

The Assembly met at 1:30 p.m.

Prayers

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Mr. D'Autremont: — Thank you, Mr. Speaker. I am pleased to rise today to present petitions on behalf of the people of Saskatchewan. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to cancel any severance payments to Jack Messer and to immediately call an independent public inquiry to find all the facts surrounding the Channel Lake fiasco.

And as in duty bound, your petitioners will ever pray.

These petitions come from the Lake Alma, Beaubier, Estevan areas of the province. I so submit, Mr. Speaker.

Mr. Toth: — Mr. Speaker, to present petitions as well to the Assembly, and the petitions are in regard to the drugs Copaxone and Betaseron and I read the prayer:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to reconsider the rigid requirements set to qualify for Betaseron and Copaxone coverage to ensure that all those who may benefit be covered under the provincial drug plan.

And as in duty bound, your petitioners will ever pray.

And, Mr. Speaker, the petitions are signed by numerous individuals from the communities of Wawota, Saskatoon, Maryfield, Kelso, Fairlight, Oxbow, actually throughout the majority of Saskatchewan. I so present.

Mr. Bjornerud: — Thank you, Mr. Speaker. I also have petitions to present. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to cancel any severance payments to Jack Messer and to immediately call an independent public inquiry to find all the facts surrounding the Channel Lake fiasco.

And as in duty bound, your petitioners will ever pray.

The communities involved, Mr. Speaker, are Rose Valley and the city of Saskatoon. I so present.

Mr. Heppner: — Thank you, Mr. Speaker. I too rise to present a petition signed by people of this province. And I read the prayer:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to put an immediate halt to all investments in foreign countries by all Saskatchewan corporations and instead invest Crown corporation profits in Saskatchewan.

As in duty bound, your petitioners will ever pray.

I so present.

Ms. Draude: — Thank you, Mr. Speaker. I have a petition to present today:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to put an immediate halt to all investments in foreign countries by all Saskatchewan Crown corporations and instead invest Crown corporation profits in Saskatchewan.

As in duty bound, your petitioners will ever pray.

People that have signed this petition are from Kindersley and Smiley.

Mr. Hillson: — Thank you, Mr. Speaker. I present a petition this afternoon. The prayer of relief reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to relocate Highway 40 to east of the David Laird Campground in order to alleviate congestion at the entrance to the city of North Battleford.

Your petitioners this afternoon come from North Battleford.

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, I rise today to present petitions on behalf of Saskatchewan citizens concerned that the many workers injured permanently through work-related accidents are not being covered by workmen's compensation. They have legitimate workmen compensation claims and are denied or suspended at Saskatchewan taxpayers' expense. Their prayer reads as follows, Mr. Speaker:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to acknowledge the concerns of the taxpaying citizens by causing the government of Saskatchewan to ensure that absolute fairness and equitable treatment be given to those injured and disabled people and their families and be diligent in this most urgent matter.

The petitioners are from Saskatoon, North Battleford, and Regina. I so present.

Mr. Belanger: — Thank you, Mr. Speaker. I also rise to present a petition:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to take immediate action to address the long-standing concerns of northern people in regards to accessing quality health care, proper education and educational opportunities, affordable, quality housing, and most importantly, through meaningful, community-based economic development, access to quality jobs;

and further, that this be accomplished with the proper infrastructure such as safe roads and affordable utilities being put in place to allow such economic development to

facilitate once and for all that our northern people join the rest of Saskatchewan in prosperity and social justice.

And as in duty bound, your petitioners will ever pray.

And, Mr. Speaker, the people that have signed the petition are primarily from the city here. Thank you.

Mr. Goohsen: — Thank you, Mr. Speaker. I rise today to present the following petition. I'll read the prayer:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to reach the necessary agreements with other levels of government to fund the twinning of the Trans-Canada Highway in Saskatchewan so that work can begin in 1998, and to set out a time frame for the ultimate completion of the project with or without federal assistance.

As in duty bound, your petitioners will ever pray.

These folks, Mr. Speaker, come from the Golden Prairie community and a few from Red Deer, Alberta, and I'm happy to present them today.

READING AND RECEIVING PETITIONS

Clerk: — According to order the following petitions have been reviewed, and pursuant to rule 12(7) they are hereby read and received.

Of citizens of the province petitioning the Assembly on the following matters: to fund the twinning of the Trans-Canada Highway; to save the Plains Health Centre; to call an independent public inquiry into Channel Lake; to halt all investments in foreign countries by Saskatchewan Crown corporations; to take action in health, education, jobs, homes, and roads to allow the North to join the rest of Saskatchewan; to take immediate action to ensure the survival of the Carrot River hospital.

INTRODUCTION OF GUESTS

Hon. Mr. Shillington: — Thank you very much, Mr. Speaker. I'm pleased today to introduce to the House a group of people who are assembled with us today, located in your gallery, who form a committee to promote awareness and recognition of the Universal Declaration of Human Rights and Saskatchewan's human rights protection. I'll have more to say about this announcement under ministerial statements.

Seated in your gallery then are the members of Saskatchewan's committee. This is a tad dangerous because if my list isn't complete it'll become painfully apparent, but I'm going to ask them to stand as I introduce them: the chairperson, Donna Scott, chief commissioner and director of the Saskatchewan Human Rights Commission.

The committee members include: Deborah Parker-Loewen, the Children's Advocate; Barbara Tomkins, the Ombudsman; Gail Quinney, communications officer with Women's Secretariat; Joel Janow, co-director of the public legal education association; Sandra Folkins, director; Department of

Intergovernmental and Aboriginal Affairs; Madeleine Robertson, Crown counsel, Department of Justice; Gary Brown, senior policy analyst, Department of Labour; Tara Trueman, senior policy analyst, Department of Social Services.

Mr. Speaker, there are four members of the committee who were unable to attend today. They are Michael Jackson, chief of protocol; Malcolm French of the Department of Education; Donald Ford, assistant director of the Human Rights Commission; and Margaret Morrissette of the Department of Municipal Government.

We have Ethna Coneghan, multi-cultural research counsel, who's sitting in for Margeret. And finally we have Olivia Shumski, who's the anniversary's coordinator.

I'll close this, Mr. Speaker, by simply saying that these are people who have added to an already very full workload — these are all public servants — who have added to a very full workload to attempt to give leadership to Saskatchewan to recognize this very important event.

I would hope all members would be particularly generous in not only recognizing them but thanking them for this work.

Hon. Members: Hear, hear!

Mr. Bjornerud: — Thank you, Mr. Speaker. Mr. Speaker, I have two separate introductions to make today. I would like to introduce to the House through you and to you, 45 grade 7 to 9 students from Saltcoats Junior High and their two teachers, Fred Nicholson and Grant Bjornerud.

I would ask the members of the legislature to welcome them here today.

Hon. Members: Hear, hear!

Mr. Bjornerud: — Also in your gallery, Mr. Speaker, I would like to introduce to you Brenda Bod and Laverne Bod. Brenda's from Macoun, who had a very close call on 47 Highway and has brought her problem in to us today.

I would ask the members to welcome them here today.

Hon. Members: Hear, hear!

Hon. Mr. Shillington: — Thank you very much, Mr. Speaker. One of the reasons we celebrate things like the anniversaries of the Universal Declaration of Human Rights is so that young people might understand the importance that these events have played in world history.

I am therefore particularly pleased today to be able to introduce to you and through you to the members of the Assembly, 44 students who are in grade 12 at Robert Usher Collegiate, sitting in the west gallery. They're accompanied by their teachers, Rick Ast and Todd Millen. I'll be pleased to be meeting with these students at the conclusion of the routine proceedings.

I'd ask all members to join with me in welcoming these students.

Hon. Members: Hear, hear!

Hon. Mr. Lingenfelter: — Mr. Speaker, I want to introduce to you and to members of the Assembly, a business person from Prince Albert. Lennie Myer is with Green Tree Fencing up in the Prince Alberta area. I just wanted to recognize Lennie seated in your gallery.

Hon. Members: Hear, hear!

Mr. Heppner: — Thank you, Mr. Speaker. On behalf of the Sask. Party I'd too like to welcome the people here that are the committee promoting awareness of the declaration of human rights. And I think it's also particularly important that we have a lot of young people with us today that can understand what's happened in the world in the past and ensure that some of those things don't happen again. Thank you.

Hon. Members: Hear, hear!

Mr. Hillson: — Thank you, Mr. Speaker. I rise on behalf of the Liberal caucus to welcome our special guests this afternoon and pay tribute to them and to all those working in our province to combat racism and to work for a brighter future of racial cooperation. Thank you.

Hon. Members: Hear, hear!

STATEMENTS BY MEMBERS

Regional Economic Development Authority Network

Mr. Kasperski: — Thank you, Mr. Speaker. Mr. Speaker, I was pleased this morning to accompany the Minister of Economic and Co-operative Development to a ceremony announcing more good economic news here in the city of Regina, this one being of particular benefit to our local area.

The mayor of Regina, board members of the Regina Economic Development Authority, and representatives of the rural municipality of Sherwood announced that they are joining together to become part of a provincial regional economic development authority network.

This is the 26th REDA (regional economic development authority) established in our province, Mr. Speaker, and it further strengthens our network from border to border to border, to quote our friends from the CBC (Canadian Broadcasting Corporation). And as the minister said this morning, and I quote her:

The provincial government will continue to work in partnership with REDAs to ensure all communities in Saskatchewan can participate in our strong and thriving economy.

Mr. Speaker, REDAs are a uniquely Saskatchewan creation. They allow municipal governments, community organizations, private businesses, and cooperatives to pool their resources in order to encourage job creation and investment in their particular region.

Cooperation promoting development — that's why this

government, Mr. Speaker, increased our investment in REDAs by \$2 million this year. And that's why I am pleased to welcome the Regina REDA into our provincial REDA network. Thank you.

Some Hon. Members: Hear, hear!

Anniversary of the Royal Canadian Mounted Police

Mr. D'Autremont: — Thank you, Mr. Speaker. Yesterday marked the 125th anniversary of the RCMP (Royal Canadian Mounted Police) in Canada. The RCMP is an integral part of our history. As Canadians, we often characterize our nation as a very friendly, civilized, and law-abiding country. I truly believe that the strong presence of the RCMP during Canada's early years and their continued commitment to law and order has played a very significant role in Canada's development.

Over the years the RCMP have served us in many ways. They have provided services from horseback patrolling the prairie, military services in the Boer War, World Wars I and II, and on peacekeeping duty in strife-torn countries such as Haiti or Bosnia.

While times and circumstances have changed and the RCMP no longer patrol the plains on horseback, the commitment to the people remains as strong as ever. In all areas, the RCMP serve Canadians with distinction and honour.

In the last 125 years, a strong trust relationship has grown between the RCMP and the Canadian people. We have learned to work together to build better communities and better people. Our local RCMP officers have become an important and welcome part of Saskatchewan's communities, not only through their work, but also through their participation in many community events.

Today I would ask all members to join me in congratulating and thanking all past and present Saskatchewan RCMP officers for 125 years of dedicated service.

Some Hon. Members: Hear, hear!

Caring Canadian Award Recipient

Hon. Mr. Lingenfelter: — Mr. Speaker, I'm pleased to inform the Assembly today that a constituent of Regina Elphinstone is a recipient of one of Canada's top honours. Former RCMP officer, Tony Brezinski, of Regina is one of the latest recipients of the Governor General's Caring Canadian Award.

Mr. Brezinski, who retired from the RCMP in 1978, has proven himself as a dedicated volunteer and has worked hard to improve the quality of life for members of our community. He received this honour in part for his significant contribution to the people with impaired vision.

He is a volunteer with the Lion's Club sight and service program and he's involved in raising money for the new Canadian National Institute for the Blind building. And he has also coached a blind golfer at national and international tournaments. Mr. Brezinski also heads the RCMP Veterans Association Committee that provides breakfast for Regina's

needy people.

Mr. Speaker, Tony Brezinski represents the kind of commitment and sincerity Saskatchewan volunteers are famous for. On behalf of the Government of Saskatchewan, I'm sure all members of the Assembly, I want to thank him for his hard work on behalf of the people of Elphinstone, and congratulate him on receiving this Governor General's award.

Some Hon. Members: Hear, hear!

Channel Lake Inquiry

Mr. Hillson: — Thank you, Mr. Speaker. On May 20, the *Leader-Post* correctly reported that I see the need for a police and law society investigation into some of the matters surrounding Channel Lake.

Unfortunately the report linked my request to the testimony of Michael Hurst. Specifically the report suggested I was calling for a police investigation into Mr. Hurst's failure to send copies of all sale documents to the corporate solicitor of SaskPower.

Mr. Speaker, forgetting to send documents to SaskPower as he was supposed to, is arguably professional negligence. However, professional negligence is an insurance issue, not a criminal issue. It is not something which would be investigated by the police or even by the law society for that matter.

I did suggest in my comments some of the areas into which I believe a police investigation is warranted. The alleged professional negligence of Michael Hurst is not one of them. Thank you.

National Missing Children's Day

Ms. Murray: — Thank you, Mr. Speaker. May has been declared Missing Children's month in Saskatchewan. And today is National Missing Children's Day across Canada.

This is a time to increase the public's awareness of missing children throughout our province and all of this country. Each year in Saskatchewan the police register as missing more than 2,000 children under the age of 18. The majority are runaways, some of whom run away more than once. The largest number of runaways are between the age of 14 and 15.

Today green ribbons are distributed through local merchants by Child Find Saskatchewan. Child Find Saskatchewan is observing its seventh annual Green Ribbon of Hope campaign. This green ribbon symbolizes the hope that all missing children will return safely.

Mr. Speaker, the ribbon is a symbol which our government is backing up with action. In this year's budget we dedicated nearly \$35 million to new programs and services for children, youth, and families under the child action plan.

We are working together with Saskatchewan people to build a strong future for our children and our communities. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Residents of Buffalo Narrows Recognized

Mr. Belanger: — Thank you, Mr. Speaker. Today I rise to honour the contributions of an entire family in my constituency. The Shatilla family, residents of Buffalo Narrows, have been dedicated in their efforts to community growth. Their commitment to the development in the North is an inspiration and motivation to all citizens of Buffalo Narrows.

And, Mr. Speaker, they had a supper for the Shatilla family in appreciation of their many years of service to the community and to the residents of Buffalo Narrows. And the northern village of Buffalo Narrows presented a plaque, and the plaque read:

The citizens of Buffalo Narrows recognize and appreciate the Shatilla family for many acts of kindness and generosity. Your family's dedication and commitment to our community growth and development is an inspiration and motivation to all the community residents. Presented by the mayor and council of the northern village of Buffalo Narrows, April 18, 1998.

And just in closing, Mr. Speaker, to basically indicate the amount of commitment these people have to the community of Buffalo Narrows, I just quickly read a quick excerpt of Mr. Shatilla's, Alex, note:

A & F Store was started by Alex and Flora Shatilla in the building you know today as Chilly Willy's or the old liquor store. I went bankrupt with \$40,000 of uncollected credit on the books. I had a great teacher for feeling sorry for people — my father Kelly. I couldn't see anyone stuck.

Mr. Speaker, it's very important to recognize the contributions of people such as Alex and Flora Shatilla from Buffalo Narrows.

Some Hon. Members: Hear, hear!

Constituent Chosen for Sask-Cam Team

Mr. Jess: — Thank you, Mr. Speaker. Scott Linnell, a constituent and a neighbour of mine from Hafford, has made hockey's Sask-Cam team.

Scott, a grade 4 student at Hafford Central School, tried out for the team in Saskatoon in April. Twenty-five hundred kids were at the try-outs, but 38 made the team. Scott beat all other 10-year-old boys for a spot on the team in two days of try-outs, which displayed puck handling, skating, and other skills.

Scott now gets to play in three major tournaments this summer as a member of the Sask-Cam team. The first will be in Winnipeg on July 1, the second in Saskatoon on July 17 and 18, and the final tournament will be in the States in August.

Mr. Speaker, I want to congratulate Scott on this very significant sporting accomplishment and wish him and the Sask-Cam team the best of luck this summer. Thank you.

Some Hon. Members: Hear, hear!

Globe Theatre Artistic Director Leaves Regina

Hon. Mr. Nilson: — Mr. Speaker, tonight at Government House in Regina an event both sad and celebratory is taking place. The friends of Susan Ferley are gathering to honour her eight years as artistic director of the Globe Theatre here in Regina — eight years that have been marked by dramatic excellence, community involvement, and yes, even financial stability.

We regret that she is leaving this post but we are delighted with what she has done on her watch in less than a decade. She has set her mark high but she has left her successor, Ruth Smillie, with admirable resources.

Mr. Speaker, the 18th century British writer, Samuel Johnson, said that, quote, “the stage but echoes back the public voice.” And I suppose if I had to choose from among Susan Ferley’s many talents, it would be her ability to both reflect and challenge her public.

A public theatre in a small centre is in a difficult position. It can’t be too far out front, too avant-garde, or it will lose its audience. It can’t be too conservative or it will lose its soul. Susan Ferley walked this tightrope admirably.

