

The Assembly met at 10:00.

Prayers

**ROUTINE PROCEEDINGS**

**PRESENTING PETITIONS**

**Ms. Julé:** — Thank you, Mr. Speaker. Mr. Speaker, I stand once again today to present petitions on behalf of numerous people from the Humboldt constituency and from citizens of this province well beyond that constituency who see the good sense in having the Bruno telephone exchange becoming a part of the Humboldt telephone exchange. And the prayer reads as follows, Mr. Speaker:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to allow Bruno to be part of the Humboldt telephone exchange.

And the signators on this petition, Mr. Speaker, are from the communities of Humboldt, Viscount, Bruno, Saskatoon, Wilkie, Cudworth, Lloydminster.

I so present.

**Ms. Draude:** — Thank you, Mr. Speaker. I too have a petition to present today, from people who are concerned about the Fyke report. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary steps to ensure that the Wadena health care centre be maintained at its current level of service, at minimum, with 24-hour acute care, emergency, and doctorial services available, as well as laboratory, public health, home care, long-term care services available to users in our district and beyond.

The people that have signed this are from Wadena, Kuroki, Fishing Lake, and Fosston.

**Mr. Addley:** — Thank you, Mr. Speaker. I'm pleased to rise in the House today to present a petition concerning tobacco products, and the prayer reads as follows:

Where your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to legislate a total ban on smoking in enclosed places and workplaces and on school property within the province of Saskatchewan.

As in duty bound, your petitioners will ever pray.

And the petition is signed by good people from fine communities such as Prince Albert, Christopher Lake, and Duck Lake.

And I so present, Mr. Speaker.

**Mr. Hillson:** — Thank you, Mr. Speaker. I present a petition this morning, the prayer of relief which reads as follows:

That your Hon. Assembly may be pleased to call on the provincial and federal governments to provide immediate financial assistance to the city of North Battleford in order to facilitate necessary improvements to the North Battleford water treatment plant.

Your petitioners this morning come from Battleford, North Battleford, St. Walburg, and Unity.

I so present.

**Mr. Stewart:** — Thanks, Mr. Speaker. I rise to present a petition signed by citizens concerned with the condition of Highway 339, and the prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to repair Highway 339 in order to facilitate economic development initiatives.

The petition is signed by individuals from the communities of Briercrest and Moose Jaw.

I so present.

**Hon. Mr. Van Mulligen:** — Thank you, Mr. Speaker. I rise today to present a petition concerning the harmful effects of cigarette smoke. And the prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to legislate a total ban on smoking in enclosed public places and workplaces and on school property within the province of Saskatchewan.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, judging by the penmanship, I would say that these are primarily students, from Prince Albert, Mr. Speaker.

And I'm pleased to present this.

**Mr. Harper:** — Thank you, Mr. Speaker. Mr. Speaker, I'm pleased to rise today to present a petition on behalf of Saskatchewan citizens who've expressed an interest in the maintaining and upgrading of the Saskatchewan road network. And the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to ask the Government of Saskatchewan to continue with its foresight and vision of increasing the funding to \$900 million over the next three years to maintain and upgrade our thoroughfares of commerce.

And, Mr. Speaker, this petition is signed by the good folks from Springside, Canora, and Preeceville.

I so submit.

**Ms. Eagles:** — Thank you, Mr. Speaker. Mr. Speaker, I rise today to present a petition from citizens concerned about high

energy costs. And the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to use a portion of its windfall oil and gas revenues to provide a more substantial energy rate rebate to Saskatchewan consumers.

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

And this is signed by the good folks from Rockglen, Saskatchewan. Thank you.

**Mr. Yates:** — Thank you, Mr. Speaker. I rise today to bring forward a position . . . a petition, pardon me, from concerned citizens in Saskatchewan concerned about the harmful effects of tobacco smoke. And the prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to legislate a total ban on smoking in enclosed public places and workplaces and on school property within the province of Saskatchewan.

As is in duty bound, your petitioners ever pray.

**Mr. Wall:** — Thank you, Mr. Speaker. I rise again on behalf of people in southwest Saskatchewan who have signed a petition concerning the state of our hospital in the city of Swift Current. The prayer reads as follows:

That your Hon. Assembly may be pleased to cause the provincial government to carefully consider Swift Current's request for a new hospital.

Mr. Speaker, this petition today is signed by residents of the city of Swift Current, Cadillac, Vanguard, Main Centre, Cabri, Glenbain, Pambrun, Waldeck, Wymark, and the Spring Lake Hutterite Colony.

I so present.

**Ms. Higgins:** — Mr. Speaker, I rise to present a petition. And the prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to legislate a total ban on smoking in enclosed public places and workplaces and on school property within the province of Saskatchewan.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, this petition is signed on behalf of citizens in P.A. (Prince Albert), Christopher Lake, and Spiritwood.

**Ms. Bakken:** — Mr. Speaker, I rise today to present a petition on behalf of the citizens of Weyburn-Big Muddy who are concerned about the loss of their ambulance system as they know it today. And the prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to not

implement the consolidation and centralization of ambulance services as recommended in the EMS report and affirm its intent to work to improve community-based ambulance services.

And the petition is signed by residents of Radville and Ceylon.

I so present.

**Mr. Prebble:** — Thank you, Mr. Speaker. Mr. Speaker, I rise today to present a petition respecting the concern of citizens about the harmful effects of tobacco smoke, its cancer-causing nature, and its negative impact particularly on children and pregnant women. And the petition reads as follows, Mr. Speaker:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to legislate a total ban on smoking in enclosed public places and workplaces and on school property within the province of Saskatchewan.

And the petitioners are primarily from the Prince Albert area, Mr. Speaker.

I so present.

**Mr. McMorris:** — Thank you, Mr. Speaker. Mr. Speaker, I too have a petition to present on behalf of citizens of the province regarding the EMS service. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to not implement the consolidation and centralization of the ambulance service as recommended in the EMS report and affirm its intention to work to improve community-based ambulance services.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, this petition is signed from the people in the Redvers, Antler, and Bellegarde areas.

I so present.

**Mr. Wartman:** — Thank you, Mr. Speaker. Mr. Speaker, I too have a petition from those who are concerned with the problems caused by tobacco smoke. It reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to legislate a total ban on smoking in enclosed public places and workplaces and on school property within the province of Saskatchewan.

As in duty bound, your petitioners will ever pray.

Thank you.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. I also have petitions this morning dealing with the health care services in southeast Saskatchewan. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary steps to ensure that the Redvers Health Centre be maintained at its current level of service at minimum, with 24-hour acute care, emergency, and doctoral services available, as well as laboratory, physiotherapy, public health, home care, and long-term care services available to the users from our district, southeast Saskatchewan and southwest Manitoba, and beyond.

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

These petitions, Mr. Speaker, come from the good people of the Redvers and Antler area.

I so present.

**Mr. Weekes:** — Thank you, Mr. Speaker. I also rise today to present a petition from citizens concerned about poor cellular telephone coverage in their area. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause government to provide reliable cellular telephone service in the districts of Rabbit Lake, Hafford, Blaine Lake, Leask, Radisson, Borden, Perdue, Maymont, Mistawasis, and Muskeg Lake.

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

Signed by the good citizens of Marcellin, Blaine Lake, Muskeg Lake, Shellbrook, and Debden.

I so present.

**Mr. Allchurch:** — Thank you, Mr. Speaker. Mr. Speaker, I also rise to in the Assembly today to bring forth a petition regarding health concerns in the province:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to abandon any plans to reduce current levels of available acute care, emergency, and doctor services.

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

And, Mr. Speaker, the signatures on this petition are from Spiritwood, Mildred, and Meeting Lake.

I so present.

**Mr. Peters:** — Mr. Speaker, I have a petition with citizens concerned about the high energy costs and the prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to use a portion of its windfall oil and gas revenues to provide a more substantial energy rebate to Saskatchewan consumers.

And, Mr. Speaker, the petition is signed by people from Unity and Eastend.

I so present.

**Ms. Junor:** — I too rise on behalf of citizens who are interested in the harmful effects of tobacco smoke. And the petition reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to legislate a total ban on smoking in enclosed public places and workplaces, and on school property within the province of Saskatchewan.

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

The citizens that signed this are from Prince Albert, Shellbrook, and Spruce Home.

Thank you.

**Mr. Huyghebaert:** — Thank you, Mr. Speaker. Mr. Speaker, I rise again with a petition to stop further cuts at the Pioneer Lodge. And I might add that these concerns are increasing and deepening.

And the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary action to ensure that, at the very least, current levels of services and care are maintained at Pioneer Lodge in Assiniboia.

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

And, Mr. Speaker, this petition is signed by the good citizens of Mazenod.

I so present.

#### READING AND RECEIVING PETITIONS

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

These are petitions that are tabled as addendums to previously tabled petitions and there are nine of them.

#### NOTICES OF MOTIONS AND QUESTIONS

**Mr. D'Autremont:** — Thank you, Mr. Speaker. I give notice that I shall on day 48 ask the government the following question:

To the Minister of SERM: what is the estimated dollar amount of damage done by so-called rowdy campers in each provincial park in Saskatchewan over the Victoria Day long weekend?

And I give notice that I shall on day no. 48 ask the government the following question:

To the Minister of SERM: how much firewood was available for use by visitors to each Saskatchewan provincial park over the Victoria Day long weekend?

## INTRODUCTION OF GUESTS

**Mr. Wartman:** — Thank you, Mr. Speaker. Mr. Speaker, I would like to introduce to you and through you to the rest of this legislature, MP (Member of Parliament) for Regina-Lumsden, Larry Spencer. I must also take this time to confess that once in a while the partisan spirit overrules the spirit of grace and I haven't taken the time to congratulate Mr. Spencer on his win, which I will now do and welcome you to this legislature.

Mr. Speaker, with Mr. Spencer is also his parliamentary assistant, John Nieuwenhuis. And we'd welcome John also to this legislature.

I would ask all to join in welcoming them here.

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

(10:15)

**Ms. Draude:** — Thank you, Mr. Speaker. Mr. Speaker, to you and through you to all members of House, I'm delighted to introduce to you in the west gallery, 37 grade 8 students from Porcupine Plain's school . . . (inaudible interjection) . . . Oh, in the Speaker's gallery.

Mr. Speaker, with them today is Terry Andrusiak, Barb Baxter; Christine Eitenier, and Tony Dzurka, who are chaperones.

On the floor of the Assembly I have a special friend, Colleen Harris. And I had the opportunity to meet with the teachers and the students for a few moments outside, and they reminded . . . the teachers were reminded what night life really means for students. So I'm looking forward to seeing you later on.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. It's a privilege for me today to introduce to the members of this legislature, students from Valley Christian Academy, seated in the east gallery. There are 45 of them, among the finest students, and the finest schools in Saskatchewan, and we're proud to have them here today.

They are accompanied by their teachers, Mr. Block, and Mr. Wall. They are going to be watching question period. I hope they enjoy it as much as I do. And we'll be meeting afterwards for a time to answer some other questions that maybe weren't answered in question period.

So would you join me in welcoming them to our legislature today.

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

**Mr. Kwiatkowski:** — Thank you, Mr. Speaker. It is my pleasure to introduce to you and through you to all members of the Assembly, 31 grade 7 students from Carrot River High School. They are in the east gallery, Mr. Speaker. And they are accompanied by their teacher, Mrs. Soucy; chaperones Val Stanger, Steven Smith, Adele Hardie, and April Wooters.

I would like to ask three of the students to stand, please — Tracy Warnock, Alicia Kitely, and Brittany Ralph. And I think all members will remember them from their visit to the legislature a couple of weeks ago as part of a work experience program.

So I would ask all members to join with me in welcoming these students from Carrot River High School.

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

**Mr. Kwiatkowski:** — While I'm on my feet, Mr. Speaker, I would also like to join the member from Kelvington-Wadena in joining in welcoming the group from Porcupine Plain.

There are two individuals in the group that I would like to recognize. The first is Christine Eitenier, who is sitting on the floor of the Chamber, Mr. Speaker. Christine is a former employee of mine. She has dedicated her entire career to working with people with disabilities, does an absolutely excellent job, and is a very, very respected professional in our community, Mr. Speaker.

I would also like to recognize my daughter, Krystal. Krystal, this past Monday just turned 14, so I would ask all members of the Assembly to join with me in wishing Krystal a happy 14th birthday.

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

**Mr. Wall:** — Thank you. Mr. Speaker, to you and through you to members of the Assembly it's a pleasure for me to introduce a gentleman that's seated in your gallery. He's my constituency assistant who has joined us here in Regina for the last two days. His name is Everett Hindley. And like so many men and women of quality, his is a background in radio news before he joined my office, Mr. Speaker.

And he does a great job for me in Swift Current, and on behalf of the people in Swift Current. In fact, Mr. Speaker, if he chose to run against me in the next election, I'd have a very difficult choice to make.

So I just ask all members to join with me in welcoming Everett here to the Legislative Assembly.

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

## STATEMENTS BY MEMBERS

### Highway Improvements in Saskatchewan

**Mr. Harper:** — Thank you, Mr. Speaker. Mr. Speaker, more good news for Saskatchewan. Seven more highway improvement projects are taking place in the land of the living skies.

And in no particular order, Mr. Speaker, the seven projects are: further twinning of Highway 16, between Maidstone and Lashburn; resurfacing of Highway 32, west of Cabri; surfacing will begin on a 16.1 kilometre section on Highway 13, east of Assiniboia.

Road improvements will also take place near Eston on Highway 44. Highway 17 is getting a facelift on a 12.6 kilometre section near Onion Lake First Nations. Improvements on Highway 39, near Milestone will take place on a 14.4 section . . . kilometre section. And finally, Mr. Speaker, resurfacing of Highway 13, west of Weyburn will take place on an 11.3 kilometre section.

Mr. Speaker, the grand total of dollars spent on these projects is 20.3 million. Mr. Speaker, so many projects, so much good news, and so little time.

Thank you.

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

### National Missing Children's Day

**Ms. Draude:** — Thank you, Mr. Speaker. Mr. Speaker, I rise in the House today to raise awareness of National Missing Children's Day. Mr. Speaker, today, May 25, is National Missing Children's Day in North America. This year marks the 15th anniversary of this event in Canada.

May 25 is a special day that has been set aside to remember those children who are missing, to offer renewed hope to the families who are still searching, and to renew our pledge to never forget.

Mr. Speaker, the shocking facts are that more than 56,000 children go missing every year in Canada. As a mother, I cannot begin to comprehend the pain that a family would go through when their child disappears.

As a member of the child sex trade committee, I know that a missing child is a child at risk and that stronger, more decisive action is needed if we are to stop children from becoming involved in this shocking and degrading activity.

Mr. Speaker, the theme for National Missing Children's Day is Light the Way Home. This public awareness campaign encourages all Canadians to turn their porch lights on tonight in hopes that the lights will shine brightly through the night all over Canada. By doing so, it is hoped that these lights will become a symbol of hope that we all share for the safe return of missing children everywhere and that it will reassure searching families that their children have not been forgotten.

