

The Assembly met at 10 a.m.

**The Speaker:** — The representatives of the three caucuses and all independent members available to attend the House today have communicated to the Chair their willingness to have the House convened at 10 a.m. today. Therefore the Chair seeks leave of the Assembly in order to open today's sitting at this time, this being a time earlier than that stated in rule 3(1). Is leave granted?

Leave granted.

Prayers

## ROUTINE PROCEEDINGS

### ORAL QUESTIONS

#### Nurses' Strike

**Mr. D'Autremont:** — Thank you, Mr. Speaker. My question is to the Premier. Well, Mr. Premier, you failed and you are responsible for that failure. Once again you have failed the people of Saskatchewan.

Farmers say you've failed agriculture in a time of crisis. Teachers say you failed education in a time of crisis and now you have failed nurses. You have failed every person in Saskatchewan by mismanaging . . .

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

**The Speaker:** — The guests in the Assembly today may not be familiar. It is a long-standing tradition of parliamentary democracy and of this Assembly that guests do not participate in the proceedings of the House and the Chair humbly asks for the co-operation of the guests today.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. And you failed every person in Saskatchewan by mismanaging your way into a health care crisis. This morning nurses across the province are not at work because you failed.

Mr. Premier, after eight years of NDP (New Democratic Party) government, there is nobody left for the NDP to blame. This health care crisis is your responsibility. The blame for this entire mess is yours.

Mr. Premier, will you stop trying to blame hard-working nurses and admit your NDP government is entirely responsible for the health care crisis?

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

**Hon. Ms. Atkinson:** — Thank you, Mr. Speaker. I'd be pleased to take this question on behalf of the Premier. As the people of this province will know that the Saskatchewan Union of Nurses and the employer have been bargaining a new collective agreement for the 8,400 registered nurses in this province for approximately 36 days.

The collective agreement expired on March 31, 1999, some

eight days ago. The nurses issued a strike notice because they felt that the progress being made with the employer was much too slow and was not meeting their needs. In an effort to bring the employer and SUN (Saskatchewan Union of Nurses) together the Premier involved himself in these negotiations in order to see whether or not we could reach an agreement.

I'm very profoundly saddened, Mr. Speaker, deeply disappointed that after 11 hours of discussion last night, the parties going back to their respective representatives, the fact that we were going to leave . . . or meet this morning at 8:30 to continue the discussions that we now are in this position where the nurses are on strike. We are hopeful that we can insure public safety and that we can begin to normalize relations in the province of Saskatchewan.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. My question is again for the Premier. The Premier became involved yesterday because of his failures over the last eight years in health care. Mr. Premier, you keep saying the only issue is the nurses' wage demands. If you listen to nurses, nothing could be further from the truth.

Mr. Premier, I have listened to a lot of nurses over the past year and I've heard the horror stories. I've heard the phone calls that come five minutes before the end of a shift telling them to go to work at another shift. It's unfair to nurses. It's unfair to patients. If your back-to-work legislation fails to address working conditions and patient safety then you have accomplished nothing.

Mr. Premier, health care in this province is in a critical condition and you're offering a band-aid solution. What will your legislation do to address the terrible working conditions faced by Saskatchewan nurses?

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

**Hon. Ms. Atkinson:** — Thank you, Mr. Speaker. After listening, listening to what the representatives of SUN had to say during the discussions yesterday, we believed that we could address recruitment and retention, the issue of seniority, and the issue of nursing practice through a dispute resolution mechanism. We believed that.

We believe that this morning. The nursing practice issue and recruitment and retention issue for nurses, which is extremely important, could be dealt with and brought into the collective agreement. Sadly, Mr. Speaker, the Saskatchewan Union of Nurses felt otherwise and we are now in this position.

I'm always hopeful, Mr. Speaker, that we can work together to deal with recruitment and retention, deal with nursing practice which is key to nurses' issues, and deal with seniority. I'm always hopeful about those things, Mr. Speaker. And I am hopeful that these issues can be addressed.

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

**Mr. D'Autremont:** — Thank you, Mr. Speaker. While the Premier had lots to say yesterday, I hope he has something to say today in this House. The minister talks about working

together but it's working together only under her and your rules.

Mr. Premier, the statement you issued this morning blames nurses for the strike. You blame nurses for the NDP government's failure to provide a safe workplace. You blame nurses for overcrowded hospitals. You blame nurses for putting patients' care at risk. Mr. Premier, stop blaming the nurses. Health of Saskatchewan families is at risk this morning because you failed — you, sir. After eight years of NDP government, your mismanagement of the health care system has created a disaster.

Mr. Premier, the nurses' strike is the most serious evidence yet of your government's failure. What does the NDP back-to-work legislation do to address the serious issues raised by nurses about the state of health in Saskatchewan? What does this legislation do to improve workplace conditions and patient safety in Saskatchewan?

**Hon. Ms. Atkinson:** — Thank you, Mr. Speaker. As we have said, we are not in the position to increase nurses' salaries by 22 per cent. We are not in the position because we spend \$730 million each year on interest on the public debt. That came about as the result of the previous administration which the member from Souris-Cannington was a member — 730 million, \$2 million dollars a day in interest are . . .

**The Speaker:** — Order, order. Now the Chair is having some difficulty being able to hear the answer provided and I ask . . . Order. I ask for the co-operation of all members of the House to permit . . . order . . . to permit the minister to be heard.

**Hon. Ms. Atkinson:** — Thank you. Two million dollars a day each and every day, 365 days a year, leaves this province because of interest on the public debt that was run up by the Tories, Mr. Speaker. Two million dollars a day could buy . . . could hire a number of nurses and health care providers and could deal with the issue.

Mr. Speaker, we cannot afford, in this fiscal year, to deal with the pay issues that the nurses have put forward. We put forward some ideas to deal with nursing practice and other issues, but the pay we couldn't accomplish in this fiscal year.

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

**Mr. D'Autremont:** — Thank you, Mr. Speaker. No money for nurses but lots of blame for everybody else. Mr. Premier, while you're busy blaming nurses and everybody else for the NDP's health care disaster, your government is spending a bundle of money on NDP propaganda in the newspaper such as this full page ad today in *The Leader-Post* and *The Star-Phoenix* at a great cost — a full page of taxpayers' funded NDP propaganda. Meanwhile hospitals in the province are closing this morning because of a nurses' strike.

Mr. Premier, why are you telling nurses there's no money to address their serious concerns about working conditions when you have no problem spending taxpayers' money pumping out NDP propaganda in the newspapers.

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

**Hon. Ms. Atkinson:** — Mr. Speaker, this coming from this member whose party would essentially freeze health spending in the province of Saskatchewan — freeze it. Freeze it. Mr. Speaker, we introduced a budget that puts \$195 million into our health system — the largest increase in money ever in the history of this province, Mr. Speaker.

This government is putting money in; the opposition is proposing a freeze on health spending. I can assure the public that a freeze on health spending would do nothing to deal with the many issues in our health system. A hundred and ninety-five million dollars will begin to address many of the issues that the public cares so deeply about.

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

**Mr. D'Autremont:** — Thank you, Mr. Speaker. Mr. Premier, I've looked at this NDP propaganda and I have some news for you. In a full page of NDP propaganda about how wonderful the NDP health care system is, there isn't one single mention of nurses — not one, Mr. Premier. I guess that's how important it is to the Premier and to the NDP.

Mr. Premier, you just don't get it. Nurses face a workplace that borders on the intolerable — mandatory overtime, 16-hour days, seven days a week, virtually no days off, and the workplace stress is going through the roof. Often there aren't enough nurses on the ward to provide the proper level of care that is needed.

Mr. Premier, nurses are on strike because your government drove them there. Is there anything in this back-to-work legislation that addresses the real issues of the nurses' strike — overworked nurses and understaffed hospitals.

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

**Hon. Ms. Atkinson:** — Thank you very much, Mr. Speaker. As we all know in the province of Saskatchewan, the Saskatchewan Party is proposing to freeze, in essence, health spending — freeze, freeze at the rate of inflation, which amounts, Mr. Speaker, last year, of \$18 million. Eighteen million dollars will not deal with the many issues that nurses face in the workplace, Mr. Speaker; \$18 million won't do it.

We put a hundred and ninety-five million dollars into the health system. We believe that the health providers in this province, registered nurses, other health providers, have been under incredible pressure. We know that. But we believe that with the added money of a hundred and ninety-five million dollars, and \$67 million of that coming from the federal government, that we can begin to address in a comprehensive way, the many myriad of issues that nurses and others face.

Mr. Speaker, we cannot afford a 22 per cent increase, Mr. Speaker, but what we can afford is to begin to address in a very systemic and systematic way, issues that nurses and others face.

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

**Mr. D'Autremont:** — Thank you, Mr. Speaker. After eight years of NDP government and health care mismanagement, I certainly understand why the Premier and the minister don't

want to accept responsibility for it.

Mr. Premier, I'm going to ask you one more time as simply and as clearly as possible, what does your legislation do to address the nursing shortage? What does your legislation do to address working conditions for nurses? What does your legislation do to reduce stress and burnout of overworked nurses?

Mr. Premier, what does your back-to-work legislation do to address the real problems — working conditions and patient safety in Saskatchewan's hospitals?

**Hon. Ms. Atkinson:** — Mr. Speaker, I think this member needs a bit of a history lesson. This government was elected in 1991. When we came to government, they had a billion dollar deficit. They had \$15 billion in debt — debt, Mr. Speaker — that we were paying interest on. There was money flowing out to Zurich and New York and Toronto. We had to do something about it, Mr. Speaker.

There are people in this province that have suffered incredibly because of the legacy of these people. And we are now in the position to start putting money back in, but we cannot afford today, April 8, 1999 . . .

**The Speaker:** — Order, order.

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

**The Speaker:** — Order, order. Order. Order, order. Order! I'll ask all hon. members on both sides of the House, all hon. members . . . Order. Order. If they allow the minister to complete . . . the Chair was unable to hear the conclusion of her answer. If she wishes to complete her answer . . . Order.

**Hon. Ms. Atkinson:** — My point is, Mr. Speaker, there was a legacy left by the previous Conservative administration. Many issues had to be addressed to deal with the debt and the deficit. People in this province have suffered incredibly because of their legacy and we are now beginning to make our way out of, Mr. Speaker — \$195 million to deal with the many issues that have come about as a result of their legacy.

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

### Dorsey Report

**Mr. McPherson:** — Thank you, Mr. Speaker. My question today, Mr. Speaker, is for the man of the hour — not the Health minister but the guy that wants to interject in everything. My question to the Premier.

For two years this Premier has sat on his hands and refused to deal with the Dorsey report. For two years you've known about the inequities that nurses face. For two years nurses have been pleading for help. Now two years later the Premier and the Health minister act like they're Bambi caught in the headlights. They act surprised and shocked by these demands.

Mr. Speaker, this is a pathetic response to an issue that this NDP government has known about for two years — for two years, Mr. Speaker. Rather than fix the problem they've made it worse, and they've made it far worse.

Mr. Premier, how do you think your actions have created a work environment that we will attract the much-needed nurses here in this province?

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

**Hon. Ms. Atkinson:** — I think it's important to continue the history lesson because it was the federal Liberal government that also reduced transfer payments for health and post-secondary education to this province by over \$200 million. And as a result of the work that has been done by our Premier, we are beginning to see restoration of the Canada health and social transfer. And in this fiscal year, Mr. Speaker, we have \$67 million of that funding reduction of \$200 million coming back to the province. That has assisted us very much in beginning to address the many myriad of issues.

So a history is federal cuts from the federal Liberals and PC (Progressive Conservative) legacy of debt. And everybody in this province is paying for it — everybody. Registered nurses, teachers, municipalities, highways, everybody. But we're beginning to see our way through, Mr. Speaker, and we have \$195 million in new money to put into the system.

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

**Mr. McPherson:** — Mr. Speaker, this Premier has waited too long to deal with the Dorsey report. He waited too long and what was once the problem has now become a crisis that will affect health care in this province for years to come.

Two years ago your former Labour minister, Mr. Mitchell, said Dorsey would cost a hundred million bucks. You've sat on your hands; you've done nothing. The Premier claims he wants to get to the bottom of the nursing crisis, now is the time.

