

The Assembly met at 1:30 p.m.

Prayers

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Mr. Belanger: — Thank you, Mr. Speaker. I rise again today to present petitions of names from throughout Saskatchewan regarding the Plains Health Centre. The prayer reads as follows, Mr. Speaker:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

The people that have signed the petition, Mr. Speaker . . . they're Regina here. They're also from Craven, from Sutton, from Regina Beach, from Cupar, and from all throughout Saskatchewan, Mr. Speaker. And I so present.

Mr. Bjornerud: — Thank you, Mr. Speaker. I also would like to present petitions of names from throughout Saskatchewan regarding the closure of the Plains Health Centre. The prayer reads:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

The communities that the people that have signed the petition from are such places as Langenburg, Spy Hill, Gerald, and Churchbridge, Mr. Speaker.

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, I rise today to present petitions of names from throughout Saskatchewan regarding the closure of the Plains Health Centre. The prayer reads as follows, Mr. Speaker:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

The people that have signed the petition, Mr. Speaker, are from Regina, Oungre, Indian Head, Mossbank, Milestone, and throughout the province. I so present.

Mr. Gantefoer: — Thank you, Mr. Speaker. I rise as well on behalf of citizens concerned about the impending closure of the Plains Health Centre. The petition reads as follows:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

Signatures on this petition are from rural Saskatchewan and mostly from the city of Regina.

Ms. Draude: — Thank you, Mr. Speaker. I also rise today to present petitions of names from people throughout Saskatchewan regarding the Plains Health Centre. The prayer

reads as follows, Mr. Speaker:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

The people that have signed this petition are from Radisson, from Bengough, Coronach. I guess the rest are all from Bengough. Thank you.

Mr. Aldridge: — Thank you, Mr. Speaker. I too rise to present petitions of names of Saskatchewan people regarding the Plains Health Centre. And the prayer reads as follows, Mr. Speaker:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

And those who have signed this petition, Mr. Speaker, are from communities such as Moose Jaw, Weyburn, Estevan, Milestone, Yorkton, and a number from the city of Regina.

Mr. McPherson: — Thank you, Mr. Speaker. I rise with my colleagues today in presenting petitions on behalf of those residents of Saskatchewan in their efforts to save the Plains Health Centre here in Regina. The prayer reads as follows:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

Mr. Speaker, the people that have signed this petition . . . it appears to be all from Regina. I so present.

READING AND RECEIVING PETITIONS

Clerk: — According to order petitions have been reviewed regarding the closure of the Plains Health Centre, and pursuant to rule 12(7) they are hereby read and received.

INTRODUCTION OF GUESTS

Mr. Jess: — Mr. Speaker, I would like to introduce to you and all the members of this Assembly, four people in the west gallery. They're visiting us from Winnipeg: my cousin, John Vail, a professor of physics at the University of Manitoba, and his wife, Audrey. With them are Murray and Fega Stern from Winnipeg. Fega is one of us, having been born and raised in Regina.

And I ask all members to make them welcome.

Hon. Members: Hear, hear!

Mr. Bjornerud: — Thank you, Mr. Speaker. Mr. Speaker, I'd like to introduce to you and through you, the class of grade 8 and 9's from Saltoats School. I'd like to introduce to you also, their chaperon, Keri Mickle, who by the way was one of my ardent campaign workers, so you know what a great future she's got in store. The three scholarly gentlemen up there are Brian Jones, Grant Bjornerud, who happens to also be my son,

and their principal, Fred Nicholson.

I would ask the Legislative Assembly to join with me in welcoming them.

Hon. Members: Hear, hear!

STATEMENTS BY MEMBERS

Occupational Health and Safety Week

Mr. Gantefoer: — Mr. Speaker, I would like to recognize this week's designation as Occupational Health and Safety Week.

Ensuring that employers maintain proper safety measures on all job sites should be a priority. On average, two Canadian workers die every day in a job-related accident. I find that figure to be absolutely astonishing, when most job-related accidents could be prevented.

Just this weekend a tragic accident claimed the life of an Edmonton man working on the Cameco gold mine in Kyrgyzstan. I would like to extend condolences to the Lane family.

I was reminded once again of occupational tragedy when some weekend media reports focused on several former construction workers on the Shand project and their families who are still suffering from a tragic accident on that work site six long years ago.

I hope that by recognizing Occupational Health and Safety Week, employers and employees can each take time to think about how we can make the job more safely so that we can prevent heartache for other workers' families.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Agricultural Sciences Month

Mr. Jess: — Thank you, Mr. Speaker. Mr. Speaker, Saskatchewan's agricultural science industries are rapidly expanding. As a result, we see added promise in the economic development and growth of our province.

Mr. Speaker, in recognition of the agricultural sciences sector in Saskatchewan agriculture and industry, June 1996 has been proclaimed Agricultural Sciences Month. June is particularly appropriate as agricultural sciences month and a number of important activities are scheduled. The activities include several important conferences in Saskatoon.

For example, Saskatchewan Agriculture and Food is pleased to be a partner in sponsoring the agricultural biotechnology international conference June 11 to 14 in Saskatoon. Representatives from a number of countries, many on the leading edge of this technology, are expected to attend.

On June 1 to 4 in Saskatoon the Canadian plant tissue culture and genetic engineering conference will bring industry representatives and experts together to discuss their latest

progress in this fast-changing area. From July 30 to August 6 the international oat conference and the international barley genetics symposium will bring together their experts and representatives.

All of this activity in the agricultural sciences is happening in Saskatchewan and is further example of a changing face of agriculture in Saskatchewan. So we recognize this important element of agriculture by proclaiming June '96 as Agricultural Sciences Month in Saskatchewan.

Thank you.

Some Hon. Members: Hear, hear!

Mr. Bjornerud: — Thank you, Mr. Speaker. Mr. Speaker, I too would like to recognize this week's designation as Agricultural Sciences Week. As we all know, Saskatchewan farmers are some of the most creative and innovative people in the world. As a result of their dreams and ideas on how to farm better and more efficiently, Saskatchewan is on the leading edge of a developing agricultural technology.

We are also widely recognized as quality educators in agricultural science, and anyone who has visited the new agriculture facility at the University of Saskatchewan can see why.

I would like to commend all Saskatchewan people who are involved in the agricultural sciences. Thank you.

Some Hon. Members: Hear, hear!

National Environment Week

Mr. Trew: — Thank you, Mr. Speaker. Why does National Environment Week matter? Why should I care? One person can't do anything of any significance anyway. It's too much trouble to care. Questions and statements that are all too common.

Mr. Speaker, 1995 was the hottest year on earth in recorded history. Plant and animal species are disappearing at an alarming and accelerating rate. Five billion people on Earth are using many of Earth's resources, and the trouble signs are everywhere: strange and changing weather systems including a very late, wet spring right here in Saskatchewan this year; ozone depletion and holes at the North and South Poles that are growing; cod and other fish stocks that are depleting. There's much more problems.

But I can help. I can reduce. I can reuse. I can recycle. I can recover. I can plant trees. I can walk more and drive less. I can install water-saving devices at home. I can install energy-saving devices. I can insulate my home properly. I can compost. How can we do this? One step at a time, Mr. Speaker. Take one and then build on that.

National Environment Week is important to help us focus on our one Earth and our one environment. Thank you.

Some Hon. Members: Hear, hear!

Pinehouse's Recent Accomplishments

Mr. Belanger: — Thank you, Mr. Speaker. I'd like to pay tribute to the youth and community leaders in Pinehouse for some outstanding accomplishments recently.

A young hockey team from Pinehouse has many very successful seasons, but what makes this so remarkable is that the young people of this community played without a coach for many years and play without a community rink. Some of these players braved the cold and windy conditions and practice out on a lake near Pinehouse while others travel to neighbouring communities at great cost and expense.

As well another young man from Pinehouse, Gary Tinker, recently walked from La Ronge to Regina to raise awareness about people coming out of northern Saskatchewan who are coping with various disabilities. The funds and awareness that he raised are helping set up the Gary Tinker federation.

Then again Pinehouse scored once more. Just this past weekend I was very fortunate to have been a guest at a very special graduation in Pinehouse: the first ever graduating class in Pinehouse Lake. Seven students were among the first ever, and I'd like to name the students, Mr. Speaker: Sandy Natomagan, Harold Smith, Cameron Boyd, Melvin B. Natomagan, Lisa Durocher, Betty Tinker, and Olivia McCallum.

Their graduation is a tribute to the community, the staff, the parents, and the students, who are now successfully preparing themselves for the future. All of these achievements by the people in the small community of Pinehouse deserve recognition, and I ask all the members of this Assembly to join me in extending my congratulations.

Some Hon. Members: Hear, hear!

RRR Environmental Services Opens Recycling Plant

Ms. Murray: — Thank you, Mr. Speaker. I think it is appropriate that during National Environment Week I talk about a recycling plant in my constituency which was officially opened by the Minister of Economic Development just a few days ago.

My colleague from Regina Wascana Plains and I were pleased to attend the opening of RRR Environmental Services which is an oil recycling plant just west of Regina.

Nine people will be hired at this plant to recycle waste oil products into fuel oil and diesel fuel. It has a capacity to recycle up to 12 million litres of used oil a year, using a process that was designed in Canada and is currently used in a number of other provinces.

While the company will be processing used oil, it will also extract oil from used oil filters, and it is working on a process to retrieve oil from plastic containers. This plant will go a long way in protecting our environment; it will double the amount of oil that can be properly disposed of in Saskatchewan.

RRR Environmental Services saw a need, went out and developed a workable solution to the problem, and is creating jobs for Saskatchewan people in the process. There is a definite need for this type of operation in our province.

I would like to congratulate Roland Schulz and all staff of this new business. At the opening we found out that RRR stands for Roland, Randy, and Ron. I also think the name of the company, RRR, is appropriate because in order to protect our environment we do need to recover, recycle and reuse. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Temple Gardens Mineral Spa

Hon. Mr. Calvert: — Thank you, Mr. Speaker. Mr. Speaker, on Saturday night, Moose Jaw rolled out the red carpet for the official opening of the Temple Gardens Mineral Spa. Mr. Speaker, those attending the gala event included Moose Jaw citizens — many of whom have been involved in the creation of bringing the spa to Moose Jaw — and representatives from local, provincial, and federal government.

Mr. Speaker, the Temple Gardens Mineral Spa project is important to Moose Jaw, and it's important to Saskatchewan. It has already created over 80 full-time jobs and will help to enhance downtown Moose Jaw. We expect the spa will bring over a hundred thousand visitors to our city in the course of a year.

Mr. Speaker, the spa is a facility that will provide a relaxing, geothermal spa and a whole number of life-enhancement services. The spa is in the ultimate setting to get away from it all: right across from beautiful Crescent Park. Visitors can enjoy a meal in the restaurant or in the lounge, stay overnight in the hotel accommodation or in one of the 12 luxury hotel suites that will have private tubs for those wishing the complete spa experience.

Mr. Speaker, the spa includes a large pool located on the upper deck overlooking the park and allows year-round indoor or outdoor enjoyment for visitors. The water temperature, we're told, will be maintained at 40 degrees Celsius.

Mr. Speaker, over the last several years, literally hundreds of people have been involved in making the spa a reality — congratulations to each of them.

Some Hon. Members: Hear, hear!

Swift Current Old-fashioned Picnic

Mr. Wall: — Thank you, Mr. Speaker. In the great south-west we do things on a grand scale, from 75-foot swathers to family farms measured in townships to brilliant blue horizons measured by infinity. Things are big in the Palliser Triangle.

Yesterday was no exception. Over 4,000 citizens of Swift Current and district spent Sunday afternoon in beautiful Riverside Park attending an old-fashioned picnic sponsored by the Southwest Credit Union. This is an annual event in Swift

Current, one enjoyed by the whole community.

The picnic featured old-fashioned prices for hamburgers, ice cream cones, and soft drinks, free games for both kids and adults. On the portable stage provided by the Swift Current agricultural exhibition, local groups played throughout the afternoon. The day was a huge success.

Thanks should go to Fred Townley-McKay, general manager; Pat Friesen, vice-president of marketing and development; and all the staff of Southwest Credit Union who worked so hard to make this event so enjoyable. Also a special thanks to Glenn Budd, president of the Southwest Credit Union, and all the directors, who took an active part in this event.

During the year, our credit union works with our citizens to build our community; yesterday, it helped us to enjoy each other. Thank you.

Some Hon. Members: Hear, hear!

ORAL QUESTIONS

Agreement with Rural Health Coalition

Mr. McPherson: — Thank you, Mr. Speaker. Mr. Speaker, last Friday I asked several questions of the Minister of Health regarding the rural health care coalition agreement and whether he believes his government has lived up to the terms of this deal. The minister, in typical fashion, denied any such charges.

Well, Mr. Speaker, as fate would have it, Radville, one of the 52 communities which was a party to this agreement, today made the very same charge. A press release issued by a Radville group states that, and I quote:

The Government of Saskatchewan today is breaking its promise to Radville and to other communities in rural Saskatchewan by refusing to live up to its promise to sustain services guaranteed by the rural health care coalition agreement.

This group charges that the government, the NDP (New Democratic Party) government, is breaking its contract by refusing to provide adequate funding so that district boards can meet the commitments set out in the rural health care coalition agreement.

Will the minister explain why, when 52 communities signed this agreement in good faith, this NDP government is demonstrating anything but good faith?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Mr. Speaker, quite frankly, I suspect that this is more of a political operation than anything else.

I want to remind the House that it wasn't so long ago when the administrators or the board of the Radville Marian Health Centre, aided and abetted by the member from Wood River, told the employees of that centre that they weren't going to receive their pay cheques unless more money came from the

district health board. And I think, Mr. Speaker, that that kind of tactic was a despicable thing to do, and so did the nurses in their statement.

But I want to say to the member that I've read what Mr. MacDonald said at his press conference this morning, and for the life of me I can't understand the specifics of how he is saying the agreement is breached. Mr. Speaker, I have listened to the member. I have read what Mr. MacDonald said. I can't see how the agreement is being breached based on what they even said.

I want to say, Mr. Speaker, that the Radville health centre is getting a \$100,000 increase in their funding at a time when other institutions in the district are actually being cut back, Mr. Speaker. I think this is a political operation.

Some Hon. Members: Hear, hear!

Mr. McPherson: — Well, Mr. Speaker, nothing . . . nothing, Mr. Speaker, would surprise the elderly people that were here in the legislature this morning trying to defend their health care services in their communities . . . that they are nothing but political opportunists. He should pass that comment on.

What in fact they were doing and what I do on their behalf is express the fear of the people in those communities. Mr. Speaker, 52 rural communities signed this 1994 agreement so that they would not be at the mercy of this NDP government's unilateral and ill-conceived funding decisions. But, Mr. Speaker, this agreement has not protected the sick and elderly in our rural communities.

This government has further reduced funding this year, forcing the closure of long-term care facilities and the elimination of health services and the elimination of hundreds of front-line health care workers. As a result, a number of communities, including Radville, are on the verge of taking legal action to hold this government to its promise.

Will the minister make a commitment in this House today to honour the terms of the rural health care coalition agreement, and will the Minister make a commitment to provide adequate funding for all health districts and our sick and our elderly?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Mr. Speaker, I have a letter here dated May 28, 1996 from Loretta Thomas, the chairperson of the South Central District Health Board, to Mr. Roderick E. MacDonald, chairman of the Radville Marian Health Centre. And among other things, Ms. Thomas says:

This support has been extended into the 1996/97 fiscal year (this is support by the district of the Radville Marian Health Centre) with the \$100,000 funding increase to Radville Marian Health Centre's base budget; we believe the only increase given to an institutional sector in the Province. It should also be noted that other affiliated agencies in the Province are having to reduce their budgets.

Now Ms. Thomas is saying in this letter that not only is Radville being funded, Mr. Speaker, but Radville is receiving an increase at a time when the district itself and other institutions are having to live with decreases.

And I don't know what it would take to satisfy the member opposite or Mr. MacDonald, but I believe that the province's commitment through the district to the Radville Marian Health Centre is being met.

Some Hon. Members: Hear, hear!

Mr. McPherson: — Mr. Speaker, the minister has got to come clean with the answers. The fact of the matter is 19 rural health districts were being cut back this year as reported in the *Regina Leader-Post*. Where do you think, Mr. Minister, the rural health care coalition came from? It was from rural communities that you and your government continuously attack on a daily basis.

