

EVENING SITTING
COMMITTEE OF FINANCE

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Chair: — I would invite the Minister of Health to introduce his officials.

Hon. Mr. Nilson: — Thank you. Tonight I have with me Glenda Yeates, who is the deputy minister; Lawrence Krahn, the assistant deputy minister; Kelly Kummerfield, the executive director of human resources; Rod Wiley, the executive director of finance and management services; Duncan Fisher, assistant deputy minister; and Bert Linklater, who is the executive director of district management services.

Ms. Julé: — Thank you, Mr. Chair, and good evening, Mr. Minister. Good evening and welcome to your officials this evening.

Mr. Minister, there are a varied number of questions that I have to ask you, but as usual, when I get up in estimates, I usually ask about specific issues related to my constituents and their health needs that they feel are or are not being met.

Before I do get into them though, Mr. Minister, I wanted to talk with you a little bit about how it can be justified, for instance, that the new regional health district, the Saskatoon Health District, has nine appointees from Saskatoon, and three from three other health districts. And so in fact what it would equate to is having one only from Central Plains Health District, one from Living Sky, and one from Gabriel Springs. Those districts, in my view, are not being very well represented on that new, original board that's in place right now.

When we . . . I was at a meeting in Humboldt of the hospital advisory board a couple of months ago, and I brought up the issue. My concern was that if you don't have an equivalent number of board representatives from each of the health districts, then of course it's going to be very hard for, in this case for the surrounding districts, the ones surrounding Saskatoon, that are now part of the region, should be able to have proper representation, or representation rather that would give them a little strength, a little clout.

And so I'm wondering why there was nine people, nine Saskatoon appointments, and only one appointment from each of the other three health districts, because we were told at that hospital advisory board meeting a few months before by the chairman of the health district that there would be most likely two at least from each of the districts surrounding Saskatoon which would really even things out or make things quite fair.

He had his reasoning for coming up with that, and it sounded very much like Saskatoon in fact would be quite happy if there was equitable representation from each of the other three districts now in the region because there were a number of ways

that they could in fact exchange services with those other districts, look at what services were in place right now, and meet each other halfway. But I was concerned about it because really if you have, as you well know, Mr. Minister, a board that is overly representative of one area of the new region, naturally they're going to have the votes and they're going to have the clout and so on when it comes to decisions to be made for the entire region.

And so I'm asking why there is this imbalance as far as the Saskatoon region board.

Hon. Mr. Nilson: — Thank you for that question. We had a number of challenges right across the province in trying to set the boards for the new regional health authorities, but just for your information, around this particular district — which includes Saskatoon, Central Plains, Gabriel Springs, and Living Sky — the total population of that new district will be 286,000. And the Saskatoon district will have about 240,000 of those people, which is about 84 per cent of the population. The way the board is comprised, they will have 75 per cent of the seats and the other areas will have 25 per cent.

So Central Plains population, just for your information, is 20,626; Gabriel Springs, 11,923; and Living Sky, 13,506; Saskatoon, 240,416, for a total of 286,471. So that's part of the practical problem that was there. This is, as you can understand, one of the . . . well it is the largest new regional authority, but given the service area and the interrelationship of the various communities, it was thought that this would be the best way to organize this particular area.

Ms. Julé: — Well thank you, Mr. Chair. Mr. Minister, I recognize only too well that the board members are appointed according to population. But I also understand, and I guess just about anybody would, that the allotment then of funding would also be allotted according to population. And if you bring that down into the lowest common denominator, that means that there will be favouritism in many ways that would . . . you know, that there would be money going for instance to the Saskatoon region, much more than there would to the outlying Central Plains and Living Sky and so on. And there was a lot of concern about that, and we were assured by the chairman of Central Plains that there would be an even apportioning of board members and that it wouldn't be quite this lopsided.

But now that that's said and done, I guess there is not very much that can be done because this has been put in place. But we have for instance some of the RMs (rural municipality) around that are asking you to intervene and to make sure that some of those appointments are possibly rescinded until . . . to ensure that we get rural representation on that regional board. So I think that Premier Calvert has received a letter to that effect, and I would . . .

The Chair: — Order. Order. Just to remind the hon. members, they're not to refer to members of the legislature by their proper name but rather by their title or constituency.

Ms. Julé: — Thank you, Mr. Chair, yes, and I certainly do know the rules. I made a slip. The Premier has received a letter to this effect, and it's not only from one municipality, but there

is a concern from a number of municipalities that the rural areas won't have the representation that they so deserve.

Mr. Minister, as you well know, for some years now the Humboldt district . . . Humboldt and district people have been looking forward to having a new integrated hospital unit. And it seems every year one stands and asks, you know, when will full approval be in place so that the construction of that hospital may take place.

Could you please update me on the status of this situation.

Hon. Mr. Nilson: — The project at Humboldt is, as you know, an ongoing project and the people have been working at getting the local contribution, and the provincial contribution is part of what we're looking at this year. But as you would know from what I've said about the total budget for this year, we do not have a huge jump in the amount of capital from the provincial side. And so we're proceeding with the big projects which are in Melfort and in Weyburn. But some of the projects in Humboldt, we're not moving ahead with them this year, but they're in the planning process still.

Ms. Julé: — Thank you, Mr. Chair. Mr. Minister, it seems to me that as far as the funding goes, Humboldt and district have had their funding and certainly have guaranteed the department that their funding is pretty well all in place. And you know, these people have constantly been working very, very hard to make sure that this project goes through.

It seems as though there is one thing or the other that they hear that is going to delay the project yet again. And I just remind you, Mr. Minister, that Humboldt is one of the fastest growing places in the province, only one of the three cities that has grown or the three communities that have actually grown. And that's because they are a very vibrant and dedicated community, and there is no doubt that with a growing city like that they're going to be needing to have this in operation, this integrated health centre in operation without delay.

I understand that there are funding problems for your government, but I'm wondering whether or not the greater delay here is because now we have formed a regional health authority which would be called Saskatoon Regional Health Authority, and whether the decision for this hospital is now in the hands of that board. Is that what we're looking at, or is this sort of separate from board decision, and will your government be handling it?

Hon. Mr. Nilson: — I don't think that's the correct surmise to make about what's happening with the regional health authorities versus the health districts, because basically the capital funding, like the amounts required for the Humboldt project, are part of an overall province-wide plan. And so that that planning process is continuing, the kinds of things are still being included.

Now practically on a province-wide basis and in light of our health plan for the whole province, we are looking at all of the different projects that are there, but we know for example that they're well prepared in Moosomin, Swift Current's working on a project, Preeceville. You know, we've got the Weyburn project going, Melfort. And there are a whole number of other

ones — Ile-a-la-Crosse — different places that are all looking at what kinds of capital are available on a province-wide basis. And we have been basically trying to make the most effective use of the dollars that we have and set out a plan over a number of years.

But in this particular year, it's your friends from Melfort and Weyburn that have the bulk of the money.

Ms. Julé: — Well thank you. I guess possibly to get into detail, asking you the specifics about why one project like that has been chosen over another would be something that I would choose to do maybe at another time when we aren't . . . we have a lot more time actually to talk about that.

Mr. Minister, I understand that Central Plains Health District had a clawback in funding in the year 2000-2001 from your department. I take it it was for operational expenses and it was to the tune, I believe, of \$456,000. And I'm wondering if that is accurate and, if so, why was the clawback in place.

Thank you, Mr. Chair. Mr. Minister, I would just like to clarify something. My understanding is that clawback was part of the money apportioned to St. Elizabeth's Hospital — the operations of the hospital, not the whole — or maybe it was Central Plains, the whole district. I'm not too sure; this is why I'm asking. I would like to know more about this and why it happened.

Hon. Mr. Nilson: — Thank you for that question. As you can tell, it's not as straightforward a situation, and I'm not surprised that you had a hard time asking the question. Hopefully I'll have a better time giving you the answer to what you've explained.

