

The Assembly met at 1:30 p.m.

Prayers

**ROUTINE PROCEEDINGS**

**PRESENTING PETITIONS**

**Mr. Krawetz:** — Thank you very much, Mr. Speaker. Mr. Speaker, I have a petition to present from residents of the community of Carievale. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to put a moratorium on the closure of the Plains Health Centre until they conduct a comprehensive review into the health crisis we are currently experiencing.

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

I so present.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. I also have petitions to present today. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to put a moratorium on the closure of the Plains Health Centre until they conduct a comprehensive review into the health crisis we are currently experiencing.

These petitions, Mr. Speaker, come from the Carnduff and Oxbow areas of the south-east corner of this province. I so submit.

**Mr. Toth:** — Thank you, Mr. Speaker, as well to present petitions, and reading the prayer:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to put a moratorium on the closure of the Plains Health Centre until they conduct a comprehensive review into the health crisis we are currently experiencing.

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

And, Mr. Speaker, the petition I present is signed by individuals from the Radville, Weyburn, Ceylon areas of the province. I so present.

**Mr. Heppner:** — Thank you, Mr. Speaker. I too rise to present a petition. These are signed by the people from Lampman and Estevan. And I read the prayer:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to put a moratorium on the closure of the Plains Health Centre until they conduct a comprehensive review into the health crisis we are currently experiencing.

I so present.

**Mr. Gantefer:** — Thank you, Mr. Speaker. I rise on behalf of

citizens concerned about the impending closure of the Plains hospital. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to put a moratorium on the closure of the Plains Health Centre until they conduct a comprehensive review into the health crisis we are currently experiencing.

Signatures on this petition, Mr. Speaker, are from the communities of Glen Ewen and Oxbow. I so present.

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

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to put a moratorium on the closure of the Plains Health Centre until they conduct a comprehensive review into the health crisis we are currently experiencing.

As in duty bound, your petitioners will ever pray.

People that have signed this petition are all from Radville.

**Mr. McLane:** — Thank you, Mr. Speaker. I rise today to bring a voice of the Saskatchewan people to this Assembly through a petition. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to save the Plains Health Centre by enacting legislation to prevent the closure, and by providing adequate funding to the Regina Health District so that the essential services provided at the Plains may be continued.

Mr. Speaker, the signatures on this petition come from the communities of Weyburn and Stoughton. I so present.

**Mr. Belanger:** — Thank you, Mr. Speaker. I once again rise to present a petition. The petition reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to save the Plains Health Centre by enacting legislation to prevent the closure, and by providing adequate funding to the Regina Health District so that the essential services provided at the Plains may be continued.

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

And the people that have signed the petition, Mr. Speaker, are from Weyburn, they're from McTaggart, and all throughout the land. And I so present.

**Mr. Aldridge:** — Thank you, Mr. Speaker. I too rise to present petitions on behalf of citizens concerned about the closure of the Plains hospital. The prayer reads as follows, Mr. Speaker:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to save the Plains Health Centre by enacting legislation to prevent the closure, and by

providing adequate funding to the Regina Health District so that the essential services provided at the Plains may be continued.

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

Those who've signed these petitions, Mr. Speaker, are from communities such as Whitewood, Moosomin, Langbank, Broadview, and Windthorst. I so present.

**Mr. McPherson:** — Thank you, Mr. Speaker. I join with my colleagues here today in bringing forward petitions to prevent the closure of the Plains hospital. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to save the Plains Health Centre by enacting legislation to prevent the closure, and by providing adequate funding to the Regina Health District so that the essential service provided at the Plains may be continued.

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

Mr. Speaker, the people that have signed these petitions are . . . it appears they're from the Whitewood and Broadview area of the province, and all those hundreds of people that have been attending the rallies . . .

**The Speaker:** — The hon. member of course will want to avoid entering into debate while presenting petitions.

**Mr. Hillson:** — Mr. Speaker, I present petitions this afternoon concerning the traffic congestion and dangerous highway situation entering the city of North Battleford. The prayer of relief reads as follows:

Your petitioners humbly pray that your Hon. Assembly may be pleased to relocate Highway 40 and the intersection of Highway 16 to east of the David Laird Campground in order to alleviate the congestion at the entrance to the city of North Battleford.

Your petitioners come from Battleford, North Battleford, Cochin, and Mayfair, and Ruddell.

**Mr. Goohsen:** — Thank you, Mr. Speaker. I'm happy to present the following petition this morning.

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

As in duty bound, your petitioners will ever pray.

These, Mr. Speaker, come from the communities of Maple Creek, Assiniboia, Eastend. We also have some from Cochrane, Alberta; Golden Prairie, and from the Consul communities as well as from Piapot, and I'm happy to present them today.

**Ms. Haverstock:** — Thank you very much, Mr. Speaker. I rise again today to present petitions on behalf of citizens concerned with seeking justice for those who lost loved ones in work-related accidents.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to have The Workers' Compensation Board Act amended for the disenfranchised widows, widowers of Saskatchewan whereby their pensions are reinstated and the revoked pensions reimbursed to them retroactively and with interest, as requested by the statement of entitlement presented to the Workers' Compensation Board on October 27, 1997.

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

The petitioners today are all from the Regina district.

### READING AND RECEIVING PETITIONS

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

Of citizens of the province petitioning the Assembly on the following matters: to save the Plains Health Centre; to reinstate Workers' Compensation Board pensions for the disenfranchised widows and widowers; and to relocate Highway No. 40 to alleviate congestion at the entrance to North Battleford.

### INTRODUCTION OF GUESTS

**Hon. Mr. Scott:** — Thank you very much, Mr. Speaker. It is my privilege to introduce to you and through you to members of the Assembly, three guests in your gallery. I have a constituent, Emily Brown from Fort Qu'Appelle — if these individuals could stand. And visiting with the Browns are relatives from Victoria Harbour, Ontario — Brenda and Adam Woloski.

And I would ask that all members welcome these three individuals here today.

**Hon. Members:** Hear, hear!

### STATEMENTS BY MEMBERS

#### Casino Profits Fund Cultural Organizations

**Ms. Hamilton:** — Thank you, Mr. Speaker. Earlier this month our government announced that \$5,000 of casino profits will be used to fund a somewhat unique program for young musicians through the associated entities fund.

Two provincial cultural organizations, the Saskatchewan Society for Education Through Art and the Saskatchewan Choral Federation, are working in partnership with singer and songwriter Don Freed and the inner-city students to produce a CD (compact disc), cassette, and song book. The project, called Inner City Harmony, started with a song-writing workshop.

The students and Mr. Freed wrote songs, words, and music. After the music and singing are mixed at a recording studio, the

CD and cassette will be ready for distribution.

Mr. Speaker, since 1997 over \$1 million of casino profits have been invested in the children, youth, and families of Saskatchewan through the associated entities fund.

**Some Hon. Members:** Hear, hear!

#### **Musical to Benefit Children in Brazil**

**Mr. Gantefer:** — Thank you, Mr. Speaker. Mr. Speaker, Melfort is alive with the sound of music. Friday was opening night for the musical that has become the hottest ticket in town. The local talent has raised the roof at the North East Leisure Centre in the most touching combination of production and talent we have witnessed in a long time.

Mr. Alphonse Gerwing of Lake Lenore has brought the production to Melfort in aid of the street children in Brazil. Mr. Gerwing, a retired teacher, spent his summers in Brazil working with an organization of boys and girls of the street and continues to take an interest in raising money to help develop projects for these children.

My most sincere congratulations to everyone involved in *The Sound of Music*. It was absolutely breathtaking to witness. Please join me in saluting the people who have worked so hard to put this musical together. I know there are still tickets available for the remaining performances. Thank you.

**Some Hon. Members:** Hear, hear!

#### **Canada Employment Centre for Students**

**Mr. Ward:** — Thank you, Mr. Speaker. Here without comment is a story in total from yesterday's radio news, from station CJME in Regina. Headline: "Lots of summer jobs available." The story:

Good news for students looking for summer jobs. There are plenty available. The Canada Employment Centre for Students says they should be able to find a job for every student this summer. The centre opens for the season today.

Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

#### **Request for Apology from Premier**

**Mr. McPherson:** — Thank you, Mr. Speaker. Mr. Speaker to put it simply, the actions of government members yesterday were simply disgusting and demonstrated how care and compassion have abandoned this group.

Yesterday I introduced Heather Prystupa to the Assembly and described that her husband was suffering from a serious ailment; that infection had spread throughout his body. For some reason the government members found this amusing. They chuckled, they laughed, with Heather sitting in the gallery directly above them able to hear every smart-alec remark they made.

Mr. Speaker, no one should be treated this way when they visit the Assembly. MLAs (Member of the Legislative Assembly) on the government side crossed the line yesterday, and this is why the Liberal opposition today is calling on the Premier to deliver, in this House today, Mr. Premier, a full apology to Mr. and Mrs. Prystupa for the actions of his members, which are indefensible.

**Some Hon. Members:** Hear, hear!

#### **Annual Multi-faith Fair**

**Ms. Murray:** — Thank you, Mr. Speaker. This Sunday I was pleased to represent the government at the third annual Regina multi-faith fair held at the University of Regina. This event was sponsored by the Regina multi-faith forum and the department of religious studies at the university.

My presence though was more than official. There was a great deal to learn in one afternoon about the variety of religious faiths being practised in our community — practised, Mr. Speaker, in harmony and freedom. It was an opportunity for me and the many other visitors to see one more reason why Regina is such a special place to live.

The main purpose of the fair was to teach us about the various customs, practises, and beliefs of different faiths. There were presentations from Christian, Jewish, Islamic, Hindu, Baha'i, aboriginal, Unitarian, and Sai Baba groups.

As well there was a prayer and meditation room and the day's program ended with a panel and discussion of human rights and racism — a human blight that all faiths should be dedicated to eradicating.

The underlying theme of the multi-faith fair, it seemed to me, was understanding, appreciating, and celebrating our diversity. Understanding is better than suspicion, appreciation beats distrust, and celebration is preferable to prejudice.

I congratulate the organizers of the multi-faith fair and encourage all to attend next year. Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

#### **Volunteer Recognized**

**Ms. Julé:** — Thank you, Mr. Speaker. Mr. Speaker, each year the North Central Regional Recreation Association recognizes individuals who volunteer in their community.

The volunteer recognition awards program is designed to publicly recognize those volunteers whose outstanding volunteer service has contributed to the growth and development to sports, culture, heritage, conservation, or recreation at the community, district, and regional levels.

A constituent of mine from Wakaw, Daryl Rudichuk, was recently honoured with the special service volunteer award. Mr. Rudichuk has spent most of his life working for the people of Wakaw.

He has been on town council and is presently serving as mayor. He is a member of Carlton Trail REDA (regional economic

development authority), a board member for the SageHill Development Corporation, and the Wakaw hospital.

As well, Mr. Rudichuk has spent time as a leader for the Wakaw Beaver and Cub Scouts and was a founding member of the Wakaw Air Cadets.

Today he is still actively involved in the community of Wakaw as a member of the Lion's Club, the fire department, the board of trade, and the Wakaw arena committee. He also volunteers his time to the church, the recreation board, the gun club, and the farmers' market.

Mr. Rudichuk was also instrumental in founding and organizing the bowling centre in Wakaw. Daryl's positive attitude and his enthusiasm has rubbed off on other people and Wakaw is indeed fortunate to have such a dedicated volunteer.

Congratulations, Daryl, on receiving this very deserving award.

**Some Hon. Members:** Hear, hear!

### National Forest Week

**Mr. Johnson:** — Thank you, Mr. Speaker. May 3 to May 9 is National Forest Week. This week is intended to expand our understanding of this national asset. About half of Saskatchewan is north of the south boundary of the north Saskatchewan forest reserve.

Some people want to protect the forest; I say the forest can be managed, but it cannot be protected. Given the forces of nature that play in this natural environment — disease, pests, fire, and the need for renewal — the forest is unable to be protected.

There are some 36 million hectares of forest in the province of Saskatchewan. About one-third is considered commercially viable. Fire-fighting, reforestation, roads, and other human activity in this area have increased the age, in some areas of the province, of the forest by 10 years.

Mr. Speaker, on an annual basis the primary and secondary forest activities provide 5,000 direct, 8,000 indirect jobs. This \$600 million a year industry is worth looking after. Thank you, Mr. Speaker.

**Some Hon. Members:** Hear, hear!

### Saskatchewan Party and Health Issues

**Mr. Aldridge:** — Thank you, Mr. Speaker. Mr. Speaker, on at least two occasions in this legislative session we've seen the Tories let the NDP (New Democratic Party) government off the hook. Let me refresh a few memories.

When the NDP announced that the Plains hospital would be converted into a SIAST (Saskatchewan Institute of Applied Science and Technology) campus, we heard the Tory member from Canora-Pelly say the final nail had been pounded into the Plains coffin. He and his band of Tories threw in the towel.

After the Liberal opposition arranged a series of Save the Plains meetings and highlighted concerns about this issue, we saw the

Tories scratching and crawling, trying to maintain that they actually care.

Last week we heard the Tories suggest that it's strictly the federal government's responsibility to compensate pre-1986 hep C victims. In doing so they let this NDP government off the hook again. The Tories apparently believe that there's no onus on this government to compensate victims.

Mr. Speaker, the Liberal opposition will continue to press this government for a moratorium on the closure of the Plains, and will continue to demand that compensation for all hep C victims be provided by this government.

As for the Tories, maybe there's another issue around the corner that they might decide is worth holding this government accountable on. Thank you.

**Some Hon. Members:** Hear, hear!

### Women of Distinction Awards

**Hon. Mr. Calvert:** — Thank you, Mr. Speaker. Mr. Speaker, on Sunday past, the Moose Jaw YM (Young Men's Christian Association)-YWCA and Transition House held the second annual Women of Distinction Awards luncheon in Moose Jaw, to which you and I were both privileged to attend.

The event was to honour the accomplishments of women who have contributed their energy, leadership, and commitment to our community. In the youth category, Jana Geisler, a university student, was honoured for her work at the Grinning Lizard Teen Wellness Centre, the Mental Health Centre, and the Big Brothers-Big Sisters program.

Elsie Eade was honoured with the science and technology award for her work with the science fair in Moose Jaw, and she shared that award with all of those involved in environmental clubs in our city.

The Community Mentor award went to Willy Hodgson, who has given of herself in so many ways, from her commitment to aboriginal issues, involvement in the United Way, Moose Jaw Housing Authority and the Thunder Creek Rehab Association.

Maureen Rice was awarded for achievement in promoting emotional, social, or spiritual well-being of women in the workplace. Ms. Rice was a staff person at Providence Place and has given her support to health care professionals and patients alike.

The Community Enhancement award went to Elaine Thoreson, who's been a key part of a number of groups, including the community associations, helping with Kid Street Smart, fire prevention, and t'ai chi classes. She's also been a volunteer with the Humane Society.

Mr. Speaker, all of these women have given of themselves for others and they were honoured on Sunday for that gift. They and many others have given so much of their lives to helping the community of Moose Jaw, and we thank and honour them.

**Some Hon. Members:** Hear, hear!

## ORAL QUESTIONS

## Compensation for Hepatitis C Victims

**Mr. Toth:** — Thank you, Mr. Speaker. Mr. Speaker, my question today is for the Minister of Health. Mr. Minister, Allan Rock is now admitting that the hepatitis C package may be reopened after the Ontario government had the courage and the compassion and the leadership to reconsider the unfair compensation package.

Mr. Minister, you could have shown that kind of leadership but you didn't. All we hear from you is no — no compassion, no courage, no leadership.

Mr. Minister, Allan Rock is now saying he wants to convene another meeting of the Health ministers to take another look at the compensation package. Mr. Minister, what position will you take to that meeting on behalf of hepatitis C victims in Saskatchewan? Will you stand up for hepatitis C victims in Saskatchewan and say yes to a fair package that compensates all victims who contracted hepatitis C through tainted blood?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Serby:** — Mr. Speaker, I want to say to the member opposite that if he's read the communiqué accurately, then he would reflect it accurately in the House. The communiqué that Minister Rock issued had my name right beside it, which said that what we will have, what we will have in the very near future, is an opportunity for all Health ministers across the country to come together, including the federal government, to have the discussion further as it relates to the hepatitis C package.

Now I want to say to the member opposite, and I've reiterated in this House before, that people who in fact have received blood through the tainted blood in this country and where the governments are in fact at fault, we have said we're going to take responsibility for that. We have also said that we're prepared to provide the best health care services to those individuals and folks who in fact have been infected by hepatitis C.

We've gone on to say, Mr. Member, that we in Canada believe that there has been significant reductions in health care costs over the last several years, and there is an expectation from all of us, including for what Mr. Rock has said, to assist us in providing additional funding to improve the quality of health care services for all Canadians in Canada.

**Some Hon. Members:** Hear, hear!

**Mr. Toth:** — Thank you, Mr. Speaker. Mr. Minister, I'm not sure if you exactly know what your job is. Mr. Minister, you could be the leader rather than following or just being the spokesperson. As Chair, you can be the leader leading the fight in the hepatitis C package and representing hepatitis C victims, not just here in Saskatchewan but all across Canada.

Mr. Minister, I don't know if you're doing a very good job and I certainly know the hepatitis C victims don't believe you're doing a very good job. Mr. Minister, when are you going to

show some compassion and some leadership, pick up the phone and call Mr. Rock and tell him that the next meeting must — must — find a way to compensate all tainted blood victims. Will you do that today, Mr. Minister? Will you give that leadership?

**Hon. Mr. Serby:** — Well, Mr. Speaker, I say to the member opposite once more that in this province we have made a decision and the decision is consistent with what all other Canadian provinces have said, and that is for the period of time between 1986 and 1990 there would be compensation for people. Because we say that there were governments, both federally and provincially, and the Red Cross, that had responsibility, and we say that we take that responsibility very, very, very significantly.

