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Mr. Speaker, I move that the Adjourned Debate on the Address in Reply to the Speech from the Throne be now resumed.

Mr. Speaker, I am the other guy. It seems as soon as I get up to speak everybody takes off for Ottawa.

Both.

Mr. Speaker, I do not think I will have to defend Mr. Clark today.

Yes, I will defend him then. I want to say how pleased I am to be able to participate in this Address in Reply. I think this is number 10 or 11 for me and I see a lot of changes in this House over the past one. I want to congratulate you, sir, on your appointment, of course. I know that you will see that the House is kept in order and that everybody does what they are supposed to do at least as much as you can, sir.

I want to congratulate the former Speaker who now sits behind me and sits with us on the Executive Council as a very valued member of the Executive Council.

The Leader of the Opposition, I want to express my sincere congratulations to him and wish him many many years of success in that position and note full well. Well, it is not a bad place to be, Mr. Speaker, you are up front there where you can see everything that is going on. You are right in the middle of everything. I do wish you success, Mr. Speaker.

Also to the new Leader of the NDP who won so sound a victory at their convention and to her most capable House Leader, the member for Cape Breton Centre who has been around here for some years now and with whom I have always had a good relationship.

Most particularly I want to congratulate the new member for Cape Breton East and in doing so, I want to tell him that he is a good fellow and a good member and he will be a good member and a good citizen of Glace Bay, but everybody who has congratulated him up to this point has forgotten to congratulate one of the persons who had most or much to do with him getting there, and I refer to his wife, Phyllis, who is an able campaigner and very well received wherever she goes. He, like I, have in our wives, one of our most valuable political assets, Mr. Speaker, and I will acknowledge that at this time, provided nobody tells my wife because I would not want her to get the impression that without her support, I could not be here because it might go to her head, Mr. Speaker, and I would not want that to happen.

Mr. Speaker, I suppose first I would like to enlighten the House as to some of the things we are doing in my department or trying to do and then maybe get on to a few things on the constituency.

The Department of Health, Mr. Speaker, last year at this time, or just a little prior to this time, was being blamed along with the Department of Education and the Finance Department generally, by the now Honourable Marc Lalonde, while he was campaigning in Nova Scotia, of diverting health dollars, it came down on the established programs financing scheme, to building highways. I sat on a platform with the honourable gentleman one night when he told the people there that there were $20 million in the Department of Finance that should be in Health. The Department of Finance were using money that the federal government had designated for Health, for other purposes.

Also, Mr. Speaker, this came up at other occasions during that election campaign and after and times leading up to it. For the record, Mr. Speaker, I might say it caused a lot of problems, a lot of wasted man hours, a lot of time spent, from various departments, in getting figures to try and pin down whether or not this was happening. I might say that in the intricacy of federal-provincial transitional payments of any kind, there are a lot of bottlenecks and there are a lot of technicalities and it takes a lot of time.

Suffice to say, Mr. Speaker, that in the report of Mr. Justice Emmett Hall who was commissioned by former Minister of National Health and Welfare, David Crombie, to study the Medicare system in the province eleven years after its beginning, suffice to say that Mr. Justice Hall came down with the statement that there was no indication that provinces were using federal health dollars for anything other than for that purpose for which it was sent down.

I imagine likely, Mr. Speaker, it was made in a moment of sheer stupidity, such as the one that was made by Mr. Lalonde, and if I had checked my figures properly, I would have seen that it was a special reserve fund and as - we in Opposition used to call that a - not an election fund - we called it a slush fund. But the whole matter, I hope, is straightened around now so that the people of Nova Scotia realize that as far as we are concerned here, every dollar that comes from the federal Department of Finance in transitional payments, goes into the health delivery system, insofar as we can control it.

Mr. Speaker, in the Throne Speech that was read a few days ago, there was some mention of hospital construction programs in the Province of Nova Scotia. When I came into the Department of Health a couple of years ago, we found, at least I felt, that hospital construction and hospital renovations up to that point, over many years, had been made and had been going on under a strictly ad hoc method, whereby a hospital was asked for and public opinion was mounted and a hospital was built.

I asked the department to give me a 15 year plan which would rationalize hospital renovation and construction over the next 15 years. We have that plan, Mr. Speaker. It involves an awful lot of money and some of it may have to fall by the wayside, in light of other programs.

