

The Assembly met at 2 p.m.

Prayers

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Mr. Pringle: — Thank you very much, Mr. Speaker. Mr. Speaker, it is my pleasure again today on behalf of my constituents to introduce another 2,398 signatures. The petition reads:

That the proposed relocation of the Saskatchewan liquor board store from its present location in the Market Mall to the new location on Eighth Street (in) Saskatoon is not in the public interest, and will prove to be an inconvenience for the residents of the area who have supported the store for many years.

Mr. Speaker, this totals 9,035 that I have been able to present the legislature, and I'll present more next week.

Some Hon. Members: Hear, hear!

PRESENTING REPORTS BY STANDING, SELECT AND SPECIAL COMMITTEES

Standing Committee on Communication

Clerk Assistant: — Mr. Speaker, as chairman of the Standing Committee on Communication, presents the fourth report of the said committee which is as follows:

The committee has considered the recommendations of the Public Documents Committee under The Archives Act, contained in retention disposal schedules comprising sessional paper number 120 of the fourth session of the 20th legislature as referred to the committee by the Assembly on March 21, 1990.

Your committee has also considered the 1986-87 report of the Legislative Library as referred to the committee by the Assembly on March 21, 1990.

Your committee recommends to the Assembly that the recommendations of the Public Documents Committee on schedules nos. 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, and 306 be accepted.

Your committee recommends that the Assembly adopt the 1986-87 report of the Saskatchewan Legislative Library.

Hon. Mr. Gerich: — Mr. Speaker, moved by myself and seconded by the member from Regina North East:

That the fourth report of the Standing Committee on Communication be now concurred in.

Motion agreed to.

NOTICES OF MOTIONS AND QUESTIONS

Mr. Prebble: — Thanks you very much, Mr. Speaker. Mr. Speaker, I give notice that I shall on Monday, June 11 next, move first reading of an Act to amend The Occupational Health and Safety Act.

INTRODUCTION OF GUESTS

Hon. Mr. Hodgins: — Thank you very much, Mr. Speaker. Mr. Speaker, this afternoon I would like to introduce to you and through you to all members of the legislature some very special guests with us this afternoon, Mr. Speaker, and they are located in your gallery.

You may know, Mr. Speaker, that this morning I released some information about the new Environmental Youth Corps program, specifically about the 80 college and university students who are working in 11 different agencies around the province this summer, undertaking various kinds of environmentally related projects.

And this afternoon, Mr. Speaker, we have a small sampling of this group. Some of them who work in or near the Regina area have joined me at the news conference this morning. I have invited them to the Assembly and, Mr. Speaker, these Environmental Youth Corps students are located in your gallery. I believe that they are a very distinctive group. You will take note of their T-shirts and their fluorescent orange ball caps which are right on the money for today's environment, and the logo "Green Keepers," I think is very appropriate.

Mr. Speaker, these students are undertaking very significant and important environmental-related projects around the province. I believe that all Saskatchewan residents are extremely proud of these young people. We're delighted that they have joined us here today. And I would like you, Mr. Speaker, and all members to join with me to invite these students who are very distinctively located in your gallery, complete with T-shirts and their green caps, and they can maybe just put those caps on for a moment. All right!

Some Hon. Members: Hear, hear!

Hon. Mr. Martin: — Thank you, Mr. Speaker. Yes, indeed they are very difficult to miss. I love the hats.

Mr. Speaker, it's my pleasure on behalf of my seat mate, Mr. Meiklejohn, the Minister of Education, to introduce some students from his area. These are 48 students plus 5 adults, Mr. Speaker, in your gallery, St. George School in Saskatoon. They are accompanied by two teachers, Cathy Reschny and Glenn Hunus, and three adults, chaperons Mrs. Witt, Mrs. Haluzan, and Mrs. Powrie.

I will have the opportunity to meet with them at 2:30 for pictures and drinks and a little discussion, and I hope you had a nice jaunt down here today, and enjoy your tour while you're here. I'll be talking to you later. Please welcome these students from St. George School in Saskatoon.

Some Hon. Members: Hear, hear!

Mr. Prebble: — Thank you very much, Mr. Speaker. Mr. Speaker, it's my pleasure to introduce to you, and through you to all members of the Assembly, 76 grade 6,7, and 8 students from Brunskill School in my constituency, Mr. Speaker. They're accompanied by three of their teachers, Morris Sulatyski, Ingrid Benning, and Bryce Smith. And, Mr. Speaker, they'll be taking a tour of the legislature following question period, and I'll then be meeting with them at 3 o'clock. I'm sure all members of the Assembly will want to join me in welcoming these students and their teachers to the Assembly. We wish them a very nice visit here, Mr. Speaker, and a safe trip home.

Hon. Members: Hear, hear!

Ms. Atkinson: — Thank you very much, Mr. Speaker. I want to join my colleague, the member from Saskatoon University, in welcoming the students from Brunskill elementary school in the city of Saskatoon. Many of the students at Brunskill School come from the constituency of Saskatoon Nutana, so I want to welcome some of my constituents to the legislature.

As well, I also want to welcome the teachers and chaperons. I believe that Bryce Smith was a former schoolmate of mine from Walter Murray Collegiate in Saskatoon and I want to especially welcome him to the legislature this afternoon. Thank you.

Hon. Members: Hear, hear!

Mr. Sauder: — Thank you, Mr. Speaker. On behalf of our colleague on this side of the House, the member from Biggar, I'd like to take this opportunity to introduce to you and to the other members of this Assembly 18 students from his constituency. They're grade 4 and 5 students from the Perdue School from Perdue, Saskatchewan. I believe they're up in the east gallery behind me here.

They're accompanied today by their teacher, Pam Gordon. And I don't know if it says something about the nature of these students, if they have that much energy or whatever, but they do have a full complement of chaperons as well: Marvin Kowalenko, Bruna Scharf, Pat Fischer, Fran Gorbenko, Lis Elian, Loretta Davies, and Valerie Anderson; and as well, their driver, Mr. Ron Cathcart.

I look forward to meeting with them afterwards for pictures and refreshments and a discussion about the proceedings of the afternoon. I trust they've had an informational and educational tour this afternoon, and I hope that they also find this session educational as they see democracy in action. Please help me welcome them on behalf of our colleague.

Hon. Members: Hear, hear!

Mr. Hagel: — Thank you very much, Mr. Speaker. It's my pleasure to introduce to you, Mr. Speaker, and through you to all members of the Assembly, 28 grades 9 and 12 students from Vanier Collegiate in Moose Jaw. They're seated in the east gallery, Mr. Speaker.

They're accompanied today by their instructor, Ruth

Schneider, and chaperon Lynn Andreoni. And I look forward to meeting with them following question period for pictures and refreshments and discussion of today's proceedings.

If I may make just a couple of observations about Vanier Collegiate, Mr. Speaker, it was my pleasure and the pleasure of the member from Moose Jaw South to attend, a week and a half ago, the Vanier graduation, and my pleasure to bring greetings to that, to the grads.

And I'd also like to bring to the attention of the members of the Assembly that Vanier Collegiate has started what I think is just a fine tradition. This year, for the second year in a row as part of the social studies program, about 25 of the grade 12 students at Vanier Collegiate, with the full co-operation and participation by the Canadian citizenship court, formally and officially engaged in a formal reaffirmation of their Canadian citizenship. I compliment Vanier on that tradition and hope it's one that will continue for many years to come.

Mr. Speaker, I ask all members of the Assembly to join me in welcoming these students and their instructor and chaperon here today. I hope the visit is pleasant, as well as the summer, for all of the students and for those who are graduating this year. Join me in wishing them that in their careers they will frequently enjoy the just rewards of their labours.

Hon. Members: Hear, hear!

ORAL QUESTIONS

Reduction in Saskatchewan's Credit Rating

Mr. Romanow: — Thank you very much, Mr. Speaker. Mr. Speaker, I have a question today, in the absence of the Premier, to the Deputy Premier.

Mr. Speaker, as you will know, for the third time in three weeks and for the second time in a little less than two weeks, a major rating agency has once again downgraded Saskatchewan's credit worthiness. This agency is one of the largest, if not the largest, from New York city. It's called Standard and Poor's. And it's lowered our rating, Mr. Speaker, from AA- to A, which means that we're now behind provinces like Manitoba and New Brunswick, which have A+, and barely above provinces like Newfoundland and Nova Scotia with an A-, which is, to put it mildly, a very serious condemnation of the state of fiscal affairs in Saskatchewan.

My question therefore, Mr. Speaker, to the Deputy Premier is this: in the light of this third serious negative report card on the mismanagement and the fiscal incapacity of the government opposite to manage the affairs sensibly, in the light of this report, what specifically is your game plan to recover the confidence of the business and economic community in the face of these damaging reports?

Some Hon. Members: Hear, hear!

Hon. Mrs. Smith: — Mr. Speaker, it is indeed true that Standard and Moody's has brought in its report and it has

gone from a AA- to A. However, Mr. Speaker, I would say to this Assembly that that in itself should be no surprise. And the Hon. Leader of the Opposition knows that oftentimes the four agencies that Saskatchewan has often dealt with are fairly consistent, not only in their analysis, but in the figures that they bring in, Mr. Speaker.

I can only tell the Assembly — and for the benefit of the Leader of the Opposition who has asked and taken, I believe, as a deep concern, and so he should, the debt level in this province — there's no simple answers to it, and he knows that too.

But I would also say, in order to address that, that one has to look at the analysis that was done and understand very clearly the causes, how we got there, and where we go in the future, Mr. Speaker.

Having said that, I think it's very clear what Standard and Moody's has said, and I say that in all honesty to the Leader of the Opposition. They have indicated, Mr. Speaker, that the economic weakness in this province is serious, for the most part due to the economic weakness in agriculture. We know where we are with agriculture in terms of Canada. That's our primary base.

The second factor to that has to do with the natural resources and the roller-coaster that those have been on for several years now, Mr. Speaker.

They also indicate that:

The financial pressures of rising debt service come at a time of reduced tax-raising flexibility, less generous federal transfers, and a commitment to serving key program needs like education, health, and social services.

Mr. Speaker, they also say, given the performance of the government, the efforts they've tried, the outlook for this province is indeed stable.

Some Hon. Members: Hear, hear!

Mr. Romanow: — Mr. Speaker, I have a new question to the Deputy Premier, and indeed, Mr. Speaker, I have here in front of me a copy of the rating of Standard and Poor's. It's not Standard and Moody's as the Deputy Premier knows. Standard and Poor's and Moody's are two different groups. And frankly, Mr. Speaker, the Deputy Premier's statements are inaccurate because Standard and Poor's says very simply, quote, and I'm reading from the report:

The rating change reflects an increasing tax-supported debt burden and little progress in containing large budgetary deficits.

“Little progress in containing large budgetary deficits.” That's exactly what the report says.

Now, Mr. Speaker, basically New York doesn't believe what the minister has said. New York says this government has had no progress . . . sorry, “little progress in containing large budgetary deficits.” My question therefore to the Deputy Premier is: in the view of this

condemnation — these are the words of Standard and Poor's, and not me — in the view of this condemnation and this assessment, can we expect, Madam Minister, that misplaced spending priorities of this government, such as Cargill, which are likely to result in even a higher debt, are going to be reversed immediately by this government? And furthermore, can we expect the government to announce immediately a well-thought-out, clear and concise economic game plan to restore investor confidence in the province of Saskatchewan?

Some Hon. Members: Hear, hear!

Hon. Mrs. Smith: — Mr. Speaker, when the agency did its analysis, they were aware of first of all the thrust on economic development and diversification; the need, Mr. Speaker, to take our raw resources and have the ability and the skills to in fact produce them at home as opposed to shipping jobs down the pipeline wherever they go — south or east, Mr. Speaker. They knew that. They knew that.

They also indicate in the analysis, if he and I are reading off of the same copy, that in fact this government indeed has made an effort to ensure that investment other than government investment is coming into its resources, Mr. Speaker. That's a plus for the people of Saskatchewan; that indeed is recognized.

To put, Mr. Speaker, a different interpretation on what the Leader of the Opposition — and I will repeat it once again: this government has shown a commitment to serving key program needs in education, health and social services.

Now we all know in this Assembly that that's where the majority of the expenditures go. If the member wants to see less money into education and health, let him stand up in an honest way and say that instead of coming through the back door.

Some Hon. Members: Hear, hear!

The Speaker: — I'm going to take this opportunity to ask hon. members to attempt to shorten their questions and responses — order, order — shortened questions and answers. Now hon. members get excited; it applies to both sides.

Mr. Romanow: — Thank you, Mr. Speaker. I'll try to be as short as I can, but as you'll appreciate, a background statement is required in the face of the importance of the question.

And I want to say, Mr. Speaker, as a new question to the Deputy Premier, that when she says that one of the largest expenditures is in the areas that she's described, she overlooks to tell the people of the province of Saskatchewan that the third highest annual expenditure is servicing the interest charges on the debt that she and her government has created in the province of Saskatchewan.

Some Hon. Members: Hear, hear!

Mr. Romanow: — And here is my preface to my question,

Mr. Speaker. She overlooks to tell the legislature that this Standard and Poor's report says that "expenditure overruns in fiscal 1990 (get these words, Mr. Speaker), expenditure overruns in fiscal 1990 reversed the trend in deficit reduction."