Will the Premier admit that his refusal to do anything regarding the Dorsey report has only made this problem worse, and turned a problem into a crisis which the people of Saskatchewan are pointing their fingers at him alone. And would you get up and answer the question?

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

**Hon. Ms. Atkinson:** — I'm surprised the member from Wood River is so emotional given that he's not the Health critic. I think it's the member from Arm River is the Health critic.

Now, Mr. Speaker, I just want to reiterate that the registered nurses of this province work incredibly hard and they work in very difficult circumstances. We hear this from registered nurses because registered nurses, Mr. Speaker, are our sisters, our cousins, our aunts, our mothers, our grandmothers. We know registered nurses and we have heard very clearly that there are issues that need to be addressed.

If the member will recall, Dorsey said that all of the issues in Dorsey could not be not be addressed in one collective agreement. That it would take a number of years because we're melding various collective agreements into one, Mr. Speaker.

We believe that we can address the seniority issue, the other issues such as nursing practice, the other issues that have been

dealt with and brought to our attention by nurses. Unfortunately, Mr. Speaker, we can't deal with the money in this fiscal year but the other issues we can deal with.

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

**Mr. McPherson:** — Mr. Speaker, the Health minister says they can't; the fact of the matter is they won't. They refuse to.

My question again to the Premier. Last week the Health minister threatened the nurses with back-to-work legislation and an imposed settlement of 2, 2, and 2. She implied that if they didn't accept what was offered they would receive a lot worse through an imposed settlement.

Now we hear reports that the Premier alluded to the nurses yesterday that they would get a lot more at the bargaining table than him forcing legislation of back to work.

Did the Premier tell them this and doesn't he think that that constitutes an unfair labour practice on his part?

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

**Hon. Ms. Atkinson:** — Mr. Speaker, this is a very complex set of negotiations that all health sector unions are undertaking in this round of a collective bargaining because all workers in the province are now represented by one union or another, Mr. Speaker. So we are melding several collective agreements into one.

Mr. Speaker, the member opposite . . . What I need to advise the member opposite is that health care in the province is much more integrated today than it was eight years ago.

Mr. Speaker, SUN represents practically every out-of-scope nurse in the province. That means that SUN represents nurses in home care and acute care and long-term care and community care, mental health, public health — everything. Mr. Speaker, the health districts have advised us — because they have very few out-of-scope nurse managers to handle the workload of all of these many nurses in the province, 8,400 nurses — that they cannot, in all fairness to the public, sustain this for any length of time. And they want to guarantee public safety, and so do we.

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

**Mr. McPherson:** — Mr. Speaker, the Health minister, the Premier have been talking about public safety. As much fearmongering as they can pump into this — that's what they're doing. That's morbid, and shame on you, and you should be ashamed of yourself, Mr. Premier, for hiding behind these people.

Mr. Speaker, two years ago then Labour minister Bob Mitchell told the Premier that Dorsey would cost 100 million to implement, and that would bring some needed stability to the health care system. Mr. Premier, you were warned by Mr. Mitchell of those costs. You did nothing. You ignored your minister's advice. And surely the Premier now must be regretting just that, ignoring that advice. Doesn't he admit that his failure to listen to his health . . . or his Labour minister Bob Mitchell will cost us not only a lot more than 100 million, but it

could end up costing us our health care system on your shoulders, mister.

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

**Hon. Ms. Atkinson:** — Mr. Speaker, as the member will know that the health districts in the province are the administrators of the day-to-day health system in the province. Mr. Speaker, we have been advised by the health districts — particularly Saskatoon and Regina which have many, many of the various . . . or handle very many of the health issues in the province of Saskatchewan — that they cannot sustain the system for any length of time, Mr. Speaker. In fact the member from Battleford will acknowledge, as he did in the newspaper, that this cannot be handled for any length of time. And in fact this morning I heard . . . I heard the president of SUN indicate on CJME that this is a different circumstance than it was in 1991 when the system sustained a 12-day walkout.

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

### Negotiations With Nurses

**Mr. McLane:** — Thank you, Mr. Speaker. Since the advent of health care reform nurses have coped with layoffs. Six hundred nurses fired by this government to be exact, Mr. Speaker.

They have coped with bed closures; they have coped with inadequate funding; they have coped with enforced overtime. They have coped with increased patient acuity and increased responsibility. And most lately, Mr. Speaker, the Minister of Health has threatened the workers by saying that if strike action is taken they will legislate them back to work.

Mr. Speaker, hasn't the NDP created a wonderful environment for the nurses of this province, the people that look after the sick and the elderly? Yesterday, Mr. Speaker, the Premier circumvented the bargaining process and himself has gone to the bargaining table.

Mr. Speaker, my question is for the Associate Minister of Health, the former president of SUN. Madam Minister, do you agree with this process and is your conscience going to let you support this legislation in the House this afternoon?

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

**Hon. Mr. Romanow:** — Mr. Speaker, I want to answer the question because it speaks to the issue of my request to meet with the president of SUN, Ms. Longmoore, and the president of SAHO (Saskatchewan Association of Health Organizations).

I want to congratulate and thank both of them with their assistance for coming to the meeting at 9 o'clock. And we met for 11 hours . . . 12 hours to review all of the options which were before us.

Personally, and speaking only for myself, I indicated privately and publicly that I thought progress had been made.

We didn't succeed. I regret that very much, as much as anybody else does. But I do not regret having tried my very best on behalf of the people of the province of Saskatchewan, on behalf

of the nurses, on behalf of the district health districts, on behalf of all the people of Saskatchewan to come to a peaceful solution. I would do it again if I could and had to face that choice.

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

**Hon. Mr. Nilson:** — Mr. Speaker, by leave of the Assembly, I move first reading of the Bill No. 23 . . .

**The Speaker:** — Order. The minister requests leave to introduce the Bill. Is leave granted?

Leave granted.

## INTRODUCTION OF BILLS

### Bill No. 23 — The Resumption of Services (Nurses — SUN) Act

**Hon. Mr. Nilson:** — Mr. Speaker, I move that Bill No. 23, The Resumption of Services (Nurses — SUN) Act be now introduced and read the first time.

Motion agreed to.

**The Speaker:** — When shall the Bill be read a second time?

**Hon. Mr. Nilson:** — With leave, right now, Mr. Speaker.

Leave granted.

## SECOND READINGS

### Bill No. 23 — The Resumption of Services (Nurses — SUN) Act

**Hon. Mr. Nilson:** — Mr. Speaker, I rise today to move second reading of The Resumption of Services (Nurses — SUN) Act. Mr. Speaker, it is with considerable regret and disappointment that today this government finds itself in the position that it must take the step of introducing back-to-work legislation with respect to the Saskatchewan Union of Nurses. Our commitment to collective bargaining makes this a difficult step but one that is essential to safeguard the lives and health of Saskatchewan citizens.

Mr. Speaker, this Bill brings an immediate end to the labour dispute between the Saskatchewan Union of Nurses and the employer organizations represented by the Saskatchewan Association of Health Organizations. All existing collective bargaining agreements will be continued for the purposes of ending this labour dispute.

The Bill provides all employees with a 2 per cent salary increase for each of the three years commencing April 1, 1999. Further, it provides that the parties may agree, through the collective bargaining process, to provide an additional 1 per cent of wages payable for other benefits.

The Bill also allows for up to an additional 1.2 per cent of wages payable to be applied to address disparities between employees resulting from Dorsey's reorganization.

Finally, Mr. Speaker, the Bill includes significant enforcement provisions to ensure that both parties comply with the requirements of the Bill.

Mr. Speaker, it is our duty to ensure health care services for the people of Saskatchewan. It is a duty we take very seriously. We present this Bill to the Legislative Assembly as a necessary step to safeguard Saskatchewan's health care services.

Mr. Speaker, I encourage all members of this Legislative Assembly to join the government in supporting this Bill.

I beg to inform the Assembly that His Honour the Lieutenant Governor, having been informed of the subject matter of the Bill, recommends it to the consideration of the Assembly.

Mr. Speaker, I move second reading of An Act respecting the Resumption of Services by Nurses and the Concluding of a New Collective Bargaining Agreement between the Representative Employers' Organization and the Union.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. It is indeed a sad day in Saskatchewan that we start our session early, earlier than normal, to deal with this situation, a situation which I believe everyone in this province did not want to see happen; a situation, I believe, Mr. Speaker, that the nurses in particular did not want to see happen.

But, Mr. Speaker, the nurses of this province have a great deal of concern, and for good reason they have that concern with the work conditions that they have been forced to work under for the past number of years. Work conditions, Mr. Speaker, that are a result of the decisions made by the government, by the Premier opposite. Those decisions were made for political reasons, Mr. Speaker, without regard for the people who work in the health care system, without regard for the nurses that work in the health care system.

Mr. Speaker, during question period we raised a number of very important issues. And I think a very important issue which was asked by our colleague from Arm River, and an issue which the member of the Assembly for Saskatoon Eastview, the Associate Minister of Health did not stand and respond to, I think needs to be asked again, Mr. Speaker. It needs to be clarified to this House, to the public, and most importantly, Mr. Speaker, to the people who she proposed . . . she purported to represent before she came into this Assembly.

The member from Saskatoon Eastview, the Associate Minister of Health, was the past president of SUN. I would like to ask her, will she stand in this House and vote in a free vote for her union or will she vote for her party? Will she vote her conscience? Will she vote for her constituents? Or will she vote to keep her job in cabinet? That's a question . . .

Mr. Speaker, our members will be allowed to vote their consciences and for their constituents. I would ask the members opposite in the government to give the same consideration to their members, to their consciences, and to their constituents.

Mr. Speaker, in question period we saw another example of what this government will do at the end of this day. They will blame everybody else for what happens in this House today.

They will accept no responsibility themselves.

The heartache, the patient fear, the family concerns, the disruptions that are happening across this province today will all be blamed on the nurses. This government opposite will accept no responsibility for the actions they have taken for the last eight years. They were the ones who implemented the Dorsey report. They were the ones who closed the hospitals across this province. They were the ones who made the work conditions of the nurses across this province intolerable.

So is it any wonder, Mr. Speaker, that when the work conditions are not being addressed in the workplace, that the employees say, if I'm going to be forced to work under these conditions, you're going to pay me for it. And that's what the nurses are asking, Mr. Speaker. Since the government will not address the things that are happening in the hospital, the nurses are asking to be compensated for that.

As you know, Mr. Speaker, I have spent a considerable amount of time in the last year — excuse me — I spent a considerable amount of time in the hospital in the last year. I have seen the conditions that the nurses are working under.

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

**Mr. D'Autremont:** — I have heard the phone calls at midnight asking the nurses to complete another shift. I've heard the phone calls and talked to the nurses about coming in on their days off. I've seen them working double shifts. I've — thank you for your indulgences — I have seen them working with only one nurse on a ward that should have had four. And the reasons that has happened, Mr. Speaker, is because of the mismanagement of this government.

This government has ignored, since they became government, the realities of health care in this province. They have ignored the patients' needs. They have ignored the nurses' needs. They have ignored the needs of all the workers in the health care system. And today, Mr. Speaker, they again ignore the issues by saying the contract that you had previously, the conditions you worked under previously, are the conditions you're going to have to work under for the next three years. It's wrong, Mr. Speaker; it's wrong.

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

**The Speaker:** — The Chair appreciates the feeling that guests in the galleries have today and has appreciated the co-operation of guests in honouring the parliamentary traditions of debate in the House, and again ask humbly for the co-operation of our guests.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. And it's wrong that this government is now blaming nurses for the situation they created. Mr. Speaker, if lives are lost because of this strike it's the NDP's fault; not the nurses, not the oppositions, but the NDPs. And it's time for them to take responsibility for their lack of commitment to the welfare of people in Saskatchewan.

Mr. Premier, as soon as you entered the negotiation process, literally it fell apart. It was only after the president of SUN had met with you that nurses decided to strike. Mr. Speaker, the

Premier has failed farmers in this province, he has failed the teachers in this province, and now he has failed the nurses in this province, and indeed lives are at stake.

It was for your own political gains, Mr. Premier, that you even entered the bargaining process.

