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. I want to just draw the minister's attention to the issue of child health. In a recent report, Mr. Minister, from the Canadian Institute of Child Health, entitled *The Health of Canada's Children*, some very disturbing things are revealed about Saskatchewan's treatment of children compared to the rest of Canada — some very disturbing things indeed, Mr. Minister.

In summary, Saskatchewan has one of the highest infant death rates in the country — 1.5 times higher than Ontario — and one of the highest death rates due to perinatal conditions, Mr. Minister; one of the highest hospitalization rates for children of all ages. And high hospitalization does not appear to be improving the death rate, because the death rate for children of all ages is higher in Saskatchewan than the national average. I tell you, Mr. Minister, these statistics are truly tragic.

This is particularly noticeable in the 5- to 14-year age group. The injury death rate of 15- to 19-year-olds is noticeably higher here — 30 per cent greater than in Ontario, Mr. Minister. The pregnancy rate for women and children under 20 years of age is the highest. It's the highest in the country in Saskatchewan, Mr. Minister. And next to Newfoundland, Saskatchewan has the highest per cent of poor families. And we know that the correlation between low income and increased health risks has been proven and is quite evident.

I have the study here tonight, Mr. Minister, and as I look through it, I tell you I'm very, very dismayed at the statistics that are present in here. Graphs showing infant death rates — the Canadian infant mortality rate was almost 8 per 1,000 live births, but there were great variations between provinces. Newfoundland and Saskatchewan had rates 1.5 times greater than those in Ontario and Quebec, and there's the chart to prove it, Mr. Minister. Death rates for birth defects under one year; Saskatchewan one of the highest in the country. Death rates for perinatal conditions under one year; Saskatchewan, next to Newfoundland virtually the same. On the bar graph they're just higher than all the other provinces with the exception of Newfoundland.

Hospitalization in Saskatchewan; extremely high compared to the other provinces, Mr. Minister. Death rates for all causes, ages one to four; Saskatchewan, only Manitoba and Newfoundland are higher. Death rates, all causes, ages five to fourteen; we see Saskatchewan virtually at the top. P.E.I. looks like it might be higher, Mr. Minister. Injury death rates, Saskatchewan once again amongst the highest.

And it goes on. And these graphs are horrifying as you look at them. Hospitalization, all causes, ages five to fourteen; Saskatchewan higher than any place else in the country. Death rates, all causes; second highest it looks to me in the entire country. Injury death rates; it looks like it's the highest, maybe it's equaled by P.E.I. Ages 15 to 19, injury death rates; the highest in the country, perhaps P.E.I. has just as much. It's difficult to tell by this graph, it looks it may be the same. Hospitalization, all causes, ages 15 to 19; the highest in Saskatchewan.

Pregnancy rates under 20 years, a very, very disturbing fact, Mr. Minister; the highest in the country — pregnancy rates. And the distribution of low-income families; next to Newfoundland it's the highest in the country, Mr. Minister.

I tell you this report does not say a lot about health care for children living in Saskatchewan. It does not, Mr. Minister, and it's very, very disturbing and causes a great deal of concern and dismay to many people across this province. The Canadian Institute of Child Health is calling — is calling, Mr. Minister — for a national child health policy.

Mr. Minister, could you please tell us whether your government is instituting a child health policy for Saskatchewan children in the immediate future?

Hon. Mr. McLeod: — The member refers to a report done by the Canadian Institute of Child Health, and you're quite right; there are some numbers in there that are . . . alarming, I think, is the word for us. But we must put that into some context and I'll attempt to do that now.

The one bar graph that you refer to and that really does show Saskatchewan in a different position than almost all of the other provinces refers to the year 1985. And I'm not sure what page that's on, but I believe it's on page 23 of the report. I think this is the report, if I could just hold it up for the member to see it.

An Hon. Member: — That's an exhibit.

Hon. Mr. McLeod: — It's an exhibit. But in any case it's on page 23 of that report and the year 1985, and there was a blip in the statistics in '85 as compared to some other years, and I just want to go through, by way of explanation, and to go down through the infant mortality rates in Saskatchewan as compared to the national average over a period of a number of years, and you'll see where the 1985 line that was used for whatever reason by this group as one year to use as an example for Saskatchewan.

Let me begin. We'll take the whole of the decade of the '80s, and the numbers that I'm now quoting are the numbers for infant mortality per 1,000 live births.

The year 1981: Canada, 10.0; Saskatchewan, 11.8. In 1982: Canada, 9.7; Saskatchewan, 10.5. In 1983: Canada, 9.0; Saskatchewan, 10.1. In 1984: Canada, 8.4; Saskatchewan, 9.4. In 1985, the year that I refer to and the year that is referred to in that paragraph and to show the blip that I refer to: Canada, 8.0; Saskatchewan, 11.0. In 1986: 7.9 for Canada; 9.0, Saskatchewan. In 1987: 7.3, Canada; Saskatchewan, 9.1. In 1988 — and we don't have

the numbers available — in 1988 the numbers are not available for Canada. In Saskatchewan it's 8.4. And in 1989 they're not available again for Canada but 7.8 in Saskatchewan.

Now the reason I read those into the record and to show the hon. member is that there is a trend line down throughout Canada, and that's positive for the health of children in Canada. There's a similar trend line that goes down, and it follows very clearly, the trend line going down follows very clearly in Saskatchewan with the one exception of that blip in 1985 which, as I say, I take some exception frankly to using one year's blip in the statistics that are presented because of the way in which they are so widely disseminated, and it does not give a clear picture of the trend line which is going down in our province, as well as across Canada.

The other thing is, and I went through this with your colleague the other night as it relates to the infant mortality rate. And this is a case across Canada and especially across northern Canada, that of the infant mortality per 1,000 live births as it relates to registered Indian people in Canada. I believe that the numbers — I'm going somewhat from memory here — but the numbers for all of Canada of native people are, I think, about 2 per cent for all of Canada, and in Saskatchewan it's about 11 per cent.

Now the numbers are higher in that population across the country. And there's no question that that is a challenge for all who are involved in the delivery of health care services. And because of the higher percentage of native people in Saskatchewan's total population, that has an effect on our numbers as it relates to our total population. So we know that there is a . . . and I should say as well here, the trend line is also dropping at about the same rate as it relates to registered Indian people as well in all of the statistics. And those statistics that I went through in these estimates with the member from Cumberland just the other night will show that. That trend line is also going down but granted, the numbers are higher and there's certainly more room for improvement there.

So you asked about things which we are doing and trying to address this problem, the initiatives that we have under way. We have the obvious ones, and I know that you're aware of them. We have the pre- and post-natal services that are available throughout the province. We have a publicly funded immunization program, and a very good one here. We have nutrition counselling. We have health education programs such as the Everyone Wins program and it has it's various programs within that, the seven major areas. We have northern community health workers. The perinatal mortality review committee of the College of Physicians and Surgeons in this province is active as well. And it's active for the very reason that I've outlined because there is concern by all and needs to be concern from all who are involved in health care delivery.

We have an excellent air ambulance system that can quickly take neonatal teams to infants in need and transports them back to a base hospital. And we have a new fetal heart monitoring system allowing physicians in rural areas to send readings over the telephone system to pediatric specialists in a base hospital. And that's a fairly new innovation in the province, and one that fits very well with our widely dispersed population over . . . small population but spread over a wide area.

So we maintain and monitor infant mortality data as well as other information in the health of the population, and some of the numbers that I've given you here are those. But I, you know, and I recognize what you're saying, and I say once again that because of the one graph which I think sparked the nature of your question and sparked some media discussion earlier in this past year, because of the one graph using the 1985 year which was not truly representative of the trend line that is taking place in Saskatchewan, and I think it was unfortunate that that was used. However they were the true numbers for that particular year.

Ms. Simard: — Thank you, Mr. Minister. Well could you tell me then . . . I note that you refer to the table on page 23, and we're talking about infant mortality death rates. Was the death rate — all causes for age 5 to 14 in 1985 that put Saskatchewan at the highest — a blip as well?

(1915)

Hon. Mr. McLeod: — Okay, the trend line that I was able to give you, as it relates to infant mortality — and I don't have . . . We were just saying here that we don't have the similar trend lines that will give numbers over the years, and we will pull that from statistics. We don't have it here. I'll undertake to send it to you so you can see what the trend line has been and whether '85, in this case of 5 to 14, whether it is a blip in the system or in the graph or if there are some other causes. But we'll undertake to pull that forward and send a piece of paper over to you with whatever information we can gather.

Ms. Simard: — Mr. Minister, I want to point out that the infant death rate is on page 21. That shows Saskatchewan as one of the highest, either equal to Newfoundland or perhaps slightly higher; it's hard to tell from this graph. Now you said the graph on page 23 was a blip, but you may have been referring to the one on page 21, because page 23 refers to death rates for perinatal conditions under one year and death rates for birth defects under one year. Now in both of those graphs Saskatchewan is at a shocking high as well, Mr. Minister.

I don't know what accounted for the statistics in 1985. Was this perhaps when the government brought in the native population into your statistics? Perhaps the native population hadn't been included prior to that, Mr. Minister. Is that a possibility, that it's when the native population and statistics pertaining to the native population was brought into the calculations?

Hon. Mr. McLeod: — Two things, just to get to the charts. And I know for anyone who doesn't have the charts before them, this can be kind of boring stuff. But on page 23, the explanation I gave you for 23 is valid because the information on page 23 is a subset of what is presented on page 21.

And the second thing is that I'm informed that the native population has been in these statistics at least for the last

10 years. Dr. West has had experience with this and says that he can't recall it in his 10 years — not being in. So if it is in . . . but I will undertake to send some of the information with some trend lines that we are able to pull from our statistics, and I'll send that information to you.

Ms. Simard: — Okay, Mr. Minister, on page 29 there's hospitalization, all causes under one year, Saskatchewan second highest to P.E.I. It makes the point on there that there's one admission for every two infants in the population in 1983. Now this is a 1983 statistic, Mr. Minister. I'm assuming that when people are admitted to the hospital, when children are admitted to the hospital, that they are sick. And what this is telling me is that we have a much higher degree of illness amongst children in 1983.

Now I don't think that's a blip, Mr. Minister. I accept your explanation with respect to the other chart. I still think the statistics are shocking because we are so far ahead of the . . . We are still not doing as well as the national average. I do understand that we have problems in northern Saskatchewan, and we've referred to these problems on numerous occasions in this House: the lack of nutrition in the North, the increasing cases of tuberculosis, cut-backs in northern community health workers.

The minister referred to that as one of the areas in which you had programs for child care and child health. Well indeed, what we've seen in northern Saskatchewan is a reduction in these services not an increase in these services, Mr. Minister. And we know that there are serious conditions in northern Saskatchewan, and we've been making that point in this legislature for at least two or three years, Mr. Minister, the cancellation of the northern food transportation subsidy, instead of increasing it and improving on it, Mr. Minister.

We know about the shocking increase in tuberculosis in northern Saskatchewan — a shocking increase, Mr. Minister. And I think we can feel fairly confident to say this has something to do with the lack of health care, the lack of community health workers, the lack of proper nutrition, the lack of adequate housing, the lack of sewer and water in northern Saskatchewan, Mr. Minister. And you've been Minister of Health now for a number of years. I'm sure you're aware of the problems. Your government has been in power for eight years now, and has done very little. In fact, I think has made the situation worse in northern Saskatchewan, which is why we are seeing this increase in tuberculosis.

Now with respect to death rates, all causes, on page 48, ages 1 to 4; Saskatchewan's the third highest in the country. Ages 5 to 14, now that's a 1985 statistic, I don't know whether your blip affects that or not, but I just think we can't continue to use that sort of thing as an excuse for this particular data. And I look at page 54, death rates, all causes, ages 5 to 14; Saskatchewan, the highest. P.E.I. may be equal in terms of statistics.

It just goes on. Take hospitalization, all causes, 5 to 14; 1983, Saskatchewan the highest in the country. I don't think that's a blip, Mr. Minister. Death rates, all causes, age 15 to 19; Saskatchewan the second highest in the country — 1985, ages 15 to 19. Now, Mr. Minister, not infant mortality as you said earlier. Injury death rates, 15 to 19; the highest in the country, 1985. Hospitalization for ages 15 to 19, the highest in the country, 1983. Pregnancy rates: under 20 years, 1985, Saskatchewan, the highest in the country.

We know those pregnancy rates are continuing, Mr. Minister. They're decreasing in the older age groups but they're actually increasing in the younger women and children in the province. And I think, Mr. Minister, that we have a very serious problem here in Saskatchewan and I don't believe for one moment that we can excuse it by saying it's a blip in the statistics. And I know you weren't trying to excuse it by saying it was a blip in the statistics. You were trying to give an explanation for that particular year.

But these statistics keep coming out and coming out through all the graphs, in '83 and '85 in all age ranges, and so on. And I just can't emphasize too much how absolutely shocking and alarming these statistics are and how it should tell the government and it certainly tells us that there needs to be immediate action, Mr. Minister, to determine what the causes are that are causing these sorts of results in Saskatchewan.

