

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
March 29, 1993

The Assembly met at 2 p.m.

Prayers

ROUTINE PROCEEDINGS

NOTICES OF MOTIONS AND QUESTIONS

Ms. Haverstock: — Thank you, Mr. Speaker. I give notice that I shall on Wednesday next ask the government the following question:

Regarding SaskPower Corporation's decision to purchase 25 megawatts of electricity from non-utility sources: (1) has SaskPower demanded a deposit from any of the firms competing to supply SPC (Saskatchewan Power Corporation) with this co-generated power; (2) if a deposit were required, what was the value of the deposit; (3) why did SaskPower not lay out the criteria that will be used for choosing the successful supplier before opening the competition, which could cost potential bidders up to \$100,000 each just to complete an application?

INTRODUCTION OF GUESTS

Mr. D'Autremont: — Thank you, Mr. Speaker. I'd like to take this opportunity to introduce to you and through you to the House a woman who, while residing in Regina, keeps close ties with our constituency, Ms. Amy Manz, who's up in your gallery, Mr. Speaker. I'd like to ask the House to welcome her here today.

Hon. Members: Hear, hear!

ORAL QUESTIONS

Purchase of VLTs

Mr. Martens: — Mr. Speaker, last week the minister responsible for the Gaming Commission refused to table the deal reached between his government and the two American firms which had contracts for over \$20 million.

Mr. Speaker, you will also recall that the minister refused to table any review or investigation conducted or any other documentation or correspondence connected with this contract. And, Mr. Minister, for a government that has promised to be open and accountable, that seems far too much to be secretive and closed.

Mr. Minister, to help the public pry into this can of worms, my question today is to the minister responsible for the Gaming Commission. Mr. Minister, last week we uncovered the checkered past of one of the firms, Video Lottery Technologies Inc., which you awarded a multimillion dollar contract to. Mr. Minister, were you aware that the other American firm, GTECH of Rhode Island, is reported to have hired the most prominent, highest paid, and best connected representatives in nearly every jurisdiction

to lobby on their behalf. Were you aware of that? And were you aware, for instance, that in California a federal grand jury is examining relationships between the computer company, state legislature, and lobbyists. Were you aware of this information when you awarded them the contract?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Well, Mr. Speaker, first of all let me correct the member from Morse with respect to the wording of the contract. As he will be aware, we are in negotiations right now to determine arrangements that may be reached with GTECH and the other company that he's aware of. And I would want to say with respect to GTECH, Mr. Speaker, that the company has been checked by Mr. Egan, who is a former superintendent in charge of criminal investigations in this province with the RCMP (Royal Canadian Mounted Police). He has indicated that there is no problem in terms of dealing with this.

And I want to just, if I could, Mr. Speaker, share a little background. GTECH has been dealing with the Western Canada Lottery Corporation, with the Government of Alberta, and with the Government of Manitoba. They have been working with the Western Canada Lottery since 1982. I have on my desk a letter of reference from the Western Canadian Lottery Corporation, who indicates that they found them to be above-board and a very reputable company in terms of the dealings they've had with them.

Some Hon. Members: Hear, hear!

Mr. Martens: — Mr. Speaker, and Mr. Minister, if you're just in the process of making arrangements with these two companies, why would you put out a news release on March 19 saying that you had already concluded and the contracts were let to have Video Lottery Consultants of Bozeman, Montana will supply the commission with 1,000 machines. Is that arrangements being negotiated, Mr. Minister? That says "will". I didn't write that; you did. Now which is it? Are you making arrangements, or have you made arrangements with these people?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, as the member will be aware and I've indicated to the press the day this line of questioning started that the government has chosen, out of a short-list of four, two companies to sit down to negotiate the details of what we hope will be a contract to supply the VLTs (video lottery terminal) to the Gaming Commission. Those negotiations, with respect to the finalization of contract arrangements, are being done and we are hopeful that it will come to a successful resolve in the near future.

Some Hon. Members: Hear, hear!

Mr. Martens: — Well, Mr. Speaker, and Mr. Minister, that is exactly what this opposition is concerned about

and the public of Saskatchewan are concerned about — what those negotiations will be like and where they will be terminated and what kind of people will be involved. And I will go on, Mr. Minister. Were you aware that GTECH made campaign contributions exceeding half a million dollars after the California legislature got involved in setting guidelines for lottery contract?

And were you aware that a former state senator, Allan Robbins, admitted taking an illegal campaign contribution from GTECH lobbyists? Mr. Minister, the senator said he accepted \$13,500 in exchange for his vote against a Bill the company opposed. Were you aware of this information when you awarded this contract to GTECH?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, I am aware of this, that the Gaming Commission has had these companies checked. And I have a copy of a letter before me from Doug Egan, the director of security for the Saskatchewan Gaming Commission, former employee in charge of criminal investigations with the RCMP.

And I'll quote his recommendation:

I have reviewed the detailed security report on the shortlisted vendors and I have concluded there are no substantive issues which would cause me to recommend against the Gaming Commission doing business with any of the short listed firms.

Now, Mr. Speaker, I think it's fair to say that the Gaming Commission will make their decision. It is in agreement to purchase VLTs on behalf of the Gaming Commission to supply to the province of Saskatchewan, and given the recommendation from this gentleman, I believe we are safe in assuming that the right decision has been made by the Gaming Commission.

Some Hon. Members: Hear, hear!

Mr. Martens: — Mr. Speaker, and Mr. Minister, were you aware of the reports, that for a Maryland contract GTECH hired former governor Marvin Mandell to lobby for them? Were you aware that the company and its lobbyists succeeded in moving the lottery contract forward to a process that was not the usual procurement channel?

And were you aware that GTECH lobbyists bought \$7,500 tickets worth of tickets to a Democratic Governors' Association fund-raiser shortly before the contract was awarded? And on top of that, Mr. Minister, were you aware that \$22,500 worth of tickets GTECH bought on their own? Mr. Minister, did Mr. Egan tell you all of those details as well?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, I am aware of

this, that the Gaming Commission has done an in-depth study with respect to the dealings that they intend to embark upon with this company. I am aware that the Government of Alberta has been dealing with this company to have computer hardware supplied and Lotto 6/49 machines. I am aware that the western Canadian lottery foundation has been dealing with this company since 1982.

I am saying, Mr. Speaker, that the Government of Saskatchewan, after checking this company, feels secure in buying these machines to supply the Canadian market; and I guess I have a question to the member. Is it your allegation that there has been some wrongdoing by people with respect to the Gaming Commission in Saskatchewan or by government members? And if he is, I would like him to make that information available to the people of this province.

Some Hon. Members: Hear, hear!

Mr. Martens: — Mr. Speaker, and, Mr. Minister, you said Mr. Egan had done all of the investigation required. Will you table all of the assessments that Mr. Egan did in relation to those documents that I have presented here today, and will you table them for this Assembly and the people of Saskatchewan to see?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, in answer to the member's questions, I will say this, that the Gaming Commission is in the process of negotiating the deals of a contract with each of these two companies. I will say this, that the director of security for the Saskatchewan Gaming Commission, Mr. Egan, is comfortable that the arrangements that the Government of Saskatchewan has embarked upon through the Gaming Commission has been scrutinized quite clearly and feels that there is no problem. And I would assume that the Gaming Commission will continue to complete these negotiations on behalf of the people of Saskatchewan.

Some Hon. Members: Hear, hear!

Mr. Martens: — Mr. Speaker, and, Mr. Minister, newspaper accounts say that after GTECH won a contract in Missouri, they awarded the former aid of the governor of Missouri a ten-year consulting contract worth \$800,000. Were you aware of these reports, Mr. Minister?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — I'm aware of this, to the member for Morse, that the Gaming Commission in Saskatchewan is, I believe, a group of men and women who will represent the interests of this province fairly. I believe that Mr. Egan has done due diligence with respect to the security of these companies and is comfortable with the business arrangement that the Gaming Commission has made with these two companies.

And again, I say to the member, if he has any

knowledge of wrongdoing by any members of the Gaming Commission or any other elements connected with this government, that I would ask him to table those.

Some Hon. Members: Hear, hear!

Mr. Martens: — Mr. Speaker, and, Mr. Minister, surely you admit that these reports would make people begin to wonder. Is there something wrong with the companies involved in doing all of these things all over the United States and in Australia? Would you be prepared, Mr. Minister, to file the report that Mr. MacKay did on behalf of the Minister of Justice? Would you be prepared to file that report for us today?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — I would, Mr. Speaker, want to comment with respect to the report from Mr. MacKay to the former minister. And the points that were raised were dealing with the number of VLTs that he felt would be appropriate for the province of Saskatchewan, the background with respect to some of the suppliers, and he reports . . . in his report he asks for aboriginal involvement and that Indian representation be on the Gaming Commission. And that, sir, there is.

With respect to the number of VLTs, he recommends 6,000 that would be usable in this province. We have elected to go with 4,000. And in terms, Mr. Speaker, of the report, clearly the member must have access to it. He's referring to it as a leaked report, and if he has access to it I'm sure he can glean the information that he requires from within that.

Some Hon. Members: Hear, hear!

Mr. Martens: — Mr. Speaker, Mr. Minister, we want to have Mr. Egan's report on the serious criminal nature involved in dealings with the United States and states in the United States, with governors, with the legislatures, with lobbyists, all through the context of that. We would like to have Mr. Egan's report put on this table for the people of Saskatchewan to see. You're supposed to be open and honest; why don't you table that here for us today?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, I have clearly indicated to the member opposite that the summary of the mandate of Mr. Egan was clear. I have read to him the recommendation of Mr. Egan. I have before me, as a matter of fact, the list of people who were contacted by the director of security on behalf of the Saskatchewan Gaming Commission and I would say through that, Mr. Speaker, I am comfortable that due diligence was done in this investigation. And I say to the member from Morse: instead of allegations, if he has evidence of wrongdoing, would he table his information for the legislature today?

Some Hon. Members: Hear, hear!

Mr. Martens: — Mr. Speaker, and Mr. Minister, it is your responsibility to look after the Gaming Commission. It is your responsibility to make public so that the people of the province of Saskatchewan have a good idea of what you're doing. They're suspicious of that, Mr. Minister — very suspicious.

We were leaked a document over the weekend dealing with Mr. MacKay's report. And in it it says the important areas to consider in the province of Saskatchewan are not so much ensuring that this form of gambling would be profitable, but rather ensuring that the integrity of the new form of gambling and the government are maintained.

That, Mr. Minister, is what we're asking you about today. And will you today give us Mr. Egan's report which should have — which should have — lists of the people involved, government officials, company officials, lobbyists, including all the correspondence? Could you table that for us today so that the people of the province of Saskatchewan can see whether you made the right deal or not for \$20 million?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Well, Mr. Speaker, let me say this to the member: the process that was used by the Gaming Commission was a similar process that was used by the Government of Alberta, by the Manitoba government, and I would assume by the Western Canada Lottery Corporation, who as well does business with these people.

Now I would say, Mr. Speaker, and to the member opposite, that rather than innuendo and allegation and half-truths, if the member has any information and if he has any knowledge of any wrongdoing by any people within the Gaming Commission or surrounded that arm of this government, would he table that information or otherwise would he indicate where there was some wrongdoing; because I would say to the member I haven't seen it; and if he has it, would he table it.

Some Hon. Members: Hear, hear!

Mr. Martens: — Mr. Speaker, and, Mr. Minister, I believe, Mr. Speaker, that this is the fourth minister responsible for the Gaming Commission. You've laid off and fired and replaced numerous chief executive officers, chairmen of the Gaming Commission come and go and, Mr. Minister, there has to be a reason for that. And the people across this province, the charities and the bingos and the lotteries and the casinos want to know, start to know, some of the answers to those questions, Mr. Minister.

This weekend two meetings on health care that dealt with very, very specific concerns in Leader and in Prince Albert, and you spend \$20 million in the province of Saskatchewan on gaming and you don't have the courage to put those kinds of items into this Assembly. Mr. Minister, that's a shame. We're asking you to put those kinds of things into this Assembly, the

documents that show that you are correct in your assessments of it.

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, let me say to the member opposite that the Western Canada Lottery Corporation has been dealing with GTECH since 1982. The Government of Alberta had the central computer system provided for in 1991 and indicated that they were suitable equipment and that they felt comfortable in dealing with this corporation.

And I say to the member opposite that his government, as part of the western Canada lottery foundation — the Government of Saskatchewan being involved — since 1982 as I have indicated, GTECH was the supplier.

Now I say to you again, sir, if you have any indication of wrongdoing, would you please table that information.

Some Hon. Members: Hear, hear!

Mr. Martens: — Mr. Speaker, and Mr. Minister, it is your responsibility to provide the information to this Assembly for the people of Saskatchewan. It was your Premier who said this was going to be an open and honest and straightforward government.

Mr. Minister, we want you to be accountable to the people of Saskatchewan and that is our responsibility to do that. People in the province of Saskatchewan are bringing forward material time after time to us in relation to the Gaming Commission, and all you do is tell us to table it. Well they are tabling it, Mr. Minister, day after day. We want you to table the information that Mr. Egan provided to you.