Mr. Premier, Mr. Speaker, this is not a true measure of a leader because every time the Premier gets up to bat he strikes out. Patients now have to be moved out of the province and the government is going to pick up the bill. Well where is the money going to come from?

It costs \$10,000 to move a patient from Saskatoon to the US. And how are you going to pay for this? Ten thousand dollars, Mr. Premier, is what one nurse is asking for. How much is this going to cost us?

The fact of the matter is patients' lives would not be in jeopardy if the Premier had stuck to the so-called commitment to the people of Saskatchewan. Monetary issues aside, the working conditions for Saskatchewan nurses are deplorable. They are overworked because of the shortage of nurses, and this puts lives in danger.

This back-to-work legislation that your government is cramming down nurses' throats is just a quick fix — it's not for the long-term solution. There is no long-term solution, Mr. Premier, because your government is out of touch with the people and the issues that face them on a daily basis.

Your government is out of ideas. And legislating them back to work is, in your opinion, your only tool.

Even while the nurses are still at the bargaining table you and your ministers threatened them with back-to-work legislation. I don't think that's exactly what you would call a fair bargaining process.

Mr. Speaker, Mr. Premier, it's a sad day in this province when the members of this House have to stand in their places to make up for the government's and the Premier's failures.

I'm sure that everybody across this province, members of this House, nurses, families across this province, know and understand what has been happening with health care in this province over the last eight years. And that the responsibility, the responsibility for all those things — the heartache, the concerns, the fear, and the lives that are in jeopardy, Mr. Speaker — rest only in one place.

The member from Riversdale sought the Premier's chair; he now must bear the responsibility for the decisions he and his government have made while he has been sitting in that chair. While he may try to avoid that responsibility, as he has tried to avoid the responsibility for everything that has happened in this province since October of 1991, that responsibility rests solely on his shoulders.

The fact that nurses today, Mr. Speaker, are visiting our gallery and are not in the hospitals across Saskatchewan is the responsibility of the member from Riversdale. He was the one who last night, yesterday afternoon, and yesterday morning

sought to play a hero's role. Well, Mr. Speaker, the mighty Casey struck out.

Mr. Speaker, hopefully the people of Saskatchewan will not have to pay the price of his failures. That price, Mr. Speaker, rests with him, his government, and his party.

Mr. Speaker, Tommy Douglas was the person who brought medicare to Saskatchewan, and while it has changed over the years, the member from Riversdale has stood in his place very often and championed the cause. His claim was as the great defender of health care. Well, Mr. Speaker, since 1944 health care has not been in worse condition than it is today under the premiership of the member from Riversdale.

So nurses, and people of Saskatchewan, you know where that blame lies, you know where that fault lies, and it lies only with the Premier and his government.

Mr. Speaker, this legislation is abhorrent; it's totally inadequate. And, Mr. Speaker, we will be proposing amendments to this legislation which will address the issues that need to be addressed immediately. There is no time to wait to address these issues. Three years later is not good enough, Mr. Speaker. And we call on the members of this Assembly, both in government and in opposition, Mr. Speaker, to support the amendments we will be proposing that will deal with the issues of the workplace that nurses and other health care workers are facing in this province.

So I challenge the members opposite, the government and the Premier, to support those amendments and do something about the working conditions in our hospitals. Thank you.

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

**Mr. McPherson:** — Thank you, thank you, Mr. Speaker. Well it's been interesting this morning listening to some of the comments from both the other parties. And our party can also go on record right now. The very problem that that government has created, this group wants to further the problem by saying, well, we're going to have amendments, we're going to do other things.

The fact of the matter is these politicians shouldn't be involved in this negotiating process. I'll tell you right now, we're not supporting your Bill. We're just not supporting it. We're not having amendments. Because this should have been bargained fairly by the appropriate people, and the Premier shouldn't have been involved in the first place.

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

**Mr. McPherson:** — So you can bring in all the amendments you want. All you're doing is interfering with a process that you don't belong in. So leave it at that.

Let's talk about some of the other things that have happened in recent days and why things have led to where they are today. While we have had CUPE (Canadian Union Of Public Employees) out looking at ratifying their agreement and giving some consideration to it, we have in *The Leader-Post*, the Health minister of the day saying that they are going to sweeten

the offers to SUN and SEIU (Service Employees' International Union).

What kind of message is that sending to CUPE? Why would they go and say, yes, let's bargain and let's get this over with when we know full well others are going to get a better deal. Don't you see the kind of problems you create by getting involved, Mr. Premier? And that's why I wouldn't be at all surprised, as I said earlier in question period, that there will be unfair labour practices directed right at you, sir, right at you where they belong.

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

**Mr. McPherson:** — At the same time some of this was going on, we have other things happening. In the paper . . . now this is when you're letting on you really care about the health care workers of the province but can't do anything about it. Your Health minister said today, we are not in a position, we are not in a position to further any increases — right?

Well, look at this. *The Leader-Post*, "Big raises for Crown executives." Look at that. Look at the kind of salaries — a hundred and ninety thousand dollar salaries for his roommate, Don Ching. What kind of a message?

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

**Mr. McPherson:** — Let's talk about the message that sends to people. What about this one? "CEOs get wage hikes."

And I'm going to quote:

"At a time (at a time) when the provincial government is telling ordinary health care workers to get by on 2 per cent a year, it has no problems with a 17 per cent wage hike for district CEOs," says Mr. Harvey McLane.

That's a quote, Mr. Speaker.

But how can that be — 17 percent for your friends, your hacks? Yesterday we raised some stuff in here about 50 per cent increases for your advertising budget going into election year and where does it go? It goes to your NDP hack firms to pad their election account. That's what's happening here.

The Health minister says this morning: well we just can't afford and we don't have the money. And I disagree and so does the Liberal Party disagree. And in fact, we're on record — and I'm going to quote from a press release, Mr. Speaker:

Melenchuck says a Liberal government would create a stable work environment for health care workers at a cost of 110 million to 120 million or 60 per cent of the 1999 Health budget increases proposed by the NDP.

Well maybe they're not prepared to do some stuff. I'll tell you others are, others are, and at election time, boy, you're going to stand up and explain why you aren't.

If I look at some of the past comments by the Premier not only is he on record for some stuff I think he wishes he could reel them back in right now, but in April 22, 1991, I'm going to

quote *Hansard*:

**Mr. Romanow:** — (And this is his quote) And finally, what about the health-care system? Much can be said about this, and much will be (said) in the days ahead as I bring my remarks to close — a health-care system that we see today where doctors and nurses and other care-givers are worried about intolerable working conditions, and difficulties of stress which manifest themselves today with the nurses coming to this Legislative Building to protest what's happening.

Well isn't that interesting? Isn't that interesting days before an election how you change your tune. Well they're here again today, Mr. Premier, and I challenge you to go out on the steps and explain why your opinion has changed since so much since you became Premier.

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

**Mr. McPherson:** — He goes on to say: "What in the world's gone wrong with medicare and health care . . ." What a good question, what a good . . . and I've got to ask that question today, Mr. Premier. He goes on:

(190) . . . beds, 197 people, 113 beds in Saskatoon, about 200 in Moose Jaw, Yorkton, and Regina, I think in round terms, closed down. What in the world has gone wrong?

Well I'll tell you what in the world has gone wrong, Mr. Premier. You sit on your hands, you do nothing. Bob Mitchell has warned you — a hundred million bucks a few years ago. When you, Mr. Premier, were the architect, you brought in . . . what do we have here? A thousand pages? A thousand pages, and you chose to do nothing until the final days of the contract? You've done nothing.

**The Speaker:** — Order. The hon. member is a veteran member and I know well acquainted with the rules of debate in the House and that the debate is to be directed to the Chair. And I'll ask for his co-operation to follow the rules of debate in the House.

**Mr. McPherson:** — Thank you, Mr. Speaker, and I will direct them through the Chair because I feel the Premier feels the sting of the day regardless of who's looking at him.

**An Hon. Member:** — And rightly so.

**Mr. McPherson:** — But you know, what about some of the inflamed comments that we're getting now? I think back to last fall when they forced IBEW (International Brotherhood of Electrical Workers), who they locked out — locked out. Key word here — locked out, and then brought in legislation to kick 'em back to work. And what was being said by the Premier and the big guy beside him, the Deputy Premier? Well it's safety concerns — we've got to . . . there's all these safety concerns. Oh, they were concerned. You know, just as they're concerned now about the safety in health care. But they weren't so concerned a few years ago when the community of Climax took them to court on safety concerns. They took you to court. Where's your position then?

The fact of the matter is, they inflame . . . Mr. Speaker, they inflame everything all the time. They said things about the SaskPower lockout that weren't true. The fact of the matter is, when put to the test, when put to the test, Mr. Speaker . . . and the IBEW members were the first ones when the weather conditions turned sour during the lockout, they were the first ones there to make sure the power was left on, making these guys look like the fools they are. That's what was happening.

And to dare say . . . to dare say that there's a nurse in this province that would put anyone's life in danger. I'll stand here and say there isn't. You should stand up and say the same.

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

**Mr. McPherson:** — It makes you wonder how we've come to this point in time, Mr. Speaker. It does make you wonder.

Well things are going to move along real fast here today. We're not going to hold up the legislation. You know why we're not going to hold it up? We want you to put your agenda forward to the people, because with your majority it's going to happen. It's just whether it happens in two hours or six hours. So bring it on, bring it on and show the people of this province what your true colours are really like. All right? And especially the associate Health minister, I'd like to see those true colours.

Bring it on but at the end of the day we're not supporting it. We're not supporting it because it should have never come to this, Mr. Speaker. It should have never come this far. It should of never had the Premier thinking that he could do his political manoeuvring and his spin doctoring and take people in the room and roll up his sleeves like we've all watched him do, you know, so slowly during his speeches. Well it doesn't work.

You shouldn't have been there. You shouldn't have been there unless you had something substantial to say and give to people. What are you going to say to them to get . . . What are we short — 5, 600 nurses in this province, Mr. Speaker? I think we're short about that many. At least under a Liberal platform we are because we're going to put some hospitals back out there.

The fact of the matter is this Premier has done nothing but inflame this situation. I say bring your agenda on. We're not supporting your agenda. Let those guys play whatever games they want. That's all I have to say.

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

**Hon. Ms. Atkinson:** — Thank you, Mr. Speaker. Mr. Speaker, I was elected to this legislature in October of 1986 and as you know we've been in government since 1991. And I've had the opportunity to be involved as the Minister of Social Services, the Minister of Education, and now for last six-and-a-few months, the Minister of Health. Mr. Speaker, in the last six months — and before that — I understood that there were many, many issues that this province faced, many issues. We have a population of a little over a million people in Saskatchewan. We have fewer than 500,000 taxpayers in the province. And we have a large debt.

Mr. Speaker, I have worked as a teacher. I have worked in the field of social services and I know that people in this province



work incredibly hard. And I would say in this province today there are people working harder and longer than they ever have in the history of Saskatchewan.

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

**Hon. Ms. Atkinson:** — I know, Mr. Speaker, that there are people that are working harder for longer hours for not a lot of money relative to what they could earn anywhere else in this country practically, with maybe the exception of the Atlantic provinces. I know that there are people in this province that pay high taxes, and I know that there are people in this province that have a commitment to this province and they stay here because home is where the heart is.

Mr. Speaker, I've had an opportunity to meet many people in the health field in the last six months. I know, as my colleagues know, that registered nurses and other health providers work incredibly hard under not very good conditions, Mr. Speaker. I know that they are committed to their jobs and they are committed to the people that they serve in the workplace, and that's the citizens of this province.

(1100)

And, Mr. Speaker, we all know, as citizens of this province, the importance of the work that people in health provide, Mr. Speaker, because they provide services to our citizens.

Mr. Speaker, as has been indicated, Health has undergone a tremendous transformation in the last eight years. And that has had some dramatic impacts upon people who work in the system. What we've tried to do, Mr. Speaker, is to bring over 400 different hospitals and ambulance boards and home care boards and all kinds of services under a structure.

And the theory behind it, the idea behind it, is that instead of having people in various stovepipes, we would be able to develop a more integrated and coordinated system that would serve the needs of our citizens so that there would be good linkages between acute care, long-term care, home care, and community-based health services. And I think, Mr. Speaker, we've come some distance in providing a more coordinated and integrated system.