Mr. Speaker, we have all heard the minister blame Ottawa, the former Conservative government, and anyone else they can point a finger at, and of course now today everybody's a political opportunist that would dare try and defend their communities. But the fact remains it is his duty as the minister to provide appropriate health care for all residents of Saskatchewan.

This government — not Ottawa, not the former Tory administration — this NDP government signed an agreement promising to fund health care services. Mr. Speaker, this appears to be yet another broken promise this government is attempting to break. And for the life of me I don't understand why the New Democrat MLA (Member of the Legislative Assembly) back-benchers won't defend the communities that they were here supposedly to represent.

Mr. Speaker, what happened? We don't know. But will the Minister of Health explain it — if it is his intention to break yet another promise or will he do the honourable thing and make good on the promises contained in the rural health care coalition agreement?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Mr. Speaker, as I've already indicated to the member, those who are alleging the government is in breach of an agreement have an obligation to come forward with particulars as to how the agreement is being breached. I mean that is the minimum requirement that they have, Mr. Speaker. And of course they won't do that.

I've pointed out to the member in the House that in fact the Radville Marian Health Centre is receiving an increase this year.

The member says, oh don't blame Ottawa for this or that. I provided documentation to the member and the House last week which indicated that we had back-filled for Ottawa to the tune of some \$28 million with respect to the districts, Mr. Speaker — about \$47 million over all.

And the fact is, as the member knows, that each of the districts

in Saskatchewan would have received quite a substantial decrease in funding — about 4 per cent, Mr. Speaker — this year if the NDP government had not back-filled for the Liberals. The member knows that, Mr. Speaker. The member is playing politics, Mr. Speaker, as usual. And I remind the House the last time the member raised the Radville Marian Health Centre it was to say the employees wouldn't be paid, Mr. Speaker.

Some Hon. Members: Hear, hear!

Northern Health Care

Mr. Belanger: — Thank you, Mr. Speaker. I'd like to again bring to the attention of the House an issue that demonstrates how residents of the North do not have appropriate or affordable access to health care.

I recently received a phone call and a letter from an Angie Musyj who only days ago brought her six-week-old newborn son to the Uranium City Hospital for a check-up. She was informed that her son had a heart murmur. As a result, an appointment was made with the nearest heart specialist which was in Saskatoon. However when Angie Musyj inquired as to whether the substantial cost would be picked up by the Saskatchewan Health she was informed that only emergency patients, welfare recipients, or people with treaty status would be eligible for free-flight coverage.

Mr. Speaker, if a hospital does not have the facilities or expertise to meet the needs of a patient, that patient should not be penalized because of where they live. Will the Minister of Health explain why a six-week-old infant is being penalized for living in the North?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Mr. Speaker, if anybody needs to be transported to an institution for service, that person is transported by ambulance in the province of Saskatchewan. The cost of ambulance has never been fully subsidized by the province; the member knows that.

But I want to say to the House that I sat down with the member the other day in the House, Mr. Speaker. The member had sent me a note about this case. I undertook to the member that I would look into this case. I've referred it to the departmental officials. Today the member stands up and asks the question knowing full well, Mr. Speaker, that he's asked me to look into it, and I've agreed to look into it. I will look into it, and then I will sit down and talk to the member again, as I agreed I would, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Belanger: — Thank you, Mr. Speaker. Again concerned with her son's condition and the lack of response, I again talked with her today, and she said that she did not get any response. But anyway Angie Musyj booked an immediate flight to Saskatoon to meet with the heart specialist. Upon returning home following an examination, Angie Musyj contacted different health agencies to determine whether any of the substantial costs could be covered. Again she was told that the

only way her son would receive health care would be in the event of an emergency. In other words, he'd have to go into cardiac arrest or another form of life-and-death situation before he would have equal right to health care.

Will the minister explain why someone has to be on their deathbed before they receive appropriate health care, and how quick the response would be to correct the situation?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Mr. Speaker, the question of whether somebody needs emergency services is a medical question to be determined by medical personnel. It's not a question that will be determined in this House.

But as I said to the member when I sat down with him the other day, as I've now said to the House, the member raised this matter with me personally. I agreed to look into it, Mr. Speaker; I will look into it, and then I will be discussing the matter further with the member.

Some Hon. Members: Hear, hear!

Shand Construction Site Accident

Mr. Gantefoer: — Mr. Speaker, it was more than six years ago that a crane toppled onto a trailer at the Shand power site killing two people and injuring eight others, and it has been six long years because this NDP government has refused to provide compensation to the victims or their families for the pain and suffering they have endured. Mr. Speaker, Clifford Sovdee had both of his legs crushed, but lived through the accident, and he is angry not because of the accident but because of the way he has been treated by this government.

Will the Minister of Labour explain why he and his government refused to provide compensation to the victims of the Shand accident so they can put closure on this tragedy?

Some Hon. Members: Hear, hear!

Hon. Mr. Anguish: — I would first say, Mr. Speaker, in answer to the member's question, that Workers' Compensation has not refused to provide compensation to the workers and their families.

This is a very tragic incident. The case is now being heard by the Supreme Court and we'll have to await the outcome of the Supreme Court hearing the case, Mr. Speaker.

Mr. Gantefoer: — Mr. Speaker, this being Occupational Health and Safety Week, I find it ironic that the Minister of Labour will stand in this House and spout this kind of rhetoric about the unfortunate victims of workplace accidents when the government fails to treat these people with any compassion and instead takes them to court.

Mr. Speaker, this government has demonstrated that it has absolutely none of the qualities of compassion that people are looking for. Instead they demonstrate that they're not only politically but morally corrupt as well. Mr. Speaker, this

government does whatever it wants with no regard to the victim, in this case, the families of those who were killed or seriously injured in the Shand accident.

Will the Minister of Labour demonstrate that some compassion does remain with the government and, instead of taking these people to court, make a commitment to settle with these people promptly and fairly?

Some Hon. Members: Hear, hear!

Hon. Mr. Anguish: — Mr. Speaker, I again repeat that the workers' compensation system has been providing benefits to the workers and the families in this unfortunate incident.

I would say though that the question as asked by the hon. member just shows his ignorance of how the workers' compensation system works and has worked to serve the people of Saskatchewan very, very well. In fact the workers' compensation system in Saskatchewan is recognized as the best workers' compensation system in Canada. It's a fully funded system. It provides benefits to injured workers. It is responsive to the needs of injured workers. Employers, for the most part, are pleased with the way the program works under a fully funded system.

And I'd say the member should research his questions a bit more before he makes such serious allegations about the system.

Some Hon. Members: Hear, hear!

Agreement with Rural Health Coalition

Mr. Toth: — Thank you, Mr. Speaker. Mr. Speaker, my questions as well are to the Minister of Health. Mr. Minister, you say often that your government doesn't want a two-tiered health system in the province of Saskatchewan, but that's exactly what we have today. Saskatchewan has one system for urban areas and one for rural areas.

The Rural Health Coalition, made up of 51 communities across the province, had to threaten to take your government to court before you would sign an agreement guaranteeing basic services to rural communities. These communities now say you are not honouring the agreement you signed. Mr. Minister, is this the way you and your government are treating rural health services, in violation of this agreement, and have you lived up to your obligations?

Hon. Mr. Cline: — Mr. Speaker, I'd like to say to the member that yes, we have lived up to our obligations. And if the member, and if the members of the Liberal Party, say that we have breached the agreement, Mr. Speaker, then I ask them to provide us with the particulars, the specifics, of how we breached the agreement — surely that's only fair and reasonable, Mr. Speaker — instead of making general and vague allegations that the agreement has been breached.

But I want to say to the member from Moosomin, Mr. Speaker, as I've said in the House before, that when he talks about the urban centres, I want to remind him that the hospitals in

Saskatoon, Yorkton, Regina, and elsewhere provide services to all the people in the province. They provide services to the people from the member's riding, where the member's constituents cannot get those services where they reside. That's always been the case; it always will be the case.

And I'll tell the member this, Mr. Speaker: that when his constituents go where they need to go in the province to get health care, this government is going to pay for their health care, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Toth: — A further question to the minister. Mr. Minister, Mr. Rod MacDonald made reference this morning to the fact that many communities have sought legal counsel and are poised to launch cases against your government on the grounds that you have not lived up to your part of the agreement.

Mr. Minister, how many such legal suits are there presently against your government regarding health care services in this province? How many people or communities are in the process of suing your government?

Hon. Mr. Cline: — Well, Mr. Speaker, I can't answer questions about speculative lawsuits any more than I can answer questions about speculative breaches of the agreement. But at least if somebody did start a lawsuit, they would have to provide particulars as to how the agreement was being breached.

The member, like the member from Wood River, wants to get up in the House and make a vague allegation that the agreement has been breached without saying how it's been breached, Mr. Speaker.

So I say to the member, if the member has some information about the agreement being breached, please come up with some specifics and we'd be happy to respond.

If the member wants to ask me whether somebody has a speculative lawsuit in mind, I don't know. I don't know the answer to a speculative question any more than the member does. But let's get serious, Mr. Speaker, and let's get down to specifics. If somebody says the agreement has been breached, give us particulars as to how it's been breached instead of making a vague and general allegation.

Some Hon. Members: Hear, hear!

Mr. Toth: — Thank you, Mr. Speaker. Well, Mr. Minister, you are stating that you believe your government has lived up to its end of the bargain. Yet, Mr. Minister, there are rallies and public meetings and lawsuits across the province that are directed at your government's cold-hearted and cruel handling of health care services, especially in rural Saskatchewan: hospital closures; cuts to nursing home beds; acute care beds; no more level 1 and 2 funding for seniors; a drug plan deductible that is no longer 125 but \$1,700 a year; de-insuring of services; and the list goes on.

Mr. Minister, when will this stop? When will your government's hacking and slashing of health care services end?

When will you at least live up to your rural health care agreement signed in February, 1994?

Hon. Mr. Cline: — Well, Mr. Speaker, the member now throws in everything except the kitchen sink, about how we breached the agreement, citing things that have nothing to do with the agreement. But I want to say to the member, the province of Saskatchewan has maintained funding for health care this year notwithstanding a \$50 million cut to health care that we received courtesy of the Liberals.

And I want to say to the member, lest he think I'm just blaming the Liberals, we're not going to do what the Conservatives have done in Manitoba, Mr. Speaker. We're not going to slash health care spending by the province by \$37 million this year as the Conservatives did in Manitoba. And we're not going to slash health care spending by about 15 per cent as the Conservatives have done in Alberta.

We're going to maintain health care spending because, unlike the Conservatives and unlike the Liberals, we are committed to a public medicare system. And despite their protestations about how they want to save medicare, Mr. Speaker, I just remind everyone that if it had been up to them, we never would have had a medicare system in the first place.

Some Hon. Members: Hear, hear!

Canadian Wheat Board

Mr. D'Autremont: — Thank you, Mr. Speaker, to the minister for Agriculture and Food. Mr. Minister, the Farmers For Justice Coalition continues to fight for the end of the monopoly control of wheat exports through the Canadian Wheat Board.

Your government made a commitment to eliminate red tape and other government barriers to trade and business in this province, and yet you persist in supporting the federal Liberals in dictating how farmers can or cannot market their products. Your own polling has shown that a majority of Saskatchewan farmers are in favour of opening up marketing choices. And indeed now milk producers are asking for similar opportunities.

Mr. Minister, when will you start listening to farmers? When will you give our province's most important industry the freedom it deserves?

Some Hon. Members: Hear, hear!

Hon. Mr. Upshall: — Thank you, Mr. Speaker. Mr. Speaker, again I will say to the member . . . or ask the member a question. Why does the Tory Party consistently ask questions that could lead to the reduction of \$500 million a year to farmers as proven by a recent study? Why would they even want to do that? They say they want freedom, they want freedom to market.

I'll tell you, as long as I'm sitting in this chair, Mr. Speaker, I will be fighting to support more dollars in farmers' pockets. We support more dollars in farmers' pockets by maintaining the strong Canadian Wheat Board, by not allowing dual marketing. Because we know that the studies that he talks about do not ask the fundamental question — if dual marketing means the end of

the Wheat Board, do you still support it? The farmers say, 80 percent, no.

Some Hon. Members: Hear, hear!

Pork Marketing Monopoly

Ms. Draude: — Thank you, Mr. Speaker. Speaking of marketing boards, as the Minister of Agriculture is aware, his Manitoba counterpart has announced that on July 1 that province's single-desk seller of hogs will lose its monopoly. Alberta appears headed in the same direction. In a recent plebiscite, 85 per cent of pork producers in that province voted for an open-market approach.

Mr. Speaker, even though many pork producers in this province claim that they can make an extra 10 per cent profit by selling directly to slaughterhouses, the Department of Agriculture's assistant deputy minister says in the June 3 edition of *Western Report* that there are no plans to alter the provincially mandated monopoly system.

Will the Minister of Agriculture explain what course of action this government is taking to ensure that Saskatchewan's pork industry remains competitive with Alberta and Manitoba?

Some Hon. Members: Hear, hear!

Hon. Mr. Upshall: — Well, Mr. Speaker, I can tell the member opposite that I have been, for the last six months in this chair, working relentlessly with the hog people in order to . . . (inaudible interjection) . . . Well the member says I went to China. Exactly.

One of the key things over in Asia, just as a matter of fact, is that their income is going up dramatically. Consumption of pork is expected to go up 40 per cent in the next few years. And we're working closely with farmers. We've got about 9,000 sow units on the go right now, and there will be many more.

As it comes to the marketing of these hogs, I have been talking to the marketing board people, to the large producers. They are going to be able to decide what kind of marketing system they want. They will decide that system in the best interests of their production. And I'm sure, Mr. Speaker, instead of dictating like Manitoba and some others have, we're going to be working with the industry to ensure it's a strong industry.

Some Hon. Members: Hear, hear!

Ms. Draude: — Mr. Minister, the *Western Report* indicated that the NDP government spent \$25,000 to learn that SPI, the Saskatchewan Pork Industry Marketing Group, has been poorly run and is not serving its clientele efficiently. This review, conducted by Deloitte & Touche, has indicated that the dual marketing issue, and I quote, "must be resolved soon or it will remain an impediment to SPI moving forward in the future."

Mr. Speaker, SPI chairman Peter Volk says his agency can't survive as the only monopoly on the Prairies if the farmers prosper . . . if other farmers prosper on the open market. He goes on to add, and I quote again: "Manitoba and Alberta have seen the light. Saskatchewan has to follow suit."

What commitment will the minister make today that will provide our pork industry with an indication that he has taken his head out of the sand and seen the light?

Some Hon. Members: Hear, hear!

Hon. Mr. Upshall: — Mr. Minister, the member opposite tries to mislead the House by saying that somehow that the industry wants something to happen and that I'm stopping it. Well I'll tell you, Mr. Speaker, that is not the case, and the member opposite knows that.

My commitment is to work for the hog producers of this province to fulfil a growing demand in Asia and other countries, to provide with them, work with them, to establish a marketing system that is desirable by that industry and that will be to the best advantage of that industry.

And, Mr. Speaker, the member opposite should just bring up her credibility just a little bit. And when she talks about dual marketing, I think there's a little bit of a twist here too. I know the federal Minister of Agriculture is strictly pushing for the Canadian Wheat Board. This member somehow seems to be wavering, as the Liberals do sometimes, on the marketing structures. And I think she should present their position on the Canadian Wheat Board and its marketing structure.

Some Hon. Members: Hear, hear!

Unfunded Pension Liabilities

Mr. Aldridge: — Mr. Speaker, it's been weeks since the Public Accounts Committee voted in support of a pension review commission. The Provincial Auditor and the Public Accounts Committee, including members of the NDP government, feel that this is an issue that needs to be addressed immediately.

I was amazed to hear the minister state in this House on April 29, and I'll quote: "This is not a problem of any magnitude in the next four-year period. Beyond that, it depends exactly what choices people make in terms of their retirement."

Mr. Speaker, the people of Saskatchewan remain concerned about the province's finances over the long term, not merely four years. Will the Minister of Finance explain why the unfunded pension obligations of this government, now at a level exceeding \$3 billion and having ballooned by a half a billion dollars in the past three years, is not a concern, much less a priority?

