

The Assembly met at 2 p.m.

Prayers

ROUTINE PROCEEDINGS

INTRODUCTION OF GUESTS

Hon. Mr. Tusa: — I have the privilege this afternoon to introduce to you Mr. David McNeil, who is the Clerk in the Alberta Legislative Assembly. David McNeil is visiting with us today and tomorrow. Please join with me in welcoming Mr. McNeil to the Legislative Assembly.

Hon. Members: Hear, hear!

Effect of Free Trade Agreement on Two-price System for Wheat

Mr. Upshall: — Thank you, Mr. Speaker. My question is to the Premier, and it deals with the proposed free trade treaty with the United States and Saskatchewan agriculture.

Mr. Premier, can you confirm that this proposed free trade treaty will in fact wipe out the two-price system for Canadian farmers for wheat?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — The treaty, Mr. Speaker, says three things with respect to wheat and the pricing system for wheat in Saskatchewan.

The two-priced wheat, as we have it today, means that consumers in Canada pay more for wheat domestically than they do . . . than international customers, and as a result there's about a \$280 million benefit that goes to farmers. Under the new agreement that \$280 million benefit would come directly from the federal treasury as a direct payment to farmers across the country.

Secondly, the people who consume the wheat, Mr. Speaker, consumers here — whether it's bread or wheat or others — cookies and doughnuts, or anything else that is manufactured from grains, would receive the benefit of \$280 million as consumers, parents and others, that they don't receive now.

Secondly, the whole question of processing and manufacturing would be improved because processors would have access to North American competitively priced grains so that they could expand the processing of their goods and services and, indeed, sell them not only into Canada but the United States and world wide.

So there's a combination of effects, \$280 million benefit to consumers, the same amount of money going to farmers from the federal treasury — \$280 million — new jobs in terms of processing and manufacturers of processed foods not only here but throughout the United States and Canada, which obviously, Mr. Speaker, is of great benefit in terms of new jobs in agriculture processing here Saskatchewan and other places.

Some Hon. Members: Hear, hear!

Mr. Upshall: — Mr. Minister . . . A new question, Mr. Speaker. I remind you that just over a year ago your party came before a parliamentary committee that was recommending increases to the domestic price of wheat, the two-price system, and I quote, you said:

Significant and much needed assistance to farmers would be the result.

Mr. Premier, can you explain how the loss . . . First of all, the price wasn't raised, and now the price is being reduced. Can you just explain how that is . . . Could you just expand on how that is good for Saskatchewan farmers?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — I said, Mr. Speaker, and maybe I can come at it another way. The \$280 million that Canadian consumers used to pay, they won't have to pay now. That same amount of money will be allocated to farmers by the federal government directly, in addition to, Mr. Speaker, any deficiency payments or anything else that takes place.

Now the hon. member from Regina North East says that money will come from taxes. Well would he rather have it come from taxes which takes from the wealthy, or would he rather it come from families who pay for bread and pay for all kinds of things in two-price wheat? And he doesn't realize that a two-priced wheat is a tax on the poor in this country, where taxes generally take from those who have income, Mr. Speaker.

It's a classic NDP position. They would rather tax the poor by charging them too much for food than they would tax with high-income people and pay directly to farmers. Now you can't have it both ways young fella, I mean, if you want to take a look at both sides.

Secondly, Mr. Speaker, what it does is increase processing and manufacturing of Saskatchewan-based and Canadian-based grains in Canada, so in fact we can make more processed products and export them, not only just the raw commodity but bread and doughnuts and spaghetti and all the pasta products and everything else can be manufactured right here as opposed to being manufactured some place else in the world.

Some Hon. Members: Hear, hear!

Mr. Upshall: — Mr. Minister, you say that the government is going to compensate the farmers. I ask you: when and where did the Prime Minister of this country say that publicly, and what are the details, such as how much compensation will there be, the dollars and cents; when will it be paid out; how will it be paid out; and will it be a one-time payment?

Hon. Mr. Devine: — Mr. Speaker, the amount of money that the farmer get today — and we asked for that increase in the amount of money as we did ask for the

deficiency payments, which has been substantial, as the hon. member knows, going to farmers from the public treasury — the amount that farmers get today from consumers . . . And I remind the NDP, all consumers in Saskatchewan, the poor and others, paid for two-price wheat and higher-priced bread. That will change now, so the poor get a benefit.

That contribution by the federal government will be exactly what it is today, and it will be an ongoing payment, Mr. Speaker, above — above — any deficiency payments of western grain stabilization or anything else. It's in addition to any other payments that are going on today and will be the equivalent to the amount that the two-price system that is families across Saskatchewan and across Canada had to pay for two-price bread.

Some Hon. Members: Hear, hear!

Mr. Upshall: — Mr. Minister, I asked you . . .

Mr. Speaker: — Order, please. Order, please. Is the hon. member asking a supplementary or a new question?

Mr. Upshall: — Supplementary question. Sorry, Mr. Speaker. I asked you: where did the Prime Minister of this country say that publicly, and can you produce the documents to me later this day with the facts on them to the specific questions that I have asked?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — The Prime Minister has said to all the premiers in Canada — and you can phone perhaps, if you would, to the Premier of Manitoba, Mr. Howard Pawley, and ask him if this is the case; you can ask any other premier in this country — that that's indeed what will happen.

I mean, to be fair, the hon. member didn't believe there would be a deficiency payment either. He said, well tell me when it will be. And we said, it will be just after the election, and you'll receive it, and even the hon. member received it.

We will be receiving the compensation as stated by the Prime Minister, Mr. Speaker, and it will be a benefit to all of Canada — all of Canada — in terms of jobs, lower-priced food for consumers, and the same kind of money going directly to farmers from taxpayers, which means that you get the money from the more wealthy rather than from the poor, as the NDP would always like to see it happen.

Some Hon. Members: Hear, hear!

American Investment in Canada

Mr. Upshall: — Mr. Speaker, I again hear the rhetoric coming from across the floor with no substantial facts, not said publicly. I will wait and see, and I think that Saskatchewan people will wait and see, the results of that. And I know the half-truths that are being told, and I'm waiting to see the results.

New question, Mr. Speaker. Mr. Premier, the proposed

treaty removes a number of restrictions on American investment. My simple question is, and I expect a simply answer: does that Act of the treaty include American investment in Saskatchewan farm land?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, under the Canadian constitution we can control and tighten up the supplies of potash and manage them; we can control the sale of farm land; we can control the sale of oil. We have that ability to control our resources, Mr. Speaker. There is nothing on a trade pact that affects on Canadian constitutional sovereignty, whether it's provincial or federal.

And I would say, to the on. member, with respect to farm costs, you now start asking farmers if they'd like to pick up a half-ton truck at \$4,000 off what they picked it up yesterday. You ask them about farm chemicals. You ask them about the parts and the services that they can buy on a national and international market that they can't get today, and they are looking at thousands and thousands of dollars of savings every year as a result of the fact that there's no tariff between two countries that we trade with today.

Some Hon. Members: Hear, hear!

Mr. Upshall: — Mr. Speaker, we on this side of the House . . .

Mr. Speaker: — Order, please. Order, please. I would like the hon. member please to indicate if it's a supplementary or a new question.

Mr. Upshall: — Supplementary question, Mr. Speaker. We have looked at the agreement, what we know of the agreement, balanced it out, heard the rhetoric, and decided that the . . .

Mr. Speaker: — Order, please. Order. I'm sure hon. members are having difficult hearing the question, so I ask for your co-operation in allowing the member to ask his question.

Mr. Upshall: — Mr. Speaker, we have weighed out as much as we know of this agreement, and many reasonable people have, and the general feeling is that the minuses far outweigh the pluses.

Some Hon. Members: Hear, hear!

Mr. Upshall: — As you will know, The Saskatchewan Farm Ownership Act protects farm families and residents with few exceptions, protects them from American investment with the possibility of buying up farm land and have farmers as tenant farmers or hired hands on their own land. Can you tell me what section of this Act, this proposed free trade agreement, will protect The Saskatchewan Farm Ownership Act — what section?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Mr. Speaker, as I said earlier, there is nothing in the trade agreement in GATT, General Agreement on Tariffs and Trade, multilaterally or

bilaterally, that impacts on the sovereignty and the constitutional power of a country or a jurisdiction within the country. Now the hon. member, if he wants to review GATT law, he can bring himself right up to date and right up to speed on that. Every time Canada, for example, has entered into a multilateral trade arrangement with countries all over the world, they all know, as they do in Europe and the common market and we do in this deal, that we have the constitutional right and the constitutional jurisdiction to control our resources and to control our farm land and to control our potash and to control our oil; and, Mr. Speaker, they know that in Quebec, they know that in Manitoba, and believe me, they know it here in the province of Saskatchewan.

Some Hon. Members: Hear, hear!

Revenue Sharing Payments to Municipalities

Mr. Van Mulligen: — Thank you, Mr. Speaker. My question is to the Minister of Urban Affairs and it deals with the latest example of his government's incompetence. The interim supply Bill which was passed by this legislature on September 28 failed to include enough funds for the Urban Affairs department to make its normal revenue sharing payments to many of Saskatchewan's urban municipalities. These municipalities have been left scrambling to arrange their interim financing until you can get your act together. Can the minister explain how it is that he forgot to include revenue sharing payments in the last interim supply Bill.

Some Hon. Members: Hear, hear!

Hon. Mr. Klein: — Mr. Speaker, I don't believe . . . first of all it's really unique how they got off the topic of free trade because even at the recent SUMA (Saskatchewan Urban Municipalities Association) regional conference they were talking free trade, and I believe that out there they understood a little bit better than they do on the benches opposite.

But none the less, with regard to the question, Mr. Speaker, we didn't forget anything. It's common the appropriation is for one-twelfth. If the member is saying that had we arbitrarily decide to add to it to cover for those quarterly payments — and it's not like the urban municipalities didn't receive any, they did — why don't they just pass the budget?

Some Hon. Members: Hear, hear!

Mr. Van Mulligen: — Mr. Speaker, a new question to the minister who seems determined to compound his incompetence with evasion.

Some Hon. Members: Hear, hear!

Mr. Van Mulligen: — Mr. Minister, you know, I know, anyone that knows anything about provincial financing at all knows that you can have whatever money you require to meet your commitments, whether it's monthly or quarterly, through interim supply Bills. This Assembly has passed four interim supply Bills without delay — each one in one day. Whatever funds you required, whatever funds you required you only had to ask for. You only had

to ask. And I ask you again: how do you explain your oversight in not asking for enough funds in the last interim supply Bill to meet your commitments?

Some Hon. Members: Hear, hear!

Hon. Mr. Klein: — Mr. Speaker, I guess all I can say is this: we are in the 91st day of the session. A normal session — on the 93rd as my colleague points out — a normal session, as everybody knows, is about 70 days. Now we're into 23 extra days. I don't know what it costs to operate this Assembly, Mr. Speaker, somewhere in the area of 80 or 90 or \$100,000 a day — that's \$2 million. I wouldn't mind so much the democratic process continuing if the members opposite were to ask those questions once instead of asking the same question day after day after day and delaying the passage of this budget, and not even allowing the Urban Affairs estimates to come to this Assembly because of the repetitive questions that they are asking opposite as we're doing estimates in other departments.

I explained it fully in our regional conference with SUMA (Saskatchewan Urban Municipalities Association) the other day — totally acceptable. They understand the delay. The delays rests with the opposite benches.

Some Hon. Members: Hear, hear!

Mr. Van Mulligen: — Supplementary, Mr. Speaker, I'm going to ask the minister to focus on reality for just a minute.

Some Hon. Members: Hear, hear!

Mr. Van Mulligen: — If you want to meet your revenue sharing commitments, I can assure you that you will have the complete co-operation of this side of the House to pass an emergency interim supply Bill to cover up for your mistake on September 28.

And I will simply ask you this: will you ask the Minister of Finance to introduce an emergency interim supply Bill today or tomorrow so that you can make these much needed revenue sharing payments to Saskatchewan's urban municipalities? And if not, why not?

Some Hon. Members: Hear, hear!

Hon. Mr. Klein: — If the members opposite, Mr. Speaker, are asking us to trust them, I've got news for them. It's simpler than that. All they have to do is pass the budget. We've been trying to do that for some 83 days — 83 days over and above the 10.

And now we're into a point where extra dollars of about \$2 million, because it's the same questions going on and on. And as I explained to SUMA, I sat in this legislature for 73 days before I was even asked a question. And that's the amount of interest, Mr. Speaker, that they claim they have in the budgets of the Urban Affairs. And I would rather plead with them to let's get on with it, let's pass all the estimates, let's pass the budgets. It's an inconvenience to my people out in Urban Affairs.

Some Hon. Members: Hear, hear!

Mr. Van Mulligen: — Final supplementary, Mr. Speaker. Mr. Minister, you know, I know, everyone in this provinces knows that what you're saying is simply not true. Whatever money you need for urban municipal . . .

Mr. Speaker: — Order, please. Order. We're having difficulty hearing the question. I ask the hon. members to please allow the hon. member from Regina Victoria to put his question.