Now as a result of doing that, there was a discussion that occurred between the various health sector unions and the government and the employer about how do we sort out all of the various collective agreements that would now be under one health district. Because there were some impediments in those collective agreements to ensuring that there were . . . we would be able to move to a more integrated and coordinated system.

And let me just give you an example, Mr. Speaker. You might have one union representing the hospital workers, and another union representing the long-term care people, and another union representing home care, and another union representing mental health. And there is an agreement as I understand the history of this, between the unions and the province that a man by the name of Jim Dorsey would try and sort this out.

And, Mr. Speaker, at the end of the day, Mr. Dorsey indicated that the Saskatchewan Union of Nurses would represent all of

the registered nurses in the province. That SEIU would represent the support workers and various health districts. That the Canadian Union of Public Employees would represent other support staff in other health districts, and that the Health Sciences Association would represent some of the social workers and other paraprofessionals, professionals in health districts across the province. In addition, the Saskatchewan Government Employees' Union represents one health district in the province.

Mr. Speaker, we've come to the point, after the Dorsey report, where all of the unions are now representing the various work . . . health districts across the province, and various groups across the province. But we are trying to negotiate into one master agreement for each of the unions, a collective agreement.

Mr. Speaker, the Saskatchewan Union of Nurses, as I indicated in question period, now represents most in-scope nurses in this province that work in health districts. And they are trying to negotiate a master agreement that basically covers 10 different agreements.

Mr. Dorsey, when he gave the report to us all, he indicated that there are many, many issues that had to be resolved because people had different hours of work, different vacation leaves, different benefits, different rates of pay, and so on. But he also indicated in that report that all of this could not be accomplished in one collective agreement; that it would take some time.

Mr. Speaker, our government through our process determined that it was extremely important that we have the mandate which all other public sector workers have had, that's 2, 2, 2, and 1, and that there would be funds available to deal with the serious issues that arose out of Dorsey to deal with some of the real inequities in the system. So money was provided for that.

In addition, Mr. Speaker, the Government of Saskatchewan indicated that the pay equity framework which other civil servants or public employees in government and Crown corporations, that pay equity framework would now be available to the health sector and that the health sector would go through a job evaluation process to get to equal pay for equal work.

And that's incredibly important for people in the health sector because the vast majority of people who work in the health sector are female. And as we know, historically females in this country have not had equal pay for work of equal value. And, if you look at their wages, female people in this country earn much less than males.

And through the job evaluation process, Mr. Speaker, through the job evaluation process, Mr. Speaker, we were going to get to pay equity which would mean, Mr. Speaker, that workers in this province in health care would be able to access pay equity and pay equity money in order to improve the wages — the wages, Mr. Speaker — of people who work in the health sector.

Mr. Speaker, the Saskatchewan Union of Nurses' collective agreement expired on March 31, 1999. That is eight days ago, Mr. Speaker. And I understand from SUN and the employer,

that they have been in bargaining for the last 36 or 37 days . . . where they have been down and involved in bargaining.

Mr. Speaker, we understand from SUN that things were not proceeding very quickly at the bargaining table. And we certainly understood from the registered nurses that were contacting our constituency offices that bargaining needed to proceed much more quickly in order to address the issues that nurses found so important to them in being able to continue their work as registered nurses in the province.

Mr. Speaker, the parties negotiated over the long weekend, and as a result of information that was provided to us by SUN and as a result of the notice of strike action, the Premier, on behalf of all of the people of this province, intervened. He was hopeful, Mr. Speaker, that we would be able to listen very carefully to what the employer and the representatives of the registered nurses in this province were saying, and that we would be able to address, in a very meaningful and concrete way, those issues that were important to people in the workplace.

Mr. Speaker, yesterday at 9 a.m. the employer and SUN met with the Premier to try and give to the Premier information as to those issues that absolutely had to be addressed in order to get a bargained collective agreement. And at that time, Mr. Speaker, nurses indicated that the whole issue of nursing practice was extremely important to them.

And this is why it's important to them, Mr. Speaker, and we heard that message very clearly. In the province of Saskatchewan we have an organization called the Saskatchewan Registered Nurses' Association. They set the standard of practice for registered nurses. And registered nurses are concerned, Mr. Speaker, that they can't meet their standard of practice — and this is something that other professional organizations have to meet — a standard of practice in the workplace. And they believe that there are some management practices that make it practically impossible to meet that standard of practice.

Mr. Speaker, we thought we had a solution to this. And the nurses provided us with a solution about how we could make a situation binding on everybody if an arbiter decided that those kinds of issues needed to be addressed. And we thought we could deal with this issue of nursing practice, which I understand has been a long outstanding issue for the nurses of this province for many, many, many years. And we thought we could address that.

Second issue, Mr. Speaker, that's important to nurses is seniority. Practically every other workplace in this province that is unionized, people can access jobs based on seniority if they meet the minimum qualification. And, Mr. Speaker, that is not the case with the nurses of this province. And the nurses put forward a proposal to deal with that issue. And we thought we could meet that issue as well, Mr. Speaker.

Mr. Speaker, the third issue for nurses was to make jobs permanent and full time. And we understand that if you're a graduate from the University of Saskatchewan College of Nursing or SIAST (Saskatchewan Institute of Applied Science and Technology), that in order for you to deal with your student

loan and all of these kinds of things, you need a full-time job, Mr. Speaker.

And we know that there are nurses presently in the workplace that are working casual that want a full-time job. And we thought that we could address that issue, Mr. Speaker, in the language that could be inserted into the collective agreement.

Mr. Speaker, those issues were important to nurses, and they're important to us. Because we don't think nurses can work in a place where they can't meet their standard of practice. And we thought we could deal with it. We thought in fairness to nurses that they too should have a seniority clause like everybody else that is unionized, based on minimum qualifications.

And we thought, Mr. Speaker, that it was important in order to stabilize work in this province that we needed to move to more full-time employment. Because we've looked at the figures, Mr. Speaker. About a third of the workforce is casual, a third is part time, and a third is full time. And we need to make full-time jobs in health care for everybody, Mr. Speaker.

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

**Hon. Ms. Atkinson:** — Mr. Speaker, at 8 o'clock, representatives of the registered nurses of this province said they had to go back to their representatives. The representatives of the employer said they had to go back to their representatives. And we were meeting here this morning at 8:30. And we believed that we could address issues.

In addition, Mr. Speaker, we had a strategy available to deal with the whole issue of recruitment and retention, which would be a fund available and managed by SUN and the government and SAHO to deal with nursing recruitment and retention and quality issues — quality of care issues, Mr. Speaker.

Mr. Speaker, we were to meet this morning. And last night shortly after 11 o'clock we were advised that the people in the Saskatchewan Union of Nurses had determined that it was an appropriate response to take general-wide, province-wide strike action in order to meet their demands.

Mr. Speaker, we thought that we had come to a point where we could avoid this; where we could have a mutually agreed to collective agreement that would deal with the legitimate issues that registered nurses feel each and every day in the workplace.

Mr. Speaker, we are now in this situation. We have letters from the health districts that indicate to us that they are in a different situation than they were in 1991 when nurses took job action to meet their requests, their demands at the bargaining table. And health districts advise us that we have a much different situation in that the health system is far more integrated than it was in 1991.

In 1991 the Saskatchewan Union of Nurses represented the acute and long-term care institutions in this province. In 1999 the Saskatchewan Union of Nurses represents acute, long-term, home care — where 26,000 people are looked after each day in the province — as well as community based care, and public health.

And the employers have written to the Premier and written to myself indicating that based on the situation today, on April 8, 1999, that they cannot say with certainty that they can ensure public safety as a result of the conditions they find themselves in today — some nine years later, Mr. Speaker.

(1115)

They indicate that it's important that we ensure public safety. And as the Minister of Health for the province of Saskatchewan it's important to ensure that not only people have access to a good health system that meets their individual needs, but it's important that we ensure that the public in this province is not in any kind of jeopardy, Mr. Speaker.

And that's why I would say to you, Mr. Speaker, that this is a very, very, very sad day for all of us because we've got . . .

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

**Hon. Ms. Atkinson:** — We somehow thought, Mr. Speaker, that through discussions, talking, talking, listening, caring, listening, listening, Mr. Speaker, that we could get to a point where we had a mutually agreed to collective agreement. And that is not the case, Mr. Speaker.

Mr. Speaker, it is . . . I think it's an understatement that all members of the legislature are deeply saddened by the events. Deeply saddened, disappointed, because we thought, Mr. Speaker, at 8:30 this morning that we could continue the discussions, continue to talk, continue to arrive at solutions to the very real problems that registered nurses in this province face along with the citizens of this province.

Mr. Speaker, to end, I would say this, that health care is an extremely important service. Health care for all of us is an emotional issue. And why is it? Because it's fundamental to who we are as members of the Saskatchewan citizenry.

Mr. Speaker, in 1962 the people of this province decided to implement publicly funded, publicly administered medicare — in 1962. We were the first province. We were the first place in all of North American that had publicly funded, publicly administered medicare. And that meant, Mr. Speaker, that it didn't matter how much money you had or didn't have, you had access to the health system.

Mr. Speaker, I know that there are people in this gallery today whose fathers and mothers fought for medicare in 1962. Mr. Speaker, my father and my mother fought for medicare in 1962. My mother and my father were not members of the KOD — Keep Our Doctors. My father and my mother were not at the steps of this legislature slamming on the doors, booting the doors in, in order to stop medicare. They were in the constituency of Biggar, which was represented by the premier of the province, Woodrow Lloyd, raising money to fund a community health clinic in order to continue medicare services in the province of Saskatchewan.

Mr. Speaker, there were women in this province that were expecting children — my mother was one of them — I was 10 years old in 1962, Mr. Speaker. And, Mr. Speaker, they did everything in their power to ensure that we would no longer

ever be in the position again in this province where it mattered whether you had money and that determined whether or not you had access to health care.

Mr. Speaker, this province has undergone some tremendous challenges in its history — tremendous challenges. And those challenges will continue into our history. Do I say medicare in this province is perfect? It is not. Does medicare in this province have challenges? It does, Mr. Speaker. In order to meet those challenges, we think that for the first time ever in the history of Saskatchewan we have \$195 million in new money and we think that that new money can begin to address the many challenges that our health system faces.

In order to address those many challenges, Mr. Speaker, we have to work together. That means that physicians and scientists and registered nurses and nursing assistants and the housekeepers and the people in dietary and maintenance and subspecialties and management — everybody — everybody has to work together. And if we can work together in a co-operative way, Mr. Speaker, I think the future of medicare in this province will be assured.

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

**Ms. Draude:** — Thank you, Mr. Speaker. Mr. Speaker, it's an awesome responsibility to stand here today as one of the 58 elected people in this province that are standing with a Bill that's supposed to order 8,400 health care workers back.

We've sat here in this House for the last four years, and some of my colleagues a lot longer than this, listening at least once a day — and 20 twenty times a day — to hear members opposite talk about Tommy Douglas and how the father of medicare and how this province has been relying on . . . We are supposed to have medicare because of this government over here.

Well today I don't think that the nurses in the Assembly are saying that . . . people are saying that medicare is looked at by the NDP government as something that's their . . . they can bank on and something that they're proud of.

The collective agreement that we have looked at today, that the nurses are going to be looking at, is one that . . . the same thing that we saw a few months ago for IBEW. It's the same one. In fact, we're probably to the point now where the government is just going just spew them out and leave the words blank so they can fill in the line for whichever group next has to come forward. And if they have any problems at all, they just go and the government says, oh, we'll legislate 'em back, just fill in the words and it doesn't matter who you are or what the job is.

They aren't listening to the people out there. They didn't listen to the farmers, they didn't listen to any of the labourers, and today they're not listening to the nurses. And it's not just the nurses, because the nurses represent and they look after everybody in this province.

Mr. Speaker, I heard the minister speak about 11 hours of discussions yesterday. Well that wasn't just . . . the discussions yesterday wasn't what brought today about. We've had eight years. The nurses have been asking and begging for eight years for their problems to be brought to the surface.