As well, she introduced new playwrights, new actors, and new techniques in her not-so-new facility. A good example is this season’s new production of *Peter Pan* with flying actors. And she also gave me my first and, thankfully, only opportunity to act.

Mr. Speaker, I know all members and all theatre-goers in Regina and across the province will join me in wishing Susan well in her future.

Thank you.

Some Hon. Members: Hear, hear!

ORAL QUESTIONS

Highways Funding

Mr. Bjornerud: — Thank you, Mr. Speaker. Mr. Speaker, my question is for the Minister of Highways.

Madam Minister, on Friday morning, Brenda Bod of Macoun was driving south on Highway 47 near Boundary dam. As she went by an oncoming semi, one of the semi’s wheels kicked up a 10-pound, foot-long chunk of asphalt. It bounced off the hood of Brenda’s car, crashed through her windshield, bent her steering wheel, and then struck her — 10 pounds of pavement, Mr. Speaker.

Brenda seriously injured her shoulder. It will be two months before she knows if the damage to her shoulder is permanent.

Madam Minister, Brenda Bod is lucky she wasn’t killed, thanks to your crumbling highways. Madam Minister, we now have a chunk of highway flying through people’s windshields. What are you going to do about it? What are you going to do to fix Highway 47 and every other highway in Saskatchewan that is

becoming a life-threatening hazard?

Hon. Ms. Bradley: — First of all, to respond to that question. We have put out our strategy; we’re increasing dollars . . .

The Speaker: — Order, order, order. Now I want to remind the hon. minister to direct her answers and the questions of course through the Chair.

Hon. Ms. Bradley: — Thank you, Mr. Speaker. Mr. Speaker, as I was saying, in our recent budget we have increased the funding to be spent on our highways and road system right across this province. And that includes our rural highway system, our provincial, our national highway system, and certainly we’ve got to spend dollars in maintaining, upgrading, and doing as much repair work as we possibly can on our system.

Any kind of an accident like this we certainly, as I have said previously too, if it was a fault of the highways not being marked and so on, we’ll certainly look at that on an individual basis.

Some Hon. Members: Hear, hear!

Mr. Bjornerud: — Thank you, Mr. Speaker. Well, Mr. Speaker, we’ve had many people bring highway complaints to our office. This is the first time we’ve actually had someone bring the piece of highway to our office.

Mr. Speaker, this is . . .

The Speaker: — Order, order. Order, order, order, order. Order! Order. The hon. member . . . Order! The hon. member will recognize of course that it is improper in parliamentary debate to use exhibits and I’ll ask the page to remove the item as an exhibit from the Assembly.

Order! Order. Order. Members will come to order on both sides of the House.

Mr. Bjornerud: — Thank you, Mr. Speaker. Madam Minister, how would you like to have that piece of pavement coming at you at 60 miles an hour. Madam Minister, Brenda wants to know if she is going to be compensated for the damage caused by this flying chunk of your highway. Are you going to pay for her vehicle deductible? Are you going to compensate her for lost time at work due to her injury? Are you going to reimburse her for the cost of leasing a vehicle while hers is being repaired and other costs she may incur?

Madam Minister, are you going to take responsibility for the damage caused by this piece of flying pavement?

Hon. Ms. Bradley: — Mr. Speaker, any time there is an accident or anything that happens on the highways, of course we take it; it’s of grave concern to us. And we take a great deal of concern on people being safe driving on our roads. And certainly we will meet with Brenda and look over all the circumstances of this type of an accident. And as we have said before . . . we’ll look at these on an individual basis.

One thing I do want to say is that when we were aware of this

accident, that they have gone out to check this piece and certainly of doing the repair work that needs to be done on that stretch of road, and certainly that we would meet with Brenda.

Some Hon. Members: Hear, hear!

Mr. Bjornerud: — Thank you, Mr. Speaker. Well, Madam Minister, there's spots like that all over this province. That's only one spot. Madam Minister, as you could see, there's a big chunk of Highway 47 missing.

The problem is there's even a bigger chunk missing from the \$250 million commitment to highway funding. In fact in the first two years you're already \$82 million short. That's why our highways are in such terrible condition. That's why more and more accidents are occurring as a direct result, on NDP (New Democratic Party) highways. And that's why a big chunk of 47 Highway came flying through Brenda Bod's windshield on Friday morning.

Madam Minister, it's time to stop making excuses and start fixing the problem. When are you going to live up to your own commitment for highway funding? Or does someone have to be killed with a chunk of flying highway before something gets done?

Hon. Ms. Bradley: — Thank you, Mr. Speaker. As I've said . . . we will be looking at this individual case, but we are living up to our commitment. We added dollars last year. We've added more dollars this year. And we certainly take it seriously, the stress and the pressure on our system. And certainly we've got to repair the potholes on our system.

But I want to tell you, the member opposite of me, the largest pothole in this province was the responsibility of your administration that allowed a debt in which we spent \$2 million a day on interest that we still can't get that pothole fixed. And what I've said, we've put \$2.5 billion. It's a commitment that we've made over . . .

The Speaker: — Order. Order. Order! Now when the questioner asks the question, doesn't necessarily need the assistance of colleagues to respond to the answers that's being provided. And the hon. minister doesn't need the assistance of colleagues to be shouting across the floor to assist with the answer either.

I'll give the hon. minister a few more seconds to wrap up her response.

Hon. Ms. Bradley: — Thank you, Mr. Speaker. This province has made a commitment to highways and transportation both in planning and in dollars. But as I was saying, the biggest pothole that has been very difficult for us to fix right across this province, is the \$16 billion debt, the \$2 million a day of interest in fixing that pothole. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Memo to Regina Health District Employees

Mr. Toth: — Thank you, Mr. Speaker. Mr. Speaker, just one comment about the highways. One thing the minister fails to

recognize is the fact they still aren't living up to the 1991 budget. And this is seven years later, they haven't caught up.

But my question to the Minister of Health, is for the Minister of Health today. Mr. Minister, where does the CEO (chief executive officer) of the Regina District Health Board come off telling Plains hospital employees to get a life? Where does he come off trying to put a gag order on people for exercising their legitimate right to protest your decision to close the Plains hospital.

Mr. Minister, your government is spending hundreds of thousands of dollars to tell everyone what a great decision this is; at the same time, your puppet health board is trying to muzzle anyone who would dare speak against the closure of the Plains. It's no wonder Cuba sees Saskatchewan as a shining example of how to run a government.

Mr. Minister, have you spoken to the CEO of the Regina Health Board about this memo, and why is the Regina District Health Board putting a gag order on its employees?

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — Mr. Speaker, just in response to the member's question. The department has had a discussion with the district health board. And the information that's come back to my office through the department is that the memo that Mr. Bartlett had in fact crafted . . . or drafted was in fact a document that he had prepared to his management forum, which had a great deal of detail in it apart from the comment that you make, or the quotation that you make.

And I want to say to the member opposite that in the performance of their duties, one of the issues that the district health board of course does is it employs a CEO that's responsible for the day-to-day overseeing and management of their activities.

So I say to the member opposite that as much as I've had the discussion with the Regina District Health Board, the responsibilities of the day-to-day management of the district health board really are in the purview of the district board and not with the minister's office.

Some Hon. Members: Hear, hear!

Mr. Toth: — Thank you, Mr. Speaker. Mr. Speaker, again to the minister. The CEO of the Regina Health Board suggests that efforts to save the Plains are bad for morale and stressful on employees. Mr. Minister, the only thing that's bad for morale is your decision to close the Plains, and the stress is due to nurses being overworked due to your government's mismanagement of the health care system.

But your decision is not only stressful and bad for morale for Plains employees, it's stressful and bad for morale for all the people of Regina and southern Saskatchewan who are served by the Plains hospital.

Mr. Speaker, instead of putting a gag order on employees who are raising legitimate concerns about the health crisis in this province, why don't you start listening to what they're telling

you. When are you going to get a life and reverse your decision to close the Plains?

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — Well, Mr. Speaker, on a number of occasions I've been on my feet during the session and responding to the member opposite as to the reasons for why the Plains Health Centre decision was made, when it was made in 1993, and the decision about the eventual moving of those facilities to both the Pasqua and the General. And the member knows full well all of the rationale that goes along with that.

But I say to the member opposite that rather than busily going out to the meetings across the province, which you have been as well, and then going to the podium and beating up — beating up — on the health system that we have today, of which you in part were responsible, my good friend, in terms of taking money out of Saskatchewan taxpayers' pockets and putting it into areas that have benefited individuals.

As a Conservative I say to you, you need to stop fearmongering around the province. What you need to do is assist in the development of health reform in the way in which Saskatchewan is a leader — is a leader — and that there are other parts of the country today that are coming here and are modelling their development around the Saskatchewan health care model.

Why don't you get onside and make that statement in terms of growing health care as opposed to dismantling it?

Some Hon. Members: Hear, hear!

Mr. Toth: — Mr. Speaker, one final question to the minister. Mr. Minister, Plains employees aren't the only ones facing a gag order. So are your own back-bench MLAs (Member of the Legislative Assembly).

For four weeks the Saskatchewan Party has been calling for a free vote on the future of the Plains hospital. For four weeks you have blocked that request. Why? What are you afraid of?

If this is such a sound decision, why not let your MLAs stand in their place and vote? Or are you afraid that some of your MLAs might vote to save the Plains if you were to lift the gag order?

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — Well first I want to say to the member opposite that there is a sense of collegiality on this side of the House, that's true, which would be something that would be brand-new to your vocabulary. Because there's not much collegiality in terms of what happens on your side of the House.

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — But I say to the member opposite that the decision about the closure of the Plains Health Centre was made in 1993. It was made by the district health board. It was made after three studies in fact were undertaken.

And I want to say to you that there was a free vote. There was a

free vote, Mr. Speaker, in Saskatchewan in 1995. Everybody in Saskatchewan went to the polls in 1995 and made a decision about which party they wanted to ensure that the health care system grew, sustained itself and maintained itself.

And the people of Saskatchewan picked the NDP Party to continue to ensure that health care in this province is maintained and sustained and will never, Mr. Speaker, and will never in this province pick the Saskatchewan Tories to . . .

The Speaker: — Order. Order, order, order.

Some Hon. Members: Hear, hear!

The Speaker: — Now the question period can proceed in a much more orderly manner without members shouting at one another from across the floor.

Mr. Belanger: — Thank you, Mr. Speaker. Mr. Speaker, in recent years we have seen the government's hand-picked political friends assume key management positions in our health districts. Some have used their authority to try and put gag orders on health care workers to keep them from speaking out about problems in the health care system.

A less-than-subtle memo has been circulated at the Plains Health Centre in recent weeks suggesting if employees don't have a life, they should get one and get one soon. My question is to the Minister of Health. Mr. Minister, is this memo a veiled threat aiming at intimidating employees from attending the Liberal opposition's Save the Plains rally on Friday?

Hon. Mr. Serby: — Well, Mr. Speaker, I want to say to you and the member opposite that I'm absolutely astounded — astounded — by that member's comment, because just not more than six months ago I was in the northern part of Saskatchewan and we established two northern health districts, which is the first — first — occasion ever in this country where you have individuals who are taking responsibility for the management and direction of a health system.

And on that health . . . and on those two health boards, Mr. Speaker, we have aboriginal people who serve on it, we have Metis people who serve on it, which is precedential.

And you got the member opposite now standing up saying that he doesn't believe and doesn't support that individuals, who are elected and appointed to district health boards, who are of a local flavour or of aboriginal nature in his part of Canada and Saskatchewan saying that they can't make those kinds of decisions and choices.

And I say to you, you ought to be ashamed of yourself as the member from northern Saskatchewan to be making that comment.

Some Hon. Members: Hear, hear!

Mr. Belanger: — Thank you, Mr. Speaker. This city isn't the only community in which threats are being levelled. In the Living Sky District a note is attached to pay stubs of nurses

indicating all matters related to clients' care and the operation of health care facilities is to remain confidential.

It goes on to read that anyone not following these rules faces discipline up to and including job loss — up to and including job loss. The situation apparently has gotten so bad that the Saskatchewan Union of Nurses has felt it necessary to replace the head of the nurses' local in the district to protect her.

Mr. Minister, are you aware of these threats and do you support these kinds of tactics?

Hon. Mr. Serby: — I want to say to the member opposite that two weeks ago I was in the Living Sky District and I met with the nurses' associations and the nurses in that area and we had a long discussion about this very issue. And the rationale that the district health board has provided, which by and large has satisfied the nurses organizations and associations in that area, is that there was some concern about information that was being provided around the confidentiality of a person's health record.

And the information that was put in the insert by the district health board was to state to employees — all employees — who would have access to confidential information that they need to be a lot more cautious and careful in the disbursement of individual information on people. And I say to you that's the context in which that information flowed out of the Living Sky Health District. And I say to you, you need to be fully informed on that process and I'm glad to provide that for you today.

Some Hon. Members: Hear, hear!

Mr. Belanger: — Thank you, Mr. Speaker. Nurses and doctors are speaking out because they want to know what is wrong with our health care system. These front-line health care workers see it every day on the front lines. Care-givers in Living Sky District know that they'll be left with minimal service. They also fear that the next step is the closure of more hospitals in their district, just as those in Carrot River are now experiencing.

Mr. Minister, when are you going to listen to what our front-line people have to say. When are you going to start defending them instead of supporting these attacks on them?

Hon. Mr. Serby: — Mr. Speaker, I don't know where the member has been since January, but I want to say to him that there have been a number of occasions in the province where he's had an opportunity to learn and hear about what's happening in the health care system and its growth.

Today, Mr. Member, and Mr. Speaker, we have more services that are being provided to Saskatchewan people than in the history of our province, more services with more dollars that are being provided to Saskatchewan people across the province.

Just a couple of days ago we introduced 200 more nursing positions to the province of Saskatchewan. It's a commitment that we make.

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — In January of this year, we signed a

brand-new contract with physicians who say to us that there'll be additional physicians practising in Saskatchewan, and that's already the case. We've just completed, Mr. Member, just recently, the new rural initiatives health program bringing physicians to Saskatchewan — 26 new physicians practising in Saskatchewan since January 1.

And I say to you, that this government hasn't been listening! You need to pay attention to what's happening across the province in terms of growth in health care.

Some Hon. Members: Hear, hear!

Environmental Concerns

Mr. Hillson: — Mr. Speaker, Cameco, another company in which the Government of Saskatchewan has a significant investment, has been involved apparently in a major spill of sodium cyanide into a river in Kyrgyzstan. Twenty tonnes of sodium cyanide was spilled according to reports; 180 people have been made sick; fish and cattle have died; and the Kyrgyzstan government is threatening to sue us.

This government has showed a total lack of interest in environmental issues, whether it is the logging of the Nemeiben forest or the Saskatchewan NDP's boycott of the international conference on global warming at Kyoto.

What does the minister know about the sodium cyanide spill in Kyrgyzstan? The NDP says it is opposed to the MAI (multilateral agreement on investment) because they fear it will weaken environmental controls. What are you doing to ensure that companies owned by the Saskatchewan government are following environmental controls in their work around the world?

Hon. Mr. Scott: — Thank you very much, Mr. Speaker. I find it somewhat passing strange the type of question that's covered a number of issues here.

Certainly the environment is very important. The environment is very important to the people of Saskatchewan as well as this government. We are doing a number of things in Saskatchewan here, all the way from recycling scrap tires, used oil, to uranium mining with some of the most stringent controls in the world.

And certainly the catastrophe that did happen in Europe with that spill is very serious, and certainly something that we want to ensure that does not help again . . . does not happen again. And if we can help the federal government or anyone else to enhance environmental protection and quality, we are prepared to do so.

Some Hon. Members: Hear, hear!

Mr. Hillson: — Well, Mr. Speaker, the Minister of Environment says he is concerned. But I would suggest putting this government in charge of environmental issues is like putting Colonel Sanders in charge of the chicken coop.

What about the Nemeiben forest? You are about to approve logging of the Nemeiben forest with no consultation of the people of the North, the people of Missinipe. This is a major

area for ecotourism — the prime canoeing location in the province. If the Nemeiben forest is logged that will be destroyed for ecotourism.

Will you give an undertaking today that there will be no logging of the Nemeiben forest until environmental study has been done and until the people of the North, especially the people of Missinipe, have been consulted about whether or not they want their lands destroyed?

Hon. Mr. Scott: — Thank you very much, Mr. Speaker. With regards to the Nemeiben forest, I would like to inform the House that I had the pleasure of meeting with representatives already last week on this issue and we'll be meeting again with them this week, both up in La Ronge

And the Nemeiben forest is not going to be cut down tomorrow or this year or even next year. What we will be looking at is a land use plan and certainly before any logging does occur, and a full-fledged, environmental impact assessment will be conducted.

The news that is out there now, we are just seeing if there's any interest from a contractor to do any logging in the area. There is much work to be done before any permits will be issued for logging.

Some Hon. Members: Hear, hear!

Crown Corporation Foreign Investments

Mr. Hillson: — Mr. Speaker, Jack Messer told us recently that the Crown corporations belong to the people of Saskatchewan. This is the same line that the government has been peddling.