Basically I think what happened, a couple of years ago there were some plans made in the Central Plains district — the whole district — around some savings that could be made within the district of just under \$500,000. And they were able to accomplish that, those savings. So that then when they were setting the funding basis for the next year, they based it on the actual operating budget, which included the savings that they had been able to engender.

So for example in this year's budget for the Central Plains Health District, they effectively got a 6.3 per cent increase based on what they actually spent. But I'm sure that the people in the local area think, well it wasn't really 6.3 per cent because it included that saving that they had from the previous year.

And so it's one where depending which side you're looking at it from, you can feel either positive or negative about it. But practically for the whole system they were able to organize some things in a way that provided some savings for the district and for the cost of health in the whole province. And then the increase this year included that amount and a bit more so that it effectively it's 6.3 per cent increase. But I'm sure from their perspective it was probably an increase closer to 2 per cent or something like that.

So I'm not sure if that answers your question, but I think it gets at the issue that you're raising.

Ms. Julé: — Thank you, Mr. Chair, and Mr. Minister. There's a

lot of ways that the figures can be, I guess, explained. But the end result of all of this is this year Central Plains is running a \$610,000 deficit. And so if I, just as a citizen or certainly as the MLA (Member of the Legislative Assembly) for the people there, if I look at \$456,000 clawed back because of their efficiency, I think people should be rewarded for efficiencies rather than have clawbacks like this and then not have a return or a favour returned to them when it looks like a deficit is in place.

If we in fact have that money at this time, the 456,000, it seems to me that our deficit would be much, much less. It stands at 610. There's about a \$200,000 difference there and so it could be that the deficit was only 200,000.

What I'm starting to understand from people that are talking about the reasons that Sask Health may or may not do these things is because, you know, they may look at things like the district has reserves and so they can better afford to have clawbacks in place. That's not in my estimation a very fair thing to do because the reserves are there as part of funding contributions from the people throughout the district and so on. For one reason or other that money has come from people in the area and most of it they are hoping will be projected towards their new integrated facility.

So I just make that comment, Mr. Minister, and I'd like to have from your part if that \$456,000 was allotted as part of the budget to Central Plains during that year and is it expected or would they expect that you would take money back — there would be a clawback if they managed very well? Because it just doesn't make sense. By taking money back like that, it's basically telling people that, you're better off if you don't manage your money well, because if you do we're going . . . (inaudible) . . . a certain portion back.

So I don't know where the rationale comes in. The money was allotted to them. If the money had stayed in place, they wouldn't have the deficit that they do today, and because the money was clawed back they do have this deficit, and that doesn't bode very well for anybody for the future.

Hon. Mr. Nilson: — I think there are two things that are going on here. On an ongoing basis, when a district proposes some adjustments where there are reductions in whatever they're doing — and in this case \$450,000 approximately on an ongoing basis is not included in their budget — well then that money won't be funded to them on an ongoing basis.

Now as it relates to this year and the kinds of figures that you're talking about, basically the districts saw what kinds of allocations were there effective at budget date at the end of March, and they were required to submit their budgets by May 15 — which in fact the Central Plains has done — and they're now in discussion around how this budget will work. The goal is by middle to late June that we will have balanced budgets for all of the districts across the province, including Central Plains, and that we're in that process right now. So it's extremely difficult to answer your question but the hope is that we'll get the right mix so that there is a balanced budget on an ongoing basis.

Ms. Julé: — Thank you, Mr. Chair. Mr. Minister, I think it was

last year that the government or Sask Health did put in money for Living Sky and possibly one other health district to make up for their budget deficit. So I'm asking you now, just in view of your comments. I'm not really hearing an absolute answer but I'm wondering if the government is intending to do the same thing for all health districts that they did for Living Sky, and that's to fill in the amount of deficit. And if not, why not? Why would Living Sky be one of the districts that received this kind of extra funding from your department when others did not?

Hon. Mr. Nilson: — I think the issue here is about the accountability of the local district boards or, in the ongoing time, the regional health authority boards around the use of the funds. You are correct; this last year, there were some challenges, both for Living Sky and for East Central.

And we basically said to all the districts, well look, you've got to manage within the money that you have. These two places were not in a situation where they could even borrow the money to make sure that they could meet their amounts at the end of the year, and so we did provide some assistance to them. But this is clearly not the plan for this year. We've said we're not doing that any more. Part of the difficulty was that a year and a half ago, in March of, well, 2001 or 14 months ago, we were able to put some money in to try to get the funding around the base services to sort of match what was happening in a lot of the districts. Some of the districts thought maybe we would do that again this year, but we didn't — only in emergency situation in two places.

Ms. Julé: — Okay. Mr. Chair, I have one more question before my colleagues will take over. This question is again, Mr. Minister, in reference to the clawback that I was talking about just a second ago. If in fact Sask Health intended to do this clawback, would they communicate with the health district about the measure they're taking? Would the health district know why you're clawing back? And is . . . what kind of communication takes place between Sask Health and those health districts when these kind of actions are taken?

Hon. Mr. Nilson: — I think practically what happens is the districts have worked through a plan about how they're going to deal with the coming year, and they then say, well it looks like we can operate in this case about \$450,000 less than we originally estimated. And that was done in a joint fashion with the department and the district so that then those expenses were then no longer an ongoing expense which would continue into the next year. And that would be communicated between the district and the department.

Now one of the things in our Action Plan for Health which we introduced in December is that we are trying to move the budgeting process up so that people will get their figures much sooner, and clearly before the year begins. And we're working towards trying to give multi-year funding targets so we won't have these kind of questions between members in the legislature around, well how does this work?

Because what you've pointed out is exactly one of the difficulties. It's frustrating at a local level to try to meet targets when they seem to be short term and you don't have a one- or two- or three-year perspective. That's the same problem for the department and we're looking at how we can improve that.

Ms. Julé: — Thank you, Mr. Chair. Mr. Minister, I appreciate what you have just said is going to be happening and yes, some of your observations about dilemmas that health districts have had with not having their funding allotted at an expedient time as has been the case in the past.

But what I'm really referring to here, Mr. Minister, is would a Chair of a health board have knowledge about the clawback, the specific clawback that I have mentioned? Would they have knowledge of that clawback happening or would they just all of a sudden get some sort of document from you saying that they are taking back \$456,000?

And I'll tell you why I'm asking that, Mr. Minister, because at a specific meeting in Humboldt — specially . . . it was a meeting with the hospital advisory board — the Chair of . . . not the Chair, but the CEO (chief executive officer) of the district had mentioned that there was this clawback and there were questions surrounding why the clawback happened, and he said he didn't know.

So it seems to me that people need to have an explanation of what's happening, why it's happening, and then they can just go ahead and try to understand and know how to work effectively and efficiently towards their future. But there needs to be a clarity and a transparency about what is in effect happening with monies.

And when you hear that, that someone doesn't know in that kind of a position, it makes you wonder whether or not there is a misunderstanding somewhere or whether this was justified or it wasn't, and I just don't know. And that's why I'm asking you. I want some clarity to come to me from the . . . from your department today.

(19:30)

Hon. Mr. Nilson: — Well I think the simple answer is that we set . . . have been setting each budget year each year, after we get the information from the Department of Finance of what are the resources available. So in the particular health district, they would hear on budget day — which is the day that we give them the figures — what the projected amount is for the next year. And it wouldn't include the following year.

Now they could make some assumptions possibly about, well, this might be the trend or whatever. But in fact each and every year it has been set. And one of the reasons that it's been done that way traditionally, and one of the challenges that we have as we move forward into trying to give some multi-year funding amounts, is the volatility of the economy of Saskatchewan where some years we have a fair number of resources and other years we have some challenges.

And I think that's part of the . . . what's reflected. But I think for the person who is trying to manage this in that particular area, they would have heard the amount on budget day and then they would have tried to figure out and explain it from there.