Mr. Van Mulligen: — Thank you, Mr. Speaker. I want to ask you, why are you using this political charade to force Saskatchewan urban municipalities to borrow additional moneys at a time that their budgets are already hard pressed, just to cover your political agenda? Why are you doing that?

Some Hon. Members: Hear, hear!

Hon. Mr. Klein: — Mr. Speaker, let's clarify something. As of the end of October every urban municipality had every penny that was due to them, so let's not cloud the issue and say that they're not receiving their funds.

Now it's the next quarter that we're talking about, and because of the appropriation that was allowed being one-twelfth, I would rather see the trust of the benches opposite coming forward to pass the budget by the end of this month so that we can pay everybody what they're waiting for.

Some Hon. Members: Hear, hear!

Mr. Van Mulligen: — Mr. Minister, you can hardly blame urban municipalities for thinking that something has gone wrong when they're not receiving the money that they normally expect at this time, according to past practice. Are you now saying that contrary to that past practice that you have changed the practice and that you have decided to slow down the schedule of payments to urban municipalities? And if so, why did you not communicate that before the fact?

Hon. Mr. Klein: — Mr. Minister, we have passed now, what, four appropriation Bills? And the members opposite, if they were so concerned with it as they debated these Bills month after month as they came by, if they were so concerned and if they were so trustworthy, why didn't they stand up at the time of the appropriation and say, who don't you increase it?

Some Hon. Members: Hear, hear!

Mr. Tchorzewski: — Mr. Speaker, Mr. Minister, and I direct my question to the same minister, Mr. Speaker. Mr. Minister, will you explain to this House, on behalf of your red-faced Minister of Finance, why you were able in the first interim supply Bill to have a schedule to provide the quarterly payments in addition to the one-twelfth, but you weren't able to have it in this latest interim supply Bill, which would have been the normal thing to do, and therefore municipalities are having to borrow money and increase taxes on their ratepayers.

Some Hon. Members: Hear, hear!

Hon. Mr. Klein: — Mr. Speaker, if indeed my Minister of Finance is red-faced, it's only because he's trying to contain himself because we're off the topic of free trade and talking about something that should have been resolved months ago and isn't.

And it's simply, Mr. Speaker, there are very few urban municipalities out there that are suffering to the extent that the members opposite claim. It's true, it's an inconvenience. But the inconvenience is because of the slowness of progressing through the estimates in this House. We're 23 days overdue. If they drag it on for another month, we're going to be 43 days overdue. And are they then going to claim that they're doing their best and that we should trust them — boloney.

Some Hon. Members: Hear, hear!

Appointment of Chairman of Crown Management Board

Mr. Shillington: — Thank you very much, Mr. Speaker. My question is to the Premier. On September 25 you announced the appointment of Wolfgang Wolff as the first-ever, full-time chairman of the Crown Management Board. My question, Mr. Premier, is: what is his salary and what budget has been set up for his office, the expenses, travel expenses, and staff? What's his salary, and what's the budget for his office?

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — Well, Mr. Speaker, it's interesting that the opposition will move to Regina City Council revenue and then on to salaries of individuals from trade when, Mr. Speaker, they are holding up this House, costing the taxpayers, \$90,000 a day because they won't pass the estimates. And then they stand up and say, what's the new chairman going to be worth.

I'll respond to questions of salaries like I always do, in estimates or in Crown corporations because, I mean, that's how we normally do it. But you take up the time of this House in question period, as the most important issue of the day, asking about somebody's salary. I mean, you must all be asleep at the switch.

Some Hon. Members: Hear, hear!

Mr. Shillington: — Thank you very much, Mr. Speaker. I can only say, Mr. Premier, that you must have got the \$90,000 figure from your Minister of Finance. And all I can say in his defence is, it's not out as far as his last estimate that he gave us. It's only out by about \$90,000.

Mr. Premier, I would remind you that your government has been preaching restraint, and it has been cutting programs to a variety of different groups, and yet in the past few months you've created two new full-time positions — a full-time chairman for the Potash Corporation of Saskatchewan, and now a full-time chairman for the Crown Management Board. You deny that the former PC minister is making 100,000-plus as chairman of the Potash corporation; and do you deny that Mr. Wolfgang Wolff will be making an equal salary as chairman of the Crown Management Board?

Hon. Mr. Devine: — Mr. Speaker, we have to put this in context. We have an historic agreement on the constitution on Meech Lake that is being debated. We have an historic watershed agreement on trade that will affect the lives and the jobs and income generations for years to come. We've got potash trade that is hundreds of millions of dollars. And, Mr. Speaker, what do they ask? They ask if in fact we have paid people to work in Crown corporations, or we have full-time chairmen. Mr. Speaker, it tells you how small and how far behind the NDP are when it comes to national, provincial, and international policy. You're right out to lunch!

Some Hon. Members: Hear, hear!

Hon. Mr. Devine: — I will answer the questions with respect to those in Crown corporations and governments in the usual fashion, but not in question period, Mr. Speaker. This is supposed to be important issues of the day, and they go back to Regina city council, which is the highest taxed city in all of Canada, and they wonder about if they can get more money, and they sit over there and won't pass the budget. They'd spend \$90,000 . . .

Some Hon. Members: Hear, hear!

Mr. Speaker: — Order. Order. Order.

Mr. Shillington: — I can only say in response to that tirade, Mr. Premier, that I hope you remember some of this new-found punctuality when it comes to the date when the session is called next year.

Some Hon. Members: Hear, hear!

Mr. Shillington: — New question, Mr. Speaker. Mr. Premier, you said we should have put it in context. I couldn't agree more, and I have an impeccable source. In 1983 Mr. Wolfgang Wolff headed up your government's Crown corporations review commission — a study, I might add, which cost the taxpayers \$400,000. One of his recommendations was: a chairman of commercial business corporations should be selected only from qualified representatives of the general public, and appointed for one-year, renewable terms by cabinet.

When Mr. Wolfgang Wolff studied the Crown corporations, he clearly was not recommending the appointment of a full-time chairman. I ask you, Mr. Premier, can you tell us why Mr. Wolfgang Wolff had a sudden change of heart, and did it have anything to do with the size of the salary which went with this position?

Hon. Mr. Devine: — Mr. Speaker, can you really believe this, Mr. Speaker, that we are here in this legislature — costing the taxpayers \$90,000 a day — to ask and ask and ask about the decision to appoint a full-time chairman to a corporation? Can you believe that — \$90,000?

They're worried about a salary of \$90,000 a year. They spend that every day in this legislature — every single, solitary day. On top of that, Mr. Speaker, they would allow Papco to lose \$91,000 a day, Mr. Speaker, and they wouldn't fix it, and that's going to be the new leadership of this province and of this country. If that's the new

leadership, will for heaven's sake, Mr. Speaker, that takes us back not only 10 years, but it takes us back centuries, Mr. Speaker. And that's why they're going to sit over there for a long time to come.

Some Hon. Members: Hear, hear!

INTRODUCTION OF BILLS

Bill No. 52 — An Act to amend The Department of Revenue and Financial Services Act

Hon. Mr. Lane: — Mr. Speaker, I move first reading of a Bill to amend The Department of Revenue and Financial Services Act.

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

ORDERS OF THE DAY

GOVERNMENT ORDERS

ADJOURNED DEBATES

SECOND READINGS

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. McLeod that Bill No. 34 — **An Act to amend The Prescription Drug Act** be now read a second time.

Mr. Brockelbank: — Mr. Speaker, yesterday, the last time, Mr. Speaker, the last time this Bill was before the House, I was interrupted by the passage of time and unfortunately had to adjourn the debate to a further time.

The other day when I was speaking on this particular Bill, Bill No. 34 — An Act to amend The Prescription Drugs Act, I was reviewing the promises of the Government of Saskatchewan and discussing whether, in fact, in examining the commitment that this government has made to the people of Saskatchewan, whether we can trust any future commitments. And I was examining the vast difference between the commitment or the promise, and the performance, Mr. Speaker.

Now with regard to The Prescription Drugs Act and the conditions that exist at this time, when a person goes to a pharmacist for to fill a prescription the person, under the Act as it is presently written but not practised, pays about \$3.95 prescription fee. Now what this government proposes under this legislation, Mr. Speaker, is to change its position to what is presently existing and being practised at this time. And now when a person goes to obtain a prescription from a pharmacist in, I suppose, 99 per cent of the cases, if not all of them, prescribed by a doctor, that person will have a deductible of \$125 — \$125.

And, Mr. Speaker, you have to frame that against this government's commitment back in 1982 to make Saskatchewan number one in health care in Canada. And in addition to paying \$125 deductible for prescription drug service in Saskatchewan, now a person is required to advance the payments — the payments have to be made

in advance. And additionally, this government, under this legislation, and what they're currently practising is to bring in an absolutely new 20 per cent deterrent fee on prescription drug service.

Now the Premier of this province parades himself around this province at great expense, telling the people that he is opposed to free drugs. And the headlines that I showed the other day with regard to the Premier's statement on this indicated clearly, in the Premier's own quotes, that he was opposed to free drugs. Well drugs have never been free in the province of Saskatchewan; there's always been some type of charge.

But the implication is that people are abusing the prescription drug service, and clearly that they were ordering all kinds of drugs because they're free. But that is not the case, Mr. Speaker. The case is this, that if a person requires a prescription drug — and that's what this Bill deals with, this Prescription Drug Act — if they require a prescription drug, they go to their doctor, a qualified medical practitioner, and that medical practitioner prescribes a drug. They take their prescription to their drug store, whichever it may be, and a qualified pharmacist fills that prescription. So there is no abuse by the recipient of the prescription. I reject the idea that there is any abuse by the recipient of the prescription.

If an abuse has occurred, or if, and I'll be generous, if an oversight has occurred because a doctor prescribed something he shouldn't have prescribed, or maybe inadvertently prescribed a drug too often to one of his patients, then maybe there is a fault there. And this government should address itself to that if there is in fact a problem there.

But I have not heard this government say that there is a problem in that area. Therefore, for the Premier to go about this province saying that the people of Saskatchewan are abusing drug service, that he is opposed to free drugs for the people of Saskatchewan, is inaccurate.

And when we examine the commitment of this government in any number of areas, as I have mentioned before, Mr. Speaker, areas such as: never again would we have a gasoline tax — now we have a gasoline tax of 7 cents a litre.

We will reduce income tax by 10 per cent, they said before the election. Well since then, Mr. Speaker, we have two boosts in income tax by way of the new flat tax brought in by this government.

They said they would give us the best health care in Canada, and they have done away with the school-based dental program for children, including most of the people that operated that plan efficiently over a number of years. And they say they're for number one health care in Canada. Every move this government has done in the field of health care has detracted from their promise of the best health care in Canada.

And we have to examine their commitment before and after. We have to test their sincerity. And it is being tested in Saskatchewan now, and it's reflecting itself out there,

because people are talking about this government's lack of commitment, lack of sincerity with regard to health care programs in Saskatchewan, one of which is prescription drug service.

Now, Mr. Speaker, it is intellectually dishonest for a party such as the Conservative Party to make promises of that nature before an election and to blatantly break those promises after an election. This has been demonstrated time and time again, not only in the field of health care but in the field of finance and other areas.

When a government says to you before the election, the debt of this province will be in the neighbourhood of \$598 million, and after the election they tell you the debt is \$1.2 billion, you have to question what a government of that nature will do. They have honed this intellectual dishonesty to a new sharpness in Saskatchewan.

Now the government says that this is a good drug plan they brought in — their replacement for the prescription drug plan that was there when we were the government. Well there's a number of authorities have commented on this, Mr. Speaker. And I have one here — the *Star-Phoenix* this summer commented on the matter. And the heading of the editorial was "New drug plan poses dangers." And it begins:

There is a high degree of urgency surrounding creation of a committee by the provincial government to handle cases where costs of crucial medications will be too high under the revamped prescription drug plan.

They go on in this editorial to talk about subjecting people to severe hardship under the new drug plan rules. And another paragraph near the end of the editorial states, Mr. Speaker:

It is self-evident that the committee that the Health minister was promising earlier this week should have been created before the drug plan changes were even announced.

The order in which things occurred, Mr. Speaker, is that the government brought into effect the conditions, the new plan. Then later they brought in the legislation which would allow them to put the conditions into effect. Then later after that, not having seen that there would be problems with the legislation, they brought in their answer to the severe hardship cases that occurred. And these cases occurred from all over the province. They were legion in the paper, as little as a month ago — cases reported from Saskatoon, Regina, Moosomin, other places in the province.

And it's interesting to watch the Minister of Health in dealing with health care issues, and particularly this issue of prescription drug service. The Minister of Health is being reported in the Saskatoon *Star-Phoenix*, July 29, 1987, and it's headed, "Committee to decide unique drug cases."

And in that report it was referring to the petitions filed in the House Tuesday, which the NDP said had more than 9,000 signatures. You will recall the day, Mr. Speaker,

when members in this House each tabled hundreds and hundreds of names on a petition, totalling over 9,000.