But then of course he turned right around and said that if anyone is nervous about the globe-trotting boondoggles of this government they are, as he put it, "immature and parochial".

My question for the Minister of Crown Investments. The new Act before this House will destroy and even lessen public accountability instead of strengthening it.

Are you prepared for there to be a full debate in this House and in the province before there are any more foreign investments by our Crowns in equity positions? Or do you take the position that we are immature and parochial if we get nervous about Guyana, about the Chicago cable company, about Channel Lake, and all the other problems we've had with foreign investments that have had little scrutiny?

Hon. Mr. Lingenfelter: — Mr. Speaker, to the members opposite as it relates to the working of the Crowns in the province of Saskatchewan, there has been a huge amount of work done in studying the Crowns, the support for the Crowns, changes that might or should be made.

An extensive review, Mr. Speaker, was done in 1996. The then minister of CIC (Crown Investments Corporation of Saskatchewan), the member from Rosetown, was very, very much involved in a very integral way in the study and process that went on. Many meetings were held throughout the province.

And the results are clear and you have those results — that the public of Saskatchewan is extremely proud of the investments that they have made through their governments, all governments historically, all the way back, Mr. Speaker, to 1901, even before Saskatchewan was a province, when creameries and hail insurance companies were set up because there was no one else to do the work. That's why still over 65 per cent of the people in the province support Crowns.

For that member opposite to stand here today and to try to belittle the men and women and programs that have been built in this province does a disservice to you, sir, and to the men and women of the province who have built the Crown corporations.

Some Hon. Members: Hear, hear!

SaskPower Advertising

Mr. Heppner: — Thank you, Mr. Speaker. My question is for the minister responsible for SaskPower. Mr. Minister, you can always tell when the NDP is getting whacked on their Crown corporations — when they start spending taxpayers' money telling us what a great job they're doing. Health department did it to the tune of 600,000. Now on the same page, judging from the barrage of feel-good ads in the provincial papers, SaskPower's decided to get into the game as well.

Mr. Minister, the past couple of weeks we've seen quarter-page full-colour ads in the *Star-Phoenix*, in the *Leader-Post*, and other newspapers telling us that SaskPower creates electricity. Mr. Minister, what a relief. Our SaskPower can actually generate electricity.

And then I'll read one line from the ad, Mr. Minister, and it goes as follows: "SaskPower . . . (is) constantly finding new ways to charge progress in business and industry." Well if that isn't something exciting, SaskPower can charge everyone in this province for progress.

Mr. Minister, I ask you how much of the taxpayers' money is being wasted so the NDP can feel better about their disastrous management of Channel Lake and SaskPower?

Some Hon. Members: Hear, hear!

Hon. Mr. Lingenfelter: — Mr. Speaker, I want to say to the members opposite, and whether Tories or Liberals, you can see their approach and that is that they would like to sell off, Mr. Speaker, the Crown corporations. That's their policy. But I want to say that they should know . . . And speaking of getting whacked, when that party got whacked on the head by the people of Saskatchewan in 1991 because of their policy on Crown corporations, they still haven't forgot . . . they still haven't forgot that their ill-fated attempt to privatize the Crown corporations failed and got them defeated. They're still back there. They're still back there in the good old days trying to re-fight the 1991 campaign about privatization.

I say to the member opposite, on one hand he says the Crowns have to communicate more. When they communicate about farm safety, about natural gas installation, they get a little goofy and the start yelling and hollering from their seats. But I say, Mr. Speaker, that they should remember history. They lost the

battle on privatization. They got whacked real bad in 1991. They should apologize for trying to privatize and maybe then the people of the province would start to forgive them.

Some Hon. Members: Hear, hear!

MINISTERIAL STATEMENTS

United Nations Universal Declaration of Human Rights

Hon. Mr. Shillington: — Thank you very much, Mr. Speaker.

The Speaker: — Order! Order! The question period has ended and I've recognized the Provincial Secretary for ministerial statements. Order! But I suspect . . . Order. But I suspect a good part of the House didn't even hear him being recognized and I'll ask for the cooperation of the House in order to hear the statement by the Provincial Secretary.

Hon. Mr. Shillington: — Thank you, Mr. Speaker. Earlier today I introduced a group of people located in your gallery who will form a committee to promote awareness and recognition of the Universal Declaration of Human Rights and Saskatchewan's remarkable role in human rights protections and the enshrinement of these rights in legislation in Canada.

Mr. Speaker, 1998 marks the 50th anniversary of the Universal Declaration of Human Rights adopted by the United Nations on December 10, 1948. The committee assembled here with us today have been working over the course of the last five months and will continue to work throughout 1998 to support and participate in activities to commemorate this important anniversary.

December 10, 1998 marks 50 years since the signing of the Universal Declaration of Human Rights, a document drafted by a Canadian, John Peters Humphrey. The declaration has influenced the development of human rights legislation across Canada and around the world. Indeed, one of Canada's most distinguished diplomats, Lester Pearson, then Minister of Municipal Affairs . . . then Minister of External Affairs, also played a key role in promoting the concept of the Universal Declaration of Human Rights in the United Nations.

Mr. Speaker, Saskatchewan has always been a leader in human rights protection. These pioneering efforts in human rights ensure that everyone in Saskatchewan enjoys the right to freedom of conscience, expression, association, and the right to freedom from discrimination.

It is particularly appropriate that the people of Saskatchewan participate in this historic event. One of the early initiatives of the Douglas government was the passing of The Saskatchewan Bill of Rights Act, which went into effect May 1, 1947, some 18 months before the passage of the Universal Declaration of Human Rights.

The Act was the first such Bill of Rights in North America, and it was a pivotal advance in Canada's growing role as a world leader in the promotion of human rights and, I might add, a forerunner of the United Nations declaration.

It's particularly appropriate therefore that Saskatchewan mark

this important anniversary. To this end, Mr. Speaker, the mandate of the Saskatchewan Committee on Human Rights is that the committee will act as a catalyst and a coordinator for human rights observances in Saskatchewan and will increase awareness of the Universal Declaration of Human Rights and of human rights in Saskatchewan.

Mr. Speaker, in honour of the 50th anniversary, government agencies, non-profit groups, community organizations, and individuals are planning many special conferences, artistic events, publications, and meetings throughout 1998. Much is being done already but much more needs to be done to promote awareness and recognition of the Universal Declaration of Human Rights and Saskatchewan's early and astonishing role in the early days of this movement.

To this end, Mr. Speaker, I thank the committee for their work and encourage all Saskatchewan people to take advantage of this opportunity to acknowledge human rights advancements but not to forget that there is still much more to be done as we work together to ensure that the fundamental rights to which all people are entitled are ensured.

Thank you very much, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Heppner: — Thank you, Mr. Speaker. As we look around the world I think we very much appreciate living in countries and parts of the world that have a high standard of living, and especially countries that have rights and freedoms for their people. And I think Canada's very definitely one of those places and so is Saskatchewan. And I think we need to sort of also remember that it was John Diefenbaker that brought in the Canadian Bill of Rights. So this province has always been in a position of leadership.

However, there's one particular line that I believe was mentioned that I'd like to underline and restate, and that is: but not to forget there is still much more to be done as we work together. I don't think we can say in this province that we've come to the end of dealing with human rights, that we have achieved it totally — we most definitely haven't.

And I think in Saskatchewan we have to address the fact that in many cases we're getting carried away with dealing with what is politically correct, probably more often than what is involved in human rights. And I think this morning in the question period, Mr. Speaker, when we find that the nurses, rather than being allowed to get involved in public affairs are told to get a life, truly lets not forget in Saskatchewan there's still much to be done.

Some Hon. Members: Hear, hear!

Mr. Belanger: — Thank you, Mr. Speaker. Mr. Speaker, today's an important day to recognize for all people. I always welcome an opportunity to recognize progress. In fact tremendous progress has been made towards the fundamental rights to which all people are entitled in Saskatchewan.

But one must also recognize the challenges that still have to be overcome. The Universal Declaration Of Human Rights was

adopted by the United Nations December 10, 1948, the first comprehensive agreement amongst nations as to the specific rights and freedoms of all human beings.

The universal declaration sets a common standard of achievement for all peoples and all nations. It provides all people with civil, political, economic, social, and cultural rights. The declaration has been the foundation for international law as well as for constitutions and regulations of many countries as all countries are obligated to apply its principles.

Saskatchewan people are working towards the full implementation of the declaration of human rights. It is very important that all individuals have the right to be treated fairly and respectfully. It is equally important for each and every one of us to defend those rights for ourselves and for those unable to defend themselves.

Achieving the full implementation of the declaration of human rights requires active participation and support of all citizens. It troubles me, Mr. Speaker, that in the current day there are still people in society, members of this Assembly, an opposition party that do not see the need for the Human Rights Commission. I would ask that members of the Assembly and all Saskatchewan people take time to get involved in activities that strengthen respect for human rights.

Today, Mr. Speaker, we are honoured with the presence of a committee of the province's most dedicated people committed to furthering human rights initiatives and increasing the awareness of human rights in Saskatchewan.

On behalf of myself and my colleagues, thank you for your contributions, for making our society a better place to live.

Some Hon. Members: Hear, hear!

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, by leave of the Assembly, to address the ministerial statement.

Leave granted.

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, I'm really very pleased to be able to speak to the ministerial statement today and to commend the committee on the work that they will be doing to promote awareness and recognition of the declaration of human rights.

I think that this is a really important work but I think, without a follow-up and a dedication on the part of government to certainly look at the human rights that are being violated within our own province, committees can be of no help.

We have seen within the last few weeks the widows, widowers experiencing a revocation of their deceased partner's pensions. They say that they are being discriminated against because they have married again. I think we need to look at that fully, clearly, and honourably; I think the government too . . .

I'd just like to make the mention that it's important to understand that the charter of rights for children as put forward by the UN (United Nations) is something else that we need to look at more closely in this province, especially for the children

that are suffering under the atrocity of child prostitution.

And so yes, much more does need to be done. We need to look at those two issues precisely as soon as possible. And I once again wish you all the very best in your committee and I commend you for the work you're doing. Thank you.

Some Hon. Members: Hear, hear!

ORDERS OF THE DAY

WRITTEN QUESTIONS

Mr. Kowalsky: — In keeping with the tradition of a government that is open, accountable, and responsible, Mr. Speaker, I hereby submit the answer to question 65.

The Speaker: — The answer to question 65 is tabled.

(1430)

GOVERNMENT ORDERS

COMMITTEE OF FINANCE

General Revenue Fund Health Vote 32

The Chair: — Before we get to that I would ask the minister to introduce his officials please.

Hon. Mr. Serby: — Mr. Chair, thank you. This afternoon I have with me basically the same team of individuals that were here on Friday. I'm sorry that you missed that opportunity for me to introduce them all, Mr. Chair. I could do that for your benefit, but on your direction only add two of the new people who are the replacements that are here today.

Lauren Donnelly, who is the project director for acute and emergency services branch, is here today replacing Mr. Krahn. And Karen Gibbons, the director of program support unit, community care branch, is here today. Other than that, the officials that were here last week are joining me again this afternoon, Mr. Chair.

Subvote (HE01)

Mr. Toth: — Thank you, Mr. Chairman. And, Mr. Chairman, it's a pleasure to have your presence back in the Assembly. I trust you had an enjoyable time in England, following up on a trip I think Mr. Speaker would have enjoyed to have been on, but I'm sure that the information that you've gleaned will certainly assist you in your role as Chair of this committee, and we certainly welcome you back.

Mr. Minister, a couple of questions that have come to my attention in regards to just some specific personal areas. One of the issues I'd like to talk about for just a moment today, and that goes in regards to the petition that was presented earlier on about the drugs Copaxone and Betaseron for MS sufferers.

Received a letter from a Deb Smyth at Wawota who indicates for a number of years her MS has been in remission, was

pleased to see the government finally move to put Betaseron and Copaxone on the drug plan; however is disturbed by the fact that there are such stringent requirements in order to qualify to receive the drugs. And I just want to read for you a paragraph out of the letter that she has presented.

But she talks about the fact that while here MS was in remission, one day she all of a sudden found herself with her eyes not focusing, her legs not really wanting to work, hard in getting her arms to move, and all of the symptoms of MS. And this is the paragraph I want to share out of the letter. It says:

Mr. Serby, this is where the rules **have** to bend. There should not be laws, as you try to state. This is a disease, we know little about, but, if there is something that will stop it in any way, please make it only fair, make this only between the doctor and (the) patient. So far we have no cure, but we may have a stop for recurring lapps. Please help the ones with this disease (take) the drugs. **You and your gov't** may have put the drug on the plan, but let it be available to all that need it now.

And, Mr. Minister, I understand there are very strident restrictions in place in regards to the availability of Copaxone and Betaseron. And I think you can appreciate, Mr. Minister, that what Deb Smyth is saying here, while she understood that not everyone who is suffering with MS may qualify, and while she was in remission she didn't see the need for the drug, but now that it's really flared up she really feels it's an area . . . that she should have access to it.

I think you can appreciate, if you really sat down and just met with MS (multiple sclerosis) sufferers, Mr. Minister, you'd get a better understanding of exactly what this disease does to individuals.

So, Mr. Minister, I'm wondering if you can respond to this question and the fact why we have such stringent limitations on the usage of Betaseron or Copaxone for MS sufferers.

Hon. Mr. Serby: — Well thank you. Mr. Chair, to the member. I want to say first and foremost that over the last several months in the debate and discussion around the importance of the two drugs — Betaseron and Copaxone — for MS sufferers, we have had an opportunity and personally to receive a fair bit of education on the benefits that some of these drugs might provide, or these two drugs would provide for people who are infected by MS.

But I want to say to the member opposite that I have a very personal understanding of the effects that this drug has on individuals and family, having been very much associated with a family member for many years who had the disease, that isn't with us today. And so I want to share with you that the closeness of the understanding and magnitude that this particular disease disables individuals and families is, as you've shared, very difficult — very difficult.

And so I'll share with you on the issue that this is a difficult time for families that have this disease that they live with. To say to you that the criteria that today we use in Saskatchewan is not unlike or similar and very much the same as that that's being used today in the four other provinces that in fact . . . or

three other provinces that have MS as part of their drug program.

And when we established our criteria and panel, we took the criteria that was already in place and implemented it here and used that criteria then to assist us in making determinations of who in fact would be the best benefactor of the two drugs that we've insured.

To say further that in respect to the panel, we felt that it would be important to have on the panel people who would in fact be involved in the process of actually diagnosing people, who might be the front-line individuals, like a general practitioner or GP and then a specialist — and so the panel is involved — and a nurse, a pharmacist.

And these people on a daily basis, or every couple of weeks . . . sorry, every couple of weeks, review the applications that come in and then apply the very basic criteria that is similar to what we have across the country in the other three provinces.

And that criteria really talks about relapsing and remitting MS, whether they've had two attacks in the last two years or whether or not they're ambulatory for at least 100 metres.

Now when that information arrives at the panel's disposal, what they do is they examine it along with the criteria that physicians or specialists might provide. And in some cases it's very detailed; in other cases it's very, very skimpy. And if the panel isn't comfortable with the data or the information they have, they resubmit a request to the specialist that's making a referral or the general practitioner that's making the referral and try to get broader information on it.

Now we've had a couple of instances in the province where in fact the committee or the panel itself has sent an individual for yet another opinion. So it's almost as though you might have an appeal process where they might then refer the person to yet another . . . or a second opinion, of which they've done in a couple of occasions to try to strengthen the decisions in which the panel was charged with making.

Mr. Toth: — Mr. Minister, I guess another question and a follow-up. What we've basically done, even though we've put Betaseron and Copaxone on the drug plan, the facts are, Mr. Minister, even for individuals who have to face the use of these drugs and the fact that they're on the drug plan does not mean that they still are not a financial drain and a burden to individuals who use the drugs because of the \$1,700 deductible and then the percentage you pay after that. At least I haven't understood . . . I'm not aware of the fact that there are any changes so the drug totally is covered for these individuals.

But for people suffering with MS, Mr. Minister, what you're basically saying is while Copaxone and Betaseron may have a positive effect, you're basically saying to all MS sufferers, unless you've reached a degree where you basically are losing a lot of your mobility, you do not qualify for the use of the drug.

I guess what I would like to ask you, Mr. Minister, is when we talk about the two drugs and we talk about having so . . . attaining a level of decreased mobility before you qualify, are we basically saying the drugs have a limitation in their ability to

assist patients? Or if patients were to take the drug earlier, would that give them more quality of life before they reach such a debilitated stage of development of the MS in their bodies?

Hon. Mr. Serby: — To your last question first, Mr. Chair, I want to say to the member opposite that as you know, that prior to the decision being made in Saskatchewan regarding the insuring of Betaseron and Copaxone, there was a very long and charged debate on really what is the value that this drug provides to individuals who are in fact MS sufferers. And the drug is only beneficial to a very small target group with a population of whom are infected . . . or affected — I'm sorry — by the disease of MS. And that's the rationale and the reason for why you don't have it universally covered across the country; where today you have four provinces that by and large insure in a variety of different ways the drug Betaseron yet not Copaxone, in a couple of provinces that in fact are in fact insuring the drugs.