Mr. Wall: — Thank you, Mr. Chair of Committees. And to the minister, welcome to his officials and good evening. I have some questions, not surprisingly, about the hospital facilities in the city of Swift Current and I hope we can have a bit of a

discussion surrounding, surrounding that subject this evening.

I guess I would start with a request that the minister outline whatever assessments the department has done in terms of the acute care facilities in Swift Current — specifically whether the department has identified a need for significant improvement in the facilities that are currently available there, especially in light of the fact that under the new restructuring Swift Current will constitute the largest centre in one of the health care regions.

So I wonder if the minister could just outline for members of the committee the assessment the department has done about the facility in Swift Current that is currently there and the need for improvements.

Hon. Mr. Nilson: — The process as it works is that the health district assesses what kinds of facilities they have and then put together a proposal based on that assessment and other things in that community. And we know that the region or the health district has in fact submitted a proposal for a new facility which costs, I think, just under \$50 million . . . is the proposal they put forward.

The department assesses the proposal. It doesn't go out and assess the actual buildings. But practically, they, you know, rely on the information that's forwarded and work from there.

Mr. Wall: — Thank you, Mr. Minister. Mr. Chairman, I think that for some time the hospital project in Swift Current has probably been an issue that the department has dealt with. Not long ago there was a proposal for the renovation of the current facility there, and I think it was nicknamed, if you will. Option 3B was a renovation option that the community had put forward.

And I wonder if the minister . . . I think I am looking for some acknowledgement from the department, be it at the official level, maybe beginning back when option 3B was being pursued; some acknowledgement that indeed the facility in Swift Current is in need of improvements if not replacement.

Hon. Mr. Nilson: — Well I think that there is some work being done around a fire upgrade at the facility right now, so that's one small piece. But practically, there have been discussions back and forth between the district and the department, and one of the proposals was, I think as you call it, 3B, and the response was, well maybe take another look at that.

And when they looked at that again, the district then came back with the bigger proposal of around \$48 million, which is now where the discussion is focused.

And it's very much . . . I mean I think there are lots of very good, sound ideas in that proposal that makes sense for the longer term prospects of health care in that region, but obviously one of the issues is how do we get sufficient capital to do that kind of a project and what's the timeline. Plus when you do a major sort of reorganization of how the facilities are set up in that particular area, it also takes a lot of planning to make sure you get the right mix of services, not just for 5 years but for 25 years.

And so that's I think where we are is in that kind of discussion

phase. Two aspects: one is to make sure you get the right plan that makes sense for everybody; the other part of it is what kind of resources are available and in which kind of years are the monies going to be needed and how do we organize that.

Mr. Wall: — Thank you, Mr. Chairman. Mr. Minister, I wonder then if we could turn and discuss very briefly the issue of funding, of capital funding. I think the local community with the support of the city and several local governments, I think the HealthCare Foundation as well of course, perhaps led by the district, have come together to make this proposal that you referenced in your comments for a new facility. And I think a phased-in facility was also being proposed in terms of acute and then long term.

And I think, Mr. Minister, it would be useful if you could comment just for the record . . . I think the request . . . Attendant with that request was a request from that local group that the funding formula for acute care, currently at 65/35, change in light of the fact that it's a regional hospital and will serve the region and fit into the provincial system. And I think they had requested that the funding formula be changed from 65/35 provincial government/local funding to 90/10.

And I wonder if you would just comment. I appreciate the fact that you've responded in your letters, but I wonder in the intervening time if there's been any change in the government's position, if they are looking at a more favourable — from the local community's standpoint — a more favourable funding formula for acute care capital projects.

Hon. Mr. Nilson: — At this stage the 65/35 plan is still the plan, and one of the challenges obviously is what amount of capital do we have in the budget, and you will see that we have an amount that's slightly less than what we had last year in our Health capital budget. And as I said before, the biggest part of that is going to Weyburn and to Melfort this year.

As it relates to the 90 per cent suggestion, 10 per cent, I suppose if we had lots and lots of money, well then that would be a way to do it, but we're in a situation where we have to try to respond to the requests for capital from a number of areas. Both Saskatoon and Regina has projects that are urgent. Saskatoon — some of the things around the University Hospital and some of the things that are there.

So what we're trying to do is listen carefully to the various communities, try to work with the communities. And we're continuing actually to work with the Department of Finance and others as we look at options for getting greater amounts of capital to be available because, practically, the new visions that communities are developing around the kinds of facilities in their community are very supportive of our long-term goal that we have in our action plan. And we'd like to have those two things come together sooner rather than later because it makes a big difference in how we provide the services.

Mr. Wall: — Thank you, Mr. Minister. I guess the concluding questions would still revolve around that funding formula that I would have; and, you know, the community has obviously received a response from yourself about the funding formula and I think . . . I can tell you that this group that's come together, representing not just the city but the rural area around

Swift Current, the rural governments and the district, have really, really placed a high priority obviously on a new facility for Swift Current, you know, certainly from the . . . primarily from the perspective of care, of acute care, and then down the road the synergy that would come with an integrated long-term care facility there at that site.

And they've made it a big . . . they made it a high priority and they've continued to work on what might be doable, what might be workable, just to get it done. And I guess I would ask you — and I understand that this is speculation short of you having a proposal on your desk — but I wonder if you could give an indication at least of how the . . . of how you and the government might receive a request more along the lines of, you know, even 75/25.

And like I said, I understand where I'm asking you to speculate a little bit, but we're looking for an indication, some sign of a willingness to move, recognizing the importance of this facility and the fact that it will be a regional centre for that district.

Hon. Mr. Nilson: — Well one of the challenges obviously in the whole provincial health system is how to get enough capital for a number of the projects. But we know from long experience that the capital isn't the problem; it's the ongoing operating costs and how that is part of the total system. And so one of the challenges we have is: well how do you mesh those two together?

Well sometimes, and many times in fact, going with a new project actually allows for some of the coordination and the synergies that happen between long-term care and the acute care. And that's why I say some of the projects are very much visionary; they look at the future. And so we would like to be in a position to fund more of these, but we have to work within the practical realities of the amount of money that we have available.

So I guess I'm not one to say never. But I'm also one to say, well practically we have this 65/35 provision and that would be the normal course at this point.

Mr. Huyghebaert: — Thank you, Mr. Chair. To the questions for the minister, I'd like to address a topic of youth addictions and I would like to just ask the minister what facilities that are available in this province for youth treatment and what ages can be treated under that plan.

(19:45)

Hon. Mr. Nilson: — The Calder Centre in Saskatoon is the only in-patient service that's strictly devoted to youth, a part of that. Otherwise there are community services in each service area, which is effectively in each of the new regional health authority areas, and that's how the services are provided.

Mr. Huyghebaert: — Thank you, Mr. Minister. Could you tell me how many beds are dedicated at Calder for youth treatment?

Hon. Mr. Nilson: — There are 12 beds that are dedicated for young people.

Mr. Huyghebaert: — Thank you, Mr. Minister. My concerns

really are around the fact that we had in this province last year 3,300 calls for help from youth. And with 12 beds and a treatment facility in downtown Saskatoon, from information that I have received, it really doesn't seem to be working. And with the number of 3,300 calls, I'm wondering how many youth that we actually admitted into youth treatment facilities and what the results of that treatment actually was.

Hon. Mr. Nilson: — I don't have a specific answer to that question as to the number. And I assume when you talk about 3,300 calls, those are calls to the addictions services province-wide that come from young people.

Basically most of the services are provided through the community-based services because that's often the most appropriate. But when they are needing to go into a residential situation, well then they go to the Calder Centre.

Mr. Huyghebaert: — Thank you, Mr. Minister. Yes, the 3,300 calls came from government figures that that's how many called for help province-wide.

And before I get into any more, could you tell me the ages of youth that would be admitted into Calder.

Hon. Mr. Nilson: — Well it's a bit hard to answer that one specifically, but your question is, at the Calder — in the youth side — what are the ages of the people? I don't have a breakdown of the people and sort of what ages they would be, but most often the services we try to provide that in the communities across the province.