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

### News from Yorkton

**Hon. Mr. Serby:** — Thank you very much, Mr. Speaker. Yesterday morning at 8:30 local time, David Rodney, originally from Yorkton, became the first Canadian to reach the summit of Mount Everest for the second time. This is quite an accomplishment for a flatlander and I know all members will feel a bit of vicarious accomplishment as we join in offering our congratulations.

Mr. Rodney's feat would make a good subject for a short film, and a short film festival that would be shown at the Yorkton Short Film and Video Festival. As you can see, Mr. Speaker, I have two greetings this morning, or two members statements in

one.

Yesterday was the opening of the 54th annual short film festival, Canada's first North American longest running short film and video festival — the festival that makes my city a significant beacon in the world of arts and culture. The purpose of the festival is to display, celebrate, and reward the best Canadian short film and video productions of the previous year.

The festival attracts a national and international crowd of about 1,800 people. Now this goes without saying is a boost to the Yorkton economy.

The highlight of the festival is on Saturday when the Golden Sheaf awards are presented at a banquet and a celebration. The awards and recognition and accomplishments of both professional and amateur filmmakers. This year I'm happy to say that the Premier will be joining us in presenting the awards.

My congratulations, as always, to the film organizers and sponsors and I invite all members to bring their popcorn and enjoy several of the good shows. Thank you, Mr. Speaker.

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

### Railway Line Opens

**Mr. Kwiatkowski:** — Thank you, Mr. Speaker. Mr. Speaker, on May 10 the Omni Trax-owned Hudson Bay rail engine still bearing it's Carlton Trail Railway colours made its first run down the newly acquired short-line spur from Crooked River to Arborfield to spot 34 rail cars, two producer cars at Zenon Park, and the remainder at the Arborfield dehy plant.

It has been years of planning and negotiation since the communities of Zenon Park and Arborfield learned that their local CNR (Canadian National Railways) rail spur had been earmarked for abandonment. Their efforts were met with success when in September of 1999 a ruling from the Canadian Transportation Agency settled the purchase price of just under \$110,000 for approximately 19 miles of track.

It took until March of this year, however, to hammer out the necessary operating arrangement with CN (Canadian National). HBR (Hudson Bay Railway), a division of Omni Trax will operate and carry out all maintenance on the short line on behalf of its new owners. The Y at Crooked River where the short line meets the CN line will be used as the turn around for HBR engines and cars.

On the day of the inaugural run the engine, a locomotive that Omni Trax delivered to CN a week prior for hauling to the operating site, was fueled and filled with water at Humboldt. A CN rail crew set the HBR locomotive and 34 cars on the Arborfield spur and the HBR crew took them over for the remainder of the run.

Members of the community of Zenon Park greeted the train as it broke through a ribbon held across the track on this very memorable occasion.

Thank you.

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

### Saskatchewan Business Makes a Major Sale

**Ms. Jones:** — Thank you. Hold on to all three corners of your hat, Mr. Speaker, there's even more good news for Saskatchewan.

International Road Dynamics Inc., IRD, has made yet another heavy sale, this time worth 1.25 million — another private company thriving under a so-called socialist government. Who would believe it, Mr. Speaker?

IRD is a multidiscipline technology company with the expertise to integrate complementary intelligent transportation systems, ITS technologies, into systems designed to solve unique and challenging transportation problems.

Mr. Speaker, the IRD team includes engineers, programmers, marketing professionals, technicians, installers, assemblers, and administrative staff; each individual playing an important role, working together for the good of the whole, like this government in its commitment to the people of the province.

Upon this solid foundation, IRD designs and builds its leading edge products, systems, and solutions for worldwide transportation management applications.

The land of living skies is thriving, Mr. Speaker, no matter what the members opposite wish to believe. Thriving companies based in Saskatchewan are popping up all over this great province, Mr. Speaker. The only thing that seems to be deflating is the collective ego of the opposition.

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

### Tribute to Former Member of the Legislative Assembly Jim Maher

**Mr. Hillson:** — Thank you, Mr. Speaker. I rise in tribute to a former member of this Assembly who passed away May 11. Jim Maher was elected as the MLA (Member of the Legislative Assembly) for The Battlefords in 1950 and served only till 1952.

He is better remembered in the Battlefords for his work as a businessman and on city council. He spent a total of eight years as alderman, and a grand total of 18 years as mayor of North Battleford. He thus holds the record of the longest-serving mayor of our community.

He is remembered by all in the Battlefords as a man of high integrity, cheerfulness, and above all, pride in his community.

I would ask all members, and I know all members will want to join with me in expressing our condolences to Florence, his wife of 65 years, and all the members of the Maher family on the passing of this illustrious former member.

Thank you.

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

### Graduation of Saskatchewan Students

**Mr. Thomson:** — Thank you, Mr. Speaker. Yesterday and today the University of Regina is holding its spring convocation ceremonies at which 1,454 students will receive their diplomas or certificates.

SIAST (Saskatchewan Institute of Applied Science and Technology) students are also receiving diplomas and certificates this weekend, and I would have to note that next weekend more than 2,900 students at my alma mater, the University of Saskatchewan, will become graduates.

This convocation will mark a change in our universities as both the U of R (University of Regina) chancellor and the U of S (University of Saskatchewan) chancellors, Verda Petry and Peggy McKercher, respectively, will end their terms as chancellors of these universities.

Convocation or graduation are significant markers in the lives of individual citizens. Many of these graduates will go on to enter the workforce immediately, some will continue their studies perhaps at another university, and some will travel.

The choices of these graduates are limited only by their imagination, Mr. Speaker. This is a good time in their lives and I know all members will join with me in offering our congratulations on these very significant milestones. We wish them well.

Thank you.

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

### Worst Highway Contest

**Mr. Elhard:** — Thank you, Mr. Speaker. Mr. Speaker, in the immortal words of the member from Regina Dewdney, a good idea is a good idea no matter where it comes from.

Now it would appear that an idea that originated on this side of the House, one that caused the NDP (New Democratic Party) sufficient embarrassment, the worst highway in Saskatchewan contest, has now been recognized at the national level.

Mr. Speaker, a group that has 80,000 members across Canada, the Canadian Taxpayers Federation, has launched Canada's worst highway contest.

In an era when provincial and federal governments are taxing much more than is being returned to the roads, citizens, and especially those who drive on our highways, are demanding that serious attention be given to our decaying infrastructure.

Mr. Speaker, given the NDP's poor record in fixing roads, it's almost a given that a road in Saskatchewan will be declared the worst highway in Canada. Even though the NDP claims to be spending record amounts to do repair work, we have yet to see the spring tendering list from the Department of Highways, which determines what work will be done throughout the summer.

Mr. Speaker, it is our hope that the NDP actually do something

that they have promised — fix some roads this summer and save the province the potential embarrassment of having one of our highways named the worst highway in Canada.

Thank you, Mr. Speaker.

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

### ORAL QUESTIONS

#### Allegations of Impropriety at Saskatchewan Liquor and Gaming Authority

**Mr. Heppner:** — Thank you, Mr. Speaker. Mr. Speaker, my question is for the minister of Liquor and Gaming. In December 1999, a series of articles appeared in *The Toronto Star* about the Ontario Liquor Control Board and the Bacardi rum company.

It seems that a number of Liquor Control Board employees had gone on luxury vacations to the Bahamas, Mr. Speaker, paid for by Bacardi. This was a violation of the Ontario Liquor Control Board code of conduct. But Bacardi Canada president, Manuel Diaz, defended those free trips. He said it was a common practice for Bacardi to offer these trips to government liquor officials all across Canada.

Mr. Speaker, is the minister aware of any Saskatchewan Liquor and Gaming official receiving a luxury vacation to the Bahamas, paid for by Bacardi Canada?

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

**Hon. Ms. Hamilton:** — Thank you, Mr. Speaker. I would have the member opposite and people know that Liquor and Gaming Authority is guided by conflict of interest guidelines. Now those guidelines, from time to time, are reviewed by the organization.

I'm not aware of the specifics of a trip that the member opposite is mentioning. I do know that there was an individual who had some allegations with the Authority. They were thoroughly looked into and an independent investigation was conducted by an independent investigator. Many of those allegations were unfounded. The remainder have yet to be determined. So a thorough review of those are underway. Thank you, Mr. Speaker.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. The minister said the remaining. It sounds like there's a long list of people out there that they have to check through. Those kinds of answers, Mr. Speaker, will get her voted off the team one of these days.

Mr. Speaker, if any Saskatchewan Liquor official has received a free trip to the Bahamas from Bacardi, that would be a serious violation of the liquor and gaming Act. Section 133 of the Act states that Liquor and Gaming employees are strictly prohibited, Mr. Speaker, from accepting any gift from a liquor supplier such as Bacardi.

Is the minister aware of any employees who may have violated section 133 of the Act by accepting a free vacation to the

Bahamas from Bacardi Canada?

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

**Hon. Ms. Hamilton:** — Thank you, Mr. Speaker. I am aware that Liquor and Gaming Authority is guided by conflict of interest guidelines.

Mr. Speaker, in an unrelated manner, some allegations were made. Many of those allegations were found to be without basis or unfounded. There are a few remaining that we have now hired an independent investigator to look into.

Mr. Speaker, once that review is completed, appropriate actions will be taken. We'll be delighted to share those actions with anyone.

Mr. Speaker, I am not aware of the details of the information this member is presenting. But we know we have the independent legal adviser looking into, carefully, those allegations, and once that review is complete, I'd be delighted to share that with members of this Assembly.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. The minister seems to be very aware of the code but she doesn't seem to be very aware of what's happening in her department. So, Mr. Speaker, we'll move away from Bacardi.

How about hockey tickets, Mr. Speaker? Apparently some of the big liquor companies like Corby Wiser like to pass out free tickets to Leaf games in Toronto — personally, I don't know why you'd want to go to a Leaf game — this would also be a violation of section 133 of the Act.

Mr. Speaker, has any Saskatchewan Liquor and Gaming official ever accepted a free ticket to a Toronto Maple Leaf game from Corby Wiser? Specifically, Mr. Speaker, specifically, did any Liquor and Gaming official accept free tickets to the closing of Maple Leaf Gardens — the closing?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, I have mentioned to this Assembly and members opposite, there are times when I am informed about things happening within the Authority and times when items have not been substantiated that I cannot speak to those matters before this Assembly. What I am saying is I'm not aware of the specific details that he's mentioning. I do know that Liquor and Gaming Authority has conflict of interest guidelines that were being discussed by all members of the Authority in a review of that to make sure that they were consistent with the Act.

During that discussion — a totally unrelated matter, Mr. Speaker — but allegations were made, many of them unfounded. There are some that would have us look at them with an independent adviser's eye. When the review is complete, appropriate actions would be taken, Mr. Speaker, and when the review is complete we would share that information with the members opposite.

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

**Mr. Heppner:** — The minister talked a bit about some investigations so let's look at that for a minute, Mr. Speaker.

Can the minister confirm that a judge has been hired to conduct that independent investigation into alleged violations of section 133 of the alcohol and gaming Act? Can the minister confirm that these allegations involved free Leafs tickets, free trips to the Bahamas, paid for by liquor companies?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, what I can tell the member opposite is I was informed of a process that was underway to look at allegations. We had an independent outside adviser look at those allegations, many of them unfounded.

What I also know is that I told anyone, if they have evidence of criminal wrongdoing it's their right and their responsibility to go to the police.

What we also said was that the remainder of the allegations that have been made require an independent individual, Justice Wakeling, to look at those. We are not going to deal with unfounded allegations. We want to deal with the facts. Once the review is completed, Mr. Speaker . . . when that review is completed, action will be taken where action is necessary.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. Hopefully the action won't be consistent because that has been to fire all those people that bring forth information.

Mr. Speaker, now we know that a judge has been hired to go ahead and do the investigation. The questions are: exactly what is he investigating; who will he report to; and will his report be made public?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, I've stated early on in my responses that in an unrelated way allegations were made about a number of things with the Liquor and Gaming Authority. An outside review was conducted. Many of many of those were found to have no basis, Mr. Speaker. They've been unfounded. The remainder are under review.

I take my responsibilities seriously, Mr. Speaker. We have hired someone independently to look at this and report to the Liquor and Gaming Authority. I would then be aware of that information, and if action is needed action will be taken, Mr. Speaker.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. The minister missed the question. Will that report be made public?

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

**Hon. Mr. Lautermilch:** — The hon. member does not listen.

She answered that question three different times and said an investigation . . . She said an investigation is underway . . .

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

**Hon. Mr. Lautermilch:** — The member answered that question on two separate occasions. She said an investigation is underway and when the results are complete the results will be made public.

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

**Mr. Heppner:** — Thank you. On Monday morning that member can read *Hansard*. He will find out the minister of Liquor and Gaming did not say they will be made public. We've got a gallery full of people witness to that. He knows better than that and he should read *Hansard* and listen to the answers from his own ministers, Mr. Speaker.

Mr. Speaker, does this investigation focus on a specific employee or employees, or is it a full-scale review being done to determine how widespread that practice is of Saskatchewan Liquor officials accepting gifts from liquor companies in violation of the Act?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, Saskatchewan Liquor and Gaming Authority is guided by conflict-of-interest guidelines consistent with the Act.

In a separate process, some allegations were made, Mr. Speaker, many of them unfounded. There are some that we take seriously. We have faith in Justice Wakeling to do a thorough review of those few remaining allegations.

What I said was, Mr. Speaker, that when he recommends actions to be taken on substantiated information, Mr. Speaker, action will be taken and those actions will be shared with the members opposite — therefore, Mr. Speaker, with the public.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. Little bit of history here. Mr. Speaker, what initiated this investigation?

**Hon. Ms. Hamilton:** — Mr. Speaker, there's a very serious process that everyone should take with the greatest of respect, and that's called harassment and personal harassment allegations. A member of the Liquor and Gaming Authority made those allegations.

We took our responsibility seriously and had an outside investigator review those, and letters were sent to all members involved. We do not talk about those to protect all of the individuals involved in that kind of a pursuit.

But, Mr. Speaker, I could say that there were some allegations made by one employee that we must take very seriously. A letter was sent to that employee asking that if there was any knowledge of criminal wrongdoing, there's an appropriate course of action to the police.

But we take seriously those allegations. I have faith in Justice Wakeling. He is looking at these allegations. When something is verified and substantiated, action will be taken, Mr. Speaker.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. It's our understanding that it was another employee of Saskatchewan Liquor and Gaming who first reported these allegations of violations of section 133 of the alcohol and gaming Act.

My question is simply, what happened to that employee?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, you have to wonder who the members opposite are trying to put on trial before the Assembly.

He knows full well that this employee has been severed from the Authority. She has recourse, Mr. Speaker, before the courts.

We do not speak about individual personnel matters before this Assembly. There is respect for process and respect for individuals from this member, Mr. Speaker, and I would wish the same from the member opposite.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. The one thing on trial here is that minister and the cabinet she represents.