And so to some degree, the medical jury is still out on whether or not there are full benefits, or the type of benefits that people receive from these two drugs.

Now in Saskatchewan a part of the initiative of establishing the panel is that you could start to track more fully the individuals who in fact are being served by the two drugs, to get a better appreciation of what value they're actually providing — what the value of the drugs are providing in terms of enhancing the quality of life for individuals.

In respect to the level of payment that people today are assisted by, it really does depend, as you noted, on what their income base is; and if in fact it provides additional hardship for family or individuals, they can apply for special support.

And clearly what's happened here is that you have a large range of what the actual contributions are that people might be making in terms of supplying the medication for themselves.

(1445)

Mr. Toth: — Well, Mr. Minister, I think you can appreciate the fact — or, Mr. Chairman, to the minister — can appreciate the fact that anyone who has symptoms of MS, they're going to look for anything that may assist them in overcoming some of the difficulties that are associated with MS especially as it progresses in their bodies.

Mr. Minister, above and beyond the drugs Betaseron and Copaxone, is the department doing anything or any research into natural herbs and medicines that may be available, or whether dietary forms that groups have come up with or suggestions . . . Is there any research in that area and any assistance given if people choose to go on a plan of natural herbs?

While we've got Betaseron and Copaxone covered under the drug plan, some people have found that certainly they have received or felt they've received solid assistance through natural herbs — but those are fairly expensive as well.

So I guess my question to you is, what is the department doing right now, the Department of Health, in regards to looking at

other alternatives that might be useful in stemming the debilitating disease of MS in patients?

Hon. Mr. Serby: — This is, Mr. Chair, a real good question that the member raises, because recently, as you know, there has been a great deal of discussion at the national level about the importance of the national pharmacare program in Canada and the value and importance of looking at the pharmacare program that in fact could enhance the level of services that Canadians could receive.

And as a Saskatchewan Health minister, we've advanced your notion as well, our thoughts as well, that there needs to be some examination of what kinds of alternate drugs we might use in terms of enhancing the quality of life that people might receive. As you know, we are seeing more and more on a daily basis, the increased cost of drugs. And in this province of course, we've established a panel that looks at the high-cost drugs. But I say to you that it is really the responsibility of the federal government, as it relates to the Food and Drug Act, for us to ask them to examine those processes.

And as you asked the question, I share with you that we too have been saying, as the team of professional Health ministers across the nation, that we need to do a broad examination of that.

The federal government is leading that because of course any time that you have a drug that makes itself available to the market-place, it has to go through a very scrupulous exercise of which the federal government needs to provide the approval.

But in respect specifically to your question as to what we're doing with alternate medications, alternate drugs, we have that on the table as well and are working in partnership with the federal government to try to look at which procedures . . . or which drugs might in fact be more beneficial along the way.

Mr. Toth: — Mr. Chair, thank you, Mr. Minister. So as I understand it from your comments in regards to the drugs Copaxone, Betaseron, and specifically to the question that Deb Smyth has indicated, nothing has changed. Basically she would go to her family physician, the family physician, or she would make application for the drugs; then there's a panel that would assess whether or not they feel she qualifies for that drug.

And if they say no, then what does she do, Mr. Minister?

Hon. Mr. Serby: — Well as you well know, in Canada we have what we call the health protection branch, it's what I've alluded to earlier. And once the health protection branch, of course — and it's responsible for the regulation of drugs in the country — and once they've in fact provided that approval, then what would happen is that that particular job would make its way, in the case of Saskatchewan, onto the formulary committee.

Then the formulary committee, which is made up of a vast array of professionals, health professionals, pharmaceutical people, who would then look at the efficacy of a particular drug and fully provide an examination of it in respect to the value that it would provide within the system — and it would be the Department of Health and my dependence on the evaluation of

that particular drug. And if in fact a recommendation were made that it should be part of the formulary, then in fact it would be included as a drug that would be covered in a variety of different fashions.

Otherwise it would be left off . . . otherwise it's left off the formulary and the individual would, if in fact it was prescribed, would need to assume the responsibility of using it but also having the full cost of having that medication administered.

Mr. Toth: — Mr. Chair, Mr. Minister. Mr. Minister, in regards to the costs of drugs — and certainly Betaseron and Copaxone are two drugs that are fairly expensive — I'd like to ask, I guess, what exactly has your department been doing recently to address the cost of drugs?

I understand if I'm correct — and you can correct me — that the drug patent law certainly has created, I would have to suggest, an unlevel playing field whereby the fact that when new drugs come on, there's a number of years before any other generic drug is made available on the system. Which means it's almost like a closed system that allows companies to just gouge the consumers when it comes those drugs.

And, Mr. Minister, in the past while what is your department been doing to address that? While we talk of two drugs for MS patients, we talk about drugs for all patients of actually any type of disease in the province, some drugs are much more expensive than the other drugs. What have you been doing as a province and as a department to address this concern?

And I realize it's a federal issue, but I think it needs to be raised and it needs to be looked at very seriously.

Hon. Mr. Serby: — Well, Mr. Chair, to the member, we like you recognize the growing concern about the number of high-cost drugs that are making their way, you know, into the market-place today. And of course some of them, as we talked earlier about Betaseron and Copaxone, the medical community is still out in terms of what value some of those drugs might be providing.

And on a daily basis today Canadians are confronted, and Canadian governments and provincial governments not only in Saskatchewan, are confronted with the issue of how is it that into the future we're going to be able to provide some kinds of semblance of coverage for high-cost drugs that have value in terms of the service to people.

And in Saskatchewan, when you ask what we're doing, we established in or about November I think of last year what we call a task force on high-cost drugs. This task force, I expect, will be reporting near the end of June, which is the time line that we've given them. And it was early November in which we established a task force.

And the membership on that particular task force, I might just read for you because it may be important: Dr. Stewart MacMillan is the Chair — Dr. Ralph Nilson and Dr. Tom Wilson, Dr. Bruce Schnell, Ms. Tenny Carter, and Ms. Honey Deglau.

And so the terms of reference for that committee are really

three, and they're to review what improvements might be appropriate to the way government evaluates new pharmaceuticals, including bringing a greater transparency to the process; secondly, to review the implications of providing coverage for new drugs on the scope of the Saskatchewan drug plan; and finally to review what action Saskatchewan should take in the months to come at the federal/provincial level, including approaches on the national pharmacare program which I talked about earlier.

Because we're raising at the national level — and did when the pharmacare conference was in fact in Saskatchewan — the importance of having a national strategy in dealing with the growing concern about the cost of drugs and the value that these high-cost drugs might be providing for Canadians across the piece . . . there has not been a meeting of health ministers to date of which we've been able to get the pharmacare issue on the agenda.

We've been, as you know, very much preoccupied with the work around blood and have not have an opportunity to sort of fully debrief on the work that came out of the pharmacare conference, although much of that analysis of what the conference tried to achieve and the outcomes of it are for our disposal today as health ministers, but have not yet been able to debrief on fully.

Mr. Toth: — Mr. Chair, Mr. Minister, a question related to the last time we had Health up in estimates in the Assembly and that's in regard to the cost of acute care beds. At that time, you'd indicated that it varies due to the centre and regional or local . . . I wonder if that information is available, if you've had a chance to put it together, and if you could send me some information in regards to that please, Mr. Minister?

Hon. Mr. Serby: — Mr. Chair, I have for the member some of the information that he's asked us about. And the range that we talked about, because we weren't clear, but the range from base hospitals is about \$627 per day, then moving downward to regional hospitals, large community hospitals, and community hospitals to 307 per day. So the range is about \$307 per day to \$627 per day.

And certainly we would be more than happy to make this information available to you. We'll send it across so that you have access to it.

Mr. Toth: — Mr. Chair, Mr. Minister, I appreciate that and I thank you for it. Mr. Minister, there's quite a variance. If I understand correctly, just from the comments you made in regarding that number . . . and from base community hospitals a substantial difference — can you explain exactly what the difference is?

And I guess what we're looking at, and I would suggest to you, that if some of our smaller centres with lower costs can operate those acute care beds, if as we discussed on Friday last, the facts are . . . after an operation is completed, if there could be some post-op recovery out in some of the local centres, what kind of a savings would that bring to the department. And not just the savings, but also the fact that we'd open up beds in large base hospitals to allow for more surgeries to take place.

Hon. Mr. Serby: — Well first, when you look at the cost of a base hospital, we need to take into account that in those facilities of course you have a high number of specialists today that are practising; you have a large team or component of individuals who are support staff in the system — nurses, people who are operating diagnostic equipment — so there is a large, large range of individuals who are involved in that system.

And that of course increases the level of costs in those facilities. And as you move to the smaller facilities that we've highlighted for you, because many of those specialties don't exist there and the level of expertise — if I might use that — at the health level aren't part of those systems. And so accordingly you see a reduced rate.

The question about whether or not you can move some of those highly specialized services to other parts of the province, I think is a discussion that . . . or a question that begs some discussion. Clearly in our approach we're looking, as we talked last week, about the importance of providing some of those services at the regional levels because today they're there anyway. Some of that's being done.

Clearly we're not going to be able to do some of those procedures. I mean, today when somebody needs a kidney transplant, we'll expect that that will only be achieved likely in this province in one location. Today it's being done in Saskatoon and conceivably I can't ever imagine that we'll ever see those procedures in a province our size being done anywhere else. Nor, in my opinion, should we be supporting that to happen in other parts of the province, for those kinds of highly specialized . . .

Today we do a great deal of heart surgery in the two large centres of Saskatoon and Regina. You need to have very specialized equipment at hand, and you need to have the individuals who can perform those kinds of procedures. And best, in my opinion, for those kinds of things to occur in the larger centres of the province where you can provide centres of excellence for them.

And today we're having some discussions with our neighbours to the east and west of us, because often it is difficult to attract somebody who is very highly qualified to perform some procedures. And as a result of that, we have reciprocal agreements with provinces. And those discussions are going on today where we might start building centres of excellence taking into account, for example, the prairie provinces.

And more specific I would suggest to you that there are some things we can do in some of the regional centres across the province or the larger community hospitals. Part of the discussion with the medical community, when we signed our contract with them this year, was the fact that we are going to work together in partnership in recruiting more physicians to the province, more specialities to the province.

And some of those we're going to try and work at placing, either directly or assisting in having them work directly in some of the larger communities across the province, and/or using their itinerant abilities to come to larger communities and provide some of those services.

(1500)

Mr. Toth: — Mr. Chairman. Mr. Minister, when we're looking at the numbers here, and while I appreciate the comments you're making about the fact that we don't expect — I don't think Saskatchewan residents as well expect a lot of procedures outside of the base or the regional centres. I think certainly the regional centres can play a major role in a number of procedures. But I think when it comes to some of the post-operative care . . . and I guess that's one of the questions that I have thrown at me from some of even our local community facilities where there are beds available and you do have the quality of care.

Now that doesn't mean you move a patient out shortly after an operation. But when a patient is at the point where it's basically just some observatory care to make sure that there aren't any major complications that would arise, where they could be moved for that two or three-day extended period of care, it would seem to me, Mr. Minister, that you're not really putting on more staff. You do have the staff in a lot of the community hospitals already that can provide that care.

And it would only, I think it would enhance a role of the community health facilities plus it would be a savings to the department that could be used for further surgeries as well as opening up beds in the base or regional hospitals for patients who are on waiting-lists, Mr. Minister.

And I think that is an area we could certainly look at. And I would certainly recommend that the department take a look at this. I think for too long we've been working at pushing people into the large urban centres. And on many occasions we've shut down local community centres because we say they're not efficient — there isn't a role for them.

I think there is a role that can be played. What I'm suggesting . . . I'm not suggesting here we start opening up a lot of beds outside of the large urban centres, but I do believe that there is a role that some of the community facilities out there can still play in the delivery of health care and also enhance the opportunity for the base and the regional centres to meet the needs that are being pressed upon them as a result of the unavailability of beds and the waiting-lists that arise as a result of that.

So, Mr. Minister, I would certainly ask you to take a serious look and ask your department to start looking at Saskatchewan as a broad base of health care versus just the large urban centres. And I'll await your response.

Hon. Mr. Serby: — I think, Mr. Chair, to the member, that clearly we have been examining sort of the broad compendium or continuum of what we need within the health care system of which, as you've identified, a full understanding and appreciation of the variety of different roles that can be played across the piece. Which includes, when you're talking about acute care services, the kinds of services that today you can find in a tertiary centre. The kinds of services that you can find in the large regional hospital and larger community hospitals and certainly community hospitals across the way.

And so our effort within the department has been, as you've

suggested, to look very carefully at how in fact we can be a partner or a player in assisting the district health boards and redefining what some of those roles are.

And then, in partnership, and concert with the Saskatchewan Medical Association because it's critical today, as you know, to have the physicians involved in the process. Not only from the point of view of assisting in developing strategy or the planning, but also there needs to be a very active campaign to ensure that you have adequate physicians that you can employ within the system.

Because along the way we realize that many people believe that big is better. And we have seen from rural Saskatchewan as you have and I have, a significant gravitation to the larger centres for your services. Only because there is a sense to some degree that there's a greater level of comfort if you go to a facility to — like a Saskatoon or Regina for a procedure, you have a large team of specialities around you — a large team of support staff. And as a result of that you're seeing that kind of gravitation to the larger centres.

So our effort as you've suggested and I've indicated in a previous discussion that we've had here, is that we're looking at how we might be able to team with the Saskatchewan Medical Association; provided some initiatives over the last two budgets to see if we can direct some of our funding and energy into growing some of the services at the rural level in particular, as you've highlighted. And at the same time, developing some additional resources in home care, long-term care, respite care, palliative care, because we need all of those services in order to ensure that people are well served across the province.

Ms. Draude: — Thank you, Mr. Deputy Chair. Welcome to your officials, Mr. Minister. I had an opportunity to ask a few questions the other day and I have a few different issues to discuss today.

But first of all, I was wondering if you'd had an opportunity to discuss the issue of the CCT (certified combined technician) person in Rose Valley. I had a call this morning from the CEO of Pasqua Health District and also a member of the town council in Rose Valley, who are concerned about this position, and wondering at the grandfathering clause . . . if opportunity is available so that they can keep their health centre open 24 hours a day.

Hon. Mr. Serby: — Thank you, Mr. Chair. To the member, we've had some discussion within the department around your individual issue that you raised with me and the department has had some discussions now with what I've indicated to you would be a decision that the association by and large has to take responsibility for, the professional association.

Because when we talk about the ability to grandfather in, that process of course was established when the CCT program was enriched in the province. And the opportunities for falling within that time frame or venue would have passed for this particular individual that you and I talked about. And of course the association now has made a number of . . . there are a number of expectations that this person would need to meet in order for her to practice in the community again.

Now our discussions are ongoing and we've not completed that process as I might inform you. But we hope that we'll have that done in the next short while.

Ms. Draude: — Thank you, Mr. Minister. Then I guess that I can tell the people that are waiting for a phone call or who are perhaps watching this right now is that in the next few days there will be a decision made as to whether this individual will be allowed to work, as she has for the last 15 years, in that position.

Hon. Mr. Serby: — What I want to say, Mr. Chair, is that just to make sure you and I both understand who makes this decision, the Saskatchewan Association of Medical Radiation Technologists, which is the short . . . sort of the acronym for that is SAMRT, or to be certified combined technicians, it is really they who will be making the decision as to whether or not they will provide whatever opportunities might be there for this individual to be involved in, to allow her to practise and at the same time to provide the additional enrichment that she would need to in order to meet the certification standards through practices of CCT (certified combined technicians).

Ms. Draude: — Thank you, Mr. Minister. Mr. Deputy Chair, I have . . . I will just advise the community then that probably in a short time someone will come to you with that decision and hopefully it's something that will be beneficial not only to the individual but also to the town of Rose Valley.

Mr. Minister, I have a number of questions about Parkinson's and I'm wondering what . . . I understand that Saskatchewan has a high number of people who have this condition, perhaps the highest percentage per capita of any place in Canada and perhaps even the world. I'm wondering if there's been any . . . if the government is working with any of the companies to encourage some of the studies to be done.

I understand that we're losing some of our specialists and that because there are a number of hospitals that are no longer used as a hospital facility. Has there been consideration for studies done where maybe some of these individuals could be kept in one . . . used to be hospital . . . where their condition can be monitored, drugs be monitored, and actually allow them some hope for the future as we get involved in some of the new technology that we're using with Parkinson's?

Hon. Mr. Serby: — Well, Mr. Chair, to the member. It's true in our review of our data in the province that there is a growing element of Parkinson's disease in our province. It has to do of course with the populations as they get a bit older. Here we are as the baby boomers in Canada and soon of course we'll have the largest population that will be visible in Canada. So when you talk about the significant number of people today who are suffering from Parkinson's disease, this is a growing issue.

