 it says, "The northern division councils

should have the authority and responsibility for all aspects of health service . . .”

It says “should.” Of course in the English language, must is a more emphatic suggestion, and should is fairly wishy-washy from a lot of people’s viewpoint. That means, well maybe I should; maybe I shouldn’t.

I’m asking the minister whether or not there was a mistake in regards to the language used, or whether or not he figures that the North should be only should, and the South should be must. Is this part of the same old colonial mentality we’ve seen in the past eight years, or is the minister going to make a more important statement and say, yes, the North must have control; the North must be able to elect their people; the North must have the say in health delivery in northern Saskatchewan. Could I have the minister’s comment on that?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — First of all, I think as it relates to the issue of the wording, “must” as it relates to the southern divisions — and remember here that we’re speaking of the Murray commission report — as I said to your colleague, the Health critic, there is significant debate going on not only in the North, but in all of Saskatchewan, both urban and rural, as it relates to what form might these elected boards take — how large, what areas, all of that sort of thing. But I remember, and I think the member has heard as well, the executive director or the vice-chairman of the report, Mr. Podiluk, made it very clear that that was not an intention. It was not done intentionally and I think he clarified that and I’ll clarify it here on the record.

My understanding is that they meant to have the word “must” in both cases. And you know, I think you will have heard that and I think it’s important that it goes in the record here. That’s my understanding of it from, Mr. Podiluk.

So that’s clear and that clarifies what the commission’s saying. That doesn’t necessarily say that, you know, after the debate that needs to go on with northern people and northern elected people now that the format is exactly as they outline.

Now as it relates to the difference between elected boards in the south and — what did they say — appointed boards in the north, my belief, and I said to the member before when it was first raised, that my understanding was that the elected councils in the north, when they were making presentations to the commission, had suggested appointed rather than elected. Now that’s not to say that that’s necessarily should be the gospel just because someone suggested it because there are many . . . many submissions have been made to the commission and the commission chose to either adopt or to recommend some of the things that they heard from other people. But I believe that that was the case.

Now you asked me for my own opinion. My own opinion, frankly, is that there should be no difference in that as well. There should be . . . if it’s elected, let’s say some form of regionalization took place which encompassed elected boards in the various parts of Saskatchewan, whether they be here in the city of Regina or in Meadow Lake where I’m from or in Cumberland where you’re from, that they should be, the board should be put into place on the same basis. That would be my view and I believe it’s your view as well. We can agree on that one.

Mr. Prebble: — Thank you very much, Mr. Chairman. Mr. Minister, in wrapping up this session tonight, I want to take issue with some of the comments that you have made with respect to poverty in this province and the role of the government in creating poverty in Saskatchewan.

And I want to start out, Mr. Minister, by pointing out to you that the figure of 64,560 children living in poverty in Saskatchewan is not, as you claim, an overestimate of the situation, Mr. Minister. In fact I would argue, Mr. Minister, that contrary to what you say, it is an underestimate of the real crisis in this province, because as you well know the National Council of Welfare does not include statistics for Indian people living on reserves. And we have a higher proportion of our population living on Indian reserves in this province than anywhere else in Canada, Mr. Minister — some roughly 39,000 people. So they and their children, Mr. Minister, are left out of those figures. I suggest to you, therefore, that the poverty rate is even higher than the National Council of Welfare suggests.

Now, Mr. Minister, let me say, moreover, that you say that the problem of hunger is only an inner-city problem in Saskatoon and in Regina. Well, Mr. Minister, if that’s the case, I wonder if you can explain to me why it is that in Prince Albert, for instance, in 1986, in March of 1986, 817 people used the food bank; why in March of 1988 in Prince Albert 1,243 people used the food bank; why in March of 1990 in Prince Albert, Mr. Minister, 1,631 people had to rely on the food bank.

That should be an indication to you, Mr. Minister, that this is not just a problem in Saskatoon and Regina, it’s a problem in many other urban centres throughout Saskatchewan, and it’s getting worse, Mr. Minister. And it’s a problem in rural centres as well. All you have to do, Mr. Minister, is look at the situation in Melfort where 50 families a week are using the food bank; in Lashburn where 100 people a month are using the food bank; in Carlyle where a food bank opened three months ago. So don’t try to tell this Assembly that it’s just a problem in the big cities because that is not the case, Mr. Minister. That is not the case at all.