Mr. Speaker, it is our understanding that the employee who first raised those concerns has now been fired. So once again, we have an SLGA (Saskatchewan Liquor and Gaming Authority) employee who sees possible illegal activity. She raises these concerns with her superior and then she gets fired. Sound familiar? Like yesterday and the day before.

Mr. Speaker, what's going on over there? Why is Liquor and Gaming firing people for bringing forth evidence of possible illegal activity?

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

(10:45)

**Hon. Ms. Hamilton:** — Again, Mr. Speaker, I would mention that I was advised by my officials that this employee has the right to present her case before a court and have legal action taken. With that in mind, Mr. Speaker, I don't intend to prejudice court actions. I have a high regard and respect for that process. I would ask that of the member opposite.

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

**Mr. Heppner:** — Isn't it amazing, Mr. Speaker, that day after day that minister and that cabinet keeps getting up in the House saying that their employees are in court with the government for the way that they handle their employees.

Mr. Speaker, the minister said if an employee had evidence of wrongdoing, they shouldn't go to the police, they should go to

the minister. That's what she said the other day. That's exactly what this person did, went to the minister. Minister fired her.

Mr. Speaker, it was the minister and the deputy minister to the Premier who investigated this matter. They ordered that a judge be hired to look into the allegations. But then before the investigation was even completed, they fired that employee who made the complaint in the first place.

Mr. Speaker, why did the minister fire the SLGA employee who launched this complaint?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, I'd advise the hon. member through you that this is an internal personnel matter. There's a longstanding tradition in this Assembly not to bring those matters to the Assembly and comment on such matters.

Mr. Speaker, I would also advise that that employee has the right . . .

**The Speaker:** — The minister will continue.

**Hon. Ms. Hamilton:** — Mr. Speaker, I would also advise the Assembly that that employee has a right to follow legal action and has advised that she intends to do so. All of the matters will be before the courts, all would be revealed in that process, Mr. Speaker.

I respect that process. I take that responsibility seriously, not to prejudice any of those results. Mr. Speaker, I'm asking the member opposite to respect that process as well.

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

**Mr. Heppner:** — Well, Mr. Speaker, we're learning very quickly that the word internal from this government is doublespeak for cover-up.

Mr. Speaker, once again I ask the minister, what was this employee supposed to do? She was aware of possible illegal activity by Liquor and Gaming officials. In this case it wasn't criminal activity, Mr. Speaker. It was a violation of her alcohol and gaming Act. The SLGA is responsible for enforcing that Act. So this complaint was brought forward to the proper authority, the minister responsible for liquor and gaming. The next thing you know, they fire her.

Mr. Speaker, why does this minister keep firing people who bring forth evidence of illegal activities?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, it's a tradition here that we do not speak about individual personnel . . . individuals and their files before the Assembly.

This employee is now working with the Health department, Mr. Speaker. She has been informing us by writing that she intends to take legal action in this matter. All of this would be discussed before the courts and laid before the courts. It's not my intent to prejudice a process that I have a great deal of respect in, Mr.

Speaker. Thank you.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. It's become apparent that this government no longer has any idea, Mr. Speaker, of the difference between right and wrong. A few years ago, a few years ago, Mr. Speaker, the Premier . . . a few years ago the Premier was leading protests . . .

**The Speaker:** — Order. Order.

**Mr. Heppner:** — A few years ago, Mr. Speaker, the Premier was leading protests against gambling. Now his own gambling Authority is completely out of control. Dutch Lerat mispends hundreds of thousands of dollars but the employee that takes this matter to the police gets fired. SLGA activities, SLGA activities — the officials are allegedly violating their own Act by accepting free trips to the Bahamas, but the employee who brings this to the authorities gets fired, Mr. Speaker. The NDP doesn't know the difference between right and wrong.

Mr. Speaker, my question is for the Premier. Mr. Premier, this woman was fired on his watch, by his deputy minister and his Gaming minister. Why is the Premier rewarding those who do wrong and firing those who do the right thing?

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

**Hon. Mr. Serby:** — Mr. Speaker, I want to say that on this side of the House the member opposite continues to ask the question about due diligence and process. And I say to the member opposite that this minister has said now for two consecutive days the kinds of process that this government has used to make sure that it administers due diligence to the people who work in the system.

Unlike what happened in the '80s, Mr. Speaker, because in the '80s, Mr. Speaker, what happened here is that on a regular basis we had the brown-box brigade, Mr. Speaker.

**The Speaker:** — Order.

**Hon. Mr. Serby:** — As I say to the member opposite, not unlike what happened in the '80s. In the '80s in this province we had a brown-box brigade that went into the offices of people, and I know this personally, Mr. Speaker, about what happened in this province. And that's not how we deal with people on this side of the House, Mr. Speaker, and that's not how we deal with our employees.

There's due diligence; there's process, Mr. Speaker. And at the end of the day we set up established individuals to make sure that due diligence is done — unlike what you're accustomed to, unlike what happened on that side of the House in the past, Mr. Speaker.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. The Deputy Premier, Mr. Speaker, gets up and talks about due diligence. We've seen their due diligence, Mr. Speaker, when it came to water in North Battleford. And the minister squawks from his

seat right now. He's the one that's caused those people to be sick because he didn't do his due diligence.

Now we have Liquor and Gaming, now we have Liquor and Gaming, and we have those . . .

**The Speaker:** — Order.

**Mr. Heppner:** — Now we have Liquor and Gaming . . .

**The Speaker:** — Order. Only the member for Rosthern.

**Mr. Heppner:** — Now we have Liquor and Gaming doing the same sort of thing. Then we had the Deputy Premier getting up and he wants to review the 1980s. I suggest they better look at how they're operating their own departments, and maybe he should get up and say that outside.

We've got the member from Prince Albert talking about going outside. I think they all need to go outside and defend their record in front of the public, the people of Saskatchewan.

I ask the Deputy Premier again, Mr. Speaker, how long are they going to keep covering up by firing their public employees when they present information to the police and to their own ministers?

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

**Hon. Mr. Serby:** — Mr. Speaker, I want to say to the member opposite that what doesn't happen on this side of the House is what used to happen on that side of the House, Mr. Speaker, in the '80s.

On this side of the House our ministers, Mr. Speaker, are not involved in the hiring and firing of employees, are not involved in the hiring and firing of employees.

And the history, Mr. Speaker, on that side of the House has been in the past and through the ages, Mr. Speaker, is that every name had to have the Conservative/Tory acid test before they could be hired anywhere in this province. And that's the same kind of process that the member from Rosthern talks about today, Mr. Speaker.

What they would like to see is they would like to see full involvement; they'd like to see a full blood test of those employees that are going to be hired and fired in the system. And that's, Mr. Speaker, not how we do it on this side of the House. And that's the way the old Tory system on that side of the House continues to work, Mr. Speaker.

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

#### **Investments by Crown Investments Corporation**

**Mr. Hillson:** — Thank you, Mr. Speaker. Early on in the session I asked if Crown Investments planned on investing a hundred million a year over the next five years — that's half a billion dollars.

Since then we've had the following news: 1.2 million on Crown travel; 8 million on an insurance company in Toronto; 13

million on two Internet companies; 2 million on a home security company in Vancouver; 3 million on Business Watch International; 11 million in losses for ISC (Information Services Corporation) for a system that isn't operating yet; 4 million losses in Clickabid; and SaskPower signing a cogen agreement where the negotiators were so concerned they issued a disclaimer on the soundness of the deal.

We appear to be well on target to investing and losing our hundred million this year.

My question for the Minister of Crown Investments: how does he think all this investment nonsense — with or without what he calls due diligence — will give any hope to those 42,000 young people the Canada West Foundation says are packing their bags and preparing to leave our province?

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

**Hon. Mr. Sonntag:** — Mr. Speaker, the member lists off statistics. Here's some statistics as well, Mr. Speaker. Nine thousand Saskatchewan people employed every year in Saskatchewan, Mr. Speaker; 1.2 billion worth of goods and services purchased right here in Saskatchewan, Mr. Speaker. Over \$400 million a year the Crowns spend buying goods and services as well, Mr. Speaker. SaskTel, Mr. Speaker, made in Leicester Cable \$100 million, Mr. Speaker. SaskTel made in Saturn/Austar \$38 million, Mr. Speaker. SaskTel, Mr. Speaker, made with ISM Westbridge, Mr. Speaker, made \$24 million, Mr. Speaker.

Mr. Speaker, our Crowns are investing outside of Saskatchewan, Mr. Speaker, so they can bring revenues to our province to be able to deliver goods and services across our province in the very constituency that that member represents, Mr. Speaker.

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

## ORDERS OF THE DAY

### WRITTEN QUESTIONS

**Mr. Yates:** — Thank you, Mr. Speaker. I'm very pleased to stand and respond to questions 196 through 200 inclusive — 196 through 200.

**The Speaker:** — Items 196, 197, 198, 199, and 200 have been tabled.

**Mr. Yates:** — Convert.

**The Speaker:** — Convert no. 201.

**Mr. Yates:** — Thank you, Mr. Speaker. I'm extremely pleased to stand and respond to questions 202 and 203.

**The Speaker:** — 202 and 203 have been tabled.

**Mr. Yates:** — Convert.

**The Speaker:** — Convert question 204 to motions for return (debatable).

## GOVERNMENT MOTIONS

### Referral of Fyke Report to Standing Committee on Health Care

**Hon. Mr. Lautermilch:** — Thank you very much. Mr. Speaker, I'm pleased today to rise with respect to a motion referring the Fyke committee report to the Standing Committee on Health Care, Mr. Speaker.

Mr. Speaker, there has been, as you will know a . . .

**The Speaker:** — Order. I'd just ask the members to come to order so that we could proceed with the orders for the day.

**Hon. Mr. Lautermilch:** — Now, Mr. Speaker, I know members on the other side of the House aren't much interested in due diligence, and I know they're not much interested in hearing the people of Saskatchewan with respect to the Fyke report.

But I want to say today, Mr. Speaker, in spite of the noise from members opposite, I intend to move a motion that will refer the Fyke Committee report to the Standing Committee on Health, Mr. Speaker.

Now, Mr. Speaker, there was some . . . there was some considerable time spent by a commission, who spent a considerable amount of time looking at health care in our province, making recommendations with respect to changes that may in fact improve health care in this province, Mr. Speaker.

Now, Mr. Speaker, some of the recommendations are controversial. Not all of them, I am assuming, will be agreed to by all people of the province. Because it is such a large issue, Mr. Speaker, the future of health care in this province, this government has intended, and does intend, and will hear the people of Saskatchewan with respect to the recommendations made by the Fyke Commission.

Mr. Speaker, in the last days in short . . . few days in this legislature, we have established a standing committee, an all-party committee of the legislature as the vehicle to hear the people of Saskatchewan with respect to the Fyke Commission report.

Now I think, Mr. Speaker, it's a reasonable scenario that we would hear, on such an important issue — the future of health care, the future of Medicare — in this province, that we would listen to the people of Saskatchewan. Whether it be through their groups, whether it be through organizations, or whether it be individuals, Mr. Speaker.

So the position that this government took was that we would establish an all-party committee, allowing members of this legislature the opportunity to hear the people of Saskatchewan as it relates to health care and the future of health care.

Now, Mr. Speaker, I know that members on this side of the House are committed to hearing the people of Saskatchewan. What I want to say though . . . and I'm hoping that it becomes clearer, because I think right now it is somewhat unclear as to whether members of the opposition are interested in the same

kind of a process.

Now, Mr. Speaker, we have committed to an independent reporting mechanism. We have committed to an all-party committee that would hear the people of Saskatchewan.

And I would want to say, Mr. Speaker, that I think it's very important . . . and I don't always agree with members of the opposition but in this case, there are some instances that I do.

I want to, Mr. Speaker, refer to a speech that was given by the Leader of the Official Opposition on November 2 of the year 2000. And I have to say that I very much agree with him. And I want to quote from that speech and what he said that day. And he said:

The success or failure of governments at both levels to design and implement an effective 21st century, publicly funded health care system will to a large extent be dictated by the degree to which citizens are given the opportunity for real influence.

Now, Mr. Speaker, I think those are very wise words. And I think they were well-chosen words, and I agree with him.

And I want to say, Mr. Speaker, that I believe, and members on this side of the House believe, that this is the vehicle — an all-party committee with an independent reporting mechanism that will report what the people of Saskatchewan are saying with respect to the Fyke Commission — that this is the vehicle to do that. It's the appropriate vehicle.

It's parliamentary tradition over centuries that all-party committees are established and that they are mandated, and in this case mandated to hear the people of Saskatchewan as it relates to health care.

I want to go on, Mr. Speaker, in quoting the Leader of the Opposition in his comments. He says:

Citizens are demanding to be engaged more directly in the challenge of building their communities and their country.

And he's right. Because health care groups in this province and individuals are demanding to be heard on the Fyke recommendations, Mr. Speaker. And this is the vehicle.

And so today I'm asking members of the opposition not to boycott this committee as they say they are going to, that they're intending to. I'm asking members of the opposition to join with us, to join with the Liberal Party, to join in a non-partisan way in listening to the people of Saskatchewan with respect to their concerns on health care.

Now I know that's difficult. And sometimes it's very difficult to put partisan politics to the side for all of us because by nature we're political people. That's why we're here. But this is such a large important issue — the future of health care in our province — that I'm asking members of the opposition to put partisanship aside. I'm asking them to join with New Democrat members, with Liberal members in supporting this commission, in supporting this committee, and in hearing the people of Saskatchewan.

Now, Mr. Speaker, there has been some discussion on this issue in this legislature and I think it's been somewhat healthy, but this needs to be now taken to the people of Saskatchewan.

I'm asking the members to join in supporting this motion today. I'm asking them to attend to the committee hearings. I'm asking them to listen to the people of Saskatchewan, and I'm asking them to work with us in bettering health care in this province.

Now, Mr. Speaker, that member, the Leader of the Opposition, said that governments who do not effectively engage the public in the development of important public policy will pay the price. And I want to say as well, Mr. Speaker, that editorials in newspapers across this province are suggesting that if the official opposition, as well, does not listen to the people on this issue they too will pay the price.

So, Mr. Speaker, I want to move a motion that will be seconded by the member from Saskatoon Northwest:

That the Standing Committee on Health Care be instructed to receive and report on the representations from interested parties and individuals with respect to the Final Report of the Commission on Medicare, dated April 11, 2001;

And that the Standing Committee have the authority to sit during the intersessional period and during the legislative session except when the Assembly is sitting, to engage such advisors and assistants as are required for the purposes of the hearings;

And that the Standing Committee be authorized to televise the proceedings on the Saskatchewan Legislative Network;

And the Standing Committee be authorized during any period of adjournment to make a report on its inquiries by filing the same with the Clerk of the Legislative Assembly; and that the report shall be distributed in accordance with The Tabling of Documents Act;

And that the Standing Committee file a written report no later than August 30, 2001.

I so move.

**Hon. Mr. Melenchuk:** — Thank you, Mr. Speaker. It certainly is my pleasure today to rise to second the motion by the Government House Leader with regard to the referral motion to the Standing Committee, the all-party committee, on Health with regard to the Fyke Commission.