But to give you an example, there are almost 20,000 services provided to 20,000 people across the province in all of the different 32 health districts. And so practically out of that whole situation most all of those services are provided through the community services in the different health districts.

Mr. Huyghebaert: — Mr. Chair, to the minister, is there any plans in the Health department right now to provide a dedicated youth facility for the province of Saskatchewan for drug detox and drug rehabilitation?

Hon. Mr. Nilson: — There isn't any plan for any other facility besides the 12 beds that are at Calder at this point, because very clearly the treatment philosophy is to work with the young people in the community using the community services. So at this time there is no plan to build another facility.

Mr. Huyghebaert: — Mr. Minister, where I get a fair bit of information from is from some youth that have actually been addicted and have gone through recovery programs. And unfortunately for the . . . for those of us in Saskatchewan, they left the province to get treatment, which again is kind of shunning the whole problem. And that's why when I look at the figure of 3,300 people that cried for help — and we slough it off and say that it's done at the community-based level.

Now individuals that I spoke to talked about rehab facilities as a in-patient two-week and as an outpatient simply does not work for youth. There's a whole different methodology of treating youth addictions — and I think we're all aware of that — where youth cannot be treated the same as adults. They have to have a

whole different treatment program.

Now it's my understanding that we did have one in White Spruce that was extremely worthwhile because you've extracted your suppliers, if you wish, away from the patients. Now I talked again with people that have gone through the Angus Campbell in Moose Jaw, and Calder, and basically their words were, it's a farce.

So here we are ignoring cries of help from a whole bunch of young people in our society by just saying, well the treatment is at the local level or treatment is at the community-based level, where in fact these treatment facilities are not working for addicted youth. And that comes from some of the people that are addicted.

The one individual stated that he did more drugs and alcohol while he was in the Calder facility than he did when he was at home when he had his problem. And another youth has stated that he didn't even have to go out for his drugs at Calder; he could phone and have them delivered just like a pizza.

So I think there's something that's really lacking within our system for drug rehabilitation for youth. The one youth that went through a cure in Calgary, it was a year-long youth rehab treatment 12-point plan — I believe there's a 12-point plan. And my concern is that if we provide nothing like this for the province of Saskatchewan, that what are we doing, ignoring the issue? Or are we just driving these people out of the province to receive treatment out of province? And I think it's maybe time that we had a look at what we can do to provide some service for our youth.

And another issue, Mr. Minister, if you'd like to make a comment on it, is I think it's age 13 . . . And why I ask you about ages, I think it's — and correct me if I'm wrong — but I think it's age 13 and below that they don't go to these youth . . . that youth treatment facility in Calder or Angus Campbell as a matter of fact.

And what happens, so I'm led to believe and again I stand to be corrected, but if they have a drug or alcohol problem of a young age — and we know that they exist, I mean there's children at the age of 11 that actually have addiction problems — they end up, to my knowledge, in a mental health wing of a regional hospital or a hospital, and all we have to do is look at the stigma that's put with going into a mental institution as a youth for a drug or alcohol related problem.

And also, Mr. Minister, the cost as I understand it is 700-plus dollars a day in a health . . . mental health facility vis-a-vis a drug rehab facility that exists in other jurisdictions that cost about 100 to \$125 depending on the facility itself.

So I'm wondering if you'd like to make any comments on that.

Hon. Mr. Nilson: — I think there's a response I'd like to give at a general level and then on some more specific levels. These children who have these kinds of problems are a great concern for everybody who works with them, whether in the Health department, or the Social Services department, or the education, the school system. And there is no sense in any way of sloughing off these people.

But I think there is a recognition, especially for the ones under 13, 13 and under or 14 and under, that the place where you need to work with them is in their community setting because that's where they're going to have to live. You need to make sure you get the kinds of supports that are there.

But what I would identify is that there are a number of initiatives that have been introduced in the last couple of years which attempt to deal with the longer-term issue, and it's the Kids First program, where you identify those kids at risk around fetal alcohol syndrome and then work with the mother, the parents, family, and the siblings in that particular family to try to address some of these concerns early on so that they don't become big problems when they hit their teen years.

We also have the School^{PLUS} program which adds in-services to the education system in a coordinated way to help those kids where problems are identified early on. And clearly we continue to get suggestions around how to enhance this, and it sounds to me like you have some very good insights on some of the issues from various places.

And so I appreciate your questions because they show a concern around a group of people, but also the whole range of people where there are issues. And we do have people working at this issue within the department and also within the provincial working group for trying to deal with basically the detoxification services for these younger people.

So we'll continue to work at this difficult problem. We're trying to work at some of the preventive things. We're trying to work at providing services when it's identified in the school system, and we've got some services provided at the Calder Centre level for in-patient services. But the bulk of the services we will be providing across the province in communities through the health districts. And that's how our system works.

(20:00)

Mr. Huyghebaert: — Thank you, Mr. Minister. And I hope you agree that it is a great concern with yourself and specifically with me.

One of the reasons again why I bring it up is because this total concept of community involvement does not appear to be working by the information that I'm getting. And the reason is the individuals are still very much involved with their support system that's put them into the drug or alcohol situation. And this comes from people that are in the system. It's not my wild statement or anything like this. This comes from them. So when we talk about a community-based system, conceptually it might sound fairly good. We'll let them deal with it, but in fact if it doesn't work, now what do we do?

And I guess which leads to another question: what is the access? How does one gain access to the 12 beds that are in Calder, and what's the waiting list for those beds, if in fact there is one?

Hon. Mr. Nilson: — Perhaps I should clarify what I mean by community services. These services are provided by trained addiction counsellors. And those are also the people who then would have the referral system to get people into the Calder

Centre so that in every district or service area across the province there would be people who could do the assessments and work with the child and with families and the doctor and others who are involved to have the referral process go forward.

Mr. Huyghebaert: — Mr. Minister, I understand that because that's who again I talked to about the professionals within the system that are providing me with the information that say this system doesn't really work. And it leads to another question. Is a youth detox facility in the province, could you tell me if there is such a facility, a detox facility for youth?

Hon. Mr. Nilson: — There are a number of facilities across the province that provide detoxification services, but none of them . . . there aren't any that are specific to youth.

Mr. Huyghebaert: — Thank you, Mr. Minister. Does the minister support the methadone treatment for youth addictions?

Hon. Mr. Nilson: — The specific question is whether the methadone program, which we do have in the province, can also be extended to some 16- and 17-year-olds. Would that be your . . . I don't have that specific information as to whether that's provided. It's my sense that it probably isn't, but I don't know that for sure. Practically, I think the methadone program works with some specifically licensed medical doctors who work with patients and that that's how that system works. But if you wish, I could see if I could find that information for you.

Mr. Huyghebaert: — Thank you, Mr. Minister. I really would like to find that out because, again, professionals that I spoke to . . . and you can have professionals that are in favour of the methadone treatment and obviously there is others that are not in favour of it. And from my reading and talking to people, the methadone treatment really maintains an illness rather than promoting the healing and wellness. Now that's obviously an opinion of some professionals and there might be others that would dispute it.

But when we talk again with youth, if in fact youth are subjected to this methadone treatment, I would submit that it's providing them with a continuation of their illness rather than providing the healing. And that's where a lot of my questions are going, is I believe that we should have a treatment facility dedicated to youth, again with the community programs or the regional programs.

I know I talked to one caregiver that said with alcohol and youth, if you succeeded in cutting a youth's intake down during the two weeks of treatment from 12 drinks a day to 6 drinks a day, that's successful. Well I disagree with that. That is not successful.

And also it brings to question a couple of other, if you wish problem areas, is how can we as a society treat young people with alcohol if that's what they're having is an alcohol problem, because we know the laws in the province that they're not supposed to be drinking under 18 years of age and yet we're using it as a treatment for them in some cases. And the methadone would appear to me to be the same thing, even for adults, but for youth and alcohol it's illegal.