In respect to what we're doing specifically, we've approved just recently two new drugs to assist with the treatment of Parkinson's or at least the enrichment of quality of life that people can experience with the use of the drugs.

But at the same time you make the point about the importance of recognizing that there are opportunities for research across the country or particularly in our province, and we've raised

this issue federally in respect to the amount of money today that is allocated for research, not only for this particular disease but for medical research in general.

And when you look at what's happened in Canada regarding the reduction of the funding to research, you'll see a significant reduction of course at the federal level. Although this year there has been a slight injection again, which I believe brings it back to the 1996 levels or 1995 levels, but still significantly under funded.

In Saskatchewan we've enriched some of our ability to . . . or enriched some of our funding for research over the last couple of years. But it's a far cry from where we'd like to see it, and there's no question about that. But we do what we can with the resources that we have at our disposal.

And we'll continue to work at the national level, at the health ministers' table to continue to promote the importance of medical research in the country because clearly . . . and include in that work the various different drug companies, the pharmaceuticals, which I think need to also be part of that exercise. They're investing in some areas today. I think there's a greater role that they can play.

And those are the directions that we're taking in terms of trying to ensure that we can enrich the level of research across the country, which would include of course the disease Parkinson's.

Ms. Draude: — Mr. Chair, I understand or I know from first-hand knowledge that there is a doctor in Regina that does implants for Parkinson's patients. And I believe there's only one other doctor in Canada that does that and that doctor is in Toronto. I understand and I know that he is doing a lot of valuable work.

My question is: if a patient would come from an area such as mine, Central Plains Health District, and has this operation, is that — the dollars that it would cost to have that work done — does it come out of the Central Plains' budget or is that something that would come out of the budget for the Regina district?

Hon. Mr. Serby: — Mr. Chair, the money would come out of the Regina district's budget. It wouldn't come out of the district's allocation.

Ms. Draude: — Thank you. Thank you, Mr. Minister. I also have a question, a number of questions on diabetes. I think that's also one of the diseases or conditions that in Saskatchewan has a lot of patients. There are a lot of people that are afflicted with that condition. And it's something that costs society a lot of money later on if their health isn't able . . . if they can't maintain their lifestyle.

I wonder if you can tell me how many people in Saskatchewan have diabetes and how many are insulin dependent?

Hon. Mr. Serby: — Mr. Chair, in terms of the number of beneficiaries, which is the utilization by diabetics of the drug plan is sort of our, probably our most scientific number that we can provide you. The number of insulin users in 1997 is 7,716 people; in 1991 it was 7,662, so you'll see that there's been a

small growth over a period of six years in terms of the number of people who are actually using insulin. Now the blood test agents in 1997, there were 13,662 persons; in 1991 there were 10,230 so it's about 400 more people over that period of time that are currently being tested.

The average usage for insulin is about 1.5 vials per month, and what I might say as it relates to the direction that we're going, as it relates to diabetes, is that there was the formation of an advisory committee and that advisory committee was put into place in the spring of 1997. And the advisory committee really identified about four areas that were important to do some work around and they are these: to identify, summarize and review, and evaluate diabetic services currently available in Saskatchewan.

And then secondly, to recommend strategies in keeping with population health promotion approaches for education, because there are a variety of different aspects, as you appreciate, that you would want to be involved in and those would include education, prevention, the treatment services.

And then thirdly, recommend research approaches like similar to the question that you asked about Parkinson's. What work can be done today to sort of expand the research to align and recommend services to help enhance the efficiency and cost-effectiveness and quality of life for people who suffer from diabetes.

And then sort of fourthly is to look at, identify an optional system . . . an optimal system I'm sorry, of health service delivery for diabetics.

The committee is chaired currently by Dr. Mark Bockor and he's an endocrinologist in the province, and the funding to provide some of these support services for the committee is provided through the department and we're covering off honoraria and some of the expenses.

Ms. Draude: — Mr. Minister, Mr. Chair, I've appreciated hearing in the last while that there's been at least two more dialysis machines set up in the province — one in Yorkton; now again I believe it's Tisdale. And this is going to be a big benefit to a number of people who have diabetes. Can you tell me how many people are using them and what is the cost of actually operating these machines?

(1515)

Hon. Mr. Serby: — Mr. Chair, there are in Saskatchewan 315 people today who are on some form of dialysis — 315 people that are on some form of dialysis which is the home dialysis; the satellite dialysis that you referred to have been established in Tisdale in East Central. And then of course there are individuals who will continue to need to travel to Regina or Saskatoon for some of the more advanced needs that they have that can't be done through the satellite sites.

If the question is specific around Tisdale and/or East Central, on the development of the East Central strategy or services, their hope was that they'd be serving somewhere in the neighbourhood of 10 to 15 people when the program is fully functional. I think in the Tisdale area — Melfort, Tisdale,

Nipawin — the projections are that there would be somewhere in the neighbourhood of I think 10 to 20 people that would be served. I don't have the exact number. It's closer probably to 15; 14 or 15 people from that part of the area.

We've established them primarily in the areas of the province today, the satellite ones, where you have your largest user group. And that's the rationale for why we have it today in those two sites — Prince Albert also has one as well.

Ms. Draude: — Thank you, Mr. Minister. I understand from some of the studies I've been reading, and I'm hoping you can confirm it, is the number of aboriginal people in the province with diabetes, is that number increasing?

Hon. Mr. Serby: — It is increasing in the North. There's no question that there has been a large increase in the number of people who are affected by diabetes. And clearly this is why we're working very closely with the federal government in developing strategy, in terms of how we provide enhanced, enriched services, particularly for northern people.

My hope is that through the establishment of the two northern district health boards, you're going to see a greater partnership between the work of the federal government and that of the provincial department. The new child action plan and the child benefits, we think will further enhance the level of services that are provided to northern people and that we'll continue to grow that into the future.

Ms. Draude: — Mr. Minister, with the studies and work you've done, can you give me an idea of what you feel the cost is per individual for out-of-pocket supplies that aren't covered for diabetics — the test strip supplies that they . . . syringes that they would need that they have to cover by themselves?

Hon. Mr. Serby: — Mr. Chair, this would be a very difficult question for me to answer on the basis that people who have diabetes, it affects them in a variety of different ways and as a result of that are treated differently. And so to be able to provide sort of an accurate accounting of what an individual . . . what it might cost an individual, I don't have that information fully, because there're some people who of course would be on supplementary coverage. There would be others in fact that would be paying their entire costs. It would depend on whether or not you're a senior or whether you're a younger person that would be on the program.

And so in order to try to determine that, I don't have the answer to that and nor do we have the detail I think in place to be able to answer that fully for you.

Ms. Draude: — Thank you, Mr. Minister. You talked earlier about a survey that was being undertaken last year, two diabetics were . . . involving diabetics in Saskatchewan. And you probably have had the results — I know I've seen, if we're talking about the same survey, I have seen the results — and one of the first things that most of the diabetics are saying, and I think it's over 90 per cent of them of saying, that the costs involved for supplies that aren't covered under the plan in any way no matter even if you do have the supplement — things like test strips and syringes — are very high, and they are cost-prohibitive in lots of cases because people like students

and seniors can't afford them.

They'll find that — we all know — that diabetes kept under control is something where it'll cost the individual less money and their health will remain better longer if there're able to test more frequently, and to ensure that their blood levels are kept in a more constant fashion. Saskatchewan is only one of, I believe it's three provinces now, that does not cover these supplies for these people. I think it's because do we have a high number of diabetics and because we know that it costs the medical system a lot of money if we don't manage diabetes.

From the surveys I've read, it's basically a cost saving if we're able to cover this for people so they can make sure that they keep their condition under control.

Are you considering including these materials under the plan in some way so that we can ensure that our people here in Saskatchewan have the same advantages people right across Canada have?

Hon. Mr. Serby: — I think, Mr. Chair, what's important to note, is that insulin is covered in the same fashion that other medication is across the province. And also I think what's important to note too, is that the test strips are also covered by the program.

I think as well, what we need to remember is, that as you asked earlier in your question about how we're treating diabetics today, there are new approaches and new treatments available, and of course the dialysis process is one of those. And so we're going to be working to advance that further.

But if you ask the question about, you know, whether or not today there is a process in place to provide an even broader level of funding for people who are suffering from diabetes, we aren't proposing that certainly in this budget period.

Ms. Draude: — Mr. Minister, from speaking to a number of people who have diabetes, I can tell you that their average cost per month out of pocket, and this is somebody who is giving himself two shots a day, is about \$180. That's a lot of money if you're a student or if you're a senior. And lots of times it means that they aren't giving themselves the medication in the regular fashion that they should, and it of course means that their disease isn't kept under control the way it should be.

I also have been told that in some provinces, and I don't know if Saskatchewan is one of them, there are times when syringes are given out to young people that have . . . they're on the street . . . that are using drugs because it cuts down on the chance of them getting AIDS (acquired immune deficiency syndrome). Does Saskatchewan give out syringes to young people and if so can you tell me how much that costs?

Hon. Mr. Serby: — Mr. Speaker, if the question is in relationship to, do we have a needle exchange program for diabetics, should we provide needles for diabetics, for AIDS, we have a needle exchange program for people who . . . around the AIDS program, we have that. But we do not have a needle program or needle exchange program for people who in fact are diabetic. We don't provide the syringes, if that's the question, for people who have diabetes.

Ms. Draude: — Mr. Minister, I'm sure you know what my question is going to be then. Why can't we supply syringes to people who have a disease through no fault of their own. We know it would cost us less money in the long run; it will keep them healthy a lot longer.

We can supply money for people who have a drug problem but we're not supplying syringes for people who have diabetes. This doesn't make any sense to me and I'm sure it wouldn't make any sense to anybody else who would think about it. Surely this is one aspect that could be looked at and looked at quickly.

I know of university students who are telling me that if they could go out and get those syringes for nothing, if they felt that it was something that they wanted to do it . . . I don't know of any that are doing it but I think it's really shameful that we're not looking at this for people who would actually benefit so greatly and need it so much. I'm hoping that, Mr. Minister, you will look at this immediately.

Hon. Mr. Serby: — I think first of all, it is something that we've looked at and had some discussion around. Not to the kind of . . . certainly not to the detail that would suggest that we should be providing a program today for people who are diabetic.

And then from within that group, what we would do is identify and target the population that in fact would receive some benefits that would be at no cost to them. And you're suggesting that that should happen to students or maybe it would happen to a portion of the senior population.

But in part of what we are using today is that we have the supplementary drug plan. And so that if in fact people are requiring some assistance, then the supplementary health plan kicks in and offers those kinds of benefits to people in the same way that it does across the piece.

I mean you can make the same argument for people who are attending universities today who suffer from asthma and require an inhaler or they require a Ventolin machine to assist them on a daily basis to get through, you know, their daily performances within the educational system.

And so it's a question that I think that begs the broader approach in terms of the analysis, because there are other folks across the province today who require a variety of different treatment processes that are not necessarily covered within the plan. And I give you the example of people who are asthmatic.

And I think what you would need to do then is, of course, develop a criteria that would be target structured and it would then need to be built into a program of which you would provide that kind of subsidy. And you wouldn't want it, I don't think, that would be segregating people, but more would be inclusive.

(1530)

Mr. Bjornerud: — Thank you, Mr. Chair. Good afternoon, Mr. Minister. Mr. Minister, I only have a few questions today but I'm very concerned about the East Central Health District,

which is yours and mine.

And I think the problem probably you know already but I believe — and you can correct me if I'm wrong — but I believe they already have an existing \$11 million deficit sitting there in the East Central Health District. The proposal, when they bring their budget down, is probably going to be in the area of three to three and a half million dollars again this year — another deficit.

But I guess my concern is that within two years, the chairman of the East Central Health District, Mary Anderson, has said that they hope to be working at a zero deficit. Well now that's great financially for the East Central Health District, but may not be so great for the people that use the facilities within the East Central Health District.

And I guess my question to you, Mr. Minister, is — I'm sure you understand what she is saying and their agenda to have a zero deficit — how do you think they're going to get to that point of a zero deficit? And are we going to lose more beds? Are we going to have more wings close in say the Yorkton hospital, Foam Lake, or wherever it might be? Are we going to lose another part of our health care to get to that zero deficit?

Hon. Mr. Serby: — Well I think what's important, Mr. Chair, to recognize is that the situation that the East Central Health District finds themselves in today, they didn't arrive at, you know, overnight. That process has been a long one for them and not one that I know that they're proud of, or that we are as residents of the area.

But the reality is is that over the last 10 years, when you look at the level of service that that part of the province has provided, they, along the way, have accumulated a fairly significant debt which, you're right, today will be somewhere in the neighbourhood of 11 million when we're in and all done, likely at the end of April . . . or at the end of March.

What I say to you is that our expectations in the Department of Health is that, like with other districts across the province, we need to work with them and to look at what kind of a strategy or a plan you can put into place that will do a couple of things. One that will work at retiring that level of debt that's been accumulated over that period of time and with full examination of what it is that's drawn them to that final situation or that present situation. And then look at how you might retire that in such a fashion that you don't affect, in a major way, the delivery of services to that district or, in your opinion and mine, to the region.

Because it's not only a district that provides services to its own folks within the district, but they also provide a large battery of services to people who are outside the district; who are in Assiniboia and the North Valley, also in Manitoba. A lot of the Manitoba people really depend on the East Central Health District for a large piece of their services.

So in that examination with the department and the district health board, our focus will be to try to ensure that we can continue to have on that end of the province, on that part of the province, good, strong services that will continue to provide the kind of magnitude that they do today. And at the same time,

develop a strategy or a plan that will help retire some of that debt that's currently there.

Mr. Bjornerud: — Thank you, Mr. Minister, but I don't think you really touched on the real question that I had. And I would ask it again. And I understand the concerns that you brought to the table today, but when they reduce that three and a half million dollars that they're talking about running again this year, where is that going to come from?

And if funding is staying at the same level that we're at now, my understanding of how business works and from being involved in things like that before, there's only one way that can happen, and that's to make more cuts within the East Central Health District.

The concerns that are being brought to me — and I'm sure they're being brought to you too, Mr. Minister, because you represent people in the same area — is what's going to happen. Are we going to lose more beds? And at this time I'd like to also commend you on the positions of nurses that we're going to increase out there. I believe it's eight for the East Central Health District and I think that was something that was really needed.

But are we going to lose some of these positions again? So are we really going to gain anything out there. Like three and a half million dollars, you know as well as I do, is a great amount of money. And to get to zero something has to happen. It either has to have more funding from the Health department or cuts have to be made.

And I guess what I'm asking you, Mr. Minister, can you reassure my constituents, and yours for that matter, how they're going to reach that goal.

Hon. Mr. Serby: — Well, Mr. Chair, to the member. Just to indicate there has been an injection of additional money this year into their budget for 1998-99. And there'll continue to be an examination of what the level of funding enrichment needs to be for the area or the district; and a continued examination of how the needs-based funding formula applies to East Central and of course to all the rest of the province.

Part of the issue, as you can well appreciate, is that there has been a significant growth in the number of specialists in that part of Saskatchewan over the last four or five years. And some of those specialties of course are very high-cost ones in that of the orthopods, and along with it of course has come the initial increases.

To some degree the need to base funding formula lapses in terms of how it funds the districts. And our examination would be to continue to look at how that applies to not only East Central but across the province. And the decision that we've made within the department is that we'll expect from the districts to have their final submissions to us by the end of June, which is sort of the long-about answer to your question about what will happen in the district specifically, immediately.

And I say to you that that process is currently ongoing. Our expectation and our approach today is to sit down with the district health board. We have people on the ground from the

department that are there with them sorting out, you know, what kinds of options we have available to us, and we have a number.

And like you, the concerns are certainly ones that we don't want to see any loss of service to the area. We don't want to see any loss of specialties. In fact, on the contrary, like the announcement on nurses, we want to see enrichments to particularly regional centres around the province, is what I've been talking about, and try to expand some of those.

But as I say to you over the next several weeks our hope is that we'll have a more definitive answer for you and the people of that part of the province.

Mr. Bjornerud: — Thank you, Mr. Minister. We'll be awaiting with bated breath to see what's going to happen.

You talked about specialists and the number of specialists being in the Yorkton hospital and in the East Central Health District. Doctors like Dr. Van Sittert and doctors like that, that we have in Yorkton. We're very fortunate to have these people out there. They do amazing work. And I haven't found anybody that isn't really very satisfied with these type of doctors out there.

And I guess what I'm saying is it would be a real shame if through funding cuts that we had to lose doctors like this. I think we have a real asset in people like that out there and are very fortunate to have them.

Another concern that's been brought to my attention a number of times — and maybe yours — is the migration from Manitoba to the Yorkton hospital and work being done on Manitobans there. How does the funding follow those people?

Do we bill the Manitoba health system? And is the East Central Health District actively running short partly because of Manitoba people coming to Saskatchewan?

Hon. Mr. Serby: — Mr. Chair, what we have is, in Canada we have reciprocal agreements. I think it's only Quebec that's not part of this process. But the reciprocal agreements really look after the financing of individuals who cross borders for health services.