And what did the Minister of Health say about those petitions? Well, it says in the article here:

The minister discounted some of them by saying they were obtained under false pretences.

Mr. Speaker, I have a copy of the petition here, and I'm going to read it into the record because the Minister of Health says these were obtained under false pretences. It's entitled "Health care petition."

To the Honourable Legislative Assembly of Saskatchewan in legislature assembled:

The petition of the undersigned residents of Saskatchewan humbly sheweth:

That it is not in the public interest for the Government of Saskatchewan to undermine medicare in our province; and

That it is not in the interest of Saskatchewan children and Saskatchewan families for the Government of Saskatchewan to weaken the children's dental plan; and

That it is not in the interest of Saskatchewan seniors and Saskatchewan families to impose arbitrary, unfair, expensive changes to the comprehensive and universal prescription drug plan; and

That growing hospital waiting lists have reached alarming levels causing great hardship to Saskatchewan people; and

That the Government of Saskatchewan's threat to impose unfair and arbitrary limits on insured medical services, including chiropractic care and physiotherapy, constitutes an unwarranted erosion of health care services in Saskatchewan.

Wherefore your petitioners humbly pray that your honourable Assembly may be pleased to urge the Government of Saskatchewan to stop its policy of eroding and undermining medicare in Saskatchewan, and as in duty-bound, your petitioners will every pray.

Followed by signatures, names, and addresses. And over 9,000 names were signed to this. And I'll tell the Minister of Health right now, Mr. Speaker, that there are more names coming, more names. The people out there in Saskatchewan, outside of this Assembly, are still concerned about this matter. And the Minister of Health will be hearing more about this.

(1445)

But for the Minister of Health to stand in this Assembly and say that these names were obtained under false pretences is an insult to the people of Saskatchewan, a bald-faced insult to the people of Saskatchewan who saw

that petition, who read it and signed it in good faith.

And I've talked to many of the people that have signed these petitions or have obtained names on these petitions, and it's very interesting the reaction they get when they take these petitions around. And I suggest the Minister of Health owes the people of Saskatchewan an apology for suggesting that those names were obtained under false pretences because that was done in good faith by the citizens of Saskatchewan in the form prescribed by this Assembly for petitions. Yet the Minister of Health says, false pretences.

Well that, Mr. Speaker, shows a kind of arrogance which is not honoured in Saskatchewan, a kind of arrogance which people will not accept for any extended period of time. And the Minister of Health and his Premier may go around for a while saying that this is obtained under false pretences, but sooner or later they'll pay for that arrogance.

I think I recall once, Mr. Speaker, someone saying that if you have a government made up of angels, and if it has a huge majority, sooner or later they're going to get arrogant. And, Mr. Speaker, this government is losing on that proposition, because to begin with they're certainly not a government of angels, and they're certainly arrogant when they say to the people of Saskatchewan, your signing of this petition, honestly and forthright in a form prescribed by this Assembly, is false pretence. The Minister of Health owes an apology.

So what happened? The Minister of Health brought in his system. His system didn't reduce the price of drugs. They still pay \$125 deductible, or \$75 if they're a senior. They still pay the money up front, and they still pay the new 20 per cent Progressive Conservative deterrent fee. They still pay that — the largest deterrent fee ever introduced in this province by anyone. They still pay that.

So the Progressive Conservative government's response to this very critical situation, where people are put in difficult financial circumstances, has not lowered the price. It just says, we'll draw it out longer and make the pain a little longer for you. So it really hasn't solved the problem. All it's done is put off to another day the problem for the voters of Saskatchewan.

I received a lot of letters on this matter, Mr. Speaker, and I have one here from my own constituency. I don't know this person, never met this person, and if the Minister of Health — well I guess it's not necessary to give the Minister of Health a copy because he's already got a copy. I got the copy, he got the original. And it's from a person in my constituency, and she says:

I am writing in response to the Saskatchewan government's decision to change the Saskatchewan drug plan. My husband and I returned to Saskatchewan last fall after completing our graduate work at the University of British Columbia. Our decision to return to our home province was due in part to our feeling that we owed something to the people of Saskatchewan, and in part because the excellent umbrella of social programs existing in Saskatchewan.

The person states that she suffers from bronchial asthma and requires substantial drugs to keep that condition in check. These drugs cost approximately \$90 a month at the current prices, or \$1,080 annually. These figures do not include dispensing fees — uses the drugs every day. These drugs are necessary.

The cost of these drugs will be a great hardship for us as my husband and I are currently paying off debts incurred while we were graduate students, including two Saskatchewan student loans, (and she has a side comment here) unlike some who have defaulted on these loans.

I feel that I may be forced to cut down on the amount of drugs taken in order to make them last longer. The result, as any knowledgeable medical doctor can tell you, would be more frequent attacks, chronic ill health, and my asthma would no longer be under control, and there is a chance of increased hospitalization.

And I think the Minister of Health should understand the complications that arise when the people start making the medical decisions that are made by the doctor. And instead of calling them medical decisions, they call them economic decisions because they cannot afford these drugs, so they cut back on the amount of the drugs they take. The consequence of this, as the Minister of Health will be aware, is when you are unable to prevent the advance of the disease or the condition, eventually that person will be occupying hospital beds, and this person lives in Saskatoon.

And that brings me, of course, to the question of critical situation with regard to hospital beds in Saskatoon. The most ever people waiting on waiting lists to get into hospitals in Saskatoon — over 11,000 people, Mr. Speaker. Can you believe that? Over 11,000 people waiting to get into hospitals in Saskatoon.

Never before in the history of Saskatchewan — or at least in my experience in Saskatchewan, and I would think it would be in the history of Saskatchewan — have we had that many people waiting to get into hospital in Saskatoon.

And on an almost weekly basis the Minister of Health brushes that off; he has excuses. And he says that he has plans which he's putting into effect, but the hospital waiting lists are still up there, Mr. Speaker.

And some of these people that are waiting to get into hospital, their condition may be worsened by view of the fact that they start making medical decisions when they should leave the medical decisions up to the doctor. And the reason they're making these decisions is because the Minister of Health now charges them 125 deductible. He says they must pay it up front, and he imposes a new Progressive Conservative deterrent fee on the prescription drug plan in Saskatchewan.

I have another letter from a lady that I do know in Saskatoon Westmount constituency, and she suggested her drug, which previously she would have paid about . . . well the prescription fee for will probably be somewhere

between 15 and \$75. This was back in June. And she was unsure as to the consequences of the government's plan, but this is just before the government hastily put its July 1 plan into effect.

July 1 — what an embarrassment for a government that says that they're going to make Saskatchewan number one in health care. On the anniversary, on the anniversary of medicare, they bring in their prescription drug plan. What a contrast, and the people of Saskatchewan know it. That's why thousands and thousands and thousands of them have signed this petition that I referred to earlier. And I'll tell the Minister of Health there'll be more.

Now I have another letter here, and I'm sure that the Premier need not be reminded of this, and the Minister of Health, because he got a copy as well. And even the MLA got a copy, and this is the sole Conservative MLA for Saskatoon got a copy of this one. And it's interesting that this person lives in his constituency, Saskatoon Mayfair, and the irony of it is the person lives on Broadbent Avenue.

But this person's concerned about how this government is ramming the prescription drug plan down peoples' throat. These bunch of witch-doctors, these bunch of witch-doctors are telling the people to doctor themselves. And they are, because they have to make economic decisions. They can't afford this new 20 per cent Progressive Conservative deterrent fee on prescription drugs.

Well this person writes, Mr. Speaker, to the Premier, and it's the member from Mayfair. He'll soon be the sole PC member in Saskatoon. Now there's a question whether he is. There's a vacancy there, which incidentally this government is not filling because they know they'll lose it. Just on this issue alone, Mr. Speaker, just on the issue of prescription drugs alone, they're going to lose Eastview, to say nothing of several other issues. The blatant misrepresentation in budgeting in this province of Saskatchewan will cause them to lose that by-election. And this issue alone will cause them to lose Eastview by-election.

And this person here will probably be out to get the Minister of Science and Technology in the next election because she's pretty concerned. She says:

Dear Premier: I am tired of being complacent. I am tired of feeling defeated and cynical. I am tired of being told that I have lived beyond my means. But more than anything, I'm tired of watching the foundation of Saskatchewan human services being taken apart piece by piece. I feel pushed too far. And in time to come, the Government of Saskatchewan will realize Saskatchewan has been pushed too far. My only fear is for the extent of destruction that has and can occur in the meantime.

And this was one day, one day before the government brought in its prescription drug plan, its new prescription drug plan, which says you've got to pay a deductible, you've got to

pay your money up front, and you've got to pay that deterrent fee.

And this person is, you know, strikes me as must be an intelligent person. They write an intelligent letter. And this person is a health care professional — states in the letter. Don't take my word for it, get the Premier's letter, or get the Minister of Health's letter and have a look at it. It's there. And they go on to talk about a number of things in the health care field:

The revised dental plan and the deductible for prescriptions will prove to be a real hardship for a low income families.

And that's true, Mr. Speaker.

It would cost you a lot less to ensure prescriptions are filled than to treat the patient in hospital.

Now this person, who's a health care professional, has come to the same conclusion as the person in the first letter who's trying to tell the Minister of Health, who will not listen, that — just like this person said here — that:

It will cost you a lot less to ensure prescriptions are filled than to treat the patient in hospital.

Well that's wishful thinking because in Saskatoon you don't get into the hospital unless the ambulance wheels you in — almost.

Well, Mr. Speaker, there are other letters. I have a letter here from a constituent who's a senior citizen. This person has Parkinson's disease and a heart condition — elderly person. They received their medication for 30 days — this is in August — 30 days and it cost \$339.05. And this particular person said, under the previous prescription drug plan, which was brought in by a New Democratic Party, that would have cost \$11.00 — now costs \$339.05.

She waited over 30 days. When I was talking to her, she had waited over 30 days. I called her back after I received the letter. She'd waited over 30 days and had not got her refund on the rebate from the provincial government. This just shows you how efficient this plan was operating.

The government had not planned. They thought there would be no hardship to people. That shows you what elevated thinking does to people. They've been up, elevated in the ivory tower so long they can't understand that there are people down there that are on very little income.

(1500)

At the beginning of the debate on this issue about prescription drug, every time we'd mention that, the Minister of Health would jump to his feet and he'd say, oh, but those people are covered under social welfare. Well not everybody in Saskatchewan is on social welfare yet. Mind you, there's double the amount on social welfare now that there was under the previous administration, and they're covered. I'm not complaining about them; they're covered. I'm not getting letters from them.

I'm getting letters from people that are senior citizens on limited income, not on welfare. I'm getting letters from health professionals. I'm getting letters from Mayfair constituency and other places in Saskatchewan, and they're all telling me there's problems here.

And before this lady got the rebate on her \$339.05 bill, which was 31 days later when I talked to her, she had received her next bill from the druggist for \$262.27. And the Minister of Health doesn't have a plan — doesn't have a plan to handle these hardship cases.

When he does come out with a plan, doesn't lower the price of drugs, Mr. Speaker, just puts off the day of reckoning to these people who are under additional stress. And I read between the lines in these letters and people I talk to — I read between the lines. They're under additional stress and worry because of the situation they've been put into. They're not abusing the prescription drug plan. I don't believe their health professionals are abusing the prescription drug plan; I believe the Government of Saskatchewan is abusing the prescription drug plan, and the sooner they realize that the better. I don't know whether they will be able to realize it.

I received some other concerns about this, another letter sent to the Minister of Health, and it was from a union. And I know that the Minister of Health will immediately discount this. He will immediately discount this letter, but I want to read this letter into the record because I'm sure the Minister of Health's copy is already in the garbage. But this union was good enough to send it to all Saskatchewan MLAs, and it says:

Dear Mr. Minister: I am writing on behalf of the members of Local 3 of the Communication and Electrical Workers of Canada. We strongly urge your government to reconsider the changes to the prescription drug plan. Many of our members have young families and I'm sure that will find the reality of paying for prescription drugs a definite hardship. Changes in the plan will also affect a number of CEWC employees who are presently receiving pensions. Some of these people are on fixed income and may have to do without prescription drugs.

Saskatchewan led the way in health care, and your government is dismantling health care system that has had world-wide recognition. Again, we urge your government to restore the prescription drug plan and return to a commitment to the best health care for all Saskatchewan residents.

And it's signed by the president of the local. I don't suppose the Minister of Health kept that one. He must have thrown a lot away in order to get the burden of worry off of his mind, because he's paying no attention. The Minister of Health is paying no attention to this issue. He's floundering around. He brings in a plan. He has nothing to deal with the hardships. He's late bringing in the legislation. But he's certain there with his hand out to get the money from the people of Saskatchewan.

Here we have the news item about another petition that was presented, and it was The Voice of the Handicapped. And you recall, Mr. Speaker, they were in the legislative Chamber one day and presented a petition with 2,800 names, and this is the handicapped people of Saskatchewan. And my heart goes out to these handicapped people who have burdens that we know nothing about here — burdens that we know nothing about. Many of them, because of their handicap, are on limited or very low income. They are hit right between the eyes by the Minister of Health.