Would you table that today so that we can all see where the real rub is on this one?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Well I guess, Mr. Speaker, what I'll do is read into the record again the recommendation of Mr. Egan. And it's not a secret. Mr. Speaker, he indicates that there is no problem with respect to a security report and that the companies were short-listed would be adequate to deal with.

And I want to say to the member opposite that instead of a witch-hunt then innuendo, that he seems to embark upon and comfortable to be embarked upon, I want to say this: that the gaming in Saskatchewan is going to be controlled in a fair way and in an honest way by the Gaming Commission of Saskatchewan. We will be introducing casinos in this province that will be well run and that will be well controlled so that we don't have unsavoury characters involved in gaming in this province.

And I want to say to him as well that the deal that we've embarked upon with respect to the purchase of

the VLTS is a straight purchase arrangement. It is not a long-term agreement. It is an arrangement to have the purchases done through these two corporations. They will be put in age-controlled venues throughout this province, and the gaming operation will be run in a fair and an open fashion in this province.

Some Hon. Members: Hear, hear!

Mr. Martens: — Mr. Speaker, and Mr. Minister, I will be asking you to table that immediately after question period. However, I want to ask you this question.

If you are so certain that no wrongdoing is being done, then why don't you table the whole report that Mr. Egan provided to you, if in fact he did? Or did some front-row people in this Assembly from the government opposite make that decision without investigation? Is that where the problem is, Mr. Minister, and you are the one that's covering up for all of those ministers sitting in the front row? Is that what's happening to you today?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Let me say to the member opposite this, that I'm comfortable with the process that had been done with respect to the investigation of the four companies that were short-listed.

And I want to say that I believe the Gaming Commission, in their choice to choose the two that they have chosen, have used a wide range of criteria and that I believe they have spent enough time to be able to do a proper analysis and a proper assessment. I believe that true value and a good value will be had for the people of this province. And I say to you just one more time, I believe that Mr. Egan, a man with a very good character and a very good reputation in this province, has done the right job.

And I say to you, I say to you this, Mr. Member from Morse, if you have any evidence of wrongdoing on behalf of anyone connected with this, would you please table it instead of the smear campaign that you're embarked upon right now.

Some Hon. Members: Hear, hear!

Changes to Liquor Franchises

Ms. Haverstock: — Mr. Speaker, my question is directed to the minister in charge of the Liquor Board. Mr. Minister, your department recently made a decision to prohibit some liquor vendors from processing and delivering liquor orders to licensed outlets outside of their communities, and this service was considered convenient; saved bar, hotel, and restaurant owners considerable time.

Rural people who operated these liquor franchises in places like Asquith, Langham, Sonningdale, to just name a few, earned a lot of extra income for their businesses that they otherwise never would have received, and that extra income often meant the difference between success and failure in those rural

businesses.

Can the minister explain why the government has taken away this opportunity for rural businesses to earn this extra income?

Hon. Mr. Lautermilch: — Yes, Mr. Speaker. In answer to the question of the member from Greystone, I would like to just take her back through a little history in terms of the original intent and the purposes of franchises.

The franchises were introduced to rural Saskatchewan to supplement small businesses in communities where there was no service provided by the Liquor Board . . . and by the Saskatchewan Liquor Board.

I want to say that in the 1980s as the former administration changed the regulations to allow for these franchise areas to . . . basically the boundaries to come down, it became quite clear that there was a duplication of service in that some of the franchise operators were supplying into areas where there was an existing liquor outlet.

Having said that, Mr. Speaker, I would want to say that the changes to revert to the former intent of the franchises I believe is done in the best interest of the marketing of that commodity through the province.

Some Hon. Members: Hear, hear!

Ms. Haverstock: — Mr. Speaker, Mr. Minister, did you offer any of these vendors a chance to take a lower commission and still maintain their service, or did you just not consult with them at all?

Hon. Mr. Lautermilch: — Well to the member from Greystone, the answer with respect to consultation is there was a lot of consultation that had gone on over a period of a year. And I would want to say that I personally met with a number of vendors throughout this province and indicated that we were intending to have another look at this.

But I want to say to the member opposite that it's a matter of revenue that those franchises were taking in to the neighbourhood of about \$475,000. It's not our intention to put any of these franchises out of business. The intention that the franchises were put in place is still there. They still have the ability to serve their markets, which many of them . . . the rules under which many of them operated when they were given the franchises.

I think what we have done is we have put in place service throughout Saskatchewan to service rural and to service urban communities. And I believe although it has changed the way some of the franchisees will be retailing their product, I believe they still have the opportunity to serve the function which they were initially intended, and that was to serve community in some small rural areas where there was no service.

Some Hon. Members: Hear, hear!

Ms. Haverstock: — Thank you, Mr. Speaker. Mr. Minister, before making this change, licensed outlets such as bars and hotels ordered their liquor from one of four different places: any liquor store, including small-town vendors like those I've mentioned; special licensees' outlets; the Friends of the Riders outlet; and the main licensee supply depot in Saskatoon or Regina.

Now with your recent decision to take away the first three options, I might add, what kind of service do you think that owners of bars and hotels and restaurants can, especially on weekends and holidays, expect when extra supplies are limited and businesses frequently run short? I mean are they going to simply stand in line like every ordinary member of the public?

Hon. Mr. Lautermilch: — Well to the member from Greystone, I think it's fair to say that the people involved in the hospitality industry can and will plan the way they purchase their supplies, as they've done over a number of years in the past. And I want to say to the member opposite that the Liquor Board will continue to supply service to the retailers in the province, as has gone on for decades.

But just one further comment, I would want to say to the member. With respect to the sale through the franchises and the way we retail, if she is comfortable with the duplication, who then does she choose? Does she choose the franchises who are selling and duplicating in some areas, or does she choose the Liquor Board employees who are employed and who stand the risk of being laid off as sales drop in some area? Which side is she on? Who does she choose? Or does she want a fair and a rationalized service in this province?

POINT OF ORDER

Mr. Neudorf: — Before orders of the day, Mr. Speaker, I'd like to rise on a point of order.

The Speaker: — What's your point of order?

Mr. Neudorf: — Mr. Speaker, during question period it became obvious to everyone here that the minister of gaming was quoting from a letter from Mr. Egan to support his argument. Mr. Speaker, we full well know that ministerial briefing notes, department briefing notes, personal notes, are not required to be tabled. But when he makes a direct quote from a document such as that, Mr. Speaker, it is demanded that the minister then table that report for everyone to read.

(1430)

Some Hon. Members: Hear, hear!

The Speaker: — Order. I want to refer all members to Beauchesne's 6th Edition, paragraph 495:

(7) When a letter, even though it may have been written originally as a private letter, becomes part of a record of a department, it becomes a public document, and if quoted by a Minister in

debate, must be tabled on request.

So if the member was reading from a letter, then the minister must table that letter.

Hon. Mr. Lautermilch: — Mr. Speaker, I'm not sure if I referred directly to portions of the letter or if I was paraphrasing, but in the spirit of openness and the spirit of honesty, I will indicate to the opposition that I'd be pleased to table the document.

The Speaker: — Order.

Mr. Toth: — Mr. Speaker, before orders of the day, I'd like leave to introduce some guests.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Toth: — Thank you, Mr. Speaker. Mr. Speaker, to you and through you to members of the Assembly, I'd like to introduce a constituent from actually Red Jacket, just a little centre just outside of Moosomin, a Mr. Philip Wolfe. He's in your gallery, Mr. Speaker, accompanied by a number of other Saskatchewan residents who are here observing proceedings. These residents also have concerns regarding Bill No. 38, and I'd like members to welcome them to the Assembly.

Hon. Members: Hear, hear!

ORDERS OF THE DAY

GOVERNMENT ORDERS

ADJOURNED DEBATES

SECOND READINGS

Bill No. 3

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Ms. Simard that **Bill No. 3 — An Act respecting Health Districts** be now read a second time.

Mr. D'Autremont: — Thank you, Mr. Speaker. As I was saying on Friday, Mr. Speaker, when we were interrupted by the clock, that the members opposite, while in opposition, were talking very loud and long about the need for the government of the day to spend more money on health care. Their demands were consistently that more money be spent in every portion of health care, in fact every portion of social services in whatever manner.

And now all of a sudden, Mr. Speaker, when they have become the government, they have forgot all the things that they have said while in opposition, and I'm sure that they would wish that those quotes were not even available in *Hansard* or within newspaper clippings because what they said, Mr. Speaker, to get elected, and prior to the election

is not what they are doing today. They said one thing prior to the election just to get elected, and are doing something entirely different.

And it's not just the Minister of Health who is guilty of that, Mr. Speaker, it is most of the members opposite who were sitting in this House prior to the election in '91. They were all guilty of it.

The Minister of Health, Mr. Speaker, the fiend with the scalpel that's being taken to the Health budget, was saying that we needed more Health money for hospitals; we needed more Health money for nurses; more money for doctors; more money for drugs.

That with drugs going to \$125 deductible, the member from Saskatoon Broadway said that the people of Saskatchewan, the seniors, were going to have to decide between groceries and drugs. I wonder how she squares that away with the Minister of Health when the drug plan has all of a sudden gone to over \$1,700 deductible. What's the quote now going to be — that the people of Saskatchewan have to choose between food and shelter and drugs?

That's the kind of rhetoric that the member from Saskatoon Broadway was spouting while she was in opposition, and all of a sudden that does not seem to be the case when she becomes the government. All of a sudden it doesn't matter whether or not there is cuts to health care and social services. What matters is whether or not you win the election, Mr. Speaker.

Mr. Speaker, when the Minister of Health stands up and says that we're cutting funding, we're going to have our wellness model in place, as my colleague said, she is acting as a Dr. Kevorkian of the health care system, because she is helping communities to commit suicide. She's helping those communities to destroy their own hospital systems.

But, Mr. Speaker, they're not doing so voluntarily. They're doing so under the gun from the Minister of Health. She says, either you make the decisions on what's going to be in place for district health boards, or by August 17, 1993 I will make the decision. The Minister of Health will make that decision. She will appoint what hospitals will be going into what health care districts. And it doesn't matter what the people in the local areas think about it, Mr. Speaker. She will have her way; she will have her will.

The members opposite were guilty of demanding that more money be spent. And the Minister of Health while in opposition, Mr. Speaker, thought of herself perhaps as the Jeanne d'Arc of the health care system, that she was going to defend the health care system with life and limb. But it seems that once she became the Minister of Health, she forgot all the good words that she said, all her principles.

Well Jeanne d'Arc stood up and fought for what she said and for her principles, but that is not what the Minister of Health is doing today. In actual fact, Mr. Speaker, rather than being the Jeanne d'Arc of the health care system, this Minister of Health is acting more like Lucretia Borgia and trying to poison the

health care system.

Under the Minister of Health program or wellness model, what we will see is a downloading of costs, an offloading of costs onto the health care system onto local governments.

And I have a letter from SUMA (Saskatchewan Urban Municipalities Association) — actually, it's not a letter; it's a news release, Mr. Speaker — that I'd like to quote from. And this news release is from March 4, 1993. And the title of it is "Health Care Funding Through the Property Tax Base Must End." And I think that's fairly plain in itself.

Right now the union hospitals levy a tax . . . not a tax, Mr. Speaker, they put a levy onto the municipal tax base. They request funds from the urban and rural municipalities. And because those municipalities have agreed to join a regional health board, a union hospital board, they voluntarily pay this money forward.

But under the Minister of Health's scheme, the union health boards will be abolished. Therefore there will be no requisitions from funds coming down from the health boards to the municipalities. But their alternative is, is to use the hospital revenue tax Act to collect those funds.

And SUMA, in this letter, is opposed to that, Mr. Speaker. And this news release comes from Ted Cholod, the president of SUMA. And it says in here, and I quote:

SUMA is pleased that the new health district boards will not be funded out of the property tax base, an assurance we received from the Premier at our recent convention.

And he goes on to say, and I quote:

However, the new Act does not address the existing hospital revenue tax Act which amounts to a 2 mill levy.

And that is indeed the case, Mr. Speaker. Currently it is at 2 mills. But that mill rate can be changed by order in council. And that is what the great fear is of all property taxpayers in this province, that once The Union Hospital Act is abolished, it's gone, the new, super health care districts are imposed — imposed by the Minister of Health — that they will use the hospital revenue tax Act to indeed jack up what the mill rate is.

It will no longer be 2 mills, because the government has already stated that they're looking to collect \$23 million from the tax base at the present time — \$23 million.

But the \$23 million will only cover a portion of what is being cut out of the health care budgets. That \$23 million is already being used within the health care system and it does not take into account all the cuts that the minister has done in this current budget at 3 per cent, and the cuts that will come to follow. So

there will be a significant increase in the property tax base if hospitals are to be maintained in this province.

This news release goes on to say, and again it's a quote from Mr. Cholod:

Premier Romanow made a commitment to remove health care funding from the top property tax base. That being the case, SUMA is calling on the province to announce a date for the repeal of The Hospital Revenue Act, which will result in the removal of hospital levies from the property tax base.