Certainly when we look in the past week or so in terms of how this process has evolved, the first motion that was brought forward was to create an all-party Standing Committee on Health Care. And the reasons for creating this all-party Standing Committee on Health Care were enunciated on numerous occasions. The fact that we are the birthplace of medicare, that major initiatives with regard to health care has come from the province of Saskatchewan, and here we were one of the few jurisdictions in Canada that did not have an all-party standing committee to specifically look at health care issues.

So there was little debate, and really the opposition members were supportive of the concept as an item of principle for them and which has also been declared within their party's constitution.

We also then looked at, well, creating the membership. So there was a second motion, creating the membership of this all-party committee which basically follows the proportions in regard to the representation within this Assembly. When we look at legislative assemblies and how these assemblies are formed and how the membership is determined at the beginning of each legislature after a general election, it's important to see that the proportion of how these members are determined is based on the party representation. And again, this committee represents those principles.

So today, we talk about the referral motion. The first item of business for this new all-party Standing Committee on Health Care is to look at the Fyke Commission; is to have people of the public, to have stakeholders, to have front line caregivers come forward and talk about the Fyke report, what they like and what they don't like. And the purpose of the committee hearing what these opinions are of the Fyke report, is to make that report available to the government so that we can look at recommendations with regard to implementation.

This is different than the approach that the Saskatchewan Party and the members opposite would take. When they talked about, in their platform part of the last election, they talked about a Provincial Auditor doing a value-for-money audit. And one of their key recommendations, and I quote, was:

Implementing the Provincial Auditor's recommendations within six months of receiving the results of the value-for-money health care audit.

Nowhere does it say that they would consult with the people, where they would listen to the people. No, they said they would put up the Provincial Auditor. He would talk to some economists and so forth, and then he would make recommendations. And that that, if they were government, they would implement them.

Where was the feedback? Where was the concern for consultation? It wasn't there, Mr. Speaker. So I can see their resistance in talking about having an all-party committee and being part of that process because they had no intention, if they would have formed government, to have a consultation with the people of Saskatchewan.

So, Mr. Speaker, when we talk about what this government would do, we are talking about putting forward a report and having people come and respond to that report and that is the purpose of this all-party committee.

Now when we talk about health care in general and the issues before health care and the Fyke report itself, Mr. Fyke has made some very controversial recommendations. And it is only fair that people, health care workers, health care providers, front line caregivers, the public, health districts themselves, SAHO (Saskatchewan Association of Health Organizations), and all of the organizations that represent regulated professions, should have an opportunity to respond to Mr. Fyke.

Now some of the things that Mr. Fyke has brought forward, indeed, are controversial. But just to lay some of the background and some of the information that has been brought forward, he talked about the principles of health care. He said that the principles of health care as enunciated by the Canada Health Act in 1962, and these principles . . . really we're talking about hospital and physician services, so they are specific to provider, and they were also very specific to location, Mr. Speaker.

And those principles were comprehensiveness, accessibility, universality, public administration, and portability. And I think all of us are aware of those principles. But the language of the Canada Health Act was such that it talked about insurance, and it was based on the . . . a provision of services that were either from a physician or hospital base.

We have since evolved from that . . . from the early 1980s in terms of the number of services available through communities, via home care, with emergency response, and greater responsibility now within the public system for providing a host of services that weren't recognized, you know, 20 or 30 years ago.

So Mr. Fyke now says we have a system here in the province of Saskatchewan in terms of service delivery that maybe doesn't reflect the reality of today. And he talks about a recommendation in terms of how this system should look for the province of Saskatchewan, starting with primary care reform.

And he admits, Mr. Speaker, that the base for this new system will have to be primary care reform. And he says that there must be buy-in from the providers of primary care, the physicians in the province of Saskatchewan, the nurses in the province of Saskatchewan, and how this integrated primary service model will work.

How it will integrate onto the secondary care level with regard to regional hospitals, the services that could be provided there, and on to the tertiary care facilities which he's itemized as being in Regina and Saskatoon, and an expansion in P.A. as a tertiary care referral centre.

(11:15)

And then his final point was, well after we have all these interprovincial characteristics itemized in this system, we also need to recognize . . . And I must admit that the members opposite in their submission to the Fyke report talked about very much the tertiary care levels that would be interprovincial. Those specific areas where you're talking about such advanced, technologically advanced procedures that it would be of a benefit to provide those within a region as opposed to a provincial jurisdiction trying to provide those services, and greater co-operation between provinces in providing that.

And I think that we can agree that there is probably lots of consensus with regard to that recommendation.

But the controversial aspects with regard to primary care reform — how that will be funded; how nurse practitioners will interact; how the interaction of this team concept will then feed

into the regional centres. And I must admit he talks about expanded regional hospitals in 10 to 14 regions. He talks about community health centres or community hospitals — the terminology to him wasn't all that important. But the fact of the matter was that there would be 24-hour accessibility.

The key ingredient in all of this is getting that primary care reform and having the health care providers and the front-line caregivers recognize and recommend that this is the best procedure.

Now I'm sure these will come forward from the stakeholders as they come forward to the committee to provide their reports.

But just to show you some of the information that was provided by Fyke to try and itemize some of the concerns that he had. For example, Mr. Speaker, when he talked about the number of districts, and he mentioned, you know, some of the recommendations that came from the Murray Commission in the early 1990s and their recommendation of having 12 to 15 regions.

Well numerous commissions throughout the history of Saskatchewan have been recommending a regional model. In fact the first time that there was talk of a regional model with between 10 and 14 regions actually came from an all-party committee in 1944. And I think it was chaired by a deputy minister by the name of Mindel Sheps at the time, and he recommended 14 regions within the province of Saskatchewan — that's 1944.

Since then we've had numerous commissions that have made similar recommendations, but there hasn't been the buy-in or the implementation. And Mr. Fyke believes, and I think this government believes and perhaps the people of Saskatchewan will find out from their responses to Mr. Fyke, whether the environment is receptive to finally having that regional model in place here, Mr. Speaker.

Now it has been done in other jurisdictions. For example in neighbouring Alberta there are 17 regional health authorities each serving a population of between 20,000 and 900,000 residents.

In Manitoba there are 12 regional health authorities, most servicing between 30 to 50,000 people.

In Saskatchewan it is projected by Mr. Fyke that by the year 2015 there will be seven districts under the current model that will have fewer than 12,000 residents, and another 16 districts will serve fewer than 20,000.

So the implication of this, Mr. Speaker, is that we have a system of regional districts right now that perhaps does not allow for appropriate service delivery, and that is the question with regard to governance management that needs to be addressed.

But he also goes on to point out that we also have some concerns within the province of Saskatchewan that we have a hospital admission rate that is 41 per cent higher than the national average. And we have higher rates of surgery than the national average in 12 out of 16 surgical procedures including things like hip replacements, and comparatively low rates of

day surgery.

So not only does he talk about governance management, but he talks about the delivery of those services as well and what we need to do to incorporate the changes that would allow for a quality system. And to Mr. Fyke, his number one underlying theme throughout his report is that we have to focus on quality in the delivery of all of our services.

We also looked at some of his other recommendations with regard to the health science educational capabilities. He recognizes that the demands in terms of the health services sector will be increasing, that the changes in how individuals and practitioners within that system will change, and that we need to have the changes in our educational facilities to provide that.

So when we talk about having an integrated health care facility in Saskatoon where physicians and nurses and licensed practical nurses and whatever those providers will be in this new evolved system, we have to have the education facilities to provide that workforce to the people of Saskatchewan.

And recognizing that the changes will have to occur within the human services sector right now, that there might be some changes in terms of the types of services being provided from front-line caregivers today that may be different tomorrow, then there has to be opportunity for those health services providers to also make the adjustments and have the training available to them to provide that change as well.

So, Mr. Speaker, there are many recommendations within Fyke. He has put it together as a package, and he is talking about what we can do to deliver better quality health care services in urban Saskatchewan, in rural Saskatchewan, and in northern Saskatchewan, and what this government can do to make sure that that quality system does develop over the next many years.

Now when we talk about the process itself and how the people will come forward, well obviously once the referral motion is set and passed by this Legislative Assembly, then it will allow for that committee to meet to elect its Chair and then to put out requests to people in Saskatchewan — stakeholders and any community group who is interested in making a response — and then having those groups come forward and present to the committee.

So we anticipate that over the course of the next six to eight weeks, probably into the summer months, that we will be able to sit and hear these presentations. That report . . . we're talking about presentations by groups. We're not talking about this committee making recommendations. It's talking about reporting on what those representations have been, Mr. Speaker.

So this is not a committee that's talking about redesigning Fyke. What it's there for is to hear what the people have to say with regard to Fyke, and then it will be up to the government to determine where consensus is amongst the stakeholders — which areas we can move on quickly, which areas that may require more consultation or in-depth study.

But the fact of the matter is it'll provide the template for making those needed changes — changes that have been talked

about for over 50 years in this province and have yet not occurred.

So, Mr. Speaker, with that, I would just like to reiterate that the role of this committee is to hear from the public and from stakeholders and from front-line caregivers, and for that report to then be tabled within this Legislative Assembly.

The recommendation and the motion for that recommendation talks about having these proceedings televised so that what is said by individuals, what questions are asked by the committee, will be available on the public record, Mr. Speaker. So that there can be no interpretation in terms of what was said or what wasn't said, because what was said will be there for everyone to see. And the government's action on what was said will be based on that interpretation, Mr. Speaker.

So with that I would just like to say that I am pleased to second the motion by the Government House Leader with regard to referring the Fyke Commission as the first item of business for this very important all-party Standing Committee on Health Care. And I'm pleased to second that motion, Mr. Speaker.

Thank you.

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

**Mr. Gantfoer:** — Thank you, Mr. Speaker. Mr. Speaker, it is a pleasure for me as well to rise and speak on the motion that will reference material to the Standing Committee on Health for initial work by the committee.

And, Mr. Speaker, I spoke at some length on May 16 last about my opinion of the process that the government was recommending, and raised a number of concerns and cautions. And I won't pretend to go over the entire speech again, although people have commented that it pretty succinctly summed up the reservations and concerns that the official opposition certainly has about this whole process.

And, Mr. Speaker, subsequent to that debate I must say that there's nothing that has occurred and nothing that has been said by members opposite that has alleviated my concerns or my fears. Certainly by the fact that the government saw fit to appoint every member of the committee was a concern, and it was expressed by our House Leader, the precedent that that created in terms of the lack of consultation and co-operation in terms of forming standing committees.

And today, Mr. Speaker, I also have heard words that again remind me very much of my previous experience with standing committees that are set up by this government.

And in some ways I hear almost concerns that are at odds. The Government House Leader said that no one is interested in hearing what people say, from this side of the House. Well I think, Mr. Speaker, the opposite is absolutely the truth, because we've been talking to people and listening to people very closely since the Fyke report has been submitted.

And as I said in my speech a week ago, I am sure it is only not myself as the opposition Health critic that is receiving submissions and letters from the public, I am absolutely sure

that the Minister of Health is as well.

Mr. Speaker, when I listened to the Liberal leader talk about seconding this motion of referral, it sounded to me not so much like, again, anything different than I've heard before. Because what I heard, what I heard, Mr. Speaker, is not so much an objective willingness to discuss Fyke; I heard a spirited defence of all the material that Fyke was presenting in his report. I heard him say that Fyke is right. Well that isn't certainly the kind of attitude you take to a committee that is going to move forward the issue in terms of health care before.

And, Mr. Speaker, this government selectively likes to forget the fact that they have been a government for a good long time. They keep pointing back to the '80s and selectively forget about the decisions that they themselves have made throughout the '90s.

And, Mr. Speaker, the first thing that they have to talk about, I think, is their record on health care. And they have to be willing not to just talk about Fyke; they have to be willing to talk about their record on health care as well. Because it is not a new government that is coming up with a new direction. They are responsible for the last decade of direction in this province, not only in health care but in every other aspect of this provincial government's economy and social activities that we all have to face.

And so, Mr. Speaker, they have to live up and stand up to the fact that there are more issues involved than the Fyke Commission. The Fyke Commission was something that was born out of desperation because they have simply run out of ideas.

In 1983 or so, we heard the minister of the day, Louise Simard, bring forward the wellness model idea. And the result of that model was a lot of wonderful platitudes that were stated at the time about the pillars of health care and about how we had to work together in this collaborative spirit to improve health care.

And the minister of the day and the deputy minister, who is currently the Premier, went around this province and told communities: trust us, this process is going to result in better health care for everyone in this province; trust us when we say it doesn't matter that your facilities are going to be closed or converted — at the end of the day health care is going to be better.

And, Mr. Speaker, there was a lot of anxiety across this province about what was going to happen. But at the end of the day as well, this government made the decision with their majority to say, come hell or high water they were going to implement the wellness model. And 52, and later the Plains Health Centre in Regina, were closed. And some of them were converted, but many were simply closed.

And in their wake was supposed to be better health care. And yet nowhere in this province, rural or urban, are people sitting there saying health care is better than it was a decade ago.

Certainly it's different, certainly it's different. But what we need to do is say objectively, is it better? And I'm afraid that the reality is, is that's simply not a fact. It is not better.

And so now because the government, after a decade of trying to put band-aids on this and wandering around in the wilderness about what to do, they finally said, well let's get someone in here that can maybe give an opinion that will get us off the hook for a while. And they did.

They commissioned Mr. Fyke, and for a year and a half not a single proper decision was made. Nothing was done. Everything was on hold. Any time the Department of Health wanted to bring an issue forward the minister said, we can't talk about that because Fyke is in the process.

And in the meantime, the decisions that this government had made were coming more and more to the forefront as to the implications of what's going on. And there are many of them, Mr. Speaker.

(11:30)

Mr. Speaker, just the other day we saw a story that said the orthopedic waiting times for hip and knee replacements were not longer than anywhere else in the country — they were almost twice as long as anywhere else in the country, and they were significantly more than twice as long as the average for Canada.

These are the kinds of facts that are now facing the people of this province who were told: trust us; if you allow us to do this, it's just going to get better. Well, Mr. Speaker, it hasn't gotten better; it's gotten worse.

And now what we're supposed to do is listen to the Liberal leader sit here and say, oh the Fyke report, his commission is absolutely right on. He's not going to sit on that committee as an objective observer of Fyke; he's going to be there as a proponent of Fyke. And that's the kind of exercise we are going to get into again.

Mr. Speaker, what we're going to end up with again . . . and when I heard the Liberal leader speak, I could hear Channel Lake all over again, where the decisions are already made as to what the report's going to look like. I want to know if there's a flunky in his office already writing the thing, because that's what happened to us the last time.

Mr. Speaker, the Liberal leader can buy into this NDP government's agenda for the last decade. I remember him running against it. But now he's been so engrossed in power and authority that he has simply bought into everything that this government stands for. And if he wants to stand for the last decade of mismanagement, then he can stand up and stand right next to them and watch the end of the Liberal Party for the next generation, thanks to what's gone on. Mr. Speaker . . .