I don't know, Mr. Speaker, whether you've ever been in a slaughterhouse. I have visited a slaughterhouse, and I've seen them slaughtering cattle, and that's exactly what the Minister of Health is doing to the handicapped people of this province. He's pole-axing them right between the eyes. That's what the Minister of Health in this province, and his Premier who supports him fully, is doing to the handicapped people of this province. And they should be ashamed — they should be ashamed of themselves.

Many handicapped people signed this petition. The Minister of Health stands in this Chamber and says: got the petition under false pretences. And I read the petition. It's on the record. But the Minister of Health is ignoring the handicapped people of Saskatchewan. He's pinched down on them, and he's kicking them, and now he's hitting them right between the eyes.

Well I don't know what will make the PC Government of Saskatchewan stand up and pay attention to what's going on, but I have something here that may make them sit up and take notice. It's a letter to the editor from somebody in Regina, and it's July 3, a couple of days after this government brought in their new prescription drug plan: \$125 deductible; advance payments — it has to be paid in advance; and the new 20 per cent Progressive Conservative deterrent fee — the first ever in the history of Saskatchewan.

July 3 this person says — and it's in the Leader-Post, and if the Minister of Finance who's studiously studying his books there wants to know who this is from, I'll send a copy over to him, and I'm sure he'll want to check this person out.

It is true that we in Saskatchewan have become so uncaring that we let the people we elect change the whole direction of Saskatchewan without expressing our displeasure at the way they choose to do this?

And she goes on:

It does not matter whether people voted NDP, Liberal, or Conservative (as I did).

This lady says "or Conservative (as I did)."

Everyone has to let all MLAs know their feelings

And this person goes on:

It is very hard for me to write this against the people I worked so hard to elect.

Here is a person who was a Conservative — I take their word for it — writing, and they're upset with this government. They're upset because this government has the arrogance to stand in this Chamber, the Premier, the Minister of Health, and other members on the front bench, time after time in trying to defend themselves on the issue of prescription drugs and the very amendments they're bringing in. They try to defend themselves, they have no plan except to get more money for the Government of Saskatchewan to tax the people more in every way. They have no sensitivity. They have no sensitivity to the needs of handicapped people; they're ignoring them. And they've done it not only in this way but other ways.

They embarrass themselves, if they can be embarrassed, Mr. Deputy Speaker. They embarrass themselves by suggesting that these petitions were obtained under false pretences which are opposed to their changes in the prescription drug plan.

And, Mr. Speaker, and I might remind the member from Mayfair who is among the diminishing Conservative members from Saskatoon and he'll be the only one there, the only one there in Saskatoon after the next provincial election or perhaps when the by-election is called. And I suggest the government call a by-election on this issue. This would be a good issue to test your plan.

Some Hon. Members: Hear, hear!

Mr. Brockelbank: — I would encourage them to do that. And I promise them I won't even go into Mayfair except to go home to bed, and I won't campaign against them. I'll just let the forces of nature take over in that by-election, and there'll be a tide sweep the Conservative candidate out of Eastview like you've never seen before. And you'll get people from Lakeridge, and you'll get people from Lakeview and all those areas over there, and they'll be hammering the government over the head on this issue.

I ask the Premier, I plead with the Premier, on behalf of the handicapped people of Saskatchewan, on behalf of the people on low and fixed incomes: please call a by-election in Saskatoon Eastview and make it on this issue. This is one of your key, central issues. The Premier has said it's the number one issue with him. The Minister of Health says it's the number one issue with him. I plead with you: call that by-election in Saskatoon Eastview, and if you win that by-election, we'll keep quiet about this issue — we'll keep quiet about this issue.

But to the member from Mayfair whose constituent, who lives on Broadbent Avenue, sends in a letter telling the government, the Minister of Health, that they don't like the way he's handling the health care plans in Saskatchewan — it's time for serious reflection by the only remaining Conservative in Saskatoon, the member for Mayfair, to save his own skin. Just to save his own skin in the next election, I would suggest that you disavow yourself from the Premier and his policy on health care. Stand up and do it loudly and, Mr. Minister, I have some respect for you personally, you can do that in this particular debate. Because the soon I sit down, the sooner you're going to be able to vote on this issue.

And I cannot support this Bill, and I want to hear from the member for Mayfair, and I want to hear him condemn — condemn the Conservative Tory plan for deterrent fees on health care, for deductibles on health care, for paying up front. And I want him to side with me on this issue, with the handicapped people of Saskatchewan who are being hurt by this government's actions in this area, and the low income people in Saskatchewan who are not on welfare but are on lower fixed income who are being hurt by this plan. And I sit down in the hope that the member from Mayfair will rise and support this Bill.

An Hon. Member: — It's not my turn.

Mr. Brockelbank: — And I . . . oh, don't worry. The member from Mayfair, he says it's not his turn. Well your turn's coming, Mr. Member, and I think it's just a question of whether you want it in the belly or the back. You're going to get it, and I would suggest you take it facing the music. Face it like a man. And you're going to get an opportunity on this Bill.

Mr. Deputy Speaker, I cannot support this Bill.

Some Hon. Members: Hear, hear!

Mr. Rolfes: — Mr. Deputy Speaker, I had delayed rising in this House because I thought from the comments made from the member from Mayfair that he was very anxious to get into this debate and to give the arguments for his government as to why they are eroding one of the corner-stones of medicare.

I also would like to hear from the member from Regina Wascana who is talking not from his own seat but from someone else's seat, but who very seldom gets into the debates that take place in this House.

Mr. Deputy Speaker . . . (inaudible interjection) . . . Mr. Deputy Speaker, I hear the Minister of Health speaking from another chair over there, and I would ask the Minister of Health to reflect and look at the words that he used yesterday in estimates and contemplate the accuracy of those words because they'll come back to haunt him, Mr. Deputy Speaker.

(1515)

Mr. Deputy Speaker, this Bill cannot be discussed or debated in isolation of the total health care services that we have here in this province. Therefore, Mr. Deputy Speaker, what I want to do this afternoon is to go back a little bit in the history of this province and the history of Canada. And I think it is not that far back that some of the members opposite don't remember, or should remember, at least.

When Saskatchewan, and later on Canada, made the decision that we wanted one of the most comprehensive health care programs in all of the world, we said it couldn't just be hospitalization, and not just visits to your doctor, but it was agreed upon that a health care system would be based on four principles, Mr. Deputy Speaker. Those four principles, Mr. Deputy Speaker, are: accessibility, comprehensibility, universality and

publicly funded.

And, Mr. Deputy Speaker, I want to speak to these because a health care program without a drug program or a severely restricted drug program impedes us from implementing that comprehensive health care program that we all had hoped we would have by now.

I will be the first to, Mr. Deputy Speaker, be the first to admit that when we left the government in 1982 we still had a long ways to go in order to get a health care system that we were all looking after or seeking for. But when the people of this province heard the present Premier of the province say, we will build for you the number one health care system in all of this country, they, Mr. Deputy Speaker, took him at his word. They felt that he was totally committed to a comprehensive health care system, but, Mr. Deputy Speaker, I guess when one looks at the record of the last six or seven years, one has to come to the conclusion that that was only a statement made to get him and his party elected. Because they certainly have not been committed to a comprehensive health care system, a comprehensive health care system, Mr. Deputy Speaker, which includes a fundamental dental care program which is accessible to all the people.

We had, Mr. Deputy Speaker, a good start on a dental care program that was second to none in all of Canada, and I think I'm not wrong in saying second to none in all of the world. I don't think you would have found a better dental care program than what we had here in Saskatchewan. And, Mr. Deputy Speaker, we were working towards a very good . . . we had a good . . . we were working towards an excellent drug care program in this province.

I want to say to the members opposite, just remember what happened to the party that brought in deterrent fees and utilization fees in this province. They, Mr. Deputy Speaker, are . . . as the former member Davey Stuart said of Prince Albert, we are an extinct species, and we should be protected.

I'll say to the members opposite, and I'll say to the member from Weyburn, that if they continue on the path that they are going in eroding the health care system in this province, they will need protection because they are going to be the extinct species of this province in a very short time.

And I'll tell you . . . I'll tell you, Mr. Deputy Speaker, the member from Weyburn hasn't learned. It took them almost 50 years, it took them almost 50 years to get back into power again and I'll tell you once they . . . once the people get through with them, once the people get through with them in the next election, it'll take at least another 50 years before they will ever get power again.

Some Hon. Members: Hear, hear!

Mr. Rolfes: — Mr. Deputy Speaker, as I have indicated . . .

Mr. Deputy Speaker: — Order. Order. Allow the member to make his comments.

An Hon. Member: — But he's not making sense.

Mr. Rolfes: — Mr. Deputy Speaker, the only reason that the member from Weyburn can say that I don't make sense is because he doesn't have a commitment to a comprehensive health care program like I do and the members on this side have. Therefore when you speak about the principles, the principles of medicare, of accessibility, comprehensibility, publicly funded and universal, yes that doesn't make sense to those people because they will deny such a program to the less fortunate of this province.

They are concerned, Mr. Deputy Speaker, about protecting those who financially can well afford to pay for all the extra costs that they have implemented, particularly in this drug program. Mr. Deputy Speaker, the colleagues on this side of the House, my colleagues on this side of the House, have already indicated that our health care programs in this province are being eroded.

Now a week goes by, Mr. Deputy Speaker, where I don't get phone calls, or I don't get a letter in my constituency office, or letters in my constituency office, of people complaining that they simply have to go without the drugs that they are being prescribed to them by their doctor. And, Mr. Deputy Speaker, the Minister of Health says, oh, but everybody's covered. Pretty well everybody's covered.

I think our leader made the point. Why do you ask people to go begging to the government for their health care programs and their health care costs when that is not necessary? What they have done here, under this particular Act, Mr. Deputy Speaker, is said to the unfortunate, if you are on low income and you don't qualify for public assistance, then you must go begging to his committee to see whether or not you could qualify in order to get the drugs that their doctor is prescribing for them.

That, Mr. Speaker, is unacceptable in this day and ago, and it shows the insensitivity of this government, the callousness of this government to the unfortunate people of this province. Mr. Deputy Speaker, that is going to come back to haunt those people on the other side. You can only push people around and ignore people, and sever the fortunate people and ignore the unfortunate, for only so long. And people will come to their senses and say, hey, lookit. We were fooled once. We were fooled twice. But never, again, never again.

And I think in the last election it was . . . if the democratic process, Mr. Deputy Speaker, had worked the way it usually works, those people would not be on that side of the House. They would not be on that side of the House. They would be sitting here, and we wouldn't have to be debating today a drug program which takes such terrible tolls on those people who can ill afford, either financially or otherwise, to pay for those drugs.

Mr. Deputy Speaker, I want to say that in the city of Saskatoon — and I'm very proud of my city of Saskatoon — but we have a very serious situation, and again it pertains to the health care system. It's one of the fundamental corner-stones of the health care system, that

our people have accessibility to our hospitals.

And it's not that the government, as the government says, well we're going to have restraint because the economy is down, potash prices are down, wheat prices are down.

And as the Minister of Health said last night — so erroneously again, so erroneously again — when you people were the government, oil was the highest, was the highest it ever has been. How? And I will say to the Minister of Health, do you know what the average price of a barrel of oil was from 1971 to 1981 — \$10.49 a barrel. What was it from 1982 to 1985? Over \$27 a barrel. Two and a half times what it was from '71 to '81.

And yet, Mr. Deputy Speaker, what happened when these people came into power, these mismanagers, these callous, insensitive people? They ran up a huge deficit. But, Mr. Speaker, they spent the money. They spent the money, and who did they spend it on? Well they spent it on people like Pocklington, their friends. But they didn't have money for health care. Now they don't have money for a drug program, but they've got the money for the Hills at \$200,000. But no, they don't have the money for the drug plan. They've got money for Schoenhals, and I'm told over \$100,000 a year. But the poor people, the ones who are making less than \$15,000 a year — what does the Minister of Health say to them? Tough luck. Come begging to my committee and we may exempt you. We may exempt you.

And if the Minister of Health says that there are only a couple dozen people who are being injured by this Act, then I say to the Minister of Health he is so out of touch with the reality that exists out there that it's a pity that he doesn't get out of his ivory tower every once in a while and recognize that not everybody lives on the kind of salary that he gets. And that it's tough out there for a lot of people — a lot of people.

But, Mr. Deputy Speaker, why then did this government bring in this Bill. Was it that the civil service, the Department of Health recommended it? Absolutely not. The Department of Health did not recommend that. And if the Minister of Health is honest with the people of Saskatchewan, he will admit that. Where did it come from? Where did this suggestion come from? It came, Mr. Speaker, from the Executive Council. That's where it came from, and they have to accept full responsibility for it. I don't think they should go back to the Department of Health, or those people who used to be in the Department of Health and now are working well for other governments and have top-notch jobs in other governments, they can't lay the blame on them. They've got to lay the blame solely on themselves. They are not committed to a total comprehensive health care program.