We'll make compensation to those folks because, Mr. Speaker, we said — all Canadian provinces and the federal government said — that we have responsibility here. And when we in this province, Mr. Member, say that we have a deal, we mean that we have a deal. And in this province we have a deal. And we keep our deal.

**Some Hon. Members:** Hear, hear!

## Plains Health Centre Closure

**Mr. Krawetz:** — Thank you, Mr. Speaker. Mr. Speaker, my question is for the Premier. Mr. Premier, the Saskatchewan Party is calling for a free vote today on the future of the Plains hospital. We have received no indication whether you intend to allow that vote. However, we will be proceeding this afternoon with a motion calling for the Plains to remain open until at least the next election. And we are asking you to allow your members to take part in a free vote on that motion.

Mr. Premier, will you allow a vote today on the future of the Plains hospital, and will you allow that vote to be a free vote?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Romanow:** — Mr. Speaker, this being private members' day, it is a day that belongs to private members and they'll be partaking in this debate I'm sure, as the members of the opposition will. The situation with respect to the Plains hospital is clear. It was announced back in 1993 that, as part of the modernization and improvement of health care in Saskatchewan, the Plains will close.

We're adding exceptional additional space to the General and to the Pasqua. There will be an MRI (magnetic resonance imaging), the best of renal care, the best of cardiac care, no beds lost at all in Regina, and the finest health care system in southern Saskatchewan. That's the commitment of this government and this party — the party that brought Canada medicare.

**Some Hon. Members:** Hear, hear!

**Mr. Krawetz:** — Mr. Speaker, I think the hepatitis C debate in Ottawa is showing us the power of free votes. Yes, the Liberal majority managed to defeat the opposition motion, but many Liberal back-benchers are unhappy that they were unable to

vote freely. The concern is now festering. And it is one of the reasons that Allan Rock is now reconsidering his position. I think the NDP is going to have similar problems if it continues to muzzle its members on the future of the Plains.

Mr. Premier, NDP MLAs in Regina and Weyburn and Estevan and Swift Current know that their constituents want the Plains to be open. Will you allow them to represent their constituents? Will you allow a free vote on the future of the Plains hospital?

**Hon. Mr. Romanow:** — Mr. Speaker, it's interesting to see the Tory Party's definition of a free vote. When this matter was debated last Tuesday, or whenever it was, it was such a free vote on the part of the Tory Party opposite there that they stood up to a person and voted absolutely, and would have this House believe that it was a free vote.

Let's be blunt about this. I understand totally the people who come to the rallies and their concern respecting health care, and their attachment to the Plains hospital. I have that attachment to St. Paul's Hospital in Saskatoon. I was born there; my mother and father passed away there. I know that attachment very well.

But let's not be mistaken about it. When they come to these rallies and they see a big Liberal sign at the back, when the advertisements say, make your contributions care of the Liberal party caucus, let us be absolutely certain about what's taking place here. What's taking place here is a campaign of politics and misrepresentation and scare for pure political votes.

I repeat again, we are going to have the best health care in all of southern Saskatchewan, with no bed loss with this regeneration of health care.

**Some Hon. Members:** Hear, hear!

#### **Inquiry into Channel Lake**

**Mr. Boyd:** — Thank you, Mr. Speaker. My questions this afternoon are for the minister responsible for the Crown Investments Corporation.

Mr. Minister, DEML (Direct Energy Marketing Limited) officials testified today under oath and those officials said that they first brought the sale agreement to their board of directors on April 2 before they signed the final documents. The DEML board was presented with all the details and then and only then did they sign the final agreement.

Between April 2 and June 1, DEML officials held shareholders' meetings in six provinces where the Channel Lake deal was explained in detail, and then they received regulatory approval from six different provincial securities commissions and the Alberta Energy & Utilities Board.

And what did SaskPower board and officials do during the same period of time? Absolutely nothing. They didn't even read the sale agreement.

Mr. Minister, will you admit that the SaskPower board and the cabinet completely lost control of this deal and that a major overhaul of the SaskPower board of directors should take place immediately?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Lingenfelter:** — Mr. Speaker, I say to the member opposite that I appreciate the fact that the member has now had time to read the Deloitte Touche report and the Gerrand report which was tabled some two months ago, two months ago in the House. And last week where he was way overreacting to statements made by the witnesses in the committee — Mr. Messer — today he wants to jump to some other conclusions.

All I will say to the member opposite, who runs off in different directions, depending on which witness is appearing before the committee, is he should be patient, take care to listen to all the witnesses who will come before the committee, and once it's concluded, then in a thoughtful manner come to conclusions, involve himself in the written report to the legislature, and that will be the most positive thing that he could do in the process today.

**Some Hon. Members:** Hear, hear!

**Mr. Boyd:** — Mr. Minister, this morning Louis Dufresne asked questions about why \$11 million was taken out of the Channel Lake bank account by SaskPower on April 2, 1997. And that's a very good question. Dufresne said that Lawrence Portigal promised him there would be enough money in Channel Lake's bank account to pay for the trading losses. So Lawrence Portigal was obviously counting on part of this money going to DEML, but SaskPower took all of the cash before they sold the company.

Obviously SaskPower and Lawrence Portigal weren't communicating very well. Can you explain this to the people of Saskatchewan? Why was Lawrence Portigal making this promise to DEML? And why was the money taken out of the bank account in the fashion it was?

**Hon. Mr. Lingenfelter:** — Mr. Speaker, I say to the member opposite, who stands in the House each day of these hearings to try to grab headlines in the Black newspapers — and with a fair bit of success — I just advise you that Mr. Priel cautioned you last week when he said, you don't know what evidence is going to be until the evidence is in, until you've had a chance to think about it. You certainly don't jump to conclusions about what facts are in until you've heard all of the evidence.

And, Mr. Speaker, I think it's incumbent on all of us . . . including what Mr. Dufresne said this morning when he held up clippings from the front page of the *Leader-Post* and indicated that everyone, including committee members, including that member opposite, should wait until all of the evidence is in before he comes to conclusions. If he's going to jump to conclusions with half a deck he should dismiss himself and find somebody else to ask the questions.

**Some Hon. Members:** Hear, hear!

#### **Compensation for Hepatitis C Victims**

**Mr. McLane:** — Thank you, Mr. Speaker. The Ontario Tories have decided that they have responsibility to put up money to compensation pre-1986 hepatitis C victims. The Saskatchewan Tories maintain it's strictly a federal responsibility and want to

let the NDP off the hook. The Liberals believe that this provincial government must ensure that all hep C victims in Saskatchewan are looked after.

Mr. Speaker, will the Minister of Health tell this House whether he intends to follow the lead of Ontario and do the right thing for victims in this province?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Serby:** — Well I want to say, Mr. Speaker, to the member from Arm River, if he was listening to my comments from the member for Moosomin, they're much the same. And I say to the member opposite that in this country we've negotiated a deal and a package to compensate individuals with hepatitis C. And that package is inclusive of all of the provinces and the federal government. And that decision we made in Toronto four weeks ago, and announced it in Toronto, for all hep C victims across the country.

Now I said to the member opposite from Moosomin and say to you, that when we sit down to negotiate an agreement with all Canadian Health ministers, and we walk away from the table, we believe that at the end of the day we have a deal. And our belief is that all of the Health ministers who came away from Toronto four weeks ago all had a package and agreed to the deal.

The discussion that I had on Friday with those members is, that deal holds. And I want to say to you when in Saskatchewan we give our word, when we give our word in Saskatchewan, we keep our word here.

**Some Hon. Members:** Hear, hear!

**Mr. McLane:** — Thank you, Mr. Speaker. One would wonder what this world has come to when a Tory Premier like Mike Harris is giving this NDP government a lesson in what is right — a lesson in compassion.

Mr. Minister, your federal cousins, Mr. Minister, in Ottawa are saying that everyone in Canada wants all hepatitis C victims compensated, but this government still refuses to. It's equally shameful that the other opposition party in this House doesn't feel that you have a commitment to make here either.

Mr. Minister, will you take the lead and make a commitment to ensure compensation for all hep C victims in this province?

**Hon. Mr. Serby:** — Mr. Speaker, I want to say to the member opposite that, first of all, when he speaks freely about how it is that Ontario on Friday made the statement to all of the Health ministers on a telephone conference of which I was the Chair and then reported to you and to the people of Canada, that in fact we had a deal. And that deal was at noon. And then an hour later you have the Premier of Ontario making a statement that's somewhat different from what his minister indicated.

And I say to the member opposite, and I say to the member opposite — what we're doing in concert with the federal minister, Minister Rock, of whom I've now had a discussion, is that we're going to get together again and we're going to meet at the table and we're going to have that discussion.

But I say to you, Mr. Member, that when we said, when we left the telephone conference on Friday, that we had a deal in this province, in this country . . . and Saskatchewan holds by that, as do all of the other provincial ministers across the country.

**Some Hon. Members:** Hear, hear!

#### Plains Health Centre Closure

**Mr. Aldridge:** — Mr. Speaker, the Minister of Social Services recently accused the Liberal opposition of fearmongering when we raise concerns about accessing the General Hospital if the Plains hospital closes.

The Liberal opposition has received letters from four ambulance drivers or EMTs (emergency medical technician) who echo these concerns and suggests the minister is wrong — dead wrong.

An ambulance driver from Kipling writes, and I quote:

From the first set of lights to get to the Plains takes two and a half to three and a half minutes. In the same scenario, getting to the Pasqua or the General, it takes at least 15 minutes. In those 15 minutes someone could die.

Mr. Minister, why do you refuse to acknowledge the concerns of people who truly know health care in southern Saskatchewan?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Serby:** — Mr. Speaker, I want to say to the member opposite that I've now been at six of these what we would call Liberal rallies.

**An Hon. Member:** — Liberal fund-raisers.

**Hon. Mr. Serby:** — And fund-raisers. Because . . . And the members opposite have the audacity to stand up in this House and speak about all the negative things that are happening across the province as it relates to health care.

Why doesn't the member opposite stand up and talk about the realities of what's happening in Saskatchewan today? Why doesn't he stand up and say that today we spend \$1.72 billion in health care, the largest amount of spending ever? Of which your leader stands up and says that that's not true.

Why don't you stand up in this House and tell the people of Saskatchewan that we've invested a significant amount of additional dollars in ambulatory services, both for road and air ambulance, when your member stands up and says that we're spending less money in health care today? Why don't you do that?

But instead what you do is you put your big Liberal banner up and front it as a Save the Plains coalition — and it's a Liberal campaign and it's a political campaign. Rather than initiating and encouraging the work that's being done in health care across this province, you're busy telling the people of Saskatchewan . . .

**The Speaker:** — Order, order. Next question.

**Mr. Aldridge:** — Mr. Speaker, an EMT driver from Moose Jaw writes, and again I quote:

It is imperative that this hospital stay open. Going to the Plains as opposed to driving through traffic downtown will save time, which will save lives.

Another EMT driver from Moose Jaw warns, and I quote, "Many lives will be threatened just getting to the General."

Mr. Minister, we aren't fearmongering; we are passing on concerns from people who deal with life-and-death situations every day. Why do you refuse to acknowledge the urgency in transporting critically ill or injured patients as quickly as possible? Don't you realize that every additional minute may spell the difference between living or dying?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Romanow:** — Mr. Speaker, I want to answer the question on behalf of the government. And I want to answer it in these terms. What is important in this House, and in political life I would argue, is to have as much integrity as one can obviously advance in the debate of public issues.

On November 25, 1996, the newly elected Leader of the Liberal Party, one Dr. Jim Melenchuk, was being interviewed by CBC (Canadian Broadcasting Corporation) TV's Costa Maragos. And Maragos said this, quote:

What inefficiencies would you find to make up that \$1.3 billion?

Melenchuk: Well, health care.

Maragos: How much would you save there? Give me a number.

Melenchuk: I don't know because I haven't seen the numbers. I'll have to look at the numbers.

Maragos: If you don't know then how can you say that?

Melenchuk: Because I know that there are inefficiencies in the system and I understand health care reform and I understand health care systems and I know that there are inefficiencies in the system right now.

He was going to find \$1.3 billion out of health care because he was a doctor and he knew the inefficiencies.

Today that same leader and that same party would have us believe that what he said a year ago is not true, and today that there are no inefficiencies — today there is money to be added. This party has no credibility in health care at all.

**Some Hon. Members:** Hear, hear!

**Mr. Aldridge:** — Mr. Speaker, a brochure that that Premier's government is handing out at each Liberal-sponsored Save the Plains meeting indicates that ambulance drivers and EMTs are

going to receive route training for trips to both the General and Pasqua hospitals.

Well you know as well as I that in the case of emergencies, family members, friends, and others are sometimes forced to rush patients into Regina for immediate medical treatment. Mr. Speaker, will the Premier please respond: are you also going to be providing route training for everyone who lives in southern Saskatchewan?

**Hon. Mr. Romanow:** — Mr. Speaker, this is — with the greatest of respect to the member opposite — one of the most ridiculous questions that I've ever heard in my entire life.

Here there is a reorganization that is taking place, and for EMT people, the fact that they should be given route training . . .

**The Speaker:** — Order, order. Order. Now I'll ask the . . . Order. Order. Now I will ask for the cooperation of the members of the third party to allow the Premier's response to be able to be heard.

**Hon. Mr. Romanow:** — Thank you, Mr. Speaker. I think I've made my point.

Let me just close my answer by simply saying this. This Liberal Party in Saskatchewan, which a year ago took the position, and we will be continuing to remind the people of Saskatoon and Saskatchewan, of \$1.3 billion inefficiencies that this doctor said he could find in the health care system.

And now you have the audacity to get up in this legislature and call for more money when your leader a year ago said that he could find \$1.3 billion in the health care system. I challenge him and I challenge you and I challenge the Conrad Black newspapers to stop being your calling board. Get out there and tell us where you're going to find the \$1.3 billion savings in health care. Tell us that.

**Some Hon. Members:** Hear, hear!

#### **Chair of Crown Corporations Committee**

**Mr. Boyd:** — Thank you, Mr. Speaker. My question is for the Premier. Mr. Premier, almost daily the members of the Crown Corporations Committee get a sermon from the Chair of the Crown Corporations Committee about treating witnesses with respect. Today just after she finished one of those lectures, she used an inappropriate and very unfortunate term to refer to the DEML lawyer.

Mr. Premier, it is now clear that the Chair of Public Accounts is unable to control her biases and her emotions. Will you immediately move to have her removed from the Chair role of the committee?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Romanow:** — Mr. Speaker, I have only recently heard of this. But as I understand the situation, the Chair of the committee, at the first appropriate opportunity, publicly retracted the comments which were made by her, and did so, I think, in the correct and honourable fashion.



In any kind of a forum, especially a forum of this nature, it is possible for any person to make a slip of the tongue or say something which on reflection should not have been said. I've done it on occasion myself, Mr. Speaker. I hope never to do it in the future, but I am sure it will even happen in the future. This is what happened obviously with the Chair. The Chair recognized it and the Chair made the appropriate remedy at the earliest possible chance.

I believe that the question of chairmanship is dependent upon the composition of the committee. I believe from what I've been able to see and judging by the witnesses who have come forward, that this Chair has performed the job very, very well, and in light of the apology, that should close this particular matter and let's get on with the hearing of the issues.

**Some Hon. Members:** Hear, hear!

#### **Possible Sale of Crown Life**

**Mr. Gantefer:** — Thank you, Mr. Speaker. My question is for the Deputy Premier. Mr. Minister, the Saturday edition of *The Financial Post* reports that Canada Life is close to signing a deal to buy Crown Life. Crown Life employs more than a thousand people directly and thousands more indirectly in Saskatchewan. And Crown Life is an important and valuable member of the business community in our province.

Mr. Minister, is Crown Life about to be sold? What will happen to these jobs and what steps is the government taking to ensure that those jobs stay in Saskatchewan in the event of a sale?

**Some Hon. Members:** Hear, hear!

**Hon. Mr. Lingenfelter:** — Mr. Speaker, I say to the member opposite that there has been a great deal of speculation in the media, as it would relate to the issue he raised, for the last number of months.

What I can inform him today is nothing that I haven't added to this file a number of times here and outside of the Assembly; that there are many rumours going around about the situation. But I can assure him that obviously if there were any announcement to be made, it would be made by the company.

**Some Hon. Members:** Hear, hear!

#### **INTRODUCTION OF BILLS**

##### **Bill No. 45 — The Automobile Accident Insurance Amendment Act, 1998**

**Hon. Mr. Lingenfelter:** — Mr. Speaker, I move that Bill No. 45, The Automobile Accident Insurance Amendment Act, 1998 be now introduced and read for 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**

#### **PRIVATE MEMBERS' MOTIONS**

#### **Motion No. 3 — Health Care Funding**

**Ms. Murrell:** — Thank you, Mr. Speaker. People who live in Saskatchewan have always been proud of the leadership this province has had in developing health care in Canada. And today we remain proud as we take our health system into the 21st century.

At a time when other governments are slashing health services, we in Saskatchewan have, with the 1998-99 budget, announced the biggest budget in the history of this province.

**Some Hon. Members:** Hear, hear!

**Ms. Murrell:** — One point seven two billion dollars for health care services at a time when the federal Liberal government has decreased its input from 50 per cent of the shared costs to just 13 per cent. In other words, Mr. Speaker, the federal government feels 13 per cent is more than enough to contribute to the health and the well-being of Canadians.

But in Saskatchewan, the well-being of our people is this government's priority and health is the number one priority of our people. So to ensure the quality of life for Saskatchewan people, we've increased health spending to \$1.72 billion, the largest single expenditure of the total 1998-99 provincial budget — 38 per cent — and we are doing this in spite of the slashing by the federal Liberals. Even Allan Rock admits the slashing of the Health budget is devastating to health care.

There are those who would say we are not doing enough; those who say we've made mistakes. And they're right; it's not enough. We have made mistakes. But, Mr. Speaker, we have had to look at what services would best meet the needs of an ever-changing population — a more urban population with far more people living in larger urban communities than in the past, and living longer than ever before with increased usage of many services.