And I would like to make a suggestion to you, Mr. Minister, that one of the causes is shown in this particular report and that's the high poverty level in Saskatchewan. That's one of the causes of these statistics. It's a point we've attempted to make in this legislature for years and I've spoken about Epp's *Achieving Health for All* and the discrepancies in health care between poor people and upper income people and middle income people and so on. I've talked at length about that in this legislature in the last two years.

And I think, Mr. Minister, that your government has shown a total lack of leadership with respect to dealing with this problem — a total lack of leadership. The other thing is, one of the ways that you can reach people is through health education. But I want you to seriously question whether your health education programs are meeting the people that it should be meeting, are catching the attention of the people it should be catching the attention of. And I often hear criticisms about, for example, drug advertising, that it's only reaching middle class children and it's not reaching lower income children, just by the way the ad's presented.

And so I want you to take a look at your health education and promotion programs to see whether or not they are reaching low income, poor people, and native people in this province. Because I believe that as a result of the lack of adequate food, nutrition, and housing in this province, these people are suffering more problems, more health-related problems. And I think that's why these statistics have come out. And it's the children, Mr. Minister; it's the children that are being hurt in poor income and low income families, families living under the poverty line. The children suffer.

And one does not want to look at this in a totally economic sense, but this is going to cost the health care system down the road. When these children grow up and become adults, it's going to cost the health care system.

So a few dollars spent today in providing adequate living conditions will go a long way to preventing health problems in the future.

So I believe in the end there will be a cost saving, Mr. Minister, but most importantly, there will be a saving in human tragedy and there will be an improvement in the quality of life for Saskatchewan citizens. And that's really what we're all about, Mr. Minister. That's what this legislature's all about. That's what a government should be working for, is improving the quality of life for every citizen in this province, not just for the elite but for every citizen, no matter how poor or where they live in this province, Mr. Minister. And I just want to urge you to come to this legislature, before this session closes with some sort of game plan and strategy to deal with the situation. I would like to see you analyse and get to the root causes of all the problems. I think poverty is a major cause, but there may be other causes and we should analyse that.

And I would like to see you come forward to this legislature with a game plan as to what we are going to do in the next six months to a year to solve this very, very serious and distressing problem with respect to child health. And what you plan to do over the next five or six years, or what the Department of Health plans to do over the next five or six years, because quite frankly, Mr. Minister, I think you'll be on this side of the House within at least a year. Thank you.

Some Hon. Members: Hear, hear!

Hon. Mr. McLeod: — Mr. Chairman, some of the points raised by the hon. member . . . and to say that you want a game plan. I think if I quote you properly you said, well come back and explain what are the root causes of all of the problems and do that before the session is over here. And I would say to the hon. member that there is a good deal of work that has been done over a good number of years. The trend lines that I referred to earlier, and I readily admit that the one graph that we referred to was on infant mortality and only on that area. So it wasn't that I was trying to hide behind a blip in that one time for these other statistics.

I would say to the hon. member is you mentioned some of the concerns in the north. There has been a tremendous amount of work done over a good number of years, and continuing work in the North in terms of water and sewer and these kinds of things that we talked about here the other night when the member from Cumberland was asking those questions. And those are obviously very important aspects as it relates to the public health of citizens in northern Saskatchewan.

One of the things that the member mentioned was a graph in the report to which we've been referring, about the hospitalization of children in the North. And the trend lines, I'm informed, are going down and have been since some time in the late 1960s, throughout Canada and in Saskatchewan. So that's a victory to the extent that the lines are going down. In every year they're going down, and people who work in public health across the country should be congratulated for that. And our challenge is to continue that trend and to accelerate that trend where it's possible.

(1930)

Examples in northern Saskatchewan just in this past year: the request from Ile-a-la-Crosse hospital, for example, where they once had full pediatric beds for some of the reasons that you've cited, because of the incidence of infection in children and so on, those pediatric beds. And the requests are coming from that hospital to turn those pediatric beds which are now empty and not used — and that's good, that they aren't needed to be used — into long-term care beds. And that's a request that's come forward from them. And I believe the same sort of circumstance is being discussed in La Ronge, for example, where there are fewer pediatric beds being used because of the drop in the numbers of young children involved with infection and the need to be hospitalized because of that infection.

Some of the other things that we've been doing: we have increased into both of our cities, the public health divisions or the public health units in the two cities, in Saskatoon and Regina. We've increased substantially their grants, and based just on the kind of things that you spoke about. I mean, I accept and people who work in public health have . . . One of the biggest challenges they have is to reach the less fortunate population with their programming and with their advertising and with the educational materials that they develop. And they have tried many things over many years. And to some extent they've been successful, but not nearly to the extent that we would like it to be.

And there are all kinds of debates that go on about what sort of advertising is effective and should it be television, and what is the percentage of our population that is illiterate and that the kind of work that we know that goes on by the literacy council and others to try to improve all of that.

So there's a whole challenge there facing all of us, and there's no more basic area than in public health where you want to have your message out to the widest population, in fact, to the whole population, as you've indicated. So there's no disagreement in any of that area. But it is the way in which we should deal with it and, you know, frankly we are dealing with it that way, is that we need to discuss these issues, we need to both identify that they are important. The people in the Department of Health work in this area all the time, are very concerned about it. And frankly, even though the numbers are still higher than we would like, those trend lines are dropping and they continue to drop and we can just remain ever vigilant and be sure that they continue to drop at the same rate, if not faster.

Ms. Simard: — Thank you, Mr. Minister. With respect to pregnancy then, Mr. Minister, I'd like to ask what available programs, pre-natal instruction and guidance classes there are for rural Saskatchewan and northern Saskatchewan?

Hon. Mr. McLeod: — Well the pregnancy rate in the province, especially the teen pregnancy rate, is an issue that we've discussed here before. It is an issue of concern

as we hear in Saskatchewan for sure. It's a concern everywhere, and it's even more of a concern here than in some other places.

The pregnancy rate for women between the ages of 15 and 19 has fallen every year since 1980. So throughout the decade of the '80s it has fallen in each year and that's a trend line we would like to extend as well. The pregnancy rate for girls under 15 has remained constant and that's a problem.

The actions that we are taking — there are public health nurses available at schools. The support program is available through the community health services branch for pregnant teens. A parenting program entitled "Nobody's Perfect" is being introduced to Saskatchewan and it focuses on high risk parents — including teens. And there is a family life education modules which are available in the school curriculum, and I admit to you that they are optional although more and more schools are using this now.

Ms. Simard: — Mr. Minister, it's not true that it's remained constant for girls under 15 years old, it has increased, and it's increased substantially for girls under 15 years old. And so I think the programs that you have in your schools have not been effective, Mr. Minister. They've not been effective. And the rate remains overall the highest in the country, Mr. Minister, and that's shocking.

And I think that we have an obligation to make sure that young women and young girls understand about babies and having children. We should educate them with respect to birth control.

And, Mr. Minister, I want to also point this out: when we talk about low income women, for example, you have decreased the amount that can be obtained with respect to birth control pills under the prescription drug plan. And I have heard on more than one occasion that women are unable to afford birth control pills because of your cut-backs and reductions with respect to birth control pills, Mr. Minister.

Now if you are truly concerned, if you are truly concerned about the lot of women with respect to pregnancy, I would think that you would have a much stronger education program with respect to birth control in the schools and in northern Saskatchewan, and I would also think that for low income women, you would have made birth control pills available for them, Mr. Minister.

Now we know that in Ontario, Ontario has had an excellent record in decreasing the number of teen pregnancies, and what they have had is a very effective education program along with birth control clinics, Mr. Minister. That's what they've had, and they have been very successful in dealing with the problem. I believe you should be taking a look at their system and seeing what they implemented and deciding whether or not it would work in Saskatchewan and whether or not as Saskatchewan people we want to adopt their system.

Now, Mr. Minister, I want to know what programs, pre-natal programs, you have in Cumberland.

Hon. Mr. McLeod: — Cumberland House there are three public health nurses trained in primary care and in public health. And those are the people who will provide the pre-natal care and classes in education or whatever, to people, and they do.

Ms. Simard: — What sort of post-partum care is there for both mother and infant in our northern communities, Mr. Minister?

Hon. Mr. McLeod: — I think your question here was more general and not just as it relates to Cumberland House, but they're all in the . . . the public health nurses in the North, in the same way as they do in other parts of the province, will deliver the post-natal care. And then in the northern communities there is a public health, what they call community health workers, who work in conjunction with the public health nurses, and who will work with the new moms and the babies with nutrition and counselling and that sort of thing.

So they do that and that work does go on in northern communities as it does in each case. As you well know, many of the babies are born in hospitals in the southern part of the province, but they go back home and then they come under the care of these public health nurses.

Ms. Simard: — Well, obviously, Mr. Minister, the services aren't adequate — obviously. Otherwise we wouldn't be faced with these kind of statistics. Well you have indicated that they're largely due to the circumstances in northern Saskatchewan with respect to our native population, or that they contribute to an inflation of these statistics. You had indicated that earlier. I think that's correct. I think I'm interpreting your comments correctly. Well I wish to make the point, Mr. Minister, that if indeed that is the fact, that obviously the services that are up there simply are not adequate and the job isn't being done. Not because the workers aren't doing their very best, because I'm sure they are, but like so many other places in the province, they're overworked and unable to reach as many people as they would like to.

Hon. Mr. McLeod: — Let me just clarify one point as we were relating the percentage of the wider population of Saskatchewan. That is a native population and it's 11 and growing here, as opposed to all of Canada, which is 2 per cent. And as we do these comparative statistics, the native population will increase in numbers as it relates to Saskatchewan because they are a larger percentage of the total population, and that's a fact.

Going back to your question as it relates to public health nursing and so on, just in northern communities. And it would be unfair to only say northern communities, and that's why I mentioned the importance of having the extra money which was requested by the city, the two city public health units, for the work that their public health nurses do in the core areas of both cities and the challenge that they face in trying to reach populations with the kind of educational materials that they have and the educational programs that they use both in pre-natal and post-natal, all of those.

So there's no question that there are challenges there for

the people who are on the ground in working in public health, so to speak. But they're working very hard to meet those challenges, and as I say, the trend lines are dropping, but they are still higher in this province than any of us would like. I think that pretty well covers what I would say on that topic.

Ms. Simard: — Okay, Mr. Minister, earlier I had requested that you come to this House with a short-term game plan. And I had talked about looking at the causes of the problem and analysing that. I think it is possible for you to come with a short-term game plan without all the analysis having been completed because, I mean, we can always study and analyse things to death without actually ever doing anything.

And therefore, Mr. Minister, I'm going to once again ask you, whether you will come to this House with your short-term game plan to deal with these problems with respect to child health before this session ends?

Hon. Mr. McLeod: — The development of short-term and long-term goals is an ongoing exercise with our department and in public health, and we'd be pleased to put some of that on paper and send it to the hon. member soon, within a few weeks here. I'll be sure that I do that because as you rightly indicate, as we watch these trend lines and as we look at the studies like the one that we've been talking about tonight and others that were referred to by other members here, as we look at those studies which lay out the status of the population — or a specific segment of the population in this case — those statistics serve as a base point from which we can set goals.

(1945)

And we've hopefully set some attainable goals, and we strive to reach those goals; and that's really what's been going on in public health for many, many years. And frankly, because of that kind of goal setting is the reason that these trend lines that we've been referring to here tonight have been dropping since the later part of the 1960s throughout Canada and certainly here in Saskatchewan as well.

So we'll send you some information as it relates to our short-term goals and based on the kind of work that we're trying to do in our public health area.

Ms. Simard: — Thank you. I note also that — talking about planning short-term and long-term goals — the Murray commission recommended a health policy, planning, and analysis unit that was totally independent of government. Could the minister give me his opinion on that particular recommendation?

Hon. Mr. McLeod: — A couple of things. Dr. Kerr White also recommended a similar thing — Kerr White being the report that was done on the College of Medicine and its relationship to the health delivery in the province and the College of Medicine itself.

So let me just say that there is a — I'm not saying this because I don't believe that that kind of a commission has some validity, and I believe it may well have some validity — but at the present time just so no one would have the impression that this sort of work does not go on, we have an 18-person policy and health economics branch in Saskatchewan Health now. This branch has just published an extensive study of the use of the health care system, that I know that you're aware of. And the department now gives to the Saskatchewan Health Research Board, which is an independent health research board, a half a million dollars a year for research specifically on evaluation of the health care system and on procedures within that system.

So there is much of this kind of work goes on. And I understand clearly what Dr. Murray's commission was saying in terms of having a commission like that which would be independent of government. I don't have any strong feelings about that nor do we in the department, so that'll be something as well from the commission that will be under some discussion in the research world out there and it may well come to fruition.

Ms. Simard: — I want to raise a concern with you, Mr. Minister, about regionalized perinatal care that was raised with the College of Physicians and Surgeons, and a copy of that letter was sent to you. And apparently the College of Physicians and Surgeons, as I understand, is proposing reorganization for the delivery of reproductive health care into regions or regionalized perinatal care.