And that's why, Mr. Speaker, chip by chip, brick by brick, if these people remain the government, they are going to undermine, they're going to erode that comprehensive health care program that our pioneers and the people who came before us worked so hard to build. They sought after and worked after and thought, some day, some day we're going to have a total comprehensive health care program that will take care of all of our people. You don't have to go begging to the rich. You don't have to go

begging to a panel, a review panel that the Minister of Health sets up, in order to get the drugs that your doctor prescribes for you.

Mr. Deputy Speaker, when you talk about health in this province, you talk about a sacred thing. These people, the people of Saskatchewan, have been known the world over as the initiators, the originators of hospitalization and medicare. And they don't take very lightly a government that touches that program.

And particularly, Mr. Deputy Speaker, they don't take very lightly to it when, on the campaign trail, time and time and time again the members opposite and the present Minister of Finance indicated and promised, we will take off those deterrent fees on the drug plan. What did they do? What did they mean by the deterrent fees? Well the \$3.95 prescription fee that they had to pay. So what did they do? They now say to a number of people, we're not going to even allow you, because financially you can't afford it, we're not even going to allow you to be able to have accessibility to those drugs that your doctor prescribes to you.

I say to the Minister of Health, that is the height of callousness and insensitivity that we can find anywhere in this province. And I say to the Minister of Health, you're going to pay the price, and your government is going to pay the price for that.

Mr. Deputy Speaker, I could, and I will, go on at some length on this particular Bill because I think it is a very, very important Bill. My members, my colleagues on this side of the House, have already alluded to many examples of people who are suffering from the action that was taken by this government on July 1. And Mr. Deputy Speaker, not only individuals, but the media, the news media and the *Star-Phoenix* were concerned. I see a headline here: new drug plan opposes dangers. Dangers for whom? they weren't talking about dangers to the government of losing the next election. That may well happen. But they were talking about the people out in Saskatchewan, those people who are on very low incomes who can't qualify for social assistance and who simply can't afford to buy those drugs that are prescribed to them by their doctor.

(1530)

Mr. Deputy Speaker, last Monday night, last Monday night before I left for Regina to attend the session on Tuesday, I got a phone call at my constituency office, and the lady said to me — and I will not use her name — but she said to me, Mr. Rolfes, I was at the pharmacy today and I had to go without my drugs. And I said, why? Well she said, the cost was 50 bucks; I just don't have that kind of money; I just don't have that kind of money. And I say to the Minister of Health, if he thinks that that individual should come before his panel and beg for eligibility, she probably won't do it. She's a proud individual. She doesn't like begging. But it's not her; it's not her choice, Mr. Deputy Speaker, that she can't afford it. It's not her choice that she's in the low income. And why should this government determine as to who should be beggars and who shouldn't.

In this day and age, Mr. Speaker, that is simply unacceptable. And what nonsense do we have when you see a headline, and I can't read the whole headline, Mr. Speaker, because it mentions the name of the MLA, so I will simply read the title and substitute his name, "(MLA from Torch River . . . from Thunder Creek, I meant. The MLA from Thunder Creek) foresees lower drug prices." One of the things that he says is this:

(The MLA) said the changes will actually spur druggists to cut, not increase, drug prices because now that they have to pay more of the costs for drugs, consumers will be closely watching drug prices.

What the member is saying here is that druggists and pharmacists have been gouging the people of this province, and that there isn't competition out there. That is absolute nonsense. That is absolute nonsense, and the drug prices are competitive. The pharmacists out there know that, and to say that because what the government has done will actually be a benefit to the people out in Saskatchewan is the most ludicrous argument that I've heard in trying to support this Bill.

Mr. Speaker, going on, how this Bill and how the action of the government has affected certain people — another headline in the *Star-Phoenix*, August 5, "Ailing man runs out of prescription drugs." Subtitle, "His doctor is working to have him admitted to hospital."

Mr. Speaker, how . . . That's the irony of this whole thing. How do these people figure they're going to save any money if this guy should go into a hospital? And as my member from Westmount indicated, when in Saskatoon you just don't have a choice. You don't get in unless you're dragged in by an ambulance — you just don't get in. But in, let's say, in any other centre, maybe, how do they think that they're going to save money if people out there can't afford the drugs that they need that are prescribed to them by their physician and end up in the hospital at 2, 3, \$400 a day? How is that going to save the government and the people of Saskatchewan any money? It's not going to save you any money. That's just a false economic decision that was made by the government opposite, and it doesn't make sense.

Mr. Speaker, another headline, "People hurt by changes to drug plan now given a break." First the government is going to hurt them, and then the government says, well now we're going to set up this panel for you so you can come begging to the government for eligibility.

Mr. Deputy Speaker, I didn't get one of the forms that you have to fill out. I'm going to ask the Minister of Health to provide me with one, but I am told that the form that you have to fill out is very technical. And that the individual . . . (inaudible interjection) . . . I'm glad that the Minister of Health . . .

Mr. Speaker: — Order, please. Order. Order, please.

Mr. Rolfes: — Mr. Speaker, I'm glad that the Minister of Health intervened because I was talking to his executive assistance this afternoon and she told me that. If she is wrong, you better hire some staff that know what they are

doing. I talked to . . . I won't mention the name. I will give it to you in private, of your executive assistant. I don't blame her because I think she was correct.

She said, and my point, Mr. Speaker, was this. My point was this. Again, again, Mr. Speaker, the government faults economy. If the forms are very technical, who has to fill them out? And his executive assistant told me usually the doctor has to fill them out. The doctor has to fill them out. I wasn't going to mention this, Mr. Minister, but since you brought it up, the doctor has to fill them out and the pharmacist has to fill part of it out, and then it goes before the panel.

And I say to the member opposite, every time an individual has to go to a doctor to get the form filled out you pay that doctor through MCIC (Medical Care Insurance Commission) for doing that. That is not saving any money. For the price that you pay the doctor to fill out the form the individual could have had the drug supplied to her. Again I'm saying to the minister opposite that I think you should, before you implement some of these things, you should have a look at the effects that these decisions make — the hardships under drug plan's eyed — eyed by the minister in setting up his plan.

I want to, Mr. Speaker, I think the problem we have here is headlines like this should never ever appear in the province of Saskatchewan. Minister of Health — I can't read the name — Minister of Health, "... denies man died due to drug plan". Just, Mr. Speaker, the title itself, just the title itself I think is an insult to this province, and an insult to the Health department, and an insult to the people of this province.

And I think the member from Riversdale said it very well in this House when he asked the question of the Minister of Health, and the Premier, when he said . . . when the Minister of Health disputed that any people at that . . . there aren't thousands of people who are being affected. And the minister . . . the member from Riversdale said, "I don't care if it's 25 or one, it's one or 25 too many. As if one life was less important than a thousand," said the member from Riversdale.

I think, Mr. Speaker, that is the fundamental difference between that side and our side. Life to us is precious whether its one or 25 or 100. But as long as members opposite — doesn't affect one of their cronies, one of their buddies, one of their supporters, then it's immaterial. The less fortunate don't support us anyway so what do we care whether they suffer. And this particular drug plan that they are putting in has hurt the less fortunate and the poor people the most.

Now here's another one, "Premier questions wisdom of free drugs". Mr. Speaker, I hope you don't rule me out of order, but I'll tell you when I saw his behaviour today in question period, I think he must have access to free drugs because he was so irrational, so emotional that I could . . .

Mr. Speaker: — Order, please. Order, please. Order, please. I'd like to ask the hon. member to continue but to get back on the topic which he was doing . . .

Mr. Rolfes: — I was, Mr. Speaker, I was talking about drugs and as it applies to everybody else. I'm simply saying that accessibility, Mr. Speaker, is very important. Some people are more accessible, have more accessibility to drugs than others obviously, by their behaviour, and as my colleague says, also certainly more susceptible.

Mr. Speaker, what I want to say is simply this. Accessibility to drugs, prescribed drugs particularly, must not be impeded. This Bill will do that. It is an economic Bill. It works against the poor because financially they can't afford it and members on this side simply can't support that kind of action.

Mr. Speaker, our critic of Health when she spoke in second reading, outlined I think very aptly, very succinctly, and very capably why we are opposed to this Bill . . . (inaudible interjection) . . . Yes, you certain have. The minister from Weyburn asked me if he has timed the reading. I hope he has a book with lots of pictures in it.

An Hon. Member: — And both of his crayons sharpened.

Mr. Rolfes: — And as my colleague said, and both of his crayons sharpened.

Mr. Speaker, this particular Bill affects so many people in this province that I hope the government, before we come to the end of second reading, comes to its senses and withdraws the Bill — simply withdraws the Bill.

Some Hon. Members: Hear, hear!

Mr. Rolfes: — Mr. Speaker, as my colleague from Mayfair has indicated, thousands and thousands of people have signed the petition against these Bills: the dental policy, the drug program, and the drug Bill. And the people are simply saying, look, Mr. Premier; look, Executive Council; come to your senses; be sensitive to the needs of the people out there; recognize that you're hurting a lot of individuals; withdraw those Bills; change your policy; and be the caring and sensitive government that we've expected of governments here in this province.

And I think, Mr. Speaker, if they do that, they may have a chance, they may have a chance to heal some of the wounds that are out there and undo some of the hurt that they've caused by their policies.

Mr. Speaker, I can only read another headline, "Prescription drug policy pinches family's budget." And here is a family, Mr. Speaker, that is making less than \$15,000 a year. They have a child that suffers from asthma and is allergic, and they have a drug bill of \$137 a month. And the Minister of Health says, well it's tough, you know, but under our guide-lines you don't qualify — 15,000.

A cabinet minister over there makes over four times that amount, over four times that amount. George Hill makes over 15 times that amount. Is it, Mr. Speaker, so inconceivable that these people don't recognize or don't understand why people out there are suffering? I suppose if you're in the upper bracket of income, you know,

paying a few extra dollars will make little difference.

Here's another one, "Family struggles to pay the \$1,700 of child drugs." Another, "Can't afford drugs, says ailing man." A 36-year-old man suffering from asthma and severe depression saying he's unable to manage up front monthly drug bills of \$112 under the revised prescription drug plan.

An unemployed Saskatoon man has decided to stop buying drugs he needs to combat asthma and severe depression. Now he's hoping (this was the beginning of October) that one appeal on Friday to the prescription drug review panel and a second next Wednesday to a Department of Social Services appeal board will give him the breathing room he needs to change his mind. But he said in an interview, it's unfair and he shouldn't be put in this position.

Mr. Speaker, it's an embarrassing situation for a lot of these people. We have made beggars of them, and we've said that they don't deserve the same kind of health care that others in this province enjoy.

I thought we had passed those days. I thought when Emmett Hall in 1962 brought in his comprehensive medicare program to the federal government that we were by those days. I thought when he reviewed it again in 1981, I thought Emmett Hall had convinced all the governments that what we need is a comprehensive health care program, a corner-stone of which is a good drug program. I thought we all had supported the principles of medicare, but obviously we haven't.

Obviously this government makes promises that it believes in a health care program, but when it comes to power, it chips away brick by brick on the good health care program we had established.

Mr. Speaker, this Bill cuts at the very heart of what so many people have worked for for so many years in this province. I will not disappoint people like Tommy Douglas. I will not disappoint people like Woodrow Lloyd. I will not disappoint people like Allan Blakeney. I won't disappoint people like Emmett Hall. No, I won't disappoint them. I won't vote for this Bill. I think that this Bill is the beginning of the chipping away of a comprehensive health care program that so many people have worked for.

(1545)

I say, shame on those people opposite. I say, you deserve everything you get the next time around. And I tell the members opposite, I don't think there will be very many of you around. I know the Deputy Premier won't be because he'll be in his heavenly appointment. But I'll tell you, for the rest of you, you won't be around because the people of this province simply aren't going to put up with that nonsense and they're not going to put up with unbroken promises. Mr. Speaker, I can't support this Bill and I won't support it. Thank you very much.

Some Hon. Members: Hear, hear!

Mr. Van Mulligen: — Thank you, Mr. Speaker. As I look at the Bill, I understand that the people of Saskatchewan who, prior to July 1 when purchasing required prescription drugs, prior to July 1 would be paying a minor dispensing fee in order to receive those drugs, that those same people will now be paying up to \$125 if they are below the age of 65; and they will be paying up to \$75 if they are above the age of 65 for their prescription drugs. And that once they have paid those amounts, they can then make application to the government and they will have 80 per cent of all additional costs reimbursed to them by the government. So in other words, they will pay \$125 for their prescription drugs this year, plus an additional 20 per cent.

Mr. Speaker, there have been a number of speakers on this side who have given reasons for opposing the Bill. Some have done so, or all have done so very eloquently, and I want to give my reasons for opposing this Bill. And I don't want to reiterate, necessarily, what other speakers have said. I don't want to cover the same ground that they have covered. But it's perhaps necessary that this may come to be the case.

The reason that I feel strongly about participating in this debate and making my comments known is because so many of my constituents have raised concerns to me about this plan, about the kind of effect it will have on them. Many of these constituents are people with health problems; people who need the prescription drugs which are prescribed for them by qualified medical practitioners in this province. People need these prescription drugs to treat various illnesses. And they have the faith in their doctor that in fact they need these drugs and that these drugs are necessary for their health. It's for those reasons, because so many of my constituents feel strongly about it, that I rise to speak at this time.