Suffice to say, Mr. Speaker, that we are probably doing more in the field of hospital construction right at the present time than has been done for many, many years and I think we should start in Cape Breton, Mr. Speaker, where, to my consternation and that of the department, really nothing much had been done for a long time.

The Glace Bay General Hospital, as I said yesterday, is on stream. The functional planning committee is well underway. Detailed planning will be involved very shortly and we hope to have the detailed plans to the point where we can turn a sod sometime this fall.

Mr. Speaker, having sat in this House for three or four years with the gentleman just introduced, I want to express my congratulations for his recent election to - what do you call it - a very high office in the land? Suffice to say, Mr. Speaker, that the gentleman in the gallery just introduced was always a respected member of this House while he was here and I wish him a modicum of success in his new job, and express my best wishes for his health and welfare and assure him that should he end up in our hospital system we would make every effort to see that he gets Al care.

In Cape Breton, we are building, at the present time, in Sydney Mines, a replacement for the old Harbour View Hospital, which is being financed partly by the money which was obtained by my predecessor in the exchange when the province took over the Camp Hill Hospital.

We are making provision there for 35 DVA beds which our figures show will not be filled by veterans completely, probably more like 20, which will leave 15 chronic care beds in Sydney Mines. Also in that hospital we are including a rehabilitation centre with provision for a rehab centre somewhat the same as the one up across from the Grace Maternity here in Halifax. Dr. Shears will be in attendance there at least once a week and we will have also a physiotherapy and outpatient which should add greatly to the health delivery system in the Island of Cape Breton. Coupled with this, Mr. Speaker, is the enlargement of the facilities and modernization of the facilities at Northside General, and I might say that these two projects are underway at the present time.

In Sydney, we will soon be turning a sod for an expansion to their outpatient emergency services there and I hope that we will be able to get that contract - that contract has been let, I understand - and we hope to have that underway very shortly. The net cost of that Sydney job is around $450,000 and should help in some small way some of the unemployment in that area.

There is an expansion underway already at Aberdeen Hospital in New Glasgow to the extent of around $12 million, the same type of situation. Most of these expansions I am talking about, Mr. Speaker, involve the modernization and the streamlining of the facilities in the hospitals that are devoted to outpatient and daypatient care. They are designed to speed up the treatment and the attention that people get when they go to the hospital for outpatient care. They are designed also to bring our outpatient departments in these hospitals into the 20th century because most of them were converted areas in hospitals that were used for storage and other things before outpatients became a method of treatment. We have to be careful in some respects that these hospitals are not being used strictly as a doctor's office.

Renovations are the same at Soldiers Memorial in Middleton and we will shortly be turning a sod and calling tenders, I believe, right away for a similar modernization at Annapo.1is General. The repairs at Waterford Hospital are involved, not with building on, but protecting the building that is already there. The honourable Premier I think misread some of the information he had at hand and it is actually at New Waterford Hospital, when it was built back not too long ago, 15 years, somebody installed windows there that were not, we will say, up to par. They put a roof in that started leaking almost immediately, which is not too uncommon, but water, Mr. Speaker, blows right through the walls. The whole envelope around that hospital really needs replacing and over a period of the next two or three years, if we do not do it, people will be going to the hospital and getting rained on with all the windows closed and the blinds down.

I am pleased to inform the Leader of the Opposition in regard to his hospital at Sherbrooke, St. Mary's Memorial, that that project is underway. We saw our way clear to give the Hospital Board of St. Mary's a grant of $94,000 to meet their share of the cost of the renovations going on there. The board of that hospital and the people in that area were not in financial condition to come up to the 20 per cent that is required. This can be done in this case because the board and the people in Sherbrooke and area agreed with the Department of Health that it is time that some of these hospitals and theirs in particular, voluntarily decided to change the role of the hospital from an active treatment to a chronic care or a Level 3 extended care institution. In so doing we are leaving five holding beds there but the main hospital will be an extended care institution. This, Mr. Speaker, is something that we are very, very worried about in the department. If you go through any of our hospitals today, you will find about 10 per cent of the patients there.

In terms of services, it will have no impact. What was happening at St. Mary's is that most of the patients there were chronic care patients. If you go through any of those small hospitals you will find, my deputy says 10 per cent, I think it is more like 20 per cent of the people in the hospitals are there and will stay there until they actually expire. They cannot get that type of care in a nursing home.