For instance, the number of examinations has increased by 31 per cent over the last four years. The number of people requiring dialysis is growing by 10 to 20 per cent each year. Hip and knee replacements have increased by 30 per cent. Cataract surgery has increased by 81 per cent, while the procedure to remove a coronary artery obstruction has increased by 109 per cent.

The city of Saskatoon alone has seen a 60 per cent increase in adult health . . . day health programs while the Thunder Creek Health District has seen a 28 per cent increase in home nursing visits.

And costs for these services are also increasing. As indicated in this year's Health budget — the largest in the history of Saskatchewan — we are meeting these increased needs: \$2.8 million to support specialized hospital services, including MRIs and CAT (computerized axial tomography) scans — one in Prince Albert, the first district outside of Regina and Saskatoon to provide this service; satellite renal dialysis in Yorkton and Tisdale; \$2.7 million to the Saskatchewan cancer agency; and a new cancer treatment centre in Saskatoon. In addition, we have funded a package to strengthen rural and smaller urban centre 24-hour emergency coverage, with assistance for the

enhancement of ambulance services and access to advanced EMT and paramedic services; 500,000 for community health initiatives with the focus on early childhood development and the introduction of improved vaccine for whooping cough given to children under seven in combination with diphtheria, tetanus, polio, and hemophilus b.

And the Saskatchewan Association of Rehabilitation Centres will receive money for a conference addressing the issues of care, design, and delivery of services to persons with disabilities.

In Ontario, Mr. Speaker, low income residents are quitting jobs and going on welfare to avoid paying the deductible fee required for the drugs they need. The 1998-99 Saskatchewan Health budget addresses this issue in our province with the family health benefits program, which provides supplementary health benefits to lower income families — just another way of encouraging people to remain independent; to encourage a work ethic without the concern of wondering if there is money available for health services for a loved one.

But that's not all, Mr. Speaker. We are investing in improved and expanded home care services. I don't know about you, Mr. Speaker, but my home is important to me. It's where I am most comfortable, most rested. And when I'm not feeling as well as I'd like, my home is the first place I want to be.

And I'm not alone in that. Most of us want to be in a familiar, comfortable surrounding, especially when we're trying to get back on our feet when we're recovering from surgery or some illness.

One of the key principles to health reform in Saskatchewan has been to provide more community care whenever possible. And since 1991, according to the Health Services Utilization and Research Commission, we have more than doubled the spending to home-based services.

And those same studies have shown that people who received post-acute care in hospitals were no healthier two weeks after being discharged than those who recovered at home, whether they did so with or without home care. However, patients who did receive home care reported a lower level of mental health problems than those who didn't; perhaps because they see needing home care as less of a loss of independence. In other words, Mr. Speaker, being at home after surgery is not, as fearmongers will say, detrimental to our health and recovery.

Home care services increased approximately 62 per cent between 1991 and '92, and 1996-97. This means that about 8,700 more people are receiving home care services than in 1992. These services include home nursing, homemaking, personal care, home maintenance, respite care, and some therapies.

The main purpose of home care services is to enable people to remain as independent as possible while still enjoying their own home. Home care services are generally more flexible and responsive to the individual's needs.

The 1998-99 funding for home care and community-based services is \$61 million higher than in 1991-92, with \$38 million

of that being for home care services. This \$38 million is in direct relation to the increase of services being provided.

Mr. Speaker, there has been a lot of fearmongering lately regarding health services in Saskatchewan. Much has been said about hospital beds and the waiting period for certain procedures. Did you know that in New Zealand, the waiting-list for orthopedic surgery is approximately three years? And the situation in Australia and England is no better.

**The Acting Speaker (Mr. Trew):** — Order, order, order. I am having difficulty hearing the hon. member for Cut Knife, or Battleford-Cut Knife. There are a number of conversations between members taking place and I invite members to carry on those conversations either behind the bar, or better yet, outside of the Assembly. The hon. member for — order — the hon. member for Battleford-Cut Knife has the floor.

**Some Hon. Members:** Hear, hear!

**Ms. Murrell:** — Now in mentioning these facts, I am in no way condoning a long waiting-list for health services. But as I stated earlier, the demand and the costs for services is increasing at an enormous rate. And to meet all requirements right now, we would have to increase the Health budget at a rate that would mean huge cuts to budgets for education, for highways, and for many other services. This is, quite bluntly, unrealistic.

Mr. Speaker, I would like to quote a few facts regarding health services in Saskatchewan and other provinces. Did you know that in B.C. (British Columbia) people pay yearly premiums for health services averaging \$432 per person? And in Alberta health premiums are \$408 per person per year? In Saskatchewan there are no health care premiums.

Did you know, Mr. Speaker, that in 1997 Saskatchewan spent over one and a half billion dollars in health expenditures? That's \$1,547 per person per year. While Alberta, with its premiums of \$408 per person, spent \$1,418 per person; Quebec spent \$1,527; and Manitoba spent \$1,628.

In Saskatchewan, where there are no health premiums, we have 4.6 staffed hospital beds for every 1,000 people, compared to 3.4 in Ontario, 4.9 in Manitoba, 3.1 in Alberta — with health premiums — and 4.2 in B.C. In other words, Mr. Speaker, we still have, in spite of what the opposition is saying, one of the highest rates of hospital beds per capita in all of Canada.

Mr. Speaker, we in Saskatchewan enjoy a long life. In fact Saskatchewan people have the fourth highest life expectancy in Canada. While we both know it's nice to live a long life, but with longevity comes added health costs as our bones get creakier, our arteries clog up, our hearing weakens, and our vision dims.

We need to make repairs to our bodies so that we can enjoy the best quality of life possible. The \$88 million added to the Health budget this year will help provide services needed to assure this quality of life. We will see upgraded, modern base hospitals in Saskatoon and Regina, better emergency coverage, increased specialist services, and a fuller range of services for people all across the province.

In December 1997, 26 new physicians established a practice in rural Saskatchewan through the rural practice establishment grants. And the total number of specialists in Saskatchewan has increased slightly in the past few years, while the number of rural specialists have remained stable. All in all, this is good news, not only for Saskatchewan but for rural Saskatchewan.

(1430)

Mr. Speaker, all too often we don't realize the value of something until it's gone. Medicare is something that has a value beyond compare. We have children, we receive surgeries, hospital care, and we receive home care without any real thought as to the dollar value of the services provided through our health care system.

Many of our under-40 population simply cannot perceive what a two-tier system or total loss of medicare would mean to them. I'd like to share a bit of information with you, Mr. Speaker, and with all members of this House.

As most of you know, our neighbours to the south, the people living in the United States, have little or no medicare so many people pay their own way or purchase health insurance at a high rate to cover their health costs. These costs can mean financial ruin, especially for seniors, who often need more health services due to ageing.

But medicare makes a difference. For instance, in the later part of the 1980s a visit to the doctor's office cost \$35 in the United States; in Canada it cost an average of \$25, which is paid for by medicare.

During this same time, coronary artery bypass costs \$4,000 in the United States — that's not including the hospital stay — and it's paid for by the individual. In 1991 a normal childbirth in the United States cost over \$4,000, and a Caesarean delivery costs \$7,286; an appendectomy cost \$1,000; hip fracture treatment cost approximately \$7,000, with an additional \$4,692 for in-patient home treatment. Again, these dollar values do not include hospital stay. And there is no medicare to cover these costs.

All too often we see news stories of people in the United States who have had to declare bankruptcy and lost their homes in an effort to provide medical care for loved ones.

**The Acting Speaker (Mr. Trew):** — Order. Now the member for Battleford-Cut Knife has the floor. All other members will have an opportunity to enter into this debate. As it's obvious that other members do wish to enter the debate, I look forward to those interventions at the appropriate time.

**Ms. Murrell:** — All too often we see stories of people in the United States who have had to declare bankruptcy and lost their homes in an effort to provide medical care for loved ones. In Canada, and in Saskatchewan, we have had medicare for 36 years. We do not have to pay out thousands of dollars for health services. We do not have to wonder if we can afford proper health care for our loved ones.

Imagine if you will, Mr. Speaker, today having to pay \$2,150 for cataract surgery; \$9,000 to have a hip replacement; \$2,100

for a normal child delivery; \$2,600 for an average hospital stay; or \$3,200 a month for the average stay in a nursing home. How about \$25 for a visit to the doctor during clinic hours; or \$90 for a visit to emergency, not including the treatment, just the consultation with a doctor.

For full treatment you can add a total of number cost . . . you can add a number of costs — \$28 for a chest X-ray; \$40 for the central insertion of a catheter; \$26.50 for the collection of bone marrow; \$80 for an emergency CPR (cardiopulmonary resuscitation); \$1.19 per tablet for a prescription; and the list goes on. Yes, these are the costs Saskatchewan medicare covers for each and every one of us.

Mr. Speaker, many of the 87,000 surgeries that were performed last year in Saskatchewan would not have taken place if individuals had to pay the full costs. Many of the 4.6 million people who visited family physicians would not have seen a doctor, and the 650,000 visits to emergency would have been considerably less if people were personally liable for the costs.

Health care is not free, Mr. Speaker. As users we must not be abusers. We must be realistic and understand that to be responsible, this government, indeed no government, can meet all the demands being placed on the health system without cutting back drastically on other services.

Mr. Speaker, we would all like instant care and hospital beds just around the corner. We would all like to have our health needs met at home, but this is simply not possible.

Mr. Speaker, the CCF-NDP (Co-operative Commonwealth Federation-New Democratic Party) implemented medicare in Saskatchewan. It's Saskatchewan's gift to Canada. We believe everyone has a right to the best health care available. We want better services for all because we believe the 35,000 residents of Saskatchewan who are served every day through our health system deserve the best we can afford — the best we can afford, but not at the peril of all else.

This government will not play on people's emotions and make promises that are unrealistic, promises that we cannot keep. This government remains committed to the sacred trust of medicare without premiums, without private hospitals, without a two-tier system such as that advocated by those members opposite. We remain committed to providing the best care possible in the most responsible, sustainable way.

Mr. Speaker, it is because of this government's commitment to health care that I move, seconded by the member from Swift Current, the following motion:

That this Assembly commend the government for increasing health spending in this budget to the highest level in the history of this province, thus ensuring that health care remain universal and publicly funded, and not slip into a two-tiered system; and further, that the Assembly urge the federal government to reverse its current practice of funding health care at 13 cents on the dollar, returning its investment to 50 per cent.

Thank you.

**Some Hon. Members:** Hear, hear!

**Mr. Wall:** — Thank you, Mr. Deputy Speaker. I consider it an honour and a privilege to stand in this Assembly and commend the government in its commitment to universal health care. The budget that was passed reinforces this commitment and, Mr. Speaker, it bears repeating.

The 1998-99 Health budget is \$1.72 billion. This is an increase of over . . . of approximately \$88 million. The operating funds to the district health boards, totalling almost \$1.1 billion, for acute and rehabilitation services, long-term care, home-based services, community and emergency services. All districts received an increase of at least 1.2 per cent. Maximum increases ranged up to 3.2 in the larger cities like Regina.

Total investment of \$45 million for upgrading and replacing 10 to 15 health facilities. I had the privilege just the other day of attending the sod-turning at Shaunavon which will cost approximately \$5 million — a new addition to it, very well received.

An increase of 22 million for physician services which will provide greater stability and improve the recruitment and retention of physicians. An increase of 5 million in the Saskatchewan prescription drug plan to meet program needs and cover new medications.

And of course we all know about the development and the implementation of the Saskatchewan Health Information Network at a cost of \$20 million. This budget shows that this government is in full support of universal health care.

**Some Hon. Members:** Hear, hear!

**Mr. Wall:** — Mr. Deputy Speaker, we are indeed fortunate to be living in a province which is recognized internationally as having the best health system. Mr. Speaker, this would not have happened without the vision, the determination, and the perseverance of this and former CCF-New Democratic governments.

Throughout its history from the early beginnings of universal free health care in the Swift Current Health Region No. 1, there have been numerous naysayers who feed on the fears of the people, and through innuendo and fearmongering tactics, attack the universality of medicare.

My colleague, the member from Battleford-Cut Knife, eloquently outlined some of the benefits and the costs of these benefits to the people of Saskatchewan. Mr. Speaker, today medicare is under attack throughout Canada. When the federal budget is balanced at the sacrifice of health care, education, and social services, on the backs of not the profitable corporations but on the backs of the poor, the unemployed and the sick, the sordid message is sent throughout the country.

Mr. Speaker, this government has not followed the lead of the federal government, especially with regards to the social safety net. In the area of health care, as the member from Battleford-Cut Knife stated, the federal portion of health funding has dropped from 50 cents of every health dollar to a token payment of 13 cents. That's right — 13 cents, a shaming

indictment of the federal Liberals.

Mr. Speaker, during the last few weeks the opposition has stated that the health care in this province is in crisis. The members opposite base this profound statement because of the closure of a hospital in Regina.

Is health care in crisis? Let's take a look at a survey which was conducted by the health board members and managers, and managers of Saskatchewan health. A brief summary of this survey is as follows:

Ninety per cent of the board members agree that health reform is mainly about shifting emphasis from sickness care to wellness — 90 per cent.

There is strong support among health board members for a publicly funded, comprehensive health care system. Few believe that a publicly funded system is no longer sustainable or that individuals rather than taxes should pay directly for the services — like some of the members opposite have advocated — that members should pay premiums. This is not of the opinion of the people of Saskatchewan.

In their evaluations of health reform to date, more than 80 per cent of the board members and over 90 per cent of others, agree that the changes made in the last five years have been for the best. Again, we hear the opposition saying, no way. And still 80 to 90 per cent of them say that the improvements have been for the best.

And I agree with them. These responses confirm widespread support for both the philosophy of health reform and its perceived impact to date.

Respondents believe that health reform has improved the quality of various aspects of the health system to date and are even more optimistic about the future — a good sign for the people of Saskatchewan. Large proportions anticipate improvements in the future with only 10 to 15 per cent expecting deterioration.

Now that 10 to 15 per cent correlates very closely to the support that the Saskatchewan Party and the Liberal Party are getting out in the province. Ten per cent of them believe it'll deteriorate; the other 90 believe that it will improve, and those are the people that we are so pleased to govern.

Over 90 per cent of Saskatchewan health managers think reform has increased local control over services — another thing which the opposition says is not happening, that the provincial government has complete control. Well the health board district people, the health managers, and the CEOs (chief executive officer) say no, we have more local control under this new system than we had before. Where these people opposite get their ideas from is beyond me.

(1445)

Does this sound like a system in crisis, as the opposition parties would like us to believe? The members opposite say, well what about the people? Well, Mr. Speaker, poll after poll shows that those people who have had to use the health system, who have

used, actually used the health system, 80 to 89 per cent of them have expressed great satisfaction or satisfaction with the services.

**Some Hon. Members:** Hear, hear!

**Mr. Wall:** — Where is all of this crying about the crisis of health in Saskatchewan? It's not there.

Mr. Speaker, time after time we have heard various members over there promote a two-tier or privatized medicine. This government will oppose any and all attempts to destroy the universality of medicare and will never, ever allow the private sector to be introduced as it is in the United States.

They point with pride to the American system of private health care. Mr. Speaker, "The Doctor Is Not In" is an essay by Ronald Glasser, and I mentioned this in my throne speech, which appeared in *Harper's Magazine* in March 1998. Glasser, by the way, is a Minneapolis pediatrician and the author of several books.

In his essay he describes the health care in the good old U.S.A. (United States of America). Here is a statement which was signed by thousands of doctors with regards to what it is like:

The time we are allowed to spend with the sick shrinks under the pressure to increase throughput, as though we were dealing with industrial commodities rather than afflicted human beings . . . Physicians and nurses are being prodded by threats and bribes to abdicate allegiance to patients, and to shun the sickest, who may be unprofitable. Some of us risk being fired or "delisted" for giving, or even discussing, expensive services. And many are offered bonuses for minimizing care.

Does this sound like a system that we want for Saskatchewan? I think not.

Lately, with regards to the . . . there has been a campaign out in rural Saskatchewan called, let's keep the Plains. A thinly disguised way of the Liberals and, to a certain extent, the Tories, attacking medicare.

Here is an example of what they have done. In *The Southwest Booster*, which is a paper in my constituency, the headline reads "Comments alarm the provincial Liberals." It really alarms these Liberals. And what does alarm them?

Well they say that the NDP must understand how serious this situation is. If the number of beds in Swift Current drops below the 100 mark, the Swift Current Hospital will lose its status as a regional centre. Who said that? It was the hon. member from Wood River. Oh, and how he enjoyed that. Any time.

So what happened in the second page, on the second page of this same paper, the same edition? Let's read what they have to say:

Dear Editor:

Swift Current District Health Board wishes to assure the public that reports suggesting dramatic reductions in

hospital beds are false (false). We are engaged in creating a vision for the future which will expand programs and services not reduce them.

A complete contradiction of what the member from Wood River had said just previously. We will . . .

**An Hon. Member:** — Knock on some doors in Swift Current and find out . . .

**Mr. Wall:** — The member opposite says knock on some doors in Swift Current. I'm sure that I would be glad to — and I have, and of course we have more support there than we had before. We have a good health system.

Now a few words to those Jeremiahs over there, those poor benighted members, especially the member from Wood River, who will go to all lengths, who will use false information, innuendo, and downright distortions of the truth to try to spread fear amongst the good people of Saskatchewan. Their hypocrisy leaves one ill.

However, the people of Saskatchewan are aware of these fearmongering tactics, just as they were aware of the underhanded tactics that this former Liberal Party used in 1962 to try to prevent the inception of medicare — underhanded.

And you know what, Mr. Speaker, the final result will be the same. They will be relegated to a non-status position and the Saskatchewan people will place their trust in the party who not only introduced medicare to this province and to this nation, but who are the only party which will fight for its very survival despite the vicious attacks by the federal Liberals and the cousins sitting opposite.

