

The Assembly met at 13:30.

Prayers

**ROUTINE PROCEEDINGS**

**PRESENTING PETITIONS**

**Mr. Krawetz:** — Thank you, Mr. Speaker. Mr. Speaker, I have a petition to present on behalf of residents of east-central Saskatchewan very concerned about the possible closure of hospitals. 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 steps to ensure that health care services in the Kamsack Hospital be maintained at its current level of service at minimum, with 24-hour acute care, emergency and doctoral services available.

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

Mr. Speaker, the signatures on this petition come from, largely from the community of Kamsack, but also from Pelly which is in the Canora-Pelly constituency.

I so present.

**Ms. Draude:** — Thank you, Mr. Speaker. I too have a petition to present today on the Fyke report.

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 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, public health, home care, long-term care services for users from our district and beyond.

The people that have signed this petition are from Wadena, Elfros, and Paswegin.

**Mr. Gantfoer:** — Thank you, Mr. Speaker. I rise on the continuing concern of people with high energy costs. 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.

Signatures on this petition, Mr. Speaker, are from Melfort, from Fairy Glen, from James Smith Cree Nation.

I so present.

**Mr. Harper:** — Thank you, Mr. Speaker. Mr. Speaker, I am pleased to rise today to present a petition on behalf of citizens of Saskatchewan who have expressed interest in the Government of Saskatchewan's decision to increase the foundation operating grants to school divisions. And the prayer

goes 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 its vision of increasing the foundation operating grant to school divisions by \$40.8 million for the fiscal year 2001-2002, the largest increase in 15 years.

And, Mr. Speaker, this petition is signed by the good folks from Colonsay, Allan, Saskatoon, Young and Watrous.

I so present.

**Ms. Eagles:** — Thank you, Mr. Speaker. Mr. Speaker, I rise today to present a petition on behalf of citizens concerned about ambulance services. And 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 ambulance services as recommended in the EMS report and affirm its intent to work to improve community-based ambulance services.

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

And this is signed by the good citizens of Rockglen. Thank you.

**Mr. Wartman:** — Thank you, Mr. Speaker. Mr. Speaker, I rise to present a petition on behalf of those who are concerned with environmental 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.

Thank you.

**Mr. Wall:** — Thank you, Mr. Speaker. I rise today on behalf of people who have signed a petition regarding a hospital in the city of Swift Current. And, Mr. Speaker, the prayer of this petition reads as follows:

Wherefore your petitioners will humbly pray that your Hon. Assembly may be pleased to cause the provincial government to carefully consider Swift Current's request for a new hospital.

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

And, Mr. Speaker, the petition is signed today by residents of Wymark, of Neidpath, Stewart Valley, Waldeck, Simmie, Ponteix, and Gull Lake in the southwest; and of course by residents of the city of Swift Current.

I so present.

**Ms. Bakken:** — Mr. Speaker, I rise today to present a petition on behalf of citizens of Weyburn-Big Muddy and specifically the Weyburn Council on Alcohol and Drug Abuse, a charitable non-profit organization which has submitted a proposal to build an in-patient treatment centre in the city of Weyburn to the Government of Saskatchewan. WECADA's (Weyburn Council on Alcohol and Drug Abuse) objective is to build an in-patient treatment centre to serve the needs of South Central Health District. And the prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to support this in-patient treatment centre in Weyburn and provide funding for the same.

I so present.

**Ms. Higgins:** — Mr. Speaker, I rise today to present a petition on behalf of citizens concerned with smoking. 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.

Mr. Speaker, this petition is signed on behalf of citizens from Spruce Home, Prince Albert, Yellow Creek, and Shellbrook.

**Mr. McMorris:** — Thank you, Mr. Speaker. I present petitions on behalf of citizens of the province of Saskatchewan regarding the EMS (emergency measures services) 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 ambulance services 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 by people in the fertile Redvers, Storthoaks, and Alida areas.

I so present.

**Mr. Yates:** — I rise on behalf of 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.

And as in duty bound, your petitioners ever pray.

Thank you.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. I'd like to present a petition on the Redvers Health Centre. Mr. Speaker, 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 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 Redvers, Storthoaks, Bellegarde, Antler, Sinclair, Reston areas — both the last two are in Manitoba, Mr. Speaker.

I so present.

**Hon. Mr. Van Mulligen:** — Thank you, Mr. Speaker. I rise to present a petition by citizens of Saskatchewan who are 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.

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

This petition, Mr. Speaker, is signed by citizens — I think students — from Shellbrook and Prince Albert.

**Mr. Weekes:** — Thank you, Mr. Speaker. I'd also like to present a petition from citizens concerned about inadequate cellular telephone coverage. 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 Marcelin, Saskatchewan.

Thank you.

**Mr. Bjornerud:** — Thank you, Mr. Speaker. I also have a petition opposed to the possible reduction of health services in Kamsack. 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 health care services in the

Kamsack Hospital be maintained at its current level of service at minimum, with 24-hour acute care, emergency and doctoral services available.

The signators, Mr. Speaker, are all from the community of Kamsack.

I so present.

**Mr. Brkich:** — Mr. Speaker, I have a petition here of people opposed to the possible reduction of services to Davidson and Craik health centres. 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 steps to ensure that the Davidson and Craik health centres be maintained at their current level of service at a minimum, with 24-hour acute care, emergency and doctor services available, as well as lab, public health, home care, and long-term care services available to users in the Craik and Davidson areas, and beyond.

As in duty bound, your petitioners will ever pray.

Signed by the good citizens from Craik, Aylesbury, and Davidson.

I so present.

**Mr. Hart:** — Thank you, Mr. Speaker. I too rise to present a petition on behalf of concerned citizens. 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 ambulance services as recommended in the EMS report and to affirm its intent improve community-based services.

And signatures to this petition come from the communities of Regina Beach, Wynyard, Mozart, Day Star First Nation, and Elfros.

I so present.

**Mr. Allchurch:** — Thank you, Mr. Speaker. Mr. Speaker, I also rise in the Assembly today to bring forth a petition regarding concerned citizens with the Fyke report:

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 Saskatoon, Spiritwood, Shell Lake, and Leoville.

I so present.

**Mr. Huyghebaert:** — Thank you, Mr. Speaker. Mr. Speaker, I rise again with respect to the Pioneer Lodge in Assiniboia, and

as beds are continuing to close, there's an increasing concern from the citizens. 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 in duty bound, your petitioners will ever pray.

And Mr. Speaker, this petition is signed by the folks of Congress, Mazenod, Mossbank, and Assiniboia.

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.

Of the citizens of the province asking for a total ban on smoking in enclosed public places and workplaces, and on school property.

And 12 other petitions that are addendums to previously tabled sessional papers.

### NOTICES OF MOTIONS AND QUESTIONS

**Ms. Eagles:** — Thank you, Mr. Speaker. Mr. Speaker, I give notice that I shall on day no. 49 ask the government the following question:

How much money did the SLGA pay to Larson Consulting in 1997-98; what services did Larson Consulting provide to SLGA; and what were these services tendered for — or pardon me — were all these services tendered for bids from other countries; and if so, what was the tendering process?

And I would also ask the same questions for the year '98-99, '99-2000, 2000-2001, and 2001-2002.

**Mr. Hart:** — Thank you, Mr. Speaker. I give notice that I shall on day no. 49 ask the government the following question:

To the Minister of Post-Secondary Education: which community-based organizations received funding from your department during 2000-2001; and how much funding did each receive?

**Mr. Allchurch:** — Thank you, Mr. Speaker. Mr. Speaker, I give notice that I shall on day no. 49 ask the government the following question:

To the Minister of SERM: how many quarters of land are deemed critical habitat wildlife land in Saskatchewan to date; and how many quarters of the said land has, or is being turned over to TLE, which is treaty land entitlement land?

I also give notice that I shall on day no. 49 ask the government

the following questions:

To the Minister of Intergovernmental Affairs: how much land was purchased by First Nations for treaty land entitlement purposes in the year 1999; and how much of this land has been turned into reserve status?

And one more. I give notice that I shall on day no. 49 ask the government the following question:

To the Minister of Intergovernmental Affairs: how much land was purchased by First Nations for treaty land entitlement purposes in the year 2000; and how much of this land has been given reserve status?

Thank you.

### INTRODUCTION OF GUESTS

**Hon. Mr. Osika:** — Well thank you, Mr. Speaker. I'm very pleased today to introduce to you students, 33 students from St. Henry School in Melville sitting in your gallery, Mr. Speaker. And this great bunch of young people are accompanied by Tracey Kiliwnik and Brenda Ostpavitch.

And, Mr. Speaker, I look forward to meeting with these young people in a little while. And I want all the members here to please welcome them to the ... what's going on here this afternoon.

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

(13:45)

**Mr. Harper:** — Thank you, Mr. Speaker. Mr. Speaker, it gives me a great deal of pleasure to introduce to you and to all the members of the House, 34 grade 10 students from Robert Usher Collegiate who are seated in your west gallery, Mr. Speaker. And the group here today is accompanied by their teacher Rick Ast. They will be taking in some of the proceedings of the House, doing a tour of the legislature, and I look forward to meeting with them later for a photo and some refreshments.

Thank you very much. And I'd ask all members to offer them a very warm welcome.

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

**Mr. Allchurch:** — Thank you, Mr. Speaker. I would like to introduce to you and through you to all members of the Assembly today, in the east gallery, a group of grade 8 students from the Turtleford School, which is just outside my constituency. The member from Lloydminster, that's in his constituency. And there are 25 students here today to view the proceedings of the Legislative Assembly.

And the teachers are Carmela McNinch — I hope I get these names said right — Brian Hammer. Chaperones are Sharon Macnab, Donnelle Gervais, Val Muller, Randy Diehl, Maureen Craig, Lynda Andres, and Trudy McMurphy.

And I've already met with them already, and now they're going to view the rest of the Legislative Assembly. So I'd ask all

members to welcome them here today.

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

**Hon. Mr. Sonntag:** — Thank you very much, Mr. Speaker. It's actually in my capacity as Minister of Energy and Mines that I'm introducing guests today. As many people in this Assembly will note, this week is Saskatchewan Mining Week.

In your gallery, Mr. Speaker, I would like to introduce a number of special guests. We kicked off Mining Week this morning with a number of events and a nice dinner.

In the gallery is current president, Mr. Josef Spross. Also Mr. Norm Beug, first vice-president; Mr. Tim Gitzel, second vice-president; Mr. Kent Cahoon, member at large; Mr. Moe Davyduke, past president; Mr. Al Shpyph, chairman of the uranium section; and Mr. Phil Reeves, executive director. This is the delegation that is with us today.

I would encourage members, first of all, to get out and enjoy some of the festivities and the different events that are taking place this week. As a matter of fact, to the members of the opposition, you could actually leave before question period, if you like, to take in some of those events. That wouldn't bother me at all, Mr. Speaker.

If you would join me though, please, all members, in welcoming our special guests to the Assembly today.

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

**Mr. Stewart:** — Thank you, Mr. Speaker. I would also like to join the Minister of Energy and Mines in introducing and welcoming our special guests from the mining industry.

We appreciate the mining industry very much on this side of the House, and the contribution that they make to Saskatchewan. They have a week in front of them — Saskatchewan Mining Week — which will be jam-packed with activities in both Regina and Saskatoon. And we wish them well with that, and we're sure it will be a very productive week for them, and we look forward to meeting with them later this afternoon.

Thank you.

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

**Mr. McCall:** — Thank you, Mr. Speaker. I'd just like to add my voice to that of the member from Regina Northeast in welcoming the grade 10 class from Robert Usher. The teacher for that particular class is an excellent, skilled educator, and he's also my former grade 7 teacher.

It's a pleasure to see him here today, and I'm sure the students in your class enjoy your education and the time with you as much as I did. And I hope to see you later on today. Welcome.

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

**Hon. Mr. Sonntag:** — Thank you again, Mr. Speaker. I would also like to introduce to members of the Assembly some special guests in your gallery. In my office, actually, working and

-serving the members of this Assembly is Anne Marie Heffernan. But with her is a special friend of hers, actually her future sister-in-law from Kentville, Nova Scotia, who is visiting us today, Jennifer Henshaw on the right, and she's here just observing the proceedings and getting more familiar with her future sister-in-law.

So welcome, Jennifer, to the Assembly today, and I'd ask all members also to join in welcoming Jennifer.

Thank you.

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

### STATEMENTS BY MEMBERS

#### National Access Awareness Week

**Mr. Kwiatkowski:** — Thank you, Mr. Speaker. Mr. Speaker, May 27 to June 2 is National Access Awareness Week across Canada, and I'm pleased to rise today to inform all members of the House about this very important week.

Mr. Speaker, National Access Awareness Week was implemented in 1988, following Rick Hansen's successful Man in Motion world tour. At that time, Rick had asked that a week be recognized to promote access for persons with disabilities.

National Access Awareness Week seeks to fulfill four objectives: assess the accessibility of services and facilities, set measurable goals, make practical improvements, and celebrate achievements.

Mr. Speaker, we must remember that not all disabilities are always visible. There are some disabilities that we can not see but their existence can still deeply affect an individual's quality of life.

I personally have spent many years advocating on behalf of people with disabilities.

Mr. Speaker, this is a group that still seems to have to work harder to earn that respect. Citizens with disabilities can make many valuable contributions in communities across the province. They deserve to be respected and recognized for these contributions.

Their full participation as members of the community must be a priority for all levels of government. By improving accessibility of services and facilities, we can all share in and celebrate their achievements.

Mr. Speaker, I ask all members of the House to recognize National Access Awareness Week. Thank you.

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

#### Memorial Cup

**Mr. Kasperski:** — Thank you, Mr. Speaker. Mr. Speaker, hockey in Canada ended this week in our province leaving hockey fans only the Stanley Cup finals left to watch on television.

Mr. Speaker, the Memorial Cup went to the Red Deer Rebels after an overtime victory over the Val d'Or Foreurs.

Even though Regina Pats did not make it to the final, they proved to all of Canada that they are a class organization with the skill and the will to win.

Mr. Speaker, the good news is this, it took a young man from Regina by the name of Jeff Smith to end the overtime session with a goal giving Red Deer the championship.

Even though the attention was on the Red Deer Rebels, Mr. Speaker, it was the city of Regina who were the real champions throughout the Memorial Cup.

Mr. Speaker, on behalf of this entire legislature, I would like to thank Ron Clark and his organizing committee for a job well done. As well, our thanks should go to the other 700 volunteers who were responsible for the smooth running of the cup.

Regina, you truly put on a fine event. My son and I can attest to this as we were at most of the games last week. I might even add that on Saturday's game in the Agridome, Mr. Speaker, if not the most emotional, but certainly the most exciting I think that has ever been in that building.

Again, Mr. Speaker, I would like all hon. members to join with me in congratulating the teams, especially the Pats, the coaches, staff, organizers, the volunteers, and the city of Regina who deserve the championship even though they didn't win it. Thank you, Mr. Speaker.

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

**Mr. McMorris:** — Thank you, Mr. Speaker. I too would like to join with the member opposite and especially congratulating all the volunteers that put on what a lot of people are saying is one of the most successful Memorial Cups in history, whether it was from the opening parade to the opening banquet, street hockey games and — of course, Bobby Orr's presence didn't hurt those games at all — right down to my favourite area, I guess, was The Penalty Box. The organizing committee just did an absolutely great job.

The Regina Pats didn't disappoint either, having a great tournament, beating Red Deer and losing out only to Val d'Or in the semifinal.

Special congratulations to the Red Deer Rebels for a great tournament. Their coach, Mr. Sutter, of course has got much hockey experience. But a special congratulations to Carter Sears, a close personal friend of mine that scouted that team and drafted a lot of the juniors that went to that team.

So congratulations to all the volunteers, to all the teams that treated Saskatchewan residents and really residents across Canada to some excellent junior hockey. And we look forward to it coming back to the city of Regina in the next few years.

Thank you.

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

### Moose Jaw Tunnels Win Tourism Award

**Ms. Higgins:** — Thank you, Mr. Speaker. I'm happy to report to the Assembly that what was once one of the best-kept secrets in Moose Jaw is very quickly becoming one of the best-known tourist destinations in North America. I'm talking of course of the tunnels of Moose Jaw, our downtown tourist attraction now in only its second year of operation.

The tunnels have just won its second major tourism award. And as you know, Mr. Speaker, in March they won the New Attraction of the Year award from Tourism Saskatchewan, and last week we went national. At the Attractions Canada awards in Halifax, the two tunnel tours won in the leisure/amusement centre category, beating out supposedly better known venues like the West Edmonton Mall and Grouse Mountain Ski Resort.

The two tours depict the plight of early Chinese immigrants to Canada, and the Al Capone era, when that famous resident of Chicago may or may not have come to visit us during the Roaring Twenties.

As marketing manager Brian Bowman said, these two awards signify that Moose Jaw is a definite tourist destiny worthy of a visit. Not only that, Mr. Speaker, but we are very like . . . but we very likely may see the Moose Jaw tunnels in future programs on the history channel and others.

The success of the Moose Jaw tunnels is indeed a legitimate good news story. It is a private sector operation describing the history of Moose Jaw. We invite everyone to bring their friends and family, and come to visit an excellent attraction.