So I'm wondering if you would have any comments on that.

Hon. Mr. Nilson: — Well I think it's clear that a methadone maintenance program is really about harm reduction, but not harm elimination, if I can put it that way. So one of the challenges is that we do support the use of methadone in trying to help opiate-dependent or addicted individuals to get off their dependency. And it becomes an important public health strategy because it prevents HIV (human immunodeficiency virus) and hepatitis C infections while assisting those using injection drugs to reduce their illicit opiate use, also reduces the needle sharing, and also criminal activity that's associated with the addiction, in other words trying to get the resources to pay for the opiates.

So continuous methadone treatment at adequate dosages is associated with reduced criminal behaviour and improved physical, social, and psychological well-being for some of the patients. And it is acknowledged that some people are on this program for a long period of time. But there are many who are helped in shorter periods of time, or even after longer periods of time, to get a lot of their other problems sorted out so that the addiction doesn't overwhelm their life and they in fact can try to get their life organized so that they are no longer dependent.

Mr. Huyghebaert: — I guess that's very debatable, Mr. Minister, but I look forward to your answer whether youth are treated with this system or not.

My final question, because other people want in, is you talked about Kids First program and I am wondering if you are aware of a program called Your Life: Your Choice. And I mentioned it to the Minister of Learning and to the Minister of Youth, Culture and Recreation in estimates to see if the system could be adopted and seeing as I got a long last question, I'll make it quite long.

The Your Life: Your Choice was recently chosen by the Canadian Centre for Substance Abuse as one of the best programs available for educating young people about alcohol abuse. And it's basically at no cost. It's a Web site. And I brought it up to the Minister of Learning and Minister of Youth to see what their position would be on it, having it instituted in Saskatchewan or connected.

And I'm wondering if you're aware of that and — if you're in favour of the program — if you would discuss it with the Minister of Youth and the Minister of Learning to further advance it and hopefully incorporate it into a system and education in the province for youth.

Hon. Mr. Nilson: — Well we would be happy to look at that. I don't know about this specific program but I do know and have heard about programs that allow young people to do kind of a self-assessment of their own tendencies and uses of alcohol and then work on some of the issues that they might have. And this sounds like it might be something like that.

So I'd be happy to take a look at that and see how it might fit into an overall program for the province.

Ms. Bakken: — Thank you, Mr. Deputy Chair. I have a few questions for the minister this evening.

First of all, Mr. Minister, do people in Saskatchewan who have cancer, do they pay for this treatment or is it covered under

medicare?

Hon. Mr. Nilson: — As a general proposition the answer is yes, their costs would be covered. But there may be some . . . maybe an ambulance kind of ride here or there, or some part of some drug costs that might not be covered. But practically, most of the cancer drugs are covered.

Ms. Bakken: — Mr. Minister, you were speaking specifically of drugs or were you speaking of overall care? Just for clarification.

Hon. Mr. Nilson: — Well it clearly covers the hospital and the medical care, and so that would be the main parts that are covered. And under our system in Saskatchewan, people are registered with the Saskatchewan Cancer Agency. And then basically that's . . . the fees are paid through that agency.

Ms. Bakken: — Thank you, Mr. Minister. So, Mr. Minister, do doctors in Saskatchewan, do any of them have priority for accessing treatment for their patients that have cancer?

Hon. Mr. Nilson: — I think on an ongoing basis the cancer doctors, through the Cancer Agency, end up having certain sort of spaces in the whole system for diagnostics for example. And that's done on a regular basis just because of the fact that they're . . . when something shows up at the cancer clinic, well then they need to go and get an assessment done very quickly.

Ms. Bakken: — Mr. Minister, and how would these doctors access this priority space at the hospital?

Hon. Mr. Nilson: — There's just certain time that's allocated to the Cancer Agency, and so I imagine they would have their staff say, well what's the next time that's available that's allocated to the Cancer Agency, and then the patients would be referred to that spot.

Ms. Bakken: — Thank you, Mr. Minister. And is there a payment for this service provided?

(20:15)

Hon. Mr. Nilson: — Basically you're asking if the patient pays or if the doctor pays? No, basically the doctors at the Cancer Agency I think are all on salaries and they work there, and that practically there may be some sharing of the money that we as a provincial treasury put into the Cancer Agency. They may end up sharing some of the costs back to the health district where they get the service provided.

But there is no payment by a doctor or by a patient. It would be between the Cancer Agency and the health district and it would not basically be anything more than the fact that we have a big pool of money which is called medical care and a piece of it is identified with the Cancer Agency and they figure out the appropriate share between the two of them.

Ms. Bakken: — So, Mr. Minister, I'd like some clarification then. What you're telling me is then that no money is exchanged between the hospital and the doctors that are represented by the Cancer Agency in order to have priority treatment at the General Hospital or other hospitals in

Saskatchewan?

Hon. Mr. Nilson: — There is no money that goes from the doctor to the health district. Between the Cancer Agency and the health district they might, I think, on a monthly or an annual basis try to allocate how many services are used so that the funding that they get from the provincial government which goes in the pocket to the Cancer Agency and an amount to the health district is shared appropriately.

Ms. Bakken: — So, Mr. Minister, then what you are telling me that the Cancer Agency does provide funding to the General Hospital in order to receive priority treatment for their patients?

Hon. Mr. Nilson: — No, I'm not saying that. What I'm saying is that in the organization of how the services are provided, the Cancer Agency has certain blocks of time which are allocated to them for use for their patients because many of their patients require urgent diagnostics.

Ms. Bakken: — And do they pay for the service, Mr. Minister?

Hon. Mr. Nilson: — We as the taxpayers of Saskatchewan pay for the service on behalf of the patients, and the doctors are the ones that decide when it's used.

Ms. Bakken: — Well, Mr. Minister, I had occasion this winter to call the department of nuclear medicine at the General Hospital, and I wrote to you about this. I received a letter back from yourself. And when I called to ask what the time frame would be for this person to wait for treatment because he was concerned about when he was going to get in, and I called to see how long of a wait he was going to have, I was told by the nurse at the department of nuclear medicine at the General Hospital that there was priority for the doctors at the cancer treatment. She was specific enough as to tell me there are 10 doctors that have priority. And when I told her the name of the doctor that this gentleman was seeing, she told me that he did not have priority there, so he would have a longer wait.

Would you like to clarify that for me, please?

Hon. Mr. Nilson: — Could you explain whether the doctor that you're referring to is a doctor at the Cancer Agency or some other place or how does that work?

Ms. Bakken: — I'd be happy to, Mr. Minister. This doctor is not a doctor at the Cancer Agency, but his patient had been diagnosed with cancer, was awaiting a test at the nuclear . . . department of nuclear medicine at the General Hospital. So he did have cancer, he had been diagnosed, he'd already undergone surgery, and was waiting for a further test.

Hon. Mr. Nilson: — Well, I think the normal course would be that patients with cancer, the doctor who is not part of the Cancer Agency would work together with the doctors at the Cancer Agency to make sure that a person could have access to the block of time allocated for cancer patients. And that practically it sounds like there is some discussion or communication between the doctors that maybe should have taken place in this particular case.

Ms. Bakken: — Mr. Minister, upon contacting the doctor that

was treating this patient, he was unaware of this arrangement and was quite astounded to find out that there were doctors in Saskatchewan who had priority — 10 doctors at the cancer clinic in Regina whose patients receive priority. And when I asked the question of the nurse at the nuclear medicine at the General Hospital how they happen to have priority, I was told that they paid for this priority.

Hon. Mr. Nilson: — Well basically, as I explained before, the Cancer Agency has agreements with both Saskatoon and Regina whereby there are certain time blocks that are allocated to the patients who are part of the people who are treated at the Cancer Agency, and those time blocks are accessed through the Cancer Agency and the particular doctors that are at the Cancer Agency. And that this is a long-standing arrangement that has developed over the years because of the concern around cancer and the fact that there are many times you have to move very quickly in your diagnostics.

Ms. Bakken: — Thank you, Mr. Minister. I understand completely the concern for cancer patients in this province and the need for access to timely treatment.

However, it is unknown by the general public of this province that there are doctors that have priority and that, should you access those doctors, you will have priority for treatment and for testing. People do not know this and I do not understand how in a province where we are supposed to have free access to medical care that some are given priority over others just because they happen to access the right doctor. I'd like you to explain that to the people of this province.

Hon. Mr. Nilson: — I'm quite disappointed by the tone of your comments and by your muddying what the issue is here. The real issue is that when patients are identified by their specialists as urgent, they get access to the kinds of tests that are there.

But there is also a special arrangement around the Cancer Agency, because practically most all of the patients who are in that situation require an urgent designation, that those patients then use the time that's allocated for the Cancer Agency payments. And that's a system that's been in place for a long time and may be that some individuals haven't understood that.

But what they do understand is that when they are in an emergency situation or an urgent situation, then those kinds of things are done as expeditiously as possible.

Ms. Bakken: — Well, Mr. Minister, I'm sorry that you don't like my tone of voice. But, Mr. Minister, this is a very serious situation because people in Saskatchewan that are suffering from cancer and who are waiting treatment have enough stress without then being told that they are not a priority, that other people have priority because they happened to go to the right doctor.

And if this is what this government is going to do, then I think they should at least have the courtesy to tell people in this province that this is how they access faster treatment, because that is exactly what's going on.

Because when I phoned the department of nuclear medicine I was told that there were some 400 requisitions on her desk this

day. She said I cannot possibly get to them all, and doctors from the cancer clinic have priority.

Now I'd like you to explain to me how the people of Saskatchewan are supposed to know that there are doctors that do pay in this province to have priority for their patients.

Hon. Mr. Nilson: — Brenda, I . . . Excuse me. I apologize. But I have told the member opposite a number of times that what she's just stated is not accurate because the doctors do not pay anything. We in Saskatchewan have set up a Cancer Agency, and this was done many, many years ago so that every patient who was diagnosed with cancer would have the full range of services to cover their particular very difficult disease.

And so what we have done is over the years provided good service. It also has meant that we have very good records about all of the people in Saskatchewan who have ever had cancer — in fact some of the best records in the whole world — because of the specific nature of how we've done this.

Part of what happens then is that specific arrangements are made for cancer patients so that they do have access to diagnostic services in a very timely fashion. And those diagnostic services are arranged through the Cancer Agency because that's how we've set up our legislation in this province.

Our goal is clearly to provide the best service possible for cancer patients, and that's what we've done. And this particular concern that's been raised here obviously is involving some kind of a discussion between the doctors that have been dealing with a particular patient. But practically, the whole system is set up so that those cancer patients have access to the kinds of services that they need on a timely basis.

Some Hon. Members: Hear, hear!

Hon. Mr. Hagel: — Mr. Deputy Chair, I move that the committee report considerable progress on the estimates for Health and proceed to estimates for Highways and Transportation.

General Revenue Fund Highways and Transportation Vote 16

Subvote (HI01)

The Deputy Chair: — I'll ask the minister to introduce his officials.

Hon. Mr. Wartman: — Thanks very much, Mr. Vice-Chair. I have for officials here tonight Harvey Brooks, who is the deputy minister of Highways and Transportation sitting on my left, and on my right is Barry Martin, who is assistant deputy minister of operations. Behind Barry is Fred Antunes, and Fred is director of operations, planning, and business support. Directly behind me is Don Wincherauk. Don is assistant deputy minister of corporate services. Next to Don is Carl Neggers, and Carl is assistant deputy minister of policy and planning. We have Cathy Lynn Borbely who is in the back row, leader of budget development, and Mike Makowsky, manager of transportation, trade, and logistics who is sitting next to Carl.

I also, while I'm on my feet, have some information — additional information, updates — to questions that were asked at the last sitting of these estimates, and I would like to make those available to members opposite. Thank you.

(20:30)

Mr. Huyghebaert: — Thank you, Mr. Deputy Chair, and welcome, minister and officials. And that was my first question, by the way, was if you had that, and I thank you for that. I'll have a chance to look at it a little later on.

So, Mr. Minister, I only have two questions that I would like to ask that I didn't get to last time and it pertains to my constituency. And one is the construction project from Gull Lake on Highway No. 37. Could you tell me if that's going to be repaired to a heavy-haul status — Shaunavon to Gull Lake? It's Highway 37.

Hon. Mr. Wartman: — Thank you. The section of highway that the member is referring to — Shaunavon to Gull Lake — is a highway that is being resurfaced and it is structural pavement.

Mr. Huyghebaert: — Thank you, Mr. Minister. The next question that I would have is the Frenchman River bridge on Highway 37 south of Shaunavon. And my understanding . . . and I hope you'll correct me, but I understand that it's not going to be built to primary standard weight or heavy-haul weight. Could you comment on the Frenchman River bridge, please.

Hon. Mr. Wartman: — To the member, the bridge design actually is to carry much higher than limited loads. So it would be no problem because it also has to be able to handle permitted loads as well. So it's designed to handle much heavier loads than what primary rates would be.

Mr. Huyghebaert: — I thank you, Mr. Minister. That's all the questions I really have. That was a concern expressed by the local REDA (regional economic development authority) because that is, as you know, a primary route from south to north on our trade route, if you wish. And the concern down there was information that got to the local REDA was that it was not going to be to the primary weight standard, so it's nice to have this on record that it is and will be capable of handling all the weights that are required for our trade from south to north.

Mr. Elhard: — Thank you, Mr. Deputy Chairman. It's a pleasure to welcome the minister and his officials to the House tonight to consider the estimates for the Department of Highways and Transportation.

And I must apologize for not having been available to participate in the last round, but I understand that our deputy critic did a fairly decent job of asking questions as it related to airports.

And we may want to get back to some of those issues raised in the previous session, but for tonight I'd like to pick up from where the member from Wood River just left off.

He asked about the primary weight capabilities of the new bridge that's anticipated for No. 37 south of Shaunavon. But it

has come to my attention that heavy loads coming out of Swift Current and destined for Shaunavon have been permitted to travel down Highway No. 4 as far as Cadillac and then west on No. 13 Highway to the Junction No. 37, and then south on 37 into Shaunavon.

And I'm wondering if that permitting arrangement says anything about the capability of the bridge on Highway 37 north of Shaunavon, between Shaunavon and Gull Lake. What is the condition or the status of that bridge in terms of its weight-bearing capability?

Hon. Mr. Wartman: — Thank you for the question. It's important to note that we have about 850 bridges in the province. And the assistant deputy minister has a phenomenal memory and knowledge of our roads and bridges, but that specific bridge is not . . . detailed information is not available on that tonight, but we can get back to the member on that and provide him with information as is available on the bridge and its capacity.

Mr. Elhard: — Thank you, Mr. Minister. Through the Chair to the minister, can we assume, given the fact that heavy loads have been permitted for Shaunavon from Swift Current down No. 4 and across No. 13 and eventually into Shaunavon, can we assume from that particular permitting arrangement that there's questions about whether or not the bridge will handle any significant overweight loads?

Hon. Mr. Wartman: — No, we couldn't assume that.

Mr. Elhard: — Then, Mr. Minister, what would be the purpose of permitting those trucks and why would they be specifically required to head down No. 4 Highway and eventually back through 13 to Shaunavon?

Hon. Mr. Wartman: — We'd have to check into that, Mr. Deputy Chair, and just see if there is further information. But I wouldn't want to assume on any front that there is this reason or this reason. But we will check into it and get back to the member with the information.

Mr. Elhard: — Thank you, Mr. Minister. The reason I'm belabouring this point just a little bit is that if we're going to spend a considerable amount of money resurfacing the pavement from the bridge approximately to the community of Gull Lake so that traffic can move pretty freely on there and so it can be considered a good road for industrial purposes, then if the bridge does not meet standards, the money spent on that road will not be used as effectively as it might be.

And I think that we may want to look at the capability of the existing structure crossing the Swift Current Creek at that point to make sure that it is capable of handling the kinds of loads that the highway is being constructed to handle. Mr. Minister, I would appreciate that information when it becomes available.

The other area I want to delve into this evening, for the sake of the public record, is some of the new technologies that the department is looking at, some of which the department has contracted for. And I think the subject of new technologies has been discussed at some length in this session in previous years, but there is one particular new technology that I'm more

familiar with than others, and I understand that the department has now signed a contract for the development of this new technology through experimental application.

The contract I'm talking about is the one with Scientific Pavement International. I think there's some good opportunities that present themselves.

I don't want you to consider this line of questioning as antagonistic or anything else, but I would like on the public record some description of what the department has contracted for, possibly the length of the contract, the amount of money involved, and some of the projects that will be undertaken as a result of this particular programming.

Hon. Mr. Wartman: — Thank you for the question. There are actually a number of pieces involved in the work with Pavement Scientific International, PSI. The contract that is . . . that we're working on with PSI is a five-year contract with variable lengths. The length of road is determined in the annual contract, and we're looking at somewhere between 50 and 100 kilometres per year for these roadways and, over the five years, a guarantee of a minimum of 350 kilometres.

I think it's also very important to note that this is not new for our department in terms of the work that we're doing with PSI, but we actually have an ongoing relationship, which has been developing over a period of four years, and there have been a number of test strips done already.

It's our understanding that with the development work that is going on, the experimentation work that is going on, that PSI will be able to, over the long haul, provide us with highways at less cost and hopefully with highways that will last longer and will be able to stand up under the kind of loads that our economy demands from them.

(20:45)

I think it's also important to note that Dr. Curtis Berthelot, who is the principal of PSI, provides the engineering standards and plans for the PSI work. And they also supply the cementitious material, the Terracem for the projects, but actually road builders are doing the building of the road using those products and building according to Dr. Berthelot's design.

For this year we have projects at Dysart on Highway 22 and on the Calder access already confirmed. And we believe that . . . I think that's about 50 kilometres that will be lined up for this year.

So we look forward to working further with Dr. Berthelot and hopefully to building highways for less money that will last longer and be better highways.

Mr. Elhard: — Thank you, Mr. Minister. Are you in a position with the eight of your technical people there to describe the process? Can you give us some indication of exactly how this process is achieved and what benefits are derived by undertaking the process?

Hon. Mr. Wartman: — Mr. Deputy Chair, recognizing that the member opposite got to sit through — and he noted in our last

estimates when he was here; he got to sit through the whole technical presentation by PSI including the engineering which was rather dazzling, he explained — he'll have some clear idea. But I think to put on record some of what this process is, that there is an analysis done of the soils on the road. And then based on that analysis of soils, a particular blending of cement, kiln dust, fly ash, and Portland cement will be put together, and that will be brought in tank truck to the site where it will be used. The powder will be laid out on top of the roadbed, and then it is blended into the roadbed by the contractor with basically what is a huge rototilling machine, grinds it in. That is then compacted. It gives about roughly a 300-millimetre layer of hard cementitious material that provides a very good base for our roads.

Now, I'm sure that depending on the blends, we might see some variations there. But we're also looking at a variety of different ways of completing the road surface as well, including just applying a seal coat to that base. And all of these tests that we're doing will give us the best idea of how to build the best possible roads in Saskatchewan.

I think if there is any . . . if the member has any more detailed concerns on this, we can seek to provide further technical briefing for him on the process or for other members that might be interested in that.

Mr. Elhard: — Thank you, Mr. Minister. Mr. Chairman, through you to the minister, that wasn't a trick question. It wasn't intended to be a trick question.

But as I understand it, there are some very clear advantages to the system that's been developed by PSI, and one of course is to stabilize the base of the road. But I guess the other real advantage, as I understood it, was to be able to reuse existing material.

The process in vernacular is described as building down as opposed to building up. And we've seen the consequences of the designs that require building up. Of course you've got a narrowing of the road surface and a loss of some shoulder capability. But is that not in many respects one of the primary benefits of this new technology is that it will make complete use or reuse of existing material there and save us the cost of having to locate good gravel supplies and the crushing and the transporting of that gravel to the job sites?

Hon. Mr. Wartman: — Yes, that whole concept of building down is important because it can eliminate some of the need to regrade and add new materials in. It uses the existing materials that are there in the roadbed when you lay the powder out over top — the cementitious material overtop — and grind it in. It avoids having to haul new sand, new gravel into the site. So it can be a real benefit from that side as well.

I would like to add also, the member referred earlier to other technologies that we're using. And I'd just like to bring into the record a number of those.

Another project that we have in partnership with Saskatchewan Government Insurance and International Road Dynamics — IRD — is looking at new early warning devices that could potentially reduce accidents with wildlife. Currently nearly half

of all rural traffic accidents involve wildlife. So we have some high hopes for that technology as well.

IRD is also developing an automated truck monitoring system — ATMS. This is a four-year initiative to create an automated system to track trucks in the transportation partnership program for compliance. And we have some hopes that that will really help in terms of our trucking program.

The University of Regina is studying the environmental impacts of road de-icers. This project is receiving some national attention and has potential to influence national standards regarding the usage of these materials.

And a further project undertaken by Department of Highways and Transportation staff is examining the benefits of using asphalt binders on high volume roadways. This research may lead to improved pavements that can withstand heavy truck traffic loadings and help preserve the primary highway network in better condition.

Mr. Elhard: — Thank you, Mr. Minister. Mr. Chairman, through you to the minister, you stole some of my thunder. I was going to some of those other new technologies a little later. And I didn't want to get into a lengthy discussion about them because, as I recall, I covered a lot of that ground with one of the previous ministers on new technologies.

But the one you mentioned first, the one with the wildlife warning system I think might be very advantageous, especially in this province where so much money and so many near-fatal accidents are caused by wildlife interfering with traffic, or the other way around depending on your perspective.

Mr. Minister, I'd like to go back to the PSI arrangement that the department has in existence right now. As you mentioned, the contract is for five years, hopefully a minimum of 350 kilometres. You mentioned that you have about 50 kilometres designated for this year. And if I understood you correctly that 50 kilometres will be primarily or singularly Highway No. 22.

Did I understand you correct? And if so, what is your long-term plan? Have you laid out objectives and possibly other test areas for the remaining four years of the project?

Hon. Mr. Wartman: — Yes we do have a long-range plan. We have a number of candidate roads that have been identified — those are the thin membrane surface highways and those will be dealt with under the Prairie grain rain . . . Prairie Grain Roads Program primarily. And the candidates, the actual selection of the candidate roads will be done when the analysis in terms of availability of gravel, sand, etc., and what the conditions are in those particular roadways are determined.

But we do have a number of candidate roads identified and a long-range plan as to how the . . . how this PSI technology will be tested and used.

Mr. Elhard: — Without going into detail, Mr. Minister — I won't ask you to specify every road — but I think there are a number of candidates that I could refer you to in case you run short of possibilities.

Mr. Minister, would you detail for us the financial arrangements that this particular contract entails?

Hon. Mr. Wartman: — I didn't mention in my earlier answer that, along with those particular sections that I mentioned, that there are a number of other strips. There'll be 3 or 4 kilometres on a variety of highways throughout the province that are being . . . where PSI's product is being used and their technology is being used as well.

I think it's important to emphasize that the arrangement with PSI is a research partnership and we don't actually have dollar figures mentioned. The reality is that we are in this partnership. We are using Dr. Berthelot's knowledge as a consultant in the building and developing of this technology and its use, and with PSI on, every analysis brings a different mixture to that particular road site. And so the costs of Terracem that PSI delivers are paid for based on what the configuration would be there.

And finally in terms of dollar value, the actual roadwork is done by contractors and they bid on the contract like any other road contract.

Mr. Elhard: — Mr. Minister, in terms of the technology that is being tested and tried in Saskatchewan, the arrangement that you've talked about might be adequate for public information purposes, but there must be some cost associated with this type of a project. Now I understand Crown Investments Corporation is involved to some extent. Would you feel free to elaborate on the involvement of CIC (Crown Investments Corporation)?

Hon. Mr. Wartman: — Yes. I think it's very important to note that right off the bat that CIC does have a forum in which questions can be raised about their relationships. The reason why I say first off is because we're engaged, Department of Highways and Transportation is engaged in a research project with PSI, and what we want to do is help develop this technology which is a benefit for our roads. We want to showcase that technology for Saskatchewan and for the world.

But in terms of any kind of further commercial relationship that PSI might have with any branch of government, that's outside of our jurisdiction and therefore I can comment no further on it.

Mr. Elhard: — Mr. Chairman, through you to the minister, I think we'll let that issue lie there for now. It's not that I don't have interest in it but we will try and develop a line of questioning in an appropriate venue at a later date.

Mr. Minister, last year the Department of Highways and Transportation introduced amendments to The Saskatchewan Railway Act. And I would like, from your perspective, an evaluation of how effective those amendments have been and whether any progress has been made in terms of short-line rail activities in this province in the intervening year.

Hon. Mr. Wartman: — Mr. Deputy Chair, to the member opposite, just a note that the amendments deal with the short-line in Saskatchewan. The only rail we have jurisdiction over of course are those which are wholly operating only within Saskatchewan.

The amendments that are being put forward are intended to help us have a seamless system that will connect in with the national railroads as well, and it's really to bring our system up to date . . . or our regulations, pardon me, up to date with the current system. And since a lot of these developments are quite new, it's important, it's timely, and we are engaged in significant consultation with the operators in the province, and we look forward to bringing in amendments and regulations which will help to continue to develop a good, solid short-line industry in this province.

Mr. Elhard: — Thank you, Mr. Minister. Mr. Chairman, through you to the minister, my understanding when the amendments were brought in before the House last year was that, as you explained, you wanted to dovetail the existing Saskatchewan legislation with federal legislation so that it would be a seamless applicability.

But nevertheless, I recall fairly clearly at the time that there were provisions in that particular legislation that we on this side of the House argued pretty strenuously would not encourage the development of short-line railways in a capacity or in a way that would be very beneficial for the province. And I'm just wondering whether our arguments, frankly, have been shown to be the case at this point. Can you point to any additional short-line railway development activity that has happened in the intervening year?

Hon. Mr. Wartman: — Yes, with regard to the short-line railroads, Mr. Chair, there are a number of very, very interesting developments that have happened since the amendments were first brought forward and discussed. And what our overall . . . the overall goal of our government is to make sure that there is good rail access for communities around the province, and the Act was designed to encourage that.

Since that time there's been significant discussion, proposals brought forward for a number of alternatives. And in that process, one of the other things that has happened is that the national railroads, particularly CN (Canadian National), has realized that maybe it's not such a good idea to abandon all the lines. They've come on board in relationship with the Prairie Alliance for the Future.

On Turtleford line, there are discussions there about leasing, and so we'll be providing lines there, access for the communities along the Turtleford line. And also we're finding similar discussions happening with Cudworth, in that area.

And so with the bringing forward of the Act, I think there has been a number of very key pieces of provision of service that have come into place, or development of provision of service that have come into place, that might not have happened were it not for the amendments coming forward.

So we have hope that we will see even more expansion where communities are committing to having substantial haul to their pickup sites on the short-line rails. We know that it's possible for them to get together to make a short-line rail viable. And what we're hoping is that with the amendments and the regulations, we'll have a system that will really encourage continued use of rail in this province and may even see the potential for new developments in grain handling that are

significant for producers that will bring better returns to them.

And so we have some significant hope that the work that's in progress will be a benefit to producers throughout the province and we'll see some long-term successful short lines and some increased activity by the national railroad system as well.

Mr. Elhard: — Thank you, Mr. Minister. Mr. Chairman, through you to the minister, we're aware of roughly half a dozen short-line operations in the province at this time, and I have no doubt that there are potentially additional operators who may want to come or existing short-line operators who may want to expand their opportunities.

I know your department also provides some support to groups and communities that are looking at achieving a short-line facility for their area. Can you tell me tonight, are there any abandoned . . . currently abandoned short-line . . .

(21:15)

The Chair: — Order. Order. Could I have the committee's attention. We're having difficulty concentrating on the speakers. The sound level is getting pretty high, so it's really hard for the speakers to be heard. So I'd ask the committee please to come to order so that we can hear the speakers and the minister.

Mr. Elhard: — Thank you, Mr. Chairman. Could the minister delineate for us tonight any new opportunities, any currently abandoned areas of trackage that might be resurrected as a result of the department's current activities?

Hon. Mr. Wartman: — Mr. Chair, we do have to operate under all the federal guidelines here for class 1 railroads. One of the . . . I think a very positive thing that has happened is that CN declared a moratorium on abandonments, and we have seen an real extreme slowdown on abandonments. It's been just partial, a couple of CP (Canadian Pacific Railway) abandonments.

With the level of activity in discussion that we've seen in the past year and the potential that we're seeing for producer loading and the enthusiasm that there is for that, it's the expectation that even the class 1s . . . and I think we've seen evidence with CN. And I would expect that CP is seeing the potential will also be re-looking at some of its activities.

And I think we'll see some continued work with our regulations. And with the work of the communities, we'll see a continued emphasis on trying to make sure that as much branch line as possible remains open and hopefully even some of those pieces that were abandoned in the past will prove viable and will be brought on board again. So we do have some hope.

We've seen indication from CN who had the wisdom to make the moratorium, that now they are re-looking at some of those lines and going, yes, we can make this work, and they're re-engaged. So we'll look forward to CP gaining some of the same insight and making some similar decisions to come back on board.

But in terms of any kind of significant abandonment since this

process began, we have not seen significant abandonment, maybe small portions. But it's our hope that producers in the areas will make commitments to haul significant enough to impact on the delivery points, and hopefully we'll see more activity and more development of short-line.

Mr. Elhard: — Thank you, Mr. Minister. The reason I'm developing this line of questioning is that I have in front of me the ministerial statement made by yourself concerning the purchase of the Government of Canada hopper car fleet.

And at that time you were discussing the farmer rail coalition and their efforts to try and purchase cars and that the department was, according to your statement, in support of that and had given some strategic support to the coalition in their attempt to put a bid together.

And it would seem to me that to make that kind of a purchase a practical effort, we would really want to make sure that those cars could reach as many farmers at their points of delivery as possible. So of course it would make sense that rail-line abandonment be set aside if it's at all possible, or that effort be encouraged, and that short lines be encouraged to also take up more activity in the rail sector in Saskatchewan.

Now having told you that though, I'm wondering: where does the support that you have, your department, for the Farmer Rail Car Coalition group, where does that lie vis-à-vis the Saskatchewan Grain Car Corporation? Is there a competitive element there or is there a co-operative element there?

Hon. Mr. Wartman: — Mr. Chair, the farmer rail car corporation is doing a tremendous job at putting together a proposal to purchase the cars — the hopper cars — from the federal government. And the Saskatchewan Grain Car Corporation is working co-operatively with them since the objectives of getting cars to producers wherever we can reach those producers is certainly part of our overall goal and objective.

And we believe that through supporting the Farmer Rail Car Coalition in their bid attempt we will see cars made more accessible without the additional cost that might happen if they were held by another carrier. And so it's our hope, it's our work, trusting that we will see better service for producers through this process, and it will be done in co-operation with Farmer Rail Car Coalition through our grain car corp.

The committee reported progress.

The Assembly adjourned at 21:27.