The point that is made in this letter, Mr. Minister, is that what it will do is centralize perinatal care in regional centres and take away from local centres and, in fact, discourage family centre-oriented general practice in rural centres and continue to discourage newly graduating students from entering rural medical practice. And another concern this individual sees on the horizon is the increased difficulty of physician recruitment in rural centres with the implementation of this regionalized perinatal program.

Now as I understand, the initiative is being proposed by the College of Physicians and Surgeons, and the individual is writing to the College of Physicians and Surgeons but copied you and copied our office so that we would be aware of the concern. The individual makes the point quite strongly that in his opinion this is going to result in the reduction of perinatal services in rural Saskatchewan.

And I'm wondering whether the minister has had an opportunity to look into that, whether the College of Physicians and Surgeons is intending to move with this proposal. And I don't know what the details of it are, and I'm just asking you for the details and what your position is with respect to this.

Hon. Mr. McLeod: — The letter that the member is referring to refers to an initiative that is not strictly being dealt with by the College of Physicians and Surgeons. It is the College of Physicians and Surgeons in conjunction with other professionals for just the reasons that we discussed in our earlier conversation about infant mortality rates and all of that kind of thing. It's an attempt to set out a more collaborative effort as it relates to all of the perinatal services.

I think one other province had set up a regionalized

network and they've been looking at that as an example. And this would include a co-operative effort between everything from the neonatal units, which are the very sophisticated units in our two base hospitals, the General and the royal University Hospital in Saskatoon, and the public health nurses, right down to the local level where the public health nurses work with that pre-natal work that you and I were talking about just a few moments ago.

So this is not just an initiative of the college, but it's the college in collaboration with all of these professionals to try to address just the issue of the high infant mortality rate, which we've been trying to work on that trend line.

Ms. Simard: — Thank you, Mr. Minister. Then I urge you, if you are participating, or officials from your department are participating to consider the comments made by this particular individual. I'm not suggesting that the initiatives are not good initiatives, but I wanted to bring his concerns to your attention and highlight them.

I want to refer now to hospital services, Mr. Minister, and point out that according to the most recent publication of the Canadian Hospital Association, hospital expenditure in Saskatchewan is low compared to other provinces, Mr. Minister. And I believe that we do not have exceptional community support services to alleviate the need for hospital care. And I want to point you, in particular to the Canadian Hospital Directory, 1989, which shows on table 2.6 that Saskatchewan is the lowest in Canada for hospital expenditure per capita. And table 2.12, that Saskatchewan has had the lowest per capita hospital expenditure since 1982, Mr. Minister. Can you give us an explanation for those statistics?

Hon. Mr. McLeod: — The member raises a question of cost, I believe you said, per capita. The cost per capita of hospital expenditure? I would just say to the hon. member that I think a more valid number that would be more meaningful to our people would be the amount per capita spent on health, you know, in the widest sense and not just focus on hospital expenditures because that deals with strictly institutionalization. And it goes back to another discussion we had earlier today before the dinner break, and it related to how much are we spending on home care and other areas outside of institutions. As it relates to the total that we spend per capita on health expenditures, we rank up near the top in the country, and in this year it's $1.5 billion. And what does that work out to? Probably very close to $1,500 per capita in the province.

Ms. Simard: — Mr. Minister, with respect to hospital waiting lists, the most recent information I have with respect to hospital waiting lists is that they are at approximately 10,000 in the province, in Regina and Saskatoon, Mr. Minister — 10,000 people waiting to get into the hospital. And my statistics are at May 1 for Regina Plains, May 1 for the General, May 1 for Pasqua: 1,600 for Pasqua; 1,462 for the General; 641 for the Plains; a total of 3,703 for Regina. And then University, 1,443 as of May 31; 2,727 at St. Paul's; City, 2,121; total of 6,291 — with a total of 9,994, Mr. Minister, for the two major centres in the province, Mr. Minister.

Now could you tell us whether there are going to be any hospital beds closed in Saskatoon or Regina this summer, Mr. Minister?

(2000)

Hon. Mr. McLeod: — Several things on this waiting list issue, and the hon. member cited numbers and I don't believe those numbers to be . . . I'm not sure what the numbers were. You went over them rather quickly and I know it's difficult to . . . The total numbers of people who wait for elective surgery now are . . . they've been dropping on a monthly basis and have been over all of 1989 through all of the months of 1990. They've been dropping each month. But the most important aspect here is the length of time that any individual would wait for elective surgery. And that's absolutely the case. It is not the number of people who wait but the length of time any individual would have to wait. And that's the key number in this area, although both are dropping significantly.

The reasons for these drops, and the reasons for the surgical waiting lists in both Regina and Saskatoon, but especially in Saskatoon, because of what has been going on there in recent years — the day surgery unit at City Hospital has had a significant impact on the drop in the length of time the people will wait for almost all areas of surgery, in the day surgery side. In the in-patient surgery, the time has been dropping as well.

In general — this is City Hospital I'm referring to now — general surgery, 1.4 months is the time of waiting. It was as high as 3.8 months in as back in December of '88 for example. So it's dropped significantly and continues to drop. And the reasons they're dropping is, as I say, because of the advent of the day surgery program at City, because of the new regenerated St. Paul's Hospital coming on stream, and because of the regeneration section at the University Hospital.

All of those areas . . . and the member will recall my answers to, I believe her colleague, a couple of years ago, when surgical waiting lists were the topic of conversation in every day's daily question period. And I want to say that I'm pleased to note, because it is no longer an issue, that I'm pleased to note that it isn't the topic of conversation in every day's question period. And the reason it isn't is because we have undertaken to build the facilities that were needed and that would have been, had there been any kind of short-term or long-term planning going on for a good number of years prior to our coming to office, we would not have been in that circumstance.

The fact is we were in that circumstance; we undertook to rectify the problem. And with the advent of those new hospitals in Saskatoon, that waiting-list problem is really . . . well in fact it's dropping on a monthly basis, and it's lower this month than it was . . . it's lower in April than it was in March — the numbers of people, lower in March than it was in February and January. And in each month it was lower than it was the month before, through all of the year 1989 and all of the months up to the end of April of 1990.

So that is a success story in that area. And I just would like to say, just refer the hon. member to a couple of newspaper stories, because I know the hon. member

would always refer me to newspaper stories if the waiting-list story from the presidents of these hospitals was other than this.

Here's a headline in the Saskatoon *Star-Phoenix* of November 29 of '89: "City Hospital's waiting-list slashed."

And it goes on to, I'm quoting now:

> "The waiting-list for in-patient elective surgery at City Hospital has been cut by more than a quarter in the last 18 months," says hospital president Elmer Schwartz. As of October 31 there were (and he gives the numbers) 1,229 people on the in-patient list. That's down 27 per cent from the March 31, 1988 figure.

And it goes on and on. The other one is March 21, 1990. Another story in the *Star-Phoenix*: "Saskatoon hospital waiting-lists pared." And another quotation from that article:

> At University Hospital the average waiting time is two to three months. That varies from general surgery, where there is no waiting period at all, to some specialized ophthalmology and orthopedic procedures where the wait may be as long as 10 months.

And we know that those are the areas — orthopedics and ophthalmology are the areas — where there are the longest waiting-lists. And that's been the case for some good time. So the waiting-lists, while we always have to remain vigilant in that area, there's no question that they are dropping and they continue to drop, and there's every reason to believe they will continue to drop both in numbers of people waiting and in the length of time each of those people will have to wait.

You ask questions as it relates to . . . I believe a question as it relates to summer bed closures at the base hospitals. The plans as we now have them are that they will be at the Pasqua will be the same as last year, 37 beds; at the Plains, the same as last year, 37; at City, the same as last year, 30; at St. Paul's, 23, the same as last year; at University, last year it had 75 that were closed and this year there will be 60, so it's slightly fewer.

And the reason . . . and it's the same one that goes on in every summer. The hospitals, through their administrations, close particular beds for the summer months and people who are in highly specialized areas all take their — this is one of the reasons — and all take their annual vacations at the same time, so that when some of the specialized folks are away, others aren't there without the collaborative effort that obviously must go on for them to carry on these surgical procedures.

That's been a long-standing policy. There are fewer than there have been in some years in the past, but in any case there's no reason to believe that these numbers that I refer to in terms of people waiting or the length of time they will wait will start to trend upward. In fact, they will continue to trend downward in both cases.

Ms. Simard: — Mr. Minister, I'm very pleased to see that as a result of the opposition's bringing the matter of hospital waiting-lists to your attention and to the attention of the people of Saskatchewan in a very vigilant manner, that you have taken some steps to reduce it. I'm very pleased to see that our efforts have succeeded. But I want to say this, that just because they are no longer at 14,000 and they've dropped to 10,000 — and these statistics are very recent, Mr. Minister; this is information we received from the hospitals on, I think it was, May 5 of this year or at the beginning of May . . . yes, May 5. The memo to me is dated May 5, Mr. Minister. Now I don't believe for one moment that these people at the hospitals weren't telling us the truth, but it adds up to 10,000 on the waiting-list, Mr. Minister. That's the information that we've been given from the hospitals.

Now the fact of the matter is that 10,000 is still unacceptably high in this province. It's unacceptably high, Mr. Minister. And yes, we have made some progress, but it's not good enough.

Now with respect to — and there are long waiting-lists in some areas — hip replacements, for example, I hear about this all the time. Sometimes the waiting-lists are just atrocious. And you know full well, as I do, that when people are waiting for this kind of procedure, their health can deteriorate substantially.

Now, Mr. Minister, with respect to rural Saskatchewan and small town Saskatchewan, what measures are you implementing today, Mr. Minister, to make sure that we get more doctors into rural Saskatchewan hospitals?

Hon. Mr. McLeod: — I'm going to answer this other question first, and I'll come back to the . . . while people gather some of this detail as it relates to rural medical practice.

It is not acceptable for the hon. member to pat herself and her colleagues on the back and say, we in opposition forced this circumstance of the waiting-list drop. The facts are, and as I outlined them before, because those hospitals have been built, and those hospitals should have been built when you had some opportunity to do them, when your folks had some opportunity to do them when you were in positions of responsibility, significantly more responsibility than you now have.

So when you had the opportunity to build those facilities which were required, and to bring in the innovative programs like day surgery which were required to bring waiting-list numbers and waiting-list times down, you didn't do it. And it is not appropriate to now stand here — because Saskatoon was the issue — it is not appropriate to stand here and say, we did it here in the opposition, by goading you into activity to spend these several hundreds of millions of dollars of hard-earned taxpayers' money on hospitals that they deserved earlier than they received them. That's one.

The other issue, Mr. Chairman, just to have this absolutely clear and as it relates to the numbers of people waiting, as that number drops in terms of the length of time that individuals will wait for elective surgery — and whether that number is, as I have for Saskatoon here at the end of

April, 6,287, that number — what that means is, as the length of time that each of them has to wait drops to a point of 1.4 months, or let's say under two months in any case, that means that that is the number of people in this province who will receive their elective surgery within two months from now. That's an ongoing number and it drops a little bit each month, and we're catching up.

It's a success story in the terms of the waiting-lists in the major base hospitals across this country today, whereas I'll grant you, in the difficult times of trying to bring on those other hospitals and while they were still under construction — and while you were getting some short-term question period headlines because the new hospitals were under construction and they were pouring cement and bringing in the equipment and so on, and you were getting your headlines for a couple of weeks or maybe even one whole session — that's fine. Go ahead. You did it.

And it is the truth, to the member back there from Saskatoon Sutherland, who sits there and tells me to tell the truth — of all members in this House to talk to anybody about such things, is that member. So all I would say to you is, don't tell me — and don't at any time — that it was the opposition who goaded us into building the hospitals that should have been built at least eight years earlier.

Ms. Simard: — Mr. Minister, let me just reply to that by simply saying that you created the problem by postponing many of these renovations over a period of many years. They kept getting put off and put off and you postponed it and you created the problem. And you still wouldn't have done anything about it if it hadn't been for the fact that it became an issue in this province. And it became an issue because the member from Saskatoon Nutana made an issue of it in this House, and the New Democrats on this side made it an issue. Otherwise you would have sat on your hands and postponed your decisions even longer. Now, Mr. Minister, my question to you was, my question to you was, Mr. Minister: what are you doing today about getting doctors into rural Saskatchewan?

(2015)

Hon. Mr. McLeod: — Mr. Chairman, as it relates to rural hospitals and the availability of physicians in rural hospitals, I just have before me a list of what is called temporary hospital closures, wherein the member will know that in small rural hospitals where there is a single-practitioner practices out there, where if the physician is not available or there isn't a physician available, the hospital will close on a temporary basis.

In 1982-83, just to show a trend here, in '82-83 there were 1, 2, 3, 4, 5 — 12. I believe it's 12 cases where the hospital was closed on a temporary basis for a period of time because there was no physician available in 12 different locations. In 1983-84 there were three; in '84-85 there were eight; in '85-86, four different places; in '86 and '87 there were four; in '87-88 there were five; in '88-89 there was one; in '89-90 there was one again at the same location as in '88-89. The present circumstance is we believe that we have none.