Some Hon. Members: Hear, hear!

Hon. Ms. MacKinnon: — Thank you, Mr. Speaker. To the member opposite, first of all, when you get a question from the Liberals you have to clarify the facts. This government has never said that the unfunded pension liability is not a concern — of course it's a concern, as is the debt of the province a concern.

What we have said again and again is, we are absolutely open and accountable about this liability. It is included in the

summary financial statements and updated each and every year with the concurrence of the auditor.

What we've also said is that we've laid before the people of the province a four-year financial plan in which we take into account all of the pension obligations for the next four years.

And finally, what we said is that the key decision has been made. That is, in 1978 the Blakeney administration changed the pension plan so that it is fully funded and taxpayer friendly. That's what this government has said.

Some Hon. Members: Hear, hear!

MINISTERIAL STATEMENTS

Site for Synchrotron Light Source Research Facility in Saskatoon

Hon. Mr. Lingenfelter: — Mr. Speaker, I rise today to express pleasure with the news that the Canadian Institute for Synchrotron Radiation is recommending Saskatoon as the site for Canada's first synchrotron light source research facility.

Mr. Speaker, while this is not a final step, it is very definitely a major step towards Saskatoon being confirmed for this important research facility. This project would immediately provide up to 85 scientific and high tech job in addition to construction jobs that would result from a multimillion dollar project.

Over the long term it offers possibility for many more new jobs by attracting researchers and related industry technicians to Saskatchewan and Saskatoon.

Mr. Speaker, the institute's recommendation is another indication that Saskatchewan offers critical advantages for the high tech sector. It has a strong ag biotech presence. It has natural industries in forestry, agriculture, and mining, and it is already doing a tremendous research in many of these areas throughout the province. This investment is very much like the investment we supported in the ag biotech sector a few years ago so that we could have a solid infrastructure in this province.

Mr. Speaker, I believe that the line, "If you build it, they will come" is certainly true in this case. We built the facility and they did come, and they came from around the world.

As a matter of fact, Mr. Speaker, I met yesterday with the board of directors of Groupe Limagrain from France in Saskatoon to discuss the work they are now doing on canola research here in the province of Saskatchewan.

Mr. Speaker, Groupe Limagrain is an international cooperative, the third largest in the world when it comes to sale of seeds. And they were attracted to this province because of our ag biotech infrastructure and the reputation of our farmers as being world class.

Saskatchewan residents are now reaping the benefit of our earlier investment in ag biotech. Hundreds of new jobs, — in fact 1,400 people now work in this industry in Saskatoon, and

it's projected that sales will be \$250 million by the year 2000.

Mr. Speaker, the synchrotron is a highly sophisticated facility that uses extremely bright radiation beams of light to examine and change molecular structure. It has many scientific and industrial research applications, and there are currently no synchrotron facilities here in the country and in Saskatchewan.

Mr. Speaker, a synchrotron facility in Saskatoon will build on our existing strength which is very much part of our *Partnership for Growth* economic plan. And by investing and building on our strengths, we increase our capacity and opportunities for economic growth. And that is what the \$10.5 million commitment that our provincial government has made to this project is all about: strategic investment in key growth sectors of our province.

Mr. Speaker, the University of Saskatchewan is an important player in this area, and the university is doing excellent work in creating these links between industry and the research areas.

Mr. Speaker, it is therefore my pleasure to congratulate all members of the Assembly — and I know a number of members from the opposition, the federal government, have been involved in the negotiations — the city of Saskatoon, the university, and members of the government, as well as members of the Department of Economic Development on the good work that they have done and wish them the best in landing this important project in the city of Saskatoon.

Some Hon. Members: Hear, hear!

Ms. Draude: — Thank you, Mr. Speaker. I'm delighted for the second day running to respond to a statement about progress in this province. The University of Saskatchewan has a reputation for which we all can be proud. This is an exciting opportunity for people in the whole province to show our ingenuity and our vision. Our caucus is confident that the federal Natural Science and Engineering Research Council will see the advantage of building in this province, and we wish all involved the best in the future.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Thank you, Mr. Speaker. Certainly I would want to join with the opposition and the government in recognizing this as an important step for the city of Saskatoon and certainly all players involved in this important announcement here today. Saskatchewan can and, I do believe, is becoming a very strong leader in the high tech field right across Canada, certainly across even North America, Mr. Speaker.

We would hope that this will lead to other announcements in the future of future job growth for the province. It is certainly a very important thing, and we would want to offer congratulations to all involved, including the minister and the Department of Economic Development, for this very important and good announcement for the people of Saskatchewan.

Some Hon. Members: Hear, hear!

Hon. Mr. Anguish: — Mr. Speaker, I do have something

entitled ministerial statement, but I'm not sure it falls under the strict rules of what would be a ministerial statement, so I'd ask for leave of the Assembly to make a statement on Occupational Health and Safety Week.

Leave granted.

Occupational Health and Safety Week

Hon. Mr. Anguish: — Mr. Speaker, this week marks Occupational Health and Safety Week. The week is a national promotion of the Canadian Society of Safety Engineering. It is designed to increase our awareness of occupational health and safety. It is a time for all of us, employers and employees alike, to renew our commitment to health and safety in the workplace.

This year the theme is, "Don't Learn by Accident: Set a Goal for Zero Accidents in the Workplace".

The challenge we face is to better occupational health and safety practices here in Saskatchewan and all across Canada. Two and a half years ago we took a major step forward in this province by the passage of The Occupational Health and Safety Act, 1993. The Act enhances the prevention of workplace accidents by strengthening the framework for both employers and employees to jointly address health and safety issues.

Mr. Speaker, today I want to encourage everyone, wherever they work, to support activities which improve working conditions and make workplaces safer. Getting involved in an occupational health and safety committee is just one such activity. There is more than can be done by both companies and communities. Industry might, for example, make use of this week to feature special in-house displays or demonstrations of safety. Employees and work units with accident-free records should be recognized. Those workplaces that have not already done so might consider carrying out a safety audit.

Similarly, communities might undertake joint safety activities such as tours and displays with local companies. Perhaps there are volunteers that could speak to local groups and schools about safety.

Mr. Speaker, health and safety in the workplace is everyone's responsibility and that safety pays big dividends by avoiding the individual trauma, pain, and suffering, accidents bring, by avoiding the loss of productivity and down time resulting from personal injuries, by avoiding health and rehabilitation costs.

Mr. Speaker, the Canadian Society of Safety Engineering is to be commended for this week promoting occupational health and safety. We must strive to make safety an everyday priority in the workplace and not just one week of the year.

Just over a month ago I stood in this Assembly and entered the names of all those who had died in workplace accidents in Saskatchewan over the past year into the record. That day of mourning for workers killed or injured on the job was a solemn occasion. It served to remind us that when a life is lost, nothing can ever make it right again.

Today, as we begin Canadian Occupational Health and Safety

Week, we can perhaps be more optimistic about the future. By working together, we can all play a role in preventing workplace accidents and reducing the human toll that accidents take. That's the challenge we face today and it's the challenge we must take up, because even one injury or death on the job is too many.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

The Speaker: — Why is the member on his feet?

Mr. Gantefoer: — With leave, Mr. Speaker, to reply to the minister's statement.

Leave granted.

Mr. Gantefoer: — Thank you, Mr. Speaker. I would like to very much join with the minister in expressing his concerns and appreciation for Occupational Health and Safety Week.

I noticed in the minister's statement that the theme of zero accidents in the workplace is particularly appropriate. This opposition will support all reasonable initiatives that can be taken by business and labour to work together to reduce the accident level to zero.

We join in congratulating the Canadian Society of Safety Engineering professionals for the promotion of this event.

We particularly join in the statement by the minister that he said, and I quote, "even one injury or death on the job is (one) too many."

Thank you very much, Mr. Speaker.

The Speaker: — Why is the member on his feet?

Mr. Boyd: — To respond to the ministerial statement as well, please.

Leave granted.

Mr. Boyd: — Thank you, Mr. Speaker. Certainly we would want to join with the minister and the government in recognizing Occupational Health and Safety Week. It certainly is in everyone's best interests, Mr. Speaker, to have a safe work environment. The employee, the employer, certainly the business community, and the government as a whole, benefits from a safe workplace.

I note the excellent theme that this week has been designated, "Don't Learn by Accident: Set a Goal for Zero Accidents in the Workplace" certainly is an appropriate theme.

And I do reflect back on the ministerial statement of a few weeks ago, when he read into the record the names of people who had been killed in the workplace. And I think it caused all of us to pause and reflect and certainly offer our thoughts and condolences to the families of those killed in the workplace, Mr. Speaker.

All of us must — all of us, I say — must continue to be very vigilant to make the workplace a safer environment. One accident is one accident too many when it comes to the workplace.

Mr. Speaker, an accident in the workplace unfortunately happens in many respects, and it's an ongoing thing. And as you see in an economy like the economy of Saskatchewan, continuing to grow, we have to all recognize and understand the risks associated with an economic . . . the community growing in one respect.

I certainly remain, however, optimistic that we can continue to have that type of growing economy and still have a safe workplace, Mr. Speaker. So I certainly want to recognize this week as well and offer up the view as well that a safe workplace is in the best interests of everyone.

Some Hon. Members: Hear, hear!

INTRODUCTION OF BILLS

Bill No. 118 — An Act to amend The Trust and Loan Corporations Act

Hon. Mr. Nilson: — Mr. Speaker, I move that a Bill to amend The Trust and Loan Corporations Act be now introduced and read the first time.

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

ORDERS OF THE DAY

GOVERNMENT ORDERS

ADJOURNED DEBATES

MOTIONS

Extended Hours

Mr. McPherson: — Thank you, Mr. Speaker. Well of course the other day we made several points regarding the extended hours motion. And I think today I just have a few more comments to make in regards to the motion that the government chose to put before the House. And I know that other members, many other members, are going to want to speak in regards to what some of the government gamesmanship and tricks are in this legislative sitting.

And the first thing that I'd like to touch on for just awhile will be . . . and it relates to, Mr. Speaker, it relates to why in fact we're saying, let's get a lot of the other government business out of the way so that in fact we can deal with things that are of a greater importance to the majority of people that we represent or of the constituents throughout Saskatchewan.

One of those problems that showed itself quite clearly here today was in fact done in a news scrum this morning, 10 o'clock in the rotunda of the legislature. And what was here this

morning was Mr. Rod MacDonald, who headed up the rural health care coalition and was a signatory to the rural health care coalition agreement on behalf of some 52 communities.

And you recall that debate, Mr. Speaker, where in fact in the first round of health care cuts in this province made by the minister of Health at that time, the member from, I believe it was Hillsdale, those cuts closed the door, slammed the door shut, on 52 rural communities. And they were done not because . . . well without regard to distance, demographics, some of the geographical problems that are faced by the people in rural Saskatchewan.

(1430)

In fact they took a look at bed numbers — how many beds on an average daily count were being used to supply acute care health . . . or acute health care services. And the number that they came up with said, anything that falls below that number, we're just going to close them down.

Later of course they decided to call them health centres, which even to this day people are still uncertain exactly what happens at a health centre, other than for many communities it became one large building to house a pay phone. And people thought this was quite unacceptable.

So in fact what happened during that debate is that the communities rallied, initially one a time — they were absolutely in shock, taken aback — and they formed a coalition to impress upon the government the enormity of what would happen in rural Saskatchewan when you just go ahead and unilaterally close the doors of that many hospitals. We recall the number of rallies that happened around the province at that time.

Of course there were eight of the facilities in my own area of the province that were closed. And I recall some of the debates. Rally after rally, they were almost every night for some time. And places like Ponteix where in fact they would completely fill . . . There was standing room only in the gym in Ponteix. And places like Mankota. I think it was probably three times that Mankota themselves had meetings in regards to their health care. And what happened from that, Mr. Speaker, was an amount of pressure . . . the government came under a great amount of pressure to in fact come to its senses. And if there was going to be some rationalization of health care in Saskatchewan, to do it with the people knowing it had to happen to some extent, but having them onside, having them be part of the process and having them be part of making it all work.

And initially they sent out all the right signals to have that happen. They approached communities and requested that each community look at its facilities, look at sort of the community needs. And even though they didn't have the professional expertise that the Department of Health could have offered and made easy to them; they chose instead to have the communities attempt this on their own.

And I recall some of the communities putting in hundreds and hundreds of man-hours, person-hours I guess it's called now, in coming to terms and coming up with a plan as to what is the

health care that would be most appropriate, or the least amount of health care that they could ensure that their people, when in need, would have a safe and reliable health care service.

And so these plans were put. I recall so many communities sending them in and waiting sort of on the edge of their seats, so to speak, to see what in fact the government would end up doing. And when in fact or if in fact they would look at the plans, have the department officials come out to those communities that did all of the work, and see if in fact they couldn't come to some common sense understanding and work together with the government. And it was the communities that were showing that amount of cooperation, and showing a good amount of spirit in having this work on behalf of the province.

Because keep in mind, it's really not the New Democrat government that were the ones, you know, needing to deal with debt. It belongs to everyone in this province. And for the New Democrat government to let on like they're the only ones that really understand economics or really only understand the debt situation or in fact have the sense to try and wrestle those debt monsters to it's knees — well that's just not the case. The people want to be part of that and were more than willing.

And they were more than prepared to say listen, if we have 10 beds — and you know, pick a community whether it's Ponteix or Climax, I know those ones best — but if we have 10 beds in a community such as those, and in fact we're really only using two or three or four for acute care services, and services that I guess in rural Saskatchewan we would refer to as a more acute care service, then in fact they would readjust the amount of beds in the communities. So in fact we would have, you know, the three acute care beds, but there would be some for respite care; there'd be beds for convalescent care. And of course one of the problems that is really starting to surface is the long-term care problem in the province.

And these communities were very much willing to help out in this regard, to utilize the facilities, because that's really how the whole debate started, is the NDP government of the day stating publicly that we don't use that many rural hospitals or we don't need that many acute care beds in rural Saskatchewan.

Well they're right in one sense — we weren't. But to go out and close the doors — that wasn't an alternative. And they were more than willing to say, you know, but we do need facilities. We do need to have long-term care beds and these other beds that I spoke of.

So they could have utilized the facilities fully, Mr. Speaker. They could have had them so that all the beds were filled and we wouldn't have the waiting-list that we have today at some of the health care facilities. Swift Current is an example where you see now they're still closing beds, yet they have waiting-lists and line-ups at all of the other facilities. And these smaller facilities could have and should have taken the place of some of these beds that are being closed, and of course needed.

Initially the communities thought that the government was in a position or had to be in a position where they would accept, through common sense, they would accept the plans put forward by the government. And I guess it was quite a surprise

to everyone to see that the government chose not to look at those plans. In fact many communities that I've . . . you know, talked to people in the communities, the community leaders, they felt — and probably rightly so — that those plans were never opened when they were sent in. The packets were never opened, they were never followed through, they were never looked at.

And also, I guess, this was frustrating because the communities felt that they were never really . . . they never had the representation. They never had their day in court as to whether this was fair or whether it wasn't. And it was really rammed down their throats.

So this is where the rural health care coalition came into play and this, Mr. Speaker, is why these communities banded together, held meetings around the province — rallies. And I was saying earlier, some of these rallies . . . I spoke at many of them. We had health professionals. Very few government members were out to see the anger in the rural areas. But they would hear speakers, and surprisingly enough, you would watch people in these communities who were truly, really and truly, concerned about their health care and their long-term care and their aunts and uncles and mothers and fathers and grandfathers and grandmothers, knowing full well they needed the care and needed the beds and there would be . . . you know, they'd pass the hat.

And 15, \$20,000 in 10, 15 minutes was nothing. These people were prepared to pay whatever it took, sorry to say . . . the government to court to defend their health care. Perhaps the government should have asked the question, which now is coming to their mind, whether or not they could in fact put another charge on to these people. It would have been an interesting debate, I think, at that time when you see what people were prepared to do to save their health care.

But now that they have had their health care ripped from them, taken from them, taken from their communities, would in fact they accept further charges? Well I expect not. I think the government would have to come to the forefront and say this is exactly what we intend to restore or retain or do for you out in these rural communities before that discussion ever comes about.

So it's really in the government's court and everyone in the province knows this; that they're going to have to come to the forefront with a public policy and some assurance to people in this province what they are going to expect for their dollar.