What was happening in St. Mary's was that the need there was for five or six, four or five active treatment beds. They recognized this which we appreciate and they recognized the need for a change. In doing so, we were pleased to cooperate in this respect and extended the 20 per cent, to that particular hospital board to get this off the ground as somewhat of a pilot project. We have another one like this in the constituency of Pictou West where the Sutherland Harris Memorial Hospital had a large endowment bestowed on them and they came to us, the MLA twisted our arms and in some cases broke them and insisted on the fact that this be done. They are building the building out of their funds and we will undertake to assume the operating costs. That is well underway now, I believe, probably, by spring we will be able to go in there and cut a ribbon and open it officially. These two small hospitals are showing the way in this respect and I am proud to have been able to help both of them out.

In the meantime, we have opened the new Roseway Hospital in Shelburne which was built under the previous administration. No, we have not officially opened the StraitRichmond Hospital although it is operating on a 24 bed capacity. As the honourable member for Richmond was saying the other day, that it was local pressure that kept St. Ann's open, I do not go along with that 100 per cent, Mr. Speaker.

One of the first delegations that I had was Mrs. George and a group of people from Richmond County who were most worried about the fact that my predecessor had told them that as soon as the Strait-Richmond Hospital opened, the lock would go on the door of St. Ann's as far as the Department of Health was concerned. What we have done there with the able assistance and cooperation of the Minister of Social Services and I might say, with considerable resistance from our department and from other people, we have established a nursing home combined with an outpatient, an X-ray and an emergency service from nine to five as far as we are concerned and with a standby 24 hours a day to be called in in case of an emergency. This, in view of the fact that the handwriting was on the wall, seems to me to be a good compromise in regard to St. Ann's Hospital.

It is a building that really does not lend itself to modern day medicine and I would say maybe to modern day nursing homes, but it has been adapted and once again, to get back to what the Leader of the Opposition was asking about, when he toured that hospital when it was still an active treatment hospital, in that particular institution about 80 per cent of the people in there were chronic, long-term patients. They would never, ever go into a nursing home or anywhere but that hospital, and yet they required a small amount of nursing. Consequently, I really think we have done pretty well in those two places.

Now, we all know about the pulmonary unit in Glace Bay. It is working well, Mr. Speaker. It is saving a lot of Cape Breton people the long trip to Halifax, to have their pulmonary function assessed and it is fitting in very well with the community hospital where it is located. And I want to say this about the community hospital, so that there is no mistake anywhere, here or on Cape Breton. The Glace Bay Community Hospital will retain its present personnel, its present active treatment beds, its present emergency and outpatients, present radiology and laboratory services, its present dietary, laundry and whatever else is there at the present time is going to stay there. I am surprised that some people are intimating that this is not going to happen because all you have to do is go into that X-ray department at the Glace Bay Community, and I would advise the honourable member for Cape Breton West to do that, and see the new X-ray machine that has just been installed in that hospital. It is an X-ray machine that you would not put in a hospital if you knew that you were going to phase out, in any respect, the service that is designated and delivered by that institution.

So consequently, I hope that will dampen, at least for now and I hope forever, the suspicion or the doubts as to the future role of the Glace Bay Community Hospital. I can only say that while I am here and after I am gone, the next Minister of Health will have a hard time straightening or changing that policy, for a few years anyway. If anybody here thinks I am going to be around here forever he has got another thing coming, Mr. Speaker.

I have been kind of waiting for the member for Halifax Chebucto, because he had some perfectly legitimate questions the other day, in regard to what we proposed to do on the Camp Hill site and I think probably now is the time, possibly, to answer his questions and maybe some of yours. And, I want to say in case I forget, before it happens, that we have in, the department, a slide presentation that my deputy assured me this morning he would be glad to show to you or anyone on the opposition side, showing the conceptual design, what the plans are and the phase-in situation. I think probably it would help the honourable members to understand what is going on there if they took advantage of that.

The honourable member for Chebucto was worried about the supply of nurses for the hospital, when we are increasing it, but basically, when we open the new one and on all these other ones the only new one is the Glace Bay General and there is already a staff there and the rest of them are renovations and change of function. Most of these construction jobs, as I said earlier, are on the outpatient and day care facility type of thing. We do not anticipate a shortage of nurses, but you never know. It is a three year type of up-down situation and, as I said yesterday, we are increasing the enrolment at the nursing schools in the province and I think probably that their supply of nurses will continue about the same as it is now. As long as we pay them a reasonable wage, we will have a reasonable number of nurses.