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

### Saskatchewan Mining Week

**Mr. Stewart:** — Thank you, Mr. Speaker. Mr. Speaker, I rise today to talk about provincial Mining Week in Saskatchewan.

Mr. Speaker, our province's mining industry employs about 20,000 people. That's 20,000 residents making a living and remaining in Saskatchewan at a time when so many others are leaving.

Mr. Speaker, Saskatchewan is the world's largest producer and exporter of both potash and uranium. We also have the largest reserves of these commodities on earth, which leads me to say, Mr. Speaker, that so much more can be done in this industry. So much more can be done to help expand and grow Saskatchewan.

Mr. Speaker, it is unfortunate that despite the success this industry has in our province, it could be so much better.

The Saskatchewan Mining Association states that the mining industry will shy away from further northern development if current circumstances do not change. They say that provincial royalty fees and red tape that they have to go through are not helpful to the industry.

Mr. Speaker, our province has great potential in untapped resources. We could realize much of that potential if this NDP

(New Democratic Party) government would wake up and move away from its status quo policy of high taxation and an ever-growing bureaucracy which hinders growth. Thank you.

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

### Child Care Providers' Week

**Mr. Wartman:** — Thank you, Mr. Speaker. As we all know, Mr. Speaker, children who get a good start early in life have the best chance of succeeding in life. And receiving good care in the formative years of a child's life greatly impacts their future. Whether a child who's parents work outside the home is looked after by early childhood educators, caregivers, or babysitters, those who nurture and ensure the safety of children share in the shaping of those children's lives.

Because of the important job these people do, May 27 to June 2 has been designated Child Care Week. This week serves to raise public awareness of the importance of child care and to recognize the invaluable contribution that child care providers make to our society. Though child care providers are working to keep our children healthy, safe, and happy, the lessons children will learn in their early years will aid in determining their future health, safety, and happiness.

As a government we can aid in the delivery of quality child care by helping those children who are at risk and by helping those who provide care. In this year's budget, 1.5 million was provided to develop child care services for high-risk families, and early childhood services grants to increase wages and benefits for child workers, this was increased by a \$519,000. Though money can aid in the delivery of services it can never replace the hands-on work that child care workers provide.

On behalf of all the members of this Assembly, I want to congratulate and thank all child care providers for their important role.

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

### Celebrity Sports Dinner

**Ms. Eagles:** — Thank you, Mr. Speaker. Mr. Speaker, this past Saturday the Estevan Bruins held their ninth annual Celebrity Sports Dinner. This event drew a huge audience as the male and female athletes of the year were honoured.

Female athlete of the year was 17-year-old Jennifer Coulter. Jennifer is a water skier and claimed the gold medal in trick and the silver in the slalom at the provincial championships. She won the gold medal in the Western Canadian championships.

(14:00)

Male athletes of the year went to the Estevan Bordertown Midget AA Bruins. This team won the championship at the 2001 Western Canadian Invitational Tournament in Regina. This would be the first time Estevan has ever won the Midget AA provincially.

After the dinner and awards presentation, everyone present enjoyed guest speakers Joan McCusker, George Reed, Gerry

Cheevers, and George Stephenson.

Congratulations to Jennifer Coulter and the Estevan Bordertown Midget AA Bruins, and congratulations to everyone who worked so hard to make the Celebrity Sports Dinner the success it was. Thank you.

**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 Liquor and Gaming minister.

On Friday, Justice Wakeling confirmed that SLGA (Saskatchewan Liquor and Gaming Authority) employees had accepted free vacations to the Bahamas courtesy of the Bacardi rum company. But before that investigation was even started, the NDP fired the employee who raised the issue in the first place. First, Joe Dosenberger, and now Bonnie Swan.

Why does the minister keep firing employees who raise concerns about illegal activity? What is the minister covering up?

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

**Hon. Ms. Hamilton:** — Thank you. Well, Mr. Speaker, first I would say that I do not fire individual employees. Mr. Speaker, that's an internal personnel management matter, and I was informed of that personnel matter and then of SLGA management's subsequent action on that matter.

I would want to also state, Mr. Speaker, that this government does not believe that any civil servant should be fired for providing information to the police or for bringing other pertinent information forward. Mr. Speaker, all of us are subject to the rule of law.

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

**Mr. Heppner:** — Mr. Speaker, on Friday the minister said an independent investigator had been hired to look into Bonnie Swan's original harassment complaint. She made that statement four times in the House and several more times outside the House. The minister said, and I quote:

The allegations were thoroughly looked into and an independent investigation was conducted by an independent investigator.

Mr. Speaker, will the minister please tell this House what was the name of the so-called independent investigator? Did he complete a final report and what did it say?

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

**Hon. Ms. Hamilton:** — Thank you. Mr. Speaker, I do not have the name of that individual. That is handled or was handled through Executive Council because there are processes to

follow when harassment charges are being made. So, Mr. Speaker, that would be done in an independent way.

It's a matter of looking at the Liquor and Gaming Authority, and we would naturally need someone outside of that organization and outside of the area of making recommendation to me to provide that information to an independent body such as the executive body of government.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. The Saskatchewan Party has learned that the independent investigator was Tim Coral, a former Saskatoon police officer who does many investigations for the Human Rights Commission. We have also learned that Mr. Coral never completed a final report. He quit partway through that investigation due to political interference. The Premier's office and the minister's office would not allow him to interview witnesses.

Mr. Speaker, why was an independent investigator never allowed to interview witnesses? Why was the NDP interfering in what was supposed to be an independent investigation?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, it's my understanding that the individual who looked at all of the allegations of the harassment nature filed a report, said the harassment allegations were unfounded, and those issues were followed up.

The next stage of course, Mr. Speaker, was to look at how we would handle the allegations of a nature that would deal with the conflict of interest guidelines and whether or not they were consistent with section 133.

Mr. Speaker, we took responsible action on that and have hired Justice Wakeling, retired Justice Wakeling, to look at these matters. I have faith in the Justice Wakeling and a report will be forthcoming; actions will be taken if necessary, Mr. Speaker.

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

**Mr. Heppner:** — Specifically, Mr. Speaker, did Tim Coral present a report?

**Hon. Ms. Hamilton:** — Again, Mr. Speaker, the harassment charges have a mechanism to be dealt with. Through Executive Council an individual was employed to look at thoroughly those charges under the harassment policy, and the guidelines we would follow to look into that. On those, yes, I believe all of those charges were addressed by the individual, and subsequently to that, the allegations that were outstanding, were of a serious nature.

We take our responsibility seriously. SLGA has conflict of interest guidelines in place, would want Justice Wakeling to look at all of the information that had . . . presented subsequent to the harassment charges, and of this nature.

That review is under way. I have faith that we will find that information from retired Justice Wakeling, and if action is necessary, action will be taken, Mr. Speaker.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. Mr. Speaker, on four separate occasions on Friday the minister told this House that an independent investigator had completed an independent investigation and found most of Bonnie Swan's allegations to be unfounded.

Mr. Speaker that simply isn't true. There was no independent investigation. It was short-circuited by political interference by the minister's office — and the Premier's office.

Why did the minister tell us there was an independent investigation completed when she knows that's not true? Why did the minister . . .

**The Speaker:** — Order. Order. I would ask the member to rephrase his question. The statement accusing a member of the opposite side, or on any member in the House, as saying something that's untrue is unparliamentary. I would ask you to withdraw that statement then rephrase your question.

**Mr. Heppner:** — Thank you, Mr. Speaker. I'll withdraw that statement and try to come at it from a different angle. Why did the minister tell us that there was an independent investigation completed when she doesn't have that copy of that independent investigation?

We haven't seen it, and when there isn't such a copy around, Mr. Speaker. Why did the minister take that tact, give us information that we apparently find out isn't the way it is?

**Hon. Ms. Hamilton:** — Mr. Speaker, there's some very serious and responsible processes that have to occur when employees file harassment charges. They must be looked into. There was a person who was engaged to look into those. And a response was given to the employee on the allegations and the investigation of those allegations, the responses that were put forward.

Further to that, Mr. Speaker, there are also allegations of conflict of interest, the guidelines followed by SLGA and whether they're consistent with section 133 of the Act, Mr. Speaker. Again, taking that to heart, SLGA hired an independent, Chief Justice Wakeling — retired Chief Justice — to look at these matters. If actions are needed to be taken from that report, Mr. Speaker, action will be taken.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. Mr. Speaker, after Tim Coral quit, who completed the investigation?

**Hon. Ms. Hamilton:** — Mr. Speaker, by the nature of harassment complaints being filed with someone that's an independent body, they were being handled by Executive Council of government to be as independent as possible. Thank you, Mr. Speaker.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. As independent as possible. Mr. Speaker, it turns out this so-called independent investigation was actually done by a two-member panel: the

deputy minister to the Premier and the minister herself. Time after time on Friday, the minister talked about an independent investigation but it was the minister herself who conducted that investigation.

Mr. Speaker, why did the minister tell us there was an independent investigation when the minister herself did that investigation?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, in organizations there are harassment policies and there's a process to look into those policies. Mr. Speaker, I would not be the one to conduct any such investigation.

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

**Mr. Heppner:** — To the minister: was she on that committee, that two-person committee to investigate that?

**Hon. Ms. Hamilton:** — Mr. Speaker. No, Mr. Speaker.

**Mr. Heppner:** — Mr. Speaker, during that so-called independent investigation of Bonnie Swan's complaint, did the minister or the deputy minister to the Premier ever talk to Bonnie Swan?

**Hon. Ms. Hamilton:** — Mr. Speaker, I would have been cc'd (carbon copy) copies of some information, and I wouldn't know if the deputy premier to the Premier had corresponded directly or had talked directly with Ms. Swan. So I can only answer on the basis of that information, Mr. Speaker.

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

**Mr. Heppner:** — Did the minister or the deputy minister to the Premier ever talk to Bonnie Swan?

**Hon. Ms. Hamilton:** — Mr. Speaker, I could answer for myself. But I will take notice of the other part of that question and I will get the information back to the member opposite.

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

**Mr. Heppner:** — Mr. Speaker, this is incredible. First the minister shuts down the original investigation. Then she does this so-called investigation herself without even talking to the person who made the complaint, Mr. Speaker, without even talking to that person.

Mr. Speaker, the minister herself has become judge, jury, and executioner of Bonnie Swan. And what is her crime? Raising a legitimate concern about employee harassment and possible illegal activity within Saskatchewan Liquor and Gaming — allegations that now have been confirmed by Justice Wakeling.

Mr. Speaker, Bonnie Swan did what she was supposed to do. She saw wrongdoing and reported it. Why did the minister fire her for that activity?

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



**Hon. Ms. Hamilton:** — Mr. Speaker, the member opposite is saying a number of things that are totally incorrect. The first one is, I did not fire Ms. Swan. Internal personnel matters are done and handled by management at Saskatchewan Liquor and Gaming. I was informed of the personnel matter, and SLGA management told me of the subsequent action in that manner.

Now, Mr. Speaker, I would not begin to conduct or prejudge or try anyone outside of this Assembly or in, Mr. Speaker. And the answer to those would be no, no, and no.

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

(14:15)

**Mr. Heppner:** — Thank you, Mr. Speaker. Mr. Speaker, Bonnie Swan was fired because of her harassment claim. This is confirmed in the termination letter her lawyer received from SLGA's lawyer. The letter says:

Ms. Swan made serious allegations of harassment against the CEO of the Authority. Given the serious nature of her claims, it would have been impossible for your client to return to work and to continue an employment relationship with the very person she accused.

Mr. Speaker, this is crazy. The government is saying an employee who makes a harassment claim — here's what they're saying, Mr. Speaker — an employee who makes a harassment claim against upper management will automatically be fired because it is impossible to continue an employment relationship with a person they accused.

Mr. Speaker, this is the NDP position: that the people who make harassment claims against upper management must be fired. That's their position.

**Hon. Ms. Hamilton:** — Mr. Speaker, you can take individual statements or individual items from individual personnel issues and construct them, and construe them any way you would want to do so.

I don't believe that the floor of the Assembly is a place to do a one-sided look at things, Mr. Speaker. I believe that management has to look at many, many things when they're talking about personnel issues.

Mr. Speaker, Ms. Langlois spoke to some of these over the weekend. I was informed by SLG management of their subsequent action according to a number of issues surrounding personnel items that are not to be discussed, number one, particularly because Ms. Swan says that she might want to pursue legal action.

And number two, this is not the forum to try, as the member opposite has said himself, prejudge, try on bits of information and pieces of information out of an entire context, Mr. Speaker.

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

**Mr. Heppner:** — Mr. Speaker, this is exactly the forum in which we deal with situations where ministers and cabinet misuse their authority, misuse their power.

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

**Mr. Heppner:** — That particular letter said, Mr. Speaker — and there was no misconstruing that took place — given the serious nature of her claims, it would have been impossible for the client to return to work.

This government, Mr. Speaker, is saying that if anyone brings a harassment claim against this government, they must be fired because they can't work with that management any more.

Mr. Speaker, is that the NDP position — to fire people who make a complaint against individuals in upper management?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, I'm not going to speak to all of the ins and outs of an individual's personnel matter or file. This is not appropriate before the Assembly.

What I would say is the individual is now working with the Department of Health. We have confidence in that individual and the work that she does perform.

And, Mr. Speaker, I'd like to go back to telling the member opposite that this government does not believe that any civil servant should be fired for providing information to the police or bringing forward any pertinent information that they feel they have a responsibility to share, Mr. Speaker.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. Well, Mr. Speaker, let's continue to find out what that government is really all about.

Mr. Speaker, Bonnie Swan's termination letter gives another false reason for her dismissal. It says, and I quote:

The results of the investigation found that her allegations were entirely without foundation.

Entirely without foundation, Mr. Speaker.

Mr. Speaker, Justice Wakeling has now confirmed the most serious allegations, the free trips to the Bahamas, are true.

Why was Bonnie Swan fired and told her allegations were entirely without foundation, when a judge has now confirmed they are true?

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

**Hon. Ms. Hamilton:** — Mr. Speaker, this is when it's very important to get straight the processes that were in place, those that were followed, and not to confuse the two.

Mr. Speaker, after a review of the harassment charges and the harassment policy, the review was completed. Those allegations were found to be without substantiation, Mr. Speaker. And that report was completed according to those charges and guidelines, Mr. Speaker.

Now he's confusing that then with further allegations that I would say were not the harassment nature. They are now the nature of conflict of interest guidelines and section 133 of the Act.

These two are different processes and different individuals who are looking at them. Chief Justice Wakeling is looking at the conflict of interest guidelines and section 133 of the Act. He will file an independent report and action, if necessary, will be taken.

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

**Mr. Heppner:** — Mr. Speaker, Bonnie Swan's firing is a direct contravention of the SLGA's own harassment policy. That policy states, and I quote:

Retaliation is a form of harassment and will not be tolerated. Retaliation against a complainant will result in significant disciplinary action. Retaliation against any individual who comes forward with harassment complaints is an offence under the Human Rights Code.

Mr. Speaker, why did the minister violate her own harassment policy by firing Bonnie Swan?

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

**Hon. Ms. Hamilton:** — Well, Mr. Speaker, I did not fire Bonnie Swan. I did not hire Bonnie Swan. Management in departments are responsible for human resourcing and we have Public Service Commission guidelines that are followed, Mr. Speaker.

In the case of Bonnie Swan, SLGA management tells me no, this was a not a response to that. I was informed that this was a personnel matter. SLGA management took action and they reported back to me as well. Thank you, Mr. Speaker.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. Earlier on in question period, Mr. Speaker, the minister said she knew nothing about that particular panel that involved her during the investigation.

I would like to read a little bit from a letter, a letter that is signed by Dan Perrins, and it deals with the makeup of that particular committee. And it reads as follows:

As outlined in the previous correspondence to you and your legal counsel, in keeping with the procedural positions of SLGA's harassment policy, an investigation panel comprised of the Chair of the board of directors and myself has in consultation with legal counsel reviewed the matter in its entirety.

I would ask the minister if she would care to stand and retract that statement where she said she knew nothing about that particular thing, had no direct involvement with it.

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

**Hon. Ms. Hamilton:** — Mr. Speaker, this is where I am at a direct disadvantage when the member is saying this committee and that review and there are a number under way.

According to SLGA's harassment policy I, along with a member of Executive Council, would be responsible to see the review was carried out. That would not be me carrying it out, Mr. Speaker. But I have a responsibility as chairman of the board. And he is asking if I am part of the process as chairman of the board. Yes, of course I would be, Mr. Speaker.

If I'm the person who would carry out the investigation personally or that Mr. Perrins would carry that out personally, no. It's our responsibility to make certain an independent person follows through with all of those allegations.

Mr. Speaker, I would take responsibility as chairman of the board, and if that is the committee he is referring to, then yes, of course that's my responsibility.

Thank you, Mr. Speaker.

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

**Mr. Heppner:** — Thank you, Mr. Speaker. Is that minister the Chair of the board or isn't she? Is she in charge or isn't she?

Mr. Speaker, on Friday the minister made another serious allegation. She openly speculated that the RCMP (Royal Canadian Mounted Police) may have been responsible for leaking a cabinet document to John Gormley. The minister appears to be questioning the very integrity of the RCMP. As far as we know, she has no evidence to support that allegation.