Mr. Speaker, my colleague, the member from Rosthern, introduced just such a Bill, a Bill to repeal the hospital revenue tax Act. We've have first reading of that Bill, but unfortunately we have not been able to progress beyond that point.

On a number of occasions we have made motions to this House to do that very thing, to move on to discuss Bill 10 — An Act to repeal the hospital revenue tax Act. But the government members, Mr. Speaker, using their massive majority, have completely denied that opportunity. They have denied the people of Saskatchewan the right to hear the arguments both for and against such a move to repeal that Act.

Perhaps the government can come forward with some good ideas as to why that should be retained in place. But they're not even prepared to discuss it yet, Mr. Speaker, and I doubt very much that they will be prepared to discuss that particular Act at all in this session of the legislature.

This is one of those Acts, Mr. Speaker, that die on the order paper because the government members are not prepared to stand up and say why this particular Bill should be carried on. Because, Mr. Speaker, their arguments would be very weak when it came to trying to defend that particular Bill considering the actions of the Minister of Health.

Again I quote from Mr. Cholod:

How much input will urban councils have into the formation of the districts and what is the dispute settlement mechanism if local parties cannot agree on contiguous boundaries?

Well that's a very important question, Mr. Speaker, because indeed, not everybody in an area is going to agree as to where their boundaries should be drawn and my own area in south-eastern Saskatchewan is a prime example of that. The people of the area have held their steering committee meetings. Every community has participated in it. They have an idea of what they would like to see happen; but as it turns out, the government seems to have a different idea. They don't seem to be real keen on the idea of the hospital districts in my area forming a group of the 12,000 people. The minister has said that as a guideline she's using, 12,000 people are needed to form a health care district.

Well, Mr. Speaker, they're prepared to come up with the 12,000 people. They've talked it amongst themselves and they have their boundaries outlined in their own mind and they're prepared to put that on paper for the minister and in fact I'm sure that they already have. But when they discuss it with the department, all of a sudden the department has other ideas. The department seems to want something different from what the people in the area want, and the department and the minister seem to be prepared to push through their own ideas over top of that of the people of the area.

So what we need to know from the minister, Mr. Speaker, is whether or not if a group of citizens come forward, communities come forward, with the 12,000 people population base needed for one of these regional health care districts, will the minister accept those boundaries? Or will she try and impose something of her own?

(1445)

Because what my constituents are finding in the area is that when they come forward with ideas, all of a sudden the department has a different idea. They want them to go and talk to somebody else. They're trying to push them a different direction.

Well, Mr. Speaker, the people in my area know what they want, but the department isn't prepared to give them that. It seems like they're getting the run-around. And I would suspect, Mr. Speaker, that the minister and the department will give them the run-around until August 17 when the minister, under this legislation, under her regulation, will have the power then to impose on them what the boundaries will be.

And that's wrong, Mr. Speaker. We supposedly have a democratic country where people are allowed to express their ideas, hold a vote, and make their own determinations. And I suspect that in this particular case if those determinations do not follow the dictates of the Minister of Health, they will not be allowed.

Mr. Cholod goes on to say:

The Minister of Health has indicated that the government will provide ample time for consultation before this important legislation is passed.

Now that sounds very good. I gather that the Minister of Health feels that from the time this Bill was introduced till August 17 is an ample amount of time.

Well the people in my area, the people in Leader, and it seems that the people in Prince Albert don't feel that they have been given a proper amount of time or a proper amount of consultation, that they haven't been talked to. The people in Prince Albert said the move should not go ahead until the board is elected. Right now they're operating up there with 12 people appointed by the Minister of Health, not from the community, not chosen by the community, but appointed by the Minister of Health. And that, Mr.

Speaker, is not democratic. And putting such a short time line on such a major change to Saskatchewan's institutions, Mr. Speaker, I would suggest is not an ample amount of time.

Mr. Speaker, the Premier is the same person that once said he didn't believe health care costs were increasing in the province, or that the province is handing those costs off. I'd like to quote. The Premier, the member from Riversdale, said:

... he doesn't believe health care costs in this province are skyrocketing. (And) "The Cost of medicare is well within the budget".

And this was stated in the Prince Albert Times-Herald on Thursday, January 31, 1991 — prior to the election, Mr. Speaker. The Premier today felt that at that time that health care costs were not sky-rocketing and that medicare was well within the budget.

Other places he said that there was enough money for health care. Well, Mr. Speaker, why today does it seem like the Minister of Health does not feel that there is enough money available from the Minister of Finance to supply the health care system. Therefore she has to cut, cut the heart out of the health care system, cut the heart out of rural Saskatchewan.

When you look at it, 80 per cent of the monies that are spent on hospitals are spent on the base hospitals — Regina and Saskatoon — 80 per cent. And 20 per cent is spent in rural Saskatchewan. Well under the Minister of Health's proposal, 90 per cent of the hurt will be felt in rural Saskatchewan and 10 per cent will be felt in the major urban centres. And that's not fair, Mr. Speaker. Two-thirds of the population still live outside of Regina and Saskatoon. One-third live within those two cities. Why should the pain be felt in the other two-thirds.

Another quote from the Premier. He said:

When the legislative session begins, we are going to demand the health care system be restored to good health.

Well that's a very good quote. But it makes you wonder just what he means by good health.

And he goes on to say:

And we're going to work for a health system which will once again be the finest in Canada for the 1990s.

The member from Riversdale said the only way to turn things around was by electing an NDP government.

Moose Jaw Times-Herald, February 27, 1989.

Well I guess he has turned the health care system around. He's turned it up on its ear, Mr. Speaker. And there are a good many people out in the public who don't appreciate it.

The people in Leader the other night certainly had a lot to say about it. One gentleman got up and said, if you close this hospital, I'd like to give you an example of what would happen.

He said, I had a heart attack about six months ago. I was brought into the hospital at Leader where I was stabilized, and then I was moved on to Medicine Hat. Without this hospital here, I would have been dead. And he said, if you don't believe me, ask my doctor, who was in the crowd. And the doctor stood up and said, yes, he would have been dead.

And that's the kind of things we're talking about, Mr. Speaker. That's the kind of hardship that the Minister of Health wishes to place on the citizens of Saskatchewan.

It's my suspicion, Mr. Speaker, that once the Minister of Health has her way with the system, that in southern Saskatchewan south of No. 1 Highway there will be a hospital in Estevan, there will be a hospital in Weyburn, there will be a hospital in Assiniboia, and a hospital in Swift Current. And everybody else had better be praying that they don't need a hospital any closer than that because they will not be available, Mr. Speaker.

To quote from the Premier again, from the *Leader-Post* of November 2, 1989:

The member from Riversdale said an NDP government would be more caring and compassionate.

Romanow made an impassioned campaign speech hinting an NDP government would increase the level of support to programs and build a brand-new health care system.

Well I can see that he's building a brand-new health care system here — one without facilities. But I don't see in his statement where the increased level of support for programs comes in, because there is no increased level of support. The funding is not there, Mr. Speaker. The member from Regina Hillsdale cut the heart out of it. There is no additional funding.

I guess that the member from Saskatoon Riversdale, the Premier of this NDP (New Democratic Party) government, feels that users like cancer patients is caring . . . user fees for cancer patients is caring and compassionate — caring and compassionate to charge them for their medications and for staying at the hospital. That's what's happening, Mr. Speaker. That is what the Minister of Health is doing to the people of this province.

I guess, Mr. Speaker, that tripling the deductible for prescription drugs from \$125 to 380 was a compassionate move by the Minister of Health. This is how she demonstrates her compassion for the people of the province, by removing diabetic supplies from the drug plan. That was a noble move. That was a caring thing to do.

Charging patients for the very air that they breathe, the oxygen that they need to survive — now there's a Minister of Health and a Premier that have a heart. Mr. Speaker, even the man in the *Wizard of Oz*, the tin man had more compassion and more heart than the Minister of Health and the Premier. At least he had the sense to go out and look for it.

Mr. Speaker, they're freezing all of the health care budgets, all of the capital cost projects, and why not? They may have been scheduled for rural Saskatchewan, and rural Saskatchewan is on the NDP's hit list, and it has been since the first day after this election.

What about the bad budgetary decisions imposed by the NDP government that are affecting this province's seniors. The health of those seniors, Mr. Speaker, is at risk. Decisions like the one which will terminate all level 1 and 2 care special home fundings over the next two years — that's going to be caring and compassionate. The people who are in the level 1 and 2 care homes, according to the Minister of Health last year, should be maintained in their homes.

Well, Mr. Speaker, that's well and good providing those seniors have homes, but a good many of them no longer have houses to go back to. They're in these facilities for a very good reason, because they were unable to care for themselves in a lot of cases. They needed medication, they needed some supervision.

In a lot of these cases, while they don't need supervision 24 hours a day, they do need some level of supervision. They need to be able to count on someone to make sure that they get their medications every day, that they receive their food every day, that their homes are clean. Now home care can provide some of that. Home care is providing some of that. And in those cases where seniors are still within their own homes, that is the place for home care, and home care needs to be funded more.

We were increasing funding to home care and to the previous administration . . . and the minister has indeed increased funding to home care, but she has not increased funding to home care to such a level as to make up for the decrease in fundings to level 1 and 2 care. Home care cannot pick up the load that is being dumped on them by the elimination of level 1 and 2 care facilities. Home care is stretched to the limit already, and the small amount of monies that the Minister of Health has allocated for further projects within that program will not cover the load that they will have to carry. I have people calling me, Mr. Speaker, and writing letters with great concern about their local level 1 and 2 care homes, such as the Creighton Lodge in Estevan.

Mr. Speaker, decisions like the elimination of the senior citizens heritage program, a budget decision which literally took monies away from the seniors, money seniors could have used to pay for their drugs, or their trips to the chiropractor, their trips to the optometrist, Mr. Speaker, to have their glaucoma

conditions checked.

Mr. Speaker, the official opposition does not take this lightly; neither do the seniors of this province take this lightly. The seniors of this province are being hit directly by the decisions made by the Minister of Health and they do not take it lightly.

I've been approached by a number of seniors right here in Regina, Mr. Speaker, who are very concerned as to what this Minister of Health is doing to them, to their lifestyle, and to their standard of living. They have a great deal of concern being expressed about exactly what the member from Saskatoon Broadway was speaking of while she was in opposition, that at \$1,700 deductible for their drug plan, how are they to afford their groceries and how are they to afford their clothing.

I had one senior tell me she was out shopping the other day and when she saw what the E&H (education and health) tax was, the provincial sales tax on clothing, that she was not going to be going out buying clothing any longer because she could not afford to pay the tax and because she could not afford to pay for the drugs that she needs. And this woman is a diabetic, Mr. Speaker, and her health costs are high and she has to pay that herself. There is no government program out there that helps her to deal with this.

Mr. Speaker, I'd like to quote from a paper that came through my office one day, and it's entitled, *Union Matters*, March 1993. Now I never expected to be standing up here quoting from a union newspaper, Mr. Speaker, but it does make some good sense, what they have to say in this particular case. And the headline on it is "Taxing the sick not the answer" — because that's what the Minister of Health is doing — and I quote:

The government should abandon a plan to tackle the debt by taxing the sick, says Nancy O'Donnell of the Saskatchewan Health Coalition.

She later goes on to say: "Last year the NDP raised the annual drug plan deductible for families from 125 to \$380."

Well that was a significant change and it's even more significant — I think the minister simply works in exponential numbers; that she tripled it one year and then she tripled it again, only this time it was six times greater than what it was last year — because the deductible has now gone up to \$1,720 per year per individual. Plus, overtaking of that, they have to pay for 35 per cent of their further drug purchases.

This is a significant increase, Mr. Speaker, and not many seniors can afford to pay those kind of increases. I have a letter here, Mr. Speaker, that I'll like to quote from also. It comes from the Kincaid Union Hospital and Kincaid is down in the south-west part of the province, farming and ranching community. They have a great deal of concern about the minister's wellness model and how it's going to affect their

communities in their area.

(1500)

They're talking about the health care reform plans that they received in their community and they discussed it at a meeting of July 13, 1992, and this letter is a result of that. And I'll quote from it:

The board members feel that this new direction in health care will greatly reduce health services in rural Saskatchewan and destroy one of the best health care systems in the world.

They feel that the minister's wellness model will destroy one of the best health care systems in the world. And I quoted previously from the Premier who said that he was going to build one of the best health care systems in the world.

Well it seems that the people from Kincaid feel they already have that and they feel what the Minister of Health is doing is going to destroy what they already have. Quote further:

This is a farming community and it is a known fact that serious accidents can occur on the farms. Without a hospital and a physician in the community, some of these accidents could result in fatalities. Coronary care is important to everyone and without a hospital in our community it is felt that death could result from lack of immediate medical care by a physician. We have an ageing population in our community who are not able to travel long distances for health services and we feel that if our hospital were to close these senior citizens would be denied proper health care which they deserve.