**The Speaker:** — I wonder if I might beg the indulgence of the member and the Assembly to make an introduction of some students.

Leave granted.

#### INTRODUCTION OF GUESTS

**Hon. Mr. Kowalsky:** — Thank you very much, members. In

the Speaker's gallery just entered, there is a group of 27 grade 6 to 8 students from Osborne School in the Prince Albert district.

They are accompanied today by teachers Bernice McNair, Jodie Fraser, and Lynda Miller, who actually I must say was one of my daughter's first teachers . . . one of our daughters, Lisa's first teachers.

And also with them is Fred Grono, Alvin Parenteau, Wally Tetarenki, and Corinna Perkins, as chaperones.

I want to welcome the students from Osborne School and I wish you a good visit, and I hope to see you shortly in the rotunda for photos.

Would the members please welcome these students.

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

#### GOVERNMENT MOTIONS

##### Referral of Fyke Report to Standing Committee on Health Care

**Mr. Gantefoer:** — Thank you very much, Mr. Speaker. Mr. Speaker, it is really difficult to sit here and listen to that Liberal leader sit here and talk about his great defence of the NDP process.

This was the member that was going to chain himself to the Plains hospital to keep it from being closed. And now he stands here and advocates everything that Fyke is talking about, including the closure of another 50 hospitals in this province. I'd like you to chain yourself to one of them, Mr. Minister.

Mr. Speaker, those kinds of inconsistent comments by that member are exactly what make us nervous about this whole process. Because, Mr. Speaker, you can see again and again how this is going to be manipulated, not in the public interest, but in the political interest of those members, all of them who are obviously NDP, including the Liberal leader.

Mr. Speaker, there are other issues that need desperately to be dealt with in this province. Mr. Speaker, the Liberal leader talks about the fact that there has to be a renewed commitment to the health sciences at the University of Saskatchewan. Absolutely. We've been saying that for some time now, day after day after day, while those members sit on their hands and by doing absolutely are allowing the College of Medicine to be placed in great jeopardy.

Mr. Speaker, I quote an article that was in the *On Campus* viewpoint by Dr. Roger Pierson, who is a renowned medical professional at the College of Medicine. And he says:

At the end of it, let me connect the dots for you. We are attempting to run a College of Medicine on a shoestring budget, in rundown facilities, following decades of underfunding and cutbacks in an intensely competitive environment against provinces who want to be leaders in the academic, clinical, and biomedical research game.

That's what's at stake, Mr. Speaker. And he talks about the fact

that there is a critical accreditation review going to happen this fall, and there are considerable worries about how that's going to come out, given the lack of commitment by this government.

And so what we're going to do is take more time and listen to all this sort of stuff that these guys are going to shove down our throats after we go through the process.

Well, Mr. Speaker, if the government is indeed serious about a process, if they're indeed serious about the process, they have to not only talk about Fyke and run a spirited defence of their report, they better be prepared to put their health record on the line. They better be prepared to talk about the critical issues of things like the College of Medicine and the closure of hospitals and the waiting times.

They better be willing, not to sit in Regina under the glare of television cameras, but be willing to go out to communities that are going to face another round of closures if this government has its way.

So, Mr. Speaker, I think if they're prepared to do that, then they will be prepared to entertain an amendment to their motion that I would like to propose.

Mr. Speaker, I would like to move an amendment as follows:

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

to the current government's health forum initiatives undertaken since 1993 that have resulted in the closure of 53 hospitals, an increased number of health professionals leaving the province, concern about the future of the College of Medicine at the University of Saskatchewan, and the longest medical waiting times in Canada, as well as the final report of the Commission on Medicare dated April 11, 2001;

And that the standing committee have the authority to sit during the intersessional period and during the legislative session except when the Assembly is sitting; to engage such advisers and assistants as are required for the purposes of the hearing;

And that the committee be obligated to conduct hearings in any community where conversion or closure of health facilities is recommended;

And that the standing committee be authorized to televise those proceedings on the Saskatchewan Legislative Network;

And that the standing committee be authorized during any period of adjournment to make a report on its inquiries by filing the same with the Clerk of the Legislative Assembly; and that the report shall be distributed in accordance with The Tabling of Documents Act;

And that the standing committee file a written report no later than August 30, 2001.

Mr. Speaker, I would like to move that and point to the critical

issues that are changed in this from the original motion. It takes all of the substance of the original motion and adds the fact that the government has to be accountable for their decisions since 1993. And that if they're going to recommend closures or conversions, that this committee be obligated to hold hearings in those communities affected so the people can have their say.

If this government wants to indeed deal with the future of health care in this province, then I am quite certain that they're going to be pleased to accept the amendment that I'm making, seconded by the member from Weyburn-Big Muddy.

Thank you, Mr. Speaker.

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

**Ms. Bakken:** — Thank you, Mr. Speaker. I rise today to speak to the amendment to the proposal put forth by the NDP. And I would like to mention that we are the only party that has submitted its priorities for health reform to the Fyke Commission.

We look across the way at the other three parties in this Assembly and realize that they have not had the courage to do so. And yet we have the Minister of Education stand today and endorse the Fyke report before the committee has even started holding their meetings.

I believe that the NDP-Liberal coalition has already made up their mind and we are about to go out on another — what should I say — we're going to just go out and talk to people but we're not going to listen them, the same as we have done in so many other cases, and make it look like a public relations event.

Mr. Speaker, as the members have indicated, that we are going to have another study to study the study. And we have had experiences with this in the past where there's been committees formed but yet no results have come out of it. And certainly the people of Saskatchewan have not been well served by them.

We had the Channel Lake committee that was put forth. We have the committee for agriculture. We had the committee on the child sex trade. And most recently we had Mr. Fyke come before the legislature, where we were given assurance that we would all have opportunity to question him on his report. And we were cut off and not allowed to continue the debate because the issue was becoming too hot and heavy for the members opposite to handle.

And so now, Mr. Speaker, we are being asked to go out and yet form another committee that will not serve the people of Saskatchewan but will be another of the same that we have seen from this government.

And, Mr. Speaker, the last thing that the people of Saskatchewan want or need is another study. They are sick of death of waiting for this government to do something to improve the health care of the people of this province.

Mr. Speaker, in my constituency of Weyburn-Big Muddy there has been much frustration, much hurt, since this government introduced its wellness model some eight years ago. We have seen the deterioration of health care in rural Saskatchewan and

now we are seeing the deterioration of health care in urban Saskatchewan because they are asked to pick up the slack from what cannot be offered in rural Saskatchewan.

And it's interesting to note, Mr. Speaker, that now that when polling is done, that we find that the level of frustration and concern about health care is as high or higher in urban centres as it is in rural Saskatchewan. I believe, Mr. Speaker, that that is because people in rural Saskatchewan have come to accept the fact that this government has turned their back on them, doesn't care about their situation, and has left them out there wandering in the wilderness.

But now the people in urban Saskatchewan are also starting to feel the heat from not having adequate services, and they are realizing that this government does not serve them in the issue and the centre of health care either.

Mr. Speaker, in Radville, Bengough, Pangman, Weyburn, the centres that provide health care in my constituency, they have been whittled down to nothing. They have asked to be able to provide access . . .

**The Speaker:** — Order, please.

**Ms. Bakken:** — They have been asking this government to be able to provide adequate health care to the people of their area and this government has denied them. We have a doctor in Radville . . . we have actually two doctors in Radville who provide excellent care to the people of Radville. This doctor is asking for five acute care beds so he can provide service for the people of his area. It has been denied him because there is not enough money in the budget. So these people are being forced to come to Regina for care, and therefore there's pressure on the hospitals in Regina. And this is happening all over this province.

Mr. Speaker, how are we expected to keep doctors in these small places if we do not provide beds so that they can provide service to their people? And yet what is the answer? Fyke is going to close even more hospitals and reduce the care that we now have in rural Saskatchewan to even less service. This is the answer. And I hear the Minister of Education and the people opposite endorsing Fyke before we've even heard the people of Saskatchewan.

Mr. Speaker, there is also huge concern about emergency services in rural Saskatchewan. And it's very interesting to me that when Mr. Fyke did appear before this Legislative Assembly that I asked him about why was he endorsing the EMS (emergency medical services) report. And his response was, well, I haven't really studied a lot about it but I am endorsing it. Very, very serious for the people of Saskatchewan to think that the man who is in charge of the overseeing of the commission in this province endorse the EMS report but yet he has not studied it in depth. And this is what we are supposed to take forward and endorse to the people of Saskatchewan.

Mr. Speaker, another reason why the people of rural Saskatchewan are so concerned about the ambulance service and the EMS report is because they will again lose more local control, much of what they already lost when 52 hospitals were closed and the Plains hospital was closed as well. Local control

was taken away from them without any consultation and they see this happening again now in the area of ambulance services.

Mr. Speaker, people in rural Saskatchewan can provide ambulance service to their people. They understand the need. Many of them are volunteers so it is done at a much less costly basis. And they also know the location where they need to go when they get a call.

(11:45)

Now we have a situation where it goes into a centralized service, they have a land description or whatever. People are frustrated, they don't know where they're supposed to go. Valuable time is lost and it could mean lives.

Mr. Speaker, another concern with the ambulance is because of the deterioration of our highway system in rural Saskatchewan. People are being asked to use ambulances to get them to larger centres to receive care and they're being asked to drive on highways that have deteriorated to the point where many are unsafe. It is not an uncommon practice now in rural Saskatchewan for bus drivers to take a grid road because it is safer than the highways that they used to use.

And so, Mr. Speaker, we have the situation where we have a government that has turned their back on rural Saskatchewan not only in the area of health care but also in the area of providing a means for them to access health care.

And yet does this government care? I don't see any evidence that there is any caring on the other side of the House for what is happening in Saskatchewan as far as health care is concerned.

Mr. Speaker, we also have a situation where there are no acute care beds in my constituency except in the city of Weyburn. And in the other areas, if people are admitted to an observation bed, they have to be moved after 24 to 48 hours. That means the use of an ambulance and it means trying to get them into another centre where they can receive care. In many cases these people are sent home without the adequate care that they need and should have.

Mr. Speaker, because of what Mr. Fyke came out with in his report, there is great concern amongst people in smaller areas of Saskatchewan. They are concerned about the loss of their hospital that they have now. Mr. Speaker, Mr. Fyke has recommended that we have 20 acute care centres left in Saskatchewan should his study be . . . should his advice be taken.

In Weyburn there is great concern because we are situated between Regina and Estevan. And we have a situation now where we have nurses that have left or that are looking to leave because their jobs are on the line should this hospital be closed.

I see the member opposite shaking his head. Well I would like a guarantee from the members opposite that Weyburn hospital will not be closed. The people of Weyburn would be very, very pleased to hear that.

Mr. Speaker, we also have a serious situation in rural Saskatchewan because we have many seniors. And the seniors

are being asked to trust this government to provide the care that they need. And, Mr. Speaker, they have already seen where they have lost their doctors in many cases, they have lost a hospital, and they are forced to leave their homes in these smaller communities so that they can be close to access a doctor and to a hospital. And they have spent a lifetime, many of them, buying their homes, and that is the only thing that they have left. And they are being asked to leave these homes and to move to a larger centre, simply because health care is not provided to them in their own local area.

Mr. Speaker, the people of rural Saskatchewan and indeed all of Saskatchewan have lost trust in this government. They are frustrated and they see changes being imposed upon them without any consultation from this government.

This government is saying we will hold the studies in Regina; you can come to us. It's the same old story. Everyone has to come in at their expense and present a report to this government in Regina. The government should be looking at going out to these communities and speaking to the people in their own areas.

Mr. Speaker, we seen eight years ago where this government brought in what was supposed to be the wellness model, where they closed 52 hospitals and they closed the Plains hospital. And as our member has already mentioned that the Minister of Education, at that time, said he was going to chain himself to the Plains hospital to stop it from closing. What happened? Now we see him sitting on the government side of the House and endorsing Fyke who is going to close 50 more hospitals.

Mr. Speaker, we have a province-wide crisis where we have a shortage of training seats. This is not only to do with nurses, but it's also to do with the College of Medicine. And now we are hearing people in the technical area of medicine also being very concerned because of the lack of seats, that they are going to have a severe shortage in their areas very soon. And what does this government do? They react after the fact.

After we already are at a shortage of seats and we have a shortage in the hospitals, then they decide that they're going to start looking at increasing them. Well the damage has already been done. And because of this, we have created a workplace that has caused great frustration, and we have seen the exodus of many nurses and doctors because of a workplace that is out of control.

Mr. Speaker, we have emergency rooms that are backed up day after day after day because people in the emergency rooms cannot get a bed on the ward. And it is just a continual revolving door. What has this government done to alleviate this? Nothing.

We have waiting lists. And the sad part about the waiting lists in Saskatchewan, Mr. Speaker, is that people believe if they're on a waiting list that somehow they are going to get in soon. Some of our waiting lists are up to two years long. And there's a waiting list for urgent; there's a waiting list for emergency; there's a waiting list for elective. And there's A and B lists as well.

People have the idea that if they're on that list, that they are

being looked after. Well they can be two years down the waiting list and sitting there at home waiting by the phone for someone to call them. We have seen people hurt, and we have seen their conditions deteriorate while they are waiting.

This has caused great cost to the whole taxpayer system of Saskatchewan, to the taxpayers, because people are on medication because of their conditions, they are hospitalized because of their conditions, they have repeat visits to their doctors and to specialists, and yet somehow this is supposed to be cost effective.

Mr. Speaker, just everyone in this Assembly can give examples of people that phone them on a daily basis because they are waiting either for tests or waiting for surgery. We have a situation where for a tonsillectomy, a simple tonsillectomy, you have to wait up to months to get in.

I have a situation in my constituency now of a lady whose doctor has advised her to go out of province because he said there is no point in waiting in Saskatchewan because you will never probably get in to get this conditions looked after in a timely fashion.

We have a situation where we have hip replacements that are taking up to two years in order for people to have hip replacements. Many of these people are seniors and are very, very severely affected by this wait time. Even to get in for a simple physical now is up to months of waiting time.

Mr. Speaker, we have doctors leaving, we have nurses leaving, we have technical workers who are frustrated. We have less service and yet we are spending more dollars. The big question still is where is the money going. We are spending more on health care now than we ever have in the history of this province and yet people are frustrated and they are suffering and no one knows where the money is going.

We believe, and I believe the people of Saskatchewan believe, that we have a huge, huge problem in management of the health care system and we have a government that is not willing to look at this and to find solutions. Many people in Saskatchewan are faced with a choice. When they are sick and they need care they can wait, many times up to two years, or they can go elsewhere and pay the bill themselves.

We are the only party . . . (inaudible interjection) . . . workers' compensation, that's right. If you're on workers' compensation, as the member from Cannington has indicated, that then you go out of province and then it is paid for.