And it's a trend line that's showing so that there are people available in these single-practice facilities. The problem is that they don't tend to be long term. And we are working — and I know the member's aware of these initiatives that are going on — and we're working in conjunction with the college and with the rural medical practice groups that are working in a couple of areas of the province, and they're a little more advanced than others. One area in Shaunavon, Climax, Eastend area; another at Macklin, Unity, Kerrobert; Wilkie is now into that where they once were not into that group, but now Wilkie is joining the collaborative hospital practice there . . . or I mean the collaborative sort of hospital planning area. And that will include some rural medical practice initiatives.

We have a medical manpower committee. We have bursaries available, and they work with those, special medical training physicians. We have some promotion of careers and health professions — this is an area that the College of Medicine finds is very important — and when I say health professions, it's more than just in physicians. We have the other health professions, and the idea is to promote careers among young people who live in rural Saskatchewan and go to school there.

And through a contract with the Saskatchewan Medical Association, we have a $500,000 allocation to support recruitment strategies. And all of these are in efforts in co-operation with physicians in the province to try to recruit more people to these rural medical practices and hoping to put the practices in a form that will attract people for a longer term in the rural and probably away from the single-practice physicians.

That's as it relates to the rural. We also have separate recruitment funds for hospitals in Regina and Saskatoon, $300,000 in each case.

Ms. Simard: — Mr. Minister, I'm sure you're not suggesting that there isn't a problem with respect to recruiting doctors in rural Saskatchewan, because when I travelled the province and listened to the briefs being presented by the Murray commission, that came up over and over and over again, and how difficult it was to attract doctors into rural Saskatchewan. And in fact I believe the Murray commission itself refers to that.

One of the suggestions that was raised — and I didn't hear you mention it; perhaps I overlooked it — in some of the initiatives that are being taken is the need for a stronger rural medical practice component at the College of Medicine. Now I know the university is autonomous and makes its own decision about what sort of course it's going to give. But I am wondering whether or not any concern about the fact that the rural medical component at the College of Medicine is not strong enough or not demanding enough or not presented in such a way as to encourage doctors to go to rural Saskatchewan, whether or not these concerns have been brought indeed to the College of Medicine by the Department of Health.

Hon. Mr. McLeod: — I know that you'll likely say that the university is autonomous and so on, but the College of Medicine has a good working relationship with

Saskatchewan Health, and has had for a long time.

A couple of things are happening that I'm aware of and I would just share with the member. One of the things that's happening is the recent decision to go for the second year of residency in the family practice of medicine in the College of Medicine, that second year of residency. And the idea there is that they will be moving those residents in that second year out into rural practices to give them the experience that people believe is required for them to have in rural practices and find a good deal out about some of the quality of life issues and things that can happen in rural Saskatchewan in many of those settings that people will feel a little unsure about now, many of those who are trained in medicine.

And so there's a whole set of circumstances surrounding that which will be important to the young physicians going out from training. Family practice residents . . . One circumstance that I'm aware of and that the member . . . it's because it's in an area that you and I are both familiar with and that is in the communities of Loon Lake and St. Walburg. I'm just informed there's a negotiation going on with the university or with the College of Medicine. It's just strictly between the College of Medicine and those two hospitals and the general practitioners that are out there. And they will be working on a contractual basis with the College of Medicine to bring residents into those family practices in those areas.

Those are the kinds of things that must go on. It's the kinds of things that have been mentioned in the study of the College of Medicine by Dr. Kerr White as well in terms of his study of the college and its relationship to the delivery of health services across the province.

So there is work being done in this area. Our work as a catalyst in all of this, I guess you could say, through the medical manpower committee, I think, is bearing some fruit now, and the College of Medicine has been working very well with us in some of these issues.

Ms. Simard: — Mr. Minister, I wish to draw your attention to the nursing shortage in the province which is of growing concern, and I note that. I've heard this from nurses across the province, but I also note that on May 11, 1990 in the *Star-Phoenix* there was an article about nursing shortages. "Nursing shortage grips urban hospitals," is the title of the article.

And as I understand, what is taking place is that more and more nurses that graduate here are going to other provinces. This article makes the point that many of them are going in to become physicians — many women, as opposed to nurses, for example. I have been told that other provinces have responded to the shortage of nurses by improving benefits to nurses, meaning wages and benefit packages and working conditions.

Could you please tell us, Mr. Minister, what this government has done with respect to benefit packages and incentives for nurses to stay in the province of Saskatchewan and practise their profession here?

Hon. Mr. McLeod: — Several things as it relates to this. This is one of the most important topics within the health care sector, I think, in terms of nursing and the relationship of nursing to the whole of the health care sector and into the institutions for sure and in the hospitals, but beyond that as well into the public health nursing areas, and I know you've mentioned some of the others. Let me just give you the circumstance as it is right now, as it relates to this nursing shortage, or so-called. There is a shortage on the horizon especially in the area of critical care nurses in the most specialized nursing areas. And we know that, and it has a whole series of quality of work like issues surrounding that as well.

The new program that is being developed by SIAST (Saskatchewan Institute of Applied Science and Technology), they're developing a post-basic critical care nursing program for implementation this fall, in 1990. And Health has funded SIAST, we've put up $72,100 for the development of the program. And that's something that's being asked for by nurses and by the hospital sector.

But as it relates to the shortage throughout, the vacancy rate, in other words, the unfilled positions for nurses has been 2 per cent or less throughout since 1982. There's no general shortage of nurses in Saskatchewan and that should be very clear. There is not a shortage of nurses. There is a concern as it relates to the critical care area.

Now let me just go for a minute to the wider issue of nursing. And I know that you mentioned benefit packages and the kinds of things that go on within the collective bargaining's format within the province and elsewhere. There are several things related to nursing and the empowerment of nurses and the relationship of nurses within the system that frankly should be dealt with, and it's been recognized by all of the ministers across the country. It should be dealt with outside of the context of collective bargaining because that tends to take on a life of its own at a particular time whenever those bargaining sessions come up. And that's true; I think we will all agree with that.

In this province we have a minister's advisory committee on nursing which has been established in the last few months. We've had the first meeting — I think the second one is scheduled for tomorrow, as a matter of fact — of the senior people in the nursing associations. And we sit down with senior people in the department and myself and my colleague and go through many of these issues which affect nurses and their work life and their aspirations and all of that.

Along the same lines, this fall — and I would encourage the hon. member, it's not far, and it's in Winnipeg this year; it will be sponsored by all of the provinces of Canada — there'll be a nursing symposium related to the challenges facing Canadian nurses. And that'll be raised at the national level at a symposium on nursing organized by provincial and territorial health ministers. And it'll be, as I said, hosted in Winnipeg by the government of Manitoba.

(2030)

But all of us will be contributing to that. And there's no question that I will be there. And I would say to the hon. member, Winnipeg isn't far; you should undertake to go

there as well. And don't attempt to get into this conference as a press person, okay, because it won't work there either.

But in any case, these are the things that all of us who have responsibility in this area are trying to do. We recognize that there are issues that are there and that are sort of boiling within the nursing profession. And it's important in their whole series of quality of life issues that relate to shift work and relate to the inability to move from one branch of nursing to another. And there are educational issues and there are continuing education. And many of the things that they raise are valid points that must be addressed.

And like I say, I think if we are to approach it responsibly, we should be trying to approach it outside of the context of collective bargaining. Obviously there will be many things that will be raised in that context and should only be raised there. But there are other things that should be raised outside of the collective bargaining process.

Ms. Simard: — Well, Mr. Minister, you say there is not a nursing shortage. Well according to this particular article, in many of the conversations we've had with nurses that there is a nursing shortage which is becoming more evident. In fact, the SRNA (Saskatchewan Registered Nurses' Association) indicates significant steady increases in the number of actual and anticipated RN (registered nurse) vacancies between '87 and '89. You're saying that's not true. They go on to say that chronic problems such as low to average salaries, compressed salary ranges, lamentable working conditions, and poor professional image continued to plague nursing recruitment activities. And she says this scenario is very similar in Saskatchewan.

Now, Mr. Minister, what you've said here today is totally inconsistent with these comments, totally inconsistent with these comments. And I want to bring this to your attention in particular because a case was brought to my attention recently where because of nursing understaffing at hospitals . . . now I recognize that nursing understaffing is different from a shortage of nurses, but it speaks to the issue of why we may have a growing shortage of nurses. The SRNA says we do; you're saying we don't.

But anyway the nursing understaffing forced this particular person to attempt to pay for private nursing care, and I raised this with you I believe just the other day. The nurses there were unable to look after this particular patient. There weren't enough of them to do it. Someone had to go out and buy private nursing care and pay for it, Mr. Minister, the private nursing care. Well I think that is indicative of the fact that there was a nursing shortage. There was understaffing.

It's these kind of working conditions that exist in our hospitals where nurses are overworked. Hospitals are understaffed. Some health care professionals are being required to do things for which they're not fully qualified. These kind of working conditions, Mr. Minister, lead to a difficulty in recruiting nurses, not to mention that fact that other provinces are imposing benefit packages.

I don't think that this problem should be underestimated by the Minister of Health. I believe that if the SRNA said it's a growing problem, that you should be taking attention of it and you should be implementing procedures to deal with the problem, Mr. Minister, as opposed to denying the problem.

Now with respect to Canapharm, I want to ask the minister whether it is true that Canapharm has been sold.

Hon. Mr. McLeod: — Well just to clarify the point on the nursing shortage or the perception of nursing shortage. And I say perception not in the sense that I'm underestimating what is being said by the SRNA and others. When I gave you the numbers that there have been 2 per cent or less the vacancy rate for nurses all in each year since 1982, and that's based on an annual survey that's done by the department, and that's with a response from 1,300 employers across the province. So that's there and that's a consistent number. So you can draw from that that there's an adequate supply of nurses with the overall vacancy rate below 2 per cent, as I've indicated.

There are some difficulties in attracting rural RNs (registered nurses) and in recruiting specialist nurses, and that's the specialist nurses that I spoke about when I say the critical care nurses area. And some of that relates to the whole education process that I talked about. An operating room nurse vacancy rate of 5.5 per cent in '89 is a subject of some concern.

We graduate about 400 nurses a year in the province, which is a substantial number. And the member says from her seat that they're leaving the province. People graduate; we have an excellent College of Nursing system here, and people graduate, and they will be hired by others. But they will also be hired in our positions. Our positions, I have indicated, are filled, and so we are not involved in a nursing shortage. And you're right. We would like to see some of our nurses who do go elsewhere, and who are recruited elsewhere, stay. But they are trained here. They're trained very well. We have an excellent College of Nursing, and some of them tend to go elsewhere.

Now one of the issues . . . The member talked about the contract, about the narrow range and so on. I think the member will know that there have been two steps added to the range, and that was two steps added in the last negotiation to the range for nurses, and that was significant and I think is seen as that by nurses.

And the other is that there's been a significant increase in the number of nursing positions and the number of registered nurses hired in Saskatchewan over the last number of years, the last 2, 4, 6, 8 years. Registered nurses, 797 new nurses hired, increased numbers in other words. Other nursing department staff, 436. Total nursing department positions, and these are with a decimal point, 436.4 and the other was 797.3 — for a total of 1,233.7 new nursing positions in the province in eight years. A significant record of hiring more people to serve the needs that we've been talking about throughout these estimates.

So yes, there are issues. There are issues, and there are

issues surrounding the nature of nursing and the nursing role in health care and the nature of the work place and the shift work and the lack of access to some of the educational programs that they would like to see. And some of the things that we're trying to emphasize are some of the distance education possibilities which will soon be there for people to take programs.

And to answer your other question, the specific question at the end, just so we can carry on, about Canapharm, my information is that there is a negotiation going on for Canapharm to be sold, but that negotiation is still ongoing.

Ms. Simard: — And, Mr. Minister, I just want to recap the nursing thing once again. We have been advised that about the same number of nurses who are graduating actually leave the province each year, and they're leaving the province because the benefits packages in other provinces are better. We've also been advised with respect to psychiatric nurses, for example, that British Columbia and Alberta have very attractive signing packages on top of salaries that are already much better than ours, for example.

There is a criticism that Saskatchewan government is not actively recruiting our own graduates. The present hiring system is too slow and cumbersome. There's too long a delay from the time a graduating nurse applies for a position until he or she is notified that they have a job. The minister is just not opening his eyes to some of the problems that I'm sure have been described to him as well as they've been described to me. And I just want to put them on the record and ask the minister to do something about them.

But I wish to get back to Canapharm now. Could you please tell us how much money was invested by the government through SEDCO in Canapharm, Mr. Minister?

Hon. Mr. McLeod: — Well I'm going to go back to the nurses, and then I'll answer the question the way that I must. Just to get back to this issue of nurses. The benefit packages here and the . . . No one is saying that they are what nurses would like them to be and so on, but I would say that they are in a comparable rate to other provinces now. They are getting to the stage where they're comparable rates.

And just so that someone watching wouldn't get the idea that we have fewer nurses than we once had or anything like that in the province, I just want to point out to the member: in 1978 in Saskatchewan there were 7,495 registered nurses and in 1988, 9,720. I mean, it's a significant increase, an increase of almost 30 per cent. And just so that no one would be left with the impression — now I know that would never be your intention to leave anyone with that impression — but just so no one is left with the impression that there is some kind of a decrease in the number of registered nurses in the province because that's not the case.