And, Mr. Minister, as you know, none of these food banks existed, as my colleague from Hillsdale said, when we were in government. Every food bank in Saskatchewan has formed since the PC government was elected in 1982, and I would suggest, directly as a result of the policies that you have implemented.

Now, Mr. Minister, you claim that social assistance rates are the highest in the country, here in Saskatchewan. And you know, Mr. Minister, you know full well that that’s an inaccuracy on a number of accounts. You will know for instance, Mr. Minister, that the rate for single people in this province is the sixth lowest in Canada at 43 per cent of the poverty line, Mr. Minister. That’s a disgrace.

Mr. Minister, you will know full well that our rates for families are far from being the highest. And one of the reasons for that, Mr. Minister, is that this is the only government in Canada that deducts family allowances off the social assistance cheque before it's paid. And that costs every family on social assistance in this province $33 a month per child, Mr. Minister. Makes a big difference in the rates. You didn't consider that when you mentioned the comparisons, Mr. Minister.

And you know, Mr. Minister, that the rate increase that your government has announced in the last week is nothing in comparison with the eight-year freeze that we've faced. Finally you've got around to raising the rates by $10 a child, Mr. Minister — a 3 per cent increase in the rates after an eight-year freeze, Mr. Minister, during which time inflation had gone up by in excess of 40 per cent. Now, Mr. Minister, I therefore want to put on the record a counter to the comments you've made, and I want to close by asking you two specific questions.

One is with respect to social assistance rates as they relate to an adequate diet in northern Saskatchewan. Mr. Minister, you will be aware of the fact that there is a gross discrepancy between the cost of food in the North and the social assistance rates paid to families in northern Saskatchewan.

And if you take for instance, Mr. Minister, the cost of a basket of food for a month for a family of four in Deschambault Lake, because of the very high food prices in that community, Mr. Speaker, the Prince Albert District Chiefs have documented — and these figures are now about a year old — but they've documented that in 1989 the cost of a basket of food for a family of four in that community was $775.20. Yet the total amount that that family was eligible for in terms of food, clothing, personal costs, and household items, if they were on social assistance in that community, Mr. Speaker, was $680 a month.

(2200)

In other words, Mr. Minister, if this family had spent every penny that they had received just on food, Mr. Minister, they would not have had enough to live on just in terms of covering their food costs, assuming there was nothing spent on clothing or household allowances, Mr. Speaker — a $95.20 shortfall. And my question to you, sir, is: what are you going to do as Minister of Health to ensure that this family receives enough money to be able to afford an adequate diet plus have money for clothing and household costs? What are you going to do to correct this shortfall, Mr. Minister? Because this, Mr. Minister, this is the cause of the kind of cases, as my colleague from Cumberland was mentioning, this is the cause of things like tuberculosis in northern Saskatchewan. This is the policy that your government has imposed on northern people. Now you explain to the House: what are you going to do to correct that, Mr. Minister?

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — Before I get into the specifics of his question, the member rose and said that he was going to take issue with the points that I have made as it relates to the statistics in the National Council of Welfare. And I mean we'll go back and forth on this number and that's fair comment here.

And what I had said before, and what I still stand by is that when you use that 64,000 number and you include — you, and all of your colleagues — and you include rural people who's net income based on Statistics Canada, net income is, because of the difficulties in agriculture, are down below what Statistics Canada would call the poverty line, or what the National Council of Welfare called the poverty line, you're saying that rural children are not being fed by those folks, and that's not true . . . (inaudible interjection) . . . No, but that's what you used by citing that number. When you cite that number based on the premise of that net income, that's what you're doing. And that's what I say that that's not legitimate. And that's why I get upset when I hear it, because it is not legitimate.

So rather than taking issue, in your clarification what you said is . . . and I acknowledge that the National Council of Welfare does not include treaty Indian people or Indian people on reserves — does not include those. And you say well. But what you really acknowledge then now is that we're not talking of rural people, and it's important to say that.

It's important to tell people who do we mean here. We're not talking of rural people, and you're saying rural people are out now. And that's the clarification that I'm taking from it. And that treaty Indian people are in, in terms of . . . You know, and I just say that to the member. So that's a clarification and it's a point that needs to be . . . so that we're all on the same wave length when we talk about this issue which is a severe one for us.

So, Mr. Chairman, it's obvious that our time is gone. We'll be back to this or back to other issues with the Health critic later. So I move that the committee rise and report progress and ask for leave to sit again.

The committee reported progress.

The Assembly adjourned at 10:04 p.m.