Mr. Speaker, I would just like to read a few headlines that would indicate to you what is happening in this province. These are just over a few days. It says: "Care home wait list at crisis," "Doctor points to bed shortage, unable to meet patients' demands," "Nurses say still no improvement in working conditions," "Province losing nurses like stuck pig bleeds," "Chiropractors defying ruling," "Tearful nurse asks how care is being enhanced," and "P.A. nurse wants government to pay up." These are just but a few of the ongoing lists of headlines that we see in our paper, of the frustration and the hurt that this government has caused the people of Saskatchewan.

Well we are the only party, Mr. Speaker, that has put forth a plan and a vision to actually deliver accessible quality care to the people of Saskatchewan, no matter where they live.

Mr. Speaker, this government has had eight years to do nothing. The problem started with this government when they introduced wellness. And the people of Saskatchewan expect this government to do something to improve it. Everyone in Saskatchewan, either themselves personally or a family member, has been negatively affected by the health care in this province.

Mr. Speaker, Mr. Speaker, we have put forward an amendment today. We believe that the time is now is action . . . is for action. And we have a plan to make the system work. And we believe that this government has no plan and now we hear today that they actually are going to endorse the Fyke Commission.

Mr. Speaker, the Minister of Education indicated very clearly that he was in favour of what Fyke was saying. It makes us wonder what the purpose of the committee is that they are forming over there.

And, Mr. Speaker, the people of Saskatchewan are asking, do the members opposite have any idea of the desperation and the insecurity felt by all people in Saskatchewan?

And, Mr. Speaker, we have put forward an amendment that says:

to the current government's health reform initiatives undertaken since 1993 that have resulted in the closure of 53 hospitals, an . . . (increasing) number of health professionals leaving the province, concern about the future of the College of Medicine at the University of Saskatchewan, and the longest waiting times in Canada . . .

And that the committee be obligated to conduct hearings in any community where conversion or closure of health care facilities is recommended . . .

So that all these issues can be spoken of and can be . . . the people can have a right to talk about them, not just about the Fyke Commission.

And so, Mr. Speaker, we are asking today that the members opposite endorse our amendment, and that we give the people of Saskatchewan a true chance to have a say in how they are going to have health care delivered in this province in the upcoming months and years.

And so, Mr. Speaker, I will be supporting the amendment today.

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

**Ms. Junor:** — Thank you, Mr. Speaker. I take a different view of what the work of this committee can do. Actually I see that the committee will be meeting to talk about the broader context of health reform. Where do we go next? What do we do next?

I think the amendment speaks to where we've been. And basically I think it, the amendment if passed, would provide the committee with stories and anecdotal evidence of people's

discontent with what has happened in the past.

We have had 10 years of change. I've worked for over 30 years in the health system and change is inevitable and it is constant. And I think that when we pretend that we won't see change, we're certainly doing a disservice to ourselves and to the public that we serve.

I think what we need to see the work of this committee do is to reach out to the public who are interested in being part of the next shift in how health services are delivered in this province. We're on the cutting edge of what we're going to do with the health system. Other provinces are watching us. People in this province are looking to us for leadership. They're not interested in the politics that's always in health care. I don't know if you can take the politics out of health care, but people would like to see us try.

They'd like to be able to talk about what we do next. They'd like to be part of what happens next. And I think that they want to be part of shaping public policy. When public policy is started at the community level, as most community developers know, then you have strong, strong support for change.

And when we talk about change that's necessary to happen, I think that, as my colleague from Saskatoon Northwest was saying, there are things that all of us know that Mr. Fyke reported in his report that will be inevitable. The whole country knows this. Things that Mr. Fyke reported are not new. They're not news.

Primary health care's been talked about for many years. And even in the Sask Party submission to the Fyke Commission, primary health care was predominant in their recommendations.

When we talk about how we're going to change the system and primary health care being delivered, we talk about what happens in a community. So we want people to talk to us about how they see that working in their community.

People who have had changes in their community have not . . . they've not accepted them gladly at first. But that's how people are with change. Most of us don't like it. I was laid off and bumped and closed through my nursing career. I didn't like it. Many of my colleagues didn't like it. It's very stressful. Change is not exactly something that we accept gracefully or with ease.

But change is inevitable in the health system and we should welcome it because change signals better service, better technology, better evidence-based decision making so that we know what we're doing makes a difference. And I think people, they want to know that what we're going to do will be to their benefit.

And when we talk about individual communities being targeted, we don't have any idea of what communities will see change. What we're going to look at is how people feel about the broad context of change. When we talk about decisions about which community, that's a future decision. That's not the work of this committee.

(12:00)

And I think to have the committee look at a venting, an exercise in venting isn't going to be productive. I think we need to move forward to what we do next. And that's where I think people are interested.

There's been no communities recommended for change. When we talk about hospital closures in the context of how I read Fyke, he talks about what will change in a community and how services will be delivered in the facility that people now know as a hospital. Those services will be delivered.

What people need to have in those communities is palliative care, observation. They need to have access to step-down units to come back and recover from surgery, perhaps in a larger centre. Those services will be there — long-term care facilities.

People will have the services that they need — home care, public health, mental health. Communities that have adopted a primary health care model already see the benefits of how people work together to address needs of communities as a whole.

And when we talk about health, we limit ourselves significantly if we'd just talk about beds, providers, and services in a defined manner. When we talk about health, we should be talking about the broad determinants of health — what we need to make ourselves whole as a person, where we work, what we do, the safe water we drink, the clean air that we breathe, the job that we have, the education that we have. We need to talk about the broader determinants of health.

So when we talk about healthy communities, we have to see what that community needs as a whole. Do they need exercise programs or do they need two beds, two acute care beds. The exercise programs will probably be hugely beneficial in long-term gain. When we talk about what communities need, we need to talk to communities, because those communities will want to be part of what they determine to be the best service in their area.

We talk about communities talking together because one community is not necessarily defined by geography; a community is defined by common interest. And I think we need to explore how communities are formed and who are in those communities.

I think people are interested in having that discussion and I think they're looking to this committee to have that forward-looking discussion. When we talk about putting forward all the things that have happened over the last 10 years, some of them have not been good. I've been part of them. But I think that some of those changes have moved us where we are today and where we need to go tomorrow.

And I think people do realize when they have good information . . . when people have good information, they make the right decisions. And I think it's up to us, the onus is on us as developers of public policy to include people in those decisions and to give them the right information.

When we talk about having top-down decisions, those are very hard to implement. People need to feel part of the process and they need to have some place to go to talk about what's going to

happen next. There may need to be some time spent on why did this happen and this wasn't good for me, but that shouldn't be the focus of what the work of this committee does.

This committee needs to look at where we go next. And I think the whole country is watching us. And they know that Saskatchewan has the ability to do this. We have the resources, we have the human resources, and we have the track record. People have seen what we do here and they look towards us for leadership — not only our own people but people in other provinces.

So what we do with this committee is quite significant and will have a significant impact on the country — not only just our province, but the country.

We have many people come and talk at different events that I've attended over the last many years and talking about what we should do. We all pretty much know that we're moving forward in a different area. It's a cultural shift in how we see health care. We don't just traditionally look at the . . . the way we used to look at it was looking at how many people we had delivering it, how many beds we had, what the definition of a hospital was, and where the building was.

We need to look at what health means in the broader context and what services we need to make us healthy and to keep us healthy. And those services are not necessarily tied to a building. And we need to . . . like we keep saying; it's a cultural shift.

And people need some time to adjust to that. So they need to come and hear good information and give their input in how they feel about that information and be part of the process of the next direction of public policy for health care services in this province.

I'm looking forward to the work of this committee. I think people in this province have really good ideas. I think many of them already know where we should go. And some of us of course, have got more information than others and I think we should be sharing that so people that need the information to make good decisions will have access to that information.

I assume that people that talk about Fyke will have read it. Because I think we need to look at the whole package, not individual pieces that maybe jump out at us as not particularly useful to our individual situation. But I think everybody that comes forward should have had a good look at it, and look at it in a broader context of where the province should go.

I think when we talk about emergency medical services we need to look at how that fits into all the services that we deliver. And the level of comfort and the level of concern that people have with access to emergency services. That is acute. I mean people do worry about what will happen to me if I'm in an accident or if I have a heart attack. We need to have a strong emergency medical services system in this province. That has to be part of the debate and part of the forward-thinking and part of the future planning that this committee will do.

And I think the amendment will merely bog us down into looking at . . . looking behind us. And I think that many of the

issues that we see about waiting lists and providers, recruiting providers, those things are being discussed and those issues are being addressed.

We have pages and pages of initiatives that we're doing to recruit and retain professionals in this province. I was part of much of that. So I mean this is something that . . . and if people don't know it, I'd certainly be willing to share it. And I mean these things are doing . . . these things are really doing a good job.

I saw in the paper the other day, we are seeing an increase in nurses. SUN (Saskatchewan Union of Nurses) is supporting Fyke. The SMA (Saskatchewan Medical Association) is supporting Fyke. The SRNA (Saskatchewan Registered Nurses' Association) is supporting Fyke. These organizations know that change is what we need to make this system work better. And most people see better as we're going to have to make some changes.

And what we have had — and I can attest to this since I've been in the system for so long — that we do have better services. When I was a nurse in the early '70s, we did things a lot different than we do now. And a lot of the things we do now are so much better and so much more . . . they're quicker, less invasive, people recover quicker; there's more access to different drugs, more therapies, more technology, more diagnostics. These things are doing better.

We do more in Saskatchewan. We spend more than we have ever had but we do more. We do more surgeries, we give out more drugs, we see more doctors — we do a lot with our money.

And we keep doing more and more each year. It's not that we don't do surgery — we do more than anybody does. As my colleague from Northwest was saying, we do more out of . . . in 16 categories; we do more in 12 of them than any other province. So we have a good record of spending our money well.

And we need to talk about waiting lists but those discussions are happening in the department and with the other provinces about a western waiting list strategy. Those things are ongoing.

Many of the things that I read in the Sask Party submission to Fyke are ongoing health department initiatives. They're not new to us and I'm sure they weren't new to Fyke. But they are ongoing and they are good ideas. But they're already happening within our government and under our leadership.

So, Mr. Speaker, I think the public does want us to lead. They want to . . . they want us to lead forward. They don't want us to be looking backward.

So with those comments, I'd like to say I definitely do not support the amendment.

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

**Ms. Harpauer:** — Mr. Speaker, a number of years ago I too worked in the health care system at the Royal University Hospital in Saskatoon. And I agree with the member from

Saskatoon Eastview — the change in health care is inevitable and it's constant.

But there are some fundamental elements within health care that must stay constant because they're absolutely necessary in order to say that we have a health care system. And I find that the deterioration that's happened since I've been in the health care system from when I worked within to today is astounding. And it's extremely disturbing to me.

I worked in the system prior to the formation of health care districts and the introduction of the much-debated wellness model for the delivery of health care services. And I remember only too well the number of public meetings that were held in the Watrous constituency at the time that this NDP government attempted to sell the wellness model concept to the general public.

And at that time the Watrous constituency had three hospitals, located at Watrous, Lanigan, and Nokomis, and along with the formation of what is now known as the Living Sky Health District, all three hospitals were severely cut back on the number of beds that they would have in service. And in fact, very shortly after the formation of the health district, the Nokomis Hospital was converted into a health care centre.

The local volunteer boards were dissolved at the time and a new district health board was set up. Louise Simard, the health care minister at the time, stated that the new district health boards would play a key role in ensuring that the acute care services continue to be available in the affected communities. And that was only eight short years ago, Mr. Speaker.

And the people of Lanigan and Watrous have lost any faith that they have had in that statement, because only one year ago I stood in this Assembly, day after day after day, and I read petitions signed by the good people from Watrous and Lanigan communities begging this government not to close the Lanigan Hospital and to convert the Watrous Hospital to a health care centre.

And the very board that Louise Simard promised would ensure that acute care services continue to be available, had proposed those ideas in their most recent budget at the time. And now, only one year later, we have the board proposing the closing of the Lanigan Hospital for the summer months due to lack of nurses.

And the amazing thing is, Mr. Speaker, that the very health board that the people of Lanigan are supposed to put their faith in, couldn't find the nurses to fill the summer shifts, and yet in five short days the people themselves found nine nurses, one LPN (licensed practical nurse), and a health administrator who were willing to work the summer months.

This is the very board and this is the very government that people are supposed to trust, and I don't think they do any more, Mr. Speaker.

As I mentioned earlier, at the time that this government was introducing the wellness model, a lot of public meetings were held in the constituency and a lot of promises were made. In an article that was written in *The StarPhoenix* dated September 30,

1993, Louise Simard stated, and I quote:

I know it's hard on people because they don't see the end product yet. And when it's in place, it will be clear that they have a higher level of health care in the community than ever before.

And I find it kind of ironic when I was listening to the speaker from Saskatoon Eastview, because she almost said those exact same words in the opening of her talk on this subject — that people find change hard but it'll be better.

In another article dated April 16, 1993, Ms. Simard stated, and I quote:

Funding reduction doesn't mean smaller communities will be without quality health care.

And she goes on to say:

Upgraded ambulance service and improved communication systems will aid the health centres in their work.

This is sounding all too familiar, Mr. Speaker. Mr. Fyke in his report talks incessantly about quality health care and how that will be obtained, not through access to health care facilities, but through improved ambulance services and communication systems.

In his introduction alone we see the word quality written 30 times without ever once defining what is meant by quality. It's almost as if, if we say it often enough and we hear it often enough we'll actually believe it, even if it is never substantiated throughout the whole report.

In actuality the Fyke report, with only a few minor additives, is a wellness model 202. The first round of wellness reform put forward by this government did not improve health care in rural Saskatchewan. It did not save the province a dime in money in the health care budget, and in fact it created incredible stress on the urban hospitals who now have to add rural people, many of whom have relatively minor conditions, to their waiting lists because the rural people have either lost their facility or had their facility downgraded to the point where it cannot perform the minor procedure necessary.

And the people of Saskatchewan are supposed to believe that more of the same will produce a different outcome simply because we've added the word quality.

**The Speaker:** — I recognize the member for Kindersley and ask him why he's on his feet.

**Mr. Boyd:** — Thank you, Mr. Speaker. With leave for the introduction of guests, please.

Leave granted.

#### INTRODUCTION OF GUESTS

**Mr. Boyd:** — Thank you, Mr. Speaker. Mr. Speaker, to you and to all members of the legislature, I'd like to introduce two guests in your gallery, seated in your gallery, Mr. Speaker, Mr.

Ed and Marlene Stevenson from Eston.

They are very, very close family friends of myself. In fact Ed and Marlene farm right across the road from our farmyard, long-time family friends. His son and I played hockey together, and baseball, for years and years. He was considerably better at it than I was, but nevertheless we still have a very close family friendship between our family and the Stevenson family.

And I'd like all members of the legislature to join with me in welcoming them here this afternoon.

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

(12:15)

#### GOVERNMENT MOTIONS

##### Referral of Fyke Report to Standing Committee on Health Care

**Ms. Harpauer:** — Thank you, Mr. Speaker. An article that was on the Internet under Headhunter.net I believe evaluates the Fyke report quite accurately. It says, and I quote:

The greatest disappointment in the report is the lack of detail found in the solutions/conclusions section. We see items such as the closing of facilities, renaming facilities, restructuring of management regions and districts and so forth, but what do we see for the front line? What do we see for the hands-on caregiver and the service recipient?