**Some Hon. Members:** Hear, hear!

**Mr. Wall:** — Mr. Speaker, I am pleased to second the motion of the member from Battleford-Cut Knife.

**Some Hon. Members:** Hear, hear!

**Mr. Toth:** — Thank you, Mr. Deputy Speaker. Mr. Deputy Speaker, a few comments before I move an amendment to this motion. But I want to just talk a few minutes about some of the comments that have been made by the members from Swift Current, and I think it's Battleford-Cut Knife, if I'm not mistaken.

It's interesting to note, Mr. Speaker or Mr. Deputy Speaker, how the members opposite always like to applaud themselves or pat themselves on the back. And it's just interesting to also note how much easier it seems for them to be able to reach around them, like their arms are growing longer all the time from so many pats on the back. And I would suggest to you, Mr. Deputy Speaker, that there are many people across this province who really don't see the government having a lot to applaud themselves for, especially when it comes to health care.

The government talks about increasing health care. I would like to just . . . and while it may be true this year, especially with the fact they put \$88 million more into the health care budget this year, but if you take a look at the \$88 million, you take a look at

the waiting-lists that people are on in the province right now, you take a look at the access to operating rooms or access to acute care beds or even emergency services, it's interesting — of that \$88 million, Mr. Deputy Speaker, the people of Saskatchewan will see very little improvement in those areas.

And why do I say that? Because look at how it's divided: \$20 million is going to the Saskatchewan Health Information Network, to design the SHIN program; 44 million is going into construction; 24 million is going into rural health boards or the district health boards.

But, Mr. Deputy Speaker, take a look at what district health boards are facing. The Regina District Board, the Saskatoon District Board, between them have a \$10 million deficit they have to address; East Central Health District, I believe is around 3.5; Living Sky, 1.5. By the time you add the deficits up, Mr. Deputy Speaker, \$24 million doesn't even help the health district boards deal with the increases that they're facing this year, let alone address the deficits they're facing.

So what do you have at the end of the day, Mr. Deputy Speaker? Does it mean there's going to be more beds in Saskatchewan or even just maintaining the bed levels to meet the growing needs in the province of Saskatchewan? No. In fact many of the district boards are cutting acute care funding, like Living Sky. We just heard the other day where they're cutting back . . . in communities they're cutting back to four or five acute care beds.

And, Mr. Deputy Speaker, what does that tell? What does that say to people living in rural Saskatchewan? What does it say to people here in Regina or Saskatoon? Even some of the comments when I was at the Lanigan meeting, Mr. Deputy Speaker, where people even in Saskatoon become frustrated because there the hospitals that they look to for services are being clogged with people from the rural areas. And, Mr. Deputy Speaker, we're not saying they shouldn't be there, because that's where the specialist services are. We need those services. But there's a lot that rural communities can offer as well.

But for this government to stand up and applaud themselves for how well they have done in maintaining or managing health care, I think, Mr. Deputy Speaker, that this government is doing health care and even the memory of Tommy Douglas and Woodrow Lloyd a very great disservice. Because I do not believe that Mr. Douglas or Mr. Lloyd would even approve of the management of health care in the province we have today.

In fact, Mr. Deputy Speaker, we don't have to go back too far and take a look at how the government is really managing health care. They talk about the wellness model. Well, Mr. Deputy Speaker, who introduced the wellness model? It was none other than Louise Simard in 1992.

At the same time when she talked about wellness, why did she say we needed a wellness model? Why did she close, and the government close, 52 rural hospitals and announce the closure of the Plains hospital? Why, Mr. Deputy Speaker? Because they said they needed to do that in order to save money to address deficit spending.

And then three years later we're chatting with the minister — there's been a change of ministers; it's now the member for Saskatoon Mount Royal — we asked him, because I've been looking at the blues and looking at the financial statements and I found that in reality, despite all the closures, despite the number of hospitals that have been taken out of service, the number of beds that have been taken out of service, the number of jobs that have disappeared, Mr. Deputy Speaker, there really wasn't any reductions in spending in health care.

So we asked the minister, how does this . . . how do you attribute this fact that there really hasn't been any reductions in health care spending? And the minister at that time, the member for Saskatoon Mount Royal, said that wellness was not about saving money; it was about spending money differently.

Well I'll tell you, Mr. Deputy Speaker, people across this province, when they look at this spending money differently, do not believe that the spending money differently is really meeting the needs of individuals.

As the member from Battleford-Cut Knife said, people in Saskatchewan certainly do believe in the health care system. They believe in medicare. And they believe that they have attributed strongly to medicare. But I don't believe at the same time, Mr. Deputy Speaker, that people in Saskatchewan believe they're getting something for nothing. For the member to say that Saskatchewan people are getting something for nothing isn't true, isn't reality.

We all pay taxes. We pay taxes into the provincial treasury, taxes which go to cover services such as health care. So whether you're paying a premium, as the member is suggesting some other provinces do, or whether you're paying it through taxes, we all are paying something towards our health services and we all expect to receive something in return. People in Whitewood said that last night. People have said that all across the province, even in Weyburn.

Mr. Deputy Speaker, when you look at what the government talks about when they talk about increased spending, people do not see the increased spending. They see the cut-backs; they see the closure of another 10, 20 or 30 acute care beds. They see the closure of the Plains health care centre as taking away something rather than building a better health care program for the future.

And I find it interesting, Mr. Deputy Speaker, that the government would prefer to blame somebody else. They always like to find somebody else to blame. Before it was . . . Well, I shouldn't say it before, because it actually has always been. They continue to blame district boards.

Well, Mr. Deputy Speaker, I find that very interesting. The district boards, who appointed the district boards? Who formed the district boards? The district boards were formed by this government. They appointed them all in the first place. Every one of them was a political appointee. And now they've got . . . and they still have control over the district boards by appointing one-third of the district boards.

Mr. Deputy Speaker, if the government really is serious and really wants to allow boards to have some real say and

autonomy, then they can move forward the private members' Bill that is calling for the elimination of appointed board positions and have them fully elected. And if they really want to give boards autonomy, allow the boards to have . . . give them block funding and allow them to spend the funds in a . . .

**The Acting Speaker (Mr. Trew):** — Order. The hon. member for Moosomin is making his presentation. He waited his turn, and I invite other members who wish to enter this debate to do so at the appropriate time. In the meanwhile, the hon. member for Moosomin has the floor.

**Mr. Toth:** — Thank you, Mr. Deputy Speaker. Mr. Deputy Speaker, as I chatted with board members . . . and certainly not all board members see my point of view — I will acknowledge that. And the facts are, we're all individuals and everyone has a different perception of how they view the delivery of health care.

But I know many board members really feel constricted under the current guidelines and under the current board program. And if the government really talks to . . . and means business about allowing the boards . . . and especially blaming the boards, then give the boards the autonomy to operate and function. And if they don't do it the way you like it, then you have the right to blame them. But to blame them for something that when you have a number of at least a third of the positions appointed, when the government through the department still controls how a lot of the funding is spent, isn't fair and isn't right.

Mr. Speaker, as well the government likes to blame the federal government. Well to say the federal government's responsible, Mr. Deputy Speaker, yes the federal government has their share of responsibility as well. The federal government has used health care to balance its budget. Yes, they have.

This government as well though, Mr. Deputy Speaker, is not innocent. They have used other agencies as well. They continue to blame; they've offloaded onto rural governments; they've offloaded onto local governments, district boards, boards of education. Almost every board in this province and the taxpayer of this province has had to carry an extra load as the government offloads to try and balance the books on one hand or the other. So, Mr. Deputy Speaker, to say that one or two individuals or groups are responsible is not true and it's not fair, and it's time the government recognized that.

(1500)

Mr. Deputy Speaker, when you look at this motion before us, the motion talks about maintaining a universal and publicly funded program and not slipping into a two-tiered system. Well, Mr. Deputy Speaker, I believe we're there already, and I believe we're maybe even past the two-tiered system. To say that we don't have one in this province as well is not . . . untrue.

There are individuals in this province who have gone outside of the province for services because they're not prepared, and in many cases while the problem they're facing may not be life-threatening, but to wait for 375 days or 365 days and just as a recent phone call came to my office, an individual saying that they were told last June that they might have to wait a year for

this operation; so they were expecting to at least by June of 1998 have the operation they were looking for, now are just informed that it could be September or even later. That's even more than 370 days.

So you wonder why people leave the province to receive some of the services they're looking for in this province. Mr. Deputy Speaker, when people do that, it's already an indication to me that we're beyond or we're into, well into a two-tiered system.

And it's time the government took a serious look at how we are addressing health care, where we are putting our funding, and how we are reaching out to meet the needs to address long waiting-lists, to address the problems that we're having in emergency care and the lack of beds and the fact that in many cases people do not receive an operation because just about the time they're there . . . In fact as we saw last spring, an individual from close to where to I come from had been exactly . . . had called me from the hospital and she was irate. And I don't blame her.

Actually she was laying, she was just in fact on the operating table when they came in and said to the doctor, we can't continue, we can't go ahead with this operation because we don't have a bed to place this individual into. And the government's talking about closing the Plains health care centre, Mr. Deputy Speaker, when we're lacking beds.

The physician, everybody, was ready to perform the operation but there wasn't a bed available for post-operative care, and that was really tragic and unfortunate. Especially, especially, Mr. Deputy Speaker, when this individual had to make plans for someone to manage the business and then had to go home and re-function or shift everything in order to accommodate a postponed operation which would come later on and the uncertainty of it.

So, Mr. Deputy Speaker, I find it appalling that this government continues to commend itself. As always, they're about the only ones that are giving themselves any credit. There aren't a lot of people out there who are giving them credit. And I feel, Mr. Deputy Speaker, that this government has really failed in many cases, certainly in the area of health care. With that in mind I'd like to move this amendment:

That all the words after "Assembly" be deleted and the following substituted therefor:

condemns the provincial government for its continued mismanagement of the health care system in Saskatchewan and for its lack of compassion for those people in Saskatchewan who no longer have adequate access to health care after the NDP's massive reductions in health care services.

I move, seconded by the member from Kelvington-Wadena.

**The Acting Speaker (Mr. Trew):** — The Chair will take a few moments to make sure that the amendment is in motion. Why is the member for Regina Victoria on his feet?

**Mr. Van Mulligen:** — Mr. Speaker, I wonder if during this time I might have the permission of the members to introduce

some guests.

Leave granted.

### INTRODUCTION OF GUESTS

**Mr. Van Mulligen:** — Thank you, Mr. Speaker. Mr. Speaker, in your gallery we have a large group of visitors. These are students who are enrolled at the University of Regina in the English as a Second Language institute. These are students who have come to us from many parts of the world and who come to Regina to learn to speak English better.

I look forward to meeting with these students in a few moments and I ask at this time that all of the members join me to show these students how welcome they are here today.

**Hon. Members:** Hear, hear!

### PRIVATE MEMBERS' MOTIONS

#### Motion No. 3 — Health Care Funding

**The Acting Speaker (Mr. Trew):** — The motion has been amended by the hon. member for Moosomin and seconded by the member for Kelvington-Wadena. I find the amendment in order.

**Some Hon. Members:** Hear, hear!

**Mr. Ward:** — Thank you, Mr. Speaker. I noticed with interest when the member from Moosomin was giving his oration there on health care, he blamed several people for the ills of health care in Saskatchewan. Unfortunately he omitted the previous Conservative government of this province, of which he was a member. And they ran up a billion dollars a year every year, of debt every year they were in power, Mr. Speaker. It seems odd that he would forget them when he was a member.

Mr. Speaker, I realize, as does the government, that health is a very emotional issue for many people and that we all have a story to relate about our experience with the health care system or at the Plains or anywhere in the province.

I have an emotional story, Mr. Speaker, myself about the Plains hospital. My son-in-law, on a construction site, fell and broke his neck. There was somebody trained on the construction site that knew not to move him. The ambulance service came, knew enough to immobilize his neck. He went to the emergency service in Estevan where he was stabilized and transferred to the Plains hospital in Regina. He was operated on there and sent over to Wascana to recuperate.

And this is all very well, Mr. Speaker. But am I glad that the Plains hospital was there? Not in particular. But I am really glad that the system was there, right from the training on the work site to the Wascana Rehabilitation site.

**Some Hon. Members:** Hear, hear!

**Mr. Ward:** — And as I said, we realize that these are very emotional issues. And for a lot of people, emotion . . . And emotion is very easy for the opposition parties to tap into. And

they can say anything they want because as long as they are in opposition they'll never have to do any of the things that they say they'll do.

And I hear the member yelling, it's more than emotion; it's about health care. And I've heard that at their public meetings, Mr. Speaker. And I'll get up at the public meetings and they'll say, it's politics, pure and simple. And they'll say, it's not about politics; it's about health care.

Well, Mr. Speaker, I've only been in this province for about 50 years. But as long as I have been in this province, emotion and health care are politics in Saskatchewan. They're not burdened by the little things like balancing the budget or providing other services like education, social programs, highways, paying the interest on the debt. Their whole issue is spend more on health care.

And where are they going to get the money? Not once have they told us where that money's going to come from. Well they've made some, they've made some suggestions. Their leader says he sees the potential to generate large sums of money by selling 10- to 15-year development leases to oil and gas companies and getting them to pay up front.

Well, Mr. Speaker, that would just about immobilize the oil and gas industry in Estevan. Now they may be in favour of that, but I'm not. If they want somebody to come to Regina from Estevan and purport that kind of rhetoric, I'm not the man that's going to do it because I want the jobs in Estevan.

They have permitted petitions every day in the House, telling us to provide adequate funding for the Plains, and this is easy to say. But not once have they said where that money is going to come from. Maybe they'll take it out of Education; maybe they'll take it out of Social Services; maybe they'll take it out of Justice or Highways. Or they might reduce the civil service by about 500 people, Mr. Speaker. I think they've suggested that.

But every day more than 35,000 people make contact with the health system in Saskatchewan — 15,000 receive physician services; 9,300 receive nursing home care; 6,200 receive home care; 4,300 people receive emergency or scheduled care in hospitals; 200 emergencies are served by a road ambulance.

Now take that number, Mr. Speaker, 35,000 people. Every month that's roughly a million people. Every person in Saskatchewan can be in the hospital, or have in a health system, 12 days a year paid out of their taxes. The member opposite says that they think it's for nothing. It's not for nothing. People know it comes out of their taxes and they appreciate that.

The member, the Conservative Party probably are promoting the same as Alberta; they tend to refer to Alberta a lot. Well, Mr. Speaker, in Alberta a family of four at a \$50,000 income pays \$816 premiums in health care. I don't think the people in Saskatchewan want that on top of their fees.

But can we do more? Of course we can; we are doing more. For instance in '96-97 we performed 469 more angioplasties than in the '91-92. That's a 109 per cent increase. In '96-97 we performed 4,600 more cataract procedures than in '91-92. That's an 81 per cent increase. In '96-97 we performed 430



more, total hip and knee replacements than we did in '91-92. That's a 30 per cent increase.

Also the number of MRI scans in the province are increasing. In 1991 Saskatchewan performed zero scans. We didn't have a MRI scanner. It is projected that this year we will perform 5,300 MRI scans in this province. Beyond that, a second MRI for the province is coming to Regina.

And I'm proud to say, Mr. Speaker, that we are investing in quality health services for Saskatchewan — unlike the federal Liberals, who have cut the funding from 50 cents on the dollar to 13 cents on the dollar — and not only have we back-filled that money, Mr. Speaker, but we've added another 88 million this year and a \$40 million increase last year.

The number of surgical procedures that people provide in the province each year is staggering. In '96-97, 87,377 surgeries were performed. If you divide that by 365 days a year, that means 240 surgeries are done each and every day in this province. And they say, Mr. Speaker, that this isn't good health care.

They petition us to increase the funding. Yet when we get up and ask them to go and find a better health care system anywhere in the world, Mr. Speaker, they come up blank. In fact they come up blank fairly often. And where do they get their help from, Mr. Speaker? Well the media helps them quite a bit.

Because every day that they bring in one out of those 35,000 people that have a problem in the health care system — we're not saying it's perfect, that it can't be better — but they bring in one person out of 35,000 that's having a problem, and the media jumps on it as a crisis.

I don't believe that, Mr. Speaker. I think there are problems occasionally; any system has problems occasionally. But then you see editorials written in the paper by . . . Well here's one by Bob Hughes, and I think the member from Regina Victoria responded to it with a letter the other day. But what they're doing, Mr. Speaker, is putting in-objective reporting and no investigative reporting.

He says here, "No vacancy signs out front of the emergency entrances to the city's three hospitals soon to become two." But does he go on and do a little investigative reporting on that and find out that yes, there are two emergency rooms going to be when the consolidation is done. But that there'll also be two ambulatory care units.

They don't want to say that because that would essentially be saying there are four emergency rooms. Because if you go in with a sprained ankle, Mr. Speaker, it's not an emergency. You can go to an ambulatory care unit and be looked after there, leaving the emergency room open for heart attacks or car crashes or whatever other emergency may arise.

(1515)

Anyway, Mr. Speaker, new medical technologies are constantly being developed and as a result, hospital stays have become shorter and shorter. This is nothing new. Hospital stays have

been getting shorter over the last 45 years. Health professionals are developing new procedures and are using new technologies to decrease recovery time and make treatment easier on the patient.

For example, we now have a lithotripter in Saskatoon. It breaks up kidney stones with shock waves; you don't need surgery; the recovery time is about one hour.

That's where the reduction in beds comes in, Mr. Speaker. You don't have to spend three weeks recuperating in the hospital; you can be in and out in an hour with a kidney problem. Previously, doctors would have to operate; obviously recovery time from that type of surgery would take much longer.