Mr. Speaker, will the minister table the evidence that she has to support her suggestion that the RCMP were responsible for the leak, and if she cannot support that evidence, will the minister hand in her resignation?

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

**Hon. Ms. Hamilton:** — Thank you, Mr. Speaker. I will tell everyone and the members opposite that there is information that's been filed before the courts on Mr. Dosenberger and Mr. Morrissey. That, as the Justice department tells me, is before the courts and should not be commented upon.

I will tell the member opposite, what I did comment on was that I found out that there had been a confidential document outside of the Authority by hearing that on Gormley. I would wonder how it could be broadcast on Gormley.

That is all, Mr. Speaker, that I would speculate on.

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

## INTRODUCTION OF BILLS

### Bill No. 33 — The Legislative Assembly and Executive Council Amendment Act, 2001

**Hon. Mr. Lautermilch:** — Mr. Speaker, I move that Bill 33, The Legislative Assembly and Executive Council Amendment

Act be now introduced and read the first time.

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

**Bill No. 40 — The Teachers' Dental Plan  
Amendment Act, 2001**

**Hon. Mr. Melenchuk:** — Mr. Speaker, I move that Bill No. 40, The Teachers' Dental Plan Amendment Act, 2001 be now introduced and read the first time.

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

**Bill No. 41 — The Teachers Superannuation  
and Disability Benefits Amendment Act, 2001**

**Hon. Mr. Melenchuk:** — Mr. Speaker, I move that Bill No. 41, The Teachers Superannuation and Disability Benefits Amendment Act, 2001 be now introduced and read the first time.

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

**ORDERS OF THE DAY**

**GOVERNMENT ORDERS**

**ADJOURNED DEBATES**

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

**Mr. Weekes:** — Thank you, Mr. Speaker. It's a pleasure to have the opportunity to speak today concerning the all-party Committee on Health, and make a few comments on the frame of reference. Unfortunately, Mr. Speaker, there is a very narrow scope of the committee and it's only going to concern the Fyke committee report and nothing else.

(14:30)

As you know, Mr. Speaker, and the people of Saskatchewan know, the Health critic for the opposition has already submitted our priorities for health care reform to the Fyke Commission. And in fact, Mr. Speaker, of the three political parties sitting in the House debating this issue, we were the only party to do so.

We've expressed many of our reservations about the recommendations from the Fyke report related to the closure of as many as 50 more rural hospitals in Saskatchewan and the impact that's going to have on rural Saskatchewan and the economy of rural Saskatchewan.

Mr. Speaker, it's been nearly two years since the 1999 general election. And during the election, Mr. Speaker, the NDP campaigned on promises to hire 500 new health care workers, reduce hospital waiting lists, and improve response times in hospital emergency rooms.

Mr. Speaker, today the hospital beds are being shut down across

this province because of serious staff shortages, hospital waiting lists are the longest in Canada, and the emergency room lineups continue to grow.

Mr. Speaker, it's been nearly two years since the general election and nearly two years since the NDP said they were going to fix health care. Once again they're talking about fixing health care. It's been nearly a year since the Fyke Commission was established to provide some concrete action plans for the NDP to fulfill those election promises. But all we get, Mr. Speaker, is a plan to study the study. And this is very unacceptable to the people of Saskatchewan.

As we know, Mr. Speaker, the past experiences the Saskatchewan Party has had with all-party committees include participation on the all-party committee to investigate the Channel Lake scandal. Also we participated in the all-party committee on agricultural support. Also the all-party committee to deal with child sex trade in Saskatchewan, and also we participated when Mr. Fyke came to the legislature and the all-party legislative committee questioned him concerning his report.

Mr. Speaker, as we know from our past experiences concerning all-party committees, the NDP dominate committees, chaired by NDP MLAs (Member of the Legislative Assembly). The opposition will not be allowed to discuss any issues outside a tightly controlled mandate imposed by the NDP. And the NDP will use its majority on the all-party committee to ensure the Saskatchewan Party has absolutely nothing to say in the final recommendations while claiming publicly that the opposition was involved in the decision-making process.

And, Mr. Speaker, the final report will be written by the NDP with no input from the Saskatchewan Party. The NDP will use the committee to avoid taking any meaningful action to fix the health care mess that they have created for at least another year. And, Mr. Speaker, quite frankly this inaction is costing . . . is having a serious effect on the health of Saskatchewan citizens.

The final decision on what is done with the Fyke Commission report will be made by the NDP cabinet, not by this legislative committee. And the only role for the so-called all-party committee will be as a public relations tool to try to sell the NDP cabinet's decision to the Saskatchewan voters.

Mr. Speaker, clearly the NDP's only objective in proposing an all-party committee is to avoid taking any responsibility for the \$2 million report that the commission . . . As we know, Mr. Speaker, the present Premier was the former associate Health minister responsible in 1993 for bringing in the so-called wellness plan. Unfortunate, that just caused over 50 hospital closures and really the health care of Saskatchewan people haven't improved one little bit. We still have the — as I mentioned before — shortage of beds in hospitals, a shortage of nurses, longer waiting lists, and the list goes on and on.

Mr. Speaker, what we need in Saskatchewan is a plan for the whole economy and the people of this province to grow. And health care is a vitally important part of that plan for the Saskatchewan economy to grow and the people to have an improved lifestyle.

I'd just like to make some comments about what is going on in the Redberry Lake constituency and in a particular part of the constituency. The community of Hafford — Blaine Lake area — is part of the Redberry Lake Biosphere Reserve and there's a community committee for the Redberry Lake Biosphere Reserve set up. And they hired an environmental planner and they've held public meetings and done a lot of work on their own initiative to come up with plans to improve the life of the people in the area, improve the economy, and build rural Saskatchewan. And this is all done on their own initiative.

And I'd like to just read the division statement from the Redberry Lake Biosphere Reserve. And I quote:

We who reside within the Redberry Lake Biosphere Reserve live and work together in a healthy landscape, under a common banner of equality, dignity, and respect. Democratic processes are fundamental to our community decision-making at every level, and community and economic growth are managed in an orderly and considered fashion that can be seen by others as an ideal for human community living in sustainable environmental practices.

And specifically, Mr. Speaker, I'd like to refer to one of the objectives of the Redberry Lake committee which pertains specifically to health care. And I quote again:

(To) create fully functional hospitals with adequate medical staff (which includes doctors, nurses, technicians) and explore options to enhance recreational opportunities to meet the needs of all people living in the Redberry Lake Biosphere Reserve.

And, Mr. Speaker, I'd like to quote what Mr. Fyke said about rural hospitals. I quote:

The day of the small hospital and sole practitioner are gone. That's not effective health care.

Well, Mr. Speaker, the people of Hafford and Blaine Lake area, and the Redberry Lake Biosphere Reserve disagree with that. And I'd like to quote again, what the people of my area say is:

(To) create fully functional hospitals with adequate medical staff.

And unfortunately, Mr. Speaker, as we heard on Friday, the member from Saskatoon Northwest, the Liberal leader, and the member from Saskatoon Eastview, both basically have accepted the recommendations of Mr. Fyke. And as we know from our past experiences with these committees, the final report is probably already written and, unfortunately, the NDP government and their Liberal friends are not listening to the people of Saskatchewan and giving the people of Saskatchewan what they need for health care in their areas.

Another issue . . . initiative, Mr. Speaker, that I'd like to put into the record is concerning the Langham Senior Citizens Home. They submitted in December of 1999, an application for a personal care home licence for eight new beds in their facility.

They have submitted a feasible, practical, and reasonable proposal for the expansion of the existing home, and have

qualified the need for such expansion with a substantial waiting list and explanation of the practicality of a combined heavy-level long-term care, and light-level private care facility.

It has also been proven a combined facility such as that proposed by that business can, and does, work as they've been operating the existing facility in such a manner since 1995, Mr. Speaker.

It is disturbing to find that the Health department has been dragging its feet on this matter for the past 17 months on the basis that there is no specific legislation providing for a combined long-term care and private-care facility. Likewise there is no legislation disallowing such a facility.

In an effort to adapt to fiscal restraints and cost-cutting initiatives by health districts, the Langham Senior Citizens Home has come up with a plan that combines two needed facilities into one that shares in otherwise costly features such as kitchen, laundry, and common areas, and allows the residents to remain in places as . . . in place as their needs increase.

And again, Mr. Speaker, what is the government saying to these citizens in Langham and the operators of that senior centre's home is to wait, wait. They've been waiting 17 months for an answer and they continue to have to wait. They'd like to begin construction soon, but unfortunately they cannot get the permits in place in order to begin the expansion — an expansion that is much needed in that community.

Mr. Speaker, as we know the government has been dragging its feet on health care for, if not months, years and it's creating quite a bit of uncertainty in Saskatchewan, in both urban and rural Saskatchewan. As we know when they closed over 50 hospitals last time, the promise was to direct resources into the city hospitals. But all we got was closed hospitals and less resources into the city hospitals, so we had poorer health care overall.

And, Mr. Speaker, this uncertainty has had its effect just recently in the Parkland Health District. On Friday the CEO (chief executive officer) of Parkland Health District resigned and for many reasons, but the main reason is the uncertainty in the health care system, what's going to happen to the district that that CEO operated for a number of years, and basically that person has had enough and went on to another job, which hopefully will give that person more security and knowledge concerning her future.

Mr. Speaker, Mr. Fyke has consulted with health care providers, received responses in person or . . . (inaudible) . . . from over 35,000 people. And now the government wants to study the study again, put off any decisions for purely political reasons. And the people of Saskatchewan find this unacceptable and are demanding that the government begin to fix medicare and give hope back to the people of Saskatchewan.

And, Mr. Speaker, I'd like to speak in favour of the amendment and thank you very much, Mr. Speaker.

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

**Mr. Bjornerud:** — Thank you, Mr. Speaker. I want to join

with my colleague and talk to the amendment that we have before us today, Mr. Speaker.

And to do with the Fyke report, I think there's a grave concern out there — especially in rural Saskatchewan, but I believe all over Saskatchewan — with what Mr. Fyke has presented to this legislature. He's talking about closing another 50 hospitals.

I'd like to talk about that for a minute, Mr. Speaker. In 1992 and beyond we saw — what? — 53, 54 hospital closures and told trust us because it's going to get better, it's going to be cost-effective, and take our word for it, we're going to improve health care in rural Saskatchewan.

Well our experience tells us that that hasn't happened, Mr. Speaker. Number one, our health care has deteriorated; number two, it's become far more expensive. Waiting lists are probably the longest in the country. And yet we're being told trust us once again, according to what Mr. Fyke has come forward with.

I'd like to review, Mr. Speaker, what has happened in my constituency and in my area in the Saltcoats constituency. Mr. Speaker, Esterhazy St. Anthony's Hospital, prior to 1990, had a 30-bed facility. Today they have a 21-bed facility. There's a loss of a number of beds.

Kamsack, prior to 1990, had 45 beds, Mr. Speaker. They're down to 20 acute care beds. Mr. Speaker, that's over half, 50 per cent cut in the beds that they had at that point.

Then we go on to Langenburg, Mr. Speaker, and this is a very prime example of what we're talking about here. Langenburg was in the process, when health care reform came in, of building a new hospital. Had the funds raised. They were ready to start construction. And guess what happened, Mr. Speaker? The old hospital was closed at Langenburg. No new hospital was allowed to go ahead. So there was a facility, Mr. Speaker, that there was 32 acute care beds in the old hospital and they were closed completely.

Mr. Speaker, if I was the people of Melville, I would have a grave concern right now. I know they're being promised that that will never happen to them, but then the people of Langenburg didn't have that concern before the '91 election that it would ever happen to them. And guess what? The town of Langenburg has a band-aid facility now and no hospital, Mr. Speaker.

Mr. Speaker, I'd like to go further. I'd like to go to the Yorkton hospital which services a big area out in my area. In 1989-1990, the Yorkton hospital had 181 beds. That's a combination of all the different beds, Mr. Speaker. 1999-2000, that 181 has deteriorated to 78 beds, Mr. Speaker.

Mr. Speaker, the population has dropped very little. In fact, I would say the area that they cover and service out there has probably grown dramatically because of the cutbacks in the other centres, because of the closure to places like Langenburg, and because of more Manitoba people coming in to the Yorkton hospital all the time.

The Yorkton hospital, Mr. Speaker, has a 20-plus million-dollar debt sitting there. Every year another 3 to 4 million has to be

added to that under this NDP government, Mr. Speaker. And it's hard to provide health care for the people of that district with things like that happening.

Mr. Speaker, Tommy Douglas is mentioned a number of times opposite by the members over there about providing accessible health care, publicly funded health care. And I think members on this side would agree with that, that it was a very good thing that Mr. Douglas had implemented. He cared for Saskatchewan, cared for rural Saskatchewan, cared for urban Saskatchewan.

(14:45)

But now what do we see? Mr. Fyke is suggesting we close another 50 hospitals. That legacy under this government, Mr. Speaker, would end up being, if my count is right, 104 hospital closures in the last 10 years. That's quite a legacy for a government to leave; that loves to get up and blow their horn about Tommy Douglas. Tommy Douglas would be rolling in his grave if he could see what this government is about to do, Mr. Speaker.

Another thing we talked with Mr. Fyke and he suggested — I don't know if I can find it in his report — but he did talk about long-term care homes and the need for such. And he said yes, there's a need for long-term care homes. But if I understood him, Mr. Speaker, he was talking that these long-term care homes should probably be situated in the cities.

Well, Mr. Speaker, once again that's a scary scenario when we have care homes out there in small-town Saskatchewan serving the needs of the public, providing an adequate service, and we have a gentleman like this comes along and suggests that maybe we should be moving these long-term care homes into the cities with all the other health care that's going to be provided.

He also talked, Mr. Speaker, about 200 managers — 200 new managers will shape the system right up and make it more efficient. Well, Mr. Speaker, what I find is happening out there — especially in my area in the hospitals that we have left — is, Mr. Speaker, we have less beds and we have more doors.

And the reason we have more doors, Mr. Speaker, is to put name plaques on for the bureaucrats that this government has put in place instead of nurses, doctors, LPNs (licensed practical nurse), and front-line care workers that could actually provide health care to the people of this province.

Mr. Speaker, I could go on and on today, but a number of my colleagues would like to get up and talk on this issue. But, Mr. Speaker, my constituents are very concerned about what Mr. Fyke has presented in his report.

And I think, Mr. Speaker, I think . . . (inaudible) . . . part of this, I would really compare the standing committee and the experiences we've had such as Channel Lake when Brian Topp, I believe, wrote the final report before the committee even got near the end of the hearings. I would like to make a comparison to probably what this standing committee is going to do, compared somewhat to the rate review panels, Mr. Speaker.

The rate review panel goes around the province again listening to the public. But, Mr. Speaker, have you ever heard of a person

come to the mike at those review panel hearings that you've been at or that I've been at and say ho, 40 per cent increase for SaskEnergy. My God, I didn't think you guys would ever get here. It's going to be good for me and my family. I want you to initiate that. Or 23 per cent, 27 per cent for SaskPower. God, my family and I were talking about that this morning. Will that ever improve the quality of life for me and my family.

Well, Mr. Speaker, I haven't heard that, and I don't think one person in this legislature has ever heard any comments like that happen. All the comments I've ever heard on these rate reviews has been no, I don't want an increase to SaskPower, SaskEnergy, SaskTel, SGI (Saskatchewan Government Insurance).

But you know what happens, Mr. Speaker, the rate review panel usually, normally comes back and says, we recommend an increase for these utilities. Then what happens? The cabinet rubber-stamps it. And guess what? The people of Saskatchewan are stuck with it.

And that's exactly what I think is going to happen in this case. We're going to have a standing committee. We're going to listen to the public like we always listen to the public. And you, what? That government's going to do exactly what it was going to do before they sent Mr. Fyke out to bring a report back that they probably wrote before he even left the city.

Thank you, Mr. Speaker.

**Mr. Krawetz:** — Thank you very much, Mr. Speaker. Mr. Speaker, I'd like to take a few minutes this afternoon to share a number of concerns of residents of east central Saskatchewan, specifically the constituencies of Canora-Pelly and Saltcoats and Yorkton and Melville, and all through the east side of the province.

Mr. Speaker, for well over 10 years now people have endured — and I'll use that term lightly, Mr. Speaker — have endured health reform. They have looked at closures; they have looked at reduction in services; they've looked at longer waiting lists. They've seen problems develop in all facets of health care delivery.

But you know, Mr. Speaker, one of the most prominent things that I hear from people on that side of the province is the fact that the costs for delivery of health care services are now being borne by the individuals. There are longer travelling distances. People now have to take a number of days to go into a regional centre or a city centre to get the kind of care that they used to get much nearer to them.

Mr. Speaker, the demographics of east central Saskatchewan are this. We have, in the area on the east side of the province, we basically have four hospitals right now outside of the city of Yorkton with acute care. They are Foam Lake, which is in the East Central District; and within the Assiniboine Valley Health District, there are three hospitals — Preeceville, Kamsack, and Canora. All with acute care beds.