What we see is more than a bit frightening. We see pages and pages devoted to an obsessive description of an imaginary need to guarantee that no health care provider ever be placed in position to offer care that a lesser qualified caregiver could offer.

We see pages and pages devoted to an obsessive description of an imaginary need to guarantee that no health care facility ever provide care that could be offered in a more appropriate facility or by a cheaper method.

We see pages and pages devoted to an obsessive description of an imaginary need to guarantee that no health care diagnostic procedure be performed that might be unnecessary or premature. Mr. Fyke intends to second-guess many of the decisions made by those health care providers who make the best of an impoverished system on a daily basis.

The author says a lot more than that, Mr. Speaker, that I won't quote, but he ends his article by saying:

In his quest for quality and efficiency, Mr. Fyke has reminded us that efficiency spells the larger part of deficiency. We are also reminded that quality can be a subjective thing and that even though \$2 million has spent and bought a lengthy volume of information for this NDP government, the Fyke report is sadly lacking in quality.

There were two major themes to the last NDP health care reform, those being a more coordinated delivery of health care

services through the formation of health boards and the more aggressive promotion of wellness. Health boards have indeed allowed the availability of services that can be shared by different communities that would not otherwise be affordable or even practical if the community had to support the service on its own.

This asset however has not come to these communities without a price. The administration costs of the health districts is a major component of their overall budgets. More and more health care dollars are being spent on personnel that are not involved with the actual front-line care of people.

The local communities have lost control over their own hospital or facility, both financially and in the decision-making process. Even though they have members on the board, no one community will have the majority of the vote in a local decision.

I think that this has had a huge negative impact on the amount of donation dollars that were once given to this health care system. People are no longer willing to donate money to a district where there are no guarantees that the money will be spent where the contributor intended it to be.

I also believe that the health districts, while perhaps saving some dollars through sharing of services, also creates a wasting of dollars. If you have one facility with a local board, the board members will have a very focused view on where money is being spent wisely and where it is not. It gives the board the ability to find out what that particular community's specific needs are and what services that the people of that community would like to see offered, and then they can budget accordingly.

And yes, it will mean that not all facilities the same size will have identical services. But it will also mean that it will have the services that meets the needs of the population that surrounds it.

Having local input would also mean that if there was a large expenditure that the board could see necessary, they could budget for it over the course of a number of years instead of flying by the seat of their pants from one year to the next as they wait to see if their budgets will be approved before the next one has to be submitted, which is what they're doing now, having the district boards which include a number of facilities, making the budgeting decisions for specific facilities more difficult.

It also encourages the use it or lose it philosophy, because the monies that you save by making the operation of one facility more efficient does not necessarily stay allocated to that facility to spend at a later date. Rather it goes back to the general fund and will be allocated wherever the board deems necessary, and that could be in another community.

Even though that is a serious flaw, there's even a more serious flaw within the health districts however, and that's their lack of accountability to virtually anyone, which gives them the ultimate power to make decisions that may not be in the best interests of the people that they are supposed to serve.

I must admit that last week when we were doing Health

estimates and when I had questioned the Health minister in the House of different issues that were happening in the Living Sky Health District, I was absolutely shocked by the Health minister's total lack of awareness of what was happening within that health district. It is definitely a phenomenal way for this government to pass the buck and to shirk off any responsibility for health care issues.

These districts are basically run by CEOs (chief executive officer) who don't seem to have a specific job description or, if they do, no one can answer me as to what that job description is. They don't seem to have to meet any specific criteria to get the job, and they don't seem to have to answer to anybody.

That alone can cause serious problems within the districts, especially if the CEO's best interest is not necessarily to the people that she was hired by. That doesn't happen in all cases, but it can happen in some.

And this problem is compounded if the district is underfunded either because of provincial cutbacks or because of mismanagement of their available dollars. When underfunding occurs, the board members most definitely become very turf protective. Very quickly, one community is pitted against another, and then board meetings are used to discuss minor matters of how to get the communities to get along, rather than the actual delivery of health care services within that district.

I cannot understand how this government considers this an efficient method of delivering health care. And the only answer that we can get from the members opposite, Mr. Speaker, if we question them on this issue, is that they are not responsible; we need to talk to our local boards.

The other element that I mentioned earlier, or the component of the NDP's last reform in health care, was wellness. And Mr. Fyke's report rewrites this concept quite well. And on page 13, Mr. Fyke states:

By enhancing services to promote health at the "upstream" end of the health (care) system through prevention, protection, promotion, disease management and comprehensive care, the need for most cost-intensive treatments "downstream" can be reduced.

And I agree that wellness is a very important element to health care delivery. But we're foolish if we want to believe that it will significantly reduce our waiting lists or that it will have a great deal of savings for our health care dollars.

Society as a whole today is more health conscious than we've been in the past. If you look at a magazine rack, you will see all sorts of health magazines, more than you've ever used to see before, and they're there at no cost to our health care system. They're there not because the government decided that they should be there. And they're there because people are buying them.

There are more health food stores open than ever before. And again, they're there at no cost to the health care dollars. And they're there because people are buying the products in the health food stores. We're seeing a rapidly increasing market for nutraceutical products as people strive to live healthier.

But our health care system is still requiring more and more and more money. So if healthier living is the main solution, then why are we not realizing a decreased number of health dollars spent and a decrease in waiting lists?

And there's a few very simple reasons as to why . . . there are a lot of reasons. But quite simply if we all live longer, there are more of our body parts that are literally going to wear out. We're going to need to do more hip replacements and more knee replacements. And irregardless of how healthy we live our lives — and I encourage everyone to do so — we will still age at some point. And that is when we'll be the highest burden to our health care system.

So, Mr. Speaker, when will this government take responsibility for the disaster of their first health reform scheme? And when will this government admit that they have botched the health care system in this province, instead of hiring someone to rewrite their initial reform under a different name?

Mr. Fyke's misdirected health delivery team concept is all well and fine. And on page 17 of his report he states that:

Health care providers insist that "health care is about services, not buildings", but the fact remains that for many people their local hospital is a symbol of security and community viability. The realities of modern health care, however, have simply made the small hospital obsolete.

Well I would like to tell the members opposite that if one of my loved ones or one of their loved ones has been in a vehicle accident or has suffered a heart attack, a phone call to a health care team is not going to stabilize them enough to make the hour and a half trip that it takes to go from my home to a tertiary centre in Saskatoon.

There comes a time when we need to engage common sense. And there comes a time that we need to realize that there are certain fundamental services that are necessary for our health care system even though the system is constantly changing.

With Fyke's team approach, when I enter the health care system I will be given a handful of brochures on exercising and how to prevent diabetes. I will meet with my social worker, my dietitian, my mental health worker, my lab tech if I need to, and hopefully I may even get to see a nurse. But the problem with this concept is, what if I just want to see my doctor?

I think it's obvious that this government has been ignoring this problem far too long and the whole health care system is falling around them . . . all the way around them as we speak.

Since I have been elected I have not heard them voice even one solution to any of the difficulties that the health care system is facing in this province. They just react from crisis to crisis without offering any solutions. Where are their ideas about health care? What do they suggest we do about the long waiting lists, the recruitment of medical personnel, the unrest in the College of Medicine, the mass exodus of our specialists, and the never-ending increasing of health care costs?

Do you know what they suggest, Mr. Speaker? They suggest nothing. They suggest that we do another study. And they want

to form a committee to study the Fyke report.

And I would like to help them out just a little bit here today. At a quick glance — and I have read the report from end to end quite extensively — there are two very good, very good recommendations in this report.

One is that we should examine and address prescribing of drugs in this province to ensure that there are fewer duplication of prescriptions and that the drugs that are of lower cost but with equal effectiveness are prescribed ahead of the more costly drugs.

The second is that we should implement some method in which test results and X-ray results could be transferred with the patient from one facility to another so that they are not needlessly duplicated.

Both of these recommendations will save the province a great deal of money. And any member on this side of the House, Mr. Speaker, could have given the government the advice for free, which would have also saved them the \$2 million that they spent on the Fyke Commission.

Normally the efforts by any government, Mr. Speaker, to listen and consult with the people of Saskatchewan and all the interested groups and parties on an issue should be commended. But the fact that it took this NDP government eight years to decide to do this — to listen to the people of Saskatchewan — is nothing short of a disgrace.

With that, Mr. Speaker, I shall be supporting the amendment put forward by the member from Melfort.

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

**Ms. Eagles:** — Thank you, Mr. Speaker. Mr. Speaker, it gives me great pleasure to rise today and address the issue of the standing . . . the all-party Health Committee.

It seems ludicrous to the members on this side that the government would actually believe that once again we would fall for their line of thinking — first of all, the manner in which the members of this standing committee were selected; secondly, the Saskatchewan Party's past experiences with the NDP version of all-party committees.

And I will just reiterate what my colleagues have said. In 1998 we had the Channel Lake. In 1999 we had an all-party committee on agriculture, and in the year 2000, an all-party committee to deal with the child sex trade in Saskatchewan. And last month, of course, was the fiasco where they had invited Mr. Fyke to the legislature and all the members were told that they would have an opportunity to question Mr. Fyke. And after a couple of hours they realized that this probably wasn't the brightest move they made, so they called a halt to it.

So this issue of once again forming a standing committee to study — yet again — health care issues is getting to be very repetitive. My constituents have been calling and writing, wondering when or if the government is ever going to get it together and stop wasting money by studying the problems within the health care field. They feel that the money that the

government wastes and spends on various issues . . . on various studies, could and should be put directly into the hands that work in the health field.

And what are more studies going to accomplish? Mr. Speaker, we know where the problems are, but we have a government that, once again, wants to be able to put the blame anywhere but where it actually lies.

This government has no intention of fixing anything within the health system, but rather wants to continue to spend taxpayers' dollars by studying problems. It amazes me to think that the members opposite have had 10 years to figure out where their problems are, but yet they would like all of us to believe that if we agreed to work within an all-party committee, everything will be magically fixed.

Again, Mr. Speaker, I don't buy into the government's way of thinking. And on our past experiences as well, this is what we can expect with this all-party committee — that the members on this side would not be allowed to discuss issues outside of tightly controlled mandate imposed by the NDP, and the final decision on what is done with the Fyke Commission report will be made by cabinet and not a legislative committee, Mr. Speaker.

To the government members, they may have a short-term memory loss, Mr. Speaker, but my constituents do not. As everyone is aware, Mr. Speaker, the now Premier was the one who was instrumental in the demise and closing of the Plains Hospital as well as 52 rural hospitals.

My constituents have told me that they have absolutely no faith in the Fyke Commission report and that they have even less in an all-party committee. The lack of access has forced people to look elsewhere for health care. The waiting lists for MRIs (magnetic resonance imaging), CAT (computerized axial tomography) scans, specialists appointments, etc., etc., are long and ongoing. And rather than waiting, Saskatchewan people are going to the United States, Alberta, and even Manitoba to receive these services.

And you know what, Mr. Speaker? These same people are paying for these services out of their own pockets as the only alternative for them is a guaranteed death sentence. As many of my constituents have repeatedly told us, they would rather go out of province and pay to have a service provided that they could help them determine whether or not they have a life-threatening illness, because if they wait to get these appointments in Saskatchewan, they'll surely be dead or very close to it.

Again, Mr. Speaker, excuse me, but I just don't buy into this government's way of thinking.

Mr. Speaker, again I have consulted with my constituents and a great majority of concerns are related to the health care systems. It is very disheartening to be told that even the doctors are telling their patients to lobby their local MLAs as they cannot continue to fight with the current government over these issues.

What does that tell you, Mr. Speaker, when even the doctors within this system feel frustrated and do not want to have to

deal with this government? What exactly is going to change? What is an all-party committee going to accomplish? How many more studies does this government need to have done before they will accept the responsibility and fix up their own mistakes and own up to their own responsibilities?

I'll tell you, Mr. Speaker, why this government is so intent on setting up this all-party committee. When the messy business has to be done they can once again point their fingers at the members opposite and try again to lay the blame on anyone but themselves, when really they should be looking in a mirror — something, Mr. Speaker, this government is very famous for.

And with that, Mr. Speaker, I will be supporting the amendment put forth by my colleague, the member from Melfort-Tisdale. Thank you.

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

**Mr. Boyd:** — Thank you, Mr. Speaker. Mr. Speaker, I'm pleased to speak to the amendment and to the main motion that's before us this afternoon.

Mr. Speaker, I think it's important that the members of the legislature and members of the public understand clearly what is happening here with respect to this motion that's before us in the legislature.

We have said on many occasions in the House and outside of the House, through our Health critic and others, that we have no difficulty whatsoever with the government wanting to set up a committee on health care. It's probably overdue with respect to the whole problem surrounding health care in this province. No one would disagree with that, I don't think. So we don't have any difficulty with it whatsoever.

Unfortunately our experiences in terms of committees of the legislature in recent years in this House gives us pause for concern in terms of this whole structure and how we're going to move forward in terms of any kind of meaningful discussion about health care in this province.

Since I was elected in 1991, there's been ongoing and considerable debate about health care. And I think back to the days when the wellness program was introduced here in Saskatchewan and the abject failure that it's been in terms of improving the lives of people and improving the health care system in this province.

And I want to tell you, Mr. Speaker, about the experiences, and I'd appreciate the members opposite thinking about this for a moment, the experiences of one community in terms of what it has done to a community and what it has done to the future of that community — your wellness program and the impact upon that community.

Mr. Speaker, as you well know, I'm from a small community in west central Saskatchewan called Eston. That community at one time had a full-service hospital, and it was a very, very well utilized hospital in a community that was about 1,500 people at that particular time in 1991, '92, in that time frame. And the government, through the wellness program, decided that they were going to take it upon themselves to close that facility.

And I want to tell you, if you haven't been to Eston, Saskatchewan, you should take the opportunity to visit that community because it sits prominently placed, right exactly dead centre in the middle of that community, on a hill. And that facility is a landmark for people all around that community. When you're giving directions in Eston, Saskatchewan, you say two blocks south of the hospital and turn right, that sort of thing. It is the landmark and it is also the most prominent, by far, building in the whole community. It was the focal point of the community. Was, should be, but isn't any longer, Mr. Speaker. It was put at risk by a government that either didn't seem to understand the needs of that community or simply didn't care about the needs of that community.

And what happened was, Mr. Speaker — and you will recall, you were a member of the legislature at that time — the government opposite decided that they were going to close that facility. And so they came forward — and in addition to numerous other ones, 50-some at the time — they decided they were going to close that facility. And it threw out of work a number of people that were employed at the facility. It very much ripped the community apart in terms of what it meant to the fabric of that community.