Mr. Speaker, in the light of the statements which say that there has been a reversal of deficit reduction, in the light of the statements which say that there has been fiscal mismanagement, my question remains unanswered and will you please answer it? What precisely is this government's game plan to restore investor confidence and to demonstrate to the people of Saskatchewan that this mountain of debt that you have created isn't going to crush us in future generations? What's your game plan?

Some Hon. Members: Hear, hear!

Hon. Mrs. Smith: — Mr. Speaker, our economy will continue to be dependent on the primary sector activities, that being our natural resources and agriculture. Agriculture has had some difficult times. Standard and Poor's recognize this. Given the state of our agricultural situation in this province, it in fact along with our commitment to education and health and diversification, has led us to where we are today.

Mr. Speaker, if the Leader of the Opposition does not like the commitment that has the large expenditure areas like education, health, and social services, then let him be honest, stand up and say so.

Mr. Speaker, we have said that those are priority areas for the well-being of our communities and our people. Our other priority area is economic development and diversification, and we will continue with that, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Romanow: — Thank you, Mr. Speaker. I have a new question to the Deputy Premier, and I want to say, Mr. Speaker, that the commitment of this side to education and health is as strong, I would say stronger than that of the government. There's no doubt about that.

Some Hon. Members: Hear, hear!

Mr. Romanow: — But I want to tell you, Mr. Speaker, and tell the Deputy Premier that where we do not have a commitment is we do not have a commitment to the financing of GigaText and Weyerhaeuser and Pocklington and Cargill, all at big expenses and taxpayers. That's the commitment we don't share with the government opposite.

Some Hon. Members: Hear, hear!

Mr. Romanow: — And we don't have a commitment of funding all of the defeated and resigned PC ministers and fancy offices in Hong Kong and Minneapolis either, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Romanow: — Now, Mr. Speaker, my question to the

Deputy Premier is this: in light of the fact that because of this profligate waste and mismanagement that I've identified, in light of the fact that this Standard and Poor's report says, quote, these are the exact words, "The debt burden is among the highest of the Canadian provinces." — in the light of that fact, I say to the Deputy Premier, you owe it to the people of the province of Saskatchewan to give us more than political speeches. We want a specific economic game plan to show us how you're going to get us out of this mess you created. Or if you don't have a game plan, at least tell your Premier to have the courage of calling a general election so that somebody can do the job.

Some Hon. Members: Hear, hear!

Hon. Mrs. Smith: — You can't have it both ways. Today you can't stand in this House and you can't talk about the debt of Saskatchewan and three hours later come in and talk about more expenditures. You can't have it both ways. And on that point you lose your credibility, that portion of it if you had any, my friend.

Some Hon. Members: Hear, hear!

Hon. Mrs. Smith: — Mr. Speaker, let me read the whole story. One sentence. He had the latter part of the sentence. And I quote:

The mainstays of the provincial economy — agriculture and mining — have endured cyclical production declines and low commodity prices in recent years, producing a more volatile economic growth than in any other Canadian provinces.

Mr. Speaker, we have had to deal with this. We have had to cope with it, at the same time maintaining health, education, and trying to diversify from agriculture and the production of raw resources, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Romanow: — Mr. Speaker, I have a new question to the Deputy Premier. And I want to say, Mr. Speaker, as a preface, the Deputy Premier's answers fail to address the question that I put to her and to the government. We can have it both ways. We don't share your priorities for spending money for Cargills and for Weyerhaeusers.

Some Hon. Members: Hear, hear!

Mr. Romanow: — You, Madam Deputy Premier, and the members of the front bench, if you'd change your priorities from privatization at losses of \$442 million and give away to the Cargills and put them into education and health, you would have programs and debt reduction, but you're not doing it. And my question . . .

Some Hon. Members: Hear, hear!

Mr. Romanow: — And my question to you, Madam Deputy Premier, is this: in view of the fact that the Canadian Bond Rating Service, in view of the fact that the Canadian Bond Rating Service — this a fourth one, separate one — has given the city of Regina AA+ rating, has given the city of Saskatoon AAA rating, that the cities

of Regina and Saskatoon have a higher credit rating than the province of Saskatchewan, isn't that troublesome to you, if not embarrassing? And if it's not troublesome and embarrassing, what in the world are you doing in charge of the front benches? And how about getting the province's credit rating at least up to the standard of Regina and Saskatoon. You owe that to the people and the future of this province.

Some Hon. Members: Hear, hear!

Hon. Mrs. Smith: — I'll tell you what was owed to the people of this province a long, long time ago and that was the issue of diversification. How a province became so reliant on the primary base of that sector and sent it all out of the province for any kind of value-added job creation, revenues, building up communities, the building of towns and cities in Saskatchewan is beyond me, except when I look at socialism and the building of borders and keeping it all tucked within, Mr. Speaker. That's what's beyond. Mr. Speaker, the leader . . .

The Speaker: — Order, order.

Hon. Mrs. Smith: — There's only one way that the leader thinks he can have it both ways, Mr. Speaker, and what an interesting statement — that he can have it both ways. What are the alternatives with that? Raise taxes? Stand up and say so. Where? To whom? By how much? No diversification, no support of agriculture and cut back on education and health. That's how he's going to have it both ways, Mr. Speaker. Now think about that.

Some Hon. Members: Hear, hear!

Mr. Romanow: — Mr. Speaker, this is depressing. This is depressing and discouraging for the people of the province of Saskatchewan, this answer is. And, Mr. Speaker, I have a new question for the Deputy Premier, which will be my last question in this area. Mr. Speaker, I urge the Deputy Premier to try to raise the level of the answer somewhat.

In the face of the fact that Standard and Poor's says, Mr. Speaker, that the tax supported debt — the tax supported debt. I ask the Deputy Premier to pay note of this. Standard and Poor's says the tax supported debt has increased to 49 per cent of the gross domestic product and the debt burden is among the highest of the Canadian provinces — 49 per cent, Mr. Speaker, from nothing — from nothing in five to six years.

My question to the Deputy Premier is: is your answer simply to blame everything and everybody else? You've been in government for eight years. Is that the best that the Deputy Premier and the government can do is to blame the fact that it hasn't rained, blame the NDP, blame the Liberals, blame everybody else? Surely to goodness, you're in office and it is your responsibility. And other governments have had these problems in the past, and we've managed and we haven't racked up this kind of a debt. Surely you can do better than that. Stand up and tell us the specific game plan, or resign and call an election and get somebody to do the job.

Some Hon. Members: Hear, hear!

Hon. Mrs. Smith: — He's right. It's amongst the highest.

The Speaker: — Order, order. I ask hon. members to allow the Deputy Premier to continue. Give her the opportunity.

Hon. Mrs. Smith: — The Leader of the Opposition is right, that it's amongst the highest, among the highest. What they will not recognize, for whatever reason, is that Saskatchewan's problems are among the highest. Now, Mr. Speaker, in order to address some of those problems, first of all the serious decline in the farm income, there has been substantial support given to the agriculture community. It is a primary base of this economy, Mr. Speaker. It needs that support going through what it's going through. We will continue that.

Now that's obviously going to put some added pressures on government for greater efficiencies to scrutinize how it's going to be doing things. And, Mr. Speaker, we have made that commitment and in fact are doing that, but it's difficult. And to say anything else is to be unrealistic and not honest about it. It is difficult, Mr. Speaker.

We will continue to support agriculture. We will maintain that education and health support while at the same time, Mr. Speaker, we will continue to look at economic diversification, because if this province is ever going to get out of debt, it is going to be through diversification of its economy, Mr. Speaker.

Some Hon. Members: Hear, hear!

Agreement with Cargill

Mr. Lingenfelter: — Mr. Speaker, I have a question to the minister responsible for the Crown Management Board. And in light of the fact that a number of bond rating companies have lowered Saskatchewan's credit rating, three within the last couple of weeks, can the minister inform the House whether or not it's the intention of this government to bring forward a Bill to this Assembly to be debated that would guarantee and give legislative authority to the 305 million loan guarantee for Cargill fertilizer for the plant they're building at Belle Plaine.

In light of the debt and the problems that you people have incurred, are you intending to bring forward a Bill that would allow for that kind of a loan guarantee? Can you tell us that?

Some Hon. Members: Hear, hear!

Hon. Mr. Schmidt: — Mr. Speaker, with respect to the Saskatchewan Fertilizer Company and its project at Belle Plaine, Saskatchewan, it is common knowledge in this province that is a joint venture between the Government of Saskatchewan, 49 per cent; and Cargill Grain, 49 per cent or 50 per cent; and 1 per cent in escrow. That's common knowledge.

And it is common knowledge that that Saskatchewan Fertilizer Company joint venture will have a loan guarantee. There is no legal necessity for legislation. We are already discussing the matter in the legislature today,

so there is no need to pass a Bill that is not required. As for discussing it in the legislature, that's what we are doing today.

Some Hon. Members: Hear, hear!

Mr. Lingenfelter: — Mr. Speaker, a new question to the minister. I guess maybe it shouldn't come as a surprise to the people of the province that this government would try to hide the details of the loan guarantee.

But what I want to say, Mr. Minister, this is the first time that you've gone this far to hide the deal, and shows how out of touch you are with the people of the province.

Back in 1985 when you were guaranteeing the loan for NewGrade, you brought a Bill into the Assembly that dealt with the loan guarantee. And again in 1986 when Weyerhaeuser was being given a sweetheart deal, you brought in a Bill.

Isn't it true, Mr. Minister, the only reason you're not bringing a Bill before this Assembly to be debated is because this is even a worse example of a mismanagement than the Weyerhaeuser deal and that sweetheart deal? Why don't you bring the Bill forward so we can deal with it?

Some Hon. Members: Hear, hear!

Hon. Mr. Schmidt: — Well, Mr. Speaker, what we're down to here is that the NDP bought potash mines and they owned 100 per cent. And their complaint is that in this case, in the Saskatchewan Fertilizer Company, we only own 49 per cent. And that is quite a clear difference in that we believe we have to do joint ventures but we do not believe that there should be total government ownership. In this case, there's a partnership between the Government of Saskatchewan and a corporation that knows how to manufacture and market fertilizer.

And so if we are criticized for only owning 49 per cent, I accept that criticism, Mr. Speaker. But we will build a fertilizer plant in this province, something we have never had before, as we built the paper plant which we never had before; as former premier Thatcher built a pulp mill which we never had before, as he built potash mines as we never had before. And we will not buy holes in the ground but we will build on the ground plants that you can see — plants that will produce.

Some Hon. Members: Hear, hear!

Government Tendering Process

Mr. Hagel: — Mr. Speaker, I direct my question to the minister responsible for the Crown investment corporation. Mr. Minister, you will be aware that the Cargill fertilizer plant has let contract for steel buildings. And a steel buildings' contract, Mr. Minister, was let to ATCO steel buildings of Calgary, Alberta.

You will also be aware, Mr. Minister, that one of ATCO's main competitors is a firm in Moose Jaw, Saskatchewan called Fairford Steel Buildings; a Moose Jaw firm, Mr. Minister, that was not even invited — not even invited —

to submit tender on the bid for steel buildings.

And, Mr. Minister, we've heard about your fiscal management here today and we've heard about your priority for jobs. And you have constantly attempted to justify the Cargill fertilizer plant for jobs in Saskatchewan, especially in Moose Jaw.

And I ask you, Mr. Minister, I ask you: when a Moose Jaw, a long-standing Moose Jaw, Saskatchewan firm with a good reputation is not even permitted to submit tender for steel buildings, it's hard to imagine where the jobs for Moose Jaw are going to go. And I ask you to justify, Mr. Minister, will you justify this policy, this practice of lack of fair tendering? And how do you justify squeezing out a long-standing Moose Jaw, Saskatchewan firm when it comes to giving some action and employment to the people of the province of Saskatchewan?

Some Hon. Members: Hear, hear!

Hon. Mr. Schmidt: — Mr. Speaker, why doesn't the member from Moose Jaw just stand up and say cancel the whole project; we don't want the jobs in Moose Jaw; go have those jobs in the United States; have those jobs in Alberta; we don't want them in Moose Jaw. What kind of a hypocritical behaviour is that? You may want us to interfere with contracts due . . .

The Speaker: — Order, order. There was considerable interruption, and I'm going to give the hon. minister an opportunity to close his remarks if he wants to. I'm going to give him that opportunity.

Hon. Mr. Schmidt: — What I said, Mr. Speaker, was this: if the member from Moose Jaw wants to cancel this project he should stand up and say so.

Some Hon. Members: Hear, hear!

The Speaker: — Order, order. Tomorrow is another opportunity. Order. Question period is over.

INTRODUCTION OF BILLS

Bill No. 39 — An Act respecting Summary Offences Procedure and Certain consequential amendments resulting from the enactment of this Act

Hon. Mr. Hodgins: — Mr. Speaker, I move first reading of a Bill respecting Summary Offences Procedure and certain consequential amendments resulting from the enactment of this Act.

Motion agreed to and the Bill ordered to be read a second time at the next sitting.

Bill No. 40 — An Act to amend The Dangerous Goods Transportation Act

Hon. Mr. Petersen: — Mr. Speaker, I give notice that I am about to move first reading of a Bill to amend The Dangerous Goods Transportation Act.

Motion agreed to and the Bill ordered to be read a second time at the next sitting.