Ms. Simard: — Mr. Minister, there's going to be a shortage. The nurses are saying there's going to be a shortage because the demand is increasing and you're not meeting the demand. It's a simple point.

Now my question was: with respect to Canapharm, how much has been invested by the government through SEDCO in Canapharm?

Hon. Mr. McLeod: — First of all, the SRNA has said that there may be a shortage, a shortage may develop. The SRNA has never said that there is a shortage, and that's what I'm telling you here: there is not a shortage now. We are working in co-operation with the SRNA to develop a forecasting model to develop what the needs will be and the numbers of graduate nurses that we will need and, more specifically, the number that we will need in the various speciality areas. So that's being done in collaboration with the SRNA at their request, I believe, and we're quite happy to co-operate with them. We have an excellent working relationship with the SRNA, I should add.

As it relates to anything to do with SEDCO, I would invite the member to — I'm not even sure where SEDCO is reviewed. SEDCO, is it reviewed here in the House, or if it's reviewed in Crown corporations. I invite the hon. member to go to Crown corporations or wherever, ask the minister of SEDCO a question at any time you would like, and he'll provide whatever answers he has to provide. But it is certainly not in the purview of the Health estimates to deal with that.

Ms. Simard: — Well, Mr. Minister, with respect to Canapharm, it is in the purview of the health care estimates because it's affecting hospitals. And if you don't know what's going on in Canapharm, Mr. Minister, you're badly informed. And I'll be asking more questions about that.

But just to return to the issue of nurses, you said the nurses never said there was a shortage. Well then, the SRNA, Marianne Hodgson . . . (inaudible interjection) . . . The member from Regina South, would he just keep quiet and listen. Marianne Hodgson said Thursday, according to the *Star-Phoenix*, "We are now seeing clear signs of shortage here in Saskatchewan, in urban settings" . . . (inaudible interjection) . . .

Well clear signs of shortage. Are you suggesting that it's not beginning to become a shortage? She goes on to say that there's an increasing number of actual and anticipated RN vacancies between '87 and '89. She goes on to say that chronic problems such as low to average salaries, etc., are affecting recruitment activities nation-wide, and this scenario is the same, is not dissimilar to the one currently experienced in Canada and in Saskatchewan.

She leaves one with the clear impression that there is going to be a shortage on the horizon, that we will have a shortage of nurses because of your lack of recruitment policies, Mr. Minister. It's fairly clear. It's fairly clear . . . (inaudible interjection) . . . Well I know the member from Regina South has been lost. He's been lost for a long time. He is a lost cause, Mr. Chair.

(2045)

Now with respect to Canapharm, Mr. Minister, as I understand the negotiations are precluding hospital boards. Hospital boards do not know what's taking place with respect to the negotiations. But I've also been told that it may mean that they will have to purchase all their products from the company that has taken over Canapharm. How can you explain that, Mr. Minister?

Hon. Mr. McLeod: — My information is that representatives of hospital boards are involved in the negotiations, so what you suggest as though there is negotiation going on excluding hospital boards is absolutely not the case. They are involved in the negotiations to which you refer.

And the other thing is . . . well we could just leave the point. The fact is there is no shortage. There's no question that we and the SRNA are working together on what might be a shortage as you look into your crystal ball and as Marianne Hodgson does and as all people concerned with nursing do.

We will try to come up with some type of a model where we can predict in an accurate sort of way about what our needs will be and what specialty areas of nurses that we need to graduate in order to fill those vacancies. Remember that Mrs. Hodgson was referring to a Canada-wide trend and that's what you just said in your last remarks. You said she was referring to a Canada-wide trend which is the same here in Saskatchewan, and I don't dispute that.

Ms. Simard: — Mr. Minister, will the restricted supply policy that was enforced for Canapharm also be enforced with respect to the new purchaser of the company?

Hon. Mr. McLeod: — As I said, there are negotiations going on for the sale of Canapharm. In those negotiations, representatives of the hospitals are involved, and that's all I know.

Ms. Simard: — Mr. Minister, do you know how much of taxpayers' money has gone into Canapharm?

Hon. Mr. McLeod: — You could ask my colleague, the minister responsible for SEDCO, at whatever portion, but it's not part of the Health estimates.

Ms. Simard: — Is this going to be another one of your sweetheart deals, Mr. Minister?

Hon. Mr. McLeod: — I'm not aware of any sweetheart deal except for back in my youth, and so I don't know anything about that. But I would say that . . . So I would say to the hon. member that I don't know of any deals that the member might refer to, and this certainly isn't one that could be characterized in that way.

Ms. Simard: — Mr. Minister, I'm not aware of any sweetheart deals back in your youth either. Now with respect to capital expenditures, Mr. Minister, I understand that capital expenditures are up 81 per cent from last year, Mr. Minister — 81 per cent capital expenditures in a pre-election year. Now, Mr. Minister, in my opening remarks, I had said I wanted a list of the facilities on which these capital expenditures will be spent. Do you have that list and would you provide it to me, please?

Hon. Mr. McLeod: — Yes, I can. I'll send the member a list of the capital projects, and it's an excellent list.

Because the question is why — and I think you even referred to the fact that it's an election year, which I don't know how you know that — but in any case, why 80 per cent increase in capital from '89-90 to '90-91. The blue book capital was 64.173 million to 116 million, up about 80 per cent. Over half of that increase is due to a few major projects initiated several years ago.

I'll give you examples. City Hospital, 37.5 million; Estevan, 10.3 million; Regina General, 9.4; University Hospital, 4 million; Plains hospital, 2.5 million; Pasqua Hospital, 3.4; for a total of 67.1 million. The City Hospital represents 72 per cent of the increase. So the increase that you're referring to as some kind of a . . . and I know you wouldn't want to leave this impression with anybody, but it might be that way. Somebody might take the impression that you're suggesting that the capital construction program is related to an election year.

I only want you to know that 72 per cent of the increase in this year's capital budget is related to City Hospital, one hospital in the city of Saskatoon that is finally under way, and well under way, I might add. It looks like it will be an excellent addition to that city and to the northern part of Saskatchewan. So I could send this list. These are acute care facilities on one page, special care homes on one, and integrated facilities on another — an excellent list of service to the people of Saskatchewan.

Ms. Simard: — Mr. Minister, that total comes to 67 million only, and you have said yourself there's 116.247 million, so we'll be looking very carefully at your list, analysing it, and determining just exactly in what capital projects this is being spent.

Now I am going to let my colleague from Saskatoon Centre ask some questions with respect to continuing care.

Ms. Smart: — Thank you, Mr. Chair. Mr. Minister, you've had a number of consultations regarding health care and you've also had the Murray commission report, and all of them have said to you that home care is very important. In every discussion of long-term care, home care is mentioned as a remarkable success and deserving of added support and expansion, and the cost effectiveness and efficiency of home care program cannot be disputed.

Last year it cost $460 a day to stay in University Hospital, and on average $228 a day in a community hospital. And the total government subsidy for one person in a special care home is in excess of $30,000 a year or around $2,500 a month.

Mr. Minister, about 60 to 65 per cent of home care's clientele have care needs equal to that of residents in institutional care. It's interesting that home care's average cost per client per year is around 1,600 to $2,200 — in other words, 4 to $6 a day. Yet only 2 per cent of the budget goes to home care. Home care programs could

save the province millions of dollars in health care expenditures without compromising the quality of care.

So I want to ask you why you're reluctant to expand what is, in everyone's opinion, a successful program.

Hon. Mr. McLeod: — I might say to the hon. member, we went through quite a discussion about home care this afternoon, earlier, and we'll go through a little more of it now. But I would say to the hon. member we are not reluctant to increase the funding for home care because we believe in the home care process and the home care program.

The home care expenditures in the province have increased since 1981-82, have increased by 128.6 per cent. And I know that many will say, well the total expenditure on home care is rather minuscule beside the tremendous expenditures to third parties like the hospitals and the nursing homes and so on, especially in the hospital sector. And I grant you that.

But the home care program has been increasing. This year's budget alone has a 9.5 per cent increase in home care expenditures. We know that there are some pressures, and I said this to your college earlier today that there are pressures in certain home care districts, but as it relates to the general responses that were received from people involved in home care across the province, those responses by and large were positive as it relates to this budget and the 9.5 per cent increase that was provided.

And I'm the first to say that we believe in the home care program. We would like to see more money go into it and we will continue to see that trend of increasing expenditures in home care as we continue the trend in health care of less emphasis on institutionalization, and that's a slow process. But it really is a process that's taking hold not only here, but across the country. That's taking place and we will respond and continue to respond in that way.

Our home care program, another point I made earlier, but our home care program while it is still not what all of us would like it to be is still the best home care system in the country. It has some way to go. We could still do better and we will continue to attempt to do so. But it is the best in the country and we're proud of the system.

Ms. Smart: — Mr. Minister, last year in estimates, you told me that you thought that the slowing of the increase in the use of hospitals and hospitalization and institutionalization of some clients who get good service from home care, was already happening. In other words, to put it more explicitly, you were telling me that home care had reduced the need for hospitals and that that was already happening.

And if the cost for hospitals and hospitalization and institutionalization is so much higher then home care, why didn't you give home care a bigger increase this year then 9 per cent? I don't know who you've been consulting with but the consultants that I've heard from say that 9 per cent is not good enough; it's still only 2 per cent of the total budget.

Hon. Mr. McLeod: — What I told you last year is continuing. The hospitalization rates are declining at a time when our demographics are changing and our population is ageing. So there is a trend there of less hospitalization, there's no question.

You know, to answer the question, I mean your question here about: why only 9 and a half per cent? I mean that question has been asked in budgetary estimates in this legislature I'm sure from the beginning of the province where somebody in opposition will say, it wouldn't matter what it was. If the budget increase had been 12.9 per cent, you'd say: why only 12.9 per cent? I mean, that's a question of . . .

I'm just saying to you that 9.5 per cent in the circumstances of the global budget that we had to deal with and we have to deal with . . . In this very day your leader is up here saying, well the credit rating's dropping in the province and, you know, you're spending too much money on health and education and diversifying the economy of this province which is exactly . . . because you can't have it both ways, as the Deputy Premier pointed out, and neither in the same way that your leader can't have it both ways, nor can you have it both ways.

Nine point five per cent increase is a substantive increase. We'd like to have more. The hospital budget, on the other hand, increased by 6.1 per cent — 6.1 per cent increase in hospitals, 9.5 in home care. The trend is clear. We're trying to emphasize the home care area. We're trying to hold where we can in the hospital area, although that's difficult to do with the cost of technology these days and so on, but we believe that this budget is a responsible one. I said that to your colleague this afternoon and I still believe it tonight.

Ms. Smart: — Well, Mr. Minister, last year when I was questioning you about the increase in the home care budget, I was the one that thought it was 9 per cent, you were the one that was pointing out it was 13 per cent. And you said to me, you know, you could scare them with only a 9 per cent increase. That's what you said last year. This year that's what you've done. You've scared them with only a 9 per cent increase.

You've got the possibility of decreasing hospital costs and institutional costs by increasing home care, increasing it more than it's been increased before because it's a program that has the substantial support of people in the health care community and of the seniors in this province. And you chose not to do that, Mr. Minister. You're the one that's chosen to scare them with only a 9 per cent increase. And that's most unfortunate.

(2100)

Mr. Minister, I don't need to point out to you that 85 per cent of all the home care clients are seniors, but the seniors are concerned because only 12 per cent of all the seniors are home care clients and the average age of those home care clients is 78 years of age and over. And I know that provincial council members have made representation to you that they're concerned that some of the seniors who could benefit from receiving home care services may not be receiving them.

They're particularly concerned about the frail, elderly couple where one spouse is caring for the other. And I want to talk to you a little about that, Mr. Minister, because that's an issue that's come up for me when I've been talking with seniors around the province where a frail elderly couple and one spouse is caring for the other. Now very, very often, and your own statistics say this from your annual report on continuing care, "Male clients are more likely to be married and to have a spouse for support than are female clients." And you also say in the report:

> The availability of a spouse is a key factor in determining the need for continuing care programs when a person loses some functional abilities.

The statistics show that when you've got a frail, elderly couple, the likelihood is very strong that it's the woman who's looking after her husband in that circumstance. And I want to express my concern about that, Mr. Minister, because women are traditionally seen as care givers. That's the normal work that women do, that's accepted. And it's extending into people's very old age that older women are caring for husbands who are disabled in some way, and they need home care services to support the work that they do.

The older women cannot carry this burden without having some support services available to them. And more and more older women are having to do this with very little support, and it's very little visibility that they need that support. And the fact that you haven't increased the home care budget sufficiently indicates that you're not recognizing this very great need.

Often one spouse is difficult to manage or a person is disabled and requires heavy physical care. And there are gaps in the care options available for people who require a lot of care but don't require institutionalization.

The Senior Citizens' Provincial Council has pointed out to you the need for the development of respite care programs, especially in the rural areas, Mr. Minister. And I would like you to just describe now what you are doing to enhance and increase respite care in the province.