I want to say, like my colleagues before me, that I too oppose this Bill very strongly; that the whole New Democratic Party caucus opposes the Bill. And the reason that we oppose the Bill is a very fundamental one of philosophy. We believe that health care is a right. We believe that health care, the whole health care system, should be universally accessible to all without qualification. We believe that health care is a basic necessity. We believe that health care should not come down to a decision on the part of some people as to whether or not they have the money to be able to afford the health care that they need.

And let's make it clear in this case that the health care component, that is to say prescription drugs are required. By definition prescription drugs are prescribed by doctors, prescribed because people have certain illnesses; they feel that certain drugs will help treat those illnesses.

But we believe that health care is a right that should not be compromised by charges or fees. We do not believe in user fees. We do not believe in deterrent fees. We believe that people's access to the health care system should be free and unrestricted.

And we believe that Saskatchewan people, and certainly the many constituents that I have talked to also share this

commitment to health care — a commitment that health care is a right, that health care is simply not a privilege, a privilege for those who can afford health care, that health care, regardless of income, is available to all.

We are of the very strong opinion, Mr. Speaker, that the government's actions in this particular Bill are cruel and unjustified, that it betrays the right of Saskatchewan people to proper health care, that it betrays their right to full health care, that it betrays a very fundamental right that has been established in this province, and that is that health care should be available universally to all. We believe that the government has betrayed those commitments, those traditions, and those practices of the past.

We think that the government is being very short-sighted in this particular Bill. It stands that if people who require access to certain prescription drugs are denied access to those drugs, yet they require those drugs to treat a specific problem, if that problem then goes unattended, if that problem is then not treated because of lack of access to drugs, to prescription drugs, it follows that the care that they should be receiving may be less than adequate. It follows that certain illnesses may in fact become complicated. It follows that those complications may lead to additional medical and health care. It follows that if additional medical and health care is required that there will be greater costs to our health care system.

Mr. Speaker, what I'm saying simply is that if you do not treat a problem as quickly and as efficiently and as effectively as possible, then there is every possibility that the problem will get worse; and if the problem gets worse, that even greater care, even greater expense must be forthcoming in order to deal with what might have been in the first instance a simple problem.

As an illustration of that, Mr. Speaker, I want to point to a communication that I received from a doctor. And she points out that a woman came to her office with two children; they had been referred by their family practitioner. These two children were diagnosed as suffering from ringworm and she prescribed certain medicine to treat that ringworm.

Now you and I know, and most people know that ringworm is a contagious type of disease, that is to say it can be easily spread to others. And therefore if one person has ringworm it becomes important to treat that so that the disease cannot then be transmitted or spread to others, because if others then also experience that disease, then instead of one person with ringworm you have two people with ringworm and it spreads.

So here is a case where it's very important to make sure that there's adequate treatment at the outset so that we do not compound the problem — that we do not multiply the problem. And I think importantly, too, if we're concerned about dollars and cents, that we do not set the wheels in motion by denying access to drugs, that we do not set the wheels in motion so as to have even more people visiting their doctors, to have even more people visiting hospitals, to have even more people requiring the drugs.

And this is a case of where there were numerous other

children in the home. One of these two children also attended school. The doctor was concerned that the drugs be in fact provided so as to reduce the risk of infection for others; that is to say, both in the family and others in the school. And I think this is a legitimate and a proper concern on the part of the doctor. She went to the point of asking the public health nurse to check out the other family members to ensure that in fact they had not been infected, and the like.

But when it came to the drugs which were necessary to treat this particular problem, it was ascertained that the mother did not have, was unable to provide the necessary funds to be able to buy those drugs. As I understand it, this is not a family on welfare and we know that those who are on welfare and receive welfare payments are treated as they were before by the government, at no expense. That is to say that they can still receive prescription drug plans without cost because it's recognized that they do not have the money.

But there are other people in our society who perhaps do not qualify for welfare, who are nevertheless very poor, who do not have the disposable cash at any given point in order to be able to buy the drugs that they need. And it appears that this is the case in this instance — that the mother did not have the case available with which to buy the drugs.

As it turns out in this particular instance, the doctor had access to sample drugs provided by drug companies and their representatives in this area, and she was able to give them those drugs so as to ensure that there would be no spread of the infection, so as to ensure that the problem would be cleared up as quickly as possible.

But I ask you, Mr. Speaker, if the doctor did not have those drugs available, what could have happened in this case? It is very likely that the other children in the family could have become infected. It is very likely that children at school could have become infected, simply because the mother in this case did not have the drugs or the money for the drugs that were required to treat the problem.

And so when I say that the government is being short-sighted, what I am saying is that the government needs to recognize that treatment deferred may result in greater problems down the road and may result in greater charges to the health care system. This is just one isolated example, and I'm sure that the medical people in this province, in this problem, have pointed out and will continue to point out instances of where drugs need to be taken, drugs need to be prescribed in order to avoid further complications, in order to avoid further problems, in order to avoid further charges to the medical care system, to the health care system in this province.

And so it is our feeling that whatever savings the government may feel that they're making in the short run, that because it's a short-sighted response to a dilemma that they have posed, because it's a short-sighted response, we may see greater charges, we may see greater costs in the future.

And I speak not only of financial costs to individuals, I speak as well of health costs. Why would we put forward

a Bill that would restrict people's access to prescription drugs, and which means that some people, because of their financial circumstances, must be denied prescription drugs, and which may extend for them illnesses and problems that they have; may increase for them the suffering that they're experiencing as a result of an illness? Why would we want to do that to anyone in Saskatchewan, Mr. Speaker?

And so when I say that the government is being cruel and that the actions are unjustified, I mean to say that the effect of this Bill will be to create a situation where some people's illnesses will not be treated, and they will unnecessarily suffer longer than they need to because they do not have the access to prescription drugs.

The government is short-sighted in so many ways, Mr. Speaker. And we try to bring this to the attention of the House, and we try to bring this to the attention of the public. And I won't go into all those other things because we are restricting ourselves to the drug Bill.

(1600)

But perhaps it's not short-sightedness. Perhaps it's incompetence, is the proper word. To saddle future taxpayers because of short-sighted decisions today is incompetence. To take a position today that we're going to try and save a few dollars, recognizing that it may provide additional costs in the future, is simply more than short-sightedness, it's a matter of incompetence.

And a government that knows this and has access to all the research in the world and has access to qualified advice, for them to take this position simply to make some short-term cuts, I would submit, is an incompetent government.

In saying what I've said, Mr. Deputy Speaker, I want to recognize that all rights that we have and all rights that are recognized by society need to be balanced by society's ability to honour those rights. That is to say, to have rights without society's ability to pay for those rights if those rights involve costs, is rather hollow. So therefore rights are meaningful and take on meaning only when society can afford those rights.

What the government is saying is that to a certain extent we can have rights in prescription drug care, but we cannot continue to have full rights in our health care system to prescription drug plan, to prescription drugs, because we are of the opinion that it will save us some money.

And when you look at that, when you look at that, Mr. Deputy Speaker, you begin to recognize that the amount of saving in this particular case is projected to be about \$26 million this year, and likely will be about \$34 million next year, what the government is in effect saying is that, in order to save \$34 million, we are going to compromise a right that Saskatchewan people have enjoyed over the years.

What they are saying is that we can not afford to continue to offer the best prescription drug plan in North America because of a cost of \$34 million.

Now given the fiscal situation that we find ourselves in, and the fiscal situation is a sorry one indeed, when it comes to the question of budgets and deficits, Saskatchewan is in a very dire situation — a mess, would be an appropriate word. And I need not go into all the actions of the government that have resulted in the kind of situation we have now. Suffice it to say that we have a fiscal situation that requires attention, that government needs to be prudent even if they were not before, but that it needs to be prudent in its expenditures.

Having said that, I want to raise the question, do we not have \$34 million from some other source? Are there not other cuts that can be made? Are there not other revenues that can be realized to the extent of \$34 million so that we might continue to offer the very best prescription drug plan in North America? Or are we in such desperate straits, and are the government's priorities so wrong-headed that we must, for the sake of \$34 million, now begin to dismantle not only a drug plan but, in concert with other actions of the government, begin to dismantle what was surely the best health care system in North America, if not one of the best in the world?

Some Hon. Members: Hear, hear!

Mr. Van Mulligen: — And I ask, are there not savings to be made elsewhere? Can the government not cut back on its extensive political advertising? Can they not cut back on the expensive and extensive political patronage appointments which cost us all money? The questions have been raised in lieu of the fact that we have a full-time president for the Saskatchewan Potash Corporation, why in addition to that do we also need a full-time chairman of the potash corporation, who really wasn't qualified except that he was a former minister in this House? Would that money have not been better spent in dedicating it towards the health care system so as to ensure that we can continue to provide the very best health care system in North America.

We would say that we can afford the prescription drug plan as people knew it before July 1; that it's important that if we are to maintain the right of universal access for all Saskatchewan people to our health care system; that it is important to ensure that the sacrifices must be made elsewhere if our concern is to find \$34 million out of a budget of many billions. That's the kind of commitment that we have towards health care. We do not see that kind of commitment from the government opposite.

We maintain the position that cuts to our health care system, that cuts to government generally, should not come at the expense of the sick, should not come at the expense of the poor, should come at the expense of others who are better able to afford. What the government is saying is that the government will save \$34 million, and that \$34 million must now be paid by individuals in this province, individuals who need prescription drugs.

That, in our view, is a step backwards, a step back to a time that health care was a privilege, a time when health care could only be accessed by those who could afford the health care system, a time when proper health care, to the extent that it was available, could be provided to all

those who had the means to afford that. But that if you did not have the means to afford that, you were provided with a second- or third-class health care system. You were relegated to the poor houses, you were relegated to the emergency wards of hospitals — hardly the place to provide proper health care, a place perhaps to provide emergency care, but no more than that.

And we all know, even if the government sometimes fails to realize that, that health care is more than a matter of immediate curative care, health care is more than a matter of dealing with immediate emergencies, health care also means an early diagnosis of problems so as that we can help people to treat their illnesses in a timely way so as to avoid future sufferings, so as to avoid future expense.

I fear, Mr. Speaker, in generally examining the Bill before for us, in the context of the number of actions lately by the government, that the government is beginning to emulate the British system of health care — the National Health Service in Great Britain — a system where successive governments have starved that system of necessary funds, meaning that those who are not satisfied with the National Health Service because the health service could no longer respond to all of the needs in society; it meant that those who were not satisfied but who could afford other alternative private arrangements have simply abandoned the National Health Service. It's meant that if they have the money, that they can afford access to doctors who are not under the National Health Service; they've received the care that they need.

But it's also meant that those who could not afford that higher level of care have been left with a National Health Service — because of government policies — that is less than adequate, a health service that's in bad need of infusion of operating dollars and capital dollars. It's resulted in a system where there is now in Britain a two-tiered health care system, that is to say, good care for those that can afford it, and less than adequate care, long line-ups, long waiting lists, less than adequate access to medical care for those that cannot afford the price of first-class health care.

And I fear that this government is moving us in that particular direction, that the government is looking at the British experience and the British model, as they seem to in a number of other things now. I only need remind you, Mr. Speaker, that the government has had extensive consultation with British officials on how to privatize aspects of government operations.

But I would just remind you, or I would say that it now appears that the government's direction in this particular Bill and in the context of many other Bills now before us dealing with the health care system and in the context of Health estimates and the kinds of expenditures that the government is devoting towards health care, that we are now beginning to see the symptoms.

We are now beginning to see the symptoms of the sickness that pervades the British National Health Service. We are seeing here in Saskatchewan long waiting lists, long line-ups for medicare care. We are seeing reduced access to necessary, fundamental aspects

of health care such as prescription drugs. We are now seeing a deterioration of dental care for children.

And I fear that this particular Bill and the others that are now before us are symptoms of the disease that affects the British national health care system, and are an indication that the government wants to move in that particular direction. And I fear for our future at the government's direction, for that future can only be found in our dark past, can only be found in a past where access to health care depended on your ability to pay for that health care. And that's why I say it's a major step backwards.

This Bill looks backwards, and this Bill takes us backwards to a time that not very many of us want to go back to. Perhaps those who are privileged and wealthy, and who the Conservative Party seems to represent very well — extremely well in this legislature — perhaps this Bill has no great meaning because whatever the case they can afford those prescription drug plans.

And perhaps the government is not speaking for the all of the people of Saskatchewan on this one. In fact, I would submit, after listening to my colleagues, after reading the papers, after talking to my constituents, that the government is speaking for very few people in Saskatchewan and seems to be speaking for its own ideological vision and seems to be speaking for the privileged few and the wealthy in this province who can afford the new drug plan, but is speaking for very few others in this province.

It's such an irony, Mr. Speaker, that at a time that our Premier talks about Saskatchewan leadership, talks about world-class, talks about how we will lead the world in . . . when it comes to trade, how Saskatchewan will be recognized everywhere for the fine work that the Premier insists that he's doing . . .