Also in that area, Mr. Speaker, are three other facilities that are now called health centres. They are in the communities of Norquay and Theodore and Invermay. These were three of the

casualties back in the early '90s when over 50 hospitals were closed. They were three of those 50.

Mr. Speaker, the people in those areas are very concerned about the delivery and the services that are necessary. They believe that acute care is very necessary at that local level.

I want to share a report on a meeting, Mr. Speaker, that occurred last fall. And I made some comments earlier on in the session about a public meeting that was called in the community of Foam Lake.

As you are aware, Mr. Speaker, and I'm sure everybody in the province of Saskatchewan is aware, that there is no East Central District Health Board. The Minister of Health dissolved that board and replaced that board with an appointed commissioner; that person being Dr. Klippert.

Dr. Klippert was sent out to East Central District to obviously look at health delivery. And when a public meeting was called to discuss the future of Foam Lake on October 25, 2000, over 700 people turned out at that public meeting, Mr. Speaker. And I was there.

And you know one of the first things that I think surprised so many people when they listened to Dr. Klippert was that he stood before the people and he said: I am here on a financial mandate, not a medical mandate. This is the person who has just replaced the health district board and he's telling the people of the area — the 700 gathered at that public meeting and everyone else in the area — that he was there strictly for a financial mandate, not a medical mandate. And I think people were horrified at that response, Mr. Speaker.

A number of excellent presentations were made, made by people in the community, by the Nurses' Association — the Registered Nurses' Association — and the people that . . . the residents and families of residents that live at the Jubilee Home, expressing their concern that there was a need for the acute care beds to remain in Foam Lake.

One of the proposals, Mr. Speaker, which I think people found very interesting is that the Nurses' Association wanted to see an expanded delivery of acute services in Foam Lake. The fact that they had not delivered any babies in the last eight years was a concern since there were two doctors there and they said that that could be done.

Well, you know I guess those people had a premonition, Mr. Speaker, because about a month ago, for the first time in eight years, a young newborn was delivered in the Foam Lake hospital. There was a problem. The mother arrived early, 5 a.m. in the morning, and within three-quarters of an hour, because of complications, the doctor felt that the baby would not survive in transportation to Yorkton and the baby was delivered in Foam Lake. Mother is healthy, child is healthy, everybody's doing well only because there was an acute care facility in Foam Lake.

So, Mr. Speaker, when that meeting was held, one of the people who attended that meeting was Velma Johnson. And I want to quote a letter that she sent to Dr. Klippert on October 30, about five days after the meeting. And she says this:

Dear Dr. Klippert:

I was one of the nearly 700 people attending the meeting in Foam Lake on Wednesday, October 25 to discuss the future of the Foam Lake Health Care Centre. I was very proud of the residents of this area for their attendance and for their excellent briefs presented. I was very disappointed in your responses to the questions asked as really you said nothing except that you had heard these briefs and that they are very good but you will still be recommending to the Minister of Health that the Foam Lake Health Centre be converted into an ambulatory care centre which would be open from 9 a.m. to 5 p.m.

How anyone could listen to these briefs and not see what a vital part of our community our health centre is, I fail to understand. It is very obvious that you, along with the Minister of Health, are only interested in the almighty dollar, not human life.

So you see, Mr. Speaker, people were very concerned about a committee; about in this case a committee of one, Dr. Klippert, hearing responses from the public — excellent responses as Dr. Klippert said in his press release — and then making a decision. Everybody was anxious to see what Dr. Klippert would do.

And, Mr. Speaker, in February of this year, 2001, a plan from the East Central District came out. It was called *A Plan for Achieving Financial and Operational Stability* and one of the recommendations dealt with Foam Lake and the health centre. And I'm quoting from that report, Mr. Speaker, and it says this:

The Foam Lake Health Centre incorporates four acute care beds and eleven long-term care beds. All beds are fully utilized, although the acute care beds support . . . adult medicine, convalescent and palliative care services.

And now, Mr. Speaker, he says this:

It is recommended that:

The Foam Lake Health Centre be converted to an ambulatory care facility, at some point in the future, and;

Planning for the implementation of the closure of inpatient beds, and for the development of sustainable ambulatory care programs for the Centre be undertaken in consultation with Foam Lake physicians, staff and community.

So you see, Mr. Speaker, it's little wonder that people in the province are very skeptical, very skeptical about the reviews that this government will do, the report that has been presented by Ken Fyke. People have said: you know I made a presentation, I sent in material, nowhere do I see that Mr. Fyke is even recognizing the concerns that we have raised. And he has put forward the closure of 50 more hospitals.

So, Mr. Speaker, the concern that was raised in Foam Lake in the East Central District I think has echoed across the entire east central side of the province of Saskatchewan. I want to share a couple of responses, Mr. Speaker, of people who attended the Assiniboine Valley District's public meeting. To their credit the

district board has decided to go across the province — or across their district, I'm sorry — and consult with staffs and consult with public.

And on May 22 of this month, of course it's still May, they held a meeting in Stenen. And there were a lot of people there expressing concern — is the best way that that can be described — they were expressing concern as one individual said, and I quote:

That the die has already been cast.

In other words, it's very similar to the Foam Lake response. We're going to consult, we're going to go out to the public, we're going to listen to the public, but the resolution at the end of the day is it's the closure of the Foam Lake hospital. These people fear that the recommendation and the resolution at the end of the day will be the closure of acute care beds in Preeceville, in Canora, in Kamsack, and in Foam Lake, Mr. Speaker.

And they're very concerned about that. Because they recognize that if you're moving acute care to a regional setting as Dr. Fyke has suggested, that the regional hospital in probably Yorkton — but of course we don't know where those 14 regional hospitals will be — he's suggesting that that delivery of acute care will occur in that facility.

Well, Mr. Speaker, when Mr. Fyke sat right over there, I asked that very question. I said to him, can you explain to the people of Saskatchewan what the difference is in delivery of acute care services and the costs related to those services. Is it cheaper in one centre or is it more expensive in another centre?

And I recall Mr. Fyke's words, and he said it was definitely more expensive to deliver acute care services at each of the levels that you move up. In other words, if you look at the current . . . I'll call them regular hospitals that occur outside of the cities that are not so-called regional facilities, that is the lowest cost to deliver those service. That's where you'll find the lowest costs.

You move to the regional facilities, and they're more expensive. You move to the tertiary care centres that we will have in Regina and Saskatoon and Prince Albert if this plan is implemented — they will be even more expensive.

So, Mr. Speaker, the people in the province of Saskatchewan are saying, if you're closing our facilities, can you guarantee that there is a cost saving? And I think Mr. Fyke said no, there is no cost saving because we're going to move into a more extensive plan as we close all of the acute care beds in those some 50 hospitals.

So now what we're seeing, Mr. Speaker, is that the people of Saskatchewan are saying, we saw what happened 10 years ago. We have the example. We did not save money. We have fewer services. We have longer waiting lists. We have a problem in the health care system. What is Mr. Fyke recommending? A continuation of that plan.

One of the other things, Mr. Speaker, that I hope Mr. Fyke would have listened more carefully to, to doctors in this

province, and we have some excellent doctors in this province from South Africa. Many of the doctors who have come through the South African model know exactly what Mr. Fyke is recommending, and they do not support it. And I'll tell you why, Mr. Speaker.

(15:00)

In the early '90s — '91, '92 — in South Africa, the decision was made, very similar to Fyke's report, that there would be a gradual flow of people to the tertiary care centres, and the regional components would be made larger to ensure that the services were provided.

They didn't actually close rural hospitals, Mr. Speaker. They didn't state specifically that they were closing them, but the end result was that the physicians, the professionals delivering health care services, moved from those facilities. They moved to the regional and then finally into the tertiary care centres. And as they moved, so did the people.

Short story, to make it short, Mr. Speaker, the end result was that the tertiary centres were completely ingested with numbers of people. They could not handle the flow of people that came into those tertiary centres.

The government of the day had to backtrack. And do you know what they did? They had to close the tertiary centres for a while to force people back out in rural South Africa — to reopen those hospitals, to have services provided back in those facilities that had originally been left as hospitals but had, because of the lack of professionals, had eliminated some of their services.

So you see, Mr. Speaker, when Mr. Fyke proposes a model, the question that I asked of him was, have you consulted with South Africa? Have you consulted with a model that you are proposing to see where it's working? Is it working the way you envisioned? And the model that the doctors from South Africa are talking about that was tried in their country was a failure.

So you see, Mr. Speaker, I think that Mr. Fyke's response is just a continuation of the very fact of health reform that has been put forward since the early '90s. It's a matter of eliminating the services at the lower . . . at that rural level. It's moving people away.

Because you know, Mr. Speaker, one of the statistics that has been put forward in one of the HSURC's (Health Services Utilization and Research Commission) reports is indeed, as a hospital facility is closed in a community, people with needs, people with health needs, they're not going to remain in that facility, because they're not going to drive every day 30 and 40 and 50 miles to the next hospital. They move. They move out of those facilities.

And one of the . . . you know, you can do anything you like with statistics, but one of the statistics said, well in the centres where hospitals were closed, there was a lower death rate. Well guess why, Mr. Speaker? People with serious illnesses, with a need to address those illnesses, moved out of the town. They moved to the other community.

And that's exactly what we're going to see happen here. We need to deliver acute care services. We will not see hospitals seven miles apart, Mr. Speaker. There's no question of that. But now we're looking at facilities already that are miles away. We look at the community of Foam Lake that is struggling, because they are almost an hour from Yorkton, to receive the kind of acute care that they deem necessary.

I don't think people in Regina would be too happy living here in Regina if they had to travel to the other side of Moose Jaw to receive acute care services.

So when we start to look at the whole delivery of acute care, I think it's more important to look at the kinds of problems that have confronted the people of Saskatchewan over the last decade. And that's why, Mr. Speaker, the opposition has proposed that amendment — that we deal with more than just the Fyke report; that we deal with a number of issues that are facing the people of Saskatchewan.

Why are the waiting lists growing? Why do we see that hip and knee replacements for the province of Saskatchewan have the longest waiting list, almost double the next province? Those are real concerns that the people of this province want addressed.

So, Mr. Deputy Speaker, I will be speaking in favour of the amendment and against the motion.

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

**Ms. Julé:** — Thank you, Mr. Speaker. Mr. Speaker, I'm pleased to be able to stand today also to speak to the motion on the Standing Committee on Health, and in particular to stand behind and support the proposed amendment by the Saskatchewan Party opposition.

Mr. Speaker, there seems to be much question around whether or not this Standing Committee on Health Care is in fact necessary; is in fact going to achieve anything for the people of the province; is in fact going to be reflective of what these people in our province are saying about their health needs and health services.

Mr. Chair, it is very clear that we have already had a commissioner in the person of Mr. Fyke, that has gone throughout the province and supposedly was talking with a number of stakeholders in our province — stakeholders such as health care professionals, community organizations, health districts, a number of people, Mr. Speaker.

When Mr. Fyke was in the Assembly and the members of the Assembly had an opportunity to speak to him and to question him on his report, I did ask him whether he felt that his consultations were thorough and whether they were adequate. His reply to me was yes, he felt they were.

Common sense would tell us then, Mr. Chair, that if those consultations were adequate and they were thorough — and Mr. Fyke gave us his word on that — then there would be no further need for further consultations.

If in fact the people of our province — rural doctors as well as urban doctors; rural health care providers in the person of



nurses, lab technicians, patients out there; any clients that use our health services — did come forward, and there was ample opportunity for them to do that, then why would we need yet again, once more, to spend many, many more thousands of taxpayers' dollars to go and hear from the people of the province one more time?

Now I am certainly in agreement with public policy being shaped by the people of this province. But I think it is in fact disgraceful and shameful to delude the public, which I believe this government is doing, by making people believe that they're going out there yet one more time to listen to people of the province when in fact they already have their minds made up.

Now, Mr. Chair, some of the members on this side of the House just recently have heard of implementation committees being set up around the province; implementation committees that are to be implementing Fyke's recommendations.

Now just what the mandate of those committees is and how far those mandates go is anyone's guess right now. But when you look at some of the recommendations of the Fyke report, we get a pretty good idea of what might be coming up.

Mr. Speaker, if in fact the government was listening to what the people of this province are saying about their health care needs, they would have paid attention to the many, many petitions that have been presented by official opposition members regarding the concerns of people in our province, especially people in the rural areas about consolidating ambulance services. The suggestion to consolidate ambulance services in this province has been met with a great deal of concern by people in the rural areas. People have spoken. There have been numbers of signators on petitions to this Assembly asking that the government does not consolidate ambulance services.

Mr. Chair, this is not about the people having a chance to be heard. The people have been heard. This is about whether the NDP government will in fact act on what they hear from the people. And it is becoming very clear to members from this side of the House and to people throughout the province that the government is not all that concerned about health reform or health services as put forward from the people of the province, but it is much more about political motivation by the NDP and damage control.

Now we have had in this House, Mr. Chair, comments from the member from Prince Albert Northcote, the member from Saskatoon Northwest, and from Saskatoon Eastview; comments that have made it very plain that in the government's mind this report and its recommendations have virtually been accepted already and approved.

And I think all they need to do is go back to *Hansard* from the previous day of this sitting, or from the previous day, Mr. Chair, and to look at what those members have said. And certainly you can see quite clearly that they are indicating that this report that Mr. Fyke has put forward is in fact on its way to being approved by this government.

Now just how the report will be implemented and any other ramifications from that is of little consequence to the government opposite here. So, Mr. Chair, this latest committee

seems to be just another smokescreen, a cover for the real motivation of the NDP government. It seems that no matter how much chaos or conflict or confusion there may be surrounding an issue, the members opposite turn a blind eye to it and are determined to push things through.

Mr. Chair, I am in concurrence with the amendment put forward by the official opposition. Mr. Chair, I believe it is necessary certainly to look at good health care delivery in this province but sometimes common sense is what needs to be acted on.

Mr. Chair, this side of the House, the Saskatchewan Party opposition, will never condone anything that pushes centralization of services and that excludes and discludes rural Saskatchewan from any of the services they deserve and they need.

Thank you, Mr. Chair.

**Mr. Hart:** — Thank you, Mr. Deputy Speaker. I would like to take this opportunity to address some health concerns in my constituency — my constituency being a rural constituency which only has a handful of existing health facilities.

And there certainly is some genuine concern in my constituency amongst the constituents that if this Fyke report is adopted, we may lose those existing facilities. At the moment we have two hospitals in the constituency that offer acute care service, one being in the community of Wynyard and the other in Lestock.

And I'd like to just mention a few things about the services that are being offered and the importance of those services to the residents of the area. Wynyard, a community, as you've often heard me say, of about 2,000 people which boasts to be the home of the only poultry eviscerating plant in Saskatchewan is very concerned about the possible downgrading of hospital services in that community.

The Lilydale plant has a workforce of some 500 people who do assembly line work, working with eviscerating poultry, which as you can well imagine, would mean use of knives and those sorts of things. And although they have quite an enviable safety record, occasional injuries do happen and medical services need to be available within a very close proximity of that facility. And so therefore any loss of emergency and acute facilities in that town would have a detrimental effect to economic development.

That plant is looking at expanding and growing, and health services is certainly an important component of the services being offered in the community and which will determine future growth of that facility.

Big Quill Resources is another industrial type of facility that's situated on the edge of Big Quill Lake, that has a workforce of some 50 people. Again a number of . . . certainly there's industrial equipment in the plant and so on. And again, although the workforce is very careful and the safety record is good, there's always that chance that there could be . . . there's the potential for a very severe accident or serious accident, and it's always comforting to those workers to know that they have an acute care facility within minutes, not hours, of their workplace.

And as you can well imagine, it goes without saying, there's also a number of retired and semi-retired folks that live in the community and surrounding communities that the Wynyard Hospital serves. And oftentimes these people have chosen to retire in these small communities knowing that they have health services available to them — that they don't have to travel great distances.

Quite often many of the retired folks or at least some of them, don't have their own vehicles and that sort of thing. And they feel quite secure in living in, whether it be in Wynyard or Elfros or Mozart of Wishart or some of those communities, knowing that they're within 15, 20 minutes of hospital services and they can call on a neighbour to take them to the hospital for the appropriate care that they require.

The second community that has an acute care facility in my constituency is Lestock. Now admittedly it's a small hospital, but it certainly serves a very important need and fills an important function in that particular area. There are four First Nations communities within the very close proximity of Lestock.

(15:15)

As we all know the . . . we know the demographics of the First Nations populations; there is certainly a lot of young people living in these communities, children

There's certainly a lot of young people living in these communities. Those of us who are parents, we know about the childhood ailments and those sorts of things which may require hospital care. And it would be a real hardship to a lot of those people in those First Nations communities to have to take their children to Regina or Saskatoon for hospital care when they have that service right next door to them.

And again, there's a number of retired people living in the village of Lestock and the other communities nearby — Punnichy, Leross, Kelliher, and so on — and they certainly would feel the loss if that hospital was turned into what the recommendations that Mr. Fyke has suggested — turning them into primary health service centres.

When I looked at the Fyke report, it seemed to me that in some areas Mr. Fyke perhaps didn't do his homework as well as he should have. He talks about primary health service teams which is going to be the focus of our everyday health services. Well that sounds fine. You take all the health professionals. You group them into a team and you end up with a much better service.