Bill No. 41 — An Act to amend The Highway Traffic Act

Hon. Mr. Petersen: — Mr. Speaker, I move first reading of a Bill to amend The Highway Traffic Act.

Motion agreed to and the Bill ordered to be read a second time at the next sitting.

ORDERS OF THE DAY**GOVERNMENT ORDERS****COMMITTEE OF FINANCE**

**Consolidated Fund Budgetary Expenditure
Health
Ordinary Expenditure — Vote 32**

Item 1 (continued)

Ms. Simard: — Thank you very much, Mr. Chair. Mr. Minister, you will recall last year we'd asked for a community clinic study to be tabled in the House and it was only after a number of requests that we finally received a copy of the community clinic study.

And in that study, some of the major findings were that in both Prince Albert and Saskatoon, community clinic patients in effect used fewer medical services and they had fewer hospital days stay than the private practice patients. The P.A. Community Clinic, for example, some of the statistics coming out of this particular report, had 23 per cent fewer in-patient days and 10 per cent fewer separations. And their average length of stay was 15 per cent shorter. And the Saskatoon community clinic patients had 31 per cent fewer in-patient days, 24 per cent fewer separations, and their average length of stay was 9 per cent shorter than that of private practice patients.

(1445)

The study showed that an analysis of the Saskatchewan prescription drug plan utilization revealed that the P.A. Community Clinic patients had 8 per cent fewer prescriptions, and Saskatoon community clinic patients had 21 per cent fewer prescriptions than their private practice counterparts.

Well, Mr. Minister, I note that he's talking to his officials. Mr. Minister, in the Murray commission report there is a recommendation that the four existing community clinics be legitimized in legislation. There's a further recommendation that community health centres or medical centres should be encouraged and established across the province. This recommendation is for a capitation system with physician-headed medical health centres, as opposed to community developed and community-controlled centres.

Now I also want to point that the initial evidence coming out of the Ontario experiment, where they have experimented with community health centres that are community controlled and community developed and also with physician-headed health centres that operate on a capitation basis, that the community owned and

developed health centres have a broader range of services. In other words, the dollars saved go back into other programs.

And I just want to make the point that the community-controlled, non-profit health centre has not been promoted in particular by the Murray report, other than to legitimize the four that are already there. It appears to be recommending physician-headed health centres in spite of the fact it has talked about a consumer-controlled system. And I think that's an important thing to note.

In fact — and I'm not sure that this was intended by the commission, but it could be a result of the some of the recommendations here — the present community clinics, it appears, will have to be physician-headed under the recommendations of the Murray report. In particular, I might just refer to that. It says that the medical services centres would be headed by physicians and put under the control of physicians.

Now my question to the minister is . . . there are a number of questions in this area. First of all, is the minister intending to encourage this model of — let's not get into, at this point, whether it should be community controlled or physician-headed — but is the minister intending to encourage the development of community health centres or medical health centres, or name it what you like, across the province. Because clearly the evidence from the community clinic study that was tabled shows that there is a cost saving with this service, and that the quality of services are every bit as good.

The Murray commission also appears to be endorsing the general concept that there is a cost saving with this type of service. So I'm wondering if the minister is going to be encouraging the development of this type of program across the province.

Hon. Mr. McLeod: — Mr. Chairman, the member has quite rightly portrayed the discussion that has gone on between the commission and its receiving of recommendations or briefs across the province — and there were many of those and some were presented by the community clinics as they now exist in the province. The short answer to your question is yes. And I can just say that all of the provinces in Canada, and I can say to you that this has been a subject of discussion among Health ministers of Canada over the last several years in terms of the alternate systems — the alternate payment systems, alternate delivery systems, all of that.

As you will know, we have had the combination in Saskatchewan for a number of years, but the number of community clinics has remained . . . community clinics in the classic sense that we know them here now, has remained fairly static really for a good number of years.

But the short answer, as I say, is that yes, we are willing to and will be willing over time, after looking carefully at the Murray commission recommendations and some of the debate that will surround those recommendations, we will be willing in this department to look at some of this — how can I call it — more pluralistic payment systems in the province.

Ms. Simard: — Mr. Minister, the Murray commission report makes a distinction between community-controlled health centres and physician-headed health centres. Is the minister aware that in Ontario the . . . I don't believe that there is a study that has formally been done on it, but the initial reaction from the Ontario experiment is that the community-controlled health centres have a broader range of services than the physician-headed health centres. Is the minister aware of that study? And will the minister be emphasizing the community-controlled health centres in Saskatchewan as opposed to the physician-headed ones?

Hon. Mr. McLeod: — Yes I am aware of what has been happening in Ontario, what has been suggested in Ontario, as it relates to these community systems.

That's what I was referring to really, one of the specifics I was referring to when I said that the ministers of Health in Canada have discussed this in recent years. The Minister of Health in Ontario, the present minister, has been an advocate of some of these forums and has given us, I think, a rather brief report really to the other ministers.

But as it relates to our province, we'll be open to discussion of these kinds of new systems and so on, as the time goes on.

There's no question that that whole debate about the nature of the clinics and the nature of the delivery systems, that will be accelerated across the country, and Saskatchewan will be no exception to that.

Ms. Simard: — Mr. Minister, will you be reducing legislation to clarify and affirm the legal and funding status of the present community clinics in the province?

Hon. Mr. McLeod: — Just let me clarify. Is your question based on the one recommendation in the commission report 4.3, I think it is, where it suggests that there would need to be legislation to set in place these alternate forms of delivery?

There's no question, if we came to the stage of having various . . . these other forms in place, there would need to be a legislative framework for that. But as far as right now saying that, yes, we have legislation, you know, contemplated for this session or next, we do not. But we obviously know that as — and in going back to my earlier answer to you — as we accelerate this discussion of alternate delivery systems, there would need to be a legislative framework developed for those to take place.

Now your question, I think, was specifically about: would we be putting in legislation to reaffirm the place in the system that we now have of the community clinics as we now know them? There is no need for that. I mean, their operation in the province is under a legislative framework now and there is no problem for them to operate as they're now constituted.

Ms. Simard: — As I read the Murray recommendation 4.1(b)(iii), they are recommending "the clarification and affirmation of the legal and funding status of the four

existing community clinics."

Because as I understand today, Mr. Minister, they receive their funding on a month-to-month basis and it becomes almost impossible for them to do real long-term planning, and that is one of the complaints that was raised to the commission. They also suggested that there was a desire to clarify their legal and funding status through legislation.

Now is the minister prepared to do that and abide by the Murray recommendation in this regard?

Hon. Mr. McLeod: — Well I'm aware of the concern that's been raised, but I want people to be clear that the community clinics now, while they receive their money and their payments on a monthly basis, they receive a budget, an annual budgetary amount which is no different that the format that's in place for hospitals and other third parties that receive money from the Department of Health. So that's been the structure for a good long time and that hasn't changed recently.

So that's why I say there's no need for a legislative framework if they were to deal with this delivery mechanism as it is now constituted. But there's no question that if we get into the discussion about some of what is being contemplated in Ontario now and that other provinces are looking at and that as that accelerates, that whole discussion about various formats, various formats of delivery of health care, then there would be a legislative framework needed. And I believe that's what the commission . . . I mean, my interpretation is that that's what the commission meant by that recommendation.

Ms. Simard: — Now the commission recommendations, Mr. Minister, also seem to indicate that medical services centres, of which I would assume the community clinics would fall into that definition, should be headed by physicians. Now you know that the present community clinics are headed by the community; they are owned by a community group and run by the community.

Now I'm not sure that that is what was intended by the Murray commission. And I'm wondering whether the minister knows whether that is what was intended by the Murray commission; and if it was, whether he adopts that recommendation.

Hon. Mr. McLeod: — Well while the clinics, as they're now set up in the province, are owned by community groups, they each have a medical director. Right? And that's one of the requirements, as I understand it, and they have a medical director and they carry on. So I'm not sure if I understand what . . .

Ms. Simard: — They're managed by the community.

Hon. Mr. McLeod: — And yes, they're managed by the community. And the commission, I think, is really silent on that, although they talk about physician headed, and I'm not sure what that means. Physician headed, whether it's . . . to me a medical director can be physician headed if they have a medical director. I mean, physician headed doesn't necessarily mean that the physician must own the clinic, for example. At least that's not what my

interpretation would be, and I don't think that's what was intended although commissioners would have to say what they intended. But I'm sure that it's . . . physician headed means if there's a medical director who is qualified, then that would be fine.

(1500)

Ms. Simard: — Mr. Minister, then the point I wish to make is that although we do have to experiment with different models of payment for physicians and different models of delivery of health care services, we on this side of the House have a strong preference for community-developed, community-managed, community-controlled health care centres.

Obviously there has to be a doctor on staff in an advisory capacity and otherwise, but there are the two models in Ontario, as I have pointed out, and one appears to be more effective than the other. And the study that we have in Saskatchewan here clearly indicates that our community-controlled health care clinics have been very successful and have saved the province a lot of money with respect to the delivery of health care.

Mr. Minister, I want to get a bit into the topic of home care at this point. Now in virtually every discussion that we have of long-term care, home care, Mr. Minister, is mentioned as a remarkable success and deserving of added support and expansion. And the cost-effectiveness of home care, of the home care program, simply cannot be disputed, Mr. Minister.

For example, in 1988 I think it cost approximately \$460 per day to stay in University Hospital, and on average \$228 per day in a community hospital. And the total government subsidy for one person in a special care home is in excess of \$30,000 per year or around 2,500 per month. And home care's average cost per client per year is around \$1,600 or 2,200. In other words, \$4 to \$6 per day. So it becomes very clear when one takes a look at the cost of home care versus the cost of institutionalized care, Mr. Minister, that home care programs can save the province millions of dollars in health care expenditures, Mr. Minister — millions of dollars. And yet it is a very small part of the provincial budget.

Now I noticed that the Murray commission has recognized the very valuable role that home care can play with respect to improving the quality of health care for older people, because older people want to stay in their homes. Mr. Minister, when you're 85 years old or 80 years old, I'm sure you would much rather be at home with supportive friends, a supportive family, with professional people from the home care program coming out to help you, than you would then being in a little room six by nine, with about as many belongings as you can put into one small suitcase, Mr. Minister.

I'm sure, Mr. Minister, that you would much rather be at home. And I think that's the way every person in this Legislative Assembly would respond. If I asked the people in this room to stand up and when I ask them whether they wanted to be in an institution or whether they preferred to remain at home, most people would stand up to remain at home as long as they possibly could. And that's the

reason for the home care program. And the Murray commission has recognized that and we've raised this in this House many, many times.

Now I note from a newspaper article, that the member from Assiniboia-Gravelbourg has also recognized the very valuable contribution that home care plays in our health care system. And he has talked about it in an article from the *Leader-Post*, March 27, where the associate minister says that "institutionalization should be a last option . . ." And that we should be moving to more "home-care options."

So the associate minister has recognized that. Well, I want to make a point in this regard, Mr. Chair. The fact of the matter is, is the New Democratic Party recognized this prior to 1982. And the members on the opposite side travelled throughout rural Saskatchewan saying, oh they're not building any more nursing homes, those New Democrats, they're bad people. But what they weren't doing was saying that what the New Democratic government was going to do was put substantial emphasis into the home care program.

Now eight years later, the PCs have finally recognized that home care is a real option to institutionalized care. They finally recognize that, Mr. Chair. And the Murray commission of course has recognized that. We have talked about it numerous times in this legislature, Mr. Chair, numerous times.

I might say although I'm very pleased to see the Murray commission's recommendations on home care, it is not something that we needed a \$2 million study on, because these comments have been made on the floor of this House numerous times and they've been made numerous times by the public.

Now with respect to the recommendations of the Murray commission, expanding home care to a full range of services: nursing, home support, rehabilitation, physio, OT (occupational therapy), administration of medication, and health counselling — these are very, very good proposals. It's proposing to take home care and make it into a highly integrated service with a number of different health care services available through the home care program, which is the direction we have been saying for at least the last two estimates since I have been Health critic, that we should be moving towards a primary health care base. I've said that repeatedly in this House.

We've talked about expanding those services out there. I'm now in that fashion. I'm now pleased to see those recommendations here. And I want to know, is the minister going to do this now? Is he going to take the necessary steps to improve on the primary health care, the delivery of primary health care in rural Saskatchewan and in urban Saskatchewan, through our home care program for example?

Hon. Mr. McLeod: — Mr. Chairman, for the most part, the hon. member's comments are valid and appreciated by those who work in the health care sector because they deal with the importance of the home care system and the importance of that system to redirect, to the extent that is possible and at the speed that is possible, the people from

institutionalization. And as you quoted my colleague, the Associate Minister, as having stated clearly that an institutionalization, whether it be in a long-term care centre or in a hospital, is always the last resort and should be considered that by everyone. And that's the philosophy of home care.

But let's just . . . to talk about it here, now we're eight or nine years away from the time of the change of government and so on. There's no question that home care has been advocated by our government, has been funded by our government, and continues to be. Since 1981-82, and of various budgets that have come down through some very difficult times as you will know, in some of the other sectors, we've had 128, almost 129 per cent increase in what is spent on home care, over that decade.

So there's no question the commitment's there. We're pleased to hear that the emphasis that you place on it, as well as the critic. In this year's budget estimates that we're dealing with right now, we have an increase in home care of 9.5 per cent. In last year's budget we had an increase of 14 per cent.