We may always be a little short, in a hospital like the Victoria General, Mr. Speaker. The Victoria General is the flagship and the classy showpiece of the hospital system. On the other hand, the Victoria General is not a cheerful hospital, in regard to the type of patients they have in most of those wards.

A lot of patients in the VG are terminal patients. A lot of patients at the Victoria General are referred from our outlying institutions after it has been found that nothing more can be done in the outlying institution and consequently it requires a special type of nurse or a special type of employee in that institution to stay and cope with the situation. So, it is not all money.

The honourable member for Chebucto was justifiably and very pointedly worried about parking and parking, as you know, is the curse of the hospital corner, where is it, down this way, where you really have to leave your car three or four blocks away and then you are lucky. We have made provision in the new concept for 800 spaces underground and there is also probably about 100 on the surface. We hope to use the parking lot across the road at the museum, part of it, and this is speculation. The Traffic Authority is working on this and there is room just across the street at the Halifax Vocational School where I would assume that a lot of night visitors could find a space. We do not want to make the same mistake and create the same congestion that has been created around the Victoria General and the Grace and the IWK, et cetera, et cetera.

Now, in building the hospital in Camp Hill, remember this. Number one, according to the terms of the agreement in 1978, where the province took over Camp Hill Hospital, there were $22 million, 1977 dollars; put in the pot by the federal government to be used to build a new Camp Hill. This is to be done. These dollars are indexed for six years. Consequently, those $22 million now are worth about $30 million and that requires us to build an active treatment centre and a geriatric chronic care centre for the veterans. That is all it required.

In the meantime, the Infirmary, which has been down on Queen Street since 1923, I believe, has renovations there that are absolutely necessary if we are going to continue in that site, that in 1980 dollars would cost us $40 million. That is to be spent on the Infirmary and when you spend your $40 million on the Infirmary, you still have an old building locked in on all sides and, once again, very poor parking.

The Grace Maternity was built in 1922, the front part of it and the Grace is one hospital that really is in need of replacement. Some of those wards in the wintertime cannot be "Used. They shut them off because they are too cold. The wind blows through them. A replacement for the Grace Maternity would run, if we could find a place to put it, outside of where we are, with land acquisition, somewhere between $25 million and $30 million.

The Camp Hill, as I said, the cost of that is $25 million anyway. Add to that the key to the whole thing, what made the whole thing possible was the fact that the Technical University of Nova Scotia want the Infirmary. If we could not have found a use for that Infirmary, we would have been hard pressed to do what we are doing because you would find it very difficult to justify building a new one with what we have there. With the Technical University of Nova Scotia - or Nova Scotia Tech, as I have come to know it - taking over that building, the net result as far as we are concerned is a paper exchange worth $15 million to the province. If they were not taking over that, their expansion plans call for a $15 million expenditures in some direction, I do not know where they would go, except into the Infirmary, in some direction to build what they require at Nova Scotia Tech. So, if you count that $15 million, you now have $120 million worth of construction and what we have done up there is come up with a conceptual design that will build, starting within the next year, a 550 bed active treatment hospital which will be the new Halifax Infirmary. It is a phase construction project on which the Abbie Lane will be taken over by the government as soon as the federal Minister of Labour, the Honourable Gerald Regan, gets the clear title from the feds we will be taking the Abbie Lane over.

The first job, as I said, is the phasing in and the building of the new Infirmary. The second phase is the modernization and change of role partially of the Abbie Lane where administration and some of the services are put in the Abbie Lane and modernization. The consequence of this, or along with this, is built in the center of the complex, a service centre. The service centre involves the dietary and all those things, operating rooms, X-rays, outpatients, labs and all that are in the centre block. You have on Summer Street the Infirmary. On Jubilee Road the Abbie Lane and in the centre the service area.

The next phase involves the geriatric or chronic care centre for the older veterans who are there for the rest of their days, you might say. That hospital is being built on Robie Street with one corner on Jubilee Road, on that corner where the Red Cross Lodge now stands.

The fourth or fifth and final phase of the whole project is the building of the new Grace Maternity and it will go on the north-west corner of that property and will go along immediately after the old Camp Hill Hospital is torn down. I want to say that the front of that hospital in relation to the Robie Street, the front of the hospital comes behind the present Camp Hill. The highest building in the whole complex will be the present Abbie Lane. The way it is now. If you look at the Abbie Lane now you will be looking at the highest part of the new hospital complex. Consequently, the whole thing should take about six or seven years, culminating in the building and opening of a new Grace in - whenever - I do not expect to be around to cut that ribbon either.