Although hospital stays are shorter than ever, there is no evidence that patients are being discharged too soon. Readmission rates to hospitals, often used to measure whether patients are being discharged too soon, have not changed significantly in recent years. Provincially, rates of readmission within 30 days of discharge have remained steady. In '91-92, before the health reform, 12.47 per cent of patients were admitted to hospital again within 30 days of discharge, compared to, Mr. Speaker, in '99 . . . or '95-96, 11.69 per cent. So they're actually going down and the stays are shorter.

In a recent refinement to monitoring this indicator, the department compared rates of readmission within seven days for Regina and Saskatoon. These readmission rates were 3.4 per cent both in '91-92 and in '95-96. The ratio of long-term care beds per thousand population in Saskatchewan age 75 and over is 133; Manitoba has a ratio of 127; Prince Edward Island has a ratio of 89; and Ontario, which we heard about today, Mr. Speaker, being the wonderful, compassionate province that it is, has a ratio of 95.

Well who is the most compassionate, Mr. Speaker? We have more beds per thousand for seniors over 75 than most other provinces in this country.

Before I sit down, Mr. Speaker, I'd like to say just a few words about the Plains and how that move will affect health care. I know that there's a motion coming up later about this, but I'll save the Assembly some time and do it now.

Many questions and concerns have been raised concerning the impending closure of the Plains Health Centre and consolidation of health care services in Regina. Many individuals, particularly southern Saskatchewan residents, who have received excellent care at the Plains — and my family was one of them, Mr. Speaker — fear that that same level of care will not be available once consolidation is completed.

It is this government's belief that once consolidation takes place, the level of care will be greater than ever before. Consolidation means that service will be improved. No hospital beds will be lost as a result of the Plains closure. The 153 beds now located at the Plains will be relocated to the General Hospital and Pasqua hospitals for a total of 675 beds in acute care hospitals. There are now, and will continue to be, 675 acute care beds in Regina.

But on an average day, Mr. Speaker, in Regina only 608 of

those beds are filled, leaving almost 70 beds available. That's the average daily census over the year, Mr. Speaker. The space available for acute care services will be increased. The 240,000 square feet of hospital space at the Plains will be replaced by 400,000 square foot addition at the Regina General Hospital and an 80,000 square foot expansion at the Pasqua. Consolidation will mean an improvement in services.

After October, the 11 beds spread out in two hospitals allocated to patients with heart disease will be translated into 12 beds located in one ward of the Regina General, for these are the most critical cases of cardiac sciences, Mr. Speaker, and there will be new equipment ordered for that and the services will improve. We won't have doctors running back and forth across town — because the General is so hard to find, I don't know how these doctors manage. By bringing all these beds together in one location, for which the state-of-the-art equipment has been ordered . . . and the use of this equipment and precious time for the specialist.

When the new addition of the Regina General is opened, it will contain a new MRI — a first for southern Saskatchewan — two spiral CAT scan machines, and a new cardiac laboratory and neurosciences laboratory. Improvements at the Regina General and Pasqua hospitals will also improve emergency care, and I touched on that earlier, Mr. Speaker.

Many people have raised concerns over the parking at the Regina General Hospital. Because of the construction, parking at the Regina General is in short supply right now, and we admit it, Mr. Speaker. With only 648 parking spaces, this is a short-term situation. When construction is complete, there will be 992 parking spaces, and the visitors' lot will be right outside the main entrance, Mr. Speaker.

Together with the city of Regina, the district will address access issues to the hospital. There will be new directional signage in place to the hospitals. Health care is a priority with this government, Mr. Speaker, and is a priority in Saskatchewan.

I'd just like to close, Mr. Speaker, by addressing this letter that was in the paper from the mayor of Estevan, and he rambled on. But I think the most important line is the last line in this letter, and he says:

Most importantly, doing what it takes to keep the Plains Health Centre open and operating as it did in the early 1980s.

Now, Mr. Speaker, the mayor may want to go back to the 1980s; the Conservatives may want to go back to the 1980s, and even the Liberals may want to end up in the 1980s, but, Mr. Speaker, I'm in the '90s and I want to stay here with this government. Thank you.

**Some Hon. Members:** Hear, hear!

**Mr. McLane:** — Thank you, Mr. Speaker. I'm glad you recognized me.

Mr. Speaker, I listened with interest and read the original motion and how it was worded and the members opposite and the government trying to pat themselves on the back and

commend themselves for what a great job in health care they have done and how they've tried to tie themselves, Mr. Speaker, to people like Mr. Tommy Douglas and Mr. Woodrow Lloyd in the past, and the CCF. And I see that more and more every day in this House. They're trying to grab on to the straws of the past, of people that were committed to a health care system in this province that met the needs of all the people in this province.

So when I see, Mr. Speaker, a sentence in the motion that says "not slip into a two-tiered system," . . .

**The Speaker:** — Order. Order. The Chair reminds all hon. members that you'll have the opportunity to put your remarks on the record during the debate. I encourage the hon. members who have remarks to make to put them on the record rather than shouting them across the floor.

**Mr. McLane:** — Thank you very much, Mr. Speaker. As I was saying, as I read the line that says "and not slip into a two-tiered system," I just wonder where the members opposite have been for the last several years and through health reform where we've gone into a two-tier health system, Mr. Speaker.

And a good example of that, of course, is our drug plan, Mr. Speaker, that those members opposite have cut since they've come to power in 1991, to where now people in this province, if you can afford to pay the deductible, you pay, you get your drugs. And those that can't, do without.

And Mr. Speaker, that's verified by many druggists right across this province who will tell us that there are people, elderly people on fixed incomes, on a daily basis coming into the drugstores and rationing themselves on the drugs that the doctors have prescribed for them to treat an illness.

And consequently what will happen, Mr. Speaker, at the end of the day we'll end up with a lot of people that will have a much more serious illness than they originally would have had or might have had, had they been able to afford the drugs and necessary treatment to treat that illness, Mr. Speaker.

One of the focal issues today in Saskatchewan of course is the issue of a building that stands out here on the south-east corner of Regina. It's called the Plains Health Centre, Mr. Speaker. It was originally built as the Plains hospital to serve the needs of people in southern Saskatchewan.

As I said, the focal issue is the Plains itself. However, the issue is really all about health care in this province, Mr. Speaker, and how it's continually gone downhill in the last seven years — eight years since the NDP have come to power.

The members opposite say, well the services will continue to be just the same when the Plains is gone. Well that's not much security for the people of this province when we've already seen massive waiting-lists, Mr. Speaker — 6,600-plus people on waiting-lists in this province and not being able to receive service. And we've already seen the shortage of beds in the city of Regina, Mr. Speaker.

So little consolations to the people of southern Saskatchewan when the members opposite say, well things will be the same

after the Plains is gone because that only means that we will still be short of beds, people will be on huge waiting-lists, people will be dying *en route* to the General, and all those sorts of detrimental things that people of Saskatchewan don't have to put up with from this government, Mr. Speaker.

Now the members opposite continually yap about all the things that they've done for the people of this province in terms of health care, and they talk about fearmongering, they talk about the oppositions . . . they continually blame the former administration of this province, the Conservative government, for all the ill-fated deals that they did and they're still in court today. Then they blame the federal government.

I've heard them blame the doctors and nurses in this province, Mr. Speaker, for the ill state of our health care. And they just pick at straws and they try and blame everyone else. And as I said earlier, now they're trying to grab onto the straws of the CCF of the past and people like Tommy Douglas.

But in terms of the people opposite, the members opposite talking about whether the state of health care is in a crisis situation in this province, Mr. Speaker, and whether it's fearmongering by the opposition parties, whether it's fearmongering, as they say, by the doctors and nurses or the people out there, I'd just like to maybe quote a few lines from some of the hundreds of letters that I've received from my constituents in regards to health care and the issue of the Plains Health Centre, the Plains hospital.

And then the members opposite can stand up and tell the Assembly and tell the people of this province if indeed they think that these people are fearmongering and are only doing this for publicity, Mr. Speaker.

First one I'd like to quote from, Mr. Speaker, if I could, is from Terry Martin from Eyebrow, Mr. Speaker, where this person writes a note, and it's addressed to Mr. Premier. And the question is, by Terry: why are emergency room nurses burdened with finding beds for their patients and having the added stress of dealing with the press about it? Now it's an excellent question for the Premier and I hope the Premier's listening, as he should be today, to these questions, and maybe he can send a response back to this person in Eyebrow.

It's an excellent question. Why do emergency room nurses have to be burdened with finding beds for their patients? Why should they have to be run off their feet sending people back and forth between hospitals and trying to decide where they can best be treated instead of saying, here's where they're going to be treated. We know the bed's going to be here at the General or at the Pasqua or at the Plains, and the bed is there. If somebody comes in, treat them, and if they need a bed, the bed is there. Good question, Mr. Premier. Why is that?

And then the other . . . the second part of the question is having the added stress of dealing with the press about it. Of course when the media is talking to these people and they're looking for the reasons why there aren't beds in these emergency rooms, unfortunately it's the front-line workers that have to deal with it. The elected members of the district board, or especially the appointed member, is nowhere to be found. And when they do get talked to by the media they only give the government line

of, well health care, health services will be much better.

I don't think Terry Martin from Eyebrow would like to hear the members talking like they are today about fearmongering . . . (inaudible interjection) . . . A concerned citizen.

We go along, Mr. Speaker, to another couple from Regina Beach, Mr. Speaker. Their question to the Premier is this: how long would it take to get into the hospital should we need hospital care, or for tests? And at the end of this sentence, Mr. Speaker, there are several question marks. I think it's a tongue-in-cheek question and what these people are saying, they're afraid. They're scared of the health care system; of what the NDP, the members opposite, have done to the health care system, and they're asking the Premier to try and rectify the situation.

(1530)

Mr. Speaker, I'd like to quote from another letter from a gentleman at Regina Beach if I might. And his question for the Premier is: recently I had the displeasure of visiting the Pasqua Hospital — now that's quite a way to start out a sentence, Mr. Speaker. The lack of confidence that the people of this province have in the health system is enormous. However I'll continue:

Recently I had the displeasure of visiting the Pasqua Hospital for a period of one week.

Now this next quote, Mr. Speaker, is well worth . . . everyone, even the members opposite, should listen and take note of this. And this gentleman says:

I observed patients sick, dying, and in great pain lining the halls of emergency.

Now is that what our health system is all about, Mr. Speaker? People sitting in the emergency room in the ward, with other people watching why they can't get treatment because there's no one there to care for them because of the massive cuts and an ill-fated health reform that this government has initiated some several years ago.

So I could continue from the quote from the gentleman from Regina Beach:

Also I observed the staff being run off their feet and unable to answer all calls for help immediately.

Now we have people indeed sitting in emergency wards at this hospital, Mr. Speaker, one of the hospitals that the Premier keeps saying is going to be the saviour of medicare in Regina. And this type of thing is happening, Mr. Speaker. Small consolation to the folks and especially to a gentleman like this who had to sit in this emergency ward and look at what was happening to people around him.

This gentleman goes on to make a suggestion I guess, to the Premier of this province in that:

We need much improvement in the health care system and more money.

A suggestion to the Premier, Mr. Speaker, by a constituent. He rounds out his comments with a statement:

Closing the Plains is ridiculous.

Now that's a member of . . . a resident of Regina Beach. His comments about closing the Plains being ridiculous are comments that are made right across this province, Mr. Speaker. Not only in Regina, not only in southern Saskatchewan, but right across Saskatchewan, Mr. Speaker. I'm now beginning to receive letters from much farther North in the province about the closure of the Plains and how people are being affected by the lack of health services in this province.

As I said in my opening comment, that the Plains had just been a focal point on health care but the real issue in this whole exercise, Mr. Speaker, is the fact that people are scared of the lack of services that we have in Saskatchewan in the health care system.

Mr. Speaker, if I could quote from another couple of constituents of mine from the community of Riverhurst. And if the members opposite would like to take issue with these people, I'm sure that they'd be happy to receive a phone call from them if they think that they are just fearmongering and aren't on the mark of what they're saying.

These people go on to say that there is a shortage of beds and operating rooms. Now the Premier can say that there isn't and the Premier can say that everything will be fine after he closes the Plains in October, if indeed he does continue on that track, and we can only hope that he will change his mind.

There is a shortage of beds and operating rooms. For people like us that don't know Regina, there was such easy access to get to the Plains. Now one of the main advantages of course of the Plains hospital in its location is the fact that it has easy access to the people of the province, in particular . . .

**The Speaker:** — Why is the hon. member for Saskatoon Northwest on his feet?

**Mr. Whitmore:** — Mr. Speaker, I'm sorry to interrupt the member at this present time but I would ask leave to introduce guests that have arrived.

Leave granted.

### INTRODUCTION OF GUESTS

**Mr. Whitmore:** — Thank you, Mr. Speaker, and thank you to the member of Arm River to allow me to do this introduction.

I'm doing an introduction today of a school, the Holy Family School from Saskatoon, on behalf of the member from Saskatoon Sutherland who is ill today.

We have a number of students that are in your gallery today, Mr. Speaker. We have 42 grade 7 and 8 students that are here today sitting in the Speaker's gallery. Their teachers today are Mr. Gerry Klein and Ms. Carol Gerspacher. And the chaperon is Debbie Lim.

So I want to welcome these students here today, and welcome to Regina. And I will be meeting them after for a photo. So again I would like all the members to welcome them here today.

**Hon. Members:** Hear, hear!

### PRIVATE MEMBERS' MOTIONS

#### Motion No. 3 — Health Care Funding

**Mr. McLane:** — Thank you, Mr. Speaker. As I was saying, if I could go back to this couple from Riverhurst on the banks of Lake Diefenbaker in my constituency where they're asking the . . . or telling the Premier I guess, Mr. Speaker, that there is a shortage of beds and operating rooms.

For people like us that don't know Regina, there was such easy access to get to the Plains. Of course that's been one of the main issues, Mr. Speaker, on the Plains hospital itself, is the accessibility of that hospital to people in southern, especially rural Saskatchewan.

Now as our population in Saskatchewan, as we know, Mr. Speaker, is ageing, we will continue to see that phenomenon over the next several decades. We will have more and more of our senior citizens needing access to health care. And certainly one of the main advantages of the Plains hospital was the fact that regardless of the area of the province that people are coming from, there are seniors coming from all over. And they're much more comfortable driving in an open area where there's less traffic as there is at the Plains hospital.

Certainly people are continually telling us that they could drive their spouse, mom or dad, to the Plains for whatever reason it might be — for tests, for treatment, for operations. But one of the things that they have said, clear and plain, is that if they're in an emergency situation, the seniors of our province would have much more difficulty driving downtown in Regina than they will driving to the Plains. In fact, many people have said that there's no way that they would be able to drive to downtown Regina to access the services that they need where they could at the Plains. So accessibility is clearly an issue at the Plains.

This couple also goes on to ask the Premier that, please don't close the Plains. That's pretty straightforward, Mr. Speaker. I think even the Premier can understand that and I'm sure maybe even the back-benchers over there might be able to understand that statement.

Then they go on to say, and the last statement is a pretty tough one and it's one that I see on many of these forms, these letters that I get back, where this couple goes on to say, "The NDP government are trying to kill us off."

Now that's a pretty terrible attitude for people in this province to have regarding health care and regarding a government that was elected by the people to serve the people, and one of the areas of service should be ensuring that their health needs are met.

Mr. Speaker, the last letter that I'll quote from is from a gentleman in Central Butte who goes on to address the Premier,

and states this:

There are too many beds being closed and too long waiting-lists for most services. To close the Plains hospital and turn it into any different type of facility is sheer stupidity and stubbornness on the government.

You don't have to be . . .

Mr. Speaker, I'm just having trouble reading the writing here:

You don't have to be very smart to realize that the cost of removing insulation, the asbestos issue, will be near the same regardless of what the use of the building is and not used.

And then they wind up, they wind up his statements with:

Wake up and smell the roses.

**The Speaker:** — Order, order, order. I want to bring to the attention of the hon. member for Arm River that the subject of the motion before us is, although broad, is a different subject from the subject of the motion which immediately follows it on the order papers for debate in the Assembly today. And that in — Order! — and that in order for debate to be relevant, it must be relevant to the subject which is before the Assembly. Order.

And I have been listening for some time and have been recognizing that the subject matter of the hon. member's debate is really — Order! — and that the subject matter for the hon. member's debate is most appropriate for the next item on the blues on the agenda before the House.

I know the hon. member will want to bring his remarks in the context of the motion which is being debated on the floor at this moment. And I'll ask the hon. member to conduct his debate accordingly.

**Mr. McLane:** — Thank you, Mr. Speaker, I'll be happy to. And unfortunately I thought I was addressing the amendment to the motion which says that . . . condemns the provincial government for its continued mismanagement of the health care system.

Mr. Speaker, I do believe, and so do the people of Saskatchewan, that the Plains is part of the mismanagement of this government. And that's why I like to bring in some of the comments from these people regarding health care. And I hope that, Mr. Speaker, that you allow us that latitude.

The issue, Mr. Speaker, the issue of health care in this province is one that I think will — as the health meetings that we're holding around this province will indicate, that with the numbers of people that are turning out for those meetings, that there is grave concern about health care and the health care system in this province and particularly the mismanagement of that health care system by the present government and its former members who started the health care reform model back in 1991, Mr. Speaker.

As these people from my constituency are talking about too many beds being closed, the waiting-lists are too long — that's

mismanagement, Mr. Speaker. That when you allow a system to get into the situation that it is into now is a total example of mismanagement, that a government would allow those types of things to happen. And it's because when the government embarked on the wellness model, Mr. Speaker, there was no plan.

That's the underlying flaw with the wellness model — there was no plan, Mr. Speaker. A group of bureaucrats and the new government hoping to . . . a bunch of people hoping to become government met in the basement of a room here in Regina one evening and thought that kind of a catchy phrase to get elected was wellness model. And certainly in times of budget restraints, the issue caught on because people were wanting to balance the budgets at all levels of government. And so the government based their re-election . . . or their election campaign in 1991 on that.