We've known for a number of months now that these nurses are ready to go to the extreme measures of strike action because their real goal or what they have to do their job, their responsibility, they can't do it. They don't have the time in the day or the hours, the physical ability to do everything that they want to do as trained professionals.

As the people that I and my children and my grandchildren know that we can count on if we get ill and we are going to go there because they'll come in overtime, they'll work double shifts, they'll . . . when their colleagues say, please come and work for me today. I've just had a . . . They'll do it, they'll do it because they care. They aren't doing it because somebody is going to legislate them back to work.

We have recruitment . . . the members opposite are talking about recruiting nurses to this province. Well I wonder if they really believe that anybody's going to come to the province — this province — with the wage levels that we've got here today.

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

**Ms. Draude:** — We have nurses that now have to go into four years training. And I would imagine most of them, if they're like the average person in this province, they have to take out a student loan or a loan of some sort to go into training. So they train for four years and probably have a 35,000, \$40,000 student loan to pay for when they're finished. They go into nursing and what do they get — \$32,000 a year maybe, to go up to a maximum of somewhere around 40, for four years.

And let's compare them, or do compare them to some of the other workers. Compare them to other essential services like the RCMP (Royal Canadian Mounted Police) that have to train for a number of months and get about the same amount of money. They train for six months. We are putting our lives in the hands of people who care very, very much and they go into this profession because they are caring people. They aren't going in there because they're the type of person who really doesn't care about anybody down the street.

The minister talked about 1 million people in the '30s. We still have a million people. We're the only province that can say we have the same population we had in the '30s. And we have . . . That's something that I'm not proud of. And I could stand here and tell you that I know why we have this problem — that their government opposite is still banking on having a million people 30 years from now. It's not going to happen. It's going to go down a lot quicker than that if the government opposite doesn't realize what it takes to keep people in this province recognizing their worth.

They blame the Tories. They blame the federal government. They blame the health boards. Now they're blaming the nurses for all the problems. And I don't usually go into this, but I just want to make sure that those present remember that this \$2 million debt bill that we have every day is the same number we had in 1991 when these guys came into power. The same dollars are being spent on interest every day as there was in 1991. Why don't you say that? You haven't improved that situation at all.

We have the Dorsey report, which was passed through this

legislature a few years ago, and at that time we said, isn't this going to cause a lot of problems? We're lumping everybody into one category. And with all the highly trained people that are working behind governments and making sure Bills come forward that have got some grassroots and that have some understanding, we all of sudden now have a problem.

Didn't anybody know that this was going to cause a huge problem? Weren't you listening to the nurses at that time that said these things aren't working? Why would you think that they can . . . why would they believe that they can believe you today?

In my rural area I talked to the hospitals there today and they said that they do have some nurses that are ready, either in the building or ready to come into the building. They're not worried about a quick emergency because they know, Mr. Speaker, that if there's a phone call and there's an emergency, everyone of those hospitals said we know that we can call the RNs (registered nurse). They will be in. They're always there if they're called in an emergency because that's what their job is. Right now . . .

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

**Ms. Draude:** — Mr. Speaker, I don't think in any place . . . In rural Saskatchewan, and I know in urban Saskatchewan as well, they care about the people. They're doing their job under very high stress levels because their job is to make sure that we as individuals are safe so we can do our job if this is what we're doing today.

We have a premier that got involved yesterday in the collective bargaining agreement, which is something that I can't imagine the labour part of the NDP government ever thought they'd see happen because they based everything on the rights of labour. But they've gone so far from what they thought they were in the beginning that nobody can believe anything any more.

The health care . . . We need nurses in this province that go to work knowing that they can do their job right, that they can feel good about their job, that they are actually helping the people by more than just handing them a pill; but they can talk to them and know that the bedside manner and the personal support by just being able to say how are you feeling today, I have time to listen to you, I care about you.

That isn't happening. They run down the aisles trying to deliver . . . down the hallways trying to deliver medication and they know that the people in a wellness model, in a whole health system, they have to stop and talk to people. They have to touch them. They have to know that they're cared about. That's part of being well in the system as well.

And nurses can't do that. They don't have time to do anything but the real technical things of nursing, and that is fill out forms and deliver a pill. And filling out the forms is something that should be the lowest item on the priority scale not the highest one.

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

(1130)

**Ms. Draude:** — Mr. Speaker, I think it's sad when some of the colleagues in the House say today that they're not going to vote or put on an amendment because it's too bad it's come to this. Well we agree. It's too bad it has come to this today, but the fact is it has come to this. And now there's people, nurses, and patients right across this whole province that are saying what are you 58 people going to do? That's where it's come to. You can't hide your head in the sand and say, I don't to deal with this any more because the reality is there's a Bill before us that we do have to deal with.

The reality is that we are elected and the government has brought forward a Bill and the people of this province are waiting to see if their voices are going to be heard at all. The Liberals are politicizing health care. And when I read the district health records or the Bill, the NDP is turning it into a business because patients in this province under the NDP are now called clients. Whenever I hear the word "clients" I cringe because as a business person the word "client" is a customer that I expect to get money from.

Patients in this province . . . I'm sure in any of the nursing manuals and any of the school training that they take in their four years of training, they don't have to call somebody that's just had a gall bladder removed or a young mother that's just had a baby a client. I think they're called a patient and that's why we have nurses — because they look after patients.

The minister talks about hard work and she talks about home is where the heart is. Well in good old Saskatchewan we have worked hard and we haven't seen an increase in pay, and I'm tired of doing that just because we live in Saskatchewan. I'm tired of apologizing for being from Saskatchewan. And I'm tired of saying the whole world is going to go on but just keep the status quo in good old Saskatchewan because that's just the way it is in this province.

I had an old man come and was talking to me one day and I said, well how are you doing? And he said oh, I've got heartburn and a headache and I've got ulcers and life isn't too good but I'm not too bad for the shape I'm in. And that's what we hear from this government. We're not doing too bad for the shape we're in. Well let's dream about a world when the shape can be a whole lot better.

Every province is looking for nurses and every province pays more than we do to our caregivers. And I believe if we think we can attract them by 2, 2, and 2, and then by the year 2002 we'll finish our study and then trust me, the government says, by then we'll be on your side, by then everything will be solved. Things will be fine — just trust me.

Well things aren't fine now, and I don't think they're going to be any better in the year 2002 with this government and with this Premier when he comes in at the eleventh hour and decides that he can personally deal with problems.

Nurses have a standard of practice; in other words, they want to do their job and their job is to ensure public safety. Just as the minister said our job is to ensure public safety, and so is the nurses'. And they've been doing that for years and years. While we're at home . . .

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

**Ms. Draude:** — While we're at home at Christmastime and opening our presents with our children and when we're at home when it's storming and at midnight and we're saying gee, I'm glad I don't have to go out tonight, somewhere — probably at least 12 places in this province — some nurse is getting a call saying, gee, can you come in and work overtime; gee, can you come in and cover for me tonight because I just can't come in.

And those nurses are going out.

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

**Ms. Draude:** — Those nurses don't get to decide that they're going to take four days off at Easter and five days off at Christmas and all the rest of it because their world revolves around a shift that involves us. That means that our children and our grandchildren and our parents are going to be looked after even though our life is going on.

The government has a responsibility. It has three real areas of responsibility right now. They look after education and they look after highways and they look after health care. Health care. The minister talked about KOD — Keep Our Doctors. Well right now I'm saying if we're going to ensure public safety in this province then we should have KON — Keep Our Nurses.

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

**The Speaker:** — Before I recognize the hon. member for Humboldt again I do want to ask the co-operation of the guests in the gallery today . . . (inaudible) . . . Order. The Chair has appreciated the respect for the traditions of parliamentary democracy from the guests and appreciates their co-operation.

**Ms. Julé:** — Thank you, Mr. Speaker. Mr. Speaker, I'm pleased to be able to stand today in the legislature as an elected representative of the province; and to stand not only on behalf of the nurses within my constituency, which is the Humboldt constituency, but to stand here supporting each and every one of you that are in the gallery and each and every one of the nurses out there . . .

**The Speaker:** — Order, order. Now the hon. member will recognize of course that rules of the Assembly also prohibit members from involving guests in the debate; and I know she understands that, and we'll encourage her to continue with her debate.

**Ms. Julé:** — Thank you, Mr. Speaker. Mr. Speaker, what I would like to say is that throughout the last four years since I've been elected, I have progressively and steadily and constantly seen and talked to nurses throughout the constituency and throughout the province who have talked about their workload.

They have said that since health reform everything is in chaos. Their intent and their hearts are in the right place. They want to work; they don't want to strike. They want to be there to provide the services that they were trained for. But what it has come to is that they are just plain tired out. They are stressed out. They have no more, almost, desire any more to be able to keep on because they are too tired.

Now not long ago, Mr. Speaker, we had a study, I guess throughout the province, called family in the workplace and women in the workplace, and that whole study . . . And people that had come to those sessions on that indicated that women are by far more stressed out and incurring more health problems than anybody else in the province. These nurses are a perfect example. They not only are asked to come in overtime, they are short-staffed; they are pushed from one floor to the other in hospitals without having an indication of where the supplies are, of what to do there. They go through that stress every day and half of them end up feeling guilt because they can't provide the services that they need to provide. They're afraid, just as we are afraid, of what's happening to the patients in the hospital.

The study that went about . . . talking about women in the workplace and trying to contend with their families stated that women go home from work, after work, and they have yet to deal with their duties at home with their family, running around with their children to take them to different activities. They've got a great deal to do. And it has been indicated that women's blood pressure stays up from morning till night, and it just never comes down.

Now we have a serious health problem happening here. If we haven't got people shown some honour and value for their work and treated properly with good working conditions in the workplace, we are going to have fewer nurses, in fact maybe no nurses, because many, many people, including our nurses, are leaving the province.

Now, Mr. Speaker, I just wanted to make mention that some of the nurses in my constituency were a little lacking in ease when they heard the Premier mention in the media that the nurses were asking for 22 per cent increase in their wage. I understand that during the nurses' discussions leading up to this, there wasn't a discussion about 22 per cent increase in the wages. She said that the Premier's numbers were unknown to them.

What she surmised was that the Premier was lumping together the wage parity issues and the cost of the Dorsey commission and pay equity all together. This nurse also mentioned that when SGEU (Saskatchewan Government Employees' Union) settled, there was a provision for 7 per cent increase and there were also provisions to cover the cost of Dorsey.

And so this is the same thing that these nurses are asking. There is nothing more or less than what was already done with the SGEU. So I think that it's really incumbent upon the Premier to clarify that for the general public out there because the general public is thinking that, you know, the nurses are asking for too much.

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

**Ms. Julé:** — I think it's really very important to be very clear about any deliberations that take place. It's important not to mislead the public. It's important to ensure that these people that are out there ready to strike now have got proper value given to them, that their worth is shown not only in words, by speaking about it, but in action and support for the nurses of our province who have for too long been pushed under by this government. Thank you.

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

**Mr. Toth:** — Thank you, Mr. Speaker. Mr. Speaker, just to make a few comments this morning about the reasons we're here in this Assembly at this time — normally a time when we're preparing to get ready for Assembly at 1:30 — but sitting here debating an issue that I believe, Mr. Speaker, if there had been a real commitment to seek a collective agreement, a real commitment to the health care workers of this province, some real leadership, we probably wouldn't be here this morning.

Mr. Speaker, when I talk about that, I think back to some of the comments I've had and some of the discussions I've had with certainly nurses in the communities that I represent and in particular with representatives of different locals. I had a gentleman in my home the other day who said to me that this is the first time, first time in all his years, as a representative for the union that he represents, that his local has actually voted for a strike action; that his local has come to the point where they just said, we can't go any further, it's time we have to send a message.

And I say that's . . . When you think about the number of years we've had unions across our province and unions involved in the health care field, and I have to say that I think we haven't seen it all that often where health care workers have come to the point of saying to their union, there's only one alternative. They've said we will do whatever we can to come to an agreement or to reach a consensus to meet the needs of the patients we are serving. And I thought that was quite telling when this local rep said this is the first time that his union local has said to him, this is the only alternative we have.