So the people who come from Manitoba, we bill the Manitoba government for those services. And those of us from Saskatchewan who go there, accordingly they bill us. So that agreement's reciprocal. And as I say, I think it exists in all the provinces in Canada except, I believe, Quebec.

Mr. Bjornerud: — Thank you, Mr. Minister. Well I guess my concern . . . and we've talked many times about the Plains closing in the legislature.

I think my feeling and I believe that of my colleagues, Mr. Minister, is that if we would maybe pay a little more attention to our regional hospitals such as Yorkton, Estevan, Swift Current, and hospitals like that out there, maybe we could alleviate some of the load that is on the Regina hospitals — the ones we're going to have left, the General and the Pasqua.

And maybe if we could put more funding into that or find a way

to make those hospitals be able to handle more people out there rather than . . . An example that's brought to my attention quite often is that we are losing confidence in the Yorkton hospital not because of the quality of care we get, but because so many times the problem . . . the beds are full there and we're transferred into the Plains in Regina. And I guess with the Plains going, as you know, people are very concerned.

But even down the road after the Plains is closed — and I think we all realize that your intention's to close it and there's probably no changing your mind on that — that I think we feel that hospitals like Yorkton have to be . . . a situation out there has to be addressed. I believe there's a shortage of beds out there. Many times all the beds are full and people have to be turned away to another centre, whether it's Canora or Kamsack, Esterhazy, Melville, wherever.

Possibly if we could put more of our attention to these regional hospitals and take some of the load off the Regina hospitals, maybe we would solve a problem for more than just one area but a part of the area of the whole province for that matter.

Hon. Mr. Serby: — Well as you know, over the last several months I've been talking a lot about the importance of strengthening the regional systems across the province and the larger community hospitals. And my sense is like yours that if we can provide the kind of expertise that's necessary to practise in the rural centres, and I call east-central or North Battleford or Lloydminster rural as it relates to the larger health piece of the Saskatoon, Reginas, because two-thirds of our population today are already served in Regina and Saskatoon for the highly specialized services.

And so we're working on a comprehensive strategy that addresses hopefully some of the issues that the larger tertiaries are facing. But it also is sort of a migratory trend where people are going to the larger centres, and have for some time, for some of their procedures.

And if we're going to have any influence at all in reversing some of that process, it will be important, as you identified, to keep the people like the Van Sitters and the Hennings which are the specialists doing orthopedic work in some of those rural centres so that the public doesn't travel to the larger centres for those kinds of services. So we want to do that.

I want to say to you that it was never the decision of this administration to close the Plains Health Centre, and clearly it is not my decision to close the Plains Health Centre; that those decisions were made well before I had the chair of the Health ministry and that responsibility is really charged with the district health boards.

And as much as you and I have heard from time to time that district health boards don't have a lot of latitude, that they don't have a lot of authority, that in fact they don't play a very significant role because they're muted by the department or they're muted by the government, the reality is that these district health boards take their responsibilities very seriously and have done, in my opinion, a tremendous job in managing the health system at the local level.

And clearly the decision about the closure of the Plains Health

Centre was made in 1993. Today we're having a lot of discussion around the culmination of some of that work that was really done in 1993, or decisions that were made in 1993.

Will we have enriched or enhanced services in Regina with the closure or the moving of the Plains services? And my opinion has always been, and I've been convinced on it from anything that I've seen, that southern Saskatchewan won't be disadvantaged by the loss of the Plains in terms of their services that we get in Regina and/or southern Saskatchewan. We won't be disadvantaged by it.

In fact, what we'll see is we should see some enrichments to the process with the addition of the MRI (magnetic resonance imaging), the CT (computerized axial tomography) scanner that will go there, the linkages that we're making today with other communities like the renal dialysis site. I think that there are opportunities where you might do some CT work across the province, particularly to the South, and you might expand the role of the tertiary centres in partnership with the regionals into the future.

And that's part of the direction that we want to take this health department and this vision. But it will be one that we need to convince the public around as well, because the public will need to use their community facilities and that would dictate whether or not they're able to sustain themselves into the future.

And it's not any different, as you can appreciate having been a farmer, when you and I stop using our grain elevator or our Esso station or our hardware store they don't survive in those communities. And all you need to do today is look at what's happened in rural Saskatchewan across the piece and we see that migration of people to the larger centres for their services, and accordingly, you've seen the loss of some of those very, very significant community-based services that have been there for some time.

So health isn't any different than that. So what we'll try to do of course in our strategy and in our work is to try to get professionals to work in our communities, try to link them with the larger tertiaries so that you can use both the diagnostic services and the equipment and technology today but at the same time, try to get the manpower, that of the physicians and the specialists, to practise in some of those communities.

(1545)

Mr. Bjornerud: — Thank you, Mr. Minister. I guess while we're talking on the issue of the Plains, I guess personally I wish they had taken more time to think out the plan of closing the Plains and expanding the General. I believe we're in an area of — what? — 110, 100-and-some million dollars we've spent on the Pasqua and the General.

I think common sense would have told us that if we'd have spent that kind of money on the Plains, we could have had that up and running every bit as good as what we're going to have now except we'd be a lot better because of the convenience of where the Plains is. There is nowhere but wide-open space there to expand in the future had we needed it. And for anyone out there to have ever gone to the General, if you didn't know where it was and had never been there before, Mr. Minister, it's

a pain — it really is.

The parking there is not even comparable to the Plains and now we've built on, we've expanded it, and I know in the future you promised us that we're going to have better parking and stuff but I think the Plains was just a win-win situation and I think somebody really screwed up by deciding to close the Plains and keeping the General open.

Mr. Minister, I only have one more question for you and to start it off I would like to commend you and your department for the renal dialysis that's going to be up and running in the Yorkton hospital if I understand. This has been a pet peeve of mine as you know because I have a number of constituents out there who have been driving to Regina, and possibly even to Saskatoon for that matter, up to three times a week and I'm getting feedback on that and I'm sure you are too, Mr. Minister. I want to commend you for that.

My question is though, is the plan still to have that up and running this fall?

Hon. Mr. Serby: — First of all, I want to thank you for your compliment on the renal dialysis site in east-central Saskatchewan. I think that the people who really deserve the accolades in terms of sort of finally completing the decision about where it will be located is three or four district health boards that really worked in unison with each other. I know that from time to time it's important for people like you and I to step to the front of the scene in order that we might get some of the spotlight, if I might use that, in terms of our efforts in promoting a particular piece of work.

But in this instance as it was in Tisdale, and I know that in other sites around the province where we'll look at this in more detail, it's the partnership of the district health boards. And I think we need to see more of that into the future. Any time that you can get, as you and I both know, Canora and Yorkton and Melville and Langenburg, you know, coming together and having a discussion about what's good for the area is really quite an accomplishment because by and large we all have . . . all of those communities have their own agendas. They all view themselves as being the most important to the piece.

And so I think through some of the deliberations and work that we've be able to do I think as elected officials have been useful in this process in order for them to achieve that. So I appreciate your comment and I know that people in that part of the province will be well served.

I don't want to leave the Plains without a comment because I think it's important to put into perspective the fact . . . I'm not sure if you personally have had to opportunity to see the General or to tour the General today and/or the Pasqua, but it would be well worth the opportunity, if you ever get a chance to do that, to see what's happening there in terms of the development of the two facilities.

Because as much as people across the province are concerned about the loss of the building . . . and that's primarily what it is, I think is a tremendous attachment to the facility. And you can see it when you and I drive in from our constituencies; we get to Balgonie and we can see the Plains Health Centre. So to some

degree, you know, we get a sense of relief because we think that we're there, okay.

But when you look at the number of people who have been served from southern Saskatchewan by the General Hospital itself, there are few people in this province from southern Saskatchewan who don't know where the General is, okay, because they've been there for a variety of different procedures or services in the past as well as they've been to the Plains.

So I think if you get an opportunity at all in the next little while, it would be very much worth your experience, if you haven't, to go to those two facilities and to get a full appreciation of the level of services that the Saskatchewan people, particularly to the South, will be advantaged with when the actual conversion and the move occurs.

Mr. Krawetz: — Thank you very much, Mr. Deputy Chair. Mr. Minister, welcome this afternoon. I was listening intently to your comments about communities getting together and sharing, and I was at one point hoping to say, you know, tell me, Mr. Minister, that isn't so, that they're on their own agendas. But I know that that is reality in some cases.

I did not hear your answer though, Mr. Minister, about whether or not the machine will be up and functioning in 1998, and how soon that is. Because as my colleague from Saltcoats has indicated, I too have many people, who are constituents of Canora-Pelly who have been driving to Saskatoon or driving to Yorkton, same amount of times per week, tremendous cost to them, and they're looking forward to that machine. So I'd ask you to make a comment on that.

Mr. Minister, what I do want to raise is another issue about — I'll refer to it as acute care bed space or emergency care bed space — and I want to relate two incidents to you, Mr. Minister, and from those two incidents could you explain to people not only in my area of the province, the east-central Saskatchewan, but also from other parts of the province.

The two issues are these, Mr. Minister. Back in February a young lad in the community of Invermay was injured in a hockey game in the middle of a Saturday afternoon. Unknown to the people present as to what degree . . . how serious his injuries were, he was placed on a rigid backboard and transported to the facility in Invermay — as you are aware, it's one of the 52 hospitals that was closed — and the nurses there of course looked at how the responders had stabilized the young lad and said all that they could do was already done.

He was then transported to the community of Canora. Well when he got to Canora, Mr. Minister, the situation that faced his family was that there was no beds. There were no beds and no doctor would admit the young lad into Canora, a hospital, our nearest hospital that people depend upon for care. As a result, they then transported him directly to Yorkton.

Now, Mr. Minister, I'm sure you can appreciate that from the time of his injury till a doctor actually looking at this young lad well over an hour and a half had passed by. And the family is very, very concerned that that kind of care is now the level of care that we have in rural Saskatchewan. He could not count on a bed being available in the nearest Canora facility, which is the

one that we're supposed to be served by. And that was how health reform was sold in our area.

The second incident, Mr. Minister, is very similar, and this is a gentleman from the community of Margo. Mr. Steve Hanchuk back in February had serious surgery in the hospital in Yorkton on a Friday. But by Sunday evening his physician tells him, the surgeon tells him that they need the bed because there is a serious occurrence and the bed is needed. And he is asked to leave. He's still very ill and he claims to the nurses that he will not be able to go home. However, he is forced to go. He leaves.

Two days later he's very, very ill. He phones his doctor in Canora, his family physician, and the doctor says, sorry, we're full up. We have . . . I think at that time it was a pneumonia outbreak — all beds were full. The man stayed home for a couple more days, then finally he is in a state where he has a fever. His niece comes along and says to him, you must go, you're an emergency case.

The doctor places him in an observation bed and treats him for, I believe, it was three days. It was a day past the maximum amount that this patient was supposed to stay in an observation bed, but the doctor says I'm going to keep you there because we have no other place to place you, and secondly, you are a very ill person. It turns out that the man takes weeks and weeks to recover because he's had an infection develop.

So, Mr. Minister, what has happened is we've moved the person through the system. Where he should have spent some time in the hospital, we couldn't keep him there in Yorkton. We shipped him out. Canora couldn't receive this patient and deal with him properly. And as a result he spends his time at home becoming much more ill. The anxiety and the frustration level builds and the gentleman is at his wit's end by saying to me the other day that he would never . . . never wants to be sick again because his impression of what happened to him back in February is not something someone should go through.

So, Mr. Minister, I'm wondering if you've taken . . . You've talked about assessing the needs and assessing the concerns. This is a very serious concern in the area of the communities of Preeceville and Sturgis and Invermay and Canora, where now the two hospitals that we depend upon — Preeceville and Canora — have been reduced so significantly that there never seems to be emergency spaces available for these injuries, for these sudden sicknesses that occur where someone has to be admitted.

They can also not depend upon Yorkton because if they go to Yorkton for a major surgery, as my colleague has indicated, the regional hospital as a focus has been significantly reduced.

What is your plan to ensure that there is adequate health care so we don't have a young lad who takes one and a half hours to receive medical care from something that could have been very serious? And I do want to tell you, Mr. Minister, that the young lad spent a couple of days in hospital and was discharged without any permanent injury, and his condition is good.

But what if? What if that would have been a serious neck injury and he was unable to receive care for an hour and a half after having gone through an emergency clinic, after having gone to

a community that was supposed to have a hospital and have beds available and didn't, and finally ends up in Yorkton. That is unacceptable, Mr. Minister.

Hon. Mr. Serby: — Well first, Mr. Chair, I was so excited about the wonderful partnership that the people in Yorkton and Canora and Saltcoats were having that I neglected to answer the first part of the question that the member from Saltcoats had asked me. I'm glad you reminded me of what it was. Then you went on to sort of dampen my excitement.

But I want to say to you that the people from our part of the province will receive their renal dialysis services probably around November 1, is the time line that we're looking for the actual delivery of service there. There'll be some training that will be required, etc., for people prior to them receiving some of their service.

In respect to your questions about how it is that emergency acute care services across the province are being provided today, and specifically the two cases that you talk about, I mean what we could do here, you and I, is that we could compare notes about how it is that the east-central side of the province today is delivering a broad range of services which are certainly acute care, emergency services, home care, and the list goes on. And what we'd find, by and large, if we were to do that, is that there's a great deal of sharing of resources today amongst the districts.

Just a couple of days ago when I was speaking with some people from the East Central Health District, they told me that there was someone from Langenburg who in fact required some emergency services, ended up in the East Central health system at the Yorkton hospital, was there for two days and then was transferred to the Canora hospital where he convalesced for the next four or five days because Canora hospital had some beds available to them.

So as much as you make the case that from time to time the system is tight, and I've said that too, from time to time the system is tight, but by and large if you were to look at our area of the province and to examine carefully whether or not we have ability to provide some greater potential of bed utilization, we could do that. And we could do that nicely but it would require a much, much greater involvement and participation of those district boards that are there. It would require a great deal more of that.

Now from time to time you state the case about someone who requires emergency services. Well in this province today we have probably exceeded the level of first responders and emergency front-line training and certification than anywhere in the country of North America. Okay?

That's the level of training that some of our people have today. You have emergency responders today that have their EMTs (emergency medical technician), they're certified as EMTs, and you only have to look across the districts across the province to see the quality and level of training that these people have.

And it's not unusual, you know, for us in rural Saskatchewan today to be travelling longer distances in order for us to get our emergency services. And I'm not convinced, and certainly you

won't convince me today, that if somebody requires an emergent service that they don't get it. Because there has not been an example in the time that I've occupied this chair where somebody who requires an emergency response, where they've been denied it. Whether it's in the local hospital in a Canora, Saskatchewan, or whether it's in a regional centre like a Yorkton, or it's a tertiary centre in the Regina-Saskatoon, there has never been, in the time that I've been responsible as I say, a denial for an emergency service.

And I want to say to you that a very, very high compliment just the other day was paid to me by someone . . . or not to me but to our district, or to our area where you and I both come from, who said that when people arrive at the large tertiary centres, Saskatoon and Regina, from the East Central District, it's because they absolutely have to be there. That those services that we have in our part of Saskatchewan today have been taxed and maximized to their fullest, and they only send people at the end of the day because they absolutely can't provide the next step of specialized services that they have.

(1600)

So I say to you that we need to be careful when we're talking about the value of professional training and staffing and expertise that we have in our part of Saskatchewan, east-central or the east-central region of the province, because there has been a tremendous investment in services out there by the three districts or the four district boards. And we are fortunate in rural Saskatchewan today, far more fortunate than we've ever been than you and I were when we were growing up as young people in our communities, to have front-line responders that we have today.

We have people today who are in our backyards who are very highly trained and their expertise is very much valued in making sure that they can respond to some of the issues that we have.

Mr. Krawetz: — Thank you, Mr. Minister.

The Deputy Chair: — Why is the member on his feet?

Hon. Mr. Calvert: — With leave to introduce guests.

Leave granted.

INTRODUCTION OF GUESTS

Hon. Mr. Calvert: — Thank you to the Leader of the Opposition and to the minister for this interruption in the proceedings.

Mr. Chair, I would like all members to note that in the west gallery is seated Mr. Kevin Yeates and other members of the bargaining team from the Saskatchewan Government Employees' Union. We're very, very happy to have them in the gallery this afternoon and look forward to other announcements which we hope to make soon.

Hon. Members: Hear, hear!

COMMITTEE OF FINANCE

General Revenue Fund Health Vote 32

Subvote (HE01)

Mr. Krawetz: — Thank you, Mr. Deputy Chair. Mr. Minister, my comments about the first responders that handled the young lad were not to be taken as being critical of them. They did what they could, and you have to I'm sure appreciate that a group of first responders placing a young lad on a rigid backboard have completed all they could do. And they do not know whether there is a serious injury. They are preparing the young fellow for transport.

My question to you, Mr. Minister, was that while you seem to have indicated that these are anomalies that don't occur very often, I've indicated to you two examples where they could not be admitted. This was an emergency care system and we'll discuss the individual case some other time so that maybe you can check into why this young lad was not admitted. And the doctors in Canora said there were no beds. Those are concerns.