The government of the day held a public meeting. I suspect, I'm not certain but I suspect, it's probably the largest public meeting that was ever held in that community for anything, was held shortly after their decision to close that facility. And the minister of Health at the time, Louise Simard, and the former member from Rosetown-Biggan, Bernie Wiens, were in attendance at the meeting. I believe possibly a few other representatives of the government were there at the time. And they spoke to that community in the arena, the meeting had to be held . . . There was about 1,500 people. That was the only facility that would accommodate that number of people. And there was people from the whole area turned out for that meeting that night.

And person after person after person got up and said to them, I don't think you understand the impact that you are going to have on this community and on this area of the province if you close this facility. And on every occasion either Mr. Wiens or Ms. Simard responded to their plea by saying, I don't think you understand the importance of the wellness program and what it's going to do in terms of helping people have better health care services. And I don't think you'll ever, ever again see the kind of distrust that was put in place by a meeting of that type for a government.

That community at one time used to have a considerable number of people who supported the New Democrats. I would dare say I don't believe, I don't believe — in the last election campaign, there was still the odd bit of support but there certainly wasn't visible support any longer — I don't believe there was a single NDP lawn sign in that community.

I think the people who supported the NDP are largely — and there were very few of them — but the people who remained committed to the NDP were old CCF'ers (Co-operative Commonwealth Federation) who voted NDP, and CCF prior to that, their entire lives and just simply held their nose and voted for them once again. But I dare say when they eventually pass away, and most of them are elderly, your support in that

community is zero.

And it is the result of that meeting that night when the Minister of Health said to that community, we understand the needs of your community better than you understand it yourselves. That was exactly the message that was delivered that evening to the people of that community. And that was the same type of message that you delivered to community after community after community all across this province. All across this province you delivered that . . .

**The Speaker:** — I would just ask the member from Kindersley to direct his remarks through the Chair, please.

**Mr. Boyd:** — Mr. Speaker, I don't think this government will ever understand the impact that they've had. And it should be a reminder to each and every one of you as to the reasons why you have no support left in rural Saskatchewan . . .

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

**The Speaker:** — I just once again ask the member to make his remarks through the Chair.

**Mr. Boyd:** — Mr. Speaker, you will be reminded and the people of Saskatchewan most certainly will never forget that kind of impact that this government has had in such a critical area — in such a critical area.

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

**Mr. Boyd:** — That is why you haven't any, that this government has no support in rural Saskatchewan and why it will take decades to rebuild any kind of support you may have had — if you ever can, if you ever can, Mr. Speaker.

Mr. Speaker, in addition to that, I sit in wonder when I listen to the Liberal leader who, when he was outside of the coalition government, just raked over the coals this government in terms of health care. He was such a vocal opponent of everything they were doing, everything they were doing in terms of health care reform.

And now he has completely abandoned any principle in that area whatsoever and now sits on the government side and trumpets their message day after day after day and says everything they are doing is wonderful.

And at one point, and at one point, I remember and I'm sure you do, Mr. Speaker, and all members of this legislature and I daresay everyone in this province, when he made the commitment to the people of Saskatchewan that he was going to chain himself to the doors of the hospital, the Plains hospital to keep it open.

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

**Mr. Boyd:** — He was going to do that in an effort to show this government that he would not stand for that kind of, that kind of disregard for the needs of the people of Saskatchewan. That's what he was going to do. And I daresay that today the people of Saskatchewan would like to see him chained to something all right.

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

**Mr. Boyd:** — But he's chained himself, like being chained to a ball, to this government. And that's why I'll also say, Mr. Speaker, that I suspect in the next election campaign, if he decides to put his name forward, which is doubtful, if he does decide to put his name forward, he will be rejected by the voters of Saskatoon Northwest in overwhelming fashion.

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

**Mr. Boyd:** — But I also suspect, I also suspect that that isn't going to likely happen, because I daresay that just as he's been rejected by his own party these days, he will not stand for re-election very likely and the people won't have opportunity to pass judgment on his actions.

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

**Mr. Boyd:** — His party, his party's going to have the opportunity to pass judgment on his actions here in a very short period of time, but the people unfortunately won't have that opportunity, Mr. Speaker.

And I think that it illustrates more than ever what's wrong with a government that has lost touch with the people of Saskatchewan. They've completely lost any respect for due process in terms of what the people and the needs of this province are in Saskatchewan. And this is just a classic illustration of a government that has lost direction, lost any kind of initiative, any kind of hope for the people of this province that we all live within, Mr. Speaker.

And I think that the fact that we have before us now a motion, Mr. Speaker, that once again clearly illustrates to the people of this province that this government is without direction. They've put in place, they put in place a process. They put . . . About \$2 million was spent for the Fyke report. Two million dollars, Mr. Speaker, spent on . . .

(12:45)

**The Speaker:** — Order, please. Order.

**Mr. Boyd:** — Thank you, Mr. Speaker. Mr. Speaker, that is why, that is why the people of Saskatchewan are mistrustful of you. That is why the people of this province have abandoned this government, Mr. Speaker, in support. And that's why, Mr. Speaker, that people simply don't believe this whole . . . this process that they want to put in front of them. People don't support it. We don't see . . . You would think . . .

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

**Mr. Boyd:** — Thank you, Mr. Speaker. Mr. Speaker . . .

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

**Mr. Boyd:** — Thank you, Mr. Speaker. The people on the opposite side of the House, I don't think they like hearing about their failures in health care, Mr. Speaker. I don't think they like hearing about their failures in a number of areas these days, but it's our responsibility. And we take it very, very seriously that

we are going to continue to put forward the views of the people of Saskatchewan.

You would think if you had any support for this idea of having another study for the study, that we would be hearing about it in our constituencies, Mr. Speaker. I have heard nothing about it.

In fact I was approached by a gentleman in my constituency — the former principal of the public school, Mr. Speaker — a few weeks ago and he said to me, he said to me, I can't imagine why you would want to participate in this process at all, to lend any kind of credibility to a government that's lost direction and lost its focus and lost its caring for the people of this province.

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

**Mr. Boyd:** — And this was a gentleman that I would have been doubtful that he was a supporter of the Saskatchewan Party. I suspect he likely was a supporter of the New Democrats over the years, but I think you've lost him as well. I think you've lost him just as you've lost most everyone else in this province, Mr. Speaker.

Mr. Speaker, our experiences with this government in terms of committees, all-party committees, as you know, is not that good. We've had occasions in terms of Channel Lake, we've had occasions in terms of the Agriculture Committee. We've had occasions in terms of a number of committees of this House where they have used it and abused it to the point where it's all about politics, and it always has been and always will be with your government.

That's what it's all about with this government, Mr. Speaker. How is the political imperative addressed? What are the needs of this government in terms of political imperative? How does it fit with your political agenda? How does it . . . How are you motivated in terms of any kind of decisions, Mr. Speaker?

And it's always about politics, it's always about maintaining power at all costs. It's always about that, Mr. Speaker. And that's why the people of this province simply do not buy into this argument that we're going to have another study.

I think the member from North Battleford characterized it pretty accurately when he said, a study for the study, a report on the report, a commission on the commission. That type of action, Mr. Speaker, is not supported in this legislature, I dare say.

And that's why it seems surprising that this government had to go to the unusual steps of putting in place a full-blown Standing Committee on Health Care, because they knew that it wouldn't operate otherwise.

And they had to take the unprecedented step, they had to take the unprecedented step, as well, of appointing members from the opposition to serve on it knowing full well, knowing full well . . . and the House Leader knew full well, and I suspect he consulted with the members of the Assembly that could advise him in that area that that was the only way he could proceed. It was the only way he could put that committee in place was by forcing members of the opposition onto it. And forcing members on the committee . . .

**The Speaker:** — Order, order. Order, order. Thank you.

**Mr. Boyd:** — Thank you, Mr. Speaker. Mr. Speaker, our experiences in the area of the whole Channel Lake inquiry, some of you may recall that. I recall it pretty well, Mr. Speaker; I recall it pretty well. I know you're getting quite nervous about that, Mr. Speaker. I recall it quite well, the events around . . .

**The Speaker:** — I'd just remind the member that he's not to involve the Speaker in any debate. And I would also, and I would also remind him to continue to make his remarks to the Chair.

**Mr. Boyd:** — Thank you, Mr. Speaker. Mr. Speaker, the events surrounding the whole Channel Lake affair are vivid in the memories of this province, in the memories of the members on this side of the House. I'm sure the members opposite would like everyone in Saskatchewan to forget about it. But it hasn't gone away.

Here's what happened as I recall the events of the day, Mr. Speaker. The people, the people opposite got themselves into a business deal, they got themselves into a business deal. They decided that they were going to buy and sell natural gas, and as usual, as usual in this province, they decided that they knew how to do this pretty well.

But the evidence after that showed that they went into the venture and lost millions and millions of dollars on it. There was all kinds of problems associated . . . They forgot to read the contract. They had all kinds of problems with it.

And so then the news became . . . the focus of it became very, very much in the forefront of the business of this province. And people understood that there were problems associated with this.

And the government wouldn't commission any kind of a study into it. They wouldn't put in place any kind of a judicial review of it or anything like that. They said they'd refer it to a committee.

So they got their little dog and pony show rolling once again and had this committee set up. And so then we were able to, through our members, ask questions about this whole thing. And it went on for days and days and days, and in fact weeks and weeks and weeks. Scandal after scandal; absolutely scandal after scandal, Mr. Speaker, if you'll recall and all of us do.

And then at the end of the day when the people of Saskatchewan . . . At the end of the day when the people of Saskatchewan fully expected, fully expected that there would be a report that was very, very damning for the Government of Saskatchewan, what did we have come forward, Mr. Speaker? What did we have come forward, Mr. Speaker?

All of a sudden, all of a sudden the . . . I forget what position he occupied at the time — Brian Topp — what was he in your government? Chief of staff, chief of staff to the premier himself. Chief of staff to Executive Council, to the premier, reporting to the premier himself, wrote a report, wrote a report saying that everything was basically fine. It's no big deal here; no big deal whatsoever.

It even caught the member — I remember, Mr. Speaker — it even caught the member from Albert South off guard a little bit, because he said we either had to live with it or walk out the door. That was his options as a member of that committee and a member of this government.

And so, Mr. Speaker, that's why the members of this side of the House are very distrustful — one of many examples — very distrustful of this government and their whole idea about setting up committees to study and to look into either events or scandals or anything else that has come before us.

And I also remember how you people operated in terms of agriculture . . .

**The Speaker:** — Order. Just once again to remind the member to speak through the Chair.

**Mr. Boyd:** — And they would remember opposite and we remember, Mr. Speaker, about how the Committee of Agriculture when we were looking at the problems associated with agriculture . . . They haven't gone away. In fact they maybe are even worse if ever, Mr. Speaker, than the events that were happening at that particular time, Mr. Speaker.

The events that were leading up to it, we had called in opposition. We had called for an all-party committee to look into the problems associated with agriculture. We said there should be a special sitting of the House to bring to focus those kinds of problems and that we should be going to Ottawa . . . we should be going to Ottawa to press our case.

And the government in all occasions said no, we're not going to have an all-party committee. No, we're not going to have a special sitting of the legislature. And no, we are not going to go to Ottawa to talk about the problems associated with agriculture.

**The Speaker:** — Order. Order. Members will come to order. The members will come to order.

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

**Mr. Boyd:** — Thank you, Mr. Speaker. And the instant expert on agriculture from Regina Qu'Appelle speaks from his chair, Mr. Speaker. We'd ask him to enter the debate at some point and talk a little bit about the events of the past with respect to our experiences on all-party committees.

I'm not sure he's served on one yet. He's only been here a short period of time. Have you served on one yet? I'm not sure whether he has yet or not, but nevertheless — nevertheless, nevertheless — he speaks from his chair rather than getting to his feet and talking about the problems associated with agriculture or with our problems about the committee structure that we have been forced to participate in over the years.

And in fact that member, he wants desperately to be in cabinet, Mr. Speaker. And everyone else . . . everyone in this legislature knows it. And he hasn't been advanced to that position and I suspect with very good reason. I suspect with very, very good reason, Mr. Speaker.

But the fact of the matter is, is what is before us in the legislature today, what is before us, Mr. Speaker, in the legislature today is this whole idea about studying the study. Study the study once again.

And do people expect . . . do they really expect that at the end of the day when that committee reports — I think it's at the end of August — that there will be any change in direction from this government with respect to health care?

What are your ideas in health care? What are your plans in health care? What are you going to do? Are you going to fulfill the Fyke report's implementation strategy? Are you going to close another 50 hospitals? Are you going to do what the member from Saskatoon Northwest has been suggesting and follow in line with the Fyke Commission and close another 50 hospitals?

Well if you do, you will once again tear apart . . . If the government does, Mr. Speaker, if the government follows through . . . And I know you're listening very intently. You're quite concerned about what's happening in the legislature here this afternoon.

But nevertheless, Mr. Speaker, if this government follows through, if this government follows through on those recommendations, you will rip the heart and soul out of 50 more communities in this province.

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

**Mr. Boyd:** — You will do what you did in the past to Eston . . . (inaudible) . . . what you did in the past. What this government did . . . what this government did in the past . . . what this government . . .

**The Speaker:** — The member from Kindersley, he knows why I stood.

**Mr. Boyd:** — Frankly getting a little tired of . . . (inaudible) . . . This government will have done what they did to communities all over this province at that time. There were very, very many. Invermay comes to mind. Spalding comes to mind. Oxbow comes to mind. Eastend comes to mind. There are a number of communities in this province that had that same exact experience that Eston had.

And this government, if they follow through on the recommendations of Fyke, will do to community after community what they did at that time, Mr. Speaker. And it will be a complete disaster once again for this government in terms of the needs of this province, in terms of the needs of the people of this province with respect to health care services.

All of us in this Legislative Assembly should pause and reflect on that a little bit because it did harm — serious harm — to the fabric of rural Saskatchewan. It did serious harm to the fabric of urban Saskatchewan when they closed the Plains hospital. And the people of this province, I suspect, will not put up with it, Mr. Speaker, will not put up with it in the future.

And I suspect when you have, if you do have any meetings outside of Regina which is doubtful, but if you do decide to

have meetings outside of the capital, Mr. Speaker, I suspect, if the government does decide to have meetings outside of Regina, I suspect people would be lined up and wanting to tell you just that.

They'll want to tell you the experiences of the past and what it did to communities and they will want to tell you what it'll do to their community if you go ahead with those kinds of recommendations.

We all understand that health care needs change and we also understand and that's why the member for Melfort has put forward the submission on behalf of the Saskatchewan Party to the Fyke Commission saying what we believe is necessary in terms of change, necessary in terms of change.

We think that there are all kinds of things that can be done to improve the lives of people and improve the health care system in this province. But I don't believe the government members opposite want to take those recommendations seriously at all.

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

**Mr. D'Autremont:** — Thank you, Mr. Speaker. I'd like to draw your attention to the clock. It's after the time for adjournment.

**The Speaker:** — Members of the Assembly, it now being past the hour of 1 o'clock and after a week of passionate debate, I wish everyone a good weekend. This House stands adjourned until Monday at 1:30 p.m.

The Assembly adjourned at 13:00.