Mr. Speaker, when we look at the legislation in front of us, this legislation doesn't make the job place any easier to work in. It will not make it any easier for the professionals across this province to go back to work even though they know they will be forced back to work or face some significant penalties and fines. It doesn't make it any easier. It'll be just like the little boy when his dad told him to go sit in the corner. He turned around and said, well I'm sitting on the outside but I'm still standing on the inside.

Mr. Speaker, it's a travesty. The reason I say it's a travesty is because of the leadership of the Premier and the NDP Party in this province — a party that has basically said they stand for the worker; they stand for the little man.

And what we've seen over the past few years in this province, while the NDP have talked about sticking up for the little person or the person on the low end of the totem pole, we have seen time and time again — and as I have in front of me a note from one of my locals — the thing that really gnaws at the conscience of individuals when they think about taking strike action is they know that the CEOs (chief executive officer) in their area have just received significant wage increases. They know that the administrative level have just received significant wage increases. SaskPower last fall, when they were legislated back, knew that the management levels had seen significant wage increases.

Mr. Speaker, I believe everyone in this province wants to be fair. Everyone wants to be treated fairly. There isn't anyone

who will not say, well if 2 and 2 and 2 is all we can afford, then we should all live by the same rules. And I believe that's what most people are asking for.

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

**Mr. Toth:** — So, Mr. Speaker, when I look at this legislation today and as I think back to the number of times I visited in hospitals, certainly one of the areas of concern . . . And I know I visited many times in the Plains hospital here in Regina, at least when it was a hospital, one of the most efficiently run centres where you could get to where you wanted to go very quickly. I've been down to the General. It's more like a maze rather than a hospital that you can feel comfortable in.

But I would have to take my hat off to all the caregivers across this province. I haven't talked to one who hasn't done their job well. I haven't talked to one that . . . I enjoy visiting in hospitals and just talking to the caregivers.

It's a pleasure when you walk into a hospital room and someone compliments the staffing and just talk about how well they've been treated. They didn't like how the system treated them, but they sure appreciate how they've been treated by the staff, whether it's a nurse or whether it's the cooks or the other attendants.

Mr. Speaker, it is unfortunate that we're here at this place this morning. I had to just bring those few points out. We will certainly have to look very carefully at the legislation that this government is bringing forward. And we're going to have to at the end of the day, I trust and I know, I believe — I firmly believe — that regardless of what happens in this Assembly today, we do have a number of caregivers who, when push comes to shove, are still going to say I care about my patient; I care about that person I'm serving.

And while they may not like what they've been forced back into, they will say, that patient means more to me than what a government with an iron fist is enforcing on me.

Thank you, Mr. Speaker.

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

Motion agreed to, the Bill read a second time and, by leave of the Assembly, referred to a Committee of the Whole later this day.

(1145)

## COMMITTEE OF THE WHOLE

### Bill No. 23 — The Resumption of Services (Nurses — SUN) Act

**The Chair:** — I would ask the Minister to introduce his officials please.

**Hon. Mr. Nilson:** — Thank you, Mr. Chair. I'm pleased to have with me Con Hnatiuk and Carol Klassen and Allan Barss from the Department of Health, and Rick Hischebett and Darcy McGovern from the Department of Justice.

## Clause 1

**Mr. D'Autremont:** — Thank you, Mr. Chairman, ladies and gentleman, colleagues. I'd like to welcome the officials here today although this is a very sad day that you have to be in here.

Mr. Minister, this piece of legislation is not one that is particularly welcome to any member of this House. Unfortunately though, the actions of your government has brought this into being and has forced this issue onto the table before us. I wonder if you could give us a clear definition why this had to happen today? Why it has to happen at this hour? And what is the imperative that is forcing this legislation on the people of Saskatchewan?

**Hon. Mr. Nilson:** — Yes I'd be happy to answer that question. It's very clear from the information that we have received from the district health boards, from doctors, from people in the public that there's a concern about the ability to provide health care in the province. Given the reorganization of health care in the province, there's not a situation where we can last very many hours to deal with this, and so it was clear to us that we should proceed with this legislation right away.

**Mr. D'Autremont:** — Well, Mr. Minister, your government reorganized health care, your government failed to provide provisions for workers in this province in the health care system. The fact that you have been forced to bring this legislation — draconian, back-to-work legislation — before this Assembly is clearly an admission of failure by your government.

Now your government has never accepted responsibility for anything since the day you have been elected, and we witnessed it today in the House. The Minister of Health is up answering questions while the Premier was sitting in his chair hanging his head. And he certainly should have been hanging his head.

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

**Mr. D'Autremont:** — He certainly should have been because what he has done to health care in the last eight years is certainly not something he wants to go out into the public and brag about. Whenever there is something happening in this House or in the public that the minister . . . that the Premier thinks he can get some kudos for or that he can take some acclaim for, he stands before the cameras or he stands in this House and asks to be showered with glory. But whenever the other end of the stick is being presented the ministers have to grab it — never the Premier. And it's his responsibility for the actions that are taking place in this House today.

The Premier sat in negotiations last night with the president of SUN, with SAHO, and according to the reports there was some movement taking place. Mr. Minister of Justice, can you outline for us the changes that took place from the start of negotiations yesterday morning at 9 o'clock to the close at 8 o'clock, and the reasons why we are facing a strike today?

**Hon. Mr. Nilson:** — Thank you. The Minister of Health outlined in her second reading speech the answer to your last question. I think we should all be cognizant of the fact that the nurses have been off the job for about five hours now, and

every minute that goes on there's another person without care because these are important people in our system.

I think practically the whole procedure today is dealing with the fact that we have many, many workers leaving the job all at once. This makes it a particularly difficult for the districts. We know that SUN has given notice of a strike but there's no definition of how long this may be, therefore we're in a position where the plan has to be that this may be something of long duration. And given the comments that we've had from the various health districts:

Regina Health District says:

A walkout by the Saskatchewan Union of Nurses would put the safety of its patients, residents, and clients at risk.

Saskatoon Health District says:

As the numbers show, we are not in a position to handle a strike of any duration. We will do whatever is necessary to provide safe patient care, but it's going to be extremely difficult, especially since the union continues to reject in large part the district's proposal regarding essential services.

Battlefords Health District:

Battlefords Health District board strongly urges you and your legislative colleagues to be prepared to act swiftly in the case of a SUN walkout. Any withdrawal of nursing services for more than 24 hours is beyond our ability to cope.

Regina Health District, Dr. Bartlett:

The physicians and nurses responsible for the management of care to our obstetrics, neonatal, and immune-compromised pediatric patients are deeply concerned about an impact that the SUN strike would have on these vulnerable individuals.

We have comments about how important it is to maintain the services for the people of Saskatchewan, and that's why we're here.

**Mr. D'Autremont:** — Well, Mr. Minister, you started off with the typical NDP response: blaming somebody else for your actions.

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

**Mr. D'Autremont:** — We met this morning with representatives from the Health department and the statement we received from them was that the nurses and the health districts could deal with the situation for 12 hours. Your statement that every minute somebody is losing care or that a patient is in critical safety is simply inflaming the issue and trying to blame the nurses for the things that your government has failed to do.

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

**Mr. D'Autremont:** — Nurses went out on job action in 1982 and were ordered back by your predecessor government of which the Premier, at the time, I believe, was the minister of Justice, who probably had to stand in the place you're standing now, Mr. Minister, and pass back-to-work legislation. So it's certainly not something new for him to do.

In 1988 and 1991, there was job action by nurses. In both of those cases there was no back-to-work legislation. In fact the 1991 strike went on for, I believe, 11 days.

So what has changed, Mr. Minister, from 1991 to 1999? Health care reform. Your health care reform — NDP health care reform. And that's why this strike is putting so much fear and concern into patients and so much stress onto nurses.

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

**Mr. D'Autremont:** — The Premier stepped forward last night and injected himself into the negotiations yesterday. And he failed. Why did he do that, Mr. Minister?

He did that because a nurses' strike, a disruption in the health care system today would not meet the Premier's and the NDP's political agenda.

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

**Mr. D'Autremont:** — This has a lot more to do with politics than it does with health.

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

**The Chair:** — Order. Order. I want to caution the galleries that the same rules apply for the Committee of the Whole as do for the routine proceedings of the House in that the spectators in the gallery are not permitted to participate in debate. And I ask for your co-operation on that.

**Mr. D'Autremont:** — Thank you, Mr. Chairman. Mr. Minister, in your draconian legislation, you've put forward a proposal forcing the unions to accept 2 per cent salary increase on April of 1999, 2 per cent on April 1 of 2000, and 2 per cent on April 1 of 2001.

But we've already heard mention in this House many times that under the Dorsey commission there was some money being proposed to bring the pay scales up to equal levels. During the negotiations last night with the Premier, was there any movement on behalf of the government or on behalf of SAHO to address that issue and move beyond 2, 2, and 2?

**Hon. Mr. Nilson:** — I'm pleased to answer that. If you look at page 3 of the Bill, section 7(3)(c), that deals exactly with the Dorsey question that you have, the money is there to deal with the Dorsey issue.

**Mr. D'Autremont:** — Well, Mr. Minister, in this legislation you have dealt with your view of what the salary should be. But you have not made any moves to address some of the other issues that the nurses find equally important, and that is dealing with the conditions under which they work, the number of nurses with which they have to work.



So, Mr. Minister, we will be proposing some amendments to be brought in as clause 11 of this particular Bill and moving the present clause to clause 12.

What we are proposing in these amendments, Mr. Minister, is that a 60-day period be put in place under which no job action could take place to give the government, SAHO, and SUN, the opportunity to sit down and work through those non-monetary, non-salary issues that are affecting the patients of this province and the nurses in this province.

(1200)

Mr. Minister, we're asking that you support this particular piece of legislation — the amendment to it — to allow the bargaining process, as my colleagues to the left here say, to allow the bargaining process to proceed that you have interrupted. It does not deal with the monetary or the salary position. But after 60 days if your government and SAHO and SUN have not been able to come to an agreement, that the nurses would again be in a position to take job action. If that means they wish to go on strike again to put forward their demands in the most forceful manner available under collective bargaining, then they would be allowed to do so.

Mr. Minister, I ask you to consider this amendment, to speak to it, to whether or not you would find this a valid proposal and to place your government on the record on it.

**Hon. Mr. Nilson:** — I'll be happy to make my comments known when you've made the amendment and we'll deal with it at the appropriate time.

**Mr. D'Autremont:** — Well, Mr. Minister, it saddens me that you wouldn't be prepared to stand in your place at this time. I know that you have a copy of the amendment before you to look at, to speak on the issue, when you can speak to that issue and to the entire Bill at one time, rather than simply leaving it until the point arrives when the amendment can be presented, where you will, in all likelihood at that point, not take the opportunity to speak.

So again I ask you to stand in your place today and speak to the proposed amendment.

**Hon. Mr. Nilson:** — I'll be happy to speak to the proposed amendment when it's actually made. Thank you.

**Mr. Toth:** — Thank you, Mr. Chair. Mr. Chair, I think it's really unfortunate that this morning we are addressing a very important issue, and we're having a difficult time getting the minister to even respond to questions that are being raised regarding the legislation in front of us and the real purpose that it has to be here this morning. The minister, I'm sure, is well aware of individuals within the Department of Health who have conferred with . . . and have a pretty good idea or a realistic idea of what the department can do and what facilities can do to address the situation.

The minister is also aware, Mr. Chairman, of the fact that district boards have been putting in place contingency plans for the past number of weeks to address a so-called . . . the situation that we face today. And the minister, I believe, is well aware of

the fact that had meaningful negotiations been allowed and entered into we would not be addressing Bill No. 23 before us today.

Mr. Chairman, Mr. Minister, how can you stand in your place this morning or — well I guess it's getting close to this afternoon — at noon here and say to everyone across this province that we had to act immediately to bring forward this draconian legislation.

**Hon. Mr. Nilson:** — The member opposite knows from the information that's been provided by officials in the Department of Health that their estimate of 12 hours care also included the fact that there are some places where three hours was the maximum in which the health districts would be able to deal with certain kinds of patients. We also know that some patients have been moved out of the province.