Mr. Minister, I want to make another suggestion and I want to hear your comments about the fact as you've indicated in our area, 3 of those 52 hospitals closed — in Norquay, and in Invermay, and in Theodore. And in some of those instances there are full-time doctors who live in the communities and provide medical care on a full-time basis. In the case of Invermay that's not true.

You've indicated that there's a need to address how we can improve and how we can become more efficient so that Yorkton hospital can indeed do all of the things that it can do before the people move on to the city systems and actually rely on Saskatoon or Regina to complete the final health requirements that are necessary that Yorkton could not provide.

And I'm wondering if you've given any thought to this, Mr. Minister. A number of times, as the example that I've indicated to you with Mr. Hanchuk, serious surgery on a Friday and he's told the doctor doesn't want to have him discharged, but he needs the bed so he is sent home on a Sunday. Is there any consideration to some of the clinics or emergency health clinics as I think they're called now, for instance, Norquay?

Whether or not there would be a possibility of having patients come back from, not only Yorkton but Saskatoon, Regina, where they've had serious surgery that requires a hospital stay of five days, six days, seven days. But the critical days are of course the day of surgery and maybe the next day or two after the surgery. But the final three or four days, the best thing for that patient is good, loving care. Tender care that's necessary to bring that patient to the point of allowing him to go home without complications, without infections, where he's monitored carefully at a clinic.

I'm wondering if there's any thought in your department to allowing patients to be transferred back to a Norquay where it's a provision of care. It's not an acute care, but it's a provision — I think you used the word convalescent care — where we can have these patients come back to alleviate the stress on the regional hospitals, the ones where surgeries are . . . that do

conduct the surgeries, the hospitals in Regina and Saskatoon, to transfer them back to the Theodores and Norquays of this world.

So that the care can be given back in a home setting where there, you know, statistics have shown that people will improve faster in that kind of an environment. Has your department looked at that possibility? And have any tests or any surveys been done as to whether or not that's something that you might be looking at?

Hon. Mr. Serby: — Mr. Chair, to the issue as it relates to the closures — because you've now used that term twice and I tend to use a different one, Mr. Deputy Chair — I want to say to you that in Saskatchewan we have converted these facilities. We have not closed the facilities; they still exist.

As you know, in my little old home community from where I come and you represent, they had a brand-new hospital. They had a brand-new hospital that was built in 1989. And it was built by the administration of which you now support. And you know and you know as well I do that . . . you know as well as I know that within that facility there was underutilization of those beds. And you and I both know that.

And so what they did is they took that facility, as you can well appreciate, and they've converted it and they've made it now one that provides a broad range of services for some of your family and some of our friends who are still in those areas of the province. Today they have a range of services that they hadn't had before in some aspects. They have some range of services today that they haven't had before.

So I think it's a bit disconcerting when you say that these facilities have been closed, because they're still there today and are providing a broad range of services.

I want to say that your comments about how we in fact can move people across the province more efficiently and get better utilization of some of those facilities, it requires some ability for the districts to work together. And I say that to you with a great deal of interest and concern.

I gave you the case of someone who recently ended up in Canora, who was from Langenburg, whose family was in Langenburg who expected that they would find this person at the end of the day in the community of Yorkton because that's where in fact he had the procedure completed. But in order to get the best utilization of the beds that are in the region, they sent this person on to Canora. And so when the family travelled from Langenburg and they arrived in Yorkton, they found out that this individual was now in Canora and had to make the extra, you know, 30 miles in order to visit.

Now I think there can be probably a smarter process of how you do that, to ensure that you get best utilization of all of those facilities that are in that part of the province. And that isn't. We're not unique, from where you and I come, we're not unique to the way in which some of this works. So a real need, I think, to enhance the partnerships of the districts and for them to work closer together.

Is there an opportunity for people to come back to their

communities and convalesce in a much broader way, earlier and more fully? The answer to that is absolutely there is. And when you look at the investment in home care that this province has made and what's happening across the country, I mean, you only need to look at the change in the way in which all provinces are making decisions — all provinces are making decisions — not only in Saskatchewan.

But when you look at the investment that has been made in home care across the nation today, it's significant. Because you're right — when people return back to their own communities, they far quicker convalesce and certainly achieve a better quality of health and life in their environment.

So we are doing more in terms of making sure that your home care programs are enriched; there's more funding that goes into the home care program. And to a large degree, many of those people don't need to be in a hospital bed; they can be in their own communities.

And the recent report that HSURC (Health Services Utilization and Research Commission) just completed on institutions, they took 780 beds across the province and they found when they completed their work that 25 per cent of those beds were occupied by people who didn't need to be in a hospital bed. They in fact would be well served in their own community. They'd be well served in their own home where you would have a home care nurse that could come there. You could have a personal care aide that could come to their home and provide many of those same services.

And the other piece that they said is that the recidivism rate of returning back to the institution is not any larger than it would be if they were in the hospital. Because there's a view here, and I think some of it you may hold yourself, is that hospitals make people well. Well hospitals don't make people well. Okay. And across the country our role is to move people from institution back to community as quickly as you can and where they will convalesce and certainly be in a lot better state of mind and healthier in a shorter period of time.

The Deputy Chair: — Why is the hon. member from Estevan on his feet?

Mr. Ward: — With leave to introduce guests, Mr. Speaker.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Ward: — Thank you, Mr. Speaker. I would like to introduce to you and to the Assembly a couple of gentlemen in the government gallery, Mr. Neil Collins, a constituent of mine, and his associate, Mr. Pat Therrien, two IBEW negotiators who are in town today for some meetings, looking for some progress, as are we all, in their little dispute. So I wish the Assembly would bid them welcome.

Hon. Members: Hear, hear!

The Deputy Chair: — Why is the hon. member for Humboldt on her feet?

Ms. Julé: — To address the Minister of Health, Deputy Chair.

COMMITTEE OF FINANCE

General Revenue Fund Health Vote 32

Ms. Julé: — My apologies, Mr. Deputy Chair. Mr. Minister, I'm pleased to welcome your officials today and I'll thank you beforehand for the assistance that you will be providing in answering some of my questions.

As you well know, Mr. Minister, the town of Humboldt is awaiting some decision from your department on whether or not the redevelopment project in Humboldt will be able to move ahead. In order for that to be done, the departmental officials and yourself have to complete a review of that redevelopment project. And I know that the town council in Humboldt put forward a resolution to yourself and the department outlining the urgent need to modernize St. Elizabeth's Hospital so that it might more adequately serve the needs of people within the district.

Within a part of the resolution states that the Humboldt Town Council affirms its support for the St. Elizabeth's Hospital redevelopment project, and that they also urge the Minister of Health, whom is yourself, and department officials to complete the review of the redevelopment project with all dispatch in order to provide all interested parties with a decision as soon as possible in this calendar year.

This calendar year, Mr. Minister, particularly because there has been a great deal of money put in through a special capital levy by urban and rural governments towards this project. And this project must go ahead and a decision must be put forward on this, because if not, in 1999 those monies will go back to the urban and rural municipalities and that would be terribly unfortunate.

Could you please give us some reassurance, Mr. Minister, that you have made a decision on this, and if not, when will you be able to inform Humboldt and the interested parties on this decision?

Hon. Mr. Serby: — Mr. Deputy Chair, I want to thank the member from Humboldt for the question. You're now, I think, the last person from Humboldt who's come to me in the last several weeks asking the question that you've raised today and that is, when will there be a decision made on the reconstruction for the St. Elizabeth's Hospital.

And I want to say to you we're within probably a week to 10 days of making our announcement on all of the capital projects across the province, of which of course we're very aware of the needs of the community of Humboldt and the people who are served in that part of Saskatchewan.

I know as well, I've met now with some of the town council members, I've met with some of the R.M.'s (rural municipality) at the SUMA (Saskatchewan Urban Municipalities Association) convention, who reminded me of the point that you make, of the sunset period on the funding. I think it's 1999 where we

absolutely need to have a final decision on the future capital investment in Humboldt. So I say to you that we're within a few days of making that announcement in terms of the capital piece.

And thank you for sort of bringing to our attention one more time the time frame that's tight in terms of making that decision.

(1615)

Ms. Julé: — Thank you, Mr. Minister. Mr. Minister, while we're on the topic of facility renewals, improvements, conversions, etc., I wonder if you could give me an indication of the status of the conversion of the hospital in Cudworth with the nursing home. And I'd like to know a couple of things: what services will be extended to the people in that district; and when will the completion date of that facility be something we can celebrate?

Hon. Mr. Serby: — My understanding is is that we're nearing the completion of that project of the community health centre. And of course we'll be celebrating that occasion with you when that occasion certainly arrives, and we're hoping that's not very far from today's date.

As you can appreciate, there are a number of health centres across the province that have now been formed. I think there is somewhere in the neighbourhood of 30 or 32. And I know that you'll find on your experience when you go to your health centre and visit the people at Cudworth, that they will have a strong appreciation for the level of services that they've had, not unlike some of what we've experienced in my recent trips to Wawota or to Grenfell. There's certainly those communities today are very pleased with the level of service that they're getting in their communities. And I know that you'll accept and feel that when you visit there at the opening and I hope that's fairly short.

The Deputy Chair: — Why is the Provincial Secretary wanting attention?

Hon. Mr. Shillington: — With leave, to introduce some guests.

Leave granted.

INTRODUCTION OF GUESTS

Hon. Mr. Shillington: — Thank you, Mr. Chairperson. We are honoured today by some very distinguished visitors. I will ask them to stand and then say a word about them when they stand — that is if I can come close enough to a proper pronunciation of their name so that they recognize them. I'll do my best here.

Robert Ssebunya, if you'd rise please; Irene Kiyimba; Alexander Ndawula; and Dorcas Kimbwarata. These are people who are here; they're guests of Rotary International. Mr. Ssebunya is the Minister of Health in Uganda. Ms. Kiyimba and Mr. Ndawula are also from Uganda. Ms. Kimbwarata is from Kenya. These people are here observing our system.

I had the occasion to exchange some common concerns with Mr. Ssebunya. I think he probably felt better about the Ugandan health system when I told him about our problems here.

I'd like all members to join with me in welcoming these distinguished visitors to our Assembly.

Hon. Members: Hear, hear!

COMMITTEE OF FINANCE

General Revenue Fund Health Vote 32

Subvote (HE01)

Ms. Julé: — Thank you. Thank you, Mr. Deputy Speaker. Mr. Minister, there are some good things happening with health. But there are also some problems, as you well know and everyone well knows.

Now a moment ago I was talking about the renovations at St. Elizabeth's Hospital. And so we are going to hopefully have the building in adequate condition to serve the residents of that area, of that district, very well. But at the same time, we also read in our local newspapers and in talking to people responsible in those areas, we recognize that there's going to be deficits at the hospital as far as the funding goes for running the place and also at Saint Mary's Villa.

And so this is going to be a major, major problem for people. Is there some way that possibly you can reassure them that there will be a little more of an infusion of funding into the services needed?

Hon. Mr. Serby: — Mr. Deputy Chair, I think how I might respond to you is by indicating that this year, what we did again, is that we provided some additional funding for health districts across the piece. So we injected approximately \$30 million directly for district health boards in terms of their ability then to provide a variety of services in each of their communities, in each of their areas.

And of course the . . . Central Plains is no exception to some of the contributions that we've provided to them. I don't have that specific number available to me but maybe one of my officials will find it for me as I go along and then I can provide you with what that exact number was for your district. I think our focus will be to continue to provide the sufficient resources for districts to do their work.

And that the assurances that we provide to communities — particularly ones like yours which are larger in magnitude, serve a fairly large population — is that we want to see you know, continued enhancements and growth in the health care delivery system. You only need to look at your part of the province today and recognize the amount of activity and energy that's invested in that part of Saskatchewan to recognize how important the health care system is to the continued growth and expansion of your community and area.

And we recognize that and we'll continue to provide the resources that we can to ensure that we can grow that. This year's increase to your health district is \$271,052, working on a population base of about 21,067.

Ms. Julé: — Thank you, Mr. Minister. Mr. Minister, in spite of the infusion of money, which never seems to be quite enough, there are obviously some problems with how money is used. Okay. It has come to my attention that, for instance, the Central Plains District administration has received a total 30 per cent increase in their salary in five years time. It has also come to my attention that that salary increase and the salary is taken off the top of the budget immediately before any other considerations are given for services needed.

Now I do believe in community and regional autonomy. I really believe in it. But I believe that there's also a need, when this kind of an exorbitant increase happens, that there is a need to put in place a cap or somewhat of a cap at least on salary so that funding can go to the services that are needed. I think this is a big part of the problem and I wonder if you could address this for me today.

Hon. Mr. Serby: — First, Mr. Deputy Chair, I want to say to the member that I'm not aware of the kind of increases that you talk about, but certainly they are of concern to me and we will give our undertaking that we will do a review of at least what some of those numbers that you've indicated are. An increase of 30 per cent would be certainly not the norm.

It's not the norm that we're used to seeing in the submission of the budget plans, and we're within about five weeks now from receiving the district plans from across the province. And we'll certainly pay particular attention to the question that you raise here today as it relates to the administrative costs, and we'll report that to you on the basis of you having asked the question specifically.

I want to reiterate that I very much appreciate your comment about the value of district health boards and the people who make a commitment to serve on them. These are by and large volunteers initially. There's some very small remuneration. There are people who have been involved in this process from the very first day of health reform.

And the process has been very difficult in our province. And I know across the world today, and we have another example this afternoon, Mr. Deputy Chair, where we have people who come and pay attention to what we're doing in Saskatchewan in terms of our health care system and how we deliver it in this province. And we welcome those occasions.

And I say to you that we in Saskatchewan are very proud of the men and women who serve in our district health boards, the contributions that they make to ensure that community needs are in fact defined and enriched to make our Saskatchewan communities healthier and better for your children and mine. And so I want to say to you that I very much appreciate your comment and your support as it relates to the work of district health boards.

Ms. Julé: — Thank you, Mr. Minister. Mr. Minister, I must make an added comment on that — that I said I believe in true autonomy of the district health boards and communities. That means that there . . . I believe there should be sort of a global funding rather than pressuring districts into funding, specific funding, for different services.

For instance, you do laud home care. Home care in itself is a good idea, but people that are convalescing, as you had just spoken to the member of the Saskatchewan Party about, people that are convalescing and having to come home to receive home care are not . . . they are not receiving the adequate number of hours and the attention they need through home care. And that is simply all there is to it.

Some are, but a good majority are not. What happens then is people that are surrounding those patients are forced to try to get them into a nursing home or into some sort of a personal care facility. My concern is personal care facilities. The operators of those facilities aren't necessarily medically trained in order to look at those patients to recognize when they are in distress or when they're not.

And on top of it that causes a burden for a number of our senior people financially, because as you well know, getting into a nursing home maybe would cost them their pensions.

Personal care homes now are costing them anywhere from 11 to 1,500 to \$2,000 a month and sometimes more. How are these people expected certainly to pay for those kind of expenses when they don't have the money to do it? It puts people in a major quandary.

So I've mentioned a couple of issues here and I'll let you respond on those.

Hon. Mr. Serby: — Well, Mr. Deputy Chair, to the member, I want to say to you that I couldn't agree more that as we move along in this province and in this country, that there is a need to advance and grow the home care program and the home care system. And in this province, when you look at the contribution and the investment that we've made in home care over the last four or five years, you'll see that that's increased by almost 116 per cent.

And when you ask the question or make the comment that there is an important need to grow that even more, we concur with that, because we believe — not only here in Saskatchewan but across the nation, Health ministers and departments will tell you — that we need to move from the institutional setting to the community base. And the only way that you can reach that or achieve that is that you need to put more investment into the home care side.

Now I think it's important here to also recognize that as much as we talk about the increases in home care over the last several years to 116 per cent, we've achieved that in Saskatchewan on our own. There hasn't been any contribution on the part of the federal government to help advance the home care programs. By and large their funding has remained stagnant and stable.

And I very much admire today you, you know, standing on your feet and talking about how important it is to grow the home care program in Saskatchewan. But remember that these reductions and cuts that the federal government has administered on provinces across the country really began a couple of years ago. And so as much as I appreciate and admire you today standing up and lobbying, which I think is important for home care programs and support you in that, but there was a time when I think your voice could have been a lot stronger in this area.

And today we advance that notion of course to some of the colleagues across who have been less than supportive in advancing our notion. So I say to you that you're right when you make the statement that it's important for us to grow the home care piece. We are growing it as quickly as we can. We know there's more we need to do in that area and we'll be looking for your support along the way then to advance the growth in home care across the province.

(1630)

Ms. Julé: — Well thank you, Mr. Minister. I would like to just make a quick comment in response to some remarks that you had made a little bit earlier regarding first responders. I happen to have a sister who took the first responders course and so I questioned her fairly thoroughly and I guess what we need to have if we're going to have first responders is the insurance . . . the assurance that when first responders are called that they in fact will be there.