Hon. Mr. McLeod: — Just a short answer to your question. We recognize the importance of respite. The things that we are doing — we have about 100 beds that are now designated respite across the province; and in new nursing home construction we have the sponsoring boards designate certain beds within that new construction as respite. So the emphasis on respite beds is there and we recognize the need for just the reason that you outline in your remarks.

Ms. Smart: — Mr. Minister, your response reflects exactly what I've been talking about, the failure of consciousness to look at the problems that are affecting seniors from the seniors' point of view. The seniors have defined respite care in a broader sense than what you've reflected to me in terms of nursing care beds. And they've made a few points in their brief to the government regarding home care.

There's a need to increase the service units available for home making to allow for sufficient respite care in the home. That's what I'm talking about, about the support for frail elderly couples, that someone can come in and give a person respite when they're caring for someone who needs extra attention.

Mr. Minister, I also want to give you the opportunity to clarify a couple of other points too. The seniors are saying clearly that they need more beds for short-term placements on short notice and for more frequent breaks of shorter duration so that somebody can go into a respite bed in a nursing home or have someone come into their home at short notice, not to be on a waiting-list waiting for a bed to come available because there's no long-term care patient in that bed. And they also ask you to provide adequate adult day-care programs throughout the province. That too would be respite, particularly for the frail elderly couples.

Three things then: respite services in the home, respite beds on short notice for short duration — for a weekend or whatever someone might need — and adequate adult day-care programs provided in the community throughout the province to help the seniors. That's the definition of respite care coming from the seniors. If you want to elaborate on that, please do.

Hon. Mr. McLeod: — In my earlier answer, and the reason I was indicating to you that I wanted to clarify when I gave you the respite, I spoke only of respite beds which are in nursing homes and respite beds which we require in a new construction. And I know that you are referring to respite care as it relates to the home care districts, and respite care in the home. And we have that going on in the province now. And it may not be as many workers in that area as some would like, but there's no question that that is an innovation that is underway in the province. That's where home care sends in a worker to relieve the family from some of their responsibility, just as you've indicated, under the circumstances that you've indicated.

So those areas . . . so we have the respite that I talked about earlier. The short notice respite is, as it relates to . . . in nursing homes, most of the respite beds that are in nursing homes, I will grant you, are longer . . . they have to be planned some time in advance for, you know, several weeks in advance for a weekend or whatever it might be. And we have about 15 programs in the province now where there . . . to deal with adult day care. And those are there and that's a growing program as well. That program is growing and will continue to grow as home care continues to grow across the province.

Ms. Smart: — Well how can home care continue to grow when you decrease the budget from 13 per cent last year only to 9 per cent this year? How can you increase these programs?

Hon. Mr. McLeod: — Well I just want it to be very clear to the member that a 9.5 per cent increase is not a decrease in the budget, it's an increase in the budget. Last year there was a 13 per cent increase, this year a 9 per cent increase. That means a 22 per cent increase over two

years. In no way can that be construed, even by someone opposite, as a decrease.

Ms. Smart: — It's a decrease in the sense that you're not funding home care the way it deserves to be funded in order to cut down on the costs of hospitalization and institutionalization. And you are failing to expand these programs which have been identified as being very badly needed. And in order to deal with the fact that their budget is not strong enough to provide all the services, Mr. Minister, many of the districts have now developed waiting-lists for home care. And people have to be on waiting-lists for the services that they need, and that is not acceptable.

Home care districts need to have the ability to develop a capacity to respond to variable demands for services. And they should be able to meet their projected service delivery demands within the funding formula and the framework of priorities provided by continuing care. Do you have any plans with the home care funding formula to change that?

Hon. Mr. McLeod: — Yes we do and it's under active discussion with the home care association right now.

Ms. Smart: — Is there any discussion within your department to develop an assessment program for people regarding minor home modifications and providing them with expertise to decide how to rearrange their homes so that they can age in place rather than have to move into some other kind of a housing unit?

Hon. Mr. McLeod: — We do not have a program contemplated in home care in the Department of Health certainly related to modifications in the home, and I think that's what you're speaking about. And I can't let the one phrase because I haven't heard it as I talk to this industry, the phrase, "age in place." And I know what you're referring to there. It crossed my mind when you used that phrase that the legislature here is the only place where I've ever seen that really happen, where people age in place and they sit here and age and we watch each other age in here. But in any case, I don't want to make light of the context of what you're talking about. We don't have a program contemplated in that area, although I understand what you're getting at.

Ms. Smart: — I think it's very badly needed, especially as you continue to develop other alternatives in the housing field, that you should develop an assessment program that would involve the home care services, special care homes, and housing placements to be done with one assessment team to look into that, Mr. Minister.

My time is running out. I want to quickly turn to one other issue, and that is the question of special care homes. Mr. Minister, talking to seniors in the Pelly district and around Sturgis, it's been pointed out to me that in that area they have more seniors over the age of 75 than in some other areas of the province and yet they have fewer special care homes.

Well the Minister of Health doesn't seem to know what the answer is, he seems to be referring to the member who represents Pelly who's now in the Chair. Perhaps you are indicating that he's going to answer the question.

What are your plans for special care homes in that area of the province where there's so many people over the age of 75?

Hon. Mr. McLeod: — Now, Mr. Chairman, I want you to listen carefully to this answer. I notice that just the way the House works, the chairman is the member for Pelly and he's listening with interest to this question.

The answer to the question is that there is a needs study now under way. By needs study, I mean that there is funding there, and there is a professional looking at just what are the needs. You indicate that there is a high percentage of people over 75 in that area. I have no reason to dispute that; I believe that's the case.

And that needs study is encompassing more from my colleague, I think, from the Canora constituency, because it's Preeceville, Sturgis, Canora area, and that needs study is encompassing those areas. So that's under way and when that comes in, we will have a response to everyone. And I see the member from Saskatoon Fairview always perks his ears up when Sturgis is mentioned as well. But there's significant interest.

Ms. Smart: — What is the time line on that needs assessment? When is it going to be finished?

Hon. Mr. McLeod: — Just no more than a few months time, and we'll have a response from the needs study.

(2115)

Ms. Smart: — Well it's taken you a long time to get around to looking at that area of the province for the need for special care homes. Mr. Minister, I just want to ask you one question about the status of the private care, personal care homes. When are you going to bring in the regulations to deal with the legislation that you passed last year and haven't proclaimed yet? When can we look forward to having the regulations in place and that Act proclaimed?

Hon. Mr. McLeod: — Just one more thing as it relates to the area that you spoke of earlier, and I should make this point that the . . . I was treating it somewhat light-heartedly but my colleague from Canora, the member for Canora, the Minister of Parks and Renewable Resources has been very much involved in the discussions and the planning for this needs study that we referred to earlier and is very aware of what's happening there and has kept the boards of the various institutions in that area very well informed.

As it relates to the regulations on The Personal Care Homes Act, it is our target — we thought we would have it done earlier, we are now and have been over a good long period of time, in discussions and consultation with the operators of these homes. But not only the operators with the district co-ordinating committees, the assessment — what's the group in Regina? — the Regina Assessment & Placement (Service) agency, those groups. And we have ongoing discussions with them as it relates to those regulations, and they're very involved in helping us to

draft those regulations so that they would be . . . and our target would be by the end of the year.

Ms. Smart: — And finally, Mr. Minister, just regarding special care homes, there is still no clear definition of long-term care in Saskatchewan. The need for a definition of universally recognized accepted and distributed standards for long-term care in the province is very high. Nothing's been done since the 1966 regulations, apparently, were reviewed and revised in 1982, but have never been approved or implemented by Saskatchewan Health. These regulations would involve things like staffing, the definitions of levels of care, the need for strategies for planning special care homes and the long-term care in general. And I want to know what you're going to do, because staffing in particular and staffing standards, the numbers of staff for each facility is very important to get that redefined now that you've changed the requirements for special care homes, and I want to know, quickly and briefly, what you intend to do in terms of developing guide-lines for special care homes?

Hon. Mr. McLeod: — Well, quickly and briefly, we do have standards in place. The standards, the Saskatchewan Association of Special Care Homes, as one group and probably the major group that's been raising this issue, have indicated that they believe those standards should be upgraded. We haven't really disagreed with that; we haven't got them to the stage where we can bring them forward as new and upgraded standards.

I know you raised this with me, I think, last year. We just haven't got to it. We aren't there and I can't legitimately say to you tonight, you know, a time frame when that would be done. But we're still in discussions with SASCH (Saskatchewan Association of Special Care Homes) on that.

Ms. Simard: — Thank you, Mr. Chair. With respect to the dental therapists' court case, Mr. Minister, I understand that the College of Dental Surgeons — the court indicated that they were guilty of conspiring to put some 411 women out of work. And I also understand, Mr. Minister, that within 10 days of meeting with the college, the therapists were fired by your government. Do you not consider yourself as being a part of that conspiracy, Mr. Minister?

Hon. Mr. McLeod: — The answer is no. And the claims against the government for wrongful dismissal and breach of contract were dismissed by the trial judge, and you know that — were dismissed, I repeat. The terms of the employment contract in the SGEU (Saskatchewan Government Employees' Union) collective agreement were followed by the government throughout. And like I say, those claims were dismissed, and so the short answer is no.

Ms. Simard: — As I understand, Mr. Minister, it was dismissed against the government because of technicalities. Now, Mr. Minister, I also understand that when the therapists were fired a grievance was filed immediately because the severance payment did not have the appropriate compensation for the therapists.

And now, I understand, it has been resolved some three years later, and that the government is going to pay an additional 190,000 to 250 people in compensation.

Is that correct, Mr. Minister? Is that additional 190,000 correct? What is the total amount of compensation the government paid? And has this compensation been completely paid to date?

Hon. Mr. McLeod: — No, the facts are that there was a grievance filed and the grievance was filed related to overtime that had been worked during their term of working for the government. I believe it was what was deemed to be overtime where they had worked on days which were designated as EDOs, as they're called in the bureaucracy, earned days off. They had a grievance based on that overtime worked and that overtime was paid out.

Ms. Simard: — Mr. Minister, what is the total amount of compensation that was paid to the dental workers?

Hon. Mr. McLeod: — We don't have the actual numbers here, but the recollection is, and I'll just give you the ballpark figure, it was about $100,000 — 100 to 104 — somewhere in that area.

As it relates to this overtime grievance that you referred to in your early . . . our number here . . . I'll undertake to get the accurate number for the member.

An Hon. Member: — The total compensation too, George.

Hon. Mr. McLeod: — The compensation was, I'm sure, based on whatever the union contract was for severance, and so on, so that would have been paid as well, but we don't have any of those kind of numbers here.

Ms. Simard: — Can you provide us with the figures, the total amount of compensation paid to dental therapists?

Hon. Mr. McLeod: — Yes, we can provide that but we don't have those numbers here now because it's . . .

Ms. Simard: — Mr. Minister, is there any dental equipment left?

Hon. Mr. McLeod: — There are some sets left I'm told. They're under the auspices of the property management corporation and we don't . . . it's not held by the Department of Health. It's held as surplus equipment by the property management corporation of the government so that's where you're best to direct your question.

Ms. Simard: — Mr. Minister, I wish to once again make the point to you as we have on numerous occasions in this House that the dental program loss is still painful in towns. And I base that on very recent information, as well as what we have heard across this province over the last couple years. And in a recent article, May 12, 1990 of the *Star-Phoenix* they point out . . . the title of the article is "Dental program loss still painful in towns". And there's no doubt that it is, Mr. Minister.

And you can talk about getting dentists out to X number of

satellite clinics servicing the whole community but the fact of the matter is it's no substitute for the 338 school-based clinics that were there. It does not replace the level of service that was there before.

But in addition I just want to point out that this article clearly states that there has been a transfer in the cost. The burden of the cost is being paid by the taxpayer and by the people who have to travel into the cities and take time off work and so on. In other words there is a higher cost to the parents as a result of your measures with respect to the school-based children's dental plan. And that article makes this perfectly clear.

And I want to say that once again. And I want to say that it's particularly tough on rural communities because they have to get in their car and drive some distance, and many times it means meals out. Sometimes it may mean an overnight depending on what services are done.

There's another point I want to make. I cannot seem to get adequate information with respect to completes, like whether or not something has been completed, Mr. Minister. And as I understand, you're no longer keeping those statistics. And I don't understand why you wouldn't be keeping statistics with respect to completes. It's crucial; it's important information.

What happens here, Mr. Minister, is you can go in to see your dentist for a first visit. He'll check the children's teeth and say, come back and we'll do a fluoride treatment another day. Now that counts as a visit. But if that child never gets back and the fluoride treatment isn't done or the other procedures aren't done — the third visit and the fourth visit — it's not completed. The service isn't complete. And that information is very important. And I believe that your department should be keeping those statistics and it's my understanding that you're not keeping those specific statistics. And I just want to make that point once again with respect to the dental program.

Now as I understand, as well, dental coverage for children in hospitals, Mr. Minister, has been cut, and that hospital dental visits for children who are wards of the court are no longer covered. Is that correct, Mr. Minister? And why have you made the decision to do that?