The Premier has gone so far as to say that the trade deal which was signed by the federal government and the American government is the most significant event in history — not just Canadian history, not just North American history, but is the most significant event in history.

And it is ironic, Mr. Speaker, that at a time that the Premier talks about Saskatchewan leadership — even if we think that he is misplaced — but at a time that he talks about leadership, his Minister of Health, who in effect is saying that, yes, we might have had the very best prescription drug plan in North America, now says, follow us. Follow us because we dare to be ordinary. He says, follow us because we dare to be no better than anyone else; a Minister of Health who says, follow because we aspire to be second place.

(1615)

What an irony it is, Mr. Speaker, to have a Premier one day talking about leadership and putting Saskatchewan on the map, and to have a Minister of Health the next day or the same day to say, follow us, we want to be in second place.

This is a remarkable contradiction, Mr. Speaker. It's also a remarkable turnabout, a remarkable turnabout from the rhetoric and what must now be perceived to be rhetoric and the words of the members opposite just a few short years ago when they said, we must improve medicare. When the Minister of Finance, the member for Qu'Appelle-Lumsden, said that we have criticisms of the prescription drug plan as it's currently being run by the New Democratic Party government in this province, and we will guarantee you — guarantee you — and we will provide you with a written guarantee and a certificate that we plan to invest more dollars in that prescription drug plan; that we plan to invest more money in that prescription drug plan because we believe that the drug plan should be improved. Well what manner of improvement is this, Mr. Speaker, what manner of improvement is this?

And even if the specific guarantee of the Minister of Finance, the member for Qu'Appelle-Lumsden, were not shared in that exact form by the members opposite, certainly all of the members opposite, all of the members opposite promised improved medicare.

And I'm not sure, and the people of Saskatchewan are not sure now, what was meant by improved medicare because we seem to be taking steps backwards. Improvement to me, and improvement to many people, means that you take steps forward. To say that, well, we're spending more on health care than anyone else — and we know that that's a reflection of juggling of books and is not a real statement of fact — to say at one time we're going to be number one in health care expenditures in Canada and now to say, well we can't afford prescription drug plans, we must restrict access for children to dental care, we must take a number of steps so as to reduce health care spending, how do these statements coincide. How can these statements be read together? How can there be any belief in this government? How can there be any belief in their members when they said we want to improve medicare? But now we're seeing them taking these steps to, in fact, dismantle medicare.

They will have a powerful lot of explaining to do with their constituents, with the people of Saskatchewan, that how it came to be that one day that they can say we want to improve medicare and now we want to dismantle medicare; that we want to make medicare something a little bit less than it used to be; that contrary to the past where they felt that the medicare system needed greater expenditure, they are now satisfied with long waiting lists for our hospitals, long line-ups for our people. They have a powerful lot of explaining to do.

I fear, Mr. Speaker, as do the people of Saskatchewan now — and I think that that's now reflected in this party's standing in the polls — that when they said things like, we want to improve medicare, that those were simply words — words with a very cruel meaning.

It's ironic, ironic, Mr. Speaker, that we have a Premier who in 1982 said, there's so much more that we can be, so much more that we can be. What he didn't say was that we can be so much more broke and in debt. He didn't say we can be so much more unemployed. He didn't say we

can be that much poorer. He didn't say that we can be so much more bankrupt. He didn't say those things.

And he certainly did not explain that we would be so much more like others when it comes to our health care system. We wait for the Premier to stand in his place in this legislature to say that, my vision of Saskatchewan includes a health care system that is clearly the best in Canada, that is clearly the best in North America. What we hear the Premier saying is, well ours is as good as Manitoba's. Well what might be good for Manitoba has never been good enough for the people of Saskatchewan.

The people of Saskatchewan have always dared to be leaders. The people of Saskatchewan have always dared for first place. The people of Saskatchewan have struggled hard to provide the very best health care system in North America. And we want to hear the Premier say those words if he wants to take us to a time and to a place where we will again have the very best health care system in North America.

We don't want to hear him say, well it's as good as Manitoba. We don't want to hear him say, well we're trying to do the best we can. We don't want to hear him say that there must be some logical reason for all these long waiting lists. We don't want to hear him say that we can't find \$34 million somewhere else to pay for the prescription drug plan.

The people of Saskatchewan want to hear our Premier say, we want to be first in health care. We want to hear him say that, and we want those words to have meaning. We don't want any more hollow and cruel rhetoric as we've heard in the past from the Progressive Conservative Party about how we're going to improve medicare, but the actuality is that they set out to dismantle medicare.

You know, Mr. Speaker, there may well be some value in the Premier's trips to Ottawa, to New York, to Atlanta, to Michigan, to I don't know how many different places the Premier has gone to in the last few months. There may well be value in the Premier's trips to all those places.

And I think the public probably appreciate that the Premier is spending so much time out of the province, dealing with those weighty matters that are of concern to Saskatchewan. I think the public probably appreciates that. And the public understands that it's necessary for a Premier to make trips out of province to represent Saskatchewan's viewpoints elsewhere.

But I am now of the opinion, especially after listening to my constituents, that the public of Saskatchewan would appreciate it even more if the Premier were to stay at home and the Premier were to begin to deal with significant problems within Saskatchewan; that the Premier were to begin to dedicate some of his energies and some of his intelligence and some of his attention to problems before us, problems in the health care system. Challenges before us, a challenge as to how to provide the very best prescription drug plan in North America, as it was before, and find the money to pay for that system. Those are the kinds of challenges that Saskatchewan people are saying we would now like to see the Premier begin to deal with.

Free trade is not the only issue for Saskatchewan people. Potash is not the only issue for Saskatchewan people. Health care is also an issue for Saskatchewan people.

Some Hon. Members: Hear, hear!

Mr. Van Mulligen: — So I urge the Premier, as my constituents are now doing, I urge the Premier to come home. I urge the Premier to begin to listen to the people of Saskatchewan. I urge him to use his office and his talents to begin to understand what is troubling Saskatchewan people today.

And he may well have a finger on that pulse, but he has only got that finger on the pulse part way, because if the Premier continues to insist that free trade is the only problem, he is wrong. There are very many thousands of people in Saskatchewan that are deeply troubled, deeply concerned, about the direction of health care in this province. They want the Premier to be here. They want the Premier to begin to pay attention and to start turning his mind to those challenges before us.

At the very least, Mr. Speaker, the people would hope that the Premier would instruct his Minister of Health to improve the Bill that's before us. If there's no going back to before July 1 when we had the very best prescription drug plan in all of North America, could you at least turn quarter-way, or half-way, and provide for some exemptions in that Bill, so as to exclude the elderly who are more dependent on prescription drugs than any other group in our society? Could you not at least have some sympathy for the children of this province, so that whatever other challenges and problems may be faced by Saskatchewan people, we know that the children of Saskatchewan will be covered by the prescription drug plan; that we need not worry or concern ourselves about children suffering unnecessarily through illnesses because their parents cannot afford prescription drugs.

Are those not some small measures that the government can take to improve this extremely poor, this extremely bad Bill before us?

I hope that the Premier would instruct his Minister of Health to begin to look at those special problems, those problems faced by certain groups in Saskatchewan, so that we might all rest a little bit easier at night about the kind of care that's being provided for senior citizens, about the kind of care that needs to be provided for the children of Saskatchewan. I think we might all rest a little bit easier.

That is not to say that we will not continue to oppose this Bill. We believe very strongly, as other of my colleagues have said and I have said, that it's a wrong Bill. It's a Bill that denies the right of access to medical care, to health care. And we will oppose that strongly, and we will continue to oppose that strongly. It's a Bill that takes us back to a time when people who had the money could afford good health care, and those that could not got less than adequate health care. And those are the Dark Ages that we never want to return back to, Mr. Speaker.

Mr. Speaker, maybe we can be first again. I know that after the next election we will be first again. When it comes to health care, I can unequivocally state that after the next election, with a New Democratic Party government, that health care will again be restored so that health care in Saskatchewan will again be recognized as being number one in North America — the kind of health care system that Saskatchewan people have become proud of, the kind of system that they used to take great pride in. And that's the kind of system that we want to restore, Mr. Speaker

Until that time we hope that the Premier can show some leadership, come home, come to his senses, begin to listen to the very real concerns of Saskatchewan people about the problems, the problems that are posed by this particular Bill, and the problems that are posed by other actions of the government — whether it's in their spending plans or whether it's in other Bills, the problems that are posed for Saskatchewan people in the area of health care — and ask our Premier to please come home, please begin to listen, please begin to respond in that particular area to the needs of Saskatchewan people.

That, perhaps, Mr. Speaker, is the best that we can hope for. That, perhaps, is the best that we can hope for. We know that things will be different in three or four years after the next election, but in the meantime we implore, we implore, as the people of Saskatchewan do: please, Mr. Premier, please come home, please listen, please begin to respond to the people of Saskatchewan.

I cannot support this Bill, Mr. Speaker. It is a very bad Bill, and it's a bad Bill for all of Saskatchewan. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Trew: — Thank you, Mr. Speaker. I want to join my colleagues on this side of the House in opposing this cruel Bill 34. I was a little bit slow getting to my feet, as was one of my colleagues before, because we want to give the government every opportunity to stand up in this House and defend this incredibly bad, cruel, callous, and hard-hitting Bill. But will they stand up? Not a single one of them has stood up and tried to defend this Bill, tried to explain it, tried to tell the good people of Saskatchewan or their own constituents, the good people of their own constituency, why it is that they think that this amendment to The Prescription Drugs Act is a good amendment.

(1630)

This Prescription Drugs Act amendment, Mr. Speaker, just flies in the face of the Progressive Conservative Party's, later the government's, commitment that they were going to eliminate the dispensing fee for prescription drugs — eliminate. How in the world is changing a maximum dispensing free from \$3.95 to a 20 per cent flat fee, how is that eliminating it? Perhaps we should be spending more money on dictionaries. Perhaps if we were to give some dictionaries to the members opposite, to the government, perhaps they would start to understand what the word "eliminate" means.

But in the meantime, what we have to do on this side of the House is try and show the government how cruel it is, how hurtful this amendment is, and how it affects not only the constituents of Regina North, my constituency, but how it affects the constituents of the Minister of Finance, the member for Lumsden, and the member for Melfort, and I could go on and on, but I'm not going to name every constituency. But the changes that are being proposed in this Prescription Drugs Act surely affect the citizens of all of Saskatchewan, and it is not restricted to just Regina or just Saskatoon or just Cudworth or just any other town or village or hamlet or farm that you care to name in this province.

A 20 per cent deterrent fee, coupled with \$125 per year deductible, is hitting Saskatchewan taxpayers, Saskatchewan citizens incredibly hard. Of course, Mr. Speaker, it is hitting the people that are on fixed incomes and very low incomes much harder than it is hitting the wealthier people, but it is nevertheless hitting everybody in Saskatchewan. Sooner or later we all require some prescription drugs.

The unfortunate part is that for some Saskatchewan people, and a good number of them, they require prescription drugs on an ongoing basis. I'm referring to diabetics, asthmatics, that sort of thing, people with high blood pressure that requires medication, require that medication not for one day or one week, but they require that medication on an ongoing basis, in many instances on a permanent basis to control their problem. In the case of diabetes they need the insulin and the syringes and the test strips — they need that daily just to survive. We're talking of survival, not just enjoying good health. We're talking survival.

For people that have high blood pressure, Mr. Speaker, we're talking also of their survival. You may get away without taking your medication for a day, two days, a week, a month, but you know that surely if you ignore your high blood pressure medication that sooner rather than later you are going to wind up with very, very serious health problems. And I'm of course referring to heart attacks, strokes, that sort of thing. And that, Mr. Speaker, would incur in many, many instances tremendously more costly care for those people than simply providing the prescription drugs at a nominal dispensing fee . . . (inaudible interjection) . . .

I thank the member for Weyburn for blessing me. You may have to several times. I'm fighting a cold and perhaps a flu. I need some prescription drugs, but can't afford them as one of my colleague says. No, fortunately that's not the case in my case. I could afford it, but will struggle through.

The changes in The Prescription Drugs Act, Mr. Speaker, are a sign of a cash-starved government — so starved for cash that they're going to tax sick people \$34 million a year. That's all they're going to save — \$34 million a year. To bring it into perspective, the oil industry, has had over \$1.7 billion in royalty tax holidays and other tax exemptions since the Conservative government took office in 1982. One point seven billion dollars represents 50 times the cost, the savings, to The Prescription Drugs Act — 50 times.

The member for Weyburn chirps as if that's insignificant. It may be insignificant for an oil company to have to pay an additional \$34 million a year, or for the oil companies collectively to, but it is not insignificant for the people of Saskatchewan who require prescription drugs.

Many of those people, I remind the members, many of the people require heart medication in an ongoing manner. There's a wide range of medical reasons why people would require prescription drugs. There's just as many good reasons why the prescription drugs should be provided at a nominal dispensing fee.