And I have to agree with them. And this letter was sent both to the minister, yes the Minister of Health, the member from Shaunavon, and to our health critic. All the problems that the citizens of Kincaid pointed out in here are very real, Mr. Speaker. Farm accidents do happen and unfortunately they happen on too regular a basis. Coronary care, as outlined by the person from Leader who spoke at the meeting the other night, with the heart attack, is of great concern to our citizens. And we do have an ageing population that are not able to travel the long distances.

In a lot of cases, our seniors move into a community because there is a hospital available. They don't move to those centres that don't have the hospitals. They move to those centres which do have the hospitals, which have the doctors in them, and which have the other businesses within the area that can service them. They need to be able to walk down to the grocery store and they need to be able to walk to the hospital and to the doctor's office.

What the Minister of Health is proposing will not allow them to do that. What they may actually end up having to do is use ambulance services whenever they want to go to the doctor. And the seniors can't afford

that because the Minister of Health raised the prices up on that too.

Then the minister . . . the community of Kincaid also sent another letter to them — the first one was dated July 17 — sent another letter to the Minister of Health and this was dated July 20, so it's only three days later, Mr. Speaker, and I'd like to read the letter to you. It says:

Dear Minister of Health: In regards to your wellness approach to health care, the idea of promoting a healthier lifestyle, reducing stress, reducing depression and suicides in order to reduce our health care needs may sound like a good idea but here in the real world, in our small community, people still get into car accidents, farming accidents, have heart attacks, strokes, and just simply get sick and die regardless of their lifestyle.

And that will continue to be the case. The Minister of Health may suggest that we should all live a healthier lifestyle, and perhaps we should, but there's one thing for certain, Mr. Speaker, no matter the lifestyle that you do live, healthy or unhealthy, your time will come at the end and you will die. And no matter whether you've lived a healthy lifestyle that the Minister of Health wants or not, you will die. While some of the members opposite seem to think that they're immortal, I would suspect that that is not the case, Mr. Speaker.

To quote further:

You cannot legislate people into being healthy in a free country. It is a personal choice. Money that is now being spent on hospitals, jobs, doctors, and medication, will now be spent (under your wellness approach) on promoting a healthier lifestyle to people who will ultimately make up their own minds anyway. In the end, you will be purchasing nothing. This province has the most hospital beds per capita in the world.

This was a quote:

This province has the most hospital beds per capital in the world.

And the question was:

Is this a bad thing? If this is a problem, it is because we have too few people, not too many beds.

And I think that's very accurate. The problem is we have too few people in Saskatchewan, not too many hospital beds. And, Mr. Speaker, since August 21, 1991, the population of Saskatchewan has continued to decrease. It has not grown. The buses haven't turned around in this province and come rushing back in. No, the out-migration continues, Mr. Speaker.

I carry on with the letter:

Look at this problem from the aspect of your wellness approach and treat the problem, not the symptom. Expend the amount of money and time going into reconstructing the health care system on getting the province working, attracting businesses and promoting trade. I'm sure that in the end you will find we can afford our system.

The people of Kincaid are suggesting, Mr. Speaker, that the government opposite promote Saskatchewan, that we build our economic base, that we encourage businesses to relocate in Saskatchewan and we create an environment by which they will come here and by which they will prosper.

That we need to increase our tax base rather than destroying what we have, rather than imposing health care taxes on the property tax base which discourages people from coming into this province and setting up businesses, which discourage people in this province from even buying homes.

I talked earlier about the seniors that will be taking their money and leaving this province. That doesn't promote our economic tax base. That promotes Alberta's economic tax base, or Victoria's economic tax base, but it does not help Saskatchewan, Mr. Speaker.

I'll carry on with the letter:

Closing our hospital would be a fatal blow to our community. The jobs and population loss would only compound the problems that you are trying to solve.

Our system of health boards as it stands is an efficient way to see that each community's needs are met in regards to health care. Dismissing our current health boards and replacing them with regional representation with the powers of taxation would result in taxation without representation.

And I seem to remember that statement coming up some other point in history, perhaps in Boston.

In conclusion, I would like to encourage you to please address the real problems of this province and not the symptoms.

And this was signed by the mayor of the village of Kincaid.

Mr. Speaker, the people at Kincaid expressed it very well for all the rural communities in Saskatchewan. Some of the larger communities in Saskatchewan thought that perhaps under the minister's wellness model they would somehow escape the knife, but not with this minister, Mr. Speaker. While some of those communities may indeed retain a hospital, that hospital will not be as they currently know it. It will be nowheres near the size of what they currently have.

Even if, in the south-east corner of the province, Estevan was to gain the southern half of my constituency into their hospital district, there would still not be enough people within the area to maintain the number of beds in the new hospital that was built in Estevan. Those beds would have to decrease by at least half if the minister's statements of 1.25 to 1.5 beds per thousand are to take place.

And every hospital in this province other than those in Regina and Saskatoon will face exactly the same position. They don't have enough population in most of the communities to maintain the hospital beds that are there. Regardless of whether or not you have a hospital left there, you will lose beds, you will lose staff, you will lose people from your communities.

I have a newspaper clipping here, Mr. Speaker. The title of it is, "Rural hospitals feel fiscal squeeze", because that is exactly what the minister is doing to rural Saskatchewan. That is what the entire government is doing to rural Saskatchewan. It's just not in the health care system; it's in education and municipal governments. It's right across the board.

Agriculture — the government bragged about how they were putting \$12 million into agricultural research this year, when they cut it from 17.5 million. Quite a thing to brag about.

A quote from this clipping of February 18, 1993, the *Leader-Post*:

And one speculated that the move was designed to start squeezing the fiscal life out of rural hospitals.

"I have a feeling we're being tested to see how long we can manage with less funding and more expenses," said Madonna Unterreiner, the chief executive officer and director of nursing at Bengough Union Hospital.

Bengough Union Hospital. Doesn't sound like they're real keen, Mr. Speaker, on the Minister of Health's proposals. That they are trying to cut the heart out of rural Saskatchewan's health care system. That they're being squeezed until they surrender. That's what they're doing, Mr. Speaker. The minister is squeezing them until they'll surrender and go into whatever form of district she wishes.

I wonder what the response was from the member from Bengough-Milestone to her hospital boards in that area. Is she encouraging them to participate with the minister so that they can lose their hospitals? Because once they go into the larger areas, there isn't enough beds to go around, Mr. Speaker, to maintain the hospitals in her area.

The hospital for the people of that area — for Bengough, Pangman, Radville — will be either Estevan or Weyburn, or perhaps if they live far enough west in the area, Assiniboia, but there will be no hospitals in that constituency.

Quote further on the clipping:

A very low-key announcement was made last week by the province's five regional hospitals about the end of the support services program.

This program, Mr. Speaker, dealt with the services that the base hospitals provide to rural Saskatchewan. They provide such things as dietary advice, drugs . . . They order drugs through the regional hospitals. Perhaps 30, 35 hospitals will amalgamate and get one of the larger hospitals, the community . . . excuse me, not the community-based, the regional-based hospitals such as in my case it was the Plains hospital that was providing this service.

They would provide these services out into rural Saskatchewan. Because of mass buying power, it was quite efficient. They were able to save a lot of money. They had staff on hand at the regional hospital, the Plains hospital, that would go out into the rural areas and visit each hospital and give them advice on nursing, on dietary care, on prescription drugs.

So what did the Minister of Health do? All of a sudden, bang, it's gone. These hospitals had to turn around and try and scramble and find their own services. One administrator told me that for certain drugs, without going through the purchasing power of a larger unit, was going to cost him three to five times as much money . . . cost the hospital three to five times as much money to provide the services that they were being supplied through the regional health services.

Well, Mr. Speaker, this is a severe blow to those hospitals. Their budgets were cut, they had no other place to gain access to funds, the taxpayers couldn't support them any longer and yet the minister is cutting those kind of services out of the budgets for them. This is devastating.

I'll quote Ms. Unterreiner. She said, "We were never consulted".

"If wellness is one of the driving forces behind health reform, then this has been done backwards," said Len Harasen, administrator of Wynyard Union Hospital.

For example, consulting dietitians will be one of the services that will be lost from the various regional hospitals.

And for what purpose? I'm sure that the Minister of Finance appreciated the cost savings. I just wonder how the member who represents Wynyard, what his remarks were to his hospital when these services were cut out of there. Did he go to the Minister of Health and complain? I never heard anything about it if he did. Hopefully they did, Mr. Speaker. Because these were services that were needed, that were essential to those communities. With the Minister of Health cutting funds to those communities, where were they to find replacement money when the costs increase from three to five times . . . 300 to 500 per cent increases overnight.

The director of the Bengough Union Hospital felt that, "Our diabetics will be forced to go elsewhere."

(1515)

And perhaps that's the key to it, Mr. Speaker. People will be forced to go elsewhere for their health care. They will be forced to go into the major centres or perhaps they will even be forced to go out of the province. Because if they're forced to go into the major centres, then all of a sudden the minister can stand up and say: well look, nobody's using the hospital out at Bengough, so why do we need it; let's cut it, close it down. Because that's what the Minister of Health does indeed want to do. She wants to close down most of the hospitals across Saskatchewan.

I'd like to quote:

(a) Mr. Dick Chinn — administrator of the Plains Health Centre, one of the regional hospitals — (and the hospital that supplied regional health services to my communities) said a meeting will be held on March 2 with the 30 to 35 hospitals his institution served to see what could be salvaged from the situation.

Attempts were made to reach either Health Minister Louise Simard or Associate Health Minister Lorne Calvert for comment, but a cabinet press spokesman said they were unavailable for comment.

Well that seems to be typical of the minister . . . with this government. Whenever there is a meeting to be held out in rural Saskatchewan, they generally don't show up.

In my case, as far as I know, two ministers have gone out, and that was just lately, in dealing with the Bear Claw Casino. In my constituency the Minister of Health or the Associate Minister of Health have not showed up for one meeting. They've sent their bureaucratic flunkies out or their bureaucratic hatchet men, but the minister has never come out to speak to the people in the area, to explain what she's attempting to do and the reasons behind it. No, no, Mr. Speaker, she hides in her marble tower, hides up in her office behind her oak doors, in case the public should ever find out what the real reason she's doing this.

I have a letter that was printed in the paper, *Leader-Post*, December 23, 1992, from a Frank Plawucki — and I apologize to him for mispronouncing his name.

The political philosophy that brought in medicare will dismantle it if elected to a second term.

This is what he says:

The political philosophy that brought in medicare will dismantle it if elected to a second

term.

Well, Mr. Speaker, I would almost think that they're going to have it mostly dismantled in their first term because they only will get one term. I quote further:

Tax increases will continue at high rates despite the fact the government says we're "all taxed out".

And we are, Mr. Speaker, and the people have said that in spades. And I quote:

While the NDP did "open the books" of the previous government, we already knew the province's finances were in a serious mess. The solution? Huge tax increases in 1992.

Well I wonder how this citizen likes the new tax increases in 1993. Provincial sales tax went up again by, what, 11, 12 per cent from 8 to 9 per cent. Another quote:

The new NDP provincial executive had better get this group pointed in the correct direction. Otherwise, political buffs will have a new trivia question: which two premiers led one-term governments? The answer: J.T.M. Anderson and Roy Romanow.

And I think, Mr. Speaker, that that will indeed be the case. We have some new trivia that will be in place here after the next election for all the political pundits to quote.

Leader-Post, August 10, 1992. Headline: Hospital closures portend uproar. And this is written by Kevin O'Connor:

The mayor of Climax, population 268, doesn't mince words when he talks about what would happen if the government ever decided to close Climax Border Union Hospital. "It would be a disaster for us," Mayor Dick Enstrom says simply.

And it would be, Mr. Speaker.

And what has the member from Shaunavon done to see to it that the Climax hospital remains open? Will he stand up in this House and defend his communities and demand that the Minister of Health reconsider her decisions that 1.25 to 1.5 beds per thousand be the directive for across this province? Will the member from Shaunavon talk to the Minister of Health and ask her to reconsider?

Again I quote:

After all, the primary benefit of Saskatchewan's small-hospital system is obvious to anyone who's ever found themselves in need of medical attention in places like Theodore, Nokomis, Leoville, or Fillmore.

And indeed we need these hospitals across this

province, Mr. Speaker. The people of rural Saskatchewan need to know that their health care system, that their health, their children's health, is being protected. And under the minister's proposals that is not the case.

This clipping goes on to say:

The Conservatives for their part make no apologies for the pace of capital construction maintained during their administration. "We continued to build nursing homes while you were buying potash mines."

And this is from my colleague, the critic for Health, the member from Rosthern: Many of these replacement hospitals that were built, and I quote, many were replacements for hospitals that dated back to the 1940s and the 1950s.

And indeed, Mr. Speaker, I was born in one of those hospitals that was old at that time, in the 1950s. I'm not going to tell you when in the 1950s, but in the 1950s. And that hospital is still there today and it is in need of some renovations. And the people of that community of Redvers would like to be able to go ahead and plan their future and do that construction. They have their money in place and they're just waiting for the approval from the government opposite. And I would suggest that they will wait in vain for this government to ever approve another hospital construction in rural Saskatchewan.