Many people in the home care sector . . . and they have said that they are happy with the way in which the budget is going. Obviously people in the home care sector would like to see it move a little more quickly and as I've characterized this in the House before, is a very large sort of ship that we have to turn around in the Health care system, very large and complex system as you know. And as we try to get it turned around, it will be slow. And it is going more slowly than some would like, but there is no question there is a definite movement on towards that turn.

As it relates to the nursing home beds and so on, while we talk about home care, we cannot say just outright that there is no room in the system for institutionalization because there is, and I think you will agree with that.

And so, I guess the only thing I would take issue with is the way in which you describe what happened when you introduced home care and had a moratorium for a number of years prior to the introduction of home care — four years prior as a matter of fact — four full years of saying there will be no nursing home beds built across the rural of this province because we've got this new system coming.

And in the process . . . and the introduction of home care was not enough to be able to alleviate the tremendous problem that was out there and so we have increased home care as I've indicated here by more than a 128 per cent over this time of being in office. We have also built a great number of nursing home beds, needed nursing home beds in various parts of rural Saskatchewan.

Ms. Simard: — Mr. Minister, home care has remained a very small portion of your budget, a very small portion, something like 2 per cent or less over the years — '84, 1.8; '85, 1.7; '86, 1.8 — a very, very small proportion. And to suggest that the home care people are pleased generally with what you're doing is not accurate, Mr. Minister. It's not accurate.

I have an article here with respect to March 30, 1990 where Saskatchewan home care received a "disappointing 9.5 per cent increase to a drop of three and a half per cent from last year's budget," says the assistant executive director of the Saskatoon home care branch, for example.

And I want to refer the minister to a letter that I know he received on May 1 of this year, of 1990, from an individual who has worked in the home care system through a number of years. And this individual makes some very interesting points that I want to bring to the minister's attention and get his opinion on it.

He says that he is a champion of home care and knowledgeable on the subject, and his first concern is, quote: "What is happening to the home care program?" He says that he feels that it is becoming a rubber stamp for the continuing care bureaucracy.

Now I understand, Mr. Minister, that this individual has not received a reply to this correspondence. Now I don't know if that's accurate, but that's my understanding. This letter's dated May 1.

He indicates that in the beginning, in the beginning home care was a preventative service to fill the gap for people before they entered special care and to let them live independently at home. Now that's in the beginning; that's when it was established under the New Democratic government.

Now the focus is on heavier care to replace special care to facilitate earlier hospital discharge, and a gap is being created again. He criticizes in this letter the audit process in the Department of Health through continuing care. And he indicates that during audits, districts are being told they can no longer provide preventative service, such as routine once or twice monthly blood pressure monitoring. Therefore, we are creating a gap in service and putting the pressure back onto the doctors. And it's causing doctors to become very upset at home care districts.

He goes on to say that many districts, including ours, are facing financial difficulties. And the funding that we received is based on needs from two years previously because of the budgeting process, which works within government itself. He says they prepare the budgets on what they spent the last two years, not on what they need for that particular year.

And he goes on to say that although in the last two years home care has received 7 per cent and 10 per cent increases in funding — all this injection of funds — all this injection of funds does is cover wage increases to staff and in some instances does not even do that. It does not allow for any increase in service levels. And with the popularity of home care, districts are having to turn potential clients away.

He indicates that this year, as well as the past few years, we are receiving one-twelfth of the previous year's funding until The Appropriation Bill is passed. And he goes on, and he expresses it quite at length some of his

concerns with respect to audits and so.

But, Mr. Minister, this letter, and I'm sure that you have read it, does not speak well for what is happening in the home care area. It appears upon reading it that it is a letter written by an individual who feels that home care is under funded in the province, is grossly under funded, that it's being called to cut back on services, preventative health care services such as blood pressure monitoring, in order to meet the expenses. Yes, there have been increases, but they haven't kept up with the demand that's out there, Mr. Minister. Now the Murray commission report talks about expanding the mandate of home care, expanding the role of home care to go more into the preventative health care.

And, Mr. Minister, we talked at length in this legislature in speeches and other estimates about the need for health promotion, about the need for preventative health. The minister has a hundreds of thousands of dollars advertising campaign which is health promotion, and yet home care workers are telling us, as this gentleman has in his correspondence, that because of underfunding of the home care program they are having to cut back on preventative health services in some districts.

(1515)

Now this is totally inconsistent with what you're telling the people of Saskatchewan, Mr. Minister. This is totally inconsistent. And I want to know from the minister what his short-term and long-term plans are to remedy the difficulties that have been expressed by home care workers across the province and by this individual in this correspondence to him. What he is going to do to remedy these problems in the immediate future and to make home care a preventative program, and put his money where his rhetoric is, not into self-serving advertising, but into real preventative programs?

Now what are you going to do in the immediate future, Mr. Minister?

Hon. Mr. McLeod: — The short answer to what we're going to do in the immediate future is what we have been doing, because we've been increasing the funding for home care in each year. And that's been well received by the home care sector.

The quotes on March 30, just after the budget, from the president of the Saskatchewan Home Care Association on behalf of home care boards across Saskatchewan . . . and here is the quote:

. . . very pleased with the emphasis on home care. The 9.5 per cent increase in the home care budget doesn't go all the way towards meeting the needs that exist, but it's a good start.

That's the quotation. That's basically what I said in my earlier remarks to you as a general statement: that the home care people were pleased with it. There's another one from, I believe it's Thunder Creek home care; executive director of Thunder Creek home care is happy too.

I think it's really positive. We are in need of more

money. We need to be able to provide more services to support the hospitals . . . (etc., etc.) We've been able to keep pace with rising costs, but with this increase we might be allowed to expand our programs.

That's what they say in that district.

Now let's just be very clear. You're quick to stand and quote from a letter which is true, you got a copy of it; I noticed it in a letter that was sent to me. The person that you're referring to is the chairman of a board of a home care district in the province, but was very, very careful to say — and does in that same letter — that he is not writing on the board or with the auspices of the board. He says that he writing it as a personal letter. So he has a personal axe to grind with whatever is going on in home care.

And that's fine. Every citizen has a legitimate right to do that but they should not be presented in a form like this, as someone who is writing other than in a personal way. The board of that district did not write such a letter and no one speaking officially for that board said any such thing. So that's important to point that out.

I understand that there will be districts that will have individual pressures, and they do. They have pressures . . . and there can be significant program dollars taken if there are severely handicapped in the region, those kinds of things where there's an extra strain on resources in a particular district. We know that. We try to respond to it on an individual basis to the extent that it's possible.

But as a general statement and a general answer to your question about what are we planning to do in the immediate future, what we're planning to do is to continue to turn the system around and the attitudes within the larger health care system around. And the wider public have come more and more to embracing the concept of home care. And as we move more and more in that direction, there will be more funds available for it, and every year has proven just that. There have been more funds and this year is no exception with a 9.5 per cent increase.

Ms. Simard: — Well, Mr. Minister, obviously people are going to be pleased with an increase. There's no question about that — people will have a pleased reaction to an increase.

The fact of the matter, however, is that the concerns that were expressed in this correspondence to you, Mr. Minister, are concerns that I've heard from many people working in the home care area across this province. This isn't an isolated situation. There have been cut-backs in the home care program. Increases, but as a result of increasing costs, as well, there have been cut-backs to the services that are being provided.

Now do you agree, Mr. Minister, that there are areas in this province that have had to reduce the services that they provide as a result of underfunding of home care?

Hon. Mr. McLeod: — I've said to you that I know that there are significant pressures and some boards and some regions will have different pressures based on the

circumstance within their own region. That's true, I acknowledge that. We have made every attempt to deal with them, and as they come forward with their specific concerns, we do what we can to deal with them.

I acknowledge that home care boards across Saskatchewan have had to prioritize the services that they give, and that means that those which are most important, those people most in need are receiving the services, and that's as it should be in a system like this.

Sure there are pressures on the system. There are pressures on the health system, not only on the home care portion of the health system, there are pressures on the wider health system, there are pressures on this health system all across Canada, but we feel that in this budget and the amount that is allocated in this budget for home care, we're proud of being able to present that kind of an amount, given the circumstance of the wider global budget.

And I believe that it's, in that context, that this is a responsible increase. And as I've quoted to you, people who are responsible for the home care system across the province have responded in just that way. And they believe as well, that it's a responsible increase given the circumstances of the day.

Mr. Koskie: — Mr. Chairman, I would like to ask leave to introduce a group of students.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Koskie: — Mr. Chairman, through you and to other members of the House, it gives me a great deal of pleasure to introduce some 30 grade 5 and 6 students seated in the Speaker's gallery from the Lake Lenore School.

They are accompanied by their teacher Leona Wieler; my information is, Clarence Puetz, Mr. and Mrs. Strueby, Marlene Schafhauser, Lorianne Struck, Donna Nosbush, Reg Gerwing, and Kathleen Mueller. I'll be meeting with the group following their presence here in the Speaker's gallery, for drinks and for questions. I'd ask all members to join with me in extending a warm welcome to the students from Lake Lenore.

Hon. Members: Hear, hear!

COMMITTEE OF FINANCE

Consolidated Fund Budgetary Expenditure Health Ordinary Expenditure — Vote 32

Item 1 (continued)

Ms. Simard: — Thank you, Mr. Chair. Mr. Minister, is it then your government's policy as of today, to move from institutionalized care to a home care based type of service for elderly people or people in need of assistance?

Hon. Mr. McLeod: — That's the direction that we're going. I would say as a statement of policy, that would be

it. But it must be understood by everyone that it's not as simple as just saying well, as was done when a moratorium went on on nursing home beds, and say we're going to introduce home care to replace nursing home beds; because it isn't as simple as to say we're moving from institutional care to home care in one fell swoop. That does not work and it does not serve our citizens well.

As a general statement of policy, it would be our policy to continue the trend toward more and more services, and more and more services which can be provided in the home setting would be the priority. We would like to see that happen, we'd like to see that trend continue, and we will do everything that we can to continue the trend in funding to accommodate that.

Ms. Simard: — Mr. Minister, with respect to your comments about a moratorium, what the policy was, was to expand home care — was to expand home care, Mr. Minister. The Murray commission report clearly points out that we have the highest number of institutionalized beds across the country, Mr. Minister — the highest number of institutionalized beds across the country. And the policy before 1982 was to move towards a home care program to help people to stay in their home.

But this government never did anything to it and the Murray commission report has come out and said that this is the way we should have been moving in effect over the past few years, in spite of the fact we've raised that on numerous occasions here. Now I see the minister — I'm just looking for the particular section, but there's data in here to the effect that the number of beds across the province are extremely high in Saskatchewan compared to other jurisdictions.

We were leading Canada with a home care program, Mr. Minister, which in effect, which in effect you put a moratorium on for the last eight years, on home cares. It is only recently that you've started to realize that maybe this was a way that we could be saving money and providing a better quality service in the province of Saskatchewan.

Now with respect to the funding formula for home care, I notice that there have been concerns expressed, the fact that they get their funding on a monthly basis and the fact that they can't plan into the future. Is there going to be, particularly if we're going to be expanding home care, which I believe we should be doing, into other services — therapy services, counselling services, and so on — Mr. Minister, will there be a change to the funding formula so that the home care districts can plan further into the future?

Hon. Mr. McLeod: — A couple of comments. Look, to the hon. member, we're in agreement on the nature of home care and the service that home care can provide in our health care system and to our citizens, primarily elderly citizens. We're in agreement on that.

But to stand and say in a partisan way that home care over the last while has been diminishing and all of that, you know, and say that home care was out on the leading edge in Canada, whenever, back whenever you want to refer back to — the fact is home care right now and home

care over all of these years since it's introduction, and it's been administered by two governments, yours and ours, through all of that time home care in Saskatchewan is out far away in front of every other similar system in any other place in Canada right now. There's no question about that. We still have people from other provinces of Canada coming here to look at our home care system.

But to suggest that the home care system is the replacement, total replacement for nursing home beds which was what the moratorium did — which is what the moratorium did — which is what the moratorium did, Mr. Chairman, and that's the only reference that I made to that moratorium back in 1970s. That's what it was about. It was a replacement; said no, no more nursing home beds; we'll introduce home care. And that's the whole problem. And that's the problem with the nature in which the question was asked.

So, Mr. Chairman, home care is an excellent system. Saskatchewan home care is an excellent system. It's regarded highly by everyone across the country. As the member has said and as I have agreed, there is always room for more money in home care. There are pressures in home care; we have said yes, we recognize those pressures. In this year we have increased the budget by nine and a half per cent.

The statistics — the demographic statistics as it relates to this province and the percentage of our people who are over 65, or whatever age you would like, over 75, we are among the highest in the country. And that points to one thing — that we will need both home care and long-term care facilities and programs into the foreseeable future here, and we have a commitment that those programs will be there for our people.

Ms. Simard: — Mr. Minister, to suggest that we said by our comments that it's home care to the exclusion of institutionalized care is cheap politics on your part, Mr. Minister. And it's not true, of course.

And here's a man that stands up and his colleagues stand up and say that you shouldn't play politics with health care. And we've witnessed some of the most disgusting politics in the last two minutes, because we never said that, and *Hansard* will bear me out, Mr. Minister.

The fact of the matter is, is that the level 1 and 2 care in institutionalized care can often be dealt with in the home. And we recognized that prior to 1982, Mr. Minister. And it's taken you folks eight years to come to that decision. And if there was any sort of a moratorium, it's been a moratorium on home care by your government, Mr. Minister.