The research . . . he talks about synergies, when you get a group of people together and say there's new ideas and better services and so on. And it seems to me Mr. Fyke is envisioning that. And that may very well be true, that when you have a group of people together, you may end up with better health care services.

But one of the things that Mr. Fyke failed to address in his report is where are you going to get these people? We all know about the lack of health care professionals that we presently

have in this province. The institutions, whether it be SIAST (Saskatchewan Institute of Applied Science and Technology) or the universities that are training our health care professionals, they don't have the capacity to train more people for a number of reasons, one of them being the underfunding to these institutions.

So it seems to me, it's great to recommend some pie in the sky . . . or come forth with some pie-in-the-sky recommendations but you have to be practical. You have to recommend or at least suggest where you are going to get these people from before the citizens will have any confidence in these type of recommendations.

It seems to me we heard these type of recommendations back in '93 where we're going to close your hospital but you're going to end up with better services in your community. Well we can name 50-some communities who will attest that that in fact isn't true, that in fact the level of services in their community has deteriorated.

Mr. Fyke talks about, well we're going to have an excellent ambulance service and it's going to be a 24-hour/7-day ambulance service. Well in most cases we already have that. He accepted the EMS report that was released earlier this year, which talked about the centralization of ambulance services, and a lot of the communities affected by this centralization just aren't buying into it. They see in practical terms that it's not going to work.

In my constituency, one of the recommendations was to pull the ambulance services out of communities such as Wynyard, Wadena, Foam Lake, and centralize them in the community of Elfros. Well even the people that live in Elfros realize that's a foolish recommendation. In fact I presented a petition today and the residents of Elfros signed that petition asking that the government not implement this centralization of ambulance services.

We have good ambulance services in those communities and to take them and centralize them in the community of Elfros that doesn't have any existing health facilities just doesn't make sense. It would add cost and of course we don't see any improvement in services since we already have good ambulance services.

Then Mr. Fyke goes on to talk about the primary health network. Well it seems to me that's just another name for the wellness model, where we're going to make all this information available to people so that they don't get sick. We're going to have the sharing of information between health providers and all that sort of thing. We've heard this before and we were told about this in 1993 and it just, it didn't work then and I don't see any evidence why it would work now. And Mr. Fyke certainly didn't provide any evidence in his report.

As I said, the main concern that many residents in my constituency have is converting the small hospitals into primary health centres, and of course as I indicated we had heard this before. And those of us that live in the community, my home community of Cupar, certainly know all about this. In the early '90s when the first round of rural hospital closures came about, our hospital was one that was closed. And we were told, yes we

we're going to have all these additional services and it will be better, not worse. Well you can ask anyone in our community and surrounding communities, that certainly is not the case.

Now when the government talks . . . the members opposite talk about well we better consult with the people to get feedback on some of these recommendations, then why don't they do that? Why don't they take . . . if you want to consult, go out and talk to the communities that are going to be directly affected? Don't house yourselves here in this building and select the people that . . . be selective as far as the people that are going to present reports and discussions to the committee.

Go out in the country and to the communities that are going to be directly affected by this report, and talk to the people and see what they think about some of these recommendations.

It seems to me that this whole process is simply just a stalling tactic, and I certainly don't agree with it. There are many things that need to be addressed. There's a number of them that are of an urgent matter. We all know about the waiting lists and the growing waiting lists. Just late last week we were told that Saskatchewan has the longest waiting list in the country for hip replacements and those sorts of things.

We've all heard about the urgency and the needs that need to be addressed at the College of Medicine. A month or two ago an award-winning researcher, Dr. Roger Pierson, said that if something isn't done, we've only got a matter of months to fix the problems up there, not years. And it seems to me that this whole committee is just a delaying tactic, which could have some serious consequences.

I understand that the College of Medicine will be undergoing its review with regards to its accreditation, and I have some very serious concerns in that matter when I hear of the problems that continually come out of that college.

And therefore, Mr. Speaker, I will be supporting the amendment. Thank you, Mr. Speaker.

**Ms. Draude:** — Mr. Speaker, I'm very pleased to stand today to discuss the motion regarding the Fyke report on behalf of the people from Kelvington-Wadena constituencies.

The member from Saskatoon Fairview and the member from Saskatoon Northwest have spoken on this issue and, Mr. Speaker, their statements have sent a shiver down the spine of the people from Kelvington-Wadena. Not because exactly the words they're saying, but because in their opinion, the minister has . . . or the members have already bought into this report, and they're just deciding how to implement it.

In fact in many cases we've been hearing that there's an implementation team in place, or getting put in place so that they can be looking at this report. And it's something that is scaring the residents not just of rural Saskatchewan, but right over the province.

I know the report has many aspects, but the two that bother my constituents the most are the closing, of course, of 50 more rural hospitals, and the implementation of the EMS report.

Kelvington-Wadena constituency lost three hospitals in the first round of health care reforms — Spalding, Watson, and Rose Valley hospitals. The effect that it had on that rural area, Mr. Speaker, is devastating.

I know that from my own personal life, my parents left their home that they had lived in for 56 years because they had . . . there wasn't access to health care. They moved to Calgary because there they did have their needs met instantly; they didn't have to get on the bus and travel for two hours to get to a hospital.

Mr. Speaker, I don't think there's very many . . . there isn't the numbers available to tell us how many people have left the province because of the health care situation, but we do know that the numbers are large and increasing.

Right now if you imagine a small town in Saskatchewan and the draw that normally came, the reason why people would retire from their farm and move into a place like Wadena or Kelvington, because they know the community, because of their family, because their life has revolved around that part of the province. Now they have to decide: should I retire there, and if I do, is there going to be health care services?

Mr. Speaker, I think that it's fair to say that anybody who is looking at spending \$100,000 to build a retirement home is not going to build it in an area where they don't think they could have health care services.

The Fyke report would actually . . . could probably mean that I wouldn't have a hospital left in the constituency of Kelvington-Wadena. Porcupine, Wadena, and Kelvington hospitals of course are not large centres, but they are centres that look after a lot of people and that people are basing their health needs around.

The town council in Kelvington wrote a letter, an e-mail to me after the Fyke report came out, and they said they discussed their concerns and all of the concerns raised by the council were generated by the fear of losing our present level of health care services, the fear of having to travel great distances for emergency care, and the fear of the proposed changes and imposing migration of our residents to cities so they can be closer to the hospital.

Mr. Speaker, they ask, do you believe these fears will be addressed and can you assure us that our present level of health care will not be diminished or compromised, but rather enhanced by the implementation of the Fyke report?

From the Kelvington hospital, the nurses contacted my office and had a number of questions as well. They were concerned that the improvements and modifications be put in place before the current structure is disassembled.

They knew what happened last time. We had a wellness centre . . . system brought forward and supposedly it was supposed to make everything better, but they closed the hospitals before people had any kind of a concept of what wellness was supposed to mean.

Mr. Speaker, I know that all of us as MLAs have . . . a lot of the

calls we get into our office are regarding health care. I had one last week from a 75-year-old man who's a bachelor. He fell and cracked a rib, and when they did the X-ray they found a spot on his lung. And now he's made three trips into Regina at a cost him about \$200 a trip to see when they can look at him further, when they can do the biopsy. Last week, he was already prepped and on his way into the operating room when they said no, sorry, we can't do it; there's been another emergency, just go home again.

Mr. Speaker, that cost a lot of money and that's a lot of concern, and it's very, very hard on the wellness of people. Supposedly this whole system that we're working on, this kind of agony and pressure is not what people, older people or anybody, needs.

Mr. Speaker, the town of Porcupine wrote a letter to the Minister of Health, and I'm sure that he has shared some of this information with you, but maybe he missed parts of it. And I wanted to remind you that the town of Porcupine would have to travel over 62 miles or over one hour to access acute and emergency services if the Fyke report is implemented.

Between August the 19 and 23, 1999, the Porcupine hospital, there was three different patients who had myocardial infarctions while a fourth person was admitted for observation with chest pain. During the same period, the hospital had 26 outpatients, as well as a full complement of eight patient beds. This same facility administered streptomycin, streptocycin three times. We know that the administration within the first hour after a myocardial infarction is crucial. How many of these individuals that received the medication would have survived if treatment would not have been available?

We had a letter sent to our critic for Health just today, Mr. Speaker, from the College of Family Physicians of Canada and they had some interesting information or thoughts on the report as well. Regarding hospital closures, I'd like to quote what they said in their letter:

Rural hospitals are the basic foundation to the infrastructure of primary health care. Rural Saskatchewan residents have the same right of access to basic and new expensive technology, as do urban residents. All Saskatchewan residents deserve timely access to health care.

In response to the suggested massive hospital closures in rural Saskatchewan, we find this portion of the commission extremely unfavourable and one we can not support. The people of Saskatchewan are not ready for another round of hospital closures.

Before hospital closures, the government should take a hard look at each individual hospital, access what services the hospital offers, and what alternatives are available.

Mr. Speaker, the people from my constituency are not just concerned about the health part of it, but they're also concerned about the economic development and the reason why we have the number of people leaving rural areas.

(15:30)

One business person has told me that the Fyke report calls for a further dismantling of health care in rural Saskatchewan with the elimination or redefining of another 50 rural hospitals.

On the surface, the commission's recommendations seem to make sense given the context of publicly funded health care system. However with an economy that is not growing, where young, productive people are leaving the province because of the lack of opportunity and the average age of the population is increasing, what else can come but the outcome being scaling back.

The commission report only confirms that the existing system will have to be scaled back dramatically in order to stay afloat. If we stay on the present course, it will have to be scaled back dramatically again in another five or six years, and then again and again.

Business people know that the money for health care over the next few years will be a concern. And I think the government acknowledges that too because they have admitted there is going to be 30,000 students leaving the province over the next eight years and that probably means 50,000 parents — young, working taxpayers in this province, Mr. Speaker.

We need a government that recognizes that we can't fix the health problems without fixing the rest of the problems in this province. We need a government with a vision that will allow the province to grow, instead of sitting for months and months in another round of meetings to decide how much or what of the Fyke report should be implemented. We need a government that should be figuring out how to let the real people of this province take hold of the economy and let the province grow.

Changes will be made in the health care area, but they can be made in conjunction with a prospering province. The changes can be made and will be accepted by the same kind of people who built the health care system less than a hundred years ago.

The new Crown corporation for the celebration of our centennial caused concern for seniors in the Rose Valley area. They called me to a meeting and asked me, what do we really have to celebrate? A hundred years ago we didn't have roads, we didn't have hospitals, we didn't have schools. So how is that different from today in rural Saskatchewan? We don't have roads, we don't have schools, and we don't have hospitals.

The Fyke report is not going to address all the problems. But we also know that this Fyke report is not going to be the answer to so many of the problems we have. So, Mr. Speaker, I am not going to be supporting the motion, and I will be supporting the amendment.

**Mr. Thomson:** — Thank you, Mr. Speaker. It's a pleasure to enter into the debate this afternoon. I've listened with interest as the members of the opposition have read their tightly scripted speeches to the Assembly. And I find it passing strange, the lack of consistency and coherence in the approach that they've taken.

The member for Saltcoats this afternoon says that we have not consulted enough; that we should go out and listen to the people more. The member for Humboldt says exactly the opposite —

exactly the opposite.

We look, as we go from member to member across there, that there is absolutely no understanding of what they want to do with medicare. None whatsoever. There's no consistency there, Mr. Speaker.

And I think that concerns me, but it also tells me why we should embark on this review of the Fyke report. It says to me that there is a great deal more work that needs to be done before we decide what should be implemented and what should not . . . out of the report. And I will tell you that as one of the members of that standing committee, that I go into this with a completely open mind as to what we should or should not be doing.

It is the members opposite who are presupposing what this committee will determine. It is them who are prejudging what the approach will be. If we simply wanted to implement Fyke, why would we not simply move forward and do it today? Why would we subject it to further scrutiny? If we did not believe that there was some inherent good though, why wouldn't we simply shelve it?

Well I think the answer's obvious. The answer is that something needs to be done with our medicare system. We are at a crossroads; we need to take a look at it and we need to make sure that all voices are heard. This is not a case of us simply accepting the political bias of one party or another. We're going to have to go forward and see what people say is good and not good.

The member for Last Mountain-Touchwood today in his speech, which I found very interesting, highlighted some very positive things in the Fyke report in terms of the move towards primary care. As I listen to people in my riding and across the city of Regina, I listen to them say that yes, this is something we should be looking at here, as well, is a greater role for primary care.

When I take a look at the approach that's being advocated by the members opposite, the member for Humboldt says that they would never support the consolidation of anything in the health care system. And yet I know that the Health care critic, in their submission to Fyke, suggested exactly that, with his integrated health facility in Saskatoon — a facility that inevitably would shut down the nursing program here in Regina.

So on the one hand they say that they won't support consolidation, but they advocate consolidation. On the one hand they say that they don't support anything in the Fyke report; on the other hand they're saying, you know, this primary care is not a bad idea. They say don't proceed with the ambulance reforms, but that's integral to the primary care.

Mr. Speaker, it is clear that the members opposite need to set aside the scripts that their staffers have written for them in the caucus offices and send their representatives . . . send their representatives to the committee with an open mind, and let's see what there is of merit in the report.

I have to tell you that I have some questions and some concerns about what was in the report as well. I am looking forward to sitting down with Mr. Fyke and asking him very specifically

how this is going to work, how are we going to move forward in this? There are some things that I think health care professionals agree are a very good idea, I think . . . legislators across party lines would agree with. The idea of a quality council has great merit if we can make it work. We need to hear more from Mr. Fyke on how that's going to fit together. We need to hear from Mr. Fyke what the proposal was in terms of what steps go first.

The members opposite said clearly — and I think it is a fair comment from the members opposite and it's one shared by many of us on this side — that we need to see some proof that the system's going to be better off first. But for them to simply say that this model won't work, when we know in fact that it's working in communities like Beechy today, I think flies in the face of what they claim to represent.

They claim to represent rural Saskatchewan; they claim to want better services for rural Saskatchewan. But where you have working models of primary health care, they ignore it, they don't believe it, they won't speak to the merits of this. Instead they simply believe that we should move forward with a very narrow proposal that they've put forward, which has in some ways some merit. But we have got to take a look at this in a broader perspective, Mr. Speaker, and that is what this standing committee on medicare will do.

Now the members opposite have proposed an amendment which would have us take a look at all health care reform since 1993. I think the fact of what we should be doing is focusing in very specifically on that next set of steps. How do we rebuild confidence in the system? How do we make sure that we've got a system in place which can deal with worldly population, that can deal with a greater need for technology in the system that deals with staff shortages, which deals with a competition for those staffing resources? How do we deal with that? That's what this committee has to turn its mind to. And we should do it, and we should do it in a non-partisan fashion, Mr. Speaker.

Now the member for Wood River says, what was Fyke for? Fyke took a look at it. Now the question is: do they want us to implement Fyke or do they want us to shelve Fyke? Or do we cherry-pick Fyke? The approach that has to be taken now is to go through Fyke and decide what can be implemented, what has public acceptance to be implemented, and what should not be implemented. That's what we need to do through the standing committee, and that's what we should turn our attention to.

But the members opposite seem to only have in their mind . . . some of them say move forward and some say don't do anything — move forward or don't do anything. So they want it stalled but they want us to hurry up and do it because their job — as I hear on CBC (Canadian Broadcasting Corporation) radio, one of them says — is simply to criticize.

We've got to move past that, Mr. Speaker. If we all believe in medicare, with the emphasis on the word "if", I'm prepared to accept that from the members opposite that they support medicare. But I want to see them ante up and belly up to the table of that committee with some ideas that will protect publicly funded medicare and not simply continue to deride it, to continue to play on the problems, and to drive us to a system of privatization.

If we all 58 of us believe in medicare, then all members will come to that committee, all of us will go to that committee with an open mind and with an approach to work together to decide what, out of Fyke, should be implemented and how we should proceed.

Mr. Speaker, as a member of that committee I'm prepared to do just that. I would ask the members opposite to set aside their ideological views. I would ask them to set aside their scripts that have been written for them by their staffers. And I say to them, come to the table and let's have a frank discussion and see what we agree on and what we can move forward with.

I'm prepared to look at their ideas. I trust they're prepared to look at our ideas. And I think we should all take a look at Mr. Fyke's ideas.

Mr. Speaker, that is why we should return to a tighter mandate, why we should defeat the amendment, proceed with the referral, and let's get on with it.

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

**Mr. Kwiatkowski:** — Thank you, Mr. Speaker. It's a pleasure to rise on behalf of the constituents of Carrot River Valley and enter into debate on the motion and the amendment being debated this afternoon.

The observation that I would make, Mr. Speaker, is that after having listened for the last couple of days, that what we have here is basically something that boils down to an issue of trust. And it certainly appears that the member from Regina South doesn't understand that.

The government, they're asking us as the official opposition, trust us. Be a part of this all-party committee. Trust us. We will respect your input. We will respect your views.

Well, Mr. Speaker, as has been very eloquently detailed by a number of our members, that government has admitted that they've used, abused, and manipulated the all-party process. But even after having admitted that, now they're sitting back and saying once again, but this time it's okay; this time please, please trust us.