And I quote:

And for them, the prospect of having their local hospitals taken away is the final kick in the head from government and the beginning of more economic woes.

Because that will indeed be the case, Mr. Speaker. As the hospitals close, people will no longer have a reason to go and live in those communities. They will no longer have as great a reason to go and visit those communities. And so the economics of rural Saskatchewan will continue to decline, brought on by the Minister of Health and the government opposite, just as the inflation rate in this province is brought on by the government opposite.

Newspaper clipping of August 18, 1992 from the *Star-Phoenix*. Headline: "Rural Areas Concerned over Health Care Changes". And this goes across the province, Mr. Speaker, not just in isolated communities, but every community. And I quote from this article:

Kyle Mayor Ansgar Tynning worked 15 years to bring a modern hospital to his town.

And he goes on to say:

Eliminating acute care beds would be the beginning of the end. It's going to be tough to attract a doctor without those beds. We have 34 senior citizens' housing units in town. These

people need assurances a doctor will be there.

The doctor the other night at the meeting in Leader stated that if the hospital in that community is cut down to the projected 1.25, 1.5 beds per thousand, which would amount to between two and three beds in that hospital, that he will not be providing medical services within that community. That for him there was no point in being in that community with those few beds; that he needed more access to better medical facilities than what a two-bed hospital would provide. And I'm sure that will be the case across this province. That doctors will not continue to reside in the rural areas if they don't have access to acute care beds.

We have a few doctors in my constituency that live in a community that do not have acute care beds, but they have access down the road, 10 miles perhaps, to a facility with acute care beds. But if they had to travel 50, 60, 70 miles, 100 miles to get into a community with acute care beds, they will not be doing so. The patients, the people who are sick in this province, will be travelling that 50 to 100 miles to find a doctor, not the other way around.

Doctors in the cities don't even make house calls. Doctors in rural Saskatchewan can't afford to make house calls, so the patients will be the ones that have to do the travelling. So the economic burdens will be placed on patients, on the people of rural Saskatchewan, and not on the health care system.

So that's just another method of offloading — indirect taxation of the people of this province. Hidden taxes. And that's what this government is all about — hidden taxes on the health care system, hidden taxes on education, hidden taxes on municipal governments. And at the end, each and every one of us who's a property owner will be paying for the decisions made by the members opposite.

I just wonder how the members opposite, when they return to their constituencies, explain that to their people. Do they explain why next year when you receive your municipal tax levy, there is going to be a major increase.

All you have to do is take a look at what your hospital is costing today, what your education system within your community is costing. The education divisional board that I live within was looking prior to the budget at a possible cut of half a million dollars out of their education budget. How are they going to make that up? They're going to have to do one of two things. They're going to cut programs or they're going to tax you more. And this government is doing that right across the board, and it's going to be tax more in every case.

Ansgar Tynning goes on to say in this clipping, he said:

... that hospitals in Beechy, Dinsmore, Lucky Lake, Elrose, and Kyle likely will be closed by a health district board.

And I agree with him on that.

At Beechy, a fund-raising campaign to build a new hospital seems to be academic now. Mayor Keith Andrews has a sense the town is on the hit list.

There's a number of communities across this province that have money in place, that have been actively working to try and support their hospitals. I attended a function two weekends ago in my constituency, that was to support the Oxbow Union Hospital. And that's just in one community.

Every community across this province has been doing functions like that to help to build their communities, and this government is cutting the heart out of that idea. It's cutting the heart out of volunteerism in this province, because people need something to work for, and the destruction of their health system is not something that they are prepared to work for.

A quote from the *Star-Phoenix* of August 19, 1992: Don't fund health plan through property taxes — SARM.

I read from a letter sent by SUMA to the minister . . . or a news release by SUMA asking that very same thing: don't tax the property taxpayers to pay for health. And I quote from it:

"The government will find rural municipalities adamantly opposed to any consideration of funding new health facilities through property taxes," says Bernard Kirwan, president of the Saskatchewan Association of Rural Municipalities.

And this message, Mr. Deputy Speaker, comes not just from the president but from every rural municipality, from the reeves and councillors and indeed the taxpayers. All you have to do is attend a few municipal meetings around the areas and you'll find that the taxpayers are complaining vehemently about the property taxes they are being forced to pay.

I had a fellow come up to me just the other day and said: for education, property taxes in urban centres amounts to \$12 per capita; in rural areas, in farming communities, it amounts to better than \$2,000 per capita.

The farmers of this province feel that they're already carrying a disproportionate burden of support for education. And now the government opposite is proposing to download onto them the costs of the health care system.

Kirwan says:

"SARM will argue strongly for elected boards that should in no circumstances be given authority to tax. We just cannot continue on this insidious idea of taxing property for every conceivable social program that comes along. It's killing initiative and it's driving businesses

out of the province," Kirwan said.

(1530)

Well we agree with Mr. Kirwan when he demands that the boards be elected. They should be totally elected, Mr. Deputy Speaker, not some elected and some appointed. Totally elected.

The people in the districts, when they are formed . . . because the government will push this thing through unless the people rise up and demand otherwise. These boards will have to be elected, Mr. Speaker, if the people of the communities are to feel any comfort at all. It has to be their representatives that sit on those boards and make those decisions.

It has to . . . and the government has to listen. It has to be prepared to listen. Not dictate, listen to what these boards have to say. Because the Minister of Health up till now has not listened. She has not listened at all. In fact she hasn't even gone out to talk to the people, so they haven't had a chance to communicate with her.

The government has to listen to what these boards say. They have to be able to make their own funding decisions. And that may very well mean, Mr. Speaker, that they want more funding than what the Minister of Health is presently proposing for them.

It does not serve the purpose, Mr. Speaker, of having anybody elected to a board if you're simply going to tell them, well here's a little bit of money you're going to get and you make your own decisions after that. They have budgets today and those budgets should be maintained, and let the people in the areas make the decisions as to what they want to do with that money. It may very well be that they will rationalize, cut their system themselves, but I doubt it. But they need to be given the opportunities to make their own choices, not have their choices imposed on them by the government.

And as Mr. Kirwan says, taxes on property base, it's killing initiative and driving businesses out of this province. And that's what this government has done since being elected in 1991. All their tax increases are doing exactly that. They're killing initiative and driving the people out of this province, driving businesses away from this province. The hotel chain that was coming to Melfort is gone. Why? Because of the minister's statements and because of the taxes that are being done in this province.

Another quote from the *Leader-Post* of August 19, 1992, and I quote: "Simard rejects public hearings". That's the headline, written by Mark Wyatt. I'd like to quote it. Dr. Hal Baldwin, the President of the Saskatchewan Medical Association is quoted in here and it says:

But Baldwin said he hopes that money spent on lifestyles, preventive medicine and wellness programs will not be taken out of the amounts available for traditional acute-care medical treatment.

That's right. He's hoping that money being spent on wellness programs will not be taken out of the acute-care medical treatment areas. Well that's what's being cut, Mr. Speaker. When you close down hospitals, when you move hospitals to a 1.25 to 1.5 beds per thousand, that's what you're doing. You're cutting it out of the acute-care medical treatment area.

Baldwin, who is attending the Canadian Medical Associations' annual meeting in St. John's, Nfld., said he is also concerned the creation of 20 to 30 health districts could create a situation where various districts are competing against each other for the best available facilities.

And that is happening. Communities are being pitted against community to try and salvage their hospital at the expense of somebody else. Or as in the case of the south-east, where the communities have got together and have made a decision as to what the outline to their boundary they would like to have in place, they are getting a great amount of pressure from the department to go some place else. Because it's the department's feeling, I believe, that they have a facility in mind that they want to see be the central location for the regional health district and the other hospitals in the area will be closed because they don't . . . Under 1.25 to 1.5 you cannot maintain the number of hospital beds. You can't even maintain those many hospital beds in Estevan, let alone bring in the surrounding communities.

In my own area, under present circumstances, we have about 80 hospital beds. You move that to 12,000 people-base for the district hospitals, and you're at 15 to 18 beds. So what do you do with the rest? You have one facility for all the area. Well it's a long ways across. People can be driving 60, 80 miles to find a hospital, and that's not right, Mr. Speaker.

Prior to the budget last year there was a pamphlet put out at a meeting in the Rosetown constituency, and it says, defend medicare; medicare is under attack. And indeed by the Minister of Health from this very province, that's who health care is under attack by. And it goes on to point out in this pamphlet about the increase in the drug plan to \$380. And now it's 1,720.

At this particular time the people of the province were worried about health care premiums being imposed on them. That was not the case, as it turned out. But there were a significant amount of cuts.

And what's really interesting about this, is that this pamphlet was being distributed in front of a meeting of the New Democratic Party in the Rosetown constituency, the Minister for the Environment's home seat. And it asked that people contact him to get the government to change their directions.

I'll read one piece here: Urge the Rosetown-Elrose NDP constituency executive to take a stand in defence of universal health care and to contact executive members.

Well perhaps since the members of the Rosetown-Elrose constituency did manage to protect the health care system from user fees . . . not user fees, hospitalization fees, in this particular case, they should contact the Minister of Health again because they failed in protecting the citizens of this province from user fees, because that's exactly what we have now, dealing with chiropractic care, optometrists, dealing with diabetics. We have user fees. Perhaps they need to go back out again and contact people, contact their executive to get the Minister of Health to turn around.

A quote from *The Western Producer* of March 16, 1989:

NDP opposition leader Roy Romanow said there is no doubt Saskatchewan needs a preventative health program that gives the same quality of care to everyone, but he doesn't like the sound of proposals to consolidate health care in rural communities.

"Consolidation very often is the catchword for closing down or something of that nature," he said.

Well indeed, is that not somewhat prophetic of him? Because that's exactly what his hand-picked, hand-chosen, the handmaiden of Health in this province, the member from Regina Hillsdale, is doing. Her consolidation is indeed closing down hospitals in this province.

And the now Premier says he doesn't like the sound of proposals to consolidate health care regions in rural communities. Well he must be shaking in his boots now, Mr. Speaker, because that's exactly what his health care minister is doing.

I wonder: how does he defend those kind of words? Was he telling the truth here when he said he didn't like the sound of it, that consolidation is often the catchword for closing down? That's what he said. Now what is the real story here? Who was he trying to fool when he said that, or what is he doing now?

Well I think what the case was, Mr. Speaker, was that: say anything you want as long as you get elected. That seems to be the *modus operandi* of the members opposite.

The NDP Minister of Health continually says that people will be protected, that if they do not have enough money they will be taken care of. Is it true? Or does this only apply to those on social assistance?

What happens when social assistance rolls increase to a level where the government cannot afford to sustain them? What happens to the people who are borderline, who do not receive any social assistance but do not have any spare cash in their pockets when they have to pay out their \$1,720 plus their 35 per cent? What happens in those cases? Do they get to claim social assistance?

What happens when Bill 3 forces even more people to social assistance? I guess we'll have to ask the member from Saskatoon Broadway what she proposes in that kind of a circumstance.

I'd like to read a few NDP health promises, and this is a quote from the Premier of October 3, 1993 on the Harasen line during the election campaign: We will not charge premiums or deterrent fees or utilization fees, as they are called, for a number of reasons. Basically the fundamental is they are not a fair way to finance the health care program.

Well, Mr. Speaker, we haven't seen premiums, but we have seen deterrent fees and utilization fees. As I mentioned a few minutes ago, we saw that with diabetics. We see that with oxygen, that people now have to pay a large amount of money to receive oxygen. We see it with chiropractic care and optometric care.

These are indeed deterrent fees or utilization fees. If you use it, you pay — that's what this is saying. And that's what the Minister of Health is doing with our health care system.

Another quote from the *Star-Phoenix* of November 9, 1987.

While it's still three years away, the new leader, Roy Romanow, has begun building the platform for the next election. He is starting with health care and promises . . .

The Speaker: — Order, order. Why is the member on his feet?

Mr. Harper: — To ask leave for the introduction of a guest, Mr. Speaker.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Harper: — Thank you, Mr. Speaker. Mr. Speaker, I would like to introduce to you and through you to all the members of the House a long-time friend of mine who is seated in your west gallery, Mr. Jim Feeley.

Mr. Feeley, a former resident of Canora constituency who has for some time now been living here in Regina, has taken some time out of his busy schedule to be down here today and take into account some of the proceedings of the House here. So I just ask all the members to give him a warm welcome.

Hon. Members: Hear, hear!

ADJOURNED DEBATES

SECOND READINGS

Bill No. 3 (continued)

Mr. D'Autremont: — Thank you, Mr. Speaker. As I

was quoting from the *Star-Phoenix* of November 9, 1987:

While it's still three years away, the new leader, Roy Romanow, has begun building the platform for the next election. He is starting with health care and promises to restore the prescription drug plan and the children's school-based dental program, changed or dismantled by the PC government. If the NDP forms the next government, health care will be its number one priority.

Well, Mr. Speaker, if health is the number one priority of this government, the rest of the departments are in very serious trouble. In fact it makes one wonder, if health is the number one priority of this government, why do we have 18 ministers of the Crown? Because the way the cuts are being . . . are happening in health care, there's no need for the other departments, because if they're lower on the list of priorities with this government, they're in very, very, serious trouble. And everyone had better be watching their back pockets when the ministers get around to visiting with them, if they ever do.