Unfortunately since that time we have seen nothing but a lack of plan . . . a lack of a plan, total mismanagement. We've seen, as I've been talking about, the closure of one of the newest and most accessible hospitals in Saskatchewan being slated for closure. We've seen the lay-offs of some 600 nurses, Mr. Speaker, the very people that we need in this province to ensure that the health needs of our constituents are being met.

We now see of course, some of the districts starting to recognize the mistake that this government made; in that of the Saskatoon district, in trying to hire on more nurses. And of course being told that well, there's now a shortage of nurses in this province and if we wanted to hire them, we can't get them. Well I don't believe that for a minute, Mr. Speaker. I don't think that all those 600 nurses that were laid off over the last number of years have picked up and left Saskatchewan.

A lot of people have left Saskatchewan, Mr. Speaker, over the last seven or eight years, but I don't think all the nurses have, because many of those nurses, many of those nurses are married to farmers like myself; many of those nurses are married to small-business people in the community. Many of those nurses are married to school teachers. Many of those nurses still have to make a living here, even if they can't practise the trade that they were trained to do.

We've seen the creation of a two-tier system, Mr. Speaker, as I mentioned, in the drug plan of course, and the gutting of that drug plan since the NDP came to power. And I know if you polled a lot of the back-benchers over there, a lot of those people, they would too tell you that that was the wrong thing to do, Mr. Speaker. And I've talked to many of them, and many of them, if they had the courage to stand up, Mr. Speaker, and say yes, we don't think that is where we should have gone, they would be happy to change their view on that.

I talked, Mr. Speaker, about the huge waiting-lists of course, and the people that are suffering and dying as a result of not being able to get the necessary treatments and procedures that they need. So, Mr. Speaker, I think, as opposed to a government that is committed to the people of this province in ensuring that all their needs are met — especially their health care needs — that this province has certainly a huge failing grade with the health care system in this province.

And I think, Mr. Speaker, that because of many of these letters that are coming in, dozens and dozens of them daily, Mr. Speaker, the people are sending a message loud and clear to the Premier that they're not very happy with health care in this province. Thank you.

(1545)

**Mr. Belanger:** — Thank you, Mr. Speaker. I also rise to speak of the challenges of health care, in particular the gist of my presentation will be the northern perspective.

And first of all, Mr. Speaker, I find it very odd that the amendment by my hon. colleagues to the right talks about mismanagement. And I want to say first of all, I think the greatest injustice to the health care system in Saskatchewan, Mr. Speaker, has been the Tory mismanagement of the 1980s and which we are now continuing to pay a heavy price, not only in health care, Mr. Speaker, but also in education and municipal funding and highways. And the list goes on and on and on.

Many of my constituents, Mr. Speaker, they say, they stand up and they say, I find it absolutely amazing and astonishing to see . . . (inaudible) . . . about the challenges of Saskatchewan and especially the challenge as it related to health care system, when they're the ones that put us in this particular mess in the first place.

I'm so glad, Mr. Speaker, that we have young children watching the Assembly today, and obviously they're going to be talking and listening and hearing the debate about health care, what's the future of health care in Saskatchewan, what are some of the challenges of northern Saskatchewan health care. And apparently, Mr. Speaker, it takes a lot of effort, not only by the people of northern Saskatchewan but by the professionals, by the bus drivers, by the tax drivers, by the airplane pilots, all the people out there — they could talk about the challenges of health care in northern Saskatchewan for hours on end.

And I want to say one thing very clear, Mr. Speaker, when every time that the Saskatchewan Party gets up or puts a motion forward talking about the mismanagement of any department, especially health care, I want them to also stand up and take responsibility for the mismanagement of this entire province that has taken place, time and time again, in 1990s and well beyond the year 2000; that we will be cleaning up the mess that they left behind.

So the people of northern Saskatchewan, loud and clear, are saying, stop standing up here talking about mismanagement of health care or mismanagement in any capacity, because you are the ones that mismanaged this province. Stand up and take responsibility for that action.

And stand up and for once speak the truth — no more politics. Mismanagement of this province is primarily and totally because of the huge debt that we are paying as provincial taxpayers as a result of their mismanagement of the finances of this particular process.

Mr. Speaker, the 1980s was a dark time for the history of Saskatchewan. In northern Saskatchewan, once again, Mr. Speaker, once again we have seen evidence that oh, it was not

us that mismanaged health care or highways, it was not us that mismanaged the finances of Saskatchewan. We're a new party.

Well, Mr. Speaker, the people of northern Saskatchewan do not for one instant believe that they have care, compassion, and not for one instant believe that they want to manage health care in the right place. Mr. Speaker, northern Saskatchewan knows the truth; northern Saskatchewan is going to find out the truth and they're going to continue hammering home that message.

Eight hundred and fifty million dollars each year we paid as low as two or three years ago in interests alone, Mr. Speaker. What can \$850 million do? Or \$15 billion in debt, Mr. Speaker. To me that is the most prime and absolute flagship of mismanagement when it comes to health care — \$15 billion, Mr. Speaker. What did we do with that?

Well that's why I want to point out today — I'm standing up talking about the health care challenges on behalf of northern Saskatchewan — and I want to point out we're going to point out the challenges. And we're going to point out the mistakes of the past Conservative government. And now the new Saskatchewan Party believes that they've got this new, fresh approach. Well, Mr. Speaker, the people of northern Saskatchewan and the people of Saskatchewan in general will never forget.

And I want to say as well, Mr. Speaker, that when you talk about management of health care, health care is a holistic approach as people have spoken about time and time again. We would like things like: decent roads; even employment opportunities adds to the health of an individual; a decent education; decent health care; and above all else, Mr. Speaker, a decent home. If you have those four or five ingredients, then the health of the Saskatchewan people will most certainly take an upwards swing.

Right now in northern Saskatchewan health care is not a priority. In the last three years we have spoken about the challenge of health care in the North and we'll continue hammering home some of these challenges.

I found it very difficult, Mr. Speaker, to stand up to talk about the amendment. In particular the reason why, because the Saskatchewan Party in their new effort of trying to appear to be fiscally responsible and a social conscience level that's deserving of parties such as the Liberal Party, they're trying to capitalize on that whole process.

Well, Mr. Speaker, I must say it is a very feeble effort — very feeble. If people out there believe that that motion is going to all of sudden . . . it's a magic wand, all of a sudden they're the most fiscally responsible, they're going to protect health care, well, Mr. Speaker, I say to the people of Saskatchewan on behalf of the northern people that look at how they managed our fiscal situation, look at how they managed the province, look how they gutted health care and sold equipment to Alberta for highways.

Look at all that record. And is that the kind of party you want protecting health care? I say to you, northern Saskatchewan says no, and they will say no for ever.

**Some Hon. Members:** Hear, hear!

**Mr. Belanger:** — Mr. Speaker, I want to particularly point the attention of my presentation now to the challenges and the shortcomings of the medical system in northern Saskatchewan, right from Uranium City to Beauval to Pinehouse, and the list goes on. In particular, the transportation problems the people of the North have to suffer through.

You look at the isolation. Uranium City once was a very glorious community and at one time they boasted a population of 3,500 people. And now, Mr. Speaker, there's probably 250. And the people of Uranium City are now going to lose their hospital. The hospital is going to be moved over to Stony Rapids; there's going to be a brand-new facility built there for the people of the Athabasca Basin.

Now what's going to happen to the health care needs of the people of Uranium City, Mr. Speaker? Has anybody got a clear answer? Is there a clear definition of a plan of how they're going to serve these people long after the hospital is gone?

But, Mr. Speaker, isolation is the biggest challenge of health care in northern Saskatchewan. And you look at the amount of people that are in desperate need of health services in the North and then you turn around and you say to yourself, how can I, as a MLA, how can I help these people out?

Well, Mr. Speaker, when we're given the opportunity such as this to blast not only the Saskatchewan Party for pretending to be caring about health care, but I also wanted to send a notice to the governing NDP Party, that they have got to pay attention to the challenges of northern health and the challenge that people face in northern Saskatchewan.

At the start of my presentation, I want to talk about the seniors first of all, Mr. Speaker. And I got a lady out of Beauval, who was very gracious, to do a study for me amongst the senior citizens. And I told her to take about 20 senior citizens and visit them and see what they thought about health care and some of the challenges that they had. So I even referred to the survey as the McCallum survey, because that was the lady's last name that done the survey.

And the questions that I asked her to go and ask the elderly related to health care. It said, number one, what changes have you encountered over the past several years when it comes to health services in the community. Okay? And number four, do you feel that there are certain services that are needed and not provided to our elderly people. And of course, this last one was number seven, what are some of the pressing issues that you face today?

And, Mr. Speaker, I'll share with any member of the House, any member, government or non-government, the results of those surveys. And every single one of the senior citizens in this survey, the McCallum survey of Beauval, talk about the challenges of health care for senior citizens.

They talk about the fixed income that many elderly people live on. They talk about the travel that many elderly people have to endure — the travel from Saskatoon to Ile-a-la-Crosse, which is five hours. They talk about the coverage, some of the costs of

medication.

And this is the exact problem that we have when it comes to the shortcomings of health care, Mr. Speaker, is that people aren't taking the time to listen to those people most impacted and most affected by some of the politics of Saskatchewan — everything from the mismanagement of the Tory government to the uncaring ways of the NDP.

Mr. Speaker, there's been constant complaints from some of the elderly people throughout the constituency of mine that talk about Y coverage. Y coverage, for those people who don't know, is the card that's issued by Social Services that helps some of the senior citizens, or those that live on fixed income, with the cost of travel and sometimes in the event, the costs of some of the medication.

And the problem that we have, Mr. Speaker, is that when you assess an individual or a senior citizen on what their needs are for health care, many times they don't take into consideration first of all their fixed income. How much they truly get each month. That's kind of entered in box A. But where the other expenses don't come into place is repairs to the homes that many senior citizens own on their own and they take care of some of the repairs. They also have the high cost of living in northern Saskatchewan and there's all these other costs associated with being a senior citizen.

So when the time comes to do an assessment, many of these costs aren't taken into consideration. So as a result, it shows that these senior citizens are living well beyond their means . . . and well within their means; therefore Y coverage is not an option.

And who picks up that slack, Mr. Speaker? The family members of these senior citizens go through a lot of costs, a tremendous amount of costs, to transport their elderly aunt or mother or father and take them to Saskatoon, feed them, put them up in a hotel, and also look after some of their medicines.

So the families of some of these senior citizens are the true people that are committing to health care, Mr. Speaker. They're making every effort to make sure that their senior citizen or their elderly relative has access to health care and has some opportunity to really try and get some help for some of their ailments.

And I really wanted to take the time to share some of the individual stories of some of these senior citizens because some of them are very heart-wrenching. And I want to say, Mr. Speaker, because of the time constraints, this will certainly allow us to . . . time will in essence give us the opportunity to rise again to speak on some of the particular challenges of some of the senior citizens.

And now I wish to talk about the taxi operators in northern Saskatchewan. I rose up in the Assembly again and spoke about some of the heart-wrenching stories of some of the people that had accidents on the highway that are being transported from location A to a location B, and I spoke about some of the challenges, Mr. Speaker, of the people in the North that need medical transportation.

And what we find out is, after all these years, that there was very little commitment towards establishment of a road ambulance service and that taxi operators and taxis were used to help transport critically ill or critically injured patients.

Now where in this day and age, 1998, would you find in the country of Canada where you're transporting critically ill or critically injured patients in a taxi-cab? Well, Mr. Speaker, let's look north. Let's look to the Athabasca and the Cumberland districts and see that's exactly where it is happening.

And in fact on one incident, Mr. Speaker, the taxi operator and I were talking about a gentleman that she lost in her taxi-cab and she was feeling quite depressed. And when I talked to her she said: you know, what I almost wish that we should have done is they should have given the taxi operators training to respond to emergencies such as this.

And I say to you, Mr. Speaker, that's probably the . . . that's the most accommodating effort that I've ever seen in terms of northern Saskatchewan, when you talk about road ambulances, when the taxi operators are saying, we should get trained to respond to emergencies such as this.

It was an effort of her part to try and deal with the situation, but what she didn't understand, Mr. Speaker, is that she wasn't trained and she wasn't equipped to deal with that situation because she wasn't an ambulance driver and she wasn't an emergency medical technician. She was a taxi driver driving a taxi.

(1600)

So in essence, I urge this particular government to help establish a road ambulance service to complement the air ambulance service in northern Saskatchewan to transport as quickly, as safely, and as efficiently as possible, critically ill or injured patients from northern Saskatchewan to the Saskatoon hospital, or to whatever hospital that the doctors wish to send these patients to. It's very, very important, Mr. Speaker, that some of these issues be raised.

And as well we need to also look at . . . This afternoon I got a call from a gentleman from the far North. He's working at one of the mines, and his wife apparently has come down with cancer and she's got several trips to make to the South; very expensive. And they also have some children they have to take care of.

So as a result, this gentleman had no choice but to take a leave of absence from his job to care for his children and to transport his wife back and forth. And of course all this is a tremendous cost to the family. So at wit's end, he just called in and asked me: is there any way that we can get help in this situation. In the event that we have this huge challenge in front of us by getting from the far North to the Saskatoon hospital — it cost me a lot of money — where can I get some help?

And, Mr. Speaker, this is what we mean by compassion. Here's a man that had no choice but to quit his job . . . or take a leave of absence from his job to do two things: to care for his family, his young children, and to also transport his wife to and from appointments at the Saskatoon hospital.

Now, Mr. Speaker, there's got to be something that we can do to address the transportation problems in northern Saskatchewan, especially from the far northern communities — Fond-du-Lac, Uranium City, Black Lake, Stony Rapids, Camsell Portage. All of these people live way up there, 75 miles from the Northwest Territories border — 75 miles. That's a tremendous difference. So what happens when we say we can't afford to cover those transportation costs, or we will not cover them. Who covers them, Mr. Speaker? The families, that's who covers them.

So it's high time we begin to recognize that northern Saskatchewan has unique health care problems. It has an incredible challenge of having to transport people to and from our centres for medical attention. And what's not going to help the management of the health care system, Mr. Speaker, is the Saskatchewan Party's new-found fiscal responsibility. They're saying, oh that was then; we're a new party now. People don't buy that — don't play that politics with us. Those politics do not work. People are not that silly.

And secondly, Mr. Speaker, is you need some real, true commitment from this governing party to address some of these needs. Senior citizens living on fixed incomes can't afford some of the medicines; Y coverage a lot of times is not given to them. Now some of the people that live in isolated communities have trouble getting their people to certain appointments. And their list for getting patients on Y coverage or help for transportation, and the criteria, is getting more and more difficult.

So in the meantime, where does that show up. Where does the problem show up, Mr. Speaker. It shows up in missed appointments. It shows up in tremendous costs to the families. It shows up in health care really not being a priority for a lot of people that are in dire need of it. And I myself, Mr. Speaker, have seen many instances of that happening in northern Saskatchewan.

So I urge people out there to appreciate and respect what northern Saskatchewan people have to go through. They've got a tremendous challenge. And I stand in this Assembly and I can hear some members saying, well now my constituents got to go 50 miles to go to a hospital. Well, Mr. Speaker, a huge part of my constituency has to travel 5, 600 miles to a hospital. So learn to respect that, learn to appreciate that, and learn to commit to that process that ensures that every Saskatchewan resident, no matter where they're born, has access to health care that's affordable and certainly is able to address some of their health concerns.

And I point out, Mr. Speaker, the problem with the medical transportation, that there is no road ambulance to deal with the situation of accidents on highways or people being transported between communities. That has to be addressed as well.

And I also talk about the incredible challenge that northern Saskatchewan people face when you talk about the holistic problems of health care — everything from social development to infrastructure needs to economic development and to basic needs such as access to water and sewer, housing, and the list goes on and on.

Mr. Speaker, to kind of wind up my thrust of . . . my



presentation today, I want to make it very clear that northern Saskatchewan believes that health care has to be a priority. They believe that they elect government to do one thing — it's to provide us with responsible, good governance. Governance that gives us the basics of health care, of education, of decent roads, of a job, of an opportunity to own a home. These are some of the things that people want in northern Saskatchewan, and I believe the rest of Saskatchewan.

So the thing that we always say, Mr. Speaker, is for crying out loud, listen to our concerns, help us to work to a solution that addresses some of these concerns. And if you want to put your money where your mouth is, that's the only way that you would show commitment to addressing some of the challenges of northern Saskatchewan communities.

And, Mr. Speaker, one last plug in terms of the challenges when I talk about infrastructure, is the access to homes . . . And also in Stony Rapids in 1998 we still have not got water and sewer — a right and a service that you and I always take for granted, Mr. Speaker. Turn on the taps and flush the toilets, or turn on the taps to wash dishes. Well, Mr. Speaker, in Stony Rapids in this day and age — which is a health-related problem — they still have not got water and sewer.

So no matter how you look at it — La Loche hospital, Stony Rapids water and sewer, no road ambulance services, senior citizens having a tough time getting Y coverage, the families having to cover an incredible cost for transporting their families back and forth — these are the real and true challenges of northern Saskatchewan, Mr. Speaker.

So I say it's time that this government — if they say they're committed to health care, if they say they're committed to health care — they need to promise us two things. Number one, is that they won't point to the federal Liberal government, because what's the value of having a provincial government if all of their problems you simply point to somebody else. People don't buy that. We have a provincial government that can make decisions and is capable of making decisions; so make those decisions that reflect your commitment to health care.

And secondly, Mr. Speaker, is don't pretend to try and help people because people will know right off the top that this is not the way to go. This is not what we expect of our government. And so therefore they will judge you accordingly and that could in the end certainly spell a lot of trouble for you.

So, Mr. Speaker, in closing, I want to thank the Assembly members for listening for a few moments here. And I do want to say, when all is said and done, the buck stops here. Thank you.