They're saying the very same thing to the communities of this province, Mr. Speaker. They're saying to the communities, we've virtually devastated you folks out there. We have removed so many of those essential services from your communities, and particularly with health care reform, the 53 hospitals that are constantly referred to.

But in the case of one particular community, Mr. Speaker, I look at Carrot River, right in the heart of Carrot River Valley. And I look at what this government has done to that community. Over the course of the last 10 years, Mr. Speaker, they have removed from that community the SaskPower office, the SaskTel office, the Saskatchewan Environment and Resource Management office, the Crop Insurance office, the Highway's yard depot, the rural service centre, and, Mr. Speaker, March 3, 2000, they removed their hospital.

And now they turn around to the people of Carrot River and

they say, trust us, trust us. Well, Mr. Speaker, I think that the level of trust that people can have in this government has evaporated. It no longer exists.

We've seen all sorts of situations, Mr. Speaker, and once again, I will refer to Carrot River, to the town of Carrot River, a community that had a long and proud history of delivering quality health care services in their own community. Going back to July 3 . . . July 30 — excuse me — of 1935 when they opened the Mitchell Memorial Hospital. It was a hospital operated by the United Church of Canada. It was named in honour of the Mitchell sisters of Ontario, who left a sum of money to the church for hospital development anywhere in Canada. That was their first facility, Mr. Speaker.

In 1950, the Carrot River Union Hospital was constructed — a 12-bed hospital, and nurses' residence. In 1960, it was renovated and expanded to 20 beds.

And all the while that this community was building and developing, Mr. Speaker, a neighbouring community, Arborfield, was doing exactly the same thing. They were building their health care services through volunteerism, local contributions, the hard work, the very hard work on a lot of occasions of local individuals.

But with health care reform, Mr. Speaker, this government went to the community of Arborfield and they said, we would like you to think about closing your hospital. We would like you to think about that. They were saying that they couldn't continue to operate the hospital . . . to contribute towards the operation of the hospital in Arborfield.

(15:45)

Well the people of Arborfield, Mr. Speaker, looked at the situation. They understood that they had Carrot River, the community that had built a tremendous infrastructure of services in their community, fairly close by. And they thought about the responsibilities that they had to the province. And, Mr. Speaker, they agreed — they agreed — to their hospital being closed.

And when they agreed with this government to close their hospital, they only asked one thing, only one thing. Would the hospital in Carrot River remain for them and the people of their area? This government said yes, Mr. Speaker. They said yes, it would.

Well, Mr. Speaker, we now know better. We know that it isn't there any more, that it was closed. And you would then in turn ask the people of Arborfield to trust this government? I don't think so, Mr. Speaker.

I also look at the Carrot River hospital that was just recently closed, when it was originally built. It was opened in 1991, Mr. Speaker, and we'll all remember that the Blakeney government was in power at the time. And when the community was negotiating with the government for funding . . . (inaudible interjection) . . . '81, 1981 the Blakeney government was in power, Mr. Speaker. And the community was negotiating with the government on the funding and what it might take in order to maintain the hospital.

The community and the community leaders, Mr. Speaker, at that time said, perhaps what we should be doing is looking into the future. Perhaps if we're going to build a new hospital, we should build it near the nursing home. Perhaps we should have the two facilities relatively close together; there might be some benefit to that.

Well, Mr. Speaker, the Blakeney bureaucrats said no, you can't do that — impossible; silliest notion we ever heard of; absolutely silly, can't be done. They ended up, Mr. Speaker, getting the people of Carrot River to build that hospital literally on the other side of town.

Mr. Speaker, even after communities have attempted to think into the future, to think ahead, to make significant contributions, after they have willingly agreed — in the case of Arborfield — to the closure of their own hospital, they still are, Mr. Speaker, being left in a situation where health care in the communities is no longer dependable. We've seen many, many examples of that.

Last August in my constituency, we had a young man with appendicitis, a 17-year-old man, Mr. Speaker, who described his experience as a horrifying brush with the NDP health care system in this province.

This was a result of this young man having appendicitis, being rushed to the hospital in Nipawin, Mr. Speaker, but on a weekend, on a weekend in August, when every single operating room in northeast Saskatchewan was closed.

Mr. Speaker, for all of the sacrifices that these communities have made, for their willingness to contribute to the well-being of health care in general, what have been . . . what has happened? What have they been shown? They have been shown total disregard by this government. They have been . . . But yet here they are again; they're being asked to trust them once again.

Mr. Speaker, I find it very, very frustrating, and I think most communities do, that we have embarked on the Fyke Commission, a tremendous amount of money was spent, and now here we are again, as other members have indicated, embarking on a study upon a study, a commission on the commission.

I don't think one has to go too far, Mr. Speaker, in order to be able to understand how people feel and how they think about health care in this province and what they feel they want and they need.

Just the other day, Mr. Speaker, I got a letter from Joy and Edgar Aspen of Tisdale. And, Mr. Speaker, if I could, I would like to read a little bit of this letter because it talks pretty eloquently about some of the sacrifices that communities made in terms of developing health care in this province.

It talks about where people, in the case of Mr. and Mrs. Aspen, feel that they're at today. And, Mr. Speaker, this is a couple from Tisdale. They sat down, they wrote a letter, and, Mr. Speaker, not only are they able to detail their needs and provide some perspective on it, but they are also able to provide some suggestions, Mr. Speaker, as to how health care might be

improved in this province.

So if I could, Mr. Speaker, I would start by reading:

I am writing with regard to the Ken Fyke report on health care in Saskatchewan, with special emphasis as it pertains to the Pasquia Health District.

My husband and I moved from Porcupine Plain to Tisdale nearly three years ago, based largely on the availability of medical care and the proximity to a hospital. If the recommendations of this commission are followed, we may be without local doctor care and also much reduced hospital care.

Many of the hospitals which may be closed were not totally government-funded. The plaques on the walls of these buildings bear testimony to only some of the local funding and volunteer work.

In the 1920s and '30s my parents farmed in the area north-east of Porcupine Plain and some 14 miles from the nearest town. If we required medical care we had to board the once-a-week Friday train to get to Tisdale.

When the Porcupine/Carragana union hospital was built and staffed, great advancements were made. And we then had the care of two capable doctors and a dedicated nursing staff. If that hospital had not been functioning, our eldest son would not have survived. He had allergies and very bad asthma — no time for an 80-kilometre-plus drive. Many weeks during the winter months we kept two vehicles plugged in just to be certain that one would start should we need to drive him to emergency care.

In the early 1960s, a 14-year-old nephew was shot in the abdomen in a hunting accident. He was rushed to the Porcupine Hospital where doctors removed his spleen. The doctors had decided correctly that he would never stand the trip to a larger hospital, and during the operation it was discovered that peritonitis had already set in. He recovered well.

I too would probably not be alive had it not been for the knowledgeable care of one of these doctors when I developed cancer. You may say but some other doctor would surely have diagnosed it, but I know that had I waited longer to go to Saskatoon on my own the cancer would most certainly have progressed too far.

Mr. Fyke's report would close these options to Saskatchewan citizens. We all realize costs are rising, but costs could be cut. To name a few ways, number one, use your computer systems to check persons who are double-doctoring and getting prescriptions.

Number two, doctors could reduce office visits by using their phones to inform patients of results of such things as regular blood tests, et cetera.

Number three, reduce the number of persons in administration, especially on health district boards. Consider more representation by the professionals on these

boards. After all, they are the persons most familiar with the faults and the needs within the system.

Make more not less use of facilities and operating rooms in hospitals in smaller centres by bringing in specialists as is all ready being done in Tisdale.

A report in our local paper quoted one of these specialists saying:

The operating room here was comparable to those in city hospitals. Why not make more use of this and other facilities, and perhaps, open up some of the unused rooms in this hospital?

City hospitals are already bogged down with the long lines of patients waiting for care. And often patients who are transferred from other centres have to wait for treatment. Trips via ambulance for any ill person are torture.

Mr. Speaker, this was just a short excerpt from the letter of Joy and Edgar Aspen. But I think it very, very well explains how the people of rural Saskatchewan feel when it comes to health care in this province. They've made some tremendous sacrifices over the years to build this system, Mr. Speaker, and they continue to make those sacrifices. But this government hasn't respected any of that and they continue — continue — to let these people down.

Another community, Mr. Speaker, in my constituency that has some very serious concerns about the Fyke Commission report is the community of Hudson Bay. And recently I received a letter from Sharon Wood, RN (registered nurse), community health manager for the Hudson Bay health care facility. And I'd like to read a part of that as well, Mr. Speaker.

I am writing this letter with my concerns re: Mr. Ken Fyke's Commission on Medicare released April 2001. Although I do agree there are several of the recommendations that could improve the quality of our health care system, I have some grave concerns for rural Saskatchewan and in particular, my community, Hudson Bay.

As a member of the Pasquia Health District, we have been providing quality care to our residents without running a deficit and feel we have been penalized for it. We are a community of 2,400 located in the northeast corner of the province.

Forestry, farming, and the tourism industry all play major roles in our community. We are situated 116 kilometres from Tisdale, 156 kilometres from Melfort, and 330 kilometres from Saskatoon. This can mean 75 minutes to 3 hours and 30 minutes driving time.

In the letter, Mr. Speaker, Sharon Wood goes on to describe the kinds of services that are provided and asks many, many questions about how those services would continue to be provided and the consequences of them not being provided in a community, particularly a community like Hudson Bay that is slightly remote and that is the centre of a very high risk industry, Mr. Speaker.

As you are well aware, the forestry industry in Hudson Bay has been the largest part of the economy there now for the better part of the last 50 years. And in Hudson Bay, Mr. Speaker, they at one point have had three operating plants. And they need some reassurance that they are going to have access to immediate, quality health care in Hudson Bay if those industries are going to continue to operate in that community and continue to create the economic development that we so badly need in this province.

Mr. Deputy Speaker, I think what we are trying to illustrate is that given the comments of the government over the course of the last couple of days, it appears that none of this input, whether it be from the official opposition, Mr. Speaker, or whether it be from individuals like Sharon Wood or Joy and Edgar Aspen, is going to matter at the end of the day at all.

This government appears to have a plan. They appear to have an idea of how they want this to look and they are going to go ahead with that regardless of the input that they get.

So, Mr. Speaker, I will be voting in favour of the amendment and against the motion.

**Mr. Brkich:** — Thank you, Mr. Speaker. I would like to get up to address this motion and the amendment.

There's one amendment that I would really like to address on it and that is:

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

And I strongly believe in that. The member from Regina South said if we're to get out . . . and he wants us to listen to people.

Well they should get out in the communities where these hospitals are going to be closed. He could have come with me to Outlook on May 22, where there was a room, a hall full of people there that were looking at talking about the recommendations of Fyke. And, Mr. Speaker, none of them were very happy with it.

On that meeting there, I looked around and there were people in wheelchairs, older people that probably wouldn't be able to come here to address this legislature, but yet have great concerns as with all members do and the members opposite.

Health care is a very big issue to the people out here in Saskatchewan. It's probably one of the biggest issues out here. And when we're discussing it, it should be out in the city and in the rural, equally, both ways.

(16:00)

When I talk to some of my constituents up there, Fyke never came through. They never got a chance to meet with him. Yes, they could have sent him a letter. They don't know if he read it or not. There was no chance to meet with him. Now they're setting up this committee, same thing, Mr. Speaker — no chance to meet with him.



Another comment the member from Regina South had made about scripted responses back from our . . . I think he called them researchers. Well I'll be reading from some stuff, but this is from the constituents that were at that meeting, Mr. Speaker, because I want to get it right. I want to . . . I know that knowing this government, they're probably going to defeat this amendment so this may be the only chance that they get to raise their concerns.

In that hall there was well over 200 people, Mr. Speaker, at that time that have very great concerns with that report. The agenda that was chosen that day by the health board officials was 21 major . . . the 21 recommendations were viewed that evening. And basically, few of them were received with any possible . . . or any of them were received with any . . . basically a lack of response. Most people were very unhappy with them all.

One of the foremost concerns that the recommendation on the number of hospitals in Saskatchewan be severely cut and services reduced, person after person — from nurses and doctors to the average health care user — expressed their worry that they would lose their facility completely or at the very least have their services cut to a level which they would consider a band-aid station.

Mr. Speaker, before I get into the questions that arose from this meeting, I want to talk for a moment about the majority . . . about what the majority of the people at this meeting had to say about the current Standing Committee on Health Care. They regarded it as another study, as repetitive and unnecessary. And persons that got up to the mike basically said that time after time after time.

Further they indicated that a committee, like I talked before, based in Regina will do little to address the concerns of rural residents who are most affected by the proposals of Mr. Fyke's report. Residents in communities such as Craik, Davidson, Outlook, Rosetown, Imperial — they're greatly concerned about these recommendations because they are the ones that are going to be most affected by them.

Mr. Speaker, I want to try and outline to the members here today some of the questions that were asked and the nature of the answers. Or I should say the lack of answers that were provided to them because basically even the board officials, when asked about a lot of the questions, were saying, I don't know, we're unsure of that, or we're not sure what that means.

People were disgusted basically with the complexity of the terms that seemed to be found out throughout this report, that were very vague and misleading to them. Primary health service teams were suggested in the report. People wanted to know what is the definition of teams? How are these teams to be put together in relation to the shortage of health care professionals in this province? And basically the answer was, from the board, we're unsure.

Integrating teams into a primary health network was also discussed. It was met with the comment that central dispatching is completely inadequate and that the ambulance service provided to rural residents could be very costly for people to use even emergency situations.

And it was also brought up about no cell coverage in a lot of my areas.

Mr. Speaker, when residents ask questions about converting small existing hospitals into primary health centres, there was understandable concern and anger that this is the beginning of the end for their community hospital. As most of the residents were from Outlook and Rosetown, of course, they were concerned about their hospitals.

They asked questions about what would happen to their hospitals in the district and what would be the cost involved in building a new facility if it was designated a primary health centre?

They also wondered that if hospitals are going to be cut, how are people going to access health care without going miles and miles away to get that immediate health care?

And they wondered that if accessibility is going to be an issue, then the health care industry must look at communication, especially in regards to poor service of cellular phones, which in my constituency pretty well covers it all except the only place I have coverage, I tell the members opposite, is up and down No. 11 Highway. You go off in any direction off No. 11 Highway in my constituency and there is very spotty cell coverage on that.

Mr. Speaker, the residents also at this meeting are rightly worried that if health care facilities are cut and they have to travel further to receive medical attention and emergency service, what guarantees do they have they will receive the necessary medical attention?

Mr. Speaker, it's easy for health officials to say that the health care system in our province can be adjusted this way or that way and still ensure comprehensive service 24 hours a day. The reality is that distances, circumstances, weather, and all the variables involved in each case make this a far more complex issue than applying a new title to our hospitals and then cutting the services provided.

Mr. Speaker, person after person came to that microphone saying bluntly that three main hospitals in Saskatoon, Regina, and Prince Albert will not serve the people in rural Saskatchewan adequately. They won't even be able to serve the people in the cities adequately. The waiting lists will just grow.

And then they talked about the lack of health care professionals, experiencing the long waiting lists for surgery and testing that already exists in our major centres. If that's not addressed and you close these hospitals, that's just going to keep expanding here in the urban centres.

You know, Mr. Speaker, over and over as this meeting progressed, the answers provided by the board members were regarded as unclear and inadequate. And I'm not blaming the board members on it because they were trying to read from the report and tried to determine what direction Fyke was going in certain things. And like you said, it was very vague. So when I make a statement like that, I'm not running down the board members. They were just being truthful. They, themselves — and they're part of the health care system — could not answer

the majority of the questions in that report.

The board members insisted that they could not stay within their budget if people wanted all services to remain in their communities. Response to the board was they would represent the views of the people and to ensure that services remain viable. But the board would only indicate that a fairer distribution of health care dollars is needed.

And another thing that . . . everybody that came up to the mike, same thing, administration, are greatly concerned about that. It seems like Fyke is even going to expand that a little more.

Mr. Speaker, people were also dismayed when the report indicated that contracting with specialists would be the direction that is needed. Residents stated that with the present nursing shortages and doctors' shortages that this is the main focus that we should be taking, that recruitment is urgent, and education of our young people in the health sciences area is imperative.

Further, residents indicated that there must be in place a better way to retain our health care graduates rather than lose them to better paying jobs in other provinces and to the United States. Residents continued by saying that recruitment is presently very difficult with the health care system in the . . . the way it is right now, Mr. Speaker. They said that the health care workers in Saskatchewan are under terrible stress and these difficult conditions do not make it attractive to any of the new perspective applicants to our health care system.

And many of them comments were made from the nurses and doctors in the hospitals. In fact every nurse that got up from the Outlook/Rosetown area and Davidson basically made that same statement.

Mr. Speaker, what I have been trying to illustrate to the members today is that the feeling of rural residents to the Fyke Commission report is not favourable. These public town hall meetings are where you will get the most sincere response from people who are generally concerned about our health care system — whether it be in the rural area or in the urban area — because I don't think you'll get a lot of city people even coming here to talk if you had them out even in your city halls.