I think it's appropriate to explain why this is different than 1991. In 1991, the nurses that went on strike were primarily in acute care. Right now we have the nurses leaving the whole system — in acute care, long-term care, and in home care. And what this means is that in 1991 patients who were not able to be cared for in the hospitals could get some care in a long-term facility or through home care.

So we're in a situation that's very different from 1991. And that in fact increases the concern and the nature of this; that we are in a position where we're planning to proceed with this today.

**Mr. McLane:** — Thank you very much, Mr. Deputy Speaker. I'd like to say it's my pleasure to be in the House today to address some questions to the minister on his legislation, but I can't. It's not a pleasure to be here and I'm . . . I will rue the day that this has ever happened, Mr. Premier, and I hope you remember that. And I will be back here next year to remind you of that while you are sitting over here, Mr. Premier, and may be possibly sitting right where you are.

Mr. Deputy Speaker, we would ask the . . . the nurses have been asking many questions of this government but haven't seemed to be able to get any answers. So today, Mr. Speaker, I'm going to ask the Minister of Justice some questions on behalf of the nurses of this province as to how this legislation will rectify some of the questions that they have asked.

First question, Mr. Minister, would be, the nurses are saying that they need the right to call in more staff in emergency situations. Can you tell me how this legislation will address that problem?

**Hon. Mr. Nilson:** — This legislation gets people back to work so that we can preserve the safety within the hospital system. The specific issues were discussed at length yesterday and previous times, and that discussion will have to continue because this is a complex series of issues that have to be dealt with at many levels including in the collective bargaining process.

**Mr. McLane:** — Mr. Minister, I'm wondering why these discussions wouldn't have come before this legislation. Why didn't you give them an opportunity? The Premier jumped in, wanted to be the chief negotiator and to set a precedent in this

province for all labour unions who are going to be pounding on the Premier's door from now on to negotiate their contracts. Why wouldn't you have let the process work and let the nurses come to these decisions?

Mr. Minister, the nurses have said that they need . . .

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

**Mr. McLane:** — The nurses have said that they need the right to provide nursing care that meets professional standards. Mr. Minister, can you tell us in the House today how this legislation will address that problem?

**Hon. Mr. Nilson:** — This legislation will bring people back to work so that the safety of Saskatchewan people within the hospital system . . . within the health care system will be preserved. All of those issues which were discussed at length yesterday, and unfortunately, as explained by the Minister of Health, the members of SUN decided to walk away from that process and from some of the solutions that were there and were not completed at that time.

But obviously these complex issues are going to have to be dealt with over a period of time. They have been working on these for in excess of 30 days, and most recently with a facilitator. And practically it looks like that process will have to continue.

**Mr. McLane:** — Mr. Minister, can you tell us then if you were bargaining in good faith and with the Premier at the table, was this legislation drafted first thing this morning or was it drafted yesterday? When was it drafted? Has this been your plans all along that you would bring it to a head, bring the Premier in, and then force them to walk out because the negotiations weren't going well? So tell us, when was this legislation drafted, Mr. Minister?

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

**Hon. Mr. Nilson:** — The strike notice was given to the government and to SAHO some time after 11 o'clock last night. The legislation was drafted during the night.

**Mr. McLane:** — Thank you, Mr. Speaker. Mr. Minister, it was drafted in the dark of the night. I've heard that phrase in this House many times and I guess that goes along those same lines.

Mr. Minister, the nurses need, the nurses need pay equity, Mr. Minister. What does this legislation do, can you tell the people here today and the people of the province, what will this legislation do to address this need?

**Hon. Mr. Nilson:** — The whole health sector area is included in the pay equity discussions which start in the year 2001, and this does not change that. The same schedule will apply.

**Mr. McLane:** — So nothing is happening. I can remember, Mr. Speaker, when I was the first chairman of SAHO back in 1994 and this government was in discussions then about pay equity. They talked about how we're going to get the unions all together on board.

And so you've had seven years when absolutely nothing has been done. You've had two or three Labour ministers, you've had two or three Health ministers in the last six months. You've had a half a dozen over the course of your term.

So who is it going to be? Is it going to be the Premier? Is it going to be the Premier that's going to solve this problem or who is it going to be, Mr. Minister?

**Hon. Mr. Nilson:** — The process of pay equity starts with job evaluation. That process can start immediately, and basically it can go in the process that we've set up for the health sectors that includes all of the health sector workers.

**Mr. McLane:** — I think your pay equity and your Dorsey commission report goes along the lines of the wellness model. There was little if any planning into the model when you presented it, when Louise Simard stood in this House and presented it several years ago. And it's clearly evident that today there is still no plan in how to fix health care in this province and you're not wanting to do it.

Mr. Speaker, Mr. Minister, nurses are saying that they need more permanent jobs. How would this legislation address that?

**Hon. Mr. Nilson:** — This legislation today is to deal with the situation today where we need to get the workers back to the places of work. The discussions will continue to deal with these other issues. And as I've said before, they're complex; they involve many things.

Unfortunately a lot of the good work that was part of the discussion yesterday seems to have been left behind at the time. But practically we want to solve these problems and the only way we're going to do it is if we work together with the employers, the employees, and all of the people within the health system.

**Mr. McLane:** — Mr. Chairman, it seems that right across this province we have all kinds of horror stories happening every day as calls to my office, whether it's in Davidson or whether it's Imperial, whether it's in this office, about what the lack of staffing, the lack of numbers, the lack of nurses in this province does for health care. The nurses are doing their level best that they can to provide the services and looking after the sick and the needy in this province. Unfortunately the government of the day doesn't seem to have that same commitment to the sick people in this province and are prepared to let them suffer and languish on long waiting lists.

Mr. Speaker, Mr. Minister, the nurses are saying that they need better staffing. How would this legislation address that issue?

(1215)

**Hon. Mr. Nilson:** — In the budget that was presented this year, there was \$195 million more for health care, and many of these dollars are to be used to deal with the concerns that relate to staffing. Staffing relates to waiting lists. We've got plans to deal with waiting lists. Staffing relates to all of the different types of elective surgeries and how you deal with that. Those things are in the dollars that are there. They're going to work with that.

The various kinds of monies related to education of staff and the long-term nature of the employees within the health system are starting to be addressed within that budget.

Now practically what we need to do is to get people back to work so that the care of the public is protected, and we need to continue the discussions that have been ongoing. It's unfortunate that this is the place that we have to do this but we are in that position and we're going to proceed with it.

**Mr. McLane:** — Mr. Minister, you talked about \$195 million into health care, and I heard the Health minister in question period saying that the government just doesn't have the money to meet the demands of the nurses for this year.

If I recall, a few short days ago, about a week, we stood in this House and listened to your Finance minister present his budget. And when he came to the point of reducing the PST (provincial sales tax) by 1 per cent everybody high-fived. They gathered around him and they shook the hand. The Premier strolled over and shook his hand and patted him on the back. My understanding is that the 1 per cent on the provincial sales tax represents about a hundred million dollars.

Now you made a choice there, Mr. Minister. Your government made a choice. You said we're going to lower the PST by 1 per cent but we can't fix the nurses' problem in this province. Mr. Minister, did you agree with that decision? Or is it one that you would rather have not had to deal with?

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

**Hon. Mr. Nilson:** — It's very clear that this government's policy is fairness and balance. And in our dealing with this particular issue and all of the other issues, we have to look at what's fair for employees, what's fair for employers, and what's fair for taxpayers.

And we end up making some very difficult choices, but I think that what we do know is that we have a fiscal management policy within this government that provides some certainty and hope for the long term. And we know that many of the issues that have been raised within this particular bargaining and within this particular discussion today will be addressed as we move forward. But the only way we're going to do that is if we do it together.

Now I don't like to get into this but it's very surprising when the member, a Liberal member, gets up and doesn't reflect on the fact that if we didn't have the Martin 1995 budget which took out a huge amount of money from health care in the whole country, we would not be in this situation where nurses in every province are suffering along with administrators, other health care workers, doctors, everybody, because the federal government pulled out.

And we know how little effect that you and your colleagues had as Liberals in Saskatchewan in correcting this. We thank the present minister for bringing back some of that money, but if we hadn't had that big kick in 1995, I don't think we would be in the same discussion we're in right now.

**Mr. McLane:** — Mr. Minister, the fact of the matter is if your

government hadn't started on ill-conceived health reform, a wellness model, back in 1992, we wouldn't be in this House today because you wouldn't have had to lay off 600 nurses.

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

**Mr. McLane:** — Mr. Minister, in the lobby a little short while ago I was out visiting with some of the nurses, and some of the comments that they were talking about is their vacation and how . . . that they haven't had any summer vacation because they've had to go in and cover overtime shifts and work extra shifts. And they're saying that this legislation will only reinforce that again for the next two or three years of the term of the agreement.

Can you tell us, Mr. Speaker, if that's a fact, that you're going to be forcing nurses not to take vacation pay because of the shortage of nurses because they've got to cover shifts? And what does this legislation do to rectify that?

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

**Hon. Mr. Nilson:** — It's very interesting that you would raise these issues around vacation and some of these other things because in the 30-plus days of discussion over the last month, many of these issues were resolved. And frankly, frankly, we're quite surprised that SUN walked away from the table and all of those kinds of things.

What we know is that all of those issues have to be dealt with, and they're going to be dealt with with some of the money that we've put in. They're going to be dealt with by reviewing with the administrators within the health system how some of these things can be organized. And clearly they're going to be dealt with as the bargaining process continues.

**Mr. McLane:** — Over the last number of years, Mr. Minister, your government has fired approximately 600 nurses in this province. Six months ago you were begging them to come back. Now you're going to legislate the ones that are working back to work.

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

**Mr. McLane:** — I guess my question would be then, if you're trying to attract nurses back to this province, you're trying to attract them from the United States, some of the ones that have left — I know many nurses, some of my friends have moved to the States, some of them have moved across the borders east and west — can you tell us what this legislation today will do in attracting nurses back to the province of Saskatchewan?

**Hon. Mr. Nilson:** — This legislation here will bring people back to work. All of these . . . all of these . . . all of these issues that you've raised were part of the discussion yesterday. They've been part of the discussion over the last number of weeks. They will continue to be part of the discussion as we go forward and try to sort out how we deal with the worldwide shortage of nurses.

I think this is something that is part of the plan within the Department of Health and within the health districts in the province. I think it's also part of the plan that's within the

nursing profession itself.

All of these things have to work together to answer some of these questions. But the only way we're going to do it is together.

**Mr. McLane:** — Mr. Minister, I don't believe legislating people back to work is going to solve the problem that you want it to do. I think you're going to find that many of the nurses that are now working are ready for retirement, and they're going to throw up their hands and say that's enough. We're sick and tired of you guys pushing us and bullying us around, stomping and kicking . . .

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

**Mr. McLane:** — Our new trainee nurses are going to look to other provinces where they can go where there's a little more stabilized environment, better paid, better working conditions. What in the world are we going to do here? Ship all the sick people to Edmonton, Alberta for treatment? Is that what you're plan is? I mean you're saying that you're doing that now because the nurses aren't looking after them. Is that your total plan, Mr. Speaker?

One of the things that I hear . . . and I have a brother-in-law that's in the dialysis unit in Saskatoon, and I've had occasion to be in hospitals, and certainly over the last 25 years in my career in health care I've been to many hospitals, and nurses are known for their compassion. What I'm hearing now is there's no time for compassion. The nurses are run off their feet. They don't have time to deal with the really extremely sick people and comfort them — the compassionate side of them that deals with people that are dying.

Can you tell us what this legislation, Mr. Minister, will do to help nurses get back to do the job that they were trained to do?

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

**Hon. Mr. Nilson:** — This legislation is designed to deal with the fact that there are essential health services that are required in Saskatchewan. And when people are back at the job, then they will continue to provide the compassionate care that we know that they can provide in this province.

And we want to be able to do that within a situation where the risk to the public is no longer there. And this legislation relates to that, and we will proceed with it today.

**Mr. McLane:** — Mr. Minister, we heard your colleague the Minister of Health today talk about a 22 per cent raise for the nurses. Can you tell us if that indeed is a correct number, and how that would . . . what they're asking for in a per year basis, and what the legislation today presents does to that?