Hon. Mr. McLeod: — A couple of things. I'll just be very quick on this. The issue on urban versus rural in this whole dental therapists issue, and dental services to children in the province — just let me just point this out to the member. The member has always raised the question that it's very great hardship for rural people, and that was always the basis of the criticism of this, the hardship for rural people. The facts are that in rural Saskatchewan, children who have received services in the rural, 93.6 per cent of rural children go for their services, and have received the services; 89.6 per cent in the urban. More rural people receive the services.

And just for the point that for the member to speak on behalf of rural people, to say the rural people are not happy with the system as it is now, is not the case. Rural people now are happy with the system, and I would have the hon. member stand and say, in her place, that they will replace the former dental plan. I want to hear the hon. member say that if they ever were to come to government, they would replace the present dental program with the former dental program. Please say that on the record to rural people who are very, very satisfied with the dental program that's there now and the service that their children are receiving. That's number one.

And the other . . . well we'll leave it at that for now. We could carry on into this if we want to get into it. I can leave it at that for now.

Ms. Simard: — Mr. Minister, are you denying that it's not costing rural Saskatchewan people more money to access these dental services than it was under the school-based plan? Are you denying that, Mr. Minister? Because that's the point that we made tonight.

(2130)

Hon. Mr. McLeod: — It is not only the children in Saskatchewan and rural Saskatchewan who receive dental services and who go for dental services. What we have now is 37 communities across rural Saskatchewan that have dental services for all citizens of all generations including the children, and including the parents and the grandparents, and those 37 communities have dental services which they did not have prior to this change.

So for the hon. member . . . and rural people are not saying to us or to anyone, and I submit the rural people are not saying to the hon. member, except one who is ideologically driven, and you might meet the odd one of those out and around the province. There are even some in my own constituency who are ideologically driven and who might believe that the former system was the best system. Most people believe, and by far the majority of rural people believe that the new dental plan and the services that children receive are better services and they're well served.

Ms. Simard: — Well that's simply not true, Mr. Minister. It's simply not true. And I followed that Murray commission around this province and there were numerous representations from people across this province that they were not satisfied with your dental plan.

Now you may not have been there, Mr. Minister, to listen to them, but I heard them with my own ears. And I'm telling you I didn't hear anybody say to the Murray commission that they thought scrapping the school-based children's dental plan was a good measure and a good step and it should have been done. Not one single person said that to the Murray commission.

But many, many people came forward and said that your measures were heartless and they were wrong and they didn't like the additional costs and the inconvenience — many people, Mr. Minister. The comments you have made just show how absolutely out of touch you are with the people in rural Saskatchewan and urban Saskatchewan, Mr. Minister.

And with respect to the school-based dental plan in urban Saskatchewan, this particular article makes it clear that the urban poor are not accessing the program and they

are the ones that need more help with respect to dental care. And it should be brought back into the schools for the urban poor, Mr. Minister. And children should be able to get their services in the school in rural Saskatchewan as well, Mr. Minister. And I'll put that on the record that there's no question that what the Murray commission heard was that the changes to the school-based dental plan were not taken well by the population in Saskatchewan. That's what they heard, Mr. Minister. And there's no question about that.

An Hon. Member: — No, you're wrong.

Ms. Simard: — And the members over there, the member from Cut Knife-Lloydminster shouts that I'm wrong. Well it goes to show how out of touch he is too with the population in this province, totally out of touch in their arrogance, Mr. Chair. They can't even acknowledge a simple thing like the fact that the school-based children's dental plan was considered of world class value and appreciated by the population in this province. They can't even admit that, Mr. Chair, and it shows how out of touch they are.

Now with respect to ambulance services, Mr. Minister, as I understand the problems that have been brought to our attention with respect to ambulance services are, for example, that people in rural Saskatchewan have to pay larger ambulance rates because of the longer distances. And they are wondering whether the government would be prepared to institute ambulance rates that are fairer to them. They feel they should not be penalized simply because they live a long distance away from a health care facility.

The other point that has been made to us is recommendations that ambulance services be integrated into mainstream health care as part of services covered under emergency services. And I'm just wondering, Mr. Minister, on this point what steps you are taking in this regard, if any, to make this integration?

Hon. Mr. McLeod: — Since the ambulance program — and I know the member will acknowledge this — that the ambulance program that we now have in the province that was changed in 1986, has resulted in a considerable expenditure increase. And it has — a tremendous expenditure increase over those very few years. The budget in 1987-88 was $400,000; in '88-89, 600,000; in 1989-90, last year, 1,473,000. And this is under the senior citizens' ambulance assistance program; that's under that CAP (Canada assistance plan) program that where there's a $150 is the maximum that seniors will pay. And obviously the beneficiaries of that program are those who live further from the hospital of destination. And in the 1990-91, it'll be $1.629 million just in that senior citizens' CAP program. And the CAP program, for anybody who would be interested in the detail of it, is that seniors using road ambulance pay the first $150 per trip and government is billed for the remainder. The costs are going up at a tremendous rate, and the $150 cap stays in place. And it's a tremendous subsidy provided by the Department of Health on behalf of those seniors.

The total program in Health, or in road ambulances is . . . district ambulance board grants and in 1981-82 it was $2.68 million; in 1990-91, which is just a few years later, $8.5 million. So there's a tremendous increase in the ambulance costs. The member asked a question, and I know that the Murray commission speaks of ambulance costs being, I think, almost totally picked up by the government, I think, is what recommendation 3.43:

> . . . a standard pickup and mileage fee for each level of medical transportation, capping ambulance charges regardless of distance, mode of transportation or patient age, to ensure consistency and equity in user charges among the divisions.

Now, if that . . . and that's based on the premise of the divisions coming into place as we had talked about earlier in these estimates. There's no question that ambulance costs, just by the numbers that I cited to you earlier, the ambulance costs are going up at at tremendous rate. And with the $150 cap we have in the example of seniors, you can see the expenditure that we've had just because of the rate of subsidy is increasing in each case. That would be the case for every ambulance trip, regardless of the age of the individual.

I'm not sure if this . . . not only this budget, but the health care budget could handle paying for the cost as is recommended here, but that's certainly, as are all the other recommendations of the Murray commission, something that will be under discussion throughout the province.

Ms. Simard: — I take it that you're not intending to cap ambulance fees, so that people in rural Saskatchewan will continue to pay a disproportionate share for ambulance services, Mr. Minister. That's what I take from your answer.

I had a second question that I asked you, and that was the integration of ambulance services into mainstream health care as a part of services covered under emergency service, for example; and what sort of steps you're taking, if any, what changes, what steps you're taking with respect to the upgrading of basic training requirements for ambulance personnel, for example, Mr. Minister. I'm thinking in terms of emergency medical technician training and paramedic training. Are you going to increase the number of ambulance staff who take this training? I understand that many of the ambulance staff in rural Saskatchewan do not have the upgraded training, Mr. Minister, and I'm wondering whether your department is going to take steps to increase this type of training as well as attempting to integrate ambulance services into mainstream health care.

Hon. Mr. McLeod: — Okay. What we have in the province now, we have the EMT (emergency medical technician) program which is basic training for ambulance operators, the EMTA (emergency medical technician advanced) program. We are now working on SIAST, and the ambulance services branch are working on a curriculum for bridging from the EMTA to paramedic service. As well across the province there are protocols being worked on by the various organizations as it relates to the use of paramedic training by people who do have paramedic training and are working in our system.

And I might say all of this has taken place in a fairly short time. There will be some in the ambulance services who will say, I wish it had happened more quickly. But what I hear from people in the ambulance service is that in a few short years, if they sit back and look at it, in a few short years, we've taken ambulance service from the taxi service that it was to the very professional service that it is now. And as well we took ambulance, as you say, integrating into the health care system, we've taken the ambulance system into the health care system from the Urban Affairs Department where it was prior to us coming to government.

So there have been some tremendous advances here. People in the ambulance industry tell us that each time we meet with them, and we work with them on these new curricula and these new protocols. And I'm sure that they are pleased with the progress that's being made, albeit that some of them who already have paramedic training would like to see that paramedic training be used or be recognized probably more quickly than it has been.

Ms. Simard: — Mr. Minister, what percentage of ambulance staff have EMT training in rural Saskatchewan?

(2145)

Hon. Mr. McLeod: — I'll send the information because we don't have it here, the percentages breakdown, but I'll send it to you.

Ms. Simard: — I know, Mr. Minister, I'm not surprised you don't have it because it's my understanding it's a very low percentage. You may be making some changes, but people aren't as pleased as you would have us believe here tonight, Mr. Minister, because we get a lot of complaints with respect to the lack of training, Mr. Minister. We get a lot of complaints with respect to that.

Now I want to move on to the topic of speech therapists in the province of Saskatchewan. We've asked you questions on speech therapy in the House before, Mr. Minister, and I believe that the last time I asked you the question, you indicated that your government pays for their education, and then you invited anyone interested in the field to phone your office. We had described the shortage of speech therapists in the province and the problems it was creating, and you said, well we pay for their education and you can phone our office.

Now could you tell us, Mr. Minister, as a result of that statement that you made, which was reported in the paper, how many people have taken you up on that offer and how many people have phoned your office?

Hon. Mr. McLeod: — Well I'm pleased to report that there were a number that phoned as a result of that so maybe I should be recruiting more in this legislature. I couldn't believe as many people were watching, that's good. What I would say to the member is that many of those that phoned . . . And I think that there's a misunderstanding that the people who work in the speech language pathologist area, for the most part, are master's trained, and many of the bursaries — in fact, I think our bursaries in that area are for master's training. And so we have, just let me look at the numbers here . . . The vacancy rate in our own province, for example, decreased from 11 per cent vacancy rate in '85 and it's down to 5.7 per cent now in 1989. There's an 18 per cent vacancy rate in the audiologists now, and that's very high, very high.

We award four bursaries of 7,300 per student per year. Those are to be awarded in 1990. A new speech language pathologists and audiologists Act is to be introduced this session. I think it's to be introduced here, and it will be here, if it isn't already on order paper.

Just so we get a sense of this — and I know we've discussed this issue before in terms of the national and international shortage, national and provincial shortage, maybe even an international shortage — but in 1978 in Saskatchewan we had 56 audiologists and speech language pathologists, and in 1988 we had 102 audiologists and speech language pathologists. There is an increasing need, and the numbers, while they are increasing, in fact, almost doubling in that 10-year time, that almost 100 per cent increase obviously is not enough to fill the need that we have.

Ms. Simard: — Mr. Minister, you may pat yourself on the back with respect to vacancy rates, but the fact of the matter is, is that we are far below the national average. A vacancy rate is irrelevant, Mr. Minister, if you haven't created the positions. All you're saying is that you're not creating positions to meet the demands. That's what you're saying, Mr. Minister.

And the fact of the matter is the statistics that we have is that the ratio is for Alberta 1:6,503 people, whereas in Saskatchewan, the ratio is 1 to every 13,416 people, Mr. Minister. And whether or not those figures are 100 per cent accurate, the point of the matter is, is that we are substantially above the national average, and that we have a substantial need for more speech and language therapists in the province.

And so you know, when you talk about vacancy rates, all it means is that you're not creating positions to meet the demands, because we still have an extreme shortage. And why do we have a shortage, Mr. Minister? We have a shortage because the benefit packages in other provinces are better than they are in Saskatchewan. That's one of the reasons we have a shortage, Mr. Minister. Now could you please tell us how many people were enrolled in this program last year and how many of them received bursaries?

Hon. Mr. McLeod: — We had four bursaries last year. In '87 and '88 all of the graduates returned to the province. Since 1980, most bursary recipients have returned to the province to practise; 22 out of 25 have returned to the province to practise. So that's a successful bursary program. There's no question about that. And it isn't always the case with bursaries in some other areas, that they do return to the province that has provided the bursary. So this is . . .

An Hon. Member: — How many last year, George?

Hon. Mr. McLeod: — Four.

Ms. Simard: — Were there four bursaries last year or four people enrolled, Mr. Minister, and two bursaries last year?

Hon. Mr. McLeod: — The number enrolled isn't really relevant because we don't teach it here. But the number of bursaries: two in speech language pathology and two in audiology, four bursaries in total.

Ms. Simard: — How many people applied for the program, Mr. Minister, last year?

Hon. Mr. McLeod: — We don't know the number, and I don't want to be held to this number and I'll try to find it and I'll send you the real one, but I'm informed that it may be in the area . . . as I said before, these are for masters programs, and some who go down to I think it's at Minot State is the closest where some of this training goes on, will go down for their bachelor level, and there's a belief that that's under bursary, and it is not.

The masters are under bursary and that's . . . but we think it's in the area of 6 to 8, somewhere in that area, that apply for the masters program and that's where the bursaries are provided. I don't want to be held to that number because I'm not absolutely sure and neither are our officials, but we will provide it to you.

Ms. Simard: — Well, Mr. Minister, you told the House that you pay for their education. And now you're telling me there're six to eight applied but you only gave four. So how do you reconcile those two statements?

Hon. Mr. McLeod: — And if you're going for a master's we'll pay for it. And there's six to eight, and I would say to you that if they're . . . I'm finding out that there are six to eight . . . That was an '89 number that I'm giving here and that's a recollection.