Another quote from the *Leader-Post*, of April 19, 1991 from the Minister of Health:

"Why should the sick and elderly carry the burden of your incompetence?"

I think that quote could be directed at her directly, totally, Mr. Speaker, because what she is doing with this health care system is and does demonstrate incompetence. When the seniors of this province have to shoulder the tax burdens, when the sick of this province have to shoulder the tax burdens that she's offloading onto them, that is incompetent, Mr. Speaker.

Another quote from the *Leader-Post* of March 26, 1991 and I quote:

NDP health critic Louise Simard immediately accused the government of eroding the health (care) system by starving it of money.

Well, Mr. Speaker, we increased funding to health care under the previous administration. My colleagues that were here at the time looked after the people of Saskatchewan's health needs. They built the system. They built the nursing homes, Mr. Speaker, that had had a moratorium put on them from 1975 to 1982 — no new nursing homes within this province; no new nursing home beds within this province.

What were the seniors supposed to do, not get older? It would be nice if we could do that, Mr. Speaker. And I'm sure some of the members opposite wish they could do that, but none of us can stop the ageing process. We will all get older, Mr. Speaker, and there comes a time when we do need a place to retire to. Hopefully we can retire to our own homes for a good many years, Mr. Speaker, but at some point in time for some people, there comes a need of some services

and nursing homes are one of those services which they need.

And the government opposite, the Premier opposite, when he was in government in the Blakeney years, did not help. They did not build any new nursing homes, any new nursing home beds from 1975 to 1982 when this province had money, Mr. Speaker, when they were buying holes in the ground, when they were paying sixteen and two-thirds per cent interest to borrow \$450 million to build Saskatchewan Mining Development Corporation, they provided no nursing home increases for the people of this province.

(1545)

A quote from the Minister of Health, *Leader-Post*, April 27, 1991:

the Devine years meant cutbacks, hospital bed closures and fired health care workers.

Again, Mr. Speaker, those can be the exact quotes that will be used with the Minister of Health's name on there, rather than the member from Estevan. Because that is exactly what her program means — cut-backs, hospital bed closures, and fired health care workers.

The member opposite is having a reign of terror across this province with the hospitals and the people who work in them. And there are words that can describe the effect that her wellness model will have, such as calamity, cataclysm, and catastrophe. That is the effect that this Minister of Health is going to have on health care in the smaller urban centres and in rural Saskatchewan, Mr. Speaker.

A quote from the member from Saskatoon Broadway, *Hansard*, November 4, 1987:

The health situation in this province is out of control . . . We have a drug plan where people are making decisions between groceries and prescription drugs. Too little too late.

Well now, Mr. Speaker, it's none at all. If you are not on social assistance or can't prove that you're a senior with very high drug costs, you will pay \$1,720 a year plus 35 per cent. And this is the compassion and caring as demonstrated by both the Minister of Health and the Minister of Social Services.

What's the Minister of Social Services, whose quote I just read, doing about this? What's she doing to protect the people that she represents? Not just those people on social service but the people of Saskatoon Broadway, the seniors that live in that area, the families with children that are ill that live in that area — what's she doing about it? We haven't heard "boo" from her when it comes to trying to slow down what the Minister of Health is doing.

A quote from the Premier, Moose Jaw *Times-Herald*, February 27, 1989, and I quote:

"Romanow said the Devine government has

caused considerable harm to "the finest health care system in Canada" by "destroying" the prescription drug plan and the dental care program and not providing hospitals with adequate funds."

Well, Mr. Speaker, the people of Kincaid agree with most of that statement. The only thing is they would flip the names around. Instead of it being the previous premier, it's now the current Premier who is not providing adequate funds, who is destroying the prescription drug plan. And the people across this province are waking up to that fact, Mr. Speaker. They're becoming very aware exactly what the people opposite are doing. The Minister of Health can hide in this building but she will not be able to escape the wrath of the people of this province when it hits their communities.

Another quote, Mr. Speaker:

"Health care and education have been underfunded and serious cuts have been made in these and other important services. There has been increasing tax pressure on the business community, the home owner, and the farmer because of underfunding to municipal governments and school boards.

And I agree totally with that, Mr. Speaker. And I'm sure that when that was written, the members opposite agreed with it totally also. Because that's a quote from *The Commonwealth* of December 1989. *The Commonwealth* — the NDP Party's own press organ.

I have a few other quotes, Mr. Speaker, I'd like to read into the record. And this comes from a document that we received in 1992. And it was the NDP wellness model for health care in Saskatchewan and it talks about decentralization. And the quote from page 1 of this document is:

Services must be decentralized, coordinated, amalgamated, and changed to reflect economic reality in Saskatchewan in 1992.

In another quote dealing directly with decentralization . . . As the member from Saskatoon agrees with the first quote, I wonder if she'll also agree with the second one:

. . . health care costs . . . (are) spiralling out of control, and that's a phrase that we've heard a lot these last (few days) few years. Yes, we've heard it many times, and it's all part of the PC rhetoric to try and get people to believe that medicare cannot be properly financed and cannot be publicly funded without cut-backs, without cut-backs or some form of rationalization or without privatization of health care services. That's all part of the PC rhetoric to attempt to convince people that in the province of Saskatchewan we cannot afford medicare as we know it . . . we have to make changes.

And this is a quote from the member from Regina Hillsdale, the current Minister of Health, from *Hansard*, June 5, 1990, page 1810. Well this document, this wellness model, this quote from decentralization comes from the document from the minister's department, from the one that she used in designing the wellness plan. And in one place it says, decentralization is good. And her quote from *Hansard* says it's bad. Well which one is it, Mr. Speaker?

We now see that she's encouraging privatization of the health care system. Because with her cut-backs it has increased the privatized fees . . . the services provided by the private corporations to health care such as Blue Cross, MSI (Medical Services Inc.), and Group Medical insurance.

They're filling in the gap, Mr. Speaker, left by the Minister of Health. But not everybody in this province can afford to have the additional health coverages. But the Minister of Health doesn't seem to be too concerned about that. The Minister of Health is encouraging privatization which she condemned in *Hansard* in 1990. But now she's encouraging it.

Another quote from the wellness model, dealing with advertising. From page 2, I quote: The wellness project heard about the need to devote more time and money to health promotion.

I'll read another quote from the Minister of Health also from June 5, 1990, in *Hansard*:

For example, I referred to the advertising and promotion campaign that this government is undertaking. And I believe that although there is some room for health promotion, advertising of health promotion, that this government has gone overboard . . .

Her own words, Mr. Speaker, is that she condemns health promotion advertising and yet in her wellness project she's advocating it. Again it's a total flip-flop, Mr. Speaker, a total flip-flop.

In 1990 it was said to get elected. In 1992 it's what she's doing once she's elected. And there were changes even from 1992. The advertising that the minister is putting out in supporting her current program, Mr. Speaker, is just a snow job. She's trying to fool the people into believing that what is being done is in their best interests. Well, Mr. Speaker, the people of this province are seeing through that. It may be a snow job to blind people but the people are seeing it, even those that have difficulty, Mr. Speaker, because they have to pay now for their optometric services, understand what the Minister of Health is doing to them.

Again from the wellness model dealing with health boards: The new health districts will be governed by interim boards appointed by the Minister of Health. These boards will assume all responsibilities and powers now held by the districts. From page 8 of that document.

I quote again from the Minister of Health from *Hansard* of June 5, 1990: I would like to know, Mr. Minister, how there will be more community input by removing boards from rural Saskatchewan in small communities and replacing it. That's what she said in 1990.

Again from *Hansard*: And the small communities are very concerned, Mr. Minister, because they believe that the regional board will put the emphasis on the regional hospital as opposed to their small hospital.

And, Mr. Speaker, that's exactly what we're seeing happening today. That's why in my area the steering committees have formed what they consider to be the proper boundaries. They've got together with everybody in the area, they've got their 12,000 people, they have their boundaries as they see them. And then all of a sudden they get a phone call from a Rus Duncombe from the department and says no, we want you to come to a meeting on Tuesday night in Lampman to meet with Estevan steering committee.

What's the reason for this? The people representing the health districts, the steering committees in my area, had what they considered to be the proper boundaries. Why is it all of a sudden that they have to come to a meeting to talk with the Estevan district? They have the district that they want, Mr. Speaker, but it's not good enough for the Minister of Health because it doesn't give her what she wants. And she wants the hospital in Estevan to be the district hospital in that area so she can eliminate the rest of the hospitals.

If the people in the area get the district as they've outlined it, they will continue to have some hospitals in their area. But under the Minister of Health's designs, they will not have that.

Again I quote from the Minister of Health in *Hansard* from June 5, 1990: And if it means eliminating large numbers of community boards, then it is reducing community input, which is one of the things that is so important in our health care system.

I agree with that. It is very important that the communities have the opportunity to have some direct input into what is going to happen in their communities. But the minister hasn't been out to hear what the people have to say. The bureaucrats have been out, not to listen, but to pass information on. But when they get there, they have no information to pass on to anybody. Their answer is, well I don't know; it hasn't been decided yet. Sorry, we can't tell you that.

Well, Mr. Speaker, until the minister is prepared to go out there and be part of the process and listen to what the people have to say, there will be no community input.

A final quote from the minister, of June 5, 1990: The decentralization will result in disparities across the province.

And that is indeed the case, because the hospital

districts will have the power to ask municipalities — not requisition, but to ask that the municipalities in their jurisdiction voluntarily put some money into the health care systems.

Also through the government, they will have the power to use the hospital revenue tax Act to tax the property base. Nobody knows yet how that money is going to be distributed, Mr. Speaker. Will it come into central funding into the Consolidated Fund to be dispersed around the province, or will it come into the regional health districts? We haven't had any answers. The government members won't discuss the hospital revenue tax Act.

So when the district boards request money, request that the municipalities volunteer some funds for the health districts to maintain their hospital, some communities have the financial capabilities to do so. Others do not, Mr. Speaker. And those communities which do not have the capabilities to provide additional funding to their regional health districts will have second class health care in this province.

Some communities — take the potash mines — they have a good tax base. The oilfields, pulp mills, they have the tax base to tax that can provide some monies. Those areas that just are farm communities, Mr. Speaker, do not have the capabilities to pay additional taxes to support a health care system. So in those areas where there is not the capability to pay an additional tax, the health care system will deteriorate, and we will have the two-tiered health care system that everybody fears in this province.

Again from the minister's health care wellness model discussing hospital closures, and I quote from page 11 of the document: A total of 66 small facilities in Saskatchewan having less than 10 acute care beds, these small hospitals must change to meet our new realities. Ultimately some existing facilities may close.

The quote from the Minister of Health, June 5, *Hansard*, 1990:

Now the Murray report does not say that rural hospitals would be closed. It says hospitals with an acute daily census of less than 10 would be transferred into community health centres. But let me tell you, Mr. Minister, people in rural Saskatchewan are interpreting that as leading to the eventual closure of their hospital. And I want to know, Mr. Minister, whether you support that proposal and what you intend to do to make sure these hospitals remain viable . . .

(1600)

Well now that person who said that is now the Minister of Health, and what is she going to do to ensure that these hospitals remain viable? Well, Mr. Speaker, I think we have seen what she is going to do. She's going to close them, and that's exactly what she was complaining about.

Ultimately some existing facilities may close, is what she says in her wellness model. A direct contradiction to what she said in *Hansard* on June 5, 1990, a direct contradiction, Mr. Speaker. And how does the Minister of Health stand up and defend her changes. I just don't understand how she can do that.

I quote again from the wellness model concerning taxation: District boards will have revenue raising ability to support enhanced services or capital projects. However the exact means for this will be decided as part of the consultation process. Page 8.

I just wonder, what consultation process? The minister has not gone out into the rural areas of this province to consult with anybody. She may well have consulted somewhat with SUMA and SARM (Saskatchewan Association of Rural Municipalities). That I don't know. I haven't seen any evidence of it. But from what we have from quotes from Bernard Kirwan, president of SARM, what we have from Ted Cholod, the president of SUMA, it doesn't seem like they're real keen on this idea of how taxes are going to be applied to the property tax base. Because that's where it's going to have to come from. Revenue-sharing abilities — that's what she says — revenue-sharing, revenue-raising abilities.

Well the only place you can raise monies in this province is on the tax base or income tax, resource taxes. Well they're already talking of raising \$23 million on the tax base, the property tax base of this province. And the people who are paying those property taxes can ill afford it, Mr. Speaker.

A quote from the *Leader-Post* of May 3, 1990: Granting regional health districts authority to levy taxes could lead to inferior levels of health care in poorer parts of this province, claims the NDP.

Well that's exactly what I was talking about, Mr. Speaker. That we will end up with a two-tiered health care system in this province. And that's what the NDP were saying in 1990. All of sudden the tune has changed.