So that was the interesting . . . just the amount of money that could be raised in short order. It showed that people, not only financially, but they were breaking their daily commitments, their work habits, everything. I recall one meeting in Climax, Mr. Speaker, where in fact a meeting was called late afternoon and by evening they had I think it was 250, 260 people in a hall. It was tough to get in and even count the crowd — the hall was so packed, the small country hall.

So of course, as I said earlier, they felt they were right up against it — and they were right up against it. So out of that came the rural health care coalition group, and basically it was

members from each affected community. And from that I guess they elected or chose through some consensus to have a body represent them with the government. And they entered into some negotiations with the government.

And I have in fact a copy of that rural health care coalition agreement. And what the government was offering up to the rural . . . Well not so much what the government offered up, but what they reached through negotiation with the rural health care coalition group, and the minister and deputy minister and their department of the day reached in negotiating with one another, to find out exactly what sort of health care . . . or where this could go really for the communities in rural Saskatchewan and what would come out of it; what in fact were acceptable or unacceptable limits to cross or not.

And in fact many of the physicians around the province took a very active role in helping to determine what in fact was that line that can't be crossed before you start to really put people's lives in jeopardy, to have an element of danger involved if in fact it goes too far, which in many cases it eventually did. But at the time that this agreement was brought about, they in fact felt that everything was on the right track.

(1445)

And when I look at some of the things that they had fought for during the day . . . And I see here the statement by the Rural Health Coalition and the Saskatchewan Department of Health:

In general, the Rural Health Coalition and the Department of Health have in the past few weeks had in-depth discussions on a number of issues related to current and future health services in rural Saskatchewan. There have been significant changes that have taken place in the health sector over the past few months — rural hospital conversion, creation of health districts, and the formation of district boards.

They're basically setting out in the rural health care coalition agreement exactly how this has come to be. It goes on:

Our discussions have been invaluable in clarifying some important concerns. In these discussions, we have focused on three key areas.

And those areas . . . And they made a lot of sense to the people, Mr. Speaker. The first was physician services. Now as we all know, this is quite a concern because if in fact you don't have facilities and the equipment for physicians to aid the people in need in the rural areas, you eventually will find that you don't have the . . .

The Speaker: — Why is the member on his feet?

Mr. Thomson: — To make a point of order.

The Speaker: — What is the member's point of order?

Mr. Thomson: — Mr. Speaker, I have had the misfortune of listening to the member opposite for the past 15 minutes and I believe that pursuant to rule 31(2) of this House's rules that the

member is in fact off topic and making an irrelevant series of comments. It's my understanding the motion before us is, proposed by the Government House Leader, concerning the hours of debate in this Assembly and not in fact concerning the issue of health care in rural health districts, which in fact will be called later this day.

The Speaker: — I have — order — I have listened to the hon. member's point of order and I have been listening carefully to the debate presented by the hon. member for Wood River. The hon. member for Wood River has introduced this portion of his address by making reference to the reason that he holds the position that he does related to the motion. Although I do note he has not tied his remarks to the intent of the motion for some time, and I would remind the hon. member that it is appropriate in debate to do that on occasion for the clarification of those who are listening to the debate. I find that the point of order is not well taken.

Mr. McPherson: — Thank you, Mr. Speaker. I guess, Mr. Speaker, as soon as the noise calms down a bit over there . . . The point is well taken. The member from Regina Albert South — and that's the member who was going to defend the Plains Health Centre and chose not to at the end of the day — makes that point. So we already find out that he chooses not to defend health care services in the province.

But the point about such things as the Rural Health Coalition Agreement and why it plays such an important role in today's discussions are very relevant to this motion. Because what happens with a motion like this, when you have so many health care topics coming up at present with four health care Bills, and especially four Bills that the government chose not to bring up until the end of session . . . or what everyone thought might be the end of session at one time.

And they leave them to the very last and load up the workload on the government's plate on the orders of the day. Then people that are out there trying to defend health care, such as the rural health care coalition group which, as I mentioned in question period and earlier today are having to once again resurface to try and defend their communities . . . and feel that their best avenue of defence is in fact to have it raised in the legislative sitting and not to be rammed and jammed with these kind of hours and other Bills coming forward. It all makes sense why this is such a relevant topic to the motion because this is all coming true.

This morning at 10 o'clock in the rotunda of the legislature, we had the rural health care coalition group, and they were members in this case from Radville and people from communities all around Radville. Now the member from . . . where it's called Bengough or wherever, she should have been there today to defend the people that are from her area, but she chose not to be.

Now it's one thing to choose not to be part of defending health care, especially in your own constituency, but to be part of a government that chooses rather to jam in legislation and ram the extended hours at the official opposition and the third party so that in fact we can't defend the people that you should be representing in a full and fair way in this legislation session, I think that's shameful.

I have no idea why that member in particular would support the government's motion in doing what is not fair, well, to her own constituents. Mr. Speaker, who will these people rely on in the future for any of their concerns to be dealt with? Who will they rely on if they have a concern as a community? Are they going to go forward to the member from — where she's from? Is it Bengough? — Bengough-Milestone? Do you think that these people from that constituency are actually going to go and see her in her constituency office or come in here to the Legislative Building and say, you know we've got this serious concern and will you take care of it for us? Well I suspect not. Why would they?

This is a member that's basically saying to these people, your concern is not my concern. My only concern is to help the Government House Leader pull off a political agenda and try and get this session to come to an immediate close so we don't have to be embarrassed by the people coming out from Radville and all the other communities in that area to say listen, you're doing us wrong and we've got to have this fairly dealt with.

So that member should be ashamed of herself. She really should be. And those people . . . I feel sorry for those constituents of hers, Mr. Speaker, because they're on their own. If it wasn't for the official opposition, they're on their own.

You, Madam Member, are going to go down in history at the next election. And your actions won't be forgotten. I will assure the people in your constituency that you're the one that was there supporting a motion on the very same day that your people from your communities were in this legislature trying to stick up for health care. And you know what? They're doing it without you. Why do you suppose they're doing it without you, Madam Member?

The Speaker: — Order, order. Now I do want to remind the hon. member that the rules of the Assembly do require that debate be directed through the Chair. And I think all hon. members will find that it serves your purposes as well as the institution most effectively if debate is directed through the Chair.

Mr. McPherson: — Thank you, Mr. Speaker. I will in fact address it through the Chair, because Mr. Speaker is always attentive and listening, unlike the members across the way. They should be attentive and they should be listening about what their constituents are saying, and they're not, Mr. Speaker.

I truly . . . I really truly do believe that they will pay that price at the next election. And I find that it's regardless of what political stripe. And if in fact at the end of the day you're not prepared to defend those people that put you in place, regardless of politics — take politics right out of this equation — you will pay a price.

And so that member from Bengough-Milestone, in my view, is going to be dealt with by her own constituents. I refuse to stand here in my place today and debate with her any longer or chastise her. She will be dealt with. And that gives me enough comfort to just move on.

So, Mr. Speaker, moving on with this rural health care coalition agreement. The very fact that this became such a heated issue last Friday, again today, and how these people must feel inside of themselves, inside of themselves, especially for those people that aren't being represented by their own MLAs . . . Well they're here to talk about physician services. Now physician services in many of these communities . . . You know you take the health district, I think it's Rolling Hills, and you take a look at how those facilities in Rolling Hills and some of these health district boards . . . the amount of dollars they've had cut back, the amount of cuts they've had in facilities — and the ability to operate facilities and what they can and can't do in those facilities has had such a cut-back that it starts to affect the services that the physicians themselves can offer.

And this becomes a real problem. In fact I think there's something like three or four physicians at present in the Rolling Hills Health District. It's a huge expanse of land, Mr. Speaker, and even though it's not the population of the Reginas or Saskatoons, it does have a lot of unique features, geographical features, that still even with the government saying please everyone rationalize their needs to the larger centres, it's not going to happen.

And I found and, you know, many people before me have found that the best way to operate with the government is to have the people onside and don't try and jam things down their throat because they start to find it unacceptable. And rightly so — they should. People should not have to drive four or five hours in search of health care needs, in search of long-term care beds for their family members. They shouldn't have to do that.

Now those members from Regina or Saskatoon may well feel that that is appropriate. In fact the member from Yorkton, the minister of SPMC (Saskatchewan Property Management Corporation), I believe he is, was at a public rally in his own area not so many days ago and in fact made the comments that people are going to have to be prepared to seek out not only health care services in other communities or in other districts, but he broadened it to say a lot of services, a lot of government services.

So, Mr. Speaker, what people are doing today is they're drawing a line in the sand. If in fact, if in fact you're not prepared as a government to say enough is enough . . . or not as a government but as a people — enough is enough, they can't cut us back any further, this is what we find that we could live with in rural Saskatchewan and below that it puts my family or my neighbours or whomever at risk in some form or fashion. And if we're talking long-term care, it puts a family in a situation where elderly who have raised families, who have pioneered this province, have spent their entire adult lives in a community, supporting that community, they all of a sudden find that they're being moved 200 or 300 miles away.

You know as well as I do, Mr. Speaker, that when you start to move elderly people in and out of what they consider to be their lifelong homes and when you start to move them in and out of institutions on a regular basis, you're going to shorten their lives. I recall last session — was it last session or two sessions ago in fact? — when the elderly lady . . . We have raised so many cases on behalf of the people that they seem to run

together after awhile, Mr. Speaker. But I recall one elderly lady, 88 years of age, and I recall standing right here in this House and talking about this lady. She had been moved 13 times in 2 years or a year and a half, and at the time we raised the issue she had been moved again and had not survived the move.

And her family, Mr. Speaker, was blaming the New Democratic government, and they were saying, enough is enough. Thirteen times . . . I mean, should anybody, should any . . . would any of your relatives . . . is a better way of putting it . . . Any of the cabinet ministers, have you had your grandmother or mother or grandfather or father or aunts or uncles be moved 13 times at 88 years of age in a year and a half or two years? What would you think? You wouldn't tolerate it. I know you wouldn't. But you have access to the Minister of Health. You have access to the appropriate people to put a stop to that. I know you do. And it's not fair that other people can't have the kind of service that the cabinet members' families should have, and they deserve it. Everybody in this province deserves to have the same kind of health care.

(1500)

This is what we found interesting about the rural health care coalition agreement. It's not that they were really saying, let's have the identical sort of health service as they have in Saskatoon. Nobody was saying that. Nobody was asking for an MRI (magnetic resonance imaging) in Weyburn or Radville or Coronach. They weren't. We've always accepted the fact that when certain services and certain medical procedures were needed that in fact we would, as rural residents, go into the larger centres where we had the professionals. We just have accepted that.

This is where the government could never really get their minds around what people in rural Saskatchewan referred to as acute care services, and what people in this community would call acute care services. It is quite different, Mr. Speaker. And this is where in fact there was some, I guess from the rural health care coalition perspective and the communities they represented perspective . . . there had to be some realignment of government thinking and what in fact governments should or shouldn't do for the people.

I'll move on. I guess we've really only touched on the first item in this agreement, Mr. Speaker, and that's the deal with physician services. The second was the need for a mechanism to promote effective discussion, problem solving, and consensus building between district health boards and particular communities. And further, to provide dispute resolution alternatives.

That was an interesting bullet in the rural health care coalition agreement. That was interesting to me, Mr. Speaker. Because at the time that this agreement was struck we had many communities that were still being . . . that were still having their services taken from them. A couple in particular — well Climax and Ponteix.

But I'll use Ponteix as the example of how the government at one point, with the reps of rural communities, struck an agreement to, you know, as it says right here, promote effective

discussion, problem solving, consensus building, between all of the players.

But what we saw was in fact just the opposite. What we saw was a community of Ponteix losing its health care services altogether— and we're talking about a community of oh, 6, 700, mostly elderly people, mostly francophone. I mean they have spent years working and living in harmony in that community with each other. All of a sudden they're having all of their health care services taken away. And where would you go if you live in the community of Ponteix for your health care services?

So over and above, over and above what in fact they thought they were going to get from the rural health care coalition agreement was in fact . . . it was just the opposite. You had a government that went in, and initially they sent out all the right signals that they were going to help the community, keep certain things going, that they would perhaps go over and above the agreement and do things for the community, you know, as an individual.

Because the government has always worked on the premiss that if this community doesn't know what that community's doing or knowing or getting, we will win because we can always pit those against one another. And we will start a bidding war. The people of the province . . . I mean that's not a secret. The people of the province are on to that, and they don't play into it. They really and truly are only after the same thing after all. They want to ensure that their citizens all have the same benefits as the people down the road and the ones down the road should have. They should have safe and reliable health care, and they should have equal access to education, and they should have the, well, the government services.

We all pay taxes at the same level. It's not that the people in the cities pay more tax. In fact, Mr. Speaker, I'm going to talk about tax after a while because that is a significant part of this whole problem and why in fact the people want, want and demand, the opposition parties to deal with some of these concerns in this legislative sitting and do it in a timely fashion, one where they have time to respond to the government and deal with it and not have it rammed and jammed in long sitting days.

So that's where this all becomes relevant again. And, Mr. Speaker, when I think about some of the concerns that came out of the Ponteix problem, was that, even though there was an agreement struck, the government didn't live up to it. You see, the agreement is only good . . . (inaudible interjection) . . . oh, we'll get into the agreement.

But the agreement is only good if in fact it's funded because that's what health care has become for some reason. It's sad, but the government has made health care a financial issue. It's not whether you're sick; that's irrelevant. That's not health care any longer. It's not whether you need the long-term care bed. Well that's not relevant any longer either. It's whether the government wants to spend the money. That's what we've brought health care to.

So what happened in the case of Ponteix was that they

proceeded with court action. And I recall many communities at the time where . . . I won't name them today. And you know why I won't raise them today, Mr. Speaker, is because many of the communities that were considering court action at that time probably are the same communities that were referred to this morning by the head of the rural health care coalition agreement, that in fact once again individual communities are looking at taking the government to court.

I don't know if the government's afraid of that. I can't answer for government. They seem to want to take everybody to court. So maybe they feel more at home there. And they may well because half of that caucus is lawyers — not to say that the legal profession, you know, isn't something to be proud of. I hope my own boys have legal degrees when they grow older, and I can only hope that they go beyond that. But to say that there is only one perspective in this world and it must be a legal one, well I only hope that they broaden their mind as I keep asking the government to broaden their view.

You know, I guess to cut to the chase, we shouldn't always have an urban lawyer as a Health minister. Not that they are good or bad people, that's not my case, but perhaps they view the world differently. Perhaps they view the world as a lawyer looking down from, you know, a 10-story building in Regina or Saskatoon . . . would view it differently than if you in fact you had to drive for your health care services and go two or three hours to get them. I think you would view health care a little bit differently than that lawyer. And that's the only point I make.

But in the case of Ponteix, what happens is that they take the government to court. I guess there would be not just hundreds but thousands of work hours put in to, firstly, whether or not they had a legitimate case. And I recall many public meetings. They were inviting me to their public meetings. They wanted to know in their own hearts and minds if they were doing the right thing. And I used to sit at the back of the halls and the back of the gym and listen to them debate whether they're being fair. Are they being harsh on the government? But you know it always came to the same conclusion; well no, they're not. Government is there not to be served, but to serve.

And, Mr. Speaker, this is really what it all comes down to. When you have residents of the province that pay the same tax, in fact more tax than many of their urban counterparts, they should have at least a level of service, whether it be half or one-third or . . . you know, I don't know; you'd have to actually figure out the professional personnel and specialists that we have in the city and work all that out. But clearly they weren't asking for as much, but they were asking for a level that would keep them safe and give them the comfort that they so deserve.

So moving on, Mr. Speaker, they in fact took the government to court, and I sat in on those court proceedings and listened. And you know, when it was all over with, when all was said and done, the judge did not . . . and I have the ruling in my office here at the legislature, Mr. Speaker, and I could get it and refer to it because it really does relate with today and the way that people are demanding that their issues get dealt with this sitting in normal hours. So the judge's ruling in fact was one where they said, you know, he can't determine what kind of health they should have. He can only determine if in fact an agreement

has been lived up to, if there was one struck.