**Some Hon. Members:** Hear, hear!

**Mr. Thomson:** — Thank you, Mr. Speaker. I appreciate this opportunity to get into the debate that we're having today on health care because I think it's important to put things back in perspective. Having listened to the debate all afternoon, I'll tell you there are some very different agendas at work, particularly on the opposite side of the House here.

What we have being laid out in front of us by both opposition

parties is a not so subtle attempt to destroy medicare. This is a not so subtle attempt to cause fear in the system. It's a not so subtle attempt to cause unrest and unease about the future of publicly funded medicare.

That's the agenda of the opposition. It's not saving the Plains. It's not attempting to save medicare. It's not attempting to save a publicly funded system. What we have is a not so subtle attempt to bring about the kind of an environment that'll allow them to introduce a two-tiered medical system into Saskatchewan.

**Some Hon. Members:** Hear, hear!

**Mr. Thomson:** — Let's just recognize it for what it is. And I think it's unfortunate, I think it's unfortunate that the group they're attempting to do this with are the elderly in Saskatchewan. I think it is shameful that they are attempting to scare people into believing that health care is not going to be there.

I think it's shameful the way that they're using health care professionals to go around and cause fear in the system. That's what the Liberals are up to. At least the Saskatchewan Party is straightforward about it. At least they're straightforward about saying, we are going to deinsure some services. But the Liberals are coy.

Mr. Speaker, I am wanting to spend some time today talking about where the system is going and what exactly is happening today in Saskatchewan in the politics around this issue. I've been out now to three different health care rallies — the save the Liberals meetings. And let me tell you at each of them I have been disgusted, absolutely disgusted with the approach taken by the people at the head table.

And I will tell you right now there is something very seriously wrong in the way that they are managing this. And you can see it, you can see it in terms of the response they're getting from the audience. They are . . . the people who are coming out are certainly concerned about health care. There's no doubt about that.

They're concerned about whether the service is going to be there when they need them. They're concerned about the horror stories they're hearing that are dragged out every single day by the opposition.

That's why they're coming out to these meetings. And you know what they're getting? More scare tactics.

Weyburn, last week, there we are down in Weyburn. About, I don't know — let's be generous and say about 500 people showed up to listen to what was happening. They heard a presentation from Darlene Sterling, an emergency room nurse, a former member of the Regina Health Board.

And do you know what her big argument was, Mr. Speaker, as to why the Plains should be saved? Because it has private bathrooms. And why was that important? Because people might get AIDS (acquired immune deficiency syndrome) from the toilet seats at the General. That's coming from a health care professional. Can you believe it?

And can you imagine a health care professional today standing up in Saskatchewan and saying, well do you want to share your room and share your bathroom with someone who might have AIDS? Give me a break. People know that you cannot get AIDS from a toilet seat. But that's what Nurse Sterling is out there in rural Saskatchewan telling people. That's what they're telling people.

They're telling people the most far-fetched stories, and yet is there anything corrected by the member for Wood River? No, not a thing. Is there anything from any of the members who have chaired it? No, nothing. They're simply interested in stirring it up again.

This is nothing but a campaign of fear that is being driven by the Liberal Party. And I think it's unfortunate that they have decided to use the seniors of this province as their target audience and to try and cause fear.

I got a letter yesterday from a constituent of mine who was fairly . . . I thought it was a very nice letter actually, outlining his concerns, and that of his wife, about the current situation in terms of health care. But he says point-blank in the letter — and I didn't bring it with me today, otherwise I'd quote directly from it — but he says that the decision to close the Plains hospital is causing fear among the elderly. It's causing fear among the elderly.

And I thought, you know, I think he's probably right about that. But it's not the decision that's causing fear; it's the fearmongering by the opposition. That is what is causing the *angst* and anxiety among the elderly. This is the problem — this view that somehow health care services aren't going to be there, the fact that you're not going to be able to easily find the General. I don't know how you could not find the General. It's simply down Broad Street and turn right. It's not that difficult to find.

We get into these debates out there in the public about health care and you know what? Most of the arguments that we listen to aren't at all about health care. The arguments are about the number of bathrooms in the hospitals and the argument is about the number of parking spaces. That's what the debate is about out there.

I'm sorry, Mr. Speaker, it's nice for the opposition to be able to come into this House and say people are scared about health care. But we know for the most part what they're concerned about are secondary issues surrounded and stirred up by the opposition. That's what the problem is here and I think that we should recognize that.

Parking is the issue that they identify, not health care — parking. What has parking got to do with this? I'm listening at the rally in Indian Head the other night and a woman comes up to me and says, well, what if you are having a heart attack and you've got to go and find the General Hospital?

And I'm thinking: if you're having a heart attack in Indian Head, why aren't you going to the hospital in Indian Head. Why would you drive an hour into Regina with chest pains? Why would you do that?

**An Hon. Member:** — Not in Indian Head.

**Mr. Thomson:** — Not in Indian Head. The member says we closed it down. Not in Indian Head.

Why would you do that? And then says, well how would you like to drive around trying to find a parking space with chest pains. Well I'll tell you: if I'm having chest pains I'm not driving around looking for a parking space, I'll be right up at the front door. That is the kind of issues we're dealing with.

And what does the opposition say? Do they say no, no, don't worry; if you're having chest pains, go to your local hospital, whether it's Weyburn, whether it's Indian Head, go to your local hospital. But no, no, that's not what they're saying. They're saying oh yes, this is terrible. It's awful.

**An Hon. Member:** — Going to die.

**Mr. Thomson:** — Exactly — they say you're going to die. That's what this debate has come down to, and I think it is pathetic the way that the Liberals are using the elderly as a target to try and cause fear in the system.

The member for Arm River today spoke at some length about the Plains hospital. I want to tell you, Mr. Speaker, Mr. Deputy Speaker, that this is certainly an important issue all across southern Saskatchewan. There's no doubt about it. It is probably an issue which has quieted down some in Regina but has certainly taken on a life of its own in some of the rural communities.

(1615)

People are concerned about what type of access they are going to have and what the services are partly because the Liberals, the members opposite, have put forward this view that we're shutting down 153 beds. That's the argument they put forward — we're going to shut down the Plains hospital.

Well let's just make this very clear. The Plains hospital will be closed. The beds will be moved to the General. The beds are going to be moved — they're not going to be closed — they're just going to be moved. They're going to be moved over to a new and improved General Hospital.

And you want to know why the General Hospital's being expanded? It's being expanded because that's where the health care professionals want to work.

Easier access to the Pasqua. If you're in an emergency situation coming in from rural Saskatchewan for one reason or another, why would you not go to the Pasqua, right off the Lewvan. Same kind of a freeway as we have on Ring Road.

I listened to the member for Arm River talk about his constituents from Riverhurst. Why on earth would you come down the Lewvan, drive past the Pasqua Hospital, all the way to the Plains. Why would they do that? Well they wouldn't.

The only one that thinks they would do that is the member for Arm River. And why does he think that? Because he wants to make a political point. He doesn't want to worry about health

care. You would not drive from Riverhurst, down the Lewvan, past the Pasqua Hospital, all the way over to the Plains. I just don't believe that that's what a rational person would do.

I don't know why we are causing . . . having the Liberals cause such fear in the system . . . (inaudible interjection) . . . My friend from Carrot River Valley makes a point that the debate that we're seeing today is very much like the one in 1962. I have to say I wasn't around in 1962 and I'm sure the member for Carrot River Valley wasn't around in 1962 either, but — well at least not on the steps of the legislature — but the debate, Mr. Deputy Speaker, it sounds the same. It was that same kind of scare tactic that the members were bringing in back then. Back then they called it the Keep our Doctors committee and they would rally and say, oh if the single-payer system comes in, you'll never get health care, you'll never get access to your doctors, it won't happen. No one will practise in Saskatchewan.

Well guess what? The Liberals were wrong in 1962, they are wrong today, and no matter how they will try and sell it in the future, they'll be wrong about it then too. Because as long as there is a NDP government on this side of the House and in this province, medicare will be protected, medicare will be enhanced, and we will maintain a universal, publicly funded system, much to their chagrin.

**Some Hon. Members:** Hear, hear!

**Mr. Thomson:** — Mr. Speaker, I hate to leave the Saskatchewan Party out of it because I think we should probably make a couple of comments about where they're headed.

The Saskatchewan Party under their new leader has made it very clear. They think the way to solve the so-called crisis in the system — and I want to return to that in a second — but the way they think to solve the so-called crisis in the system is to de-insure services.

Now what does that mean — de-insuring services? De-insuring's a pretty fancy word. You know what it means?

It means that you will no longer have that covered by medicare. That's what that means, Mr. Deputy Speaker. It doesn't mean anything other than that. It means that what you have is that when you need your knee fixed, you'll pay for it directly. It means that if your mother needs her hip fixed, you'll pay for it directly because the state and the province will not cover that any more. That's all de-insuring means. It means the start of a crumbling and the destruction of our medicare system.

People talk about two-tiered systems. And I think the member for Estevan spoke at some length about that today. And you know what? He was right, because a lot of people don't understand . . . Perhaps it was . . . actually I guess it was the member for Battleford saying, talking about how a lot of people don't know what a two-tiered system is — sorry it was the member for Battleford-Cut Knife.

A two-tiered system is simply that. It's a system where you de-insure services so that the wealthy can get them. You've got one list if you've got a cheque-book and you've got another list of people if you're dependent on the state. That's what

de-insuring means. It's very simple.

Right now we don't have that. The member for Moosomin would like us to think that we have that. We do not have that. People do not get bumped to the front of the line.

**An Hon. Member:** — Oh, you bump.

**Mr. Thomson:** — They do not get bumped to the front of the line if they've got money. It doesn't work that way.

**An Hon. Member:** — That's not true. Because you're doing it to your friends all the time.

**Mr. Thomson:** — Now this is an interesting one. The member for Wood River, I'm glad he brought this up. Mr. Deputy Speaker, the member for Wood River says . . .

**The Acting Speaker (Mr. Trew):** — Order. Order. Order. Order.

**Mr. Thomson:** — Thank you, Mr. Deputy Speaker. In the exchange back and forth just before you interrupted . . . or took control — sorry, before you took control of the House, I'm sorry. Actually it was a good intervention, Mr. Deputy Speaker.

I just wanted to put it on the record. What the member for Wood River was saying is that people do in fact front jump to the front of the line. His accusation is that MLAs move to the front of the waiting-lists their own friends and supporters.

Well I've heard this before. This is being said out at those Save the Liberal rallies around rural Saskatchewan; it's being said by Darlene Sterling. And I say to the member today, the member for Wood River who yells from his seat, I say to him if you know that that happens, you stand in your place today and you tell us who did it. You tell us which one of the MLAs on that side of the House are bumping their folks to the front of the list because I can tell you nobody on this side is doing that.

The waiting-lists are controlled by the doctors — not controlled by the Department of Health, not controlled by the government, certainly not controlled by the MLAs. They're controlled by the doctors. So this is simply not true. Not true.

And I would like to see the members opposite take responsibility for once and provide some facts for some of the accusations that they're making, because they're scaring people. They're causing fear in the system and they are totally, totally misrepresenting what is going on.

There is not a single case of any member who has bumped anybody to the front of the line . . . (inaudible interjection) . . . He says yes there is. Stand in your place and tell us who it is, Mr. Member for Wood River. That's what I say, Mr. Deputy Speaker. He should tell us who it is, because there's nobody. This is a pure and simple case of put up or shut up.

**The Acting Speaker (Mr. Trew):** — Order. Now it is obvious that a number of members wish to enter this debate. A number — order — a number of MLAs have already entered the debate; it's obvious that a number are yet wanting to get into the debate. For the moment the member, the hon. member from Regina

South, has the floor.

**Mr. Thomson:** — Thank you, Mr. Deputy Speaker. I appreciate the opportunity to address this issue because it is in fact a very important issue. Let me talk a little bit about the so-called crisis in the system that the members every day attempt to spin into a big issue here in this Assembly.

Let me tell you first off that I find it somewhat disconcerting, the approach that they are taking in terms of dragging people and their illnesses into this Assembly. I've preferred always that we take a more rational . . . And perhaps, perhaps it's too intellectual an approach to the debate in here, but I would rather that we have the discussion about the numbers and the impact it's having on people's lives without making a spectacle of them.

And I think that the members opposite have a tendency to do that. And I think it's unfortunate because I think it is a cause of some concern about how we treat people's privacy issues and how we respect them and how we deal with the health care system generally.

It is certainly, obviously in the case of the Liberals, not an issue they're worried about. They're prepared to play politics with elderly people; they're prepared to play politics with their friends like Darlene Sterling. They're prepared to play politics with people's lives as they drag them into the gallery and make a spectacle of their suffering. I think that is, personally — and I'm not speaking for anybody else in my caucus — except that I have to tell you I find that somewhat disconcerting and somewhat shameful that this is the approach being taken. I just think it's very unfortunate that it's resorted to that.

From a governmental standpoint I have to tell you it is difficult for us to refute these cases because we have to respect the privacy, confidentiality of these patients. For instance it is not simply acceptable for us to stand up and question or refute what has happened in a case, and the Howard Johnson case I think is an excellent example. I know one of the questions that pops to my mind immediately is, well who discharged the individual that had to get checked into the . . . decided they couldn't go home and decided to stay overnight in the Howard Johnson?

I mean I guess we could use our parliamentary privilege in here and simply say it anyway but I never really believed that that's the way this institution should work. And I think the members opposite know that. They have the luxury of not being called in terms of . . . I think they know they have the luxury of being able to hide behind the privilege in here. And they have the luxury of knowing that we will have to abide by the confidentiality.

That's, I think, what is happening here and I think it's unfortunate the way that the Liberals, and in particular the Liberals, are using it. But we've seen in terms of the Saskatchewan Party, attempt the same thing to the point in this particular case on social services where they were making such a case out of Ms. Montgomery's funeral expenses to the point that the member for North Battleford had to stand up on behalf of the family and ask them to cease and desist in the question.

I think it's time that what we do here on this debate, and I think

generally in debates of this nature, is to raise the level of it a little bit. I don't mean raise the heat. I mean raise the level of the debate back to what is appropriate and acceptable for the legislature of Saskatchewan. Let's not make a spectacle of people's lives. Let's not create a crisis that doesn't exist. Let's simply debate the issues in front of us.

I have no problem with us getting into a debate about whether or not there's enough beds in the system. I don't think that that's a big problem at all. But unfortunately question period's becoming more and more, as the member for Lloydminster says, like an episode of *Jerry Springer*. I mean it's becoming this kind of talk show sensationalism, and I think it's unfortunate. Because what there are out there are some very real concerns. I think there are some very real issues that we should be addressing and we should be talking about.

Let me speak very specifically to the bed issue number here in Regina, and the question of specialists, which is one of the things I hear out and about as we're . . . both in my constituency and out in other ones at these various rallies. The question is, are there enough beds in Regina today? Now the answer I guess is yes, if the beds in Weyburn and Estevan and other southern Saskatchewan communities are being utilized as they were envisioned to be. The answer is no, if people are coming into the city for services that they could otherwise have in their home districts.

That's a very simple answer to it and I think that's a fairly truthful one — 675 beds should be sufficient.

Now the question may be posed, should we then simply move the beds where people want to use them? If people want to come into the city and use the beds here because they have family here or because it's easier for access or whatever the various reasons are, should we simply make sure the beds are available and move that funding with it? We could do that.

But I think we need to understand that what that causes is a secondary debate in the smaller rural communities and the rural service centres about what is available in the rural health care centres, in terms of what is available to them. And it becomes very quickly an issue about the jobs in these communities. I think that's what we need to talk about. That's a good debate for the legislature to have because I think it's something we need to really come to grips with.

But we need to understand the consequences of that. I believe that the 675 beds we have in the system today are sufficient to deal with the needs of the system today. We have not seen anybody turned away. Let's make that very clear. Nobody has been turned away from any of our hospitals.

(1630)

**An Hon. Member:** — That is not true.

**Mr. Thomson:** — That is absolutely true.

**An Hon. Member:** — That's not true. I can show you several letters in here . . .

**Mr. Thomson:** — Now the member for Wood River stands up

and says that he's got more facts. Yes, well, he yells from his chair and says, yes we've got more facts. Yet again refuses to table anything to prove it. Yet again refuses to provide any facts to back up his arguments.

This is typical of what this member was like, both when he was in this caucus and certainly since he's moved over to the Liberals. If the facts don't support his arguments, well don't let them get in the way of it.

I think what we should remember though is that there are a series of questions we need to address in terms of utilization, in terms of specialists. But we need to get away from this parochial attitude that somehow medicare is based around the health care facilities that they designed. It's not.

When I listen to these people in various centres stand up and tell their stories of how they were healed at the health care centre — the Plains health care centre — you know what I hear? I hear them saying, medicare works. Medicare works. The doctors and the nurses in the medicare system that are stationed at the Plains hospital did what they were supposed to do; that the system was funded appropriately so that they were looked after.

That's what they're saying. The fact that we've allowed it to be built around some sort of parochial view about what these buildings are is just . . . it is an unfortunate, absolutely unfortunate case for us to . . . situation for us to deal with. Because they are still going to have the same care. They are going to have the same practitioners when the facilities move over.

The fact is the system doesn't need 1,200 beds in Regina. It doesn't. It does not need the 1,200 beds in the system. It was designed for that when we had . . . that was why we have three hospitals. And whether that number should be 675 or whether it should be 740 or whether it should be eight, the fact is, is that it still is better usage of health care dollars to run that out of two facilities. Everyone agrees on that, except probably the Liberals.

But that's what people believe; people understand that. Now the question is, did the health board make the right decision about which facility to shut down? I don't know. I mean this is something that the health board has debated, this is something that the practitioners have debated, and this is something that now the community is debating.

I can tell you it is certainly not the popular decision. I can tell you that the decision to close the Plains has certainly not had good explanation done outside of Regina. I would argue that the explanation as to why it is being consolidated have not been explained well here in Regina.