Another quote from the *Leader-Post* of May 3, 1990, and I quote, talking about the Minister of Health: She noted the government is already passing costs onto municipal governments and school boards and wondered whether the government will not shift its responsibility for health funding to the regional divisions.

Well that's exactly what she's doing, Mr. Speaker, exactly. From the same Minister of Health from *Hansard* of June 5, 1990:

The concern that I have and that many others have with whom I have spoken with respect to taxing authority is that it opens the door for offloading, for the provincial government to offload onto municipalities and property taxpayers because with this new taxing authority . . . because this new taxing authority will have the right to tax property taxpayers.

Well that's our whole premise, Mr. Speaker, with the idea of bringing up the repeal of the hospital revenue tax act, is to eliminate what the minister herself was complaining about, was the government's authority to tax property taxes.

The government exercises its authority to tax resources within this province. It exercises the authority to tax consumables in this province. It exercises the authority to tax incomes in this province. But the municipalities, the school boards have the power to tax the property tax base, not the provincial government. The provincial government has that authority with the hospital revenue tax act and it has been used very sparingly up till now.

But, Mr. Speaker, once this wellness model passes, that will no longer be the case, that will be the rule — that every property taxpayer in this province will be supporting health care directly through their property taxes. If you're not a property tax owner that may sound fine to you, but if you rent property, you will be paying that tax indirectly through your rent. The owner of the property will be paying the taxes but the renters of this province will be paying that as a direct cost.

And fact is, most property taxpayers if they're renting out their property, wish to make a small profit on that so that they can maintain their facilities or rebuild at a certain time when the property becomes deteriorated. So they make a profit, they make a percentage of a profit over and above their expenses. When property taxes for education and health increase on that property tax base, the renters of this province will be paying even a greater percentage than just the increase.

A quote again from the wellness model dealing with privatization, and I quote: In general the assets and liabilities of the current health boards will be assumed by the district boards.

Well that sounds logical when you stop and think about it a little bit. But when you delve a little deeper below the surface of what is being said here as to what are the assets and liabilities of the current health boards, you'll find in a lot of communities, Mr. Speaker, a lot of rural communities, that the people of those communities have voluntarily gone out and fund raised and raised money. They collect bottles, they put on dances, they put on plays, all a manner of social functions that are held within rural Saskatchewan, are used to provide additional funds for their health, for their hospital districts.

This minister is proposing . . . or was proposing to take that money from those people, that if they had a half a million dollars sitting in the bank for their health care hospital, that this Minister of Health would take that money. Well I know, Mr. Speaker, that in a good many communities across this province, that the people of those communities are not prepared to give that money up. They are prepared to take that money and turn it back to the people who voluntarily gave it to

them, but they are not prepared to let the government get their hands on that money.

A quote from the Minister of Health, June 5, 1990, from *Hansard*:

... the concern has been expressed that giving the power to regional boards to own and run all health care facilities in the region could result in privatization of some . . . (small) hospitals . . .

And we've seen that happen, Mr. Speaker. Yellow Grass has a private facility, not a hospital but a nursing home, and this will increase across this province if the Minister of Health goes ahead with her proposals.

Again from the wellness model concerning job losses: some jobs will change, some jobs will disappear.

Quote from the Minister of Health, April 23, 1991, in *Hansard*:

... although it's important for the health care system to move its emphasis towards health promotion and disease prevention, towards the home care and community care model, although that's important and we have been urging this government to do that over a number of years, they should not do it on the backs of the institutions, on the backs of the nursing homes, and on the backs of nurses and health care professionals working in those institutions.

Well, Mr. Speaker, when a hospital closes in your community, who loses their job? It's the health care worker. When a nursing home closes, when level 1 and 2 care homes close around this province, who's going to lose their jobs? It's the health care workers.

And that's exactly who the Minister of Health was talking about in 1991, but all of a sudden that seems to be forgotten. And perhaps that's why the move was made with the VON (Victorian Order of Nurses) in this city, to eliminate them from the health care service that they were providing to home care. Because if some of these facilities close, there's going to be a need for the nurses that were working there, for the health care professionals that were working in those institutions to go some place.

And all of a sudden we have an opportunity in this city, with 60 new nurses having been hired by home care, for those nurses coming out of the other facilities to be bumped. It seems to be the way the unions work things. If you've got seniority, you get the job; if you're a new person in the system, you're out the door. And this is perhaps why the VON was eliminated, Mr. Speaker, in providing health care in this city.

Again from the wellness model, talking of nurses:

Nurses will increasingly be the primary (care-givers) . . . in many communities . . . and (assume) other expanded roles where required.

Again from the Minister of Health, June 7, 1990, from *Hansard*:

Obviously there has to be a doctor on staff in an advisory capacity . . .

Well again that's a contradiction of terms to what the minister was saying earlier or what the minister said in her wellness model, that nurses were going to be required to become the primary care givers in many communities.

That leaves the doctors out. The doctors are still needed in rural Saskatchewan. They have been needed there up till now and they continue to be needed there. And when you close down the small rural hospitals, when you close the nursing homes, there is no longer a facility to accommodate that doctor. The need is still there, but the facilities are no longer there to accommodate the services that the doctor can provide. So that doctor will move on down the road to the city and provide his services from that point, and the citizens of this province are going to have to commute into the city to visit the doctor rather than having the doctors in their own communities.

And I think what the Minister of Health is doing in making the decisions dealing with health and how she expects to get her desires fulfilled can be exemplified by this news release that we received today from the Minister of Finance. It's dated March 29, 1993. We received it March 29, 1993, dealing with the Saskatchewan Pension Plan. And I'll read you one line . . . write a letter of intent of withdrawal and postmark it by midnight, March 29, 1993.

So you put out a news release on the same day as the deadline, and that's how the Minister of Health is dealing with this health care system. She's got a deadline in place and she's going to hold up the situations until she has the opportunity to make the decisions, rather than the people of this province.

I received a letter the other day, dated March 22, from a lady in the Bengough-Milestone constituency, a Betty McDonald. And she had some concerns about the health care system and what was being done in her area. And I'd like to quote a little bit from it:

Also the medicare putting the prescriptions up that is stupid . . .

Mr. Speaker, this senior is not at all impressed with what the Minister of Health has done with the prescription drug program, and she expresses it quite strongly. She will not be able to access the government's benefit programs because she is not on social assistance. So she will be forced to pay from her small income the \$1,720 plus the 35 per cent above that to supply herself with the necessary drugs that she needs to maintain her existence.

She goes on to say, and I quote:

We need the same medicare and small hospitals as the cities are too busy already,

people are going to be dying before they can get any attention.

She's very concerned about that, Mr. Speaker, because she feels that if the hospitals close, she will not be able to reach a hospital in time to do her any good. That if she has to travel 50, 60 miles to reach a hospital . . . and that's about the distance it is from Ceylon to Weyburn. It's even greater than that; it's probably close to a hundred miles from Ceylon to Regina. If that's the distance she has to travel, she's very concerned that she will not be able to reach a hospital in time to receive the attention that she needs.

Mr. Speaker, I have a number of questions that I'd like to ask of the Minister of Health, and I'm hoping that when she rises to speak, that she will address some of these, and that is concerning the tax base. Will she guarantee that there will be no additional costs on the tax base of this province?

We've seen the concerns as expressed by Mr. Cholod and Mr. Bernard Kirwan. That same concern is being expressed across this province at the various municipal meetings and at the steering committee meetings when people come together to discuss this plan. That's one of their major concerns. And will the minister guarantee that there will be no additional costs on the property tax base?

Will the minister come forward and make a statement that when communities come together and form a health care district that they find acceptable, will the Minister of Health accept those boundaries? She's got a guideline set out, of 12,000 people. If they meet that guideline, will those boundaries be respected and will those people be allowed to form the districts that they want? — not the districts that the Minister of Health may want, but rather the districts that the people in the area want.

(1615)

It was expressed to me, Mr. Speaker, by some of the people on the steering committees that the information they were receiving was not timely, that others within the steering committee structure around the province were receiving the information weeks before they did. They felt they were being excluded from the system. They felt that some of the information they were receiving was not honest, that there was false information being provided to them, or that information was lacking.

And I would like a commitment from the minister that she will provide the information in a timely and accurate manner so that the people of the communities can make their decisions based on the real information and the real intent of this government.

I'd like to ask the minister, does she already have a set of maps drawn up in her office that outline what the district health boards will be that she was prepared to impose on the people? Because when her bureaucrats come out, oh no, it's going to be left up to you, is what

they say. And yet then they turn around and get another phone call — come to this meeting because we want you to discuss with another health district how we're going to set up your boundaries.

Well there's a contradiction there, Mr. Speaker. Either the people have the right to choose their own boundaries or the government's going to impose them. So which one is it? The minister needs to come clean on that and outline what she plans to do.

In our area we've had a fellow by the name of Rus Duncombe who's in the department come out. And he seems to be the minister's hatchet man in this particular case. He came out to a steering committee hearing the other day, and when they complained about what was going on he said, that's why I get paid the big bucks is to come out here and listen to you and tell you what you're going to do.

Well, Mr. Speaker, this does not . . . this isn't consultation. This does not lead to any spirit of cooperation. I think the minister needs to rethink who she's sending out. And the fact is the minister, Mr. Speaker, needs to go out and meet with the people. Because if the people . . . if the health care steering committees are going to be told what the boundaries are going to be, why did the minister allow them to waste seven months of their time?

And while we're discussing who gets closed and who gets to stay open, I think we need to bear in mind, Mr. Speaker, that 80 per cent of the hospital funding is spent in Regina and Saskatoon, the base hospitals, and only 20 per cent is spent in rural Saskatchewan. Well even if you save 50 per cent of the money spent on rural hospitals, you've only saved 10 per cent of the health budget. That same amount of dollars could be saved by cutting only a few percentage out of that money being spent on the base hospitals. And perhaps the minister should redirect her thoughts and redirect where she is planning on making her cutting.

One of the things that people in rural Saskatchewan took a while to pick up on but are catching on very fast to it now, Mr. Speaker, some of the larger centres thought that well we're in a good position here because we've got a larger hospital and we can draw everybody in from around our area and we'll be safe. But, Mr. Speaker, they didn't take into account two parts of the minister's program — the one that says you will only be allowed to have 1.25 to 1.5 beds per thousand.

As I mentioned earlier, in my communities, that means 15 to 18 beds. So if you split that 15 to 18 beds up between two hospitals, and we currently have four, that still only gives you seven to nine beds per hospital.

But the Minister of Health has another statement out there, that beds with less than 10 acute care daily census will be closed. So while you may think your community is going to be safe because you have a larger hospital in a larger community, if you get down below 10 acute daily census, your hospital is also in

danger of closure, Mr. Speaker.

I have a quote from March 29, 1993 in the *Leader-Post*, and the headline says "Rally opposes health-care changes." There was a meeting, Mr. Speaker, in Prince Albert. About 300 people attended, and this event was organized by the Concerned Citizens for Health Care. And what they did, Mr. Speaker, and I quote from this:

They oppose Prince Albert Health Board's decision to make the Victoria Union Hospital the sole acute-care hospital in Prince Albert.

Speakers called for a freeze on all decisions made by the board until a majority of its members are elected. Presently all 12 board members are appointed.

Mr. Speaker, when the minister came forward with this Bill initially, that's what we called for, that the people on these regional health boards be elected, that they be elected to represent the people in their communities — not elected to represent the Minister of Health, not appointed to the boards to represent the Minister of Health, but elected to represent the people of those communities.

Mr. Speaker, the Minister of Health should go out, should put in place a set of meetings around this province. She should have public hearings to allow the people of this province to express themselves, to express their ideas to her and what they see as the future of health care in this province, to outline what their needs are and what their wants are.

The Minister of Health should cease to hide in this Legislative Building and go out and meet the people and see what they have to say. She may not get the message she wants, Mr. Speaker, and that's why she is hiding in here.

Mr. Speaker, I believe that the Minister of Health and the Premier and the government opposite are simply toying with the people with the health care issues. They're telling them that we will allow you to be part of the decision-making process. And yet when the people of the areas do make their plans, do participate and do plan, then they are sidetracked. They are eliminated from the process so that the Minister of Health will be able to make the plans that she wants.

And I say that the government opposite is toying with the people, with the residents of this province, because they have no plan. They had no plan when they got elected and they still have no plan. Their only plan for health care, Mr. Speaker, is to get well, stay well, or farewell.

Mr. Speaker, at this time I would like to move:

That we move to Bill 10, the repeal of The Hospital Revenue Act.

Seconded by the member from Maple Creek.

The division bells rang from 4:23 p.m. until 4:33 p.m.

Motion negatived on the following recorded division.

Yea — 7

Swenson	D'Autremont
Martens	Goohsen
Boyd	Haverstock
Britton	

Nays — 35

Van Mulligen	Johnson
Thompson	Trew
Simard	Draper
Tchorzewski	Serby
Koskie	Sonntag
Solomon	Flavel
Atkinson	Cline
Kowalsky	Scott
Carson	Wormsbecker
Mitchell	Kujawa
Penner	Crofford
Hagel	Stanger
Bradley	Knezacek
Koenker	Harper
Lorje	Kluz
Lautermilch	Carlson
Calvert	Langford
Murray	

Mr. Britton: — Thank you, Mr. Speaker. I would like to say a few words about this Bill. Mr. Speaker, the health district Bill, Mr. Speaker, is finally being debated in the House. The people of my constituency are concerned. Part of my constituency has already been notified by government as to how many . . . how the government sees where the boundaries should fit.