Now from what my sister told me, there is no obligation on the part of first responders to go to the site of an accident or to where they are needed, all right. The other thing that is . . . so that's a problem of course. I mean how many phone calls you know would one have to make in due time in order to ensure that people's lives aren't at risk.

The other concern surrounds the safety of first responders when they are called to possibly someone's home where there is an emergency case of people under distress mentally and they have to go to try to calm the situation. First responders seem to have a broad range of services they have to provide and I have heard first responders mentioning that should they get the feeling or the sense that they may be in danger that they won't respond. If they don't respond the situation in that home could grow volatile and someone will be hurt. So it's a whole area of concern for me and again I'd ask you to respond to those comments.

Hon. Mr. Serby: — Mr. Deputy Chair, to the member, I want to say that clearly there's a need here to look at advancing and enriching the level of training that today first responders have access to; although we talk a lot about how valuable that training is today and how advanced many of those first responders are in terms of their ability to respond to an emergency situation.

Our effort is to continue to put more resources into that side, so that particularly where they're found of course is in rural Saskatchewan, and because distances are so large, that we want to try to advance the notion that you can have more specialized people, if I might use that term a bit loosely, in our communities or in our areas that might provide some of those services. And so training is very much a part of that.

Educational development is another part of it because when you make the comment that these people are really responsible for covering the waterfront, they really are. There's a whole host of different situations that they find themselves in, and as much as you try to train from a broad perspective how to deal with those issues, you can't always touch on all of them. So our objective will be to continue to enhance those educational programs, those training programs, so that we can better equip people to

provide those front-line services when they're needed.

Ms. Julé: — Thank you, Mr. Minister. I'd like to just refer you to some of the concerns that I had brought forward in the House regarding the waiting-list for ultrasounds at the Plains hospital. It was brought to my attention, and I pose that to you, that there are approximately 670 on the waiting-list for carotid ultrasounds. I also know that there are about 200 on the waiting-list for venous doppler ultrasounds, which is the lower part of the body.

Now physicians, doctors, order these because they have very good reason to believe that there is an impending stroke that may be happening, and so from some of my query with people at the hospitals, I understand that the technicians are lacking; that there are two and a half technicians — and I'm not sure if it's at the Plains or in the whole city. And I'm wondering if you could give me an idea of how many ultrasound technicians we have in the three hospitals in Regina?

Hon. Mr. Serby: — I think part of the issue that was identified when we did our physician needs survey is that we are lacking — for a better term — in particularly this part of the province. And I think when you raised the question with me you're specifically addressing it as it relates to this part of the province, Regina, and how southern Saskatchewan people in particular are being served today.

In our evaluation and assessments that were done on physician needs in the province, one of them that was identified is for enriched specialties in Regina, and for some of the regional centres or larger communities. And we think that if we had access and were able to recruit more people who were providing these kinds of services directly, that we would be able to reduce those waiting-lists significantly from what they are today.

They're a concern for us as well. And our hope is through the recent agreement that we signed with physicians in the province, that we're going to be better equipped in the next several months to attract more people that will come and practise here. And then hopefully address this issue that you talk about. Because some of it is clearly to do with the manpower issue and resourcing up is what we need to do.

Ms. Julé: — Well, Mr. Minister, what I would like to ask you directly is why are there a lack of ultrasound technicians in the southern area, here especially? I have a concern about this because I have many friends and relatives in this part of the province who may be in need of that. And so why aren't there enough technicians?

My understanding is that technicians are burning out — they are simply burning out. And some of them are going on indefinite stress leave. And so this needs to be addressed. Why can't we recruit more technicians, and do we have the number of ultrasound machines here that we need to serve the people that need them? Obviously not, with waiting-lists like this.

Hon. Mr. Serby: — Well part of the issue I've identified as it relates to the importance of, and you raised the question, and that is the ability to have more specialists on stream, more specialists that can provide the services for us. You're really addressing the issue of prevention here, to a large degree.

And certainly it's an important piece, so that if you could do some of this testing in advance, then you may in fact prevent people from accessing or coming into the system itself and taking out what we are considering or concerned about, which is certainly beds and utilization of the system.

And our work will continue. I think in Regina today, we've identified I think nine people who we have providing some of this work. And our effort and role will be to continue to work to providing some of those enhancements in the future in the way in which I suggested.

But this exercise is one that will require that kind of attention and we give that commitment to you. It's part of us wanting to do more work in the preventive side.

Ms. Julé: — Thank you, Mr. Minister. Mr. Minister, could you tell me how many technicians are employed working with ultrasound machines in the city of Regina, and which hospitals are they at?

Hon. Mr. Serby: — There are nine technicians currently employed. There are two at the Pasqua, there are four at the General and three at the Plains.

Ms. Julé: — Okay, my understanding was, at the Plains specifically, that there are 2.5 employed, that there is one person who is off on an indefinite stress leave. And so he or she may be coming back, but I would certainly urge you to make sure that we have the technicians in place so that burn-out like this doesn't happen.

Mr. Minister, earlier you made reference also to the fact that you didn't believe that anyone that was in need of emergencies died in the province — emergency services. Again I would like to refer you to what we were just talking about. How can you assess that people are not dying of stroke if in fact there's a one-year waiting-list for carotid ultrasounds? Who knows how many people have died because of this, because they could not get in for an ultrasound and subsequent service that they need?

That is what I think the opposition parties talk about, partly what they talk about, when they're talking about emergencies — people in need of emergency service that are not getting it. So I just want you to sort of digest that a bit.

And the other issue that I must bring forward, Mr. Minister, is the number of people having to go out of the province for MRI services. Now I had sent you a letter from a Mr. Howard Lees in Humboldt, whose doctor referred him to have an MRI. She tried to book him for the MRI in Saskatoon and they wouldn't even put him on the waiting-list. They said that they were not taking any further appointments.

And so there was no choice for Mr. Lees, but to go to Alberta to have this done, to Calgary. As a result of the test in Calgary, Mr. Lees had been referred to a neurosurgeon. Now he came back with a bill of \$750 for the MRI. The results were quite crucial. And subsequently I sent a letter to you asking for reimbursement, and your answer was that had he received pre-approval from his doctor to go and get this MRI out of the province, that he may have been reimbursed. However, because he did not get pre-approval he would not be reimbursed.

Now if in fact there was another way of looking at this and you received from him all documentation even after the MRI in Calgary, that in fact the MRI was in desperate need and he provided your department with those documents, is it not reasonable to expect then that he should be reimbursed?

Hon. Mr. Serby: — I think, Mr. Deputy Deputy Chair, to the member, I say to you that first and foremost I hope that I didn't leave the impression that from time to time when people are in a serious emergent state, that they don't die. Because in fact from time to time when people are in a severe emergent state en route to a health facility or while they're waiting for an emergency unit to arrive, people in fact have died.

And it's unfortunate, but the reality is is that sometimes the health care system fails us. And on a daily basis, when you look at the kinds of activity that the health care system provides services to people across the province, it's enormous. And so I want to clarify, to make sure that you and I don't have a misinterpretation of what I mean by emergency services.

What I am saying about emergency services is that I don't know that a facility or a physician has ever turned away an individual who is en route or actually arrives, that are in emergent state. And I guess I said that since I've been in this chair, and certainly since we've had administration of this operation, I've not had or heard of a situation where somebody has in fact been denied services because they're of an emergency nature.

I want to say to you that in respect to the MRI, we're happy in Saskatchewan to announce or have announced that soon, by the new year we hope, that we'll have a second MRI that will be operating here out of Regina.

And in the interim we've provided, on a number of occasions, opportunities for people to go out of the province to receive MRI services and I expect that into the future that still may be the case. I don't expect that with two units in Saskatchewan that we will never have an occasion where we don't have to send someone out.

But the receipt of the prior approval is very important here. And the definition of who is actually able to receive approval to go outside the province is done in a fairly logistic process, in my opinion . . . where it really is a responsibility of the family physician or the practising physician whom you are attending to really make the request on your behalf. And to ensure that that approval is provided.

And I want to say to you that from time to time in my short tenure in this position, that isn't always the case. That in fact, physicians have not got that approval in time. And it's not that they don't know, okay. Because I've learned now too that physicians across the province have a full appreciation that in order to refer somebody outside the province they need to get that prior approval.

Now in some instances it's very, very difficult for the physician to say to the person who's standing beside you or, who you've just completed the examination, that you need to wait for a period of time. It's very difficult to do that and so sometimes they hope for the best. And that is that they refer the person on and then the individual gets stuck in the kind of situation that

you're talking about, that you're constituent faces because that prior approval was not obtained.

Now the decision about whether or not somebody requires an MRI and the level on which they need to retain that service, how long they can wait, really is determined by the physician, in my opinion. They determine that.

(1645)

And the Department of Health, through the people who are responsible for providing out-of-province coverage, in my opinion are fairly flexible. But they have to receive that information in advance in order for the department to make the appropriate recommendation.

And so I say to you, when we look at the MRIs themselves in the province, I mean seven years ago we didn't even have one, we didn't have one MRI in this province, and people were sent out. Today we have one. Soon we're going to have two and hopefully that will alleviate some of the difficulties that you speak about into the future.

Ms. Julé: — Thank you, Mr. Minister. And, Mr. Minister, I just have one additional comment to make to you. And I make it to you because I believe that the Department of Health has an obligation and a responsibility in the area of the fight against child prostitution, as much as any other department does.

Now we have major, major health problems resulting from children that are sexually and physically abused on the streets. Not only are they picking up communicable diseases, HIV (human immunodeficiency virus), etc., that is being transmitted rapidly around the province, but their health and the subsequent sort of needs they have and the detriment to society, the overall picture of this is extremely, extremely, not only financially costly to every one in this province, but the human cost is immeasurable.

And so I am just standing today, Mr. Minister, to put in a plea to you to please put your head together with the Minister of Social Services and the Minister of Justice to see that we can effect every possible measure, concrete measures, that will address this issue as soon as possible. I can't wait and neither can the children on the streets wait.

I think of us sitting here, Mr. Minister, and I think within less than one mile from where we are sitting today, children are going through this atrocity. They cannot wait June, July, August, September, October, November, December, January, February, and March, and April until next year when the House reconvenes, the legislation to come to pass that are going to assist them. So I ask you to impress on the ministers you work with and on your entire caucus, the immediacy of the need to do something, to take measures that will certainly help to fight this awful crime as soon as possible. Thank you.

Mr. D'Autremont: — Thank you, Mr. Chairman of committees. I'd like to welcome the minister and his officials here this late afternoon. I'd like to deal with a couple of issues that involve not totally but partially health care and that's the 911 system. Ambulances will be dispatched or called and dispatched through the 911 system. Just how far along the road

has that gone, Mr. Minister, in providing that service and what kind of service can we expect once 911 service becomes available throughout the province? I know that it's been available now for a year or so in Swift Current area. It's available to a lesser degree, in other areas such as Estevan which is dealt with locally right now . . . but when the implementation comes in and when will that implementation come in?

Hon. Mr. Serby: — I think some of the work . . . Mr. Deputy Chair, welcome back. First I want to say that throughout the province today there has been some consolidation as you can appreciate of some of the emergency dispatch services. And so you have larger networks today that are in place that are serving broader parts of the province to ensure that you have that kind of cover-off that 911 eventually will accommodate in the province.

There has been now a designation, I believe, of four regions across the province that will serve as our regional sites to enhance and ensure that the 911 system is well designed and that the accessibility to communities across the province can be provided. So those regions I think are now in place.

And we're not sure yet — I'm not sure — how in fact the existing consolidated districts today that are using a . . . and I forget the number that they're using, it's a one-line number that four or five districts can buy into today, and several districts can access the services of that dispatch unit.

I say that when the 911 regional services are in place, which I expect will happen — and I don't know the date on that but likely in short order because now the regional sites have been designed, they're in place, they've been announced — and the work is ongoing today to develop their work and how the current existing services will be integrated or rolled into those.

Mr. D'Autremont: — Thank you, Mr. Minister. Mr. Minister, what are the regions going to be? Where are those centres of dispatch going to be out of? Is there one or two communities across the province? Is there a large number of communities that are going to be doing the dispatch work? How is that going to work, and where are those regions going to be for the dispatch of ambulances through 911?

Hon. Mr. Serby: — Mr. Chair, the regions I believe are Prince Albert, Saskatoon, Regina, and Swift Current are the ones currently that are being proposed. And I think those are the ones that you'll see as the regional sites.

Mr. D'Autremont: — Thank you. Which areas will each of those communities be serving? Will the south-east's call centre be Regina? Will it be Swift Current? What is the plans in that direction?

Hon. Mr. Serby: — I think, Mr. Chair, those are the standards that are currently . . . They're developing the standards right now and the level of involvement. Which districts will be reporting to which area, which call centres will be covering that off are currently in the process of being designed across the province, as I understand it.

Mr. D'Autremont: — Thank you. Mr. Minister, there's been

some concerns expressed to me if those call centres are placed too far out of the geographic region that they're actually serving. It was suggested to me that for service in the south-east, that that would be delivered out of Swift Current.

Now a person sitting in Swift Current receiving a 911 call from Glen Ewen, in all likelihood isn't going to have any idea where Glen Ewen is at, although I have to admit probably somebody in Regina doesn't know where Glen Ewen's at either. But people who are somewhat more local in the area do know where the communities are.

And I understand that you're going to have some sort of a list you can pull up on the computer to say, well here's the first responder in Glen Ewen to go out and . . . But the kind of call you're going to get is that, well I'm at Henry's farm. Well who's Henry? And is that call going to provide any more information than simply the telephone number for the 911 call or is it going to give a land location or what kind of information?

The concern was expressed that it's going to be difficult for the person transmitting the information from the 911 centre to the local ambulance service to provide the exact location where the ambulance is needed. If it was integrated through a more local system with police and fire, in a lot of cases police . . . In a lot of cases police are on the road already, they have cruisers in that area available, they know the area because they patrol it every day, they can then assist in the dispatch of the ambulance when they're going to an accident or something in a domestic home or a business.

So the police can then inform them, well come this route, these particular roads or streets whatever the case may be, because of certain things that are happening at the present time — traffic is heavy, there's been another accident or something, or there's road construction, whatever the case may be — that would assist in getting the ambulance to the proper location.

If you get it too far away from the location then there's no information outside of the system that people can rely on. They're simply looking at their maps and really don't know what's happening. Road construction in a municipality or on a highway and that, I would suspect, would be difficult to keep track of that at all times on the 911 system.

So is any consideration being given to having that provided on a more local regional basis rather than simply more locations across the province — in particular, Swift Current serving the south-east?

Hon. Mr. Serby: — Mr. Chair, the question that the member raises are ones that are still being sorted out. But I want to suggest that part of the vision of course and the envisioning is that, what you will have is a central dispatch system. Not unlike today what you have with the RCMP.

So that if you happen to be in a rural Saskatchewan today, you make a call, that call might actually go to Regina — as a Yorkton guy — that call may actually go to Regina, dispatched back out of Regina, back to the local detachments in my community, who will then go out and provide the service. So keep in mind that the call centres are really going to be central

dispatching centres.

Your on the ground community emergency services will be the ones which the information will flow back to, is how I see it. Now within the system today they're designing a very complex, and have the ability to do that and it's well on its way, in terms of the GIS (geographic information systems), are today you can track very nicely on the computer system.

And, as in my opinion, as SHIN (Saskatchewan Health Information Network) makes itself more prominent in the scheme of delivering health services in this province, what you could see through the GIS system is that farm that you talk about where somebody might need some help, it would be tracked and plotted so that the people at the other end who are providing direct emergency services would know exactly where to go, because that information would make its way right back to the community core of people who are providing the emergency services.

And I expect that it could be a team. It could be a team of individuals who are providing that. It could be your police and your health system or your education system that would be available or on deck to provide those emergency services in the local communities.

Mr. D'Autremont: — One of the other areas of concern that was expressed to me was that on a 911 call, you'd be calling one location to get the information passed along for ambulance; you'd be phoning another location to pass along information for police; you could be phoning a third location for fire-fighting, rescue services. You're going to have to make a lot of calls.

Now in the small rural communities in some of those locations you don't have all of the services in one community and centrally located. In some of the larger communities such as Estevan and Weyburn, probably Yorkton, one single call is presently serving that purpose. But when you go to a 911 centralized system serving out of Swift Current or Regina, those people will then in all likelihood now all of a sudden have to phone three different locations to pass that information along.

And that seems to be a time-consuming effort, Mr. Minister, one in which people can get confused and in which information can be lost. Also it's more difficult for them to funnel that information back in if it's at a more centralized location than a more localized service.

Hon. Mr. Serby: — Mr. Chair, the point that you make is exactly the one that we hope that 911 or we know that 911 will work at addressing. And that's that they will coordinate those services because today in the province you only have four communities that really are on-line for 911. I mean P.A. (Prince Albert), Saskatoon, Regina, and I think Swift Current, are the only communities that have that kind of accessibility.

So as much as you raise the issue about the importance of coordination, that's exactly what those central dispatch systems will provide, will ensure that that coordination occurs, and that they can then redirect that call back to the community.

The Assembly recessed until 7 p.m.

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