As this proposal was presented to the SAHO people and also to the officials in the Department of Public Health, we understood it to represent 22 per cent. The mandate in the health sector, and in the public sector, is 2, 2, 2, and 1 for some other things as well as dealing with the Dorsey issues, and over the longer term dealing with the pay equity issues. And that's where we are and that's what this legislation proposes.

**The Chair:** — Order, order. Now the galleries have been warned several times and they're getting worse and worse at it. I'm going to ask your co-operation and I guess . . . the hon. member from Wood River is not helping the situation neither.

Now I would ask again that the . . . Order. I'm going to ask again that the people in the galleries are here to hear the proceedings and the questions and answers and not to participate by clapping or hollering or in any which way . . . And I ask for your co-operation in that.

**Mr. McLane:** — Thank you, Mr. Speaker. I do recognize the rules of the House, but day in and day out we come into this House and we ask questions and the Minister of Health, in particular, stands up and gives us a snow job and today the Minister of Justice is doing the same. But the difference is that today there are people in the gallery that know the real truth and they're expressing it, Mr. Speaker. So I'd ask you just to have some leniency with those people.

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

**Mr. McLane:** — Mr. Minister, we've heard also because of the shortage of nurses that of course there are exorbitant overtime bills being paid which eats into the Health budget. Can you tell us today what this legislation will do to rectify that in bringing back some of the nurses that we need, some of the 600 that your government fired, and just explain for us and the people across the province what this legislation will do to that to create many permanent full-time jobs for nurses.

**Hon. Mr. Nilson:** — We need to get people back to work as soon as possible so that we can continue the discussion around overtime work. It's something that was obviously been discussed over the last 30-plus days, discussed yesterday. And I think that the discussion around how we solve some of these things has to be done in a way where everybody is working at it together because there are many different issues that impact on that. And we'll continue to do that.

**Mr. McLane:** — Well, Mr. Minister, if you truly believe that, would you stand in your place right now and scrap this legislation and say let's go back to the bargaining table and come up with an agreement that is fair for nurses in the province?

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

**Hon. Mr. Nilson:** — We are now into five and a half hours of a strike. That is what we are dealing with. We've got people off the job. The plan clearly was up until 11, 11:30 last night that these discussions on these important issues would be continuing this morning at 8:30. That has not happened. We now have to deal with the public safety and the health services provided to the people of Saskatchewan, and that's what we're going to do.

**Mr. McLane:** — Mr. Minister, right across this province you've heard, your ministers have heard in all stripes and I'm sure you've heard it in your post-budget scramble across the province, that at many public meetings that you and your government were told that people are going to die in this province if something isn't done in health care.

Can you tell us, Mr. Minister, how this legislation will help protect the lives of people in this province and ensure that no one else has to die due to your inability of your government to provide health care in the province of Saskatchewan?

**Hon. Mr. Nilson:** — It's critical that we get people back to work right away so that we can provide the health care in this province, and then we can continue the discussions around all of these other issues that impact on the long-term health care of our people.

**Mr. McLane:** — Mr. Minister, can you tell us then what this legislation will do to rectify the 10,000 people or so that are probably suffering and dying on waiting lists in this province today? What will this legislation do to ensure that that stops?

**Hon. Mr. Nilson:** — As I've said before, there's \$195 million extra within the budget this year to deal with many issues and one of the issues is waiting lists. We're participating with all of our western provinces to deal with the waiting issue problem and we will continue to work on all of those issues.

But right now we have people who need care, and we are in a situation where the nurses have been on strike for over five hours and we're wanting to proceed with this legislation to have them go back to work.

**Mr. McLane:** — Well, Mr. Minister, I'll not hold up the legislation because you're bent for election to proceed with it. I think, speaking of elections, that come that day — and we hope it's sooner than later — that this issue will be resolved once and for all and you will look back on this day and say, oops, I think we made a mistake.

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

(1230)

**Ms. Julé:** — Thank you, Mr. Chair. Mr. Chair, I would like to just address the minister for a moment. The reason, you say, for this legislation of forcing workers back into the workplace is for public safety. Have you not heard, Mr. Minister, the echoes of the nurses over the last two or three years — in fact even longer than that — that they are concerned about the safety of their patients because of inadequate working conditions.

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

**Ms. Julé:** — It is the very nurses of this province that are taking the cause of public safety to the fore by their actions.

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

**Ms. Julé:** — And, Mr. Minister, it is time for you to listen to the people of the province and especially to the nurses. They have been saying this over and over because they are concerned. They are saying that lives in hospitals and across the province have been put in jeopardy. They have been saying that people are dying due to understaffing and due to poor working conditions due to the confusion.

So, Mr. Minister, to force people back to work, nurses back to work now on the premise that it's for the good of public safety,

well that thought has long been brought forward by the nurses in this province for years already. They want public safety; that's the very reason for their action.

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

**Ms. Julé:** — I'd like you to comment on that please. Have you not heard what the nurses have been saying? Will you please improve the working conditions that they have so desperately been asking for, for public safety?

**Hon. Mr. Nilson:** — The province, this government has listened very carefully to the public, including the nurses, and we have responded with a budget that increased the budget for Health by \$195 million, the largest increase in the history of the province, and also now at 1.9 billion, the largest amount ever spent on Health.

We know that these issues have been discussed over the last 30-plus days. They were on the discussions yesterday. And all of us — the nurses and those people within the health system and the government — have as the primary concern the welfare of the people of Saskatchewan, especially those people who need health services. And we wish to have the workers back in the hospital system so that all of the other discussions can continue to deal with some of these other issues.

**Ms. Julé:** — Mr. Chair, Mr. Minister. Mr. Minister, I think you well know, and I know the people of this province well know, that there has been an increase in funding to health over the years. That is not the problem. The problem is mismanagement and misuse of the funds. We don't have the money . . .

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

**Ms. Julé:** — Everyone knows that there has been a squeezing of funding for front-line services in the province. How can people trust the new infusion of money into the health care system right now is going to go to front-line services? There is no guarantee.

What I'd like to ask you, Mr. Minister, is what is your overall plan for health care in this province. It seems to me that you have pushed doctors out. You have pushed nurses into unbearable conditions and some of them are leaving the province. Many won't come here any more.

So what is the overall plan? Is it to push the system to squeeze it so it is so small in the end, manageable and controllable by your NDP government, push people into having to pay for services sometimes in the province, sometimes having to go out. That is privatization and that's what's happening because there is no other choice under this government.

I ask you, Mr. Minister, please explain your overall vision, your overall view for health care in this province. Where are they going with it?

**Hon. Mr. Nilson:** — I think that the hon. member has heard our Minister of Health give quite an eloquent description of the overall plan for health for this province. But clearly the plan is that we will provide the best help possible that we can within the resources that we have for the people of the province of

Saskatchewan. And we will continue to do that.

This debate this morning is about how do we get workers back on the job because there are concerns that are continuing to rise about members of the public who are within the health system or who may require health services in the next short while.

**Ms. Julé:** — Mr. Chair, I'd just like to make one more comment. From some information that I have — and that's based certainly on discussions that have taken place between some different people within this province, and I dare not say right now what that is — but that we will end up in this province with possibly eight regional hospitals with full service.

What we will end up with looking at that, and maybe a few health centres throughout the province, how many nurses will we need? If our health system is going to be that compact, it is evident to me that considerations for nurses need not be given because you're not going to need that many anyway, the way you have health planned for the province.

And I concern myself with that and I think the members opposite will be hearing more about that in time to come and especially if your government continues after the election.

So I would leave it with that and I thank you, Mr. Chair.

Clause 1 agreed to.

Clauses 2 to 10 inclusive agreed to.

#### Clause 11

**Mr. D'Autremont:** — Thank you, Mr. Chairman. I have an amendment that I would propose at this particular point in time.

The amendment deals with the work conditions under which nurses are facing in their places of work. It would allow, as I explained earlier, a 60-day period under which negotiations between the government, between SAHO, and between SUN could be carried out to deal with these issues.

If at that point in time no agreeable accommodations had been made, then work action could proceed again by the nurses at that point in time. It gives the government an opportunity to correct the errors they have made in negotiations up until this point, to sit down with SUN and to iron out the workplace condition that needs to be dealt with, to deal with the very difficult situations that nurses are facing on the job.

Mr. Speaker, this amendment deals with the safety of patients, and overall it deals with fairness. What we see in this particular piece of legislation, Mr. Minister, is in large measure about fairness and its fairness to nurses and its fairness to the people of Saskatchewan, because of the incompetence that has occurred amongst the government benches on the issues of health and of governance.

This amendment, Mr. Speaker, speaks to the threat to patients and the need for fairness to nurses in their workplace — fairness, Mr. Deputy Speaker, Mr. Chairman. The people of Saskatchewan recognize bullying and unfairness when they see it, and the actions of this government today paint this

government black with unfairness.

Mr. Chairman, regardless of the political stripes of the people of Saskatchewan, they know unfairness and bullying when they see it, and they will punish those who practise those tactics.

Nurses . . . We support the nurses in dealing with the issues of their workplace conditions. Mr. Chairman, Mr. Ministers, let the nurses go back to work with their heads high and a positive desire to serve the people of Saskatchewan.

I move the following motion, Mr. Chairman:

Add New Clause 11 as follows:

#### Limited application of certain provisions

**11(1)** Subject to subsection (2), the provisions of sections 3 to 6 and 8 cease to apply at the expiration of sixty days from the coming into force of this Act.

(2) Sections 3 to 6 and 8 apply with respect to any issues that involve wage rates payable to employees by employers in dispute between the representative employers' organization and the union after the expiration of the sixty days mentioned in subsection (1).

Clause 11 of the printed Bill

Renumber clause 11 as clause 12.

I so present, Mr. Chairman.

The division bells rang from 12:41 p.m. until 12:46 p.m.

**The Chair:** — I would caution the members in the gallery are not allowed to converse with the members on the floor, and vice versa the members on the floor with the gallery. So you know the rules and I would assume that you would respect the rules of the House. Order.

Amendment negatived on the following recorded division.

#### Yeas—9

Krawetz	Toth	Bjornerud
D'Autremont	Boyd	Draude
Gantefoer	Julé	Heppner

#### Nays—36

Calvert	Wiens	MacKinnon
Lingenfelter	Shillington	Atkinson
Goulet	Johnson	Whitmore
Serby	Lautermilch	Cline
Kowalsky	Van Mulligen	Teichrob
Bradley	Koenker	Trew
Lorje	Sonntag	Scott
Nilson	Langford	Murray
Junor	Stanger	Jess
Kasperski	Ward	Belanger
Murrell	Thomson	Osika
McPherson	Aldridge	McLane

Clause 11 agreed to.

Schedule agreed to.

The division bells rang from 12:48 p.m. until 12:50 p.m.

Clause 11 agreed to on the following recorded division.

#### Yeas — 33

Romanow	Calvert	Wiens
MacKinnon	Lingenfelter	Shillington
Atkinson	Goulet	Johnson
Whitmore	Serby	Lautermilch
Cline	Kowalsky	Van Mulligen
Teichrob	Bradley	Koenker
Trew	Lorje	Sonntag
Scott	Nilson	Langford
Murray	Junor	Stanger
Jess	Kasperski	Ward
Belanger	Murrell	Thomson

#### Nays — 14

Krawetz	Toth	Bjornerud
D'Autremont	Boyd	Draude
Gantfoer	Julé	Heppner
Osika	McPherson	Aldridge
McLane	Haverstock	

The committee agreed to report the Bill.

### THIRD READINGS

#### Bill No. 23 — The Resumption of Services (Nurses — SUN) Act

**Hon. Mr. Nilson:** — Mr. Speaker, I move that this Bill be now read the third time and passed under its title.

Motion agreed to, the Bill read a third time and passed under its title.

### ROYAL ASSENT

At 1:01 p.m. His Honour the Lieutenant Governor entered the Chamber, took his seat upon the throne, and gave Royal Assent to the following Bill:

Bill No. 23 - The Resumption of Services (Nurses — SUN) Act

**His Honour:** — In Her Majesty's name I assent to this Bill.

His Honour retired from the Chamber at 1:02 p.m.

The Assembly adjourned at 1:04 p.m.