People are disappointed in the answers they're getting from the government and their health board members, and they wish to be heard. That was the biggest concern, listening to the people out there was, they feel this government isn't listening to their concerns out there. And having the meetings just here in Regina just seems to reinforce that to them.

And I have to agree with them. I can't defend this government saying if you're going to close a hospital in Outlook or Rosetown, why wouldn't you at least have a meeting there to talk to the residents and discuss it there rather than up here in Regina, Mr. Speaker.

They expressed very strong opinions time after time at the mike that the current government is proceeding on course to further dismantle small-town Saskatchewan by reducing their health care facilities down to what they call band-aid stations.

Mr. Speaker, these people want to be heard. They want to be made . . . they want to be heard by the people who make the direct decisions on the future of their health care system. And that's you people over there — the government side. Because when it comes right down to it, we all know that when you decide something, it's you that's going to . . .

**The Deputy Speaker:** — Order, order. Would the member please phrase all comments to the Chair and through the Chair.

**Mr. Brkich:** — Sorry, Mr. Speaker. I will do that from now on.

Mr. Speaker, it's very important that the standing committee conduct hearings throughout rural Saskatchewan, right throughout the summer, and that their findings be submitted as soon as possible so that change, positive change, can happen very soon.

Mr. Speaker, the people over all of Saskatchewan want clearer answers and not vague statements by the Fyke report or by board members which many people at that small — I shouldn't say small because it was a huge meeting and Outlook's a fair size — at that town hall meeting stated, we're simply an arm of the government and not a truly representative board that would listen to them.

So with that, Mr. Speaker, I will not support the motion but I will support the amendment brought forth by our members over here.

Thank you, Mr. Speaker.

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

**Mr. Wall:** — Thank you, Mr. Speaker. It's a pleasure to enter this debate this afternoon, Mr. Speaker, to speak to the issue of the terms of reference that have been given to the standing committee.

Mr. Deputy Speaker, I think we've heard from a number of the speakers here who tried to reflect from their own critic areas, but perhaps, most importantly, from their own constituencies, their concern for the reference as it has been laid out in the original motion.

I think there is some skepticism on this side of the House, some skepticism about the government's intention for this committee. And I think some of that skepticism was borne out on Friday last with the speeches from two future members of that standing committee — one, the Minister of Education, and the other, the future Chair of the committee I believe, the member for Saskatoon Eastview.

I think it's fair to say that you could characterize or summarize the comments that both of them made this way. That the government seems to have concluded that the Fyke report is the way to go and that they intend on moving in that direction notwithstanding some commitment they've made to this hearing process that they wish to have. And I think that's cause for some concern, Mr. Deputy Speaker, and the reason why you're hearing it on this side of the House.

But I would like to address a few other reasons for the

skepticism that I would personally have, and I'd like to address those concerns specifically as it relates to the experience of the constituency of Swift Current with this government on matters of health care. And I think you will see why my constituents, the people back home and myself, would share that skepticism about the government's intention and would be skeptical that indeed the government has come to its own conclusions, and so that this committee is nothing more than a political exercise they wish to go to, to study the study and then wind up implementing it.

We also hear, Mr. Deputy Speaker, that Saskatchewan Health in fact already has implementation committees set up related to Fyke. Now where I come from, that sounds like there are committees being set up to implement the Fyke report prior to the hearings that this government says it wishes to have through the Standing Committee on Health Care.

Maybe that's not the exact technical term, maybe that's not the exact technical term, but I understand that these implementation committees either have been struck or are being struck to implement the Fyke report. And that further causes us some grave concern about the genuineness of this process that we're about to undertake with the Standing Committee on Health Care.

And there are some specific Swift Current issues I'd like to address that also give us cause to be skeptical of the government's intentions in this regard. And they stem from the experience that we've had with this government with two different ministers, the two most recent Health ministers, the current one and his predecessor, as regards health care.

Mr. Deputy Speaker, earlier this year I wrote to both ministers, to the former minister of Health, and then a subsequent letter to the current Minister of Health, to express grave concern with the situation in Swift Current, with the health care situation at the Swift Current Regional Hospital where bed closures were causing severe difficulties for health care professionals to deliver the kind of service that they want to deliver to the residents of Swift Current and, indeed, all of southwest Saskatchewan.

And so they raised concerns with me, did these health care professionals, as did many people in the constituency who had experienced the lack of quality health care from the hospital for some time. And I in turn raised them with the ministers of Health.

The most recent effort took place in early March, Mr. Deputy Speaker, when I raised the concerns with the Minister of Health, the current Minister of Health, about the closure of beds and the impact that that was having in Swift Current.

(16:15)

And I can tell you, Mr. Deputy Speaker, that the minister's response was that I was fearmongering. That what was causing the difficulty at the Swift Current hospital was a weekend outbreak of bronchitis.

Here was his quote, Mr. Speaker. This is what the then Minister of Health had to say about the legitimate concerns raised in

Swift Current on the closure of beds. He said — this is the Minister of Health — he said:

“Unfortunately this weekend they had a few extra bouts of elderly people with bronchitis and had to use the beds designated for day surgeries on an emergency basis, which led to the cancellation of elective surgeries. Now those cancellations caused a concern (Mr. Deputy Speaker),” said Nilson.

And that's a quote from *The Southwest Booster*, our paper in Swift Current and area, Mr. Deputy Speaker.

That's what the minister said. We raised sincere concerns on behalf of patients, on behalf of health care professionals. He said, well it was just an outbreak of bronchitis. This despite the fact that we let the media and the government know that one gentleman in particular this winter reported to the emergency unit of the Swift Current hospital, from the constituency of my colleague, the member for Cypress Hills — this gentleman lives in Gull Lake — and he went to the emergency room. And the attending physician looked at him and he had a temperature that was at a dangerously high level.

And the doctor basically admitted that this man should be in the hospital. But there were no beds, Mr. Deputy Speaker, so would he go check in to a local motel — this is the request they made of him — would he go and check in to a local motel and come in for intermittent treatment for his fever. That is the minor inconvenience that this outbreak of bronchitis caused, Mr. Deputy Speaker.

What did the doctors of Swift Current say when they heard the Minister of Health incredibly make this statement? Well, Mr. Speaker, the doctors today will be skeptical of this government's motion on Fyke, because here's what they had to say about the Minister of Health's writing all of this episode off to an outbreak of bronchitis.

And this is also quoting from *The Southwest Booster*, March 3, 2001, in an article with the headline called “Critical bed shortage at regional hospital compromising patient care, says doctors.” I'm quoting now, Mr. Deputy Speaker:

The local association of family physicians says that shortage of acute care beds at the Swift Current Regional Hospital is critical and compromising patient care including that of expectant mothers and babies.

That's what the association of family physicians had to say. And they responded to the minister's assertion, Mr. Speaker, that this was just a problem generated by a few extra cases of bronchitis in February.

Mr. Speaker, here's what Dr. Rajmohamed, the chief of family medicine at Swift Current Regional Hospital had to say about the Minister of Health's assertion, quote:

I was extremely surprised to hear that.

Reference the minister's comment on bronchitis. And I'll continue the quote:

“Certainly no discussion had come out in the hospital regarding an epidemic of bronchitis,” said Dr. Rajmohamed, chief of family medicine at the Swift Current Regional Hospital.

That is why people in Swift Current are skeptical of this government when it comes to health care. That is why they’re certainly skeptical about the motion that is before us today.

Mr. Speaker, in addition to that, I can tell you that, notwithstanding the minister’s assurances that this problem would eventually go away because after all it was just caused by a bronchitis outbreak which our local doctors and nurses and patients knew not to be true, despite that fact, the problem exists today.

There is still a shortage of beds, Mr. Speaker. There is still a problem. We still have long-term care patients taking up acute care patients. We still have acute care patients being transferred up to maternity. We still have new mothers . . . or new babies and mothers being sent home prematurely because they need to make way in the maternity ward for acute care beds. That’s the situation today at the Swift Current Regional Hospital, and that is why people are skeptical when it comes to this government’s commitment to health care.

The other reason that they’re skeptical is the reason that I reference every single day so far of this session when you afford us the opportunity to present petitions, Mr. Speaker. I’ve stood in my place and presented petitions that when I’m finished will total over 6,000 signators calling on this government to carefully consider — it doesn’t sound like an extreme request to me — to carefully consider Swift Current’s request for a new regional hospital.

Mr. Speaker, our hospital was built in 1948. It hasn’t had a meaningful capital improvement since 1971 when I was six years old. And in order to, in part, help accommodate some of the concerns that are being raised by our physician associations and our local chapter of SUN (Saskatchewan Union of Nurses), we are calling on this government to give what is due Swift Current, and that is careful consideration of its request for a new hospital.

And that seems to be falling on deaf years in two successive budgets. Rather, beds are being closed, Mr. Speaker. Beds are being closed. Another reason for people to be skeptical about this government’s intentions.

And I just want to also highlight very, very quickly another reason why we might be a little bit leery about this government’s commitment and the terms of reference that they would like to give to the Standing Committee on Health Care we’re debating here today.

And it relates to the Committee of the Whole proceedings we had when Mr. Fyke appeared before the bar and was here to answer questions. And my understanding was the same as all of the members on this side of the House — that we would all be afforded the opportunity to question Mr. Fyke.

And almost all of the members here I believe, Mr. Speaker, on this side had gone back to their constituencies, had called back

home and talked to their local health care professionals, people that had an interest in health care, and said, if you had 10 minutes alone with Mr. Fyke, what would you ask him, because we would like to do that for you.

I certainly did. I know many members opposite did. And we waited patiently for our chance to put those questions — not political questions, not contrived questions on our part — questions from nurses and from doctors, Mr. Speaker . . . (inaudible interjection) . . . Well the member for Regina Elphinstone yells from his seat that I should check *Hansard* about the questions that were asked. And here’s a bit of a news flash for him. I didn’t get to ask any questions, Mr. Speaker, because the House Leader cut off the proceedings that night.

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

**Mr. Wall:** — I didn’t ask one single question that the nurses in Swift Current and the doctors had carefully offered for our consideration.

And I just want to review them, some of them, very quickly, not all of them. Here’s some notes from the local SUN president in Swift Current. These are just comments I’ll just briefly read into the record if I may, Mr. Speaker.

Looking at the map of Southwest, Swift Current should be the regional hospital.

There’s a bit of a pause and they say they’re very concerned about Swift Current being situated in a district with Moose Jaw. That was just a concern they had; they wanted Mr. Fyke to comment because his configuration of regions in both cases had us with Moose Jaw.

What about diagnostic equipment such as the CAT scan in Swift Current? If we’re in a district with Moose Jaw, would this equipment all go to Moose Jaw?

That’s a fair question from the local chapter. Here’s another one:

As they close the smaller hospitals, how is this going to reduce the waiting list; i.e. patients would receive treatment in Regina, but would they have to stay in Regina for five weeks for rehab or would the patient be sent home or what?

These are all from SUN. And finally they ask:

Nurses are also really concerned in Swift Current with long-term care in particular, and what about mental health? The feeling is that psychiatric and mental health services are being left out.

That was another question they had for Mr. Fyke.

And the association of physicians in Swift Current, led by Dr. Rajmohamed, also made a point of sending me very many questions, some of them very similar. Some of them concerned about our co-location with Moose Jaw in the same region. Some speaking to the dire need for a new facility in Swift Current, and what were Fyke’s implications on the new facility for Swift Current. Some concerned about this whole process of

diagnosing patients and primary medical teams.

The doctors . . . the physicians' association, as given voice by their president — by the president, Dr. Rajmohamed — had very good questions to ask. And I intended to ask those questions on their behalf to Mr. Fyke, but the evening's proceedings were cut off, Mr. Speaker, by the government.

And, Mr. Speaker . . . (inaudible interjection) . . . Well the House Leader yells from his seat it was cut off after six and a half hours. I would tell you on behalf of the nurses of the local chapter of SUN and also on behalf of our physician association, that if it took all night we should have stayed and asked those questions on their behalf, Mr. Speaker. That's why we all get paid in this place in the first place.

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

**Mr. Wall:** — That's why we get paid.

Mr. Speaker, I want to conclude with these remarks. I want to conclude, Mr. Speaker, that we have grave, grave concerns about the real purpose behind these terms of reference. We have grave concerns about the real intent of this government, that it's just a political exercise, this committee and these hearings. And we have a right to have that concern, Mr. Speaker, based on their past action, based on their record.

And the people of Swift Current, those who need health care and those who deliver it, the nurses and the doctors and other health care professionals, Mr. Speaker, they have a right to be skeptical.

And I am glad to give voice to that skepticism today by telling you, Mr. Speaker, that I will be voting against the motion and in favour of the amendment.

Thank you, Mr. Speaker.

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

**Mr. Elhard:** — Thank you, Mr. Speaker. Mr. Speaker, I'm pleased to be able to stand here before the House today to speak to the particular motion, and the amendment that has been presented by the opposition to the motion of the government concerning the referral of the Fyke committee report to the Standing Committee on Health Care.

And, Mr. Speaker, the reason I'm so pleased to stand here today is because I did not get a chance to stand and speak and ask questions of Mr. Fyke when he was here for a special presentation some weeks ago.

Mr. Speaker, I must say that the way the members of the government side heckle and speak and defend that situation, suggests to me loud and clear, that they've already got their minds made up. They have decided to support Mr. Fyke no matter what happens, and the recommendations from his report. I have to take that assumption from the performance that they provided so far in the House today.

Mr. Speaker, the member from Swift Current said earlier that the people of his community of the city of Swift Current are

maybe skeptical and leery about the recommendations of Mr. Fyke. I'd have to say, Mr. Speaker, that as you go west, the response of the people is even more onerous.

I would say that, as opposed to being purely skeptical, there is a cynicism in the area of Cypress Hills about the recommendations that have been brought forward by Mr. Fyke. In fact, it might even go beyond cynicism. If those recommendations are implemented, it will strike fear into the hearts of the people of Cypress Hills. And I'll explain why.

You know, Mr. Speaker, the state of Missouri is known as the show-me state. The people down there are very, very conscious of having been misled. They want evidence. They want proof that what you tell them is right.

The people of Cypress Hills have become the show-me people of Saskatchewan, because they've heard this song and dance before. We went through it in 1993. We saw the wellness model introduced and were told many times that this would produce a much more effective health care system, that service delivery would be enhanced, that the benefits to the people would be tremendous compared to what we experienced previous to that.

We were told that ad nauseam, Mr. Speaker. We heard it so often it made us gag. The reality is . . . The reality, Mr. Speaker, is that health care has not improved in the Southwest. What we did get out of that frankly was the loss of three hospitals. We had three communities that went from hospitals to community care centres or what is known as health care centres under the current regime. Hospitals were lost in Eastend, in Cabri, and in Gull Lake.

There are two remaining hospitals in my constituency, in the community of Leader and the community of Maple Creek, but they're hospitals in name only. They don't do much in those hospitals. They don't have very many active beds; they don't have very many services. They don't have a lot that they can offer as a "hospital". So really what they are is just glorified band-aid stations as well.

Mr. Speaker, I read through the Fyke Commission report and I heard a lot of lofty goals being espoused. I heard of wonderful sentiments being expressed. I saw all kinds of extrapolation for benefits for the province as a whole being indicated by that report. But you know I never saw any evidence. I didn't see evidence. I saw lots of ideas and concepts and the promises of all sorts of improvements, but not a single shred of evidence. And, Mr. Speaker, the people of Cypress Hills, having gone through this kind of exercise in 1993, having lost hospitals and the threat of more hospitals to come, they want evidence.

If Mr. Fyke could have provided at least one concrete way in which we would get better health care, improved delivery, effective service provided throughout that vast region, there may have been some mitigating response that the people of Cypress Hills could have offered. But they look at this report and they said, we've been there, we've done that. We're not buying any platitudes; we're not buying any pie in the sky again. We've been burned by it once before.

Mr. Speaker, I listened to the Minister of Education, the member from Saskatoon Northwest and the former associate

minister of Health and I believe to be the future Chair of this committee. I listened to them make their presentations on behalf of the motion presented by the government.

(16:30)

And I would have to say that any clear indication of variance from support, full support for the Fyke report, was not represented in their speeches. It was as clear as could be that they believe that the Fyke Commission offers a blueprint for radical change, for necessary change in their view, but radical change to the health care system that we know of in this province.

And if that's the case — if that's the case, Mr. Speaker, I can understand why the people of Cypress Hills and the people on the opposition benches are so concerned about whether or not the commission that is going to be struck to review Fyke, the Standing Committee on Health Care, has any chance of impartiality or coming up with a fair and equitable solution.

Are we going to invite people to attend this committee, to make presentations, only to be sent home without a fair hearing? Are we going to get a balanced result as a matter of fact? Are we going to have these individuals come and make their presentations and have them especially expound on the recommendations as they affect their sectors of the health care providers for this province and leave frustrated?

Is there any chance of an impartial, balanced report coming out of this exercise? Mr. Speaker, I think not. And for that reason I would not be able to support the government's motion.

I would like to take a few minutes, Mr. Speaker, to refer to the questions that came from health care providers in my constituency which they wished me to ask Mr. Fyke about, and the opportunity, of course, which was not made available to me. These questions, I think, are direct, I think they're explicit, and they should not be denigrated in any way because they come from actual health care providers, people in administration, and at the street level of health care provision.