(1530)

With respect to mental health, Mr. Minister, I wish to take you to mental health, because that is another area that has been dealt with at some length by the Murray commission — some length by the Murray commission. And I must say that many of their recommendations with respect to mental health I find very favourable. And we have raised a number of them in this legislature over the last two years. We've made many of these recommendations

ourselves to you.

But it's important for us to take a look at the whole area of mental health. But before, Mr. Minister, I've just remembered that a colleague of mine had some questions in a particular area and he will not be able to be here later on this evening, so I'm going to sit down and ask him to direct those questions at this time, otherwise we'll run short of time.

We will come to . . . (inaudible interjection) . . . yes, we'll come to mental after he has finished. Thank you, Mr. Minister.

Mr. Pringle: — Thank you very much, and I do have to leave for a meeting in Saskatoon, so I appreciate having the opportunity to ask my colleague a few questions here.

Regarding the Saskatchewan Alcohol and Drug (Abuse) Commission, first of all, Mr. Deputy Minister, I guess, I would like to . . . associate minister, sorry. I would like to acknowledge some positive initiatives that the government has developed. And I know the minister knows that I'm a fair person and I mean that sincerely. You have put more money into SADAC (Saskatchewan Alcohol and Drug Abuse Commission) over the last three, four years, and that's acknowledged; I've done that.

I have the pleasure of having a new Calder centre in my riding, which I appreciate. It's a very good program. And I'm also aware of the Whitespruce program. And as the critic for youth, again, I appreciate that some 150 or 60 young people have gone through that program and that's a very positive initiative. It's not the only solution or it's not a complete solution for young people, and I know that you realize that.

I also would like to compliment the department on the Recovery '90 Conference: The Road to Wellness, that I had the pleasure of attending and I know that the associate minister was there and did a good job in his opening remarks. I also had a good feeling about the competence and the quality of the executive director and the staff that I had the opportunity to meet with during that conference. And so I came and it was a good learning experience for me as the critic and having spent a number of years in social work I certainly appreciated the quality of the workshops. It was well done, and it was a good conference, so I want to give credit. I will have a few comments that won't be as positive, but I want to give credit where credit is due.

Certainly substance abuse, which I will include as alcohol and drugs, combined, is a major challenge for all of us and there are many reasons why we have an increasing problem, not only among young people, but among the population in general. And I will mention some of these.

And so I'm not pretending that the solutions are easy. They're very complex, there are many interrelated factors that we are aware of. Certainly as communities it is our objective, and I know the minister spoke to this in Saskatoon a bit, it is our objective to have healthy situations for young people to live in. It's our objective to have healthy communities, healthy families. Healthy

families means of course that family members have enough to eat, that their basic needs are being met; healthy families means that the family members are in a good emotional space and there's that kind of stability. Healthy families means that the relationships are positive in families. And I think healthy families means that the parent or the parents can feel that they're able to provide for their family and they're doing something productive in terms of useful work to the community.

And so we all strive for healthy families. We know that it's important that young people have healthy role models, and so that's an important part of healthy families. And it's important, and I agree with the minister on this, that our communities are supportive to our families and that our government is supported through our communities. So I'll acknowledge that that's our objective but the task is not always easy.

And I want to say that I think it's very clear, certainly to anybody involved in the field and I'm sure the minister, that there is a relationship, there is a link between unemployment and poverty and a sense of isolation and lack of recreational and social opportunities, insufficient family supports in the community. There's a relationship between all of those things — school drop-out rates and what not and community and social problems. There's a relationship between those problems and stress and alcohol and drug use. I think that's been documented and I'm aware of two or three researchers who have done that. And the staff would know that better than I do.

I want to refer for a minute to a study that was done by SADAC, a research report, a very fine study, released I guess, in February '89. And I want to just refer to just a few highlights where Legal Offences in Saskatchewan: The Alcohol and Drug Connection, report highlights. And it speaks — it's a long report — but it speaks to the social context that we live in and it stresses some points that I concur with and are the basis for one of my main points this afternoon, and I quote:

Substance abuse is frequently linked with other problems such as poverty, unemployment, and cultural estrangement. Saskatchewan residents at greatest risk of coming into conflict with the law and being incarcerated for an alcohol and drug-related offence are those who are young, unemployed, poorly educated, male, and native.

Now there are some very important messages here for public policy makers. I want to quote just one more section and then I'll get on with my comments. Regional offence rates. Says:

Legal offence rates in northern Saskatchewan are significantly higher than in other parts of the province.

Well that makes sense, based on the previous statement. There's higher unemployment, fewer family supports, fewer recreational, social opportunities, more desperation and this sort of thing. So I continue quoting:

The alcohol and drug-related offence rate in northern Saskatchewan in the study was five times

greater than in central Saskatchewan and six times greater than in the south of the province. The high offence rate in the North is closely tied to the social and economic conditions which prevail in that region.

Now that's no surprise to any of us. I think the commission report, the Murray commission report in a sense I think agrees that the situation in the North is very desperate and there's certainly a link with drug and alcohol use in terms of the conditions in the North there. So with those comments in mind, I would like to say that that was a very good study. I concur with the observations.

And I want to use that study to, as I said, reinforce my main point this afternoon — that unless we address, through public policy, economic policies, employment policies, job creation policies, social support policies; unless we address the broader social, the broader macropolicies of government . . . of communities, unless we do that, that we're essentially going to be in a position of fighting fires, of treating symptoms and not the root causes. And I see the minister shaking his head, so I appreciate that you agree with that.

And the major criticism that I have of this government — and I say this with all due respect — the major criticism I have is that in as I look at the economic and financial and social policies of the government, I don't see a co-ordinated — or better yet — an integrated, holistic approach to policy development by the government.

Now in questioning the Minister of the Family over the last few days, he has the mandate to play that important role. I'm a little nervous that the Minister of the Family does not appreciate that reality as much as I would like to, but at least he has the mandate to play that role to make sure that the policies, the overall policies of government are integrated and that there's a holistic approach. And I hope that the new minister, the new member from Assiniboia-Gravelbourg, will bring that perspective to the cabinet as well, and we'll see some results there.

But certainly unless there's an integrated approach and unless the broader issues are dealt with, to address the issues that SADAC refers to in its study, the issues that the Murray commission refers to in its study regarding poverty and unemployment and so on, then not very much is going to change. And it's going to be a very big challenge for SADAC to in fact respond to the continuing demands that are going to be confronting that agency and all of the people in the rehabilitation procedure.

Now the Associate Minister of Health, as I said, at the recovery conference gave the opening address and did a very good job, Mr. Minister. And I listened very carefully to your comments, and I just wanted to quote two or three sentences because I agree with them, but I see a bit of an inconsistency between your comments and the reality of some of your economic policies.

You made the comment, and I hope this is quoted correctly, "Our goal as government is to create healthy bodies and healthy minds for Saskatchewan residents." You made the comment that we must promote "healthy

families and healthy communities.” I agree with that. You made the comment that unless we work together . . . pardon me, that we will work together . . . or “we will make progress if we co-operate and work together and care for one another.” I totally agree with everything that you’ve said there, Mr. Minister. You went on to talk about this government’s commitment in the broadest possible sense to the health and well-being of all Saskatchewan residents and families. Again I concur with that.

The problem for me is that I . . . and quite frankly the problem for a few people I was sitting beside, and they weren’t doubting your sincerity, but the problem was that those comments were a little bit less than credible given the government’s record of having the highest poverty rate in all of Canada, having some 42,000 people unemployed, having over a 17 per cent unemployment rate for young people, having such a high drop-out rate of students from high school, an increase in 50 per cent over the last four or five years.

And so while I agreed with your comments and I feel that you were very sincere — I know you were — the comments didn’t fit with the realities of how this government has treated families over the last eight years. And I realize that you can’t be held responsible for all of that, that you’re a new minister. But certainly it’s your government.

The Minister of Health the other night — and I hope that you’ve had a chat with him since then — was denying the fact that there was hunger in rural Saskatchewan. He said there’s only hunger in Saskatchewan in the inner cities. And he was accusing us of offending rural people because they let their children starve.

Now the fact that food banks are in Lashburn and Biggar and Carlyle and Melfort indicates that there are hungry children in rural Saskatchewan, and so . . . I know that you are from rural Saskatchewan and I assume that you’ve corrected him, and that those kind of insensitive comments basically give a message to the public that the Minister of Health is really not concerned about . . . in the broadest sense, of overall health care. And so that simply isn’t true that hunger exists only in the inner cities.

Now you’re aware, I’m sure, as the minister, that alcohol and drugs are used often — drugs by young people in the street who haven’t got a place to live . . .

An Hon. Member: — . . . (inaudible) . . . and ask the question. You’re just reading.

Mr. Pringle: — Can I finish?

An Hon. Member: — Yes, well just hurry it up. We’ve got to get to a meeting at 7.

Mr. Pringle: — Okay. Yes, thanks. Okay, thanks. I just have a couple more comments and then I’ll make some questions.

But you’re well aware that young people in the street — as the TV report said about the street kids in Prince Albert — who don’t have a place to go, who don’t have meaningful people, meaningful adults who they can rely and trust,

young people who have no employment or training options, are going to find some way to dull their pain.

You’re well aware that unemployed people who are feeling a lot of stress are going to find some way to dull their pain. I’m not saying that’s the only answer for substance abuse. Obviously we all know that at all economic levels, income strata, there’s alcohol and drug abuse. But the sense of desperation often is used as a way to . . . drugs are used as a way to dull that pain.

(1545)

And the concern I have, of course, from the time that this 1986 study was done that was released, I guess, in 1989, the concern I have, that that SADAC report painted a picture that was fairly desperate for a lot of Saskatchewan people, and people getting in trouble with the law, and particularly in northern Saskatchewan, is that the situation has actually gotten worse over the last two or three years in this regard. The uncertainty of employment, higher numbers are unemployed; the uncertainty regarding educational prospects for young people has certainly increased; the drop-out rate of young people out of high school has increased.

The street youth, we’re now in a situation where — and the report didn’t speak to this — but we’re now in a situation where we know that there are about 2,000 street kids so-called in Saskatoon; we know there are over 300 street kids in Prince Albert; we know that there are street gangs in North Battleford; we know that there are some 1,500 street youth in Regina — is that these are social problems that are really beginning to . . . that will take its toll if not addressed on a broader basis.

Now I’ll get very quickly to a couple of questions. But these factors create a sense of low self-esteem. They create a sense of hopelessness and a sense of helplessness and anxiety, and often force people to turn to some way to deal with that.

Now what I would like to do . . . One of the concerns that I do have, and as you will know, Mr. Minister, I’m sure, that the Regina Board of Education, the Saskatchewan teachers trustees’ association, and the United Church, in their submissions to the *Directions (Future Directions for Health Care in Saskatchewan)* report made it very clear that they were concerned about the decision of this government to . . . with regard to liquor advertising.

When you lifted the ban on liquor advertising, I believe in 1985, those three organizations at least, and a number of others that don’t come to mind right now, have asked you . . . have talked about the impact of allowing alcohol advertising on television where sports heroes are seen to be cool because they’re drinking a particular kind of beer or whatever. And they’re concerned about the kind of messages they convey to young people about you can’t enjoy your social life unless you have a drink.

And what I would like to know is, first of all, in regard to this question, have you done any studies that determine whether or not those ads have an impact on young people in terms of considering alcohol as a socially acceptable thing to do and encouraging that; and secondly, do you

agree with the United Church and the teachers' groups and others who agree that those . . . the trustees, that those ads are detrimental in terms of the message they convey? Do you have any plans to in fact ban alcohol advertising from television?

Hon. Mr. Wolfe: — Mr. Chairman, I'd just like to thank my opposition critic for all the good comments about the work done by the people in the Alcohol and Drug Abuse Commission, and just say on my behalf that we really do appreciate their efforts and the efforts of the commission.

I would like to speak briefly just to a few of the comments that were made earlier, because I do think that the opposition critic did address one of the key things that we really must speak to if we're going to make some progress in the field of drug and alcohol abuse.

I think that we really do have to go back to basics. I think we have to think about where we started and where we came from. We have to go back to our families. We have to go back to our communities. And that's why I firmly believe that the direction that we are turning in the field of health care, away from health care as such — numbers of beds and numbers of dollars, numbers of treatments and those sorts of things — towards an emphasis on health and health promotion as the right direction.

And there's probably no area that we could make a greater benefit to society if we could do that in the field of alcohol and drug abuse. I think that fundamentally people are going to have to think about leading a life of value rather than thinking about a life that's full of valuables. So I agree whole-heartedly with my opposition critic on his suggestions about the directions that we should go.

I would like to speak briefly to the comments made about hunger and just clarify my associate's comments. And I guess what he really wanted to say and what he really was saying was that farm families do take very, very good care of their children. And I don't think anybody on the opposite side would want to suggest that farm families who, according to the statistics that have been provided and were used as the basis for the 64,000 figure that was mentioned, aren't taking care of their children. At any rate I just wanted to clarify that, and that's the difference between rural and farm families and what my associate was referring to.

Mr. Chairman: — Order, order. All members will have an opportunity to rise and be recognized. I'd ask them to allow the member from Assiniboia to make his comments in answer to the member for Saskatoon Eastview.