So all I will say to the member, we had four bursaries, and I'm looking at the numbers here, and it's an area that we'll probably increase the numbers of bursaries as time goes on. We'll probably increase the numbers of bursaries by one or two per year because we can now see the trend lines are here that our people are returning to the province. And they are returning to the province in good percentages. So that's a positive, a very positive thing.

Ms. Simard: — Mr. Minister, you told the House that you paid for their education, and you're now telling me that you are not paying for their education. You're only paying for four bursaries last year and you may increase it by two. And yet you had more applicants. So you're not paying for their education, are you, as you said?

Hon. Mr. McLeod: — We pay for the education under the present circumstance of four bursaries for the master's level. Because one applies it isn't automatic that they are eligible for the bursary. So we pay for the education for those four. And I'm saying to you here that we will look very carefully at whether or not we will pay for perhaps five or six.

Ms. Simard: — Well so you are admitting, Mr. Minister, that the most you pay for is five or six even if you had 100 applicants, even though you have 100 applicants. So you're not paying for their education as you told the House.

An Hon. Member: — We don't have a hundred applicants.

Ms. Simard: — That's in effect . . . Well, you're saying there's a limit on the number of bursaries regardless of the number of applicants that apply. That's what you're saying, Mr. Minister.

An Hon. Member: — Well what would you have there be? Don't you think there should be a limit?

Ms. Simard: — Now would you confirm . . . Well, you told the House that you pay for their education. That wasn't accurate. Mr. Minister, would you confirm that the Saskatchewan pay scale for speech language pathologists with a masters degree is 34,000 to 42,000, which is the lowest in all of western Canada. And will you also confirm that Alberta is currently paying such health care professionals signing bonuses of 10,000 to 15,000, Mr. Minister? Would you confirm that for us?

Hon. Mr. McLeod: — Well, just let's get this absolutely straight. When we say we're paying bursaries of masters level, we pay $7,300 per year per applicant. And you say, oh, the rates are low and so on. I say to you that since 1980, 22 out of 25 of the bursary recipients have come back to the province and they are coming back to the province because obviously they agree with the wage rates and so on. They might, like anyone else, like to have a higher wage rate, but that's not driving them away if they're coming back in those kinds of percentages.

And number two, and I should point this out to the member, in some years, over the period of time we've been offering these bursaries, some years we haven't had as many applications for that masters level bursary as we have had bursaries to offer. So it's in that area that some years there are more applications, some years there are less than the bursaries we have to offer.

Ms. Simard: — Mr. Minister, we're not talking about people not coming back, we're talking about recruiting more professional personnel. You indicated you couldn't recruit the personnel, like so many other specialists in this province. We have a shortage of personnel. We make the point that it's because other provinces have better benefit packages. And that's the fact, Mr. Minister.

You are having difficulty recruiting these therapists and it's because you're not competitive with salaries and with benefit packages. And just find out from Alberta. Do you know what the Alberta pay range is? Do you know what the Manitoba pay range is? Do you know what the Saskatchewan pay range is? If you want that information, Mr. Minister, I'll give it to you.

But Saskatchewan happens to be the lowest in western Canada. And Alberta is offering a benefit package of some 10 or $15,000, Mr. Minister, to new pathologists coming in, or therapists. And you're not meeting those standards. And our argument is is that your recruitment incentives

aren't adequate and that's one of the reasons for our shortages, Mr. Minister.

And we notice the same thing with respect to physical therapists and occupational therapists. And we have expressed concern with respect to the fact that you have been encouraging therapists who now work in hospitals to set up private shop. And there was a letter, as I understand, sent out to all physiotherapists, Mr. Minister — to all physiotherapists.

Now this is not good from the point of view of the hospitals because they want to keep these people on salary, Mr. Minister. They need more people in the hospitals on salary, more physiotherapists. But what you have been doing is encouraging them to leave their salary position and set up private offices. Now we don't have any trouble with private offices, but when you're taking from the hospitals, then there is a problem, Mr. Minister.

Now what measures are you taking today to recruit more physiotherapists, either within the program or from outside the program, to practise in Saskatchewan?

(2200)

Hon. Mr. McLeod: — Several issues to the hon. member, several issues that relates to this. What you would call the private clinics in the areas that we would offer the physiotherapists an opportunity to . . . to the hon. member. That we have offered private physiotherapy clinics in the regional hospital centres of North Battleford, Swift Current, Yorkton, and Prince Albert. And in those areas, and the idea behind it was that we wanted to encourage physiotherapy services in those areas of the regional hospital centres because of the relationship between physiotherapy services and some of the specialty services that go on in those hospitals.

I made the point earlier in the discussions of these estimates about Wascana Rehabilitation Centre and the building of the Wascana Rehabilitation Centre, because it is the kind of world class facility that it is, and that you need those kinds of facilities, and that becomes one of the attractions for being able to recruit professionals.

And I just want to point out to you that at the Wascana Rehabilitation Centre here in Regina there's been major work gone on in recruiting of both physiotherapists and occupational therapists to the point where I can report to you that they have successfully recruited 15 physiotherapists, new ones, and 22 occupational therapists, some of whom, because of some immigration problems and so on, will arrive here in . . . I see January 1991; but many of them are July 1990, August 1990, May 1990; so they are arriving just now as we are considering these estimates.

Twenty-two occupational therapists and 15 new physiotherapists at the Wascana Rehabilitation Centre, based on just what I had said to you before, that we need to have the facilities and we are proud of the facilities we've built in this city for southern Saskatchewan. And those facilities have attracted these kinds of professionals from other parts of the world. And in our own province we've increased the enrolment from 20 to 30 at the University of Saskatchewan, as you know. And that means 10 more graduates per year once that carries through.

There is a national and provincial shortage, and I've indicated that to you. We've been recruiting in England and in New Zealand and in Australia. Some of the recruitments, seven of the recruitments are new graduates who have graduated in Canada. They are Canadian graduates, one of whom had a Saskatchewan Health bursary I notice, in the seven that were Canadian.

So these are significant numbers, and this is exactly the point that we were trying to make before, is that we can recruit them when we put the facilities here that should have been here a good long time ago. They are now here because of the response taken by this government and these recruitments speak for themselves and we will have these professionals here in the province.

Ms. Simard: — Mr. Minister, how many of these professionals will be working in rural Saskatchewan?

Hon. Mr. McLeod: — All of the ones that I referred to here will be working at the Wascana Rehabilitation Centre. Now the other point that the member made earlier in the House and was making some comparisons to Alberta, and I believe that the hon. member used the number 180 and said there was 180. This goes back to a question period day once earlier where you said there were 180 physiotherapists operating here and some number like 800 in Alberta, I think, if I recall properly. The facts are that in Saskatchewan in 1989 there are 308 physiotherapists in Saskatchewan in 1989, not 180 as was suggested here before in another . . . same forum, another time.

Ms. Simard: — Well as usual the minister doesn't listen to what's being said. We said 180 pediatric therapy . . . Saskatchewan has 180 pediatric therapy . . . No, perhaps you are right, perhaps it is 180, Mr. Minister. I'm just reading this memo over. The registered physiotherapists, Alberta currently has 800. This information, Mr. Minister, was obtained from a professional association. And so are these registered physiotherapists or unregistered physiotherapists that you're talking about?

Hon. Mr. McLeod: — All registered.

Ms. Simard: — Okay, Mr. Minister. I want to move to the area of public health now, to the area of public health, because we're trying to wrap up these estimates. With respect to public health nurses, could you please tell us whether or not you've increased the complement of public health nurses in the province?

Hon. Mr. McLeod: — Same number as last year, 155.

Ms. Simard: — Which is down from 1983 by 171.5 in '83. Is that correct, Mr. Minister?

Hon. Mr. McLeod: — Yes there were in . . . I don't have '83; '85 there were 171.2; '86, 166.4; '87, 151.3; 1988-89, 156.3; 1989-90, 155; and this year '90-91, 155.

Ms. Simard: — Mr. Minister, with respect to public health nurses, we have made the point repeatedly in this legislature that there's a need for an expanded role for public health nurses, for a larger role for public health nurses in the preventative health area. The Murray commission makes that same point, Mr. Minister. The Murray commission talks about public health has been losing ground and there's room for an expanded role for public health through the public health nurse.

Now, Mr. Minister, do you adopt those recommendations of the Murray commission? And will we see you increasing the number of public health nurses in the province?

Hon. Mr. McLeod: — The Murray commission, as you rightly point out, has taken the recommendations of, well, many groups including the SRNA and others who have talked about an increasing role for community health programs, an increasing role for community health nurses. As I said to you earlier, about two days ago when we first started these estimates, that's an area of the Murray commission that is receiving significant consideration. I think that the short answer to your question is, yes you will see an increase in the number of public health nurses working in a community health area.

Ms. Simard: — Mr. Minister, with respect to public health inspectors and the number of positions, could you please tell us what the number of positions are of public health inspectors this year.

Hon. Mr. McLeod: — We have 44 this year, up from 43 last year, basically the same number, one more this year than last year. '88-89 there were 41.8; '87-88, 41.8; 43 last year, 44 this year — basically the same number.

Ms. Simard: — Mr. Minister, as I understand there has been a shortfall in the number of inspections being done due to cut-backs. Something like a 64.4 per cent decrease in the number of field visits, and a 31.1 per cent decrease in the number of formal inspections in the province as a whole, Mr. Minister. And I'm looking at questions or answers to questions that you supplied to us as a result of last year's estimates where we compared the number of inspections from '84 to '89, and they are down substantially, Mr. Minister, substantially: 2,946 in Swift Current in '84, 1,602 in '89; Moose Jaw, 5,698 in '84, 1,783; Prince Albert, 3,431 in '84, 953 in '89.

And what I gather from this information is that there are a lot fewer public health inspections taking place in the province, and I gather that that's occurring as a result of cut-backs to the staffing level in the number of public health inspectors over the years. Now this, of course, causes a great deal of concern because it would put public health safety in jeopardy, Mr. Minister, and I want to know what measures you're going to implement in the immediate future to make sure that public health inspections are increased and that safety of public health will not be jeopardized.

Hon. Mr. McLeod: — The number of inspections carried out is not necessarily an indicator of how this is done, and I'm informed that what is happening, not only here but across the country and across North America, is that there is more of, shall I say, more of a scientific approach to the way this is done.

Establishments are broken down into what are called high-risk establishments and low-risk establishments. High-risk being the obvious, I think, to all of us would be: eating establishments, swimming pools, follow-ups on communicable disease investigations, those kinds of things. The legislature, I don't think comes into there, the member from wherever. But in any case, inspections are done. And an establishment obviously could go into the high-risk level if it has had a poor level of performance, something like that.

That's not to say that there aren't random inspections that go on in other than the high-risk, and there are. So it's not an accurate measurement to read from the raw numbers of how many inspections actually took place in a particular region. And that's the case, I'm told, everywhere across North America, the way in which inspections are carried out in this health field now.

Ms. Simard: — Mr. Minister, are you having difficulty recruiting health inspectors or have you just not created the positions for them?

Hon. Mr. McLeod: — Okay. There's an ongoing demand, and particularly in the rural areas. We have a 4.8 per cent vacancy rate in '89 which is the lowest vacancy rate since 1985. We have three bursaries to be awarded in 1990 and they amount to about 4,000 per student a year.

I should say that as we talk about the health inspections, and I know that as we deal with the department there are also health inspectors in the two large cities employed by the city health units. So in the province there while I say there are 44 funded directly by Health, there are 62 active public health inspectors in the provinces, the others being in the two cities employed by the public health units of Saskatoon and Regina.

(2215)

Item 1 agreed to.

Items 2 to 35 inclusive agreed to.

Item 36 — Statutory.

Vote 32 agreed to.

Supplementary Estimates 1990
Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32

Items 1 and 2 agreed to.

Vote 32 agreed to.

Ms. Simard: — Thank you very much. Mr. Chair, I would like to thank the officials of the Department of Health for all the assistance they've given us in these estimates and incidentally for all the assistance they give us throughout the year, because I'm sure I'm one of the . . . I write more

letters than just about anybody else to the Department of Health asking for information. And I know that his officials put a lot of time in answering some of these questions, and I really do want to thank them for all the help that they give us throughout the year and the extra time that they've spent here tonight. Thank you.

Hon. Mr. McLeod: — I would like to send this report of the Saskatchewan heart health survey over to the health critic. It's a report that was released just today at a national conference in Saskatoon. It's very important work that's done here in Saskatchewan in a collaboration with the heart and stroke foundation, the University of Saskatchewan, Health, and the Government of Canada. And I want the member to have that.

And, Mr. Chairman, I would like to thank the officials of the Department of Health not only for their assistance here during the short time that we're in estimates but for the work that they do on behalf of the citizens of Saskatchewan throughout the year, and they do considerable work on behalf of all our citizens. And all of us know the importance of health to Saskatchewan, we see by the numbers here that the budget is very large. And thank you very much to all of them. So thank you, Mr. Chairman.

Some Hon. Members: Hear, hear!

The committee reported progress.

The Assembly adjourned at 10:20 p.m.