And I recall that judgement. It was a clear, yes. And was the agreement lived up to? Well he was very clear on that one also in saying that he didn't think so. In his mind it isn't, otherwise you wouldn't have people taking court action. But what could he do about it? This was the dilemma that the judge was in. What was he to do about it? Because you see what happened, Mr. Speaker, was that the government entered into an agreement with affected communities, but at the same time they brought forward, you know, in the legislation they gave the ability to set up health districts and health district boards.

So in one sense they're taking the control of health out of the hands of day-to-day government operations — that was their line, that's not ours; I'm only telling what at that time was their argument — and they were supposedly giving it to the health district boards. But if they weren't going to fund — and this is the dilemma for the judge — if they weren't going to fund the health districts to the level that the agreement required the funding to be at, then we were in the dilemma because then it was only by good faith that such an agreement could be adhered to.

You see there is no law, Mr. Speaker, there is no law forcing the health district boards to live up to the agreement but of course common sense will dictate, common sense is going to say, well they will live up to the agreement because what are they — they're local people; they're people that live out there and they supposedly represent or should represent those people out in those districts.

So it's not in their hearts and minds to not live up to the agreement. No. I mean they would far sooner live up to the agreement.

But if in fact the funding isn't there, if in fact the government just refuses to put forward the dollars to make this agreement workable, then you're in that situation that the judge in Swift Current was and he couldn't come up with a ruling, even though . . . my own view of it is that he really felt that these communities were between a rock and a hard place. He couldn't rule on it. The courts couldn't play a role in forcing this agreement. It had to come back to funding, and the province is strongly of the view that they were going to control everything through funds and they have proven that to everybody that in fact that is the case.

And speaking of funds, there was an interesting point made this morning when I was listening to the scrum where Rod MacDonald, he's heading up the rural health care coalition agreement, he made the point to the media that in fact the province agreed; it negotiated this agreement at a time when there were less funds, when the future was less bright, when in fact we were financially in more of a strait-jacket than we are today.

So if you could negotiate the agreement at a time when you don't have the bucks, today, when you have Standard and Poor's now moving their credit rating up, when you have surplus budgets, when you have monies coming in — huge windfalls from Cameco shares — when you have land lease

sales, the oil companies drilling all over, when you have all this activity, shouldn't things be better? Which relates then, Mr. Speaker, as to why we got some of the federal cut-backs.

It wasn't because these are mean-spirited people, it's because the province was doing so much better. So here it should be much, much easier.

(1515)

An Hon. Member: — The hypocrisy of their health care.

Mr. McPherson: — Well sure, hypocrisy of their health care. It should be much easier, Mr. Speaker, for the government to live up to the agreements today.

Now the minister in question period is saying, well they are living up to it. What's the problem — we are living up to it.

But if you are living up to agreements, Mr. Speaker, let's be serious. What would bring rural people who would rather be seeding, getting the sprayers ready, doing things that rural people do, which I'm sure that very few members opposite would have any idea what that is any longer . . . They would rather be doing that.

Rural people, especially rural people in Saskatchewan, are not the kind of people, they're not . . . It's not in their nature, it's not in their blood, to be holding protests, to be driving into Regina every few days. It's not that they're here for fun; it's here because they felt that something isn't right. Something's rotten in Denmark or whatever the line is.

An Hon. Member: — Something's rotten in the state of Denmark.

Mr. McPherson: — Yes, in the state of Denmark.

Well the . . . I can only assume that the constituents that the member from Bengough-Milestone should be representing but isn't, I can only assume that those people are being truthful. I mean I would not dare think anything other.

When I looked into their eyes this morning and saw some of the hurt that they were going through by even being here to question their own government, well, Mr. Speaker, perhaps those members from Bengough-Milestone or Weyburn-Big Muddy or wherever it be, should have been there to look into those eyes of those people. They're elderly people, Mr. Speaker, and all they're demanding is justice and fairness.

So this is where it's at now. And listening to that case put forward by Mr. Rod MacDonald, I thought it was a very good point about funding, the availability of funding being a lot better today than it was, you know, when was that, four or five years ago? Well 1994. That's when it was, when the agreement was drawn up, agreed to, and completed.

So there's sort of where we have this problem on behalf of these communities and why this is once again starting to resurface. And it's only one . . . You know, Mr. Speaker, we can't view it as speaking for rural health care either. That's

something else that the members opposite have got to get their minds around.

When we're talking about the rural health care coalition becoming active once again, we're talking about a certain number of communities and facilities that were affected. We're not talking about all of rural Saskatchewan. What happens here, day after day after day, is we come in and we raise other facilities, other constituencies, and other communities that are suffering at the hands of this government.

I don't know how many times we're raised, what was it, Kamsack, in your constituency?

An Hon. Member: — Kelvington.

Mr. McPherson: — Kelvington? Central Butte — it just seems like every day there's a different community that's having a rally. There's places — and larger ones — communities that weren't affected by things that the rural health care coalition agreement in the first round of health care cuts were affected by.

Take the community of Swift Current. That agreement didn't impact Swift Current. But where was I at the other day with the member from Arm River, the deputy Health critic . . . was in Swift Current, watching . . . And the member from Swift Current is in the House today. He was in the House the day of that protest also. He wasn't there on the lines with the elderly people in the wheelchairs, some I think, 10 people in wheelchairs. He wasn't there that day. He was in here. I can only assume he was in here because he was getting paid per diems to be in here.

Would health care come to that level where in fact . . . Well now he's turned around in his chair and he's facing the other way. Well it's probably just as well. Enjoy your short stay here. That's all I can say to him, and I'm saying it on behalf of the people in those wheelchairs. Enjoy your short stay, because people are not tolerating that from their members.

Mr. Speaker, I just want to touch on a few things that these people in Swift Current . . . and then I'll get back to this rural health care coalition agreement and how it affects what we're doing here today and how it is affected by this motion.

But these people ask a few favours and a few questions, a few favours, and I of course said I would pass it on. They asked that firstly the Premier come out to visit with them. So I'm passing that on to the Premier, should he ever be here in the House, to consider coming out to rural Saskatchewan; consider coming out to the community of Swift Current and hearing what these people are saying. Because some of them, in fact well a number of them were saying, and rightly so . . . I guess they got a New Democrat MLA and I know they'd like to revisit that.

But anyways, they were saying, you know we voted for this government and now look at what they're doing to us. You know, Mr. . . . I guess I could say my own name in here; I'm not referring . . . Is it questionable? All right — well they didn't say, Mr. Member, they said my name — would you please go back to the legislature and see if you can't impress upon — they

didn't say the Premier either, but we'll keep it at the Premier; that's who they were referring to — would you please go back and try and impress upon this Premier exactly the situation we're in if they close down the . . . (inaudible interjection) . . . I don't know where the Premier is.

An Hon. Member: — The Romanow road show.

Mr. McPherson: — Well the Romanow road show, as the member behind me has spoken of.

And, Mr. Speaker, I think the disappointing part is, I don't think in my heart and mind that we would ever get the Premier, I don't think we'd ever get him to leave sort of the dome or the hut or the bunker that this place has become for many of his cabinet colleagues and himself. They view this as protection. If in fact they can put together, by way of gerrymandering the boundaries, less rural seats, do more for some of their large urban friends, their union friends, those that are going to help them regardless, because it's kind of hold one another's hand at election time. All they have to do in their mind is enough of that to ensure a victory. And I think . . . pardon me?

An Hon. Member: — Buying votes.

Mr. McPherson: — Buying votes, exactly. The member from Saltcoats . . . well nobody has seen it better than the people of our caucus and the third party caucus, and we watched that government out there trying to buy votes while they're completely, completely ignoring what's happening out there to the people that they should be representing.

But I put that to the Premier, that in fact these people in Swift Current do want him to get out there and give an explanation as to how he could do this to them. I recall the question put by the one elderly lady in her wheelchair that day when she asked, could I please make the Premier come out to Swift Current and tell him why he's doing this to me. I supported him, but I won't any longer. She also meant that about the member from Swift Current, the New Democrat member that should have been in that line-up that day with myself and with the member from Arm River, there speaking once again on behalf of that member's constituents. He should have been there. I make that case strongly for those people.

Others put the case forward that they know the Premier. They've known him for some time. They don't think they'll get anywhere in trying to deal with the Premier. He just views things differently. His priorities are not their priorities. So they were saying, well what about the Health minister? Is there any way we can get the Health minister involved in this? You can't just kick us out on the street.

I assured them, by the way, Mr. Deputy Speaker, that they won't be kicked out on the street. And our caucus, and no doubt the third party, will live up to that commitment. These people will not be kicked out on the street. We're kicking you people out on the street first. That's what we're going to do.

So, Mr. Deputy Speaker, when you go and you attend rallies, as the people in Kelvington or Kamsack or Central Butte or so many of the other communities have had, you start to wonder,

you have to wonder, about the Health minister's comments Friday, and again today, when he's standing up in the House and he's claiming: I have no idea what's going on. Well nobody disagreed with him at that point.

But he's saying, I have no idea what's going on; the agreement's being lived up to . . .

An Hon. Member: — Because he's not here, that why.

Mr. McPherson: — Well if he were here, he would know what the problems are, Mr. Deputy Speaker. If he was in this House, he would know that in fact there are those serious concerns.

If he wouldn't have walked out of here today, he would've known that these kind of concerns that are being brought forward by these constituents of some of theirs, by these communities that some of those people represent. He would know what is really coming down from this rural health care coalition.

He would realize the seriousness of where this whole health care debate is going, and they would stand up and admit to the people of the province, firstly, that perhaps they made a mistake in the first round but that they would try to correct some of their errors and some of the things that they've done in the past.

Instead, what you have is a government headed up by the Government House Leader who has decided to ram forward with legislation, dealing sort of the other smack in the face that they're going to give to rural Saskatchewan in how they're dealt with in health care.

This, Mr. Deputy Speaker, is why such a Bill . . . or such a motion, I should say, dealing with the extended hours, why it becomes so important.

And I'm just going to make a few more points on the importance of this rural health care coalition agreement — and I know other members will want to jump in here soon — and we look at point no. 3 . . .

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

Mr. Aldridge: — With leave, Mr. Deputy Speaker, to introduce a guest.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Aldridge: — Thank you, Mr. Deputy Speaker. Seated, I just noticed, in the east gallery here this afternoon is a young lady who I've known for, I guess it would be about three years now, Heather Wiles. She has been a good friend, a great volunteer in terms of supporting our activities.

She's also just recently — and I must congratulate her — obtained employment at Kalium Chemicals in my constituency where she will be undertaking a rather, from the brief description I heard of the job, a rather challenging career in terms of traffic work so to speak, coordinating shipments from

the Kalium Chemicals mine to final customers, predominately of U.S. (United States) destinations.

And it would be, I think, a rather rewarding career as time goes on that she'll find herself in. And I'm sure she's up for the challenge because I do know that she's a very capable and hardworking individual.

So I would just ask the House here this afternoon to join in welcoming her.

Hon. Members: Hear, hear!

ADJOURNED DEBATES

MOTIONS

Extended Hours (continued)

Mr. McPherson: — Thank you, Mr. Deputy Speaker. I would like to join with the member from Thunder Creek in welcoming the guests here today.

And I hope you enjoy the proceedings. As often they may appear to be dull on the surface, there is . . . (inaudible interjection) . . . Oh that brought them to life. But in fact . . .

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

Mr. Trew: — I have a point of order, Mr. Speaker.

The Deputy Speaker: — What is your point of order?

Mr. Trew: — My point of order is that, according to the rules of the Legislative Assembly, members are not to include guests in debate. And I observed the member for Wood River engaging a guest that was just introduced in the proceedings of the legislature, and it's clearly not in order.

(1530)

The Deputy Speaker: — The point of order is well taken and the member does not have leave to introduce guests . . . or to bring guests into the debate, and I would ask him to get on with . . . keep the debate relevant.

Mr. McPherson: — Thank you, Mr. Deputy Speaker. And I would thank the member from, wherever he's from in Regina here, in raising the issue. And I can only thank that member for . . . They sure filled these glasses up.

I want to thank that member for in fact paying close enough attention to some of the discussion here today. Because you see the people that the member represents in Regina, Regina Coronation Park, those people don't have the same concerns when it comes to health care as the people in almost every other area of this province. They're not the ones, Mr. Deputy Speaker, they're not the ones that are trying to get the government . . . they're not the constituents that are trying to get the government to not ram through extended hours motion on issues that affect them, their families, their loved ones, their

health care, their social care.

The social and security blanket — I don't even like to refer to it as that because they'll probably misconstrue what we're trying to do here. But they're not the ones that are affected when you try and put an end to debate on issues that are as important as the ones before us in this legislative sitting. And they're not the ones that are saying, please don't try . . . try to stop the government from ramming this through in a matter of a few hours.

So the very fact that the member from Regina Coronation Park is paying attention today at least is a step in the right direction, Mr. Deputy Speaker, because I know so many of the members across aren't really with it. And I spoke on one earlier, the member from Bengough or Bengough-Milestone or whatever the constituency is, who chose not to represent her constituents this morning. Perhaps she should have paid the kind of attention that the member from Regina was paying today.

One other point I wanted to make about what the people — not ourselves but the people — have picked up in these last few days in what's happened here at the legislature. And we're including in that, last Friday, the remarks by the Minister of Health and again today. And that is especially today, but it was especially apparent today, Mr. Deputy Speaker because when these people . . .

And let's keep in mind who we're talking about: a lot of elderly people, people that came from far away, came on their own dollar, came in their own vehicles. They weren't riding in government cabinet cars, and they weren't using Exec Air, and they didn't get per diems, and they didn't work on the kind of salaries that the people in here get. They came in on their own dollar to try and save their communities and the future of their communities, okay. Let's be very clear about who we're talking about today because the people that did that, the people that said to their spouses, to their children . . . and drove in here today to impress upon this government to live up to their deal did it at their cost.

And what did they get for it? You had a Minister of Health stand in this House today and made the comment that — I'll paraphrase for him — that they are political opportunists. Mr. Deputy Speaker, I'm not going to involve you in the debate but I can only imagine that you wouldn't think those people to be political opportunists.

Firstly, when I looked at some of those people — 70, 75 years of age some of them — tell me what political future they're hoping to have? None.

An Hon. Member: — They just want a healthy future.

Mr. McPherson: — All they want is a healthy future. It's a very good point that the member from Thunder Creek just made. All they want is a future, it doesn't have to be a political one. They're not striving for a political future; they're striving for a future, period. They're striving to keep their communities alive, and they're striving to keep . . . (inaudible interjection) . . . isn't that a good point now. They're just here for the benefit of their friends and neighbours. That's what they're here for.

I will make a request at this time, Mr. Deputy Speaker, that that Minister of Health — that that Minister of Health — send an apology out to those communities, the people of those communities that were represented by these people today, and apologize firstly for calling them political opportunists, and secondly for insulting, insulting rural Saskatchewan once again. And I would ask, I put that request forward, and well we'll just see if the government will, in fact, respect that. I think they should. My colleagues think they should.

So moving along in this rural health care coalition agreement. I'm sorry, I guess we're only a few paragraphs into the agreement. It states on no. 3 . . . because we had just talked about the problem solving, consensus building, dispute resolution alternatives, we just talked about that clause and that bullet in this agreement.

And, Mr. Deputy Speaker, I think we've laid out a very good case as to how in fact that isn't happening, and in fact that it should be. You know I would like to move on, but I got to take a moment just to talk about governments as I think they should be operating.

In my view, in my view, as government representatives, if we're not prepared, if we're not prepared to stand up for the people we represent, but more importantly if we can't be trusted enough as government representatives to strike a deal and live up to it, what good are you as a representative to your constituency or to society as a whole. You wonder why politicians are held in such low esteem. Well I really and truly do believe not all politicians are. Some are, and I think I can see lots of them right from here, and they're straight across. You don't have to look anywhere but straight across.

So no. 3, the next bullet, the extent of health centre services in particular communities, and that bullet . . . I'll have to go up to the top here because it's talking about the discussions are being focused on in three key areas, you see. There was physician services, the dispute mechanisms, and the extent of health centre services in particular communities.

An Hon. Member: — Or lack thereof.

Mr. McPherson: — Or lack thereof — in fact that's a better way of looking at it, Mr. Deputy Speaker. It's not the services that are provided; it's the lack of services that are provided.