Mr. Speaker, the net cost estimated in 1980 is $110 million. I have already told you that if we did not do it and did the rest of the things that we have to do, we would have to spend $120 million, so we have to make a decision as to whether it will go and I know the member for Halifax Chebucto was worrying. He was saying the other night that he did not know where we were getting all the money to build these hospitals and all this construction that is going on. My only answer is that it is a sensible thing to do. If we do not do it we are going to spend that much money over the years anyway and we still have some old institutions. The Infirmary closes down, the Civic closes down, the Grace closes down and the present Camp Hill closes down. They are all old institutions, all well past their prime. None of them fitted or suited for modern medical needs and all in need of repairs.

I can only say that the main opposition to this project has come from a group known as Bonding who are involved from a consumer's point of view and are asking - I think the name Bonding stands for Better Obstetrical Natal something Nova Scotia - they have consistently said that they want the Grace a free standing institution because the process of child birth is not a sickness, not a disease. Yet there are complications in childbirth, Mr. Speaker, that require a backup of a damn good active treatment hospital and its resources. Consequently, I cannot agree that the Grace Maternity can be built any distance from an active treatment hospital with a good operating room set up.

We have put a representative of Bonding on the planning committee. We have delayed the decision and spent $30,000 in a search for another site for the Grace. I have had two meetings with Bonding with regard to this. They have asked for a third and I have told them that at present I can see no advantage to having another meeting and I can assure them and you and all who are interested that the Grace Maternity as projected on for the Camp Hill site is going to be a free standing hospital but it will have direct backup to one of the best active treatment centres on the North American continent and this, Mr. Speaker, is what we want.

The other opposition, Mr. Speaker, has come from the neonatalogist at the IWK who claim that the distance now from the IWK to the Camp Hill site is such that they fear that they cannot do the work that they think they should do or can do where they are presently located. Mr. Speaker, we already have in the Grace Hospital three permanent neonatalogists. These neonatalogists at the Grace supervise the intensive care unit for infants and they should be, I say should be, on hand at all times.

I noticed a TV program the other night that said, in effect, that in two or three instances, I am not saying all, but in two or three instances when a critical situation arose, they had to call the IWK to get a neonatalogist. My question to my department this morning, or the morning after I saw this, is where were the three who were on staff when the critical situation arose? I expect I will get an answer to that but I can tell you this, that if the degree of infant mortality is increased in any way or shows signs of being increased in any way by the move to the Camp Hill site, I or some other minister would be very quick to increase the complement of neonatalogists at the Grace Maternity on the Camp Hill site. Let us face it, a neonatalogist deals with infants, the IWK deals with sick children and, maybe, it may be that a future Minister of Health may decide that neonatalogy and the neonatalogy research team should be located at the Grace rather than at the IWK. Who is to say?

I will tell you this and I make this commitment to the people of Nova Scotia and to Bonding and to the neonatalogists or anyone else, that there will be no downgrading of the service in the Grace Maternity Hospital to any infant who is born there and who requires the need of a neonatalogist.

Mr. Speaker, I think maybe, and I will remind the honourable members, that those who are interested, those slides, anytime you wish to see them, just notify me and I will let my deputy know.

Mr. Speaker, I do not know what time I started here but I assume I have.

One of the things that I get the most problems within the Department of Health, or used to, was on-site sewage, one of the most ticklish and touchy situations that you can get into in this department is to have somebody who has bought a piece of land and started building a house and one of our departmental people come along and say you cannot get a permit to build a sewage disposal unit.

What we have done, Mr. Speaker, we have commissioned two pilot projects, both in West Hants, in which we are investigating the feasibility of breaking down the subsoil. Also, we have gone to Management Board and we are securing the services of more engineers who - we hope to be able to say or to give to the person who was looking for a permit to advise him as to an alternative- I am hoping, Mr. Speaker, that this will help and that there is an increase in the number of permits that can be granted.

Mr. Speaker, I think that is enough from the Department of Health. I just want to say that Highway No. 101 is coming along. Not as fast as it should.

I am glad you said that. I just want you to know, Mr. Speaker, that two of the farmers who were howling for my resignation as the Minister of Agriculture a couple of years ago have made enough out of selling fill to that highway off that good farmland.