Hon. Mr. Wolfe: — At any rate I just wanted to clarify that. My opposition critic also talked about the importance of jobs and a sense of worth. And I'd just like to let my opposition critic know that job creation across the province has been a priority. Northern Saskatchewan is also a concern that we have, and we've done some things to try to address those concerns.

The member asked about liquor advertising and it's one of the things that I was concerned about, and I'm sure that a lot of us are from time to time. And I've tried to keep a

watch on it.

At any rate, as you're probably aware, the liquor commission has the policy, and their policy on liquor advertising restricts the hours on which liquor advertising can be played, and also states, as I understand it, that a component of that advertising has to go towards education.

The member asked some specific questions about the effect of advertising on the population, and I'm concerned about that as my opposition critic is. But from the numbers that I've seen, liquor consumption has actually dropped and dropped quite a bit. And I think that may be related to pricing and things like that. I would hope that the educational component contributes to that.

Over and above that, the member also mentioned and referred to the use of athletes and their role in possibly leading to increased alcohol abuse amongst youth. And I know that they can be very positive role models and actually we've taken advantage of them. They've asked if they could help and they've come to our assistance.

You're probably aware of the group that toured the province, the Roughriders; they toured as Team Health. They worked with us to help educate kids in a school system to talk about drug and alcohol abuse and to talk about smoking and those sorts of things. At any rate we would like to use them in a positive sense and we have tried very hard to do that.

Mr. Pringle: — Mr. Minister, when you tried to clarify the Minister of Health's remarks from the other night, you did a worse job because you confused the public more. What you said is that rural families feed their children, and what you caught yourself almost saying is that that's the difference between urban and rural families, is that urban families don't feed their children. That's what you said. That's what you said. And that was clear to everybody in this House and I'm sure that was clear to everybody who was watching. And now you're laughing about it, as if that's funny. That isn't funny.

And I want you to know that we're just as concerned over here about urban and rural children and families who are hungry.

Some Hon. Members: Hear, hear!

Mr. Pringle: — We're concerned about the health of urban and rural families, Mr. Minister. Don't talk to me about job creation being a priority for your government and northern Saskatchewan being a priority for your government. In eight years you've been in power, northern Saskatchewan is on a third-world status, Mr. Minister. And you're sitting there laughing as if that is funny. That's a very serious matter. And you're the one that's charged to deal with it. There's two ministers over there to deal with these problems, plus you've got a Minister of the Family.

And so don't say that your . . . it's fine to say your priority is health care in the North. But that doesn't create jobs. Rhetoric doesn't create jobs and rhetoric doesn't put food in the tummy of children.

Mr. Minister, you sound like George Bush and Brian Mulroney. Perception is not reality. Bush talked about his drug and alcohol program, \$9 billion into drug and alcoholism through a public relations campaign while we got more people there who are homeless, more people that have no health coverage, and more people who are unemployed than they've ever had in the United States. So don't give us the rhetoric.

You also, I would suggest, misled the public a few minutes ago. You didn't answer my question about liquor ads on TV. You didn't answer the question. You said that liquor consumption has dropped. I want to tell you, Mr. Minister, get your facts straight. Among young people, liquor consumption has not dropped, so don't provide misleading statements in this House. It has not dropped and that's who these ads are directed at and you know that. That's the market, and they're effective or the brewing companies wouldn't be spending millions of dollars and billions of dollars trying to direct those ads at young people. So let's be open and honest with each other, Mr. Minister.

Now, Mr. Minister, this is something that I want you to take very seriously because you're the person that can do something about it, and Northerners are expecting you to do something about it. You're the critic for SADAC. You're well aware that your government cut food subsidies to northern Saskatchewan. You're well aware that the *Directions* report wants those subsidies re-established for basic items of food for northern residents. I'm asking you, Mr. Minister, will you drop the subsidy to alcohol in the North, that's going to the North, will you drop that subsidy and will you put that subsidy back on food, because the report here says that northern children are starving. Will you do that, please.

Some Hon. Members: Hear, hear!

Hon. Mr. Wolfe: — Thank you very much. Mr. Chairman, I'm not sure how much more clarification I can give the member opposite about the hunger issue. But I think he should ask his colleague, the member from Saskatoon, about how he addressed the numbers issue and it's totally different than how my opposition critic at this time did.

I know that he mentioned that a large part of the concern revolved around reservations and those sorts of things, and numbers that weren't included there.

At any rate, I think we've probably spoke about it enough. I come from rural Saskatchewan and the reason that I raised the issue was just to make it clear that, you know, a lot of farm families would be insulted if they interpreted those numbers, you know, the way in which some of them may have. And so that's the reason that I raised it for you. Net incomes, especially on farms, are a result of depreciation or capital cost allowances being used. At any rate, it's just something that I wanted to mention to you because I know that you wouldn't want to do that.

As far as liquor advertising, there's another thing I'd just like to clarify for you also and especially liquor consumption. And the information that I have is that liquor

consumption figures are very, very hard to identify who purchased and where the alcohol went to. And so it's a very difficult area to firm up and identify.

(1600)

Also as far as liquor advertising goes, I'm sure the member is aware that with satellite technology these days, that the signals come in from all over. And as much as we might like to have a policy that would exclude, you know, exclude advertising of certain sorts totally, the satellites allow that advertising to come in from across the borders, and it's something that we really couldn't control. At any rate, I would hope that that would answer some of my opposition critic's questions.

As far as the food subsidy goes, I'd like to just say that I'm not sure of all the details about the food subsidy as it existed earlier. But it's my understanding that that subsidy only addressed concerns in about seven fly-in communities and really didn't address a much broader area, the one that you're trying to address or speak to.

Mr. Pringle: — Well, Mr. Minister, I don't know where to start with that response. You know, I just simply don't know where to start. I'm not going to pursue the issue of hungry children, hungry families as it relates to poverty. My hon. critic will pursue that more with the minister, because you have just confused the issue more and you have further offended, Mr. Minister, you have offended . . . you talk about who's offending families.

You have offended urban families that they don't look after their kids. We on this side of the House say that all families look after their children to the best of their ability within the means that they have available. And under your government the problem has been that families don't have the means available. That's the problem.

Some Hon. Members: Hear, hear!

Mr. Pringle: — You've got \$3.5 million for Childers and one-fifth of that to feed hungry children in the province of Saskatchewan this year. So get your priorities straight, Mr. Minister. The critic will pursue that more.

Now regarding the first question I asked you on liquor advertising, you don't seem to even know the reason. You're the minister responsible; you've got very competent officials, and you're telling me it's very difficult to determine whether or not alcohol consumption is up among young people. It is up among young people. Your own study says that. Walk into any school, read the briefs that the educational people presented to you, talk to the people in Prince Albert who are dealing with street children, and you'll find . . . you'll know that. And you should know that.

And so what you're saying today is that you are not prepared to agree to take the liquor ads off TV. You're not prepared to agree with the groups who say that that should be done, and you're saying that you can't control that because we got satellite dishes coming in from all over the place. The fact of the matter is you can control that. You can control that through the cable system, and you can minimize it. At the very least you can minimize it.

But you're not committed to doing that because you get contributions from the brewing companies, and it's pay-off time, and that's why you took them off in the first place.

Some Hon. Members: Hear, hear!

Mr. Pringle: — And, Mr. Minister, the second question . . . So the message you're giving is you're not prepared to pull those ads, and you don't agree with the trustees and the school boards and the church groups who want those ads pulled. And I will make sure that they're aware of that decision, Mr. Minister.

The second question, you did not answer. Your answer to the issue of whether or not you would pull food subsidies to the North, or put them back on, is that well, they were only going into seven communities. The subsidy was only for seven fly-in communities.

Well make it better. Don't use that as a rationalization not to put it back into the North, a subsidy to the North. And what I'm suggesting to you . . . what I'm hearing you say as well, then, is that you're going to continue to subsidize alcohol being transported into northern Saskatchewan. And you're not prepared to follow the Murray commission report, or you're not prepared to make a commitment today on the Murray commission report, and to respond to the dire poverty in the North by transferring that subsidy from alcohol to basic, basic food items, Mr. Minister. That's what you have basically said today.

And I don't think people in Saskatchewan generally will feel very good about that because families in Saskatchewan are concerned about families in the North as well. We don't compartmentalize which families we're concerned about and which ones we're not on this side of the House, Mr. Minister.

So that's the interpretation that the public of Saskatchewan can give to those first two questions.

Well, Mr. Minister, I would like, if you could send over to me within the next week, the money spent last year on treatment out-of-province to Billings, to Mandan, to Minot by the Government of Saskatchewan, by SADAC. If you could send that over to me, I would appreciate that, or to any other programs outside the province, a listing of those. And I would like to know the amount of money that you've got budgeted to do that this year, if you've got any money budgeted.

Secondly, the second question I would like to know, Mr. Minister, is in your '90-91 budget. If I've looked at this correctly, you've got \$1.036 million less to work with this year than you had last year, and I know that some of that has been transferred to the Family Foundation. And I would like to know again, in a listing from you, how much of that has been transferred to the Family Foundation and how much has been transferred to other areas or is there an actual cut in terms of overall government programs from that budget. Where has that \$1,000 gone to and you can send that to me, Mr. Minister.

The last question that I would like to put on the record and I would like you to respond to me. Normally I would pursue this with you in question period or in these estimates, but I would like you to send this to me because I do have a commitment that I have to go to. The *Directions* report says on page 150, regarding alcohol and drug programs, and they give you credit for initiating some programs and putting some money into the field, then they say, I quote:

. . . unfortunately, major program changes (and additions) don't always directly respond to community needs and priorities.

That's what the *Directions* report says about your alcohol and drug programs. And I quote again:

. . . the issues of status, (that the) responsiveness to community needs and objectivity in decision-making need to be addressed.

And what the report seems to be suggesting, I'm not sure what it . . . I can speculate on what they're suggesting. They're suggesting that some of your programs and your priorities are not responsive to community needs and community priorities.

Now that's from the Murray commission report, and I'm not making that allegation, but I would like you to respond to that.

They're also saying that there needs to be more objectivity in decision making at the community level. And the Murray commission doesn't explain why they're saying that, but to me those are concerns that, I mean, I have a couple of possible interpretations of why that would concern me.

And I guess when I look at the other ways in which this government has developed policies, I hope that what the commission report is not saying is that you go your merry way regardless of what local communities want in terms of alcohol and drug programming.

And when I look at the fact that you're not prepared to subsidize food to the North and you're not prepared to pull ads, even though groups want you to, that maybe you're not listening as well on some of the priorities and needs in the alcohol and drug area, as based on the community priorities — the way the communities would want you to make those decisions.

Now the Minister of Health is getting impatient when I'm asking these questions, but this is my forum and this is my opportunity. So I would like you to respond to those questions if you would, Mr. Minister.

Hon. Mr. Wolfe: — I'll provide those written responses to you that you requested in the next couple of days.

I would like to speak just briefly to the out-of-province or out-of-country treatment that the member referred to. It's been a concern that we have had, because the numbers out of province have increased, and we are going to be addressing that concern shortly. As the members opposite may be aware or may not be aware, out-of-province

treatment hasn't had to have prior approval by hospital services, and we may have to move that direction in the near future to address the referral process and the out-of-province numbers.

Ms. Simard: — Thank you, Mr. Minister. With respect to some of the comments made by the associate minister, Mr. Chair, I want to just reiterate the fact that New Democrats on this side of the House have not said that rural families don't look after their children. That is something that the Minister of Health and others have attempted to say on the other side of the floor. We have not said that.

We then witnessed the associate deputy minister saying today that that's the difference between rural families and . . . He stopped himself short of saying urban families. And that's indicative of how this government attempts to divide people in Saskatchewan, Mr. Chair. They attempt to divide people and pit people against each other, workers against farmers, urban against rural, various interest groups in the province. That's their tactic, Mr. Chair, to divide people and try to isolate people.

And the associate minister, the member from Assiniboia-Gravelbourg was alluding in effect to that sort of tactic. And we say that that is disgusting; it is completely unacceptable to the people of Saskatchewan.

Some Hon. Members: Hear, hear!

Ms. Simard: — And we're not going to tolerate it, Mr. Chair. We're not going to tolerate it because as my colleague said, this side of the House is worried about families regardless of where they live. Whether they live in Assiniboia or Gravelbourg, whether they live in Climax, whether they live in Langenburg or Meadow Lake, we're worried about them, Mr. Chair, as well as families living in Regina and Saskatoon, unlike the members opposite.

Some Hon. Members: Hear, hear!

Ms. Simard: — Now with respect to mental health services, Mr. Chair, which I started into prior to my colleague asking some specific questions on SADAC, the point has been made to the Murray commission and to us by people from mental health, that people suffering from mental illness are forgotten constituents, Mr. Chair.

In addition to living with the stigma of mental illness, many of them are not providing the basic . . . provided with the basic means to survive in our society. And this is despite the fact that in 1983 the Mental Health Association in Saskatchewan released a report documenting neglect in this area and recommending, in 1983, a number of solutions.

But instead we have seen conditions slowly erode in the province, particularly since this report came out, when we thought some action would be taken in this regard.

We see insufficient services, for example. A common complaint about the current mental health system is that when a crisis does occur, it is difficult to achieve any expedient and efficient response. There is very little crisis

intervention services that meet the needs of people, particularly in rural Saskatchewan, suffering from mental illness.