However to take what is an issue of concern to people and blow it into a supposed crisis, I think is completely inappropriate on the part of the Liberals. Because the fact is, is that the medical care is going to occur and it is going to be safe and it is going to be protected and is going to be available at the General Hospital and at the Pasqua Hospital.

This argument about, you know, and I just talked about this earlier, is we get into some of these arguments that well, you

know, people are concerned about access because they don't want to drive into the middle of Regina. Every single hospital in Saskatoon is inside the city. They don't have a single hospital on the perimeter. Royal University isn't; St. Paul's isn't; City Hospital isn't — all three are basically on a line in the middle of the city. And you know what? People find them.

People in Saskatchewan can find the hospitals. I don't believe that people are so dumb that they can't find the hospitals. But that's what the Liberals would have us believe. They'd have us believe that it's too hard to drive up Broad Street or drive up the Lewvan and find a hospital. How is that possible? They do it in Saskatoon, why can't they do it here in Regina?

What is so different about southern Saskatchewan that people can't follow the grid road system and find these hospitals? You know what? They can. And you know what? They do. Because the fact is, is that people in southern Saskatchewan are already going to the General Hospital. They're already going to the Pasqua Hospital. And do you know why they're going to those hospitals? Because that's where the services are offered.

This is not a really big secret as to how you find your way to the General Hospital. People find it now . . . (inaudible interjection) . . . This is exactly true. My colleague from Regina says that the people, cancer patients, drive in and find Allan Blair memorial clinic. No difficulty. That's the place where cancer treatment is. And you know what? It's in the city centre. People can find it. Emergency care, the ambulance drivers know where the hospitals are; they're going to them now.

What frustrates me about this debate, listening to some of these folks out there who sit at the Liberals' head table pretending they're not political, you know, and yet launching into very political attacks. I understand there was quite an interesting one last night in Whitewood. That as they get into this they say, well, you know people don't know how to find these hospitals. Well they do. They say, people don't know where they're going to park. Well there's parking available. What you're doing is you're taking a situation of uncertainty and you're causing fear. And that is wrong. Pure and simple, it's wrong.

And I think the members know it. And they sit and they chortle and they giggle. And they sit and they giggle about it. Because they know that what they're doing here is playing politics. Well that's fine, that's fine. I mean you know, I enjoy politics too, and we can play politics. But let's not play politics with something where people are concerned and where people are worried, Mr. Deputy Speaker. Let's not do that.

Let's have a debate about health care. Let's not have a debate about the number of beds, let's have a debate about services. I'm proud of the fact that in this district, that we will soon have an MRI. There'll be a great benefit to southern Saskatchewan.

I'm proud of the advances we've seen in our medical system. I'm proud of fact that we're going to have new CT scanners; I'm proud of the fact that we're going to go from three emergency wards to essentially four, with this move over to two ERs (emergency room) and two ambulatory care centres. That's going to be very positive. That's going to be a big improvement in our system.

I'm proud of the fact that in outlying areas that we're providing greater care. That you can get dialysis outside of Regina and Saskatoon now. That we've got a CT scanner going into P.A. (Prince Albert). Those are the advantages of the system when it's well managed. It's not simply having 1,200 beds. It's not even necessarily having 800 beds in Regina. It's making sure the beds are available and they're well managed.

And let me say this about the other argument put forward by the members opposite, when they say that emergency room nurses shouldn't be looking for beds. That's what the utilization people do in the hospital, not the nurses. Utilization people look after where the beds are. This idea, as we hear out there all the time, and Darlene Sterling stands up and, you know, looks all scared and worried about how the system's in crisis. And she says, we almost had a crisis. There were almost not enough beds.

Well guess what? There wasn't a crisis. There were enough beds and there have been enough beds and there will be enough beds. That is the fact. It's not the hysteria but it's the fact. And it's nice to be able to say we almost did. Nearly happened.

Mr. Deputy Speaker, let me say in terms of the way we look at the health care system, we need to look at it as a coordinated unit. There are beds available elsewhere. A constituent of mine phoned the other day. Her mother-in-law, I guess it was, had been in a car accident and it was quite a severe one. But fortunately she escaped without major injury although she did have very badly bruised ribs.

This occurred near Lang, and what happened was they decided to bring her into Regina, into the General Hospital. Why they were driving to Regina, why the ambulance drivers would decide, particularly when there were no cuts, to bring her into Regina rather than to Weyburn, which was closer, I don't completely understand. This is one of those things that we need to work out because there were beds available in Weyburn.

Now of course this happened on a Easter long weekend, and that causes some problems, but we need to make sure that these things get worked out. We need to make sure we start looking at it that way.

There's an attachment. This emotional attachment I understand very definitely. I've had family members treated in the Plains too. I understand that. But I think we need to recognize that there are in fact . . . that there's one, essentially one hospital presently at three sites in Regina and the beds are coordinated among them.

That's the way the system works and that's the way that we need to start to look at it and understand it to work, because that is in fact the way it's designed. There's no longer this system where you're just attached to one hospital. Services are coordinated throughout them and they will continue to be as we move to two hospitals, just as we coordinate with the outlying centres in terms of the care that they receive.

Mr. Deputy Speaker, the question may very well come up, well why are the Liberals doing this? Why are they causing this fear in the system? Why are they going around the province with these public meetings?

I have to tell you that I'm not completely opposed to the, I have to tell you I'm not completely opposed to the idea of doing public meetings. In fact it was one of the things I really thought that the district health boards should have done more thoroughly between 1993 and 1996. I think that they should have gone out and explained this more thoroughly in terms of what the changes were going to mean to people. And I think that this is a fairly important thing; so it's good to be able to get the chance to go out and explain what's going on.

Let me address . . . The members opposite are yelling across, saying well you know, what's my position on the Plains hospital? Let me make this fairly clear, Mr. Deputy Speaker. In 1993 the decision had been made, at the time of the closure of the 52 hospitals, that the Plains Health Centre should be shut down, its services should be consolidated with the other two facilities, and they should be upgraded.

One of the reasons for that was because contrary to what the members opposite are saying about there only being \$11 million worth of renovations needed at the Plains — which isn't true — there are about \$30 million worth of renovations that are needed to bring the Plains up to standard. That's actually what needed to happen but they don't talk about that of course any more.

The decision was it made more sense to consolidate into two hospitals, do the upgrade at the other two hospitals, and make sure that we've got the services provided. That was what was going on.

Now there was certainly public concern about it. There's absolutely no doubt. People were concerned about what was going on at the Plains. We see that today. They still are not sure that they understand it.

It's no secret I have not been a particular fan of the decision to close the Plains. Because it was bad for health care? No. The decision to do the consolidation is good for health care. The reasons is, is because it didn't have public confidence. And unfortunately, while our solution to that as New Democrats, as a government, as the folks who manage the system, our solution is to try and restore the confidence by explaining what the services are that are available, the opposition however, the Liberal opposition however, decides that what they're going to do is they are going to go out and take advantage of the situation and campaign and cause fear. They're going to do that. They're going to cause fear in the system, Mr. Deputy Speaker. That's what they saw as a solution. There's no solution here.

I've yet to hear them say that if they form government in June of 1999 that they will re-open the Plains hospital. They haven't said it. They haven't said it. They have not said that. And do you know why they have not said that? They have not said it because they aren't going to do it. They aren't going to do it.

Their leader, Dr. Melenchuk, will still be chained to the door of the Plains Health Centre in June of 1999 but he'll unchain himself only to come to the legislature, because he's not going to unchain it to re-open it. Let's be honest about that. And let's listen to some of the others that they've got dragged along at their head table.

Darlene Sterling, saint of the Save the Plains Committee.

What did Darlene Sterling do when she had the chance to vote against it? She did nothing. She supported closing it. The head of the Save the Plains Committee voted to close the Plains Health Centre. So did Dr. Borden Bachynski, so did Liberal Party president Anita Bergman, former member of this Assembly — Liberal member may I point out. So did Pat Edenoste, a former Liberal MLA.

This was the core of the Save the Plains Committee, and when they were given the option, what do they do?

**The Speaker:** — Order. Order, order. Now I want to . . . I've been listening carefully . . . Order. I've been listening carefully to the remarks of the hon. member and the debate and the motion before us, and I do want to remind the hon. member for Regina South that it is . . . Order, order. Order. I do want to remind the hon. member for Regina South that it is important that your remarks be relevant to the debate which is before the House and that it may be much more appropriate that his remarks are directed to the next item on the agenda which immediately follows the motion that is before the House at the moment.

And I'm sure that he'll want to guide his debate in such a way that he directs it in the context of the motion and the amendment which are before the House, and to avoid finding himself where his debate is not relevant to the motion that is before the House at the moment.

Having said that, I will ask for the cooperation of all hon. members as well to permit the debate to be heard in a reasonable kind of way. And that the House, I'm sure, will be happy to hear all hon. members put their remarks on the record without having to shout them across the floor.

(1645)

**Mr. Thomson:** — Thank you, Mr. Speaker. I appreciate that redirection. I think the point, much like the member for Arm River was attempting to make earlier, I was simply trying to use as an example. Obviously I've overstated the specific and I'll go back to the motion at hand.

The question is, is what is the services that are going to be available throughout the system? The question is, how are we protecting health care? And let me address that very specifically. The consolidation will maintain all the services, all the beds that are currently in the Regina system. The members opposite know that. The Liberal members opposite know that full well.

But they won't say it. They won't say it to the public when they go to meet them. They're simply campaigning on a campaign of fear. It's something reminiscent of Dick Collver, you know. Wasn't it old tricky Dick Collver who was on the medicare campaign? I mean we knew what they were doing. It was the same debate back then. Because it was an attempt to destabilize medicare in order to bring in a two-tier system through the back door.

As I say, the Saskatchewan Party, you know, is very upfront about this. And I think that that's good. We can get into that debate — should we de-insure services; should we make you

pay for your own hip and knee replacements? They're yet to give us a list as to what they'll de-insure, but we know it's coming. We at least know, philosophically, they believe in that and we know that that's what they will be doing.

The Liberals though are going to do exactly the same thing. We know it. Because what they're attempting to do is destabilize the publicly funded medicare system so that Dr. Melenchuk and the folks can bring in a two-tiered system of medicine. We've seen it. The member for Arm River's talked about it. He's talked about the need for a two-tiered system.

We know that this is the case. So why not just be upfront, like the Saskatchewan Party has been? Why not just be upfront and say it? Why not just say, in order to reduce the pressure in the system, what they're going to do is they're going to de-insure services?

Create one list for folks who can pay; create another list for those who rely on the system. Why not just be upfront about it? And you know what the worst part of this is, and I think this addresses very specifically the original motion, is that in a lot of provinces that is becoming a very real option because of the way the federal government has cut back their funding for health care.

In Saskatchewan it has been a fight for us to be able to maintain medicare at the rate that we have because we've had to come up with the new dollars. We have had to come up with the new dollars. Health care hasn't been cut. We're spending a record amount on medicare, a record amount — \$1.72 billion; \$88 million more this year — \$88 million.

They stand up today and the opposition is lobbying the Government of Ontario for putting \$100 million into the system. That's the province of Ontario. This is Saskatchewan and we've put in almost that much more, almost \$100 million — \$88 million new into the system this year.

Record spending almost all funded by Saskatchewan. Why? Because what has happened is that the federal government has removed itself from wanting to play a role in health care. They still want to, you know, tinker around and set the rules but they don't want to fund it. And I think that that is absolutely disgraceful.

You know when the Tories opposite stand up and say that we're not paying attention to Tommy Douglas, I'll tell you they're not paying attention to Diefenbaker. They're not paying attention to Emmett Hall. They're not paying attention to Douglas. They're not paying attention to Blakeney. They're not paying attention to any of the folks that set up this system. And the Liberals have fallen right into it.

This used to be a 50/50 system. This used to be a system that we shared responsibility for. Now it's one that the Liberals have abandoned. It's gone. No longer 50 cent dollars, 13 cents out of every medicare dollar comes from Ottawa — 13 cents. What is that? Thirteen cents. The member for Melfort always says, well that's, you know, he talks about half of that and another quarter gets you half a cup of coffee or something, some goofy analogy that he always uses. I don't even know if it'll get you that. It certainly won't get you that in Regina.

But what exactly are the Liberals doing? Nothing. And you know what? They won't even make a presentation to Ottawa. They won't even say, you know, maybe you should take some pressure off the system. Maybe what you should do is reduce some of the pressure that the provinces are feeling. Why aren't they saying that? You know why? Because they don't want to.

The member for Arm River, the member for Wood River . . . I don't know what the member for Thunder Creek is up to, but I suspect it's the same thing. They want to tear down the system and allow us to move to a two-tiered medical care system. That's what they want.

And you know what? They're getting their way. It's moving that way. It's not going to start here. It's not going to start here in Saskatchewan. But it's starting next door in Alberta. It's on the verge of happening in Ontario. That's what's happening, Mr. Speaker.

And I think it's unfortunate that the members opposite aren't talking about that. At least be upfront, Liberals. At least be upfront. Don't run and hide behind your federal party and say, oh we're defending the Canada Health Act when in fact you're not. What you're doing is, by underfunding the system, you're leading to its very demise. That's what's going on.

I listen to the member for Wood River yell from his seat and say let's tell the truth. And I say, Mr. Speaker, that the member for Wood River should stand and tell the truth because he has not been able to do that on these examples yet. All I say is present the facts to us to back up the arguments that he's making, and I haven't seen those.

When he tries to say MLAs jump the line. Not true. When he says that . . .

**The Speaker:** — Order, order, order. Now . . . Order. I think all hon. members will want to pay one another the accord and respect of listening to remarks in the House and permitting the House to be able to hear. And again I'll encourage all hon. members to put their remarks on the record and to allow the member who's speaking to be heard.

**Mr. Thomson:** — Thank you, Mr. Speaker. As I was saying earlier, I think one of the things that we need to do with this health care debate is move it away from the hysteria the Liberals try to bring forward. I think we need to move it away from the spectacle that they're attempting to create.

Let's get back to the issue of what the system should be doing, how we find the funds to do it, and what the solutions are. Because I haven't heard the solutions from the members opposite. Well, except the Saskatchewan Party, who will de-insure services. We know that.

Let's hear the Liberal solution. They stand up and they scare people at these rallies. They have the nurses stand up and say you can get AIDS from toilet seats.

We've seen this before. We've seen this scare tactic before. And we saw it in 1962 with Ross Thatcher attempting to kick down the doors of this Assembly. And you know what? It was the wrong approach to take then; it is the wrong approach to

take now. And the Liberals know it. They know it. They know it. Listen to them yelling. They know that this is exactly what is going on.

I'll tell you I wish we could bring Tommy back from the dead if only so he could fight whatever body Ross Thatcher has invaded across the way. That's all I wish.

Mr. Speaker, the debate I'm afraid is wandering, and it is . . . I suspect that anybody who's been listening to the members opposite simply wants to run from it. Because it is that kind of a scare tactic they're putting out there.

And I just wanted to say that I think it is absolutely shameful and disgusting, the approach you are taking on this.

I don't mind us having the political debate and I don't mind us having some political joking back and forth. But let's not do . . . let's not drag into this a group of seniors. Let's not drag into this the elderly. Let's not drag into this the sick in the way that they're doing it.

Represent the concerns, present them, let's have the debate. But stop dragging out these scare tactics that we're seeing at these rural road shows that are on the go right now. It is just absolutely unbelievable.

Anyway, Mr. Speaker, I notice it is nearing 5 and what I'll do at this point is simply move to adjourn this debate.

**Some Hon. Members:** Hear, hear!

Debate adjourned.

The Assembly adjourned at 4:53 p.m.



## TABLE OF CONTENTS

### ROUTINE PROCEEDINGS

#### PRESENTING PETITIONS

Krawetz.....	945
D'Autremont .....	945
Toth .....	945
Heppner .....	945
Gantefoer .....	945
Draude .....	945
McLane .....	945
Belanger .....	945
Aldridge .....	945
McPherson .....	946
Hillson .....	946
Goohsen .....	946
Haverstock .....	946

#### READING AND RECEIVING PETITIONS

Clerk .....	946
-------------	-----

#### INTRODUCTION OF GUESTS

Scott .....	946
Van Mulligen .....	960
Whitmore .....	964

#### STATEMENTS BY MEMBERS

Casino Profits Fund Cultural Organizations	
Hamilton .....	946
Musical to Benefit Children in Brazil	
Gantefoer .....	947
Canada Employment Centre for Students	
Ward .....	947
Request for Apology from Premier	
McPherson .....	947
Annual Multi-faith Fair	
Murray .....	947
Volunteer Recognized	
Julé .....	947
National Forest Week	
Johnson .....	948
Saskatchewan Party and Health Issues	
Aldridge .....	948
Women of Distinction Awards	
Calvert .....	948

#### ORAL QUESTIONS

Compensation for Hepatitis C Victims	
Toth .....	949
Serby .....	949
Plains Health Centre Closure	
Krawetz .....	949
Romanow .....	949
Inquiry into Channel Lake	
Boyd .....	950
Lingenfelter .....	950
Compensation for Hepatitis C Victims	
McLane .....	950
Serby .....	951
Plains Health Centre Closure	
Aldridge .....	951
Serby .....	951
Romanow .....	952
Chair of Crown Corporations Committee	
Boyd .....	952
Romanow .....	952
Possible Sale of Crown Life	
Gantefoer .....	953
Lingenfelter .....	953

**INTRODUCTION OF BILLS**

**Bill No. 45 — The Automobile Accident Insurance Amendment Act, 1998**

Lingenfelter .....	953
--------------------	-----

**ORDERS OF THE DAY**

**PRIVATE MEMBERS' MOTIONS**

**Motion No. 3 — Health Care Funding**

Murrell .....	953
Wall .....	956
Toth .....	957
Ward .....	960
McLane .....	962
Belanger .....	966
Thomson .....	969