

The Assembly met at 10 a.m.

Prayers

## ROUTINE PROCEEDINGS

### INTRODUCTION OF GUESTS

**Hon. Mr. Berntson:** — Mr. Speaker, I'd like to introduce to you, and through you to the Assembly, a group of people in your gallery. These people number approximately 60. Twenty-five of them, Mr. Speaker, are from Newfoundland, and they are here on an exchange visit with the Moose Mountain Air Cadet Squadron at Carlyle. The group from Newfoundland is from . . . they belong to the number 589 Carbonear Squadron in Newfoundland.

This has become a bit of an annual event, I think. The exchange has been going on now — not always with Newfoundland; I think last year it was with a group from Quebec, and we've had these visits back and forth now for some time and I'll expect they'll continue. They're a very active group from the Moose Mountain Air Cadet Squadron in Carlyle.

And they are here today with their co-ordinator, Mrs. Irene Doty, from Carlyle and Mr. Jim Ash from Carbonear, Newfoundland. In addition, leading the group today, Mr. Speaker, is Captain Jack Wilson of Carlyle, and Captain Susan Garland of Carbonear, Newfoundland, and Lieutenant Nedra Clark of Carlyle.

I would ask all member to join me with a . . . well a good Saskatchewan welcome to our Newfoundland friends and a healthy thank you to our Moose Mountain friends for being such great hosts to our friends from Newfoundland. And so I would ask all members to join in that welcome, Mr. Speaker.

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

### ORAL QUESTIONS

#### Drug Benefits Review Plan

**Ms. Atkinson:** — Thank you, Mr. Speaker. My question is to the Acting Minister of Health, and it deals with your government's decision to do in the Saskatchewan prescription drug plan, and the fact that Saskatchewan people are now faced with prescription costs of hundreds and, in some cases, thousands of dollars up front. My question, Mr. Minister, deals with your drug benefits review panel. Can you tell us how many people have applied to the panel for special consideration, how many of these people have received assistance, and in how many of these cases have they simply been given a priority post envelope?

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

**Hon. Mr. Taylor:** — Well, Mr. Speaker, I would like to indicate at the outset of my response that I think again the member tries to exaggerate. Certainly we in Saskatchewan have, in my mind, and in the mind of many people, still the best drug plan in the Dominion of

Canada. Certainly many of the benefits that we have other provinces do not have. The specific part of her question in regard to the number of people that have applied to the special committee for consideration, I would have to take notice of that, and I will, and be in consultation with the minister and report back to the Assembly.

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

**Ms. Atkinson:** — Mr. Minister, can you confirm that one of the reasons the numbers are so low is that there have been hundreds of people who have written to the government, yourself, the Premier, or have been referred to the Minister of Health by their MLAs, are not considered to have applied for special assistance and that they are required to request an application form for this special needs plan because you and your department do not tell them that they should apply, or how.

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

**Hon. Mr. Taylor:** — I find it rather interesting that as I listened to the debate yesterday in the House, and having talked to a number of my colleagues on this side, and from my own situation as a member of a rural constituency, I can say that I have not had this large number of requests that the members opposite seem to continually to be saying in discussion with their constituent and this letter, and so on. So I don't share the member's viewpoint that there are hordes of people across