This first question actually came from one of the CEOs of one of the health districts that are represented in my constituency. And the CEO goes on to say, after some other introductory remarks, primary health teams have been identified as the first line of services that would provide, among other things, diagnosis and treatment of common illnesses or injury.

The recommendations suggest a network of primary health teams supported by primary health centres and community care centres. This would suggest that emergency services would be available at these sites. The question is, if so, what will they be? The greater issue may be the number and location of community care centres for respite, convalescent, and palliative care.

Now if we consider an area west of the No. 4 Highway which runs north and south of Swift Current, south of the South Saskatchewan River, one could suggest that community care centres should be located in the communities of Cabri, Leader, Maple Creek, Shaunavon, and perhaps the community of Eastend — that's a total of five. There would be approximately

11 such areas in the province of similar size, just looking at the overall geographic dimensions of the region.

If this density of facilities is appropriate to provide adequate access as close to home as possible, then one could conceivably need 55 such locations to cover the southern part of the province. When we talk about the southern part of the province we're excluding the areas of the far North which would be Athabasca and Cumberland constituencies.

Mr. Fyke is suggesting a top number of 30 such locations. So if you add to this the number of regional hospitals that he proposed at a maximum of 14, that still leaves us considerably short of facilities to service adequately the entire geographical area in this province.

In keeping with the suggestions in the report, we — and he's speaking of the area of Cypress Hills — should only have three in the communities of Cabri, Eastend, and Shaunavon. Now those three communities are already serviced by what they call integrated facilities. According to Mr. Fyke, we should also have one regional hospital. But having listened to the member from Swift Current just previous, it doesn't sound to me like the hospital in Swift Current is exactly up to the standards required to call it an adequate regional hospital. So this would leave huge areas without access to services in the region of Cypress Hills.

Mr. Speaker, when I look at the recommendations in the Fyke Commission, I am convinced that if they were followed exactly as he is proposing, there will not be a single hospital in the entire constituency of Cypress Hills — not a single hospital. There may be primary health centres, there may be community care centres, but there will not be a single hospital.

Mr. Speaker, the level of service required . . . to be provided by a hospital for the entire constituency of Cypress Hills will be Medicine Hat, Alberta. That constituency is the largest one in the entire province, outside of Cumberland and Athabasca in the far North, you know, 10,900 square miles. And we won't have a single hospital in our constituency. For some people the closest hospital would be Swift Current, but for the vast majority of people it will be Medicine Hat, Alberta.

Mr. Speaker, I think that there's something, some element of shame that ought to be attributed to that particular fact. I know you can't have a hospital in every small community; there isn't anybody who believes that any more. But to have an area that large without adequate hospital services is just unacceptable, quite frankly, and it's very worrisome for the people of Cypress Hills.

Mr. Speaker, one of the things, one of the situations, one of the facts overlooked in all of this discussion, frankly, is one that caught my attention just recently. I understand that about 80 per cent — it might be a number slightly smaller than that — but about 80 per cent of the senior citizens in this province live in communities outside the major urban areas. When the Government of Canada sends their old age pension cheques to Saskatchewan, about 80 per cent of them go to communities outside of Regina and Saskatoon.

It is a fact that senior citizens are more concerned about the

adequacy and the availability of health care services. It's also a fact that as we concentrate the major health provisions in the urban centres, we put the health and the concerns of the senior citizens at a lower level of consideration than they deserve. Those people, for peace of mind, need to know that they can get to a hospital, they can get to one quickly if it's necessary, and that they will be served adequately. With no hospitals in those communities of service to these elderly people, their concern level goes up.

So what do we do? Do we ignore their concerns or do we say well, if you're going to want decent health care service, you're going to have to relocate from the town in which you've lived all of your life and move to the closest urban centre. I don't think that's fair. I don't think that's even an appropriate response to those . . . that group of people at that point in their life. I think that we would be asking them to forsake a house and a home and a community that they've been part of for all of their lives, in many instances, to move so they can get appropriate and necessary health services. I think that in this day and age that is an unacceptable solution.

And I think that we put not just the health of senior citizens at risk by these suggestions contained in the Fyke Commission report, but we also put their peace of mind at risk, and I think that that's a travesty, frankly, for these elderly people.

I'd like to read just a couple of more questions from the people of Cypress Hills involved with health delivery, health care delivery, and submit them as part of my presentation this afternoon because I think they represent the most visceral issues that people delivering health care at kind of the ground level are thinking about. And the ramifications of this report have caused a lot, have provoked a lot of thought on behalf of these people.

This particular question from a gentleman who's been a certified EMT (emergency medical technician) for up to 24 years now. I think he's been a voluntary EMT provider and might collect the odd remuneration, but generally he gives his time voluntarily. He carries a pager with him all the time. He gets up at any time of the day and night. He'll leave his business. He'll ask somebody to stand in for him. He's ready to go at a moment's notice.

And his question is: in our service, in our community we have one EMT with 24 years service. We operate with one ambulance. Due to our low-call volume, it has not been possible or practical to staff any more EMTs on a voluntary basis. Therefore we have been maintaining our service by utilizing EMRs (emergency medical responder) and RNs that are currently working in our health centre.

These people have been very involved in the continuing education programs required to maintain service in our EMS system. This arrangement has given us an acceptable level of care and service in the past, as well as providing our community residents with a sense of comfort and security. In your opinion — and he's asking this of Mr. Fyke — should or will there be consideration given to making exceptions in the Fyke report to these types of special circumstances?

Here's another question from a program coordinator of a health facility in the Cypress Hills constituency.

If we accept the conversion of our existing health centre to your version of a community care centre, we understand that acute care services would be completely eliminated. As caregivers in the community we may be able to live with and work within these boundaries, however as a community we feel very strongly that basic lab and X-ray facilities must be maintained for two reasons.

And the two reasons are as follows: (1) to ensure the viability of our new existing medical clinic; and (2) also as a means of attracting new doctors to our community in the future.

The question to Mr. Fyke is: are you prepared to suggest to the various decision-making bodies that these services be maintained so as to enable us to retain a minimal standard of care in our communities?

And finally the question I want to present now was written by a gentleman who I would classify as a senior citizen — a very intelligent, well-read, well-spoken senior citizen. Somebody who takes these issues very seriously and who is concerned with the implications of this report for rural Saskatchewan.

And just coincidentally, he happens to be a former NDP candidate in one of the previous elections. So this is not a partisan question. It's coming from somebody who has no axe to grind politically. He has some serious questions about the validity and the implications of the report for rural Saskatchewan.

The question is as follows: some of your proposals on quality care seem to make the standards so rigid as to make it impossible for smaller institutions with smaller staff to meet those standards. This would seem to imply the closing of some rural facilities and/or the further centralization of services with some reduction of service to rural areas. How would you reconcile the new quality standards with the criterion of timeliness and convenience of service in areas as vast as southwest Saskatchewan?

I think that's a legitimate question. I think it's a question that is on the minds of every senior citizen in the Cypress Hills constituency. And indeed, it is the kind of question that is on the minds of anybody who has used or expects to have to use health care facilities in the Cypress Hills.

Mr. Speaker, I said earlier that if the Fyke report is implemented, there will not be a hospital anywhere in the constituency of Cypress Hills, the largest constituency in the province outside of Cumberland and Athabasca.

Mr. Fyke himself said we shouldn't sacrifice quality for proximity. I beg to differ in this instance because I think proximity is absolutely vital to the very lives of the people of Cypress Hills.

And so, Mr. Speaker, I'm going to conclude my remarks by having made those points, and saying that I will in fact be supporting the amendment put forward by the official opposition, and will not support the original put forward by the government.

Thank you, Mr. Speaker.

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

**Mr. Huyghebaert:** — Thank you, Mr. Speaker. Mr. Speaker, I'm very pleased to enter into the debate on the Standing Committee on Health Care. I also, Mr. Speaker, was one of the members from this side of the House that did not get to ask questions of Mr. Fyke. And we've heard it from our members the reason why we didn't get to hear . . . or didn't get to question Mr. Fyke; we were abruptly cut off by the House Leader, and ended debate. And I also had a number of questions from my constituents with regard to health care.

But first I'd like to touch on, which my colleagues have already touched on, is our feelings about an experience with all-party committees with this NDP government. And the results of the all-party committees is not very, very good. In fact, to quote one of our colleagues on this side in question period the other day, it has a stench to it.

(16:45)

Mr. Speaker, what I'd really like to discuss more than anything today is Mr. Fyke . . . and we hear members opposite talk about listening to the people. And I'm all in favour of that listening to the people. Unfortunately, when we look across the way, who are they listening to? And I am convinced that they are not listening to the people. When we look at what's transpired in the past, who are they listening to? A rhetorical question. Who did Mr. Fyke listen to? Did he listen to the people of the province?

And I'm going to talk on behalf of the people of Wood River. Did Mr. Fyke talk to anybody in Wood River? It may be a rhetorical question, but I believe that he did not talk to one single person in the constituency of Wood River, with possibly one exception, Mr. Speaker. The current deputy minister to Executive Council, I believe, was the CEO of the Health District South Country who got ungraciously run out of town to be back in Regina, and Mr. Fyke may have spoke to him but, if he did, that's nepotism at the best.

So did he listen to the people? No. I'm sorry, Mr. Speaker, he did not.

Now I'd like to talk a little bit about why I'm convinced they did not listen to the people. I would like to talk about the Plains Health Centre in Assiniboia. Now how long have we discussed the Plains Health Centre? It's been a while.

Has the government listened to the people? Did Mr. Fyke listen to the people? The answer is no. And I want to talk specifically to some of the questions about the Pioneer Lodge. The Pioneer Lodge . . .

**The Speaker:** — Order. Order. Order. The floor belongs to the member from Wood River.

**Mr. Huyghebaert:** — Thank you, Mr. Speaker. Mr. Speaker, the Pioneer Lodge in Assiniboia had 60 beds. They cut down to 30. Who listened to the people about that? There was nobody on the other side that listened to the people when they were crying to retain those beds.

Mr. Speaker, now there's 30 beds and it's decreasing. Is anybody listening from the other side? Absolutely not.

And I brought up in the House one day, Mr. Speaker, a meeting that was held in Assiniboia. Three hundred and fifty people attended the meeting to express their concerns, reference the Pioneer Lodge in Assiniboia. How many people from the government side or Mr. Fyke or any of the staff came to listen to the concerns of the people of Assiniboia? None.

So now the government says to us, we want to listen to the people. Well, Mr. Speaker, they have not listened to the people of Assiniboia with reference to health care. They have not listened to anybody in Wood River with respect to health care.

Mr. Speaker, when I talk about the Pioneer Lodge in Assiniboia we will hear some rhetoric about there's nobody on the waiting list. Why are we holding the beds if there's nobody on the waiting list? Well, Mr. Speaker, if somebody wants to go on a waiting list and the health district says, I'm sorry there's no beds, how can you go on a waiting list? And this is the methodology where they're using to cut down the size of the beds.

And, Mr. Speaker, I read a letter in the House the other day where there was 143 people identified as wanting to go into the hospital, maybe not today because there's no beds, but they are in line to go in and yet the government can say there's no waiting list. I find that extremely hard to believe and I find that's the methodology by which they are not listening to the people.

Mr. Speaker, I would like to talk also about another hospital in my constituency called Climax, and we may have remembered this from last year. Now the palliative care in Climax was being closed on weekends. Now the then associate minister of Health suggested that, well nobody's using it so why not close it.

And I suggest to members, Mr. Speaker, that the rhetoric went out that we're going to close the palliative care on weekends so would anybody wish to put one of their loved ones in a palliative care unit and have to move them out on Friday, travel some 40 miles for the weekend with their palliative care loved one to put into another facility, and then Monday morning bring him back? Well, and then the associate minister says well there's nobody there. Well obviously there's nobody there if that's your strategy to make a policy that is so ridiculous that nobody will go into the facility, and then stand up and say that nobody is using it.

And, Mr. Speaker, the part of that one that was extremely, extremely ironic is we discussed the highways in association with that particular closing of the weekend palliative care at Climax, and I would suggest that no members from the other side ever drove that highway. Well, Mr. Speaker, I've had the displeasure of driving that highway on numerous occasions and I can see why they wouldn't want to drive it. Now put the two together and say if you had to carry your palliative care patient over that road would you want to, would anybody want to? And the answer is no.

So I go back again. Is this government listening to the people? I would say no they're not.



I'd like to touch base in that corner of my constituency again about how this government listens to the people. And I think I could mention the Plains hospital. Now I was at a meeting and the Leader of the Liberal Party was at a meeting in Shaunavon. The hall was full . . . closing the Plains hospital.

And I don't have to go into the same stuff people have talked about — chaining oneself to the doors of the Plains so it doesn't close. But at this meeting, Mr. Speaker, it was unanimous — well, save for one or two people that were NDP plants in the place — that nobody wanted to see the Plains hospital close. And throughout southern Saskatchewan, Mr. Speaker, people were saying don't close the Plains.

Did this government listen to the people? No. Did the Leader of the Liberal Party listen to the people? Obviously not. So I would suggest, Mr. Speaker, that the current Liberal leader is . . . he's not part of the solution, he's now a part of the problem.

Mr. Speaker, I'd also like to talk a little about the EMS report. Now, Mr. Fyke has already stated that he supports the EMS report in its entirety, although he hasn't read it. But he supports it.

Now I do want to talk about the EMS report as it relates to my constituency. I've got several letters and have been in several meetings with people from my constituency reference this report; it is absolutely ridiculous in some areas. There might be some good stuff within the report but there is an awful lot that is absolutely ludicrous.

And I'm going to just give you one example of one that I find that is extremely distasteful. The Val Marie ambulance, bought for by the people, run by the people, operated by the people of the area, and they want to take it away.

Now who can support something like that? I would suggest there's the odd member opposite that might agree with me that why would you be taking that away from the people of that area.

And, Mr. Speaker, one of the reasons that this ambulance was bought by the people is they were outside of the one-hour purview right now, before they had the ambulance. So they decided that on their own hook they would buy an ambulance and man it.

The only money that they received from any department right now is a little bit in communications. And I don't want to go into cell coverage down there, because I think that's a topic for a different time, and I'll sure debate that with anybody. But they get some money; they get some money from the health district to help them with communications. But if you can imagine, if you can imagine the audacity of wanting to take . . .

**The Speaker:** — Once again, members of the Assembly, once again, members of the Assembly, I ask, I ask that the member from Wood River be allowed to speak his mind.

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

**Mr. Huyghebaert:** — Thank you, Mr. Speaker. As one can probably see, as the member from Regina South . . . I lost my

place on my scripted message here. Where was I?

**An Hon. Member:** — Start over.

**Mr. Huyghebaert:** — Start over? Mr. Speaker, the Val Marie ambulance is on the chopping block as far as the Fyke . . . or the EMS report goes. Now I find this, I find this absolutely terrible that somebody would come in and say, you have put money into something, you have built something, you're running it smoothly, but we're going to take it away from you.

The one-hour rule . . . And we hear about the one-hour rule in the EMS report; we hear about the one-hour rule in health care in this province. And now they want to take something away that is providing some resemblance to one hour in that one little area of my constituency.

Mr. Speaker, on the one hour, where I live we don't even have one-hour service. So by taking away that particular ambulance, is going to be drawing from the other ambulances that — if any of them get to stay — that are in the area. So we will definitely not be within the one-hour time frame.

Mr. Speaker, I would like to also comment, as my colleague from Cypress Hills commented. It doesn't really take much to look at the Fyke Commission and realize that in the constituency of Wood River, what hospital will stay. And the member from Cypress Hills explained that in Cypress Hills if you read, if you read the Fyke Commission and look at the population and where facilities are, Cypress Hills will not have a hospital.

Well, Mr. Speaker, I believe I'm in the fourth largest constituency, and if you look at the Fyke Commission, I don't believe we will have a hospital in it either. Now if you look at it that . . . the size of the constituency and from where the start of my constituency, on the east boundary being Assiniboia, from there through to the Alberta border without a hospital is totally unconceivable. And yet if we want to, if we want to listen to the Fyke commission and listen to members . . .

**The Speaker:** — Order, order. Order, order. Order. I'm sure the members will soon want to eat, settle down, but in the meantime . . . the member for Wood River.

**Mr. Huyghebaert:** — Thank you, Mr. Speaker. As I was saying before being so rudely interrupted, we would not have a hospital all across the southwest part of the province. Totally, totally inconceivable.

And, Mr. Speaker, again I go back to what I was saying: who is listening to the people? Is the government listening to the people? Absolutely not. Did Mr. Fyke listen to the people? Not from down in our area he did not.

So, Mr. Speaker, we've had quite a bit of experience in our area with the wellness model. Trust us with the wellness model. It'll cure all the ailments in health care. We heard that in '93, did we not? And now, guess what we hear again? Trust us again. The wellness model two. It's the same old medicine with no cure. I believe the current wellness model is like the old one — it's get well, stay well, or farewell.

**The Speaker:** — Members of the Assembly, it now being past 5 o'clock this House stands adjourned until 7 p.m. tonight . . . pardon me, recessed until 7 p.m. tonight.

The Assembly recessed until 19:00.