Mr. Speaker, they are quite concerned not only as to where the boundaries are, as they're willing to accept the fact that some changes should be made and could be made, but they're very, very concerned as to how they will be made and what the final cut will be when these changes are made.

As a for instance, as my colleague from Kindersley pointed out, the hospital in Kindersley alone has 55 beds. And in the border that was set, proposed by the government, in that area suggest twenty-two and one-half beds for the whole area. And it's got some of the smaller hospitals really concerned as to who and where and what is going to be left in that area, Mr. Speaker.

I've been reading the papers and I've been listening to the Assembly here, talking to hospital administrators, the local officials, watching and waiting for news for some time regarding this issue. The new boundaries, for instance, will recognize twenty-two and a half beds is all. That's 1.5 beds per thousand population. And that hardly seems fair when you look at the town of Kindersley with 55 beds themselves. That's a tremendous cut in beds.

And I must say that the minister responsible for Health is not really telling the whole truth, Mr. Speaker. The real story is that these health districts in many, many communities are against them. They're against this type of health care districts. And, Mr. Speaker, what we're afraid of, these districts will give the minister the scapegoat that she's been searching for to offload not only the costs but offload the responsibility of doing her job.

And, Mr. Speaker, it's no surprise that the NDP are looking to close many rural health centres, health facilities, to cut services to people. Their leaked wellness plan documented it last year. Mr. Speaker, the original leak clearly outlined the NDP plan to close or convert 66 health facilities — all in rural Saskatchewan, Mr. Speaker. And it also talked about many jobs disappearing.

And when you realize that only 20 per cent of the total health budget is spent out in the rural areas, Mr. Speaker, it makes these people very, very nervous, and they feel they're being let down. They feel that they're being betrayed, when we consider there's only 20 per cent of the total budget goes out to the rural people and then they're going to cut that quite dramatically again.

Well, Mr. Speaker, the NDP didn't seem to have to implement the wellness plan to make jobs disappear. They didn't have to do that if they wanted to make jobs disappear. There are 10,000 less jobs already in this province, and that was before the members were in charge, Mr. Speaker. That's how many jobs you've lost since they took over.

And what Bill 3 does for the minister, exactly what she needs — someone else to lay the blame on, to light up the blame thrower. It's a predetermined, self-fulfilling prophecy, Mr. Speaker. It seems the NDP like to blame everyone. They blame everyone but themselves, Mr. Speaker, for the destructive choices they are making, and Bill 3 allows the minister to pass the buck to the health boards.

Well, Mr. Speaker, when the minister was questioned about such actions as closing the entire wing that treats severely handicapped children at the Wascana Rehabilitation Centre, she said, the decision is not mine; it's the Regina Health Board's decision and I won't interfere. Well again light up the blame thrower, light it up and blame somebody else.

That's what I'm saying, Mr. Speaker, when this wellness plan gives that minister exactly what she wants and that is a way to unload the responsibility of making the changes in health that . . . Most people will accept there needs to be a change but certainly not the changes that has been advocated by that minister, Mr. Speaker.

She also pretended not to know that the parents' association of about 800 handicapped children had contacted her office on many occasions. She refused to accept that, Mr. Speaker. Again I feel she is abrogating her responsibility as Minister of Health.

Especially, Mr. Speaker, when you look back through our records and you find what she had to say when she was in opposition.

Well, Mr. Speaker, I can go through many things but I want to read into the record, a letter that I received from a taxpayer. And I will just read this, Mr. Speaker: A taxpayer phoned me this morning, after she was listening to Roy Romanow on a talk show with Peter Gzowski. If I am correct, and he said, that the NDP do not believe in user fees for health programs, etc., she would like you to ask Roy Romanow if they do not believe in user fees, what the fees for optometrist and chiropractic services are.

This is a letter, Mr. Speaker, that I received. This lady wants me to ask the Premier, if you don't believe in more taxes, what are those fees if they're not a tax on people.

Here's a quote from the Premier. And this is to do with their promises of a few years ago: We will not charge premiums or deterrent fees or utilization fees as they are called for a number of reasons. Basically the fundamental is they are not a fair way to finance the health program.

And that was on the Harasen line, October 3, 1991. And that was a quote by Roy Romanow.

And I'll quote you another one from the same person. And this was in *The Commonwealth* of March 1988: New Democrats would continue the fight to restore social programs such as medicare, the dental and drug plans to their former place of leadership in Saskatchewan.

(1645)

Well, Mr. Speaker, when you compare what they're saying there and what they're doing now, I don't think there's any wonder why my people are coming to me and saying, what is going on? What did we get when we put these people in power? The Minister of Health did not answer any phone calls from these people, or letters that were written by these concerned people, the parents of 800 handicapped children, Mr. Speaker — wouldn't even return their calls.

I say she's abrogating her responsibility. When you are elected to government, you expect to take the tough calls along with the good calls. And in addition, both the Minister of Health and Royce Gill, from the minister's hand-picked Regina Health Board, Mr. Speaker, were invited to the parents' association meeting where the parents were told the children's wing would have to be closed. Neither one of them showed up. She doesn't like to interfere I guess.

Well, Mr. Speaker, I would suggest that attending a meeting where your presence was requested to talk about the closing of a children's wing is not interfering. That is being there and that is listening.

Mr. Speaker, I suggest her actions were reprehensible and she blamed it again on the Regina Health Board.

Light up the blame thrower again. Blame the health board. Again, Mr. Speaker, shirking her responsibilities.

Later, Mr. Speaker, when the Minister of Health was on the Lorne Harasen show, she said that parents in the gallery on the day these questions were asked by the opposition — and I want to quote what she said — were grandstanding. Grandstanding, Mr. Speaker. Well that seems to say that the only reason that they were there in the gallery, Mr. Speaker, was to grandstand, and not for the concern for their children. That's an astonishing remark. That's an astonishing remark, Mr. Speaker. How unfeeling and callous, how typically socialist. The end justifies the means. Mr. Speaker, the minister's comments and the behaviour of her and her colleagues on that day that those questions were put, was not acceptable, Mr. Speaker.

One mother of a handicapped child, sitting in the gallery that day, told us she had never been so insulted in her life, never been so insulted when she looked down and saw the Premier and the Minister of Health laughing, laughing at their concerns. Insulted by the very people whose . . . they were elected to help these kind of people.

Not only did she say that, Mr. Speaker, she said that if she could have gotten a good shot at the Premier, she would have thrown her crutch at him, right from the balcony, Mr. Speaker. Well can you blame her? Can you actually blame that mother for that kind of concern? Well I can't, I can't, Mr. Speaker. My children are very dear to me, the same as yours are to you, sir, and all of the members here, I would hope. Now the Premier I can't . . . can't comment because I understand he don't have children.

But I can understand her anger and I can understand the hurt she must have felt to be accused of grandstanding when she brought her children here to be looked at, and the very people, the Health Minister and the Premier, the Premier of our province, laughing at her concern. Astonishing.

Well, Mr. Speaker, she along with many other parents are facing the closure of a facility vital to the well-being of their children. And the minister and the Premier laughs and says, it's not my fault. Ask the Regina Health Board. Offloading the responsibility again. Light up the blame thrower and tell other people to take the responsibility that they were elected for.

The people of this province believed in their rhetoric. They believed there would be no more taxes. They believed that there would be more money in health care. They did not believe that there would be wings closed, beds closed down, and chiropractic treatments not paid for, insulin not paid for.

They believed those people. And when people come for help, sit in the gallery, get laughed at. I suggest that that will come home to roost at some time, Mr. Speaker.

Well, Mr. Speaker, if the minister really has nothing to do with the health boards, then I say that we save the taxpayers about \$80,000 and just relieve her of her duties. She's not responsible for that; how about just forgetting about her? And here's the place for the Premier to cut his cabinet by one at least. We have a minister that won't take responsibility; then I suggest maybe we don't need it.

I want to read to you from a news release called: defend medicare. Mr. Speaker, the reason this is pertinent to Bill 3 is because it was just before the last budget. That was before the last budget.

I want you to hear what people were saying then. And it says: defend medicare. Medicare is under attack. According to news reports, Premier Roy Romanow's government has approved measures that undermine the province's medicare system. The media report that a divided NDP legislative caucus has approved medicare premiums ranging from 2 to \$400 per family. This flat tax premiums, as it's described by NDP, Chris Axworthy, would fall disproportionately on low and middle income families. This is by their own people; we're saying before the last budget.

Now it says here. And the reason I want to quote this, Mr. Speaker, is because of the letter I read to you from a concerned constituent of mine. In what amounts to increasing taxes on the sick, news reports say, the Romanow cabinet is proposing that the 125 drug plan deductible charged be as such doubled — doubled. The heaviest burden of this deterrent fee is felt by the elderly, the chronically ill, and young families.

Mr. Speaker, very prophetic — this here was before the last budget. Now what are we going to hear after this budget?

Well I could go on, and I wanted to pick another quote here, Mr. Speaker, which I think is pertinent to the Bill we're talking about. It says: Now the Romanow government, to the applause of medicare's opponents from coast to coast is undermining what it took decades for New Democrats to build.

Now these people are talking about the program that they helped build. These are New Democrats that are talking. And they're very opposed to what's going on now by the same New Democrats.

Mr. Speaker, there are many things that I think have to be said here. I want to quote another, and it's from the NDP choices for health care. And it's headlined: implementing wellness model. And here's what happened. No consultation with Saskatchewan medical association. Forcing local communities into health districts.

And the reason I can say that, Mr. Speaker, in reference to Bill 3 is because I just over the weekend was handed a copy of the boundaries that I mentioned when I started speaking. No consultation at all.

And this is another thing they're doing, replacing former health boards with new boards appointed by

the minister, amalgamating rural facilities in closing rural hospitals.

Mr. Speaker, if this minister is saying she is not going to take responsibility, that the districts have full responsibility, fine. But how does that square with this, whether you appoint the board members? Mr. Speaker, out in the rural communities we have hospital boards resigning. They're quitting. They're saying, I won't touch this with a 10-foot pole. And these are responsible people.

We are not being told the truth here. If we're going to have the responsibility, then we must have the choice of who we have to represent us.

Mr. Speaker, what's happened, they've tripled the prescription drug plan deductible. Not doubled, as the NDP members thought would happen — they tripled it. They have tripled it.

They froze all capital expenditures for health care. Mr. Speaker, we had a hospital; the money was in place; the deal was set. It was signed, sealed, and delivered, in the town of Macklin, Saskatchewan. That hospital was built in 1926. Their share of the money was in bank to build a new hospital — with reduced beds; they understand that. This minister cancelled it — totally cancelled it out. Now how does that square; how does that square with the minister talked, and the Premier indeed, talking about what they were going to do in health care if they were elected?

Well they removed insulin and medical supplies for diabetics. Mr. Speaker, those diabetics did not ask, did not ask to have diabetes. That was something that they got forced on them by nature. We have no money for those people. But we will, we'll fund abortions. Abortions, as far as I'm concerned, is self-inflicted.

Now they've cut funding to hospitals. Do you know what's going to happen? Well, Mr. Speaker, what's going to happen, and I mention what's going on in Kindersley. Just think about this. If Kindersley alone is cut to twenty-two and a half beds, that's more than half. That means that all the other hospitals will have no beds. Or will they take some of the beds from some of the hospitals and then the minister has told us, any hospital with less than 10 beds would be closed. Well the writing is on the wall for those small hospitals. There is no way they'll survive.

Mr. Speaker, we have to discuss this Bill in some length. We have to get the minister to realize the hurt that she's forcing on the people in the country.

Well, Mr. Speaker, as I said, if the minister does not want to take responsibility for health, then why do we want to have a Health minister? I think the \$80,000 would be well spent some place else.

The minister needs I think, Mr. Speaker, to stop hiding. She has to stop hiding behind the health boards that she is creating and start taking some responsibility for the NDP health care decisions. We have no problem with that, Mr. Speaker.

We're not standing here saying there shouldn't be changes. We started the changes. The minister can stand in her place and tell the people of Saskatchewan she's on the cutting edge. Well I disagree. I disagree, Mr. Speaker. The cutting edge was started when we were in government. And you heard the howls from the people over there when we had the \$125 drug program. You heard the howls when we stopped the escalating child's dental plan and put it in the hands of the professionals. We saved \$5 billion the first year, Mr. Speaker, but we didn't cut it right out.

Yes, Mr. Speaker, there were some changes made. We were not prepared to do the deep cuts that these people are trying to do and in the wrong places. They're doing it in the wrong place.

Mr. Speaker, the big talk that the minister had . . .

The Speaker: — Order. It now being 5 o'clock, this House stands recessed until 7 p.m. this evening.

The Assembly recessed until 7 p.m.