We see gaps in services, for example. There are two essential services lacking in the current system: long-term supervised care and crisis intervention. We see a lack of continuity of care in the area of mental health. Families are experiencing frustration and aggravation with a bewildering array of delivery systems and referral procedures which shift them from agency to agency.

We also see a selective nature of admission into many programs which means that many people in desperate need simply don't qualify for them, Mr. Chair. And the current situation too often excludes people for not fitting in rather than mental health systems striving to accommodate them.

We see an inadequate number of trained staff in the province, and there's been widespread concern over major shortages in the whole range of mental health care personnel. And psychiatrists of course have been most notably mentioned, Mr. Chair. But insufficient staff are found in other positions such as social workers, psychologists, psychiatric nurses, for example, Mr. Chair.

(1615)

There has been limited government funding for research initiatives in the mental health area. And a number of recommendations have been made in this House by us, Mr. Chair, in the past, and also by the Murray commission.

I want to refer briefly to an article, May 25, 1990, in the *Leader-Post*, the headline being "Sask. said lagging in providing services" and Eugene Niles, chairman of the newly created New Brunswick Mental Health Commission says that he was in Saskatchewan when you, meaning Saskatchewan, were the leader. And he was hearkening back of course, to the '60s.

He indicates that he says, and I quote, "I was surprised that you have slipped that far down." And he was here in Saskatchewan to talk about the New Brunswick Mental Health Commission which I understand is one of the things that the mental health commission in Saskatchewan has been asking this government to implement. It's something that is recommended in the Murray commission report. However the mental health association has a divergence with the Murray commission report inasmuch as they do not want to see mental health services being dealt with out of regional boards. They want to see a mental health commission centralized that looks after the administration of mental health care services through the province. But Mr. Niles was here for the purpose of talking about the New Brunswick experiment and he obviously feels that New Brunswick is on the leading edge in the area of mental health.

Another article, May 28, 1990, "Saskatchewan no longer innovator in mental health, official says." And I want to also reiterate and emphasize the fact that the Murray commission report has emphasized and indicated that

the mental health area is an area of major public concern, Mr. Chair. And that is something that we indicated in this legislature during estimates last year. We dealt with the mental health care area. We raised many of the problems. We talked about it. We were encouraging the minister to make mental health a priority.

I think it's also important to note here at this spot, the Red Cross study that was released earlier this year when the House had just come into session. And that Red Cross study points to the problems people are having — the emotional and mental problems they are having throughout Saskatchewan, the farm stress it talked about. It talked about racism in the province and sexism, and it was of course making the point that unless these things are dealt with, unless these things are dealt with, it has an effect on people's health. Racism will have an effect on someone's health. The farm crisis will have an effect on someone's health. And these are things that the Minister of Health and the Department of Health have to be concerned about.

And the Red Cross study talked about those things and it talked about the stress people were feeling, the alienation they were feeling, the depression they were feeling throughout Saskatchewan.

So we now have two major bodies in this province that have identified for the Minister of Health the dire straits mental health is in Saskatchewan, and the need, the urgent need — the urgent need — for immediate attention to the area of mental health. I want to point out once again that we've raised that concern in this Assembly and we have proposed possible solutions.

Now with respect to the recommendations for a mental health commission the Murray report talks about, it would have the function of monitoring mental health services, it would set standards and it would perform an educational function. I want to point out once again that the mental health association in the provinces wishes to see the mental health commission having more power than that.

What we need to do in this province is develop a mental health plan of action, and the Murray commission recognizes that. It talks about community-based supported living, rehabilitation, community outreach, out-patient and acute patient in-patient care, and public education strategy. It talks about creating community mental health workers or employing community mental health workers throughout this province.

All these recommendations, very good recommendations I would say, Mr. Minister, and wholly supported by us. I reserve the right, however, to consider further the recommendations by the mental health association that they have a centralized commission and hear further debate in that regard.

Now, Mr. Minister, in view of the fact that we have had . . . it is clearly, mental health is clearly a major public concern, Mr. Minister. In view of that, in view of the fact that we have had two agencies, two agencies in this province speak out in that regard and say that there has to be some immediate action in the area of mental health,

could the minister tell us what his immediate short-term plan is with respect to alleviating some of the problems that mentally ill people are suffering on a daily basis throughout this province?

Hon. Mr. McLeod: — Mr. Chairman, the mental health association that the hon. member quoted from has had many — I think it's fair to say — many recommendations over time, over the last several years. They are an advocacy group that's been very active. As the member knows they were very active and had — I think it's fair to say — a series of good presentations to the commission around the province. And the Murray commission, as you will know, and as most members I think know, has made some specific recommendations relating to mental health.

So let me say at the outset, this is the only area within the Murray commission, and in response to the Murray commission in the early stages . . . and just to put it into the context of what I've said, and what our position is in the department, on the Murray commission as it relates, there will need to be discussion going on and so on. In mental health there's an acknowledgement and a quick acknowledgement from our department that it's an area that will need attention, and it will need attention in the here and now and through this year and so on. So we're in agreement on that.

It's important that as we go forward with this that we remember that there needs to be a balance between mental well-being and mental illness in terms of the way in which we approach this whole area. And that balance is fundamental to all of this. And very often some of the things that you will see in the press and various places as we deal with just some aspects of this or someone reacting to recommendations that have been made, some of those will be reactions that are based on the care of those who are mentally ill and it will not be discussing to the extent that they might, the mental well-being and the kind of community programs that we acknowledge we are in need of.

Just to put it into what we have done in the present year, the present budget, the one that we're discussing here now has a \$32.1 million budget for mental health services, and that's an increase of 6.5 per cent over last year. Community services are provided in the province in 61 communities by over 220 community staff, including 38 psychiatrists. That's just a little overview, and I don't want to dwell on this but I want this to be clearly in here and on the record.

Community residential services, that is group homes, approved homes, and supervised apartments, have a combined capacity of 818 spaces. Non-government organizations providing mental health services to persons with long-term disabilities received increases to cover increases in salaries and in benefits and in operating costs for those people who work in this field. An average of 333 patients were cared for in Saskatchewan's one long-term mental hospital . . . oh I'm sorry, the one long-term mental hospital and five branch-operated, acute care psychiatric centres. There were 182 patients in the one hospital — and obviously I'm referring there to the Sask Hospital in North Battleford — and 151 patients cared for in the other

five psychiatric centres.

Collectively, these centres employ over 300 nursing staff; psychiatric wards in two Regina and two Saskatoon hospitals are managed by local hospital boards.

Now here's a key point in this — and I'm going to the point of some comparisons that you were using in your remarks as it relates to New Brunswick and some comments made by one who came from New Brunswick in here the other day — approximately 50 per cent of Saskatchewan's mental health budget is spent on community services, one-half. And that's the highest percentage in the country bar none. There is no other province in the country that is close to having half of their expenditure in the community services side, which is the trend that frankly began here and it's a trend that's carried on. And that enables us to maintain our citizens in their home communities to a larger extent than is the case in many other places.

Now let me refer directly to the comments by a man by the name of Mr. Niles who came from New Brunswick just recently. Now let's just put this into the context of what's happening in New Brunswick. New Brunswick has recently appointed a commission — I believe Mr. Niles works with that commission, may even be its director — that commission and that format of a commission which would be, by comparison to our health system, would be a commission similar to the one that was just being discussed here by my colleague and your colleague over there, the Alcohol and Drug Abuse Commission. More of an arm's-length commission is the format that New Brunswick has chosen to go. But remember that in New Brunswick they're coming from a position now of having a very, very large percentage of their expenditures in this area are in institutions — very, very far behind where we are. And everyone in Saskatchewan should take some exception to the official from New Brunswick, at least the way in which it was reported, and I don't want to . . . it may well be that . . . because you and I will understand or all of us in this House will understand that everything is not always reported as accurately as you might like it to be.

But at least according to the reports that we have, he was suggesting that this New Brunswick plan was some kind of a panacea. The fact is that New Brunswick just wishes they had a system like ours is, even though there are many faults in our system, and we acknowledge that; faults being a lack of resourcing, and I admit that as well that there is a shortfall of resourcing into the infrastructure that we have in Saskatchewan now. We know that. We know that there will need to be more resources put into mental health services.

So all of these . . . And then to answer your other question, your more direct question in terms of where will we be going. And I have said, as I've said to you, I acknowledge early and I've said in a public way before — and I know you're aware of that — that we will be addressing this mental health area as early as anything that comes out of the Murray report.

And the focus will be on the long-term mentally ill and services to them, on children and youth, and on

distressed families. And those are the three focus areas, and that's been identified I think by everyone concerned, and I think there's agreement by all concerned that those should be the focus areas. And we will be developing programs in the near future based on those.

Ms. Simard: — Thank you, Mr. Minister. Mr. Minister, with respect to the gentleman from New Brunswick and the centralized mental health commission, I simply want to say that that is something that's being proposed by the Saskatchewan group as well.

I cannot comment today on whether or not I endorse that concept as opposed to what the Murray commission, for example, is recommending. I certainly need to look into that particular item further.

But I wanted to put on the record that the association is asking for something similar. And I will certainly want to meet with them and hear their arguments with respect to the advantages of that system, and I would assume that the minister is doing that as well.

(1630)

With respect to 50 per cent of the mental health budget going on community services, I simply want to say that I am told repeatedly by health care professionals that it may be 50 per cent, Mr. Minister, but there isn't enough out there, and the support services, the supportive living services out in the community, have not been adequate to meet with the general policy of de-institutionalization.

And I recognize, Mr. Minister, that this has been something that has been going on for some time. However, I think that it's time for Saskatchewan to develop a real community-based mental health program that provides crisis intervention and respite care and direct care and family therapy and public education in the communities across this province, Mr. Minister.

We've said it before in this House last year. We're saying it again, Mr. Minister. The Murray commission confirms that our concerns were accurate. The mental health association has spoken about these concerns repeatedly. Now is the time, Mr. Minister, for some real forward thinking and some real steps to be made in this area. And we cannot urge you to move more quickly . . . I mean too quickly. We cannot urge you to move too quickly.

When one meets with people who have families who are suffering from mental illness, particularly young children, and hears about the crisis that they are suffering and what they go through when they are in a crisis situation, one realizes that we have to do something about this. Otherwise we're virtually living in the Dark Ages, Mr. Minister. Something has to be done to give these people access to services.

Now, Mr. Minister, I understand that there is a subsequent report being done, a subsequent report being done in the whole area of mental health by the Murray commission. I also understand it's been completed. And I would like to know if we could have a copy of it, Mr. Minister.

Hon. Mr. McLeod: — I'll just answer the last point first as

it relates to what you term a subsequent report coming forward, or what you perceived it.

My information is that, in their deliberations, the Murray commission — well in a whole series of areas and in mental health as well — they set out little, you know, individual task forces that would go more in depth into some of the recommendations that they had from . . . or the briefs that they had. And that was the report I'm sure you're referring to.

So whatever they did in that sort of work was . . . culminated, really, in the report which they submitted to the public. So those were just internal working documents, as I understand it. That's one.

As it relates to the endorsement or, you know, how I feel as minister or what the department's view is of this idea of a commission, as has been adopted by New Brunswick and as the mental health association, I think, is recommending here and the Murray commission is not recommending, I think the very fact that you've just said here that you're not sure if you endorse it now . . . I'm not either. We will both be, I'm sure, meeting with the people and the stakeholders in this area.

We have agreement from all of them that there will need to be a long — or not long necessarily — but there will need to be a collaborative approach taken to the focus areas that I outlined earlier: long-term mentally ill; children and youth in distressed families; and lastly — and it's a point that I think you made as well, but it's important to emphasize to the wider society, to the wider public — that one of the areas that will need ongoing and probably increased effort by all concerned will be the public education, the whole area of public education, so that the wider society understands clearly the trauma that these people who suffer from mental illness go through, and families go through and all of the rest of that. And there's definitely an important aspect here of public education, and that's something that should not be left aside as we go forward with some of these recommendations.

So I appreciate the member's comments. We are, I think, on the same wavelength in terms of that there is some urgency in this area.

Ms. Simard: — Mr. Minister, with respect to the other report, the more formal report or the more detailed report with respect to mental health, I understand it isn't simply internal documents, that there is actually a report, Mr. Minister, and I would like a copy of that report.

Hon. Mr. McLeod: — Well apparently, as I've outlined it to you, this is what happened. The Murray commission set out a task force of their own to go into this whole area and they submitted it to the Murray report, but there's no . . . we don't have that. We don't have anything like that and the Murray commission has it in the work-up toward the final document that they released, which we all have. And that's really all. So we don't have it to provide to you and you could talk to Dr. Murray, I suppose.

Ms. Simard: — Well, Mr. Minister, I'm going to ask you to talk to Dr. Murray, because I understand it's a more

detailed report, and I would like to have access to it so we can, for the \$1.8 million that we paid to the taxpayers, have the benefit of this more detailed document. And so, Mr. Minister, I'm going to ask you to talk to Dr. Murray to see whether or not the public can have access to the work that was paid for by the public.

Hon. Mr. McLeod: — You know I would ask the member not to . . . the very complex document that is the Murray commission report, and everybody has acknowledged is a thorough document, and as I've said, the Murray commission in order to come up with this very complex document did a lot of internal work. I mean I'm sure they've got a lot of internal paperwork that they've done on a whole series of areas, all of the areas that are addressed here — the whole health system.