See, people don't come forward and make an argument that in fact if things are rather well or working well or agreements lived up to, they're not going to come in here and say, you know just because why . . . you know, it's June. They have nothing to do . . . and say hey, you know, we're going to be rabble-rousers. Well that's not what it's all about. It's just . . . that's irresponsible to even think that, as it was for that minister the other day to be saying, you know, well they're political protesters. I didn't see political protesters in Swift Current the other day; I saw elderly people in wheelchairs.

So I guess it's all in how you view the world, isn't it? I guess it's all in what you really think of the people that you supposedly represent . . . (inaudible interjection) . . . Good

point. It's your philosophy in life, and it's how you view your neighbours, your friends, your communities. That's what it's about. You know that's a very good point that the member from Humboldt makes about . . . I can never remember constituency names — mind you, they keep saying that I'm the member from Shaunavon; it's Wood River, by the way.

But having no principle, and that's really what this is all about, is it not? Is it not what this is all about? No principle. Tell me, Mr. Deputy Speaker. Tell me, Mr. Deputy Speaker, where's that guy from, that member that won't shut up? Where's he from? Prince Albert-Carlton. Now is that not the member that should be . . .

The Deputy Speaker: — I want to caution the member that you would direct your comments through the Speaker. The comments are to go through the Speaker, not across the floor to the other.

Mr. McPherson: — You're right then, Mr. Deputy Speaker. And through the Chair, I will refer through the Chair about that member that won't shut up. So the whole situation that we have here, Mr. Deputy Speaker, the whole situation that we have here is in fact a government that is unprincipled; otherwise they don't do this kind of stuff. That's a government that is unprincipled, otherwise they wouldn't say that people that were in here today are political opportunists. You see, that is the problem that we're having here today.

Moving right along, Mr. Speaker, because I've got so many people that want to enter the debate . . . And I mean we only have so many weeks so we must continue . . . (inaudible interjection) . . . Oh, Mr. Deputy Speaker, I would ask that you address the member that is hollering and calling names.

Is it fair that a member has to stand in this House and have those kind of insults continuously being hollered at? That is not fair, Mr. Deputy Speaker, that is not fair. I don't mind the heckling, but those kind of insults and being called names is not what this place is all about.

But you know when that happens, when that happens . . . (inaudible interjection) . . . that's a very good point. The member from Humboldt hit it right on the head. This reflects the character; this reflects how they govern. This is exactly what the problem that the people that are here on the rural health care coalition agreement are having. Right?

Because if you dare stick up for any people you represent, well that member from — where is that member from? — Saskatoon constituency anyway. She was shut down in the House here the other day when I was speaking, for calling me a liar twice, and made to apologize to the House, and should have had to again today — Saskatoon Southeast.

Anyways, moving right along, you can really see, you can really see the problems that come about when in fact, if we're being shown that kind of . . . that lack of respect when we're trying to speak on behalf of the people, then should have I . . . See, maybe I'm out of synch, Mr. Deputy Speaker. Maybe I shouldn't be surprised when in fact I raise, you know, the concerns of those people that drive in here today, who are

called the political opportunists. They're probably more hurt than I. Because it's becoming obvious — you attack this government, you're going to get attacked. And that's how it's been, hasn't it?

An Hon. Member: — Intimidation.

Mr. McPherson: — Yes, intimidation. A reflection of how they govern.

An Hon. Member: — Co-opt and intimidate.

Mr. McPherson: — Co-opting. There. You know, that is a good point that you raised, because this is a government that is successful at a few things. They are successful; they are among the best that I've ever seen at co-opting; co-opting for all the wrong reasons.

Are you still hollering hear, hear, hear? Because I'm just telling you what the people hear out there.

Mr. Deputy Speaker, it's not what I . . . You know, if I were sitting on those front benches, if I were the Premier, I wouldn't want to have a government that is remembered for all those wrong reasons.

So they can heckle all they want and I guess I won't comment any longer about it because it really shows the point I was making in regards to how these people that drive in for two-, three-, four-, five-hour drives to try and get the government to only stick up to their word. They're not here saying, give us more; give us something that nobody else has. They're saying, just live up to an agreement that we had with you that was negotiated in good faith, bargained for in good faith, and bargained for at a time when it was less affordable than today. So that's really what's happening here.

Now no. 3, in the general terms of this rural health care coalition agreement, no. 3 states, for the purposes of this statement only, community means the geographical area of a former hospital district as at April 1, 1993.

And I guess, you know, that to me says a lot too about rural Saskatchewan because that's how they view community. They don't look . . .

(1545)

The Deputy Speaker: — Order, order. I have been listening for quite some time to the member in his deliberations and he has really not related to the motion at hand here in the last several minutes, and I would ask him to keep the debate relevant to the motion that is on the table here now. So I would ask him to make some either ties to the motion or . . . but to keep the debate relevant.

Mr. McPherson: — Mr. Deputy Speaker, I'll go right, once again, to the relevancy of the health care topics, to the abuse of the government on health care issues as it is in regards to a motion that would have the opposition trying to defend the interests of the people of Saskatchewan in extended sitting hours.

And just to make it very relevant so we can once again show the problem as seen through the eyes of the people of this province, this is a government that said we're bringing in 70 pieces of legislation; we're now up to 116 pieces of legislation, most of which was brought in in the final days of the legislative sitting.

The day that they brought forward this motion, Mr. Deputy Speaker, is the same day that they were still having introduction of new Bills, and this sort of practice, this ramming and jamming and push that they have on to wrap this thing up before they have any more trouble with the people in rural Saskatchewan over health care, it's very relevant. That's what makes this whole thing relevant . . . (inaudible interjection) . . . 118 pieces of legislation, Mr. Deputy Speaker.

And this is a government whose argument for putting forward extended hours legislation, their argument is, we must have extended hours legislation because there's too much work on the order paper. You see it doesn't make any sense to the people. We're still trying to come to grips with what kind of bullying tactics that Government House Leader has promised the Premier. We're trying to come to grips with, firstly, what he must have promised, and then once he realized the complete and utter foolish mistake he has made, how we're trying to work to see if we can't pull him along into sort of the new political century that they let on that they are part of.

The fact of the matter is these are old political guys. They are back-room boys doing the back-room tricks right there. And the question is, who are they doing the back-room tricks to? The relevancy, Mr. Deputy Speaker — people such as the rural health care coalition, people that this group represents, the communities that are represented by these people, the people that live in them, and those people that need the services that are provided in these communities.

That's why this is so relevant, Mr. Deputy Speaker. Because the topic of the day — the topic of the day — is whether or not communities involved with the rural health care coalition, and that once had an agreement, are having the amount of time allowed in this legislative sitting to have their cases heard and to be dealt with in a fair and open manner. And this government, the government that claims to be open and accountable, now when the cards are before them we find out that they're not either open or accountable. In fact they're sitting there, they call names to not only the opposition and third party members if we so should raise issues that they don't like to deal with, but now they're into the games of calling everybody, everybody who raises an issue, a political opportunist.

People don't have to be political opportunists, Mr. Health Minister. All you have to do is continue to be operating in the manner you are, and they don't have to be opportunists because you're going to get the boot. You are going to get the boot at the next election. People don't have to tolerate and nor will they tolerate that kind of abuse from you and your government. That's why this agreement is so relevant.

Mr. Deputy Speaker, this was the lead-off question today, and we're questioning its relevancy in today's proceedings? Oh, how would we? How would we question its relevancy? It's the

topic of the day. We've got people coming in from rural Saskatchewan to discuss whether or not their communities have any future. And we're trying to get the government to move along and do the business at hand so that it would allow some of these communities affected to be heard, to be dealt with in a fair manner. So of course it's relevant.

What isn't relevant, what isn't relevant to anything, is when you have members opposite hollering names. What's that relevant to? That's relevant to nothing, only abuse. People aren't going to tolerate it.

So when we look at point no. 3 in this rural health care coalition agreement with the Saskatchewan Department of Health, and they refer to community as in fact something bigger than the 5 or the 6 or the 700 people in the community or the 1,500 . . . it means bigger than that. It means all their friends and neighbours in the larger district. It always has.

Thus, that's why we had the union hospital district Act. This is the Act, by the way, that I see if we weren't doing this motion, the government could have moved to the Bill repealing the union hospital district Act. You see that's community. That's community getting repealed . . . (inaudible interjection) . . . Right on. Right on. We could have moved on to brass tacks, but instead we're dealing with these kind of tactless games.

So when you take a look at community and what it means . . . and in fact they're referring to it in a geographical sense. It really was the first step in taking the pride for one thing, the pride away from the people that work.

You know, Mr. Deputy Speaker, how some of these communities had their facilities built and how they got X-ray equipment and equipment in these facilities? It was because they had organizations and groups holding raffles or making quilts, or bingo sales. And it was done at that community level with that community spirit at that community level to . . . (inaudible interjection) . . . Well exactly. As the member from Humboldt has said, this government's got to come to grips. They've got to try to get an understanding of what community means as the people in rural Saskatchewan understand community. It means working together. It doesn't matter what the political stripe or the religion or where they live or the colour of skin. It doesn't matter. Any of those things, they just don't matter. What matters is, can we all work together for a common goal and a common good. That's what they're trying to say. And they had it, Mr. Deputy Speaker, in the rural health care coalition agreement.

So this is why, when these people start to see their community ripped apart further, this is why they're coming in here today. And I can only say once again that we're only talking about a specific number of Saskatchewan communities, Mr. Deputy Speaker. But as you recall, we've raised community after community that weren't involved in this rural health care coalition agreement.

No. 4, point no. 4 in this agreement, the coalition and the department have acknowledged the need to provide a sense of security for particular communities at the present time, while encouraging people to work with their district health boards in

the development of even better alternatives that address the unique needs of these communities.

You see, that's really what I had touched on earlier, Mr. Deputy Speaker, and why . . . and you can see, as we discussed this issue today, how it does become so relevant to a motion to extend the hours, so as not to allow this kind of discussion to occur on behalf of the people in rural Saskatchewan. That's why it became so relevant because here we have the department acknowledging . . . You see they can't say, well now anybody's putting words in their mouth. They can't say that because we have the deputy minister. We have the deputy Health minister who was a signatory to this agreement, so they can't say that they don't have a good handle on what's in here. I mean, they of course went through this with a fine-tooth comb to ensure that firstly it sort of met what they felt were government needs. I mean I can only assume that they wouldn't have agreed unless there was some give and take on both sides but that it was affordable. It was costed out. You wouldn't have a Deputy Health minister come up with a plan without having it costed. I mean that's part of government. So they can't use the argument, Mr. Deputy Speaker, that this is unaffordable. It had to be. They can't sign these agreements unless they are.

And in fact to even make that point in a better way, you recall, Mr. Deputy Speaker, that when this government took over the reigns of power, one of the first orders of business that were dealt with was to move to accrual accounting. And when you move to accrual accounting, it really had quite an impact on the futures — is that the futures? — that RMs (rural municipality) could buy into. They couldn't bank up their amount of roads that they could work on in a particular year . . . (inaudible interjection) . . . Right.

So really, as the member from Saltcoats I'm sure would agree, this is affected much in the same way as RMs in their futures. If you agree to something in an agreement under accrual accounting it must be costed and paid for in that given year. That's how accrual accounting works from a provincial government's point of view.

So we can't come along and say, well now we're finding this is just out of reach. That isn't the case, that isn't the case; it was paid for, okay. We just have to accept that because that's the way that the government works. They set the rules. They priced it out. They had to allocate the monies for it or should have.

So what do we have? Well it says here, in response to these concerns and the first — as we dealt with earlier — physician services, the Department of Health . . . and I've got to quote from this because that's why it shows the relevancy, Mr. Deputy Speaker, of how when you strike an agreement . . . and now it's becoming relevant because it's back up today, as is this motion, and not having enough time to deal with the real issue of the day rather than dealing with the issue put forward by the Government House Leader in his political games. That's how it becomes relevant.

Physician services: the Department of Health supports the principle that primary physician services should be provided as close to home as possible.

That very first sentence, Mr. Deputy Speaker . . . and that sentence has got to be correct otherwise Duane Adams, the deputy Health minister, would not have been a signatory to this agreement. It wouldn't have been agreed to by the government. He was representing government and they accept that to this point because the Minister of Health is even saying, well as far as he knows the agreement is being lived up to in spirit and every other whatever.

So when we take a look at physician services and that first line, that first, opening line under physician services supports the principle that primary physician services should be provided as close to home as possible. Really that's what the people of rural Saskatchewan, when you live out in rural Saskatchewan, that's what you would expect.

Now they're not saying, they're not saying, let's have, you know, CAT (computerized axial tomography) scans and MRIs as close as possible to a community, say of Coronach. They're not saying that. But physician services, Mr. Deputy Speaker, you see what . . . It gets back to what is an acute care service in rural Saskatchewan versus an acute care service in the large urbans. Because they don't have the little walk-in clinics.

If you cut your hand open on a swather or get your arm squeezed by a rock picker or whatever, you know if you're in town and you got 24-hour walk-in clinics, at least there's a medical professional that you can take your injury to and they can have a look at it. And they can do what needs to be done, or they have emergency services at the three hospitals. Well they do until this government slams the door shut on the Plains Health Centre. Then of course that'll change.

But, Mr. Deputy Speaker, what these people are asking for is just to have services as close as possible to home. But even the type of services to have, where in fact, you know, perhaps to get some stitches. You know, if in fact there's a heart attack. You know . . .

(1600)

An Hon. Member: — . . . time to travel . . .

Mr. McPherson: — Exactly. Time from the point of the problem.

You know that's a very good point that the member from Thunder Creek raises. Because their concern is not just whether or not they have a service in . . . We'll use Mankota as an example. It's not just that they have a service in Mankota, but do you know, Mr. Deputy Speaker, that the people . . . It's not like they're all within a mile or two of Mankota. You see, and this has never been taken into consideration properly.

We have people that drive 40 or 50 miles to get to Mankota. Or 40 or 50 . . . You know, and I recall when Climax, the community of Climax, was going to take the government to court. We have not only farmers, but we have oil workers, we have pipeline workers, that had an hour to an hour and a half drive to get to Climax. You see, and then when you don't have that facility to offer the services, even if it were minor services . . .

But you know, we also have to think about some sort of emergency out in these communities. If, Mr. Deputy Speaker, what you have is a heart attack and you can make it 30 or 40 miles, as some of these people have got to travel to just get to a place such as Coronach or Kincaid or . . . I won't go through the whole list of communities. I could, I guess, I could probably name all 52.

But is it not fair that at least there should be some medical attention where they could give emergency care to keep people alive long enough, if in fact the government is only giving . . . the only solution that the government can have is to keep them alive long enough to get them into Regina or get them into Saskatoon, just as long as they don't show up DOA (dead on arrival), as these members behind me have just discussed. Now that's one of the problems that other members in the House raised not so many weeks ago . . . (inaudible interjection) . . . That's right. It's a challenge about stats. Now the real problem here is that if in fact these people can't get their agreement lived up to, then we're going to see a lot more DOAs, dead on arrivals.

That's not what we're all about in Saskatchewan. I keep telling the people that. When they're posing these questions, when will this end, when will the government come to its senses, I keep telling them, you know, it's not us that have got to come to our senses as rural people. And if you're talking about anything ending, it will be the government's career that ends. It will be the New Democrat government that finally ends. And the people, the people will be the ones to once again get control of their lives, to once again determine what they feel is safe and reliable. That's where this is going.

But what we find interesting is in fact it states right in here, the Department of Health. It doesn't say communities, and it doesn't say rural health care coalition. It says the Department of Health supports the principle that primary physician services should be as close to home . . . So they're already on record as really stating that they can or they do believe in something. I mean for heaven's sakes, we've got to believe in something out there.

Let me read on, Mr. Deputy Speaker. Let me quote from this document that is of such concern and such relevancy today because of what has happened even as little as 1:30 today in question period.

Districts are being encouraged to work toward this principle objective when planning medical services and coverage within their districts.

Well that only makes sense. If the Department of Health — the way I'm reading this, as it's unfolding — if the Department of Health has or supports the principle of primary services being as close to home . . . And really then what they're saying is that we would support districts working towards this principal objective when they're doing their planning.

So that makes perfect sense. I'll quote on:

It is the department's stated policy that (department meaning the Department of Health, Mr. Deputy Speaker),

in cooperation with the college of physicians and surgeons, the Saskatchewan Medical Association, and the College of Medicine, it wants to attract more Canadian, and specifically Saskatchewan-trained, physicians to practise in rural Saskatchewan to address the long-standing problem of physician supplying.