The member for Regina Victoria, my colleague, outlined a two-tier health care system that Great Britain has. I will get into that more later. But what we have here in Saskatchewan now is clearly the development of a two-tier health system. I have constituents in Regina North that are telling me that they are not taking their medication as prescribed because they do not have the money. No other reason, they simply do not have the money.

It comes down for some of them — one case I will be outlining in a little while — it comes down to an instance where the person has a choice between prescription drugs or food. Prescriptions drugs may win some days, but they certainly don't win every day, because starvation is just as sure a death as not taking prescription drugs.

I asked the Minister of Health to review this one situation, and of course he turned it over to his review committee and the answer that came back is, this lady will only have to pay the 20 per cent up-front cost of her drugs.

I'm going to get into that example now because the members of the government are chirping. They think this is an insignificant case, but I want to tell you there is a single lady, a pensioner in Regina North, whose total pension income and total income from all sources is \$495 a month — \$495 a month.

From that she has to pay her rent; she has to pay her power bill or else it will surely be cut off — we've seen examples of that; she has to pay her water bill or the city of Regina will cut off her water supply; she has to pay her heating bill or SaskPower will cut off the natural gas; she has to pay for her telephone; and she has to pay for prescription drugs. The thing I neglected to mention that she has to also pay for out of this \$495 a month, Mr. Speaker, she has to pay for her food.

The one additional fact that I want every government member to hear is that in this instance the heart medication, high blood pressure medication and arthritis medication, the total of the prescription drugs that this lady requires every month, the up-front cost, is \$359 a month.

And I ask any of the members across . . . Even the great mathematical wizard, the member from Melville, could not possibly tell this lady, this constituent of mine, how on \$495 a month she could pay up-front costs of \$359 for her drugs plus meet her rent bill, plus meet her power bill, plus meet her water bill, plus meet her heat bill, plus her

telephone, plus food. It is just plain impossible.

That's why my colleagues and I are standing up and we are speaking as loudly and as forcefully as we possibly know how against this devastating Bill, this Bill 34.

It is inconceivable . . . Mr. Speaker, there are a couple members opposite saying, it doesn't make sense. I now they can't understand what it's like to have to struggle from one pay cheque or one source of income until the next pay cheque. They don't understand that — clearly they don't understand it — because if you had any understanding of what it's like to be struggling to survive and to be poor in our society today, you'd be dealing with the poor people a whole lot differently than you are.

Mr. Speaker, one of the reasons stated for those changes in the prescription drug plan has been that people are somehow abusing the use of prescription drugs, somehow abusing it. I find that absolutely ludicrous, because I ask, when's the last time you went to your doctor and said: hey doc, I want some prescription drugs. What for? What for? Nobody does that. Nobody does that. And it's ludicrous that the government is blaming the people of Saskatchewan that require prescription drugs in an ongoing basis, and they're blaming the people that need those drugs for quality of life, and in some cases for life itself. They're blaming those people for abusing the drug system.

I remind the Conservative government, doctors prescribe the medication. Doctors prescribe the medication. The College of Physicians and Surgeons have parameters whereby they supervise the medical profession. A doctor would simply not be able to practise medicine in Saskatchewan, in our province, for any extended period of time if that doctor were abusing those prescription rights. If a doctor were wrongly prescribing medication, the College of Physicians and Surgeons would life the doctor's licence; indeed . . . I'm not sue whether to say it happened in the past year, but certainly within the past two years there was a doctor in Saskatchewan that the College of Physicians and Surgeons ordered to go back to university and take a refresher course. There was a reason for that. The doctor had graduated some considerable number of years ago and had simply not kept abreast of what was going on. The point I'm making is that the College of Physicians and Surgeons, Mr. Speaker, do police the doctors. We could argue and get into a debate unto whether they're incredibly effective or not, but that's not the point I'm wishing to make.

The point I'm wanting to make here today is they do follow their own profession and, if there's a problem, the College of Physicians and Surgeons deals with that problem. And back, directly back to the prescription drugs, it's the doctors who prescribe prescription drugs. If the drugs are not needed, the doctors have no business prescribing drugs. And I don't think there's any significant number of doctors that like writing prescriptions just for the sake of writing prescriptions. Doctors get paid for the visit, and they get paid whether they prescribe you drugs or not.

So it's really a misnomer, it's a misnomer to say that prescription drugs are being abused. They are being abused in a negative fashion today. They are being

abused by people such as the one I outlined — the instance I outlined where a constituents on \$495 total income and \$359 per month up-front drug costs — the prescription drugs that the woman is using are being abused because she is not taking the medication in the manner that the doctor prescribed. She is indeed doing without some medication. She is in the process of self-diagnosing what she can withdraw of her medication on a daily basis, because for her the choice is take her drugs and starve to death, or eat and endure some pain and some medical risks. And those risks are very, very real in this case. I only hope that we can open the eyes of the Minister of Health, open the eyes of the government; in time that they can deal with this serious matter before my constituent winds up in the hospital or in a nursing home, and I don't want to see either.

(1645)

She's currently struggling along and living independently, and I wish her all the best. I hope that she can do that for many, many more years yet, but with this change in The Prescription Drugs Act it's kind of like the straw that broke the camel's back, and I fear for this constituent of mine.

Mr. Speaker, taking drugs . . . and if you have drugs that are prescribed, you take one pill a day for a month; then you don't have money and you know that somehow that one month is going to have to last you two months. You're not gong to take every pill every day for the month. You're rather going to have it — it's just like if you are a week from pay-day and all you've got is macaroni in the cupboard — you've got a box of macaroni — you don't cook the whole box of macaroni and gorge yourself one day, be uncomfortably overstuffed on macaroni only to starve for the next five or six days until you have some income to pay for some more food. The same principle holds true with the prescription drugs.

These are some of the problems. I spoke of problems for diabetics, Mr. Speaker. The cost, the cost . . .

Mr. Speaker: — Order. Order. Order, please. I believe the member from Regina North is on his feet and is firmly recognized as being in the debate.

Mr. Trew: — I thank you, Mr. Speaker, for bringing some order to the House from the members opposite. Diabetics require treatment daily. They need insulin, they need needles, and they need test strips. There's two methods of testing. One is a blood test, and the other is a urine test. What this government has done is . . .

An Hon. Member: — Why don't you tell me about it?

Mr. Trew: — The member for Souris-Cannington asks me to tell him about it. Well, Mr. Speaker, I am trying to tell him about it, and I will continue.

It would be nice if the member for Souris-Cannington would join the debate, would get on your feet, would try and defend this Bill, but you can't. That's why. We have given you opportunities, and indeed when I am done you'll have an opportunity. I challenge any one of you that's got the courage to stand up and tell Saskatchewan

people how your grab of \$34 million from sick and elderly people, how that is going to help them. You can't tell them. It's just like the tax bills — can't speak on them either, because you know they're indefensible.

You know that you've heaped taxes upon taxes upon taxes on not only the well people, but in this instance, in the case of this Prescription Drugs Act amendments, this Bill 34, you're now imposing a tax on sick people, and you can't defend that. Nobody can defend a tax on sick people. I defy you to. You just can't do it. It's impossible.

Diabetics, Mr. Speaker, instead of paying a \$3.95 maximum dispensing fee are now forced to pay the 20 per cent up front. The cost of test strips is around \$22 per month for the test strips. That's significantly up from \$3.95 maximum that it was before this amendment has been introduced. That is fundamentally unfair. What we're saying to diabetics is, it's your fault for being a diabetic — it's all your fault. You chose to be a diabetic.

Well, Mr. Speaker, I know that that is just not so. I know that there isn't a diabetic anywhere in the world that said, ah, come on, I want to be a diabetic; I want to be sick; I want to need a shot of insulin every day; or I want to need to take a pill every day, or I want to have to poke a needle in my arm every day. No diabetics say that. I just wish, I just wish that one of the members opposite would stand up and tell the diabetics why their costs have so dramatically increased.

Mr. Speaker, part of why I'm spending so much time on the diabetic question is I have another constituent who happens to be a student at the University of Regina. This young man, after the changes in the student loan program, is more than \$1,500 short this year of the money that is going to be required for his tuition and his cost of living. And his drugs, Mr. Speaker, and his drugs.

This change significantly adds to his deficit financing, and I ask, how is he supposed to do it? The student loan has been cut. He can't get enough money to live on. The bursary program has been cut. How is this man supposed to go to university? And on top of this, you hit him with another whammy. You hit him with the cost for being a diabetic, that has multiplied at least five times. It's just insane. Words escape me to describe how callous and how idiotic this particular Bill is, Mr. Speaker.

In many ways this is a small amount of money, in that we're only talking \$34 million per year that the government is talking about saving. But it is hurtful in that the \$34 million is all saved at the expense of the sick people and the elderly that require drugs on an ongoing basis and the diabetics that need the drugs just to live. That's what's so hurtful about it. That's why the members opposite can't get up and defend it. They can't speak to this thing. It is indescribably the hurt that this Bill is going to cause.

We have got a two-level health care system as a result of this drug Bill, two levels, one for those who can afford the drugs and another one for people who cannot. We've got situations where people have to make a hard choice between food and drugs. That's an incredibly hard choice that is just very hard to imagine what life must be like

doing that.

As a result of this Bill 34, Mr. Speaker, we've got also the situation where druggists are becoming bankers. Some of the members opposite have suggested that sick people that require prescriptions to be filled should go to the druggist and ask for credit — and ask for credit. Well druggists aren't bankers. I don't think they should be. I don't think it's fair to ask . . . (inaudible interjection) . . . The member responsible for SaskPower says, make up your mind, they're not collecting power bills. Off in the world — never, never world of power bills when what we're talking about is The Prescriptions Drugs Act. As my colleague from Moose Jaw says, malice in blunderland — that's what we've got.

Mr. Speaker, druggists are being asked to extend credit to sick people. Sick people are being forced to go, in many instances, to the druggist and say to that druggist, Mr. or Mrs. or Ms. Druggist, if you do not extend me the credit for these prescription drugs, I can't take them. I don't have the money today. Pay-day is two days from now or pay-day is tomorrow, but I don't have the money today. People are forced into doing that, they're forced to beg for money.

And the Minister of Health takes great joy, he's got a grin from ear to ear about this, he thinks it's really cute. I'm sure that there's a great many of your constituents who will tell you just how cute it is when you get the courage to call an election. They'll tell you how cute that is.

Mr. Speaker, my grandmother was part of the original group that studied health care delivery systems across the world. That dedicated group of individuals studied the health care in Great Britain, in the Icelandic . . . pardon me, in the Iceland and the Norwegian countries, Scandinavian countries. They studied the health care systems of New Zealand and Australia. They studied the health care system, such as it is, in the United States of America. Studied them all, and came back with recommendations to the CCF government of the day on what the health care system should be like for Saskatchewan.

Mr. Speaker, they took the best that we could see from all across the world, made it into one unique health care delivery program that put Saskatchewan first — first in medicare — the first province in Canada to have a complete medicare system. Saskatchewan did that. The CCF did that. The forerunners of the NDP did that. We are rightfully proud of that.

Our leader happened to be minister of Health when that Act came in. And he is rightly proud and will take his place in history and in the history books as having been the minister of Health when medicare was introduced, and having seen that medicare was expanded as the province could afford it over the years. Mr. Speaker, that's a heritage that we on this side of the House are incredibly proud of.

I think that rather than dismantling medicare and creating a two-tier health care system, we should be rather building upon what our forefathers and foremothers gave and brought — and perhaps when I say "brought" I

should say “gave” because they gave more than simply the ideas; they were giving of themselves in a sharing, in a very, very sharing way.

Mr. Speaker, those people, those pioneers, if you like, of our medicare system wanted our health care system to be equally accessible whether you were a pauper or a millionaire. It would not matter. You would get the same health care treatment — pauper or millionaire.

It must have been comforting for those people to have seen the system that they had developed over the years, the system where health care was widely accessible, where there were no deterrent fees, where indeed there was no charge as there is in other provinces, an annual charge for health care. We didn’t have that because that annual charge, whether it’s per family or per individual, is yet another tax on the people. Rather than having that health plan charge, we made it part of the total tax picture, and it was funded out of the general revenues of the province of Saskatchewan.

Now we have the government going back to a charge per family of \$125 per year. They say it’s in the form of a deterrent. But, Mr. Speaker, that’s even worse — even worse — and I’m against them imposing a \$125 charge on families, and I would certainly be standing up and decrying that moment. I’m against that, but this is even worse because this \$125 deductible is deducted from the sick people. It’s deducted from people that because they’re sick some of them are unable to go to work for short periods of time, or it may be long periods of time.

But there’s a large number of Saskatchewan citizens that do not have a big bank account or big credit union savings account because the taxes have been heaped upon them and heaped upon them and heaped upon them; the wage freezes have been imposed upon them, and they’ve watched — many of us in this province have watched our savings dwindle under the Conservative government rule. So this \$125 deductible per family is just totally unacceptable.

Mr. Speaker: — It being 5 o’clock, this House now stands recessed until 7 p.m.

The Assembly recessed until 7 p.m.