So you know . . . and I don't have any strong feelings about it one way or the other whether . . . but I can tell you that we don't have the report and the Murray commission has said that what they have here are the recommendations and they are based on whatever task forces that they sent out to do work in the various areas, and that's really all I can tell you.

Ms. Simard: — Mr. Minister, I have been advised that there is a more detailed report. I don't know the substance in it, but I understand that it may provide for certain time lines and things that have to be done today, and so on. And there are some people in the public who think that this report is being deliberately withheld because of the information that's in it. And that's one of the reasons we want the report made public. Because if there is information that is more crucial to the area of mental health and gives us some time lines and some further data with respect to what can be done, we want to see it done, Mr. Minister. Perhaps I'm wrong, but I have been told there is another report and it is more detailed, and I would like the public to have access to that report.

Hon. Mr. McLeod: — I'm aware of what you're characterizing as a report and I tried to explain to you what it was.

An Hon. Member: — Can we get it?

Hon. Mr. McLeod: — I don't have it. We don't have it. The Murray commission has not given it to the Department of Health or anyone else.

But all I will say to you is that the consultation that you and I have talked about here earlier, that we will all have to do, and the stakeholders are in agreement with us, and that we will enter into, anything that would have been in that task force or anything that the Murray commission has recommended will be discussed in that context with those consultations. There's no question about that. And they're into it now.

I don't even know who is on the task force or who was involved in it, but I can tell you that all that . . . (inaudible interjection) . . . No, I don't. And the member over here from Sutherland says that. You know, he's got a scowl on; he doesn't believe that's the case. But the fact is that I've been forthright with you. I just said this is all I know — here's the report. I know that this other task force did a

more detailed work for Dr. Murray and his commission.

That was the case in several areas of this wide report across the health care sector and that's what I would characterize as their working documents to come up to the conclusions which they reached and which they published.

Ms. Simard: — Mr. Minister, will you ask Dr. Murray or Mr. Podiluk, who's ever in charge of the documents, to provide us with that preliminary report as you have described it, so that the public can have access to it? Will you do that, Mr. Minister?

Hon. Mr. McLeod: — Sure, I'll ask him.

Ms. Simard: — Okay, Mr. Minister, will you tell him that we need it and we need it immediately and insist on the delivery of the document?

Hon. Mr. McLeod: — I'll say that Louise wants — I mean, sorry — I'll say that the member from Regina Lakeview wants it right now.

Ms. Simard: — Mr. Chair, or what is it? Mr. Door, or . . . sorry. Mr. Chair, with respect to the Neil Squire Foundation computer comfort program, Mr. Minister. As I understand, this foundation computer comfort program has been discontinued. Is that correct, Mr. Minister?

Hon. Mr. McLeod: — Just for clarification, Mr. Chairman, no one here is really aware of what the question . . . except to say that we believe it's a . . . I think I better just ask the member to clarify what the question was and a little more background for our people's edification here.

Ms. Simard: — Mr. Chair, I have received a number of letters with respect to the Neil Squire Foundation comfort program which enables handicapped people to acquire computer skills. And the point is made of course that this sort of skill development allows them to live a more productive, happier, healthier life, and that this program is currently operating at the University Hospital but is going to be cut back or eliminated, or words to that effect — stopped late in March 1990, as one of the letters tells me, that that program will be stopped late in March 1990.

And I'm asking whether or not this has in effect happened, and whether or not the minister has had an opportunity to look into the situation to see whether or not funding would be available for the program in order that handicapped people can of course acquire these skills and live a more productive life.

Hon. Mr. McLeod: — Could I ask that . . . if you give us a chance when we come back after supper at 7 when I have people that'll try to run this down. And we're not sure if it's some combination of ourselves and Education, or if we're involved at all, or whatever. But we'll try to run down whatever we can about this particular thing and we'll try to have an answer after supper tonight.

(1645)

Ms. Simard: — Thank you, Mr. Minister. Perhaps you could look into this then over the supper hour as well, and

that is the fact that recreational summer camp programs for multiple handicapped people are in danger of being cut. I don't know whether they actually have, but I have been advised back in May that they are in danger of being abolished, and that the one in Regina, for example, may not go ahead because the funding is dropping.

Day respite services, for example, which make it possible for families to cope, families with handicapped children. Apparently in Regina there's a need for 18 more respite spaces, but the government is only funding seven more when there's a need for eight. And the point I wish to make is that these services, Mr. Minister, are all aimed at the quality of life for handicapped people and should be of concern to the Minister of Health, as I'm sure they are. And there is concern that has been expressed to us that there have been cut-backs and underfunding, such that these programs are diminishing.

So I'd like the minister to take a look into the situation and advise me as to the current status of these programs.

Mr. Chairman: — Was the minister going to respond to that, or do you . . . no?

Mr. Thompson: — Thank you very much, Mr. Chairman. Just a few questions, Mr. Minister. The second question that I want to ask you about will be under the prescription drug plan, Mr. Minister, so I'd just give you that warning.

And the first question I want to touch on is regarding some of the statements the last time the estimates were up, and it's regarding tuberculosis in northern Saskatchewan. As you have indicated, it has reached serious proportions. I notice that you indicated that the communities that have cases that have been reported since January 1, you indicated there was 40. Checking your figures that you've quoted yourself, it comes out to 50 new cases, as you indicated. Just a figure of speech there, but whether it's 40 cases or 50 cases, it's quite serious.

Mr. Minister, the questions that I have, that I wanted to ask you: are you or your department, are you considering, are you reconsidering going in with the old program that we had in Saskatchewan, and specifically in northern Saskatchewan where we have this outbreak, with the van that used to go around and every year they would go in and take X-rays of all the citizens.

And I'm just wondering, Mr. Minister, if you are considering re-implementing this type of a program in northern Saskatchewan.

Hon. Mr. McLeod: — I'm informed that there are specific instances of communities where that sort of a method — what you and I would remember, the vans that used to come to our communities when we were younger than we are today — and we are considering that in specific instances as we . . .

And you will notice in the answer that I gave to your colleague from Cumberland the other night, as it relates to some of the communities in the North that have a higher incidence of TB (tuberculosis) and how we're directing more and more money into this, and we just, a week and a half ago about, we transferred another

\$210,000 into this very specific purpose.

And just to clarify another point. When you say that there were 40 new cases and I had quoted that in the record, and I'm glad you raised it because I'm informed here that when I was reading these numbers, I read the number 12 for the community of Cumberland and it should have said 2, which is, I'm sure, a positive bit of news for Cumberland. But the other numbers that I read, beginning with Black Lake at 12, were correct.

Mr. Thompson: — Yes. Well that's a quotation I was using out of **Hansard**. Even those figures at 40, that most certainly is serious. And it seems to be that a lot of it is in the far North, up in the isolated areas. It's not completely isolated there. I see La Loche with five new cases.

And you indicate that you put a number of new dollars into this. But I think that, you know, you can put all the dollars you want in but you have to have a program that you're going to implement if you want to slow this down. I'm just wondering if you have any plans to completely do that region of Saskatchewan known as the northern area.

Hon. Mr. McLeod: — I made this point the other night and I want to make it again that, as it relates to the way, you know, the avenue and the Department of Health, that this problem is funded through, is through the lab and disease control services branch. What we do and the reason that we put the extra money, and that extra money that I referred to earlier, that extra 210,000, plus the increase over last year, they go into an area where there has been, let's say, a cluster of new cases. And then we send in a mobile clinic which is made up of a physician and a nurse, and they work in conjunction with the community health worker in that area who will then work with the individuals who have been identified as having tuberculosis to follow up, to be sure of their medicine, that they're taking their medicine on a regular basis, and that sort of thing.

To give you an example of . . . and this is seen by professionals as the effective way to go at it. Just go in when there's a cluster and really attack this disease in the location.

The one community in northern Saskatchewan of Sandy Bay, two or three years ago was identified as one that had a high incidence of new cases. We sent the mobile clinics in repeatedly, and now you'll see on the numbers that I quoted and that you were referring to earlier, that there's one new case there, which is in the context of what was going on there, is good. That they've gone in and identified, and in the process I think educated a good number of people about this disease and the way in which the treatment must be carried on and so on.

So that's the approach that we will take in various locations, and that will continue as those clusters of new cases are identified.

Mr. Thompson: — Okay. Thank you very much, Mr. Minister. It is not considered a contagious disease any more, is this right?

Hon. Mr. McLeod: — I'm informed it's not categorized as

a highly contagious disease. It has a low level of contagion but it can be contagious, but not in a really high level.

Mr. Thompson: — Okay. Mr. Minister, if that is the case then, it seems to me that we shouldn't be waiting to find these certain clusters in northern Saskatchewan, or any place in the province, to break out, because as you indicate, it is contagious and it would seem to me that we should go back to the program that we had prior to now, that we go in and make sure on a yearly basis we're checking out these cases so that they can be nipped in the bud.

I want to now turn, Mr. Minister, to a question on a drug that is not under the prescription drug plan and that's Eldepryl, spelled E-l-d-e-p-r-y-l, and that is a new drug that is used for Parkinson's disease. As I know you're aware, we do not have many cases of Parkinson's disease in northern Saskatchewan. There's only one case that I am aware of and that individual now has to pay \$220 a month for that prescription drug to fight the Parkinson's disease that he has now contracted. And also there are other drugs that the individual or any individual that has Parkinson's disease has to take, over and above the drug that I have just indicated.

And I'm just wondering, Mr. Minister, if you could indicate this afternoon if the Department of Health is going to cover the drug that I have just indicated — Eldepryl.

Hon. Mr. McLeod: — I'm informed that the particular drug that the member's referring to will be approved for exceptions of status and I'll explain that in a minute — will be approved for exceptional drug status as of July 1, so not long from now.

Just so the member has it clear the way in which these particular drugs will receive approval by the professional drug formulary committee in the province — all new drugs are reviewed by the Saskatchewan formulary committee. The review provides Saskatchewan residents with assurance that all products covered by the drug plan meet high standards of quality, safety, and effectiveness.

The committee is composed of doctors, pharmacists, pharmacologists and other health professionals who are practising in the province and it's been a long-standing process and it's just as new drugs come on to the scene and some will be their advocates — advocates of particular drugs before they receive this approval. And the formulary committee is very careful to be sure before they put them on to the formulary and say with their stamp of approval, to say this drug is the effective drug for the particular condition that they're prescribed for.

But in the case of the drug that you refer to, it will be there for July 1 under exception drug status and what that means is that a physician can apply for that exceptional drug status on behalf of a given patient.

Mr. Thompson: — Okay, thank you very much, Mr. Minister. I now want to make a couple of remarks regarding the Murray commission, its report, just a few short remarks and then I want to close off with the food

transportation subsidy. And as you go through the recommendations — and I know that this is just a report and I realize that — but as you go through it, it's just page after page after page.

All the recommendations are for all the services or the headquarters of all the services to be stationed in La Ronge. One just has to go through the report and it's just . . . some pages there are three recommendations on one page that recommend that all the services or the headquarters of that service be stationed in La Ronge. And I think that as I go through this report, I just have to shake my head and wonder where they got these recommendations from. It would almost appear that they all came out of La Ronge or . . . That's the only thing that I could see.

It also talks about a lot of local control of portions of the health care system in the North, but then if you go to page 192 then it states quite clearly that "A northern social policy secretariat with headquarters in La Ronge (be set up) . . ." And it would just seem like the whole report was sort of geared towards some local autonomy, but then . . .

I could finish at 7 o'clock, but I see there is a couple of minutes, and I just want to make a few comments, and in sensible way, to the member from Assiniboia-Gravelbourg who talked about the seven communities only — and he used that phrase — on the fresh food subsidy. And I want to say to him that there was only seven isolated communities that were involved in that program, and it was specifically there because of the isolation. I think this is what the problems that we've always faced as members, like the member from Assiniboia-Gravelbourg who doesn't realize what northern Saskatchewan is about. And it's the same as the individuals in Regina and southern Saskatchewan don't realize what it's like to live in northern Saskatchewan.

And when you made that comment, I just say to you, sir, that that is not a fair statement, because that program was implemented to cover only those seven small communities in northern Saskatchewan.

(1700)

Hon. Mr. McLeod: — As it relates to the member's comments about the commission report and its suggestions that several things would be based in La Ronge, as soon as I read that portion, I knew what you would be thinking because it was the same as what I was thinking. I'll be very frank with you on that. It's a bit of the concept that we've seen for a good long time; that there's a belief that La Ronge is sort of the centre of the . . . or the capital of all of the North and so on and while we know that a good portion of the population, in fact, the major portion of the population is on what we call the west side.

So I recognize that. I know that you've acknowledged that this is just a report albeit a rather comprehensive one. But for people who live in the North and who live on the west side, although in fairness to the commissioners, they did divide the North into three regions, which seemed to make some sense because finally someone's recognized the Athabasca basin, which I know you're familiar with, as a region unto itself. I think that makes some sense and I

think you agree with that.

So just so we both acknowledge that it is just a report, there will need to be discussions go on, as it relates to those recommendations, with people in the North, just as there needs to be some debate go on all across the province on many of the recommendations. So I'll give you the assurance that that discussion will go on.

Mr. Chairman: — It being past 5 o'clock, this committee will recess until 7 p.m.

The Assembly recessed until 7 p.m.