You see that — now the Department of Health is clearly taking a position from this document that I see that they don't feel that there are enough physicians in rural Saskatchewan. Well I think everyone in rural Saskatchewan would agree to that.

But is it really and truly the problem that we can't get physicians in rural Saskatchewan? You see there wouldn't . . . you know you could use this same analogy, that there wouldn't be enough mechanics in rural Saskatchewan if you didn't allow them to have a garage. Right? If the government come out and said no, you can't have any garages in rural Saskatchewan, then I can assure you that some department is going to have to take the position that they don't feel there's enough mechanics. That's basically what they're saying.

On the other hand, what they were also getting at in this whole Rural Health Coalition Agreement, or at least the coalition themselves — if the government now feels that they are going to find a way to circumvent the agreement or ignore it completely, is it fair that what you would have in rural Saskatchewan, rural Saskatchewan, is the ability for a doctor to diagnose, but not the ability or not the services to do something in regards to the diagnosis? You see that was another problem with what the government created.

And we'll use the mechanic analogy again because the members across the way I'm sure would at least be able to understand mechanics in garages, even if they don't have a grip on what happens in health care in rural Saskatchewan.

But it would be the same as being able to take your car to one garage and having a mechanic look under the hood and go all through it and say, this is what I find; it's a problem in this or that. Then taking and closing your hood, and telling you that he can make an appointment at another garage, where they actually fix those kinds of problems.

You see now, do you think people find that fair? No. Well the people on this side of the House don't find that fair, but I'm not so sure when I look at the people . . . the NDP government. Perhaps you need, like a lawyer's briefing or something on that, to see if you can, you know, have this so it relates. I'm not so sure it does for them. I mean all we can do is endeavour to have them understand how the people view this out in our rural constituencies and why it is, why it is.

And we don't . . . Not only do we not mind the people getting hold of us, but we encourage it to the point where I've told many, if at the end of the day you feel the only way you can receive health care in this province — the province that pioneered health care — is to have the official opposition raise it in the Legislative Assembly, then so be it.

We would rather not do that, Mr. Deputy Speaker. We would rather they had the services that they deserve. But one must do

what one must do and I guess that's the way they look at it in rural Saskatchewan . . . (inaudible interjection) . . . Right on. Desperate measures, desperate times, in dealing with a desperate government. So when we . . . (inaudible interjection) . . . Desperadoes.

Anyway, so when you see the relevancy of where this is all going, Mr. Deputy Speaker, here we have . . . you know, it's really headed up by the Department of Health saying, well we don't have enough physicians; however, we don't want to discuss the fact that we've closed down hospitals, locked them and bolted a phone booth to . . . and bolted a phone booth to the side of some of these hospitals. It makes no sense.

And often it's raised by people out in these communities too. You know, they ask me to explain it to them and I do the best I can in trying to understand why the government would think it's okay to close the facilities; not have the equipment to do certain tests and procedures; and yet stand up and say, well the problem you have is you don't have physicians.

If, you know, if any of the members opposite would like to chat at that, I would sure be willing to hear them, and pass on any comments that they might have for the people that, as I said earlier, continuously — and luckily so — continuously contact us to try and get the health that they deserve in Saskatchewan, to get the health that they deserve and have it debated in a timely fashion and to not have it rammed at them.

And I say "at them", Mr. Deputy Speaker, because who's speaking for people in rural Saskatchewan today in health care? Well it's clearly, it's clearly not them. And they know that. They know that. Reading old *Hansards*, as the member opposite was saying, well I will tell this to the member. If you understood health care 10 per cent of what I did or do, then you would have the right to stand in this House, you would have the right to stand in this House and make comments. But obviously you have no idea what you're talking about. That is very clear . . . (inaudible interjection) . . . well they don't phone you any longer, do they?

So number two:

The department indicated that it supports the development of viable group medical practices. In some cases these practices may be a group of physicians resident in one community, while in other cases physicians may reside in different communities and still enjoy the supportive benefits of an affiliated practice. The department does not have a policy to eliminate single-practice locations. Some physicians still prefer to work in this fashion, having done so for many years, and this will continue.

This is the most interesting point in this rural health care coalition agreement, Mr. Speaker. And what makes it of interest is the fact that it wasn't the government that came up with the idea of doctors not in the same community or operating out of the same facilities to work together. In fact one of the projects — maybe the first project — actually occurred in my part of the province, Mr. Speaker. And it was the doctors in the communities of Shaunavon, Climax, and Eastend had an agreement to have a . . . it was a working relationship, Mr.

Speaker, in which they would cover for one another, that they had agreements where they could go in and do what needed to be done on behalf of the people in each or any of the facilities.

I guess, what you would call it . . .

An Hon. Member: — A real made-in-Saskatchewan solution.

Mr. McPherson: — Oh isn't that the truth. As the member from Thunder Creek has said, a real made-in-Saskatchewan solution to some of the problems and it's not New Zealand health care; it's not New Zealand-style health care. I mean it's fine. You know, we don't want to try and drag the Minister of Finance into a health care debate; or maybe we do, because maybe that's what it's all about.

(1615)

I remember, as do many of the people in this House, Mr. Speaker, how the government of the day tried to convince people that certain changes had to occur. Why? Well because of what happened in New Zealand. I was never able to put that together as well as some of the members opposite because I just thought that what happens in Saskatchewan should be dealt with in Saskatchewan and in a Saskatchewan way and in a Saskatchewan manner.

But I guess that doesn't fit and so I won't stress that. I still believe in that principle. I still believe that what happens in New Zealand should be dealt with in New Zealand. Right? I mean if they have mad-cow disease in Britain, then so be it. I can only wish them well but I don't want to go kill my cows — right? — in Canada. I just think that we would have a different solution and they should have their solution. But to have a solution that was arrived at because of what was happening in another country, I thought was ridiculous. And that's all I'll say on that matter.

No. 3, on page 2 in this rural health care coalition agreement, Mr. Speaker:

The coalition is pleased to have received the cooperation of the department in clarifying the policy on physician service and fully endorses this policy as stated.

And you see, this is most interesting because here you have, here you have a government that finally, after being grabbed by the tie and dragged to the bargaining table, finally came up with some policies. They had decided that they weren't going to in fact just ram and jam — that they weren't just going to ram and jam down people's throats — things. They actually came up with a policy.

And you see how grateful, you see how grateful the coalition, which is really the representative body of the people in rural Saskatchewan, the people in rural Saskatchewan . . . oh I'm sorry, Mr. Speaker.

The Speaker: — Why is the member on his feet?

Mr. Aldridge: — With leave, Mr. Speaker, to introduce a guest.

Leave not granted.

Mr. McPherson: — I think perhaps the member would like to do that again.

The Speaker: — Why is the member on his feet?

Mr. Aldridge: — Mr. Speaker, with leave to introduce guests, I would like to ask again.

The Speaker: — It is somewhat extraordinary, but the hon. member for Thunder Creek has requested leave to introduce guests. Is leave granted?

Leave granted.

INTRODUCTION OF GUESTS

Mr. Aldridge: — Thank you, Mr. Speaker. I won't take too much time seeing as the members opposite are rather impatient in this regard. But I would like, at this point in time, to point the members of the Assembly in the direction of the Speaker's gallery where Mr. Al Zabinski, a friend of mine and a successful realtor here in the city of Regina . . . and also an active member in the Liberal Party and has been rather involved in terms of executive level functions in the party over the years, and has been a very good supporter and volunteer as well, I might add, and a good deal of energy and advice and enthusiasm that he always brings to whatever task is put before him. So I would just like the members of the Assembly here to recognize him this afternoon.

Hon. Members: Hear, hear!

ADJOURNED DEBATES

MOTIONS

Extended Hours (continued)

Mr. McPherson: — Thank you, thank you, Mr. Speaker, and I will move on. As I said earlier today, there are so many that want to, you know, get into this debate on the extended hours and whether or not these extended hours are fair or not, not to the opposition and third party but whether or not they're fair to the people of this province.

And so I won't take much more time, although I think another three or four days could be filled from myself alone in dealing with this. And I appreciate the member from Battleford weighing heavily on each and every word, because I'm sure he has heard many of the same health care concerns and health care complaints that I have raised here today.

An Hon. Member: — One of the few members opposite listening.

Mr. McPherson: — Well that is a very good point. He's one of the few members opposite that is listening to the debate today and I think he should be congratulated for that. He's heard

hours and hours of debate in this House before and in fact has been part of hours and hours of debate, Mr. Speaker, and the fact that he's still, at this point, paying close attention, when other members who, in fact, represent rural constituencies and have members coming into to this House today, as the member from Bengough-Milestone did, and not . . . (inaudible interjection) . . . Well what is it? Big Muddy?

An Hon. Member: — Weyburn-Big Muddy.

Mr. McPherson: — One of those. In fact those are the kind of people that refuse to listen to their constituents. At least some of them are attentive. But as I said earlier, those constituents will also deal with them at election time.

Moving right along at a rapid pace, and I see I got pages and pages left to go, so I want to at least cover off some of the topics that I think are of most concern today to the people that in fact need their issues raised in a fashion in this Assembly where thorough and thoughtful debate can occur around the issues and not around this sort of a timetable, time schedule, that was set forward by the Government House Leader.

I'll be very honest. What I'm hearing from some of the members opposite as they pass in the hallways, the Government House Leader did not share this sort of a devious plan with his caucus and cabinet. And I hope it doesn't come back to haunt him and cause hard feelings in his own caucus. But I do hope, I do hope he comes to his senses, Mr. Speaker.

And moving along in this rural health care coalition agreement, there is the part where it's talking about promoting effective discussion, problem solving, consensus building, and a resolution of disputes. I've dealt with this at a fair length at the beginning of my remarks this afternoon, so I'm going to skip rather quickly through here.

But I said earlier, as I said earlier, it deals a lot with how a government should actually treat the communities that they represent. You know, even in fact, even if you have constituencies that aren't represented by government members, if they're represented by opposition members, of third party member or independent members, still at the end of the day, it's the government — it's the government — that is responsible for their actions in how it relates to public policy, and it affects the people in everyone's constituency.

And this is why this one section in this rural health care coalition agreement was firstly necessary. It really hit it on the head and was agreed to by the government. And so I'm just going to let that whole, entire section pass because I think it really speaks loud and clear about what a government's all about. And we dealt with it extensively at the beginning of my remarks, as I had said, Mr. Speaker.

Also with health centre services and in fact the kinds of services that are provided and agreed upon by both coalition and Department of Health and all the players . . . and keep in mind we're talking about the players that were affected by the cuts to those 52 rural communities. We're still at this point not talking about all the communities in Saskatchewan, rural Saskatchewan, that had health facilities, Mr. Speaker. We're

only talking about those that were in that first set of cuts or the blood bath or whatever. I've heard it called so many things. Actually I don't recall it being called anything nice, but . . .

An Hon. Member: — The health care holocaust.

Mr. McPherson: — The health holocaust. It's referred to a great deal. You know what it shows is the fear.

You know, it's not that the people of rural Saskatchewan just have a lot of disrespect for the urban government members. That's not the case. In all truthfulness, you know, you go out and talk to these people in rural Saskatchewan, basically they don't care what those people do. You know, I mean they don't want to affect their lives. It's not like they're coming in here and saying, well let's try and disrupt Regina. I mean they just want to be out on their farms and villages and work in their gardens and live a very peaceful, tranquil life. They don't want to be disruptive to rest of the province.

But you know what continuously gets raised? Is they're saying, this is how we want to live, so what gives these people the right to do it to us? I don't know that.

But I'm sure that some of the members . . . surely one or two of the members opposite . . . even though they think this is a filibuster, it's not. You know, Mr. Speaker, it's not. What it really and truly is is people having and asking that their points of view get across to some of those members across that way who don't seem to have come to grips with what this is all about.

An Hon. Member: — GRIP (gross revenue insurance program).

Mr. McPherson: — Oh. Obviously, Mr. Speaker, I should never have mentioned the word GRIP (gross revenue insurance program) because I see now my caucus colleagues want to talk about the fiasco in the agriculture debate.

And I may well have to get into that. And you recall, Mr. Speaker, how severe the debate was when in fact the — I keep on wanting to say the caucus full of lawyers — the New Democrat caucus, how severe it was, when in fact they used retroactive legislation. I'm going to have to make a note here, Mr. Speaker, because now I've got too many topics on the go, which are all relevant as you well know, all relevant to this motion today. But I'll have to revisit this one, Mr. Speaker.

And in fact, it may just have to come up for a couple-day debate here in a few days. It just warrants that kind of concern because I'm surprised at how often, Mr. Speaker, this issue keeps coming back. Just when I think they have put this thing to rest — they have accepted that they're dealing with a government that has no compassion, no concern about agriculture — then you have a group of farmers saying no, we demand, we demand a certain level of treatment. Right.

So I'm just going to have to set that aside, and I'll finish the rural health care coalition agreement, and I think let others speak. And perhaps in a few days I'll join back in the discussion, if you would so permit, Mr. Speaker, and discuss

... and I know you would like to have me back to discuss my views on agriculture, as you have enjoyed my views on health care. And really those are the views of the people of this province.

When we take a look at some of the health care services ... and I'm just going to quickly run right through. It's really just to have an assurance that you're going to have respite care, palliative care, convalescence care, long-term care, and a form of acute care that would provide that safety and reliability that these people worked hard for. These are the people that built this province. Let's not forget who we're talking about. It's the pioneers that built the infrastructures, that built the grid road systems, the highway infrastructures, the water and sewer infrastructures, the educational system, and the health care system in rural Saskatchewan, among many other things. Those are the people we're talking about.

Mr. Speaker, I just think that it's incumbent upon a government to live up to what they promised the people. And it's one thing; you come back and you say, well, you know, that was at election time, and now we can't afford it because the federal government cut us back, right. Every argument is the federal government. We can't do this or that because of the federal government.

Well, you know, people just don't buy that any longer. You're taking some cuts from the federal government because the province is doing so much better, and equalization payments are cut back because it's adjusted as to how you're situated financially against other provinces. And it was a global cut. Just to set the record straight, it was a global cut. It was this government that could decide how in fact to distribute a \$114 million cut.

When you think about that, what does 114 million mean on — what? — a \$6 billion budget? Not a lot, does it? You know, 1 per cent, one and a half per cent of the budget and they're trying to let on like the sky is falling in. Well people just aren't buying into that. They aren't.

And so with that, Mr. Speaker, I think as far as the health care debate goes, I will take my place, let others join in, although I have ...

(1630)

An Hon. Member: — Much more of the same.

Mr. McPherson: — I have hours. I have hours of things that I would like to talk about and will enjoy getting back into the discussion. But I think at this point, it's only fair that some of the other members get into the debate.

But as I asked earlier, and I will just ask one more time, if we could have the Health minister show enough respect for the people of this province to please, please, Mr. Minister, stop calling them political opportunists. Stop calling them names. You can call us names, and we'll accept that because we know you better than they do. But please stop calling them names. They're only trying to protect their communities.

Thank you so much, Mr. Speaker, for allowing me the time to say as much as I did on rural health care and keeping it so relevant to this motion today.

Some Hon. Members: Hear, hear!

Mr. Heppner: — Thank you, Mr. Speaker. This afternoon and later on this evening, I'd like to deal with a number of the issues that are very important to my constituency, things that I think we need to spend time on in this House to discuss. And I think when we start pushing things through in a very short period of time, a lot of these issues that are important to my constituents do not have an opportunity to come out. And I'd like to very briefly outline some of the topics that I intend to deal with as we go through this dissertation of mine.

I think we need to have a bit of a discussion on service districts, and I know that has been pulled, but I think there are things that need to be said on the directions that it's still going. Definitely I would like to say quite a number of things on education because it's something that's very important to me. As the past mayor of a community, what's been happening with towns and RMs is important, and I think hospital districts is always an overriding one in rural Saskatchewan.

Those of you know where the Rosthern constituency is situated ... will realize that highways is also an important aspect because we have had some very serious and ongoing sets of accidents on some of those highways. And they want to address some of those overriding things as well along with possibly a little bit on union tendering and maybe some directions on gun control as well. So those are basically the areas that I intend to cover this afternoon and this evening.