Oh, no, no, no, we could have got the fill anywhere. We could have got the fill anyway. That good farmland, Mr. Speaker, evidently makes one of the best types of fill for a highway that you can find anywhere, because I drove up Commercial Street north of Middleton here one day, last summer, and there were six big earth movers dragging that topsoil off of that prime farmland, and taking it down and piling it on that highway. Now the guy who owned the land, Mr. Speaker, the guy who owned the land, was one of the fellows who was so incensed that we would put that highway through that good land that he owned.

Well, this was not gravel: It was prime farmland, but it is evidently worth more under the highway to that guy than it was when he was farming. I knew he was not farming it. Your previous Leader would not believe me, I told him when he jumped on that horse, he jumped on facing the wrong way, when he came galloping into Middleton one day.

I have nothing to say about that. Mr. Speaker, the highway is built as far as Middleton, it should have been paved last fall. Wet weather last summer kept it slowed down a bit. This year we hope to have it finished as far as Lawrencetown, and probably in another year or two it will be through to Bridgetown and on into and meet coming the other way with the construction from Annapolis West.

Now, things are going along so good here, Mr. Speaker, that I hesitate to try to educate these guys again, in regard to one of the other messes that we had to clean up, from neglect that they left behind. The Leader of the Opposition brought it up again today, and Number 99 or Agent 99, over there, I will take that back, Mr. Speaker, it is the junior member from Yarmouth who is not in his seat today, brings it up quite often, in regard to the decision we have to make in order to save a valuable agricultural unit in the province. A decision evidently that meets with the disapproval of the Official Opposition, in regard to the loan that we made - it is Langille Farms, not Langille Brothers - a forgiveable loan. It is all there, we are not ashamed of it. And I will tell you why we are not. Mr. Speaker, I have given this speech before and we will give her again, and continue until they get educated, and if you hear it brought up again, we will have to assume that educating that bunch of fellows over there, is not possible. But I am an optimist, Mr. Speaker. You know, Langille Farms went to Ontario and bought cattle, went to a buyer there, recommended by the inspectors of the federal government. They told them to go to this particular fellow, they said his herd is clean, it wasn't until some time after, Mr. Speaker, that they found out that this fellow Garnet W., we will use his initial rather than his whole name, had brucellosis and was cleaned up one month prior to the appearance of Langilles on that farm to buy cattle.

The federal inspectors knew it, but they did not tell them. Langilles bought cattle, subjected them to blood tests, subjected them to every formal inspection laid down under the federal law, and brought them home. Abortions began to occur Mr. Speaker, about the time they started feeding some pretty rotten silage, out of some supposedly stainless steel silo that started to rust, and how you get a stainless steel silo rusting, I am at a loss, but they did. A lawsuit has been involved, no decision has been made that protects anybody evidently, from companies that dispense this type of an implement, that is not satisfactory.

Anyway, abortions began to occur and finally a suspicious on the blood test showed up. The Leader of the Opposition knows very well of most of what I speak because he has had a long and successful association with the agricultural field and the livestock raising. He knows very well what I am talking about. Eventually the federal vets moved in and did a blood test of the whole herd. A very cloudy 20 per cent showed positive, suspicious, or doubtful.

I was called one day by the man who is in charge of the federal Health of Animals branch for the Atlantic Provinces and he says - he is a classmate of mine and he graduated with me in 1952 - he said I am going up to see Langille's, would you like to come with me and I said I think maybe I would and I sat there and listened while the Langille Farm and the people on that farm were given no alternative but to destroy those cattle. Well, now, Mr. Speaker, I want to tell you this, that by law in this country we find out that no herd is supposed to be wiped out unless it goes positive, a certain percentage on three consecutive tests '90 days apart.

They did not do it. Three consecutive tests, 90 days apart, I do not know why they did not do it. We heard rumours that there was a land grab on. We heard rumours down there that there was someone in this province who wanted 1,500 acres of land and wanted it quite cheaply. I do not know whether those rumours are true. I am asking you why there was not a second and a third test done? I do not know. I do not know. I thought maybe you might. If you do not.

Rumours, okay. All I ask then, why did they not blood test those cattle 90 days later and if they were still showing that percentage of positives, why not 90 days after that? But I was there. I was at the meeting, in the office, in the front room of Herb Langille's house when the Director of the Atlantic Region for the Health of Animals branch told them, you have not any choice. You have to destroy.