I think the reason that it's important that we take the time to discuss these various issues and take time to discuss them to the fullest possible extent as is requested and desired by the members is that this particular sitting of the House started fairly late. And it also started after an election, so there were a lot of new directions that needed to be put in place, new directions by the party that won the election and also new directions by the third party and the party in opposition. And I think that those positions need to be worked out very carefully because that, to some extent, is going to set the direction of government over the next numbers of years.

The amount of work that was put in front of the House this year I found quite amazing. I have on my window-sill a stack of all the pieces of paper, the Acts that we're supposed to go through, and I think we're at about 118 by now. Some of them are fairly small, they're a page or two. And some of them are just very thick stacks of papers, and it takes a long time just to read those, much less to comprehend them, to discuss them, to debate them, and to develop those into a system of law that is most meaningful and significant and useful to our province and to this particular population. And so when we have those items there, 118 or so of those, it will take a lot of time to go through those.

Also quite a number of those have arrived at our desks in the last couple of weeks. And if the length of time we're allowed to debate those, if we find that's fairly short, then a number of

those pieces of legislation we'll have to go through very quickly. And they do take a lot of research. They do take a fair bit of thinking and even just discussing back home with some of our constituents that are there.

And that's one of the things that I've noticed. Being home this weekend, I had quite a number of people come up and say, well what's happening in the House. And I would mention some of the things we're discussing. They would pass on to me their particular ideas. And my constituency is rather unique in that quite a number of the people who live just north of my constituency, in the Duck Lake-MacDowall area, sort of have adopted my constituency as well. So I sort of have to work on a little larger part than just my own constituency.

If we look at education, which was the first one that I rather mentioned that I'd like to say something about . . . The minister has mentioned that we will probably have quite a number of situations throughout the province where these will be discussed. And I would like to say, in support of those directions, that the number of locations where these will be debated — and the public will have the opportunity to have some input in — that number of locations has been increased drastically. And I think that's good.

The first time around there were very few of those, and I said, well people are not going to drive 100 or 150 miles to voice their opinions even though they may have some very strong opinions and some very good opinions. But they just aren't going to put that kind of time into it because they don't have that kind of time. With the increase of the number of locations, I think we'll have a better input from the public.

But there are so many things that need to be looked at. The minister had four or five possible options that are there, and I think we need to also discuss these in the House. Basically I guess one of the things that I've always been very strong on, and I think my constituency is as well, is the need for the local control on education, and we now call those the district boards. They used to be called the local boards when we had the unit system, but now that we've gone to a division system, we have the division boards and the district boards.

Those district boards are really the very first responders to any kinds of misdirections that happen to be taking place in education because it happens to be their kids that are in their own schools, the schools that are just down the street. They live across the road from the teachers, and they see the school buses go by. And whether we're talking bussing, condition of the school yard, or what happens in the classroom, it's the district boards that are so key in that.

And I think it's important that, as we go through this process for the public input and our input as elected people, we have to make very sure that those district boards maintain the authority, maintain the power, and the assurance that their positions aren't in jeopardy, and that district boards aren't there at the whim of someone in government but that they're established by law. And I think we need to maintain that.

According to The Education Act, there's an opportunity for division boards to give some taxing powers to district boards.

Some division boards have used that. And I think probably one of the star examples of that in Saskatchewan would be the Sask Valley School Division where they have given to the district boards . . . they have given the district boards the right to raise up to a certain mill rate. And those monies that they raise can be used in their communities for their local schools.

And that just does marvels for the school, for the school system, for the whole attitude of what's happening in the schools because it gives the teachers some feeling, the staff, that the community is prepared to put some dollars into programs that the staff feels has some value for the community and for the children. That mill rate that they're allowed to tap . . . they can tap all of it or any portion of it that they wish. And that's a very effective means because immediately they become responsible to their taxpayers.

And it's those sorts of things that we need to keep on discussing in this House and make sure that those don't come through in a real hurry, and we say a month later, we should have talked about that a bit more because we didn't pay enough attention to this one component, and it's gone.

The other aspect, and it's been mentioned in question period in the House and in some other of the debates, is exactly how does the funding for the bussing in rural areas . . . Exactly who covers that? And we've heard statements and situations where the funding doesn't totally pay for the bussing. We've also had situations where the funding possibly covers more than the cost of bussing, and school boards could actually make some money on it. That's a rather unique situation.

I think we need to, as people who are responsible for tax dollars, go through that very carefully and make sure that the formulas that we put in place in this House are formulas that provide the transportation and at the same time take good care of our tax dollars.

In much of the educational system in rural and urban — and there's no difference here, I believe — the buildings by and large are fairly old buildings. A lot of our cities, those are old schools. They've been around for a long time. In the rural areas, it is the same thing. A few communities have been fortunate enough over the years to have had fairly recent additions or in some cases even new buildings built. But by and large, the buildings are old, and the cost of updating those facilities is very, very high partly because it's a fairly sophisticated structure.

The other part that brings up the cost of that is that there are, of necessity, many regulations that need to be put in place when you build an educational facility. And that's basically safety kinds of things. We cannot turn our children into buildings that we say, well we built these at an unbelievably low cost and then find out that there are fire hazards, and there are safety hazards of all sorts that are there. So those need to be followed. But then again it comes back to the amount of tax dollars we're prepared to put into that.

There is another issue which I think . . . and education needs to have a lot of discussion in this House . . . and that is with the cut-backs in education. And right at this point, I'm not to

discuss the validity of the cut-backs themselves. But how much latitude are we going to give to the various school boards to meet the critical situations they find themselves in, where they have a group of students they want the best education for? They have curriculum requirements. They have the desires of the parents, and they have a certain amount of funding. And if the funding isn't quite there, then the needs and requirements that are out there just aren't adequate.

So then the school boards need to be creative to the maximum to go ahead and meet those needs, and there are times they can do that. And I think people who read their newspapers will find that there are a lot of great ideas in those newspapers. And if they apply those ideas to some of the problems, they will come up with the solutions. And I know that many of the school boards are well read. They've educated themselves well, and they do have unique solutions.

And I think the kind of thing that I'm discussing in specific is the Scenic Valley situation where the school board said, here is a way in which we feel we can meet the needs of our community, and it did get the full support of the community or 90-plus per cent. And then the government has decided that they're not going to let that concept go through.

Now fair enough, I guess the government has the authority to do that. But somewhere we need to discuss in this House how much authority we're going to give back to the school boards to be creative, to find these solutions. If we're not going to give them that opportunity, then we only have the other responsibility, and that's to provide the funding. And if in fact there is not . . . there are not enough funds around, then we need to give them that latitude.

Now admittedly, the Scenic Valley board was told that this might be a possibility for next year. Unfortunately, their funding shortfall occurs this year. So that's something else that we need to continue to work through in this Assembly. And that is why, one of the reasons, we need that extra time, so that as we work through those kinds of situations, we can go back to the school boards, for example, and say, okay, when some budgetary constraints come down and when you come up with whatever creative solution it is — and I'm sure we'll have as many creative solutions in Saskatchewan as we have school boards — when those creative solutions come down, how rigid are we going to be about saying they have to fit our criteria as far as time lines and things are concerned. Sometimes we may need to go ahead and say, there is a problem out there. You have a solution for it. It doesn't quite fit our criteria for time lines, but because of what you're accomplishing, we need to give you the okay to do that.

(1645)

One other thing that may need to be discussed, and I think that the House has to look at this, because it probably affects to some extent all of our jurisdictions, some more than others. And that is the situation of associate schools.

We had a school visit the Assembly last week — it was VCA (Valley Christian Academy) — that is an associate school. That particular school created a very unique situation and they got

together with their school division, which is Sask Valley, and they did something that is very unique in the province. And it has been a major success if you can measure success in the kinds of academic achievement that the students are having, the kind of athletic achievements that that school is having, the kinds of achievements in the various arts that that school is having. And that shows in the fact that they usually have to turn away between 100 to 200 students in any academic year who want to enrol but their space doesn't allow it.

And I think these kinds of things are being looked at in many of the jurisdictions in Saskatchewan. And we need to decide how we're going to do that, because when we allow things such as associate schools to happen, there's always a concern that it is going to fragment education. I think for the benefit of our children in Saskatchewan, we need to look at that because VCA has shown that it provides an excellent educational system. And maybe we need to look at the situations where you can have a good educational system with some divergence in the system.

Moving on to one of the other areas that I had mentioned I would say something about, and that is the health care situation. And I must say at this point, in my constituency we've been more fortunate than some in that we haven't closed down the senior citizens' homes and we haven't lost our hospitals to date. But I can assure we're very awake to the possibilities of those sorts of things happening. And we need in this House to look at those situations very closely.

The Gabriel Springs Health District, which is the one that covers the rural part of my constituency, has some very strange things in it, in that when the people were allowed to select their areas, the ones that were closer to Saskatoon went with the city. And about half of my constituency, the south half, joined the Saskatoon city group, and the north half went with the Gabriel Springs . . . and then across the river toward the Wakaw-Cudworth area.

And there's a real interesting situation — that there's a very narrow little part of that health region or that health district that, if you look on a map, it's just a narrow strip, and it runs up. And they had their reasons for joining, and those reasons are probably valid. But when you look at actually supplying services for some of these areas, it gets a little awkward. And maybe in that whole process, I think The Health Districts Act was flawed to some extent, and some of the shapes of those districts do not seem to make a whole lot of sense.

The boards that were appointed, when we traced some of the history in the health districts, I think had a real problem in knowing who they really served because they had received the appointment from Regina. And the way it was set up, there was no other one to appoint them, so I guess that may have been a valid situation, that the appointment came out of Regina. But then, who do they serve?

And so I think in many cases they saw themselves as being there to take care of what Regina wanted them to do, instead of saying, our job here is now to make sure that the health care meets the needs of the people that we're serving. So they didn't see themselves elected, and that's the flawed part in the appointment structure.

The phase 2 of that is where part of the board is now appointed and part is elected. And that in itself creates a continuation of the same difficulties because these appointed people again tend to say, well I've been put here by someone else to make sure what someone else wants to have happen is happening. And what's not in that formula is the statement that I'm here to make sure that the people in my district get the best health care. And I think that again are the unfortunate part of the appointments, but that part is still there with the boards now being made up of a mix of both.

Then you have the other portion that are elected. Now the odd thing happens in that the elected thing . . . you would think that on average, politically, they'll be about an even split according to party representation in the House, and that's fair enough. But when you add to that the fact that the appointments will be, by and large, somewhat political, you have a very political component to the health boards when you add into that the union effort to try and have their people represented there as well. And that was valid because they're the employees. But when you put that mix together you tend to get a board that may be very political on the government side. And again we're . . . have a board then that is not as sensitive to the local needs as it possibly could be.

I guess, as I said at the start of this section on the hospitals, that in my constituency we're fortunate in that we haven't had the closures that we've had in some of the other areas. But a week or two ago I and two of my colleagues went down to the Swift Current situation where there were a number of seniors who were somewhat concerned about what was going to happen to them.

I guess I took that one fairly seriously because I had lived personally in the city of Swift Current for some eight years and really enjoyed that time — it was a great community. Two of my children were born there so health care obviously is very important to me because that's where they were born. And my mother came to spend some of her last years with us at that time as well.

So while we were in Swift Current both the youngest in our family and the oldest in our family were all affected by the health care and the seniors' care that Swift Current provided, and it was excellent care that we were given there.

And so when I had that picture of that community, which has some very rural values, the kinds of things that we say Saskatchewan is famous for — the caring, the sharing, the helping one another in need is very much a part of the Swift Current mentality . . . And so when I went there — and I didn't get up and make any kind of a speech, I just listened — and I saw those people who were now the seniors in that community, because it was some 20 years ago when I lived there, being really quite concerned about what was going to happen, it was a fairly painful situation. I felt very sorry and sympathetic for those individuals.

And that brought me back to a discussion I had about two and a half, three weeks ago when I was invited to a volunteers' thank-you supper for the work that's being done in the hospital

in Rosthern. An individual came to me and was talking about the health plan and we talked about some of the concerns, and this individual said one of the key concerns they had is that people weren't quite sure what the long-term plan of health was. Like when the plan came down, the final results weren't there.

So the feeling that this person gave me — and this person sits on the board — is that possibly when we had the 52 hospitals closed people said okay, now we've down-sized. This is the end of it — this is health care from now on, for ever more in Saskatchewan. And then suddenly something happens and cuts it back a bit more. Now we had the situation with the seniors — cut it back a bit more.

And the idea that, what is the final plan. If — and this is again where we need the extra time to discuss some of these things — if that plan was in place so that the people of Saskatchewan could be told, okay the plan is 52 less hospitals, so many less beds for this, so many less residence for seniors, and when are those are full there going to have to be in the homes . . . When those situations are all filled, that's the way health care is going to be. And go through every aspect of it, so that the thing isn't changed and worked on through, I think the people of Saskatchewan would feel much more secure in what's happening.

At present they tend to feel more and more insecure because they're wondering what is the next thing that's going to happen, either at the government level where they may make a change, or at the health district level where a change in government funding forces that district to make some more cut-backs. And I think that's a fairly important thing that this House needs to work through, is to make sure that that final plan for health is there.

I think for 10, 15, 20 years, health in Saskatchewan, health care, was fairly static. It didn't change much, and people felt comfortable knowing that in Saskatchewan this is the way we take care of our seniors, this is the way we take care of emergency situations.

And change isn't bad and change is necessary. No doubt about it. But if we're going to change something as important as health care, I think we should have looked at all aspects and so the whole plan would have been laid out at the very start. And people could say okay, this is now the plan and we're going to work with this plan for a number of years. And maybe after five or ten years, we'll have to make some other changes because we'll see things could be done better, more economically, more charitably. Those are some of the things that I think we should have looked at in the areas of health care.

One of the other topics I was going to say something . . .

The Speaker: — Order. I've been listening to the debate by the hon. member for Rosthern for some time. And — order — and I haven't heard reference for the topic that he's dealing with, to the motion that's before us, and I'm sure that the hon. member will want to make his remarks relevant to the motion which is before the House, and to tie that in. So I will remind the hon. member of his requirement to make his debate relevant to the

motion before us.

Mr. Heppner: — Thank you. The motion deals with the amount of time that we're going to allot for debate, and the issues that I've been bringing up deal with issues that are immediate in Saskatchewan, that this House needs to deal with. The education one was more of a general one. The hospital one, we've had some very immediate ones happen. I mentioned the one situation and the Swift Current situation. Also referred back to the some of the people that have spoken to me in my constituency in the last number of days, and so I think we need that time in this House to present those sorts of issues.

And that takes me to something which in my constituency is very important, and that's highways. And this one will not have anything to do with potholes. In my constituency the key problem is not a pothole problem, it's a safety problem even though potholes and safety can be related.

We have had, in the last month or so, a number of fatal accidents on the highways in my constituency. And I have a letter on my desk from an individual from the Duck Lake area, which is not in my constituency, but they sent the letter to me anyway. So those things are front and centre in my constituency right now — the fatal accidents. I have the letters of concerns that are written there and so that's why I'm addressing that at this time with the emphasis on the time that's needed in the House.

The Highway 11, a number of years ago, had a real series of fatal accidents, and when we met with the Department of Highways they said, well this is a glitch in the statistics. You had a lot of tragedies this year. It'll even out and it won't be so bad. Well I'm not sure that you can ever say that a fatal accident is not so bad. I don't think you can do that.

But they were somewhat correct in that it may have been a statistical glitch because it did tend to even out a little bit and for a year or two we didn't have very many fatal accidents. This last year we've had a large number again and I'm going to refer back to the letter that I just received on my desk very recently from someone else's constituency from the town of Duck Lake. And that was that that particular Highway 11 does not allow for deceleration and acceleration. There are no deceleration lanes; there are no acceleration lanes.

There are unique little things that are painted onto the highway at intersections to various towns. But those are just there that in case someone's making a turn and you want to pull by them, it gives you the arrows. They are not deceleration, acceleration lanes. I thought at one time they were, but when I checked with the Department of Highways, I was told they weren't. We need those sorts of things.

I will give full credit to the Department of Highways for the twinning that's happening between Saskatoon and the Warman-Osler area. This is going to be . . . take a lot of pressure off the highway, especially morning and late afternoon times.

The Assembly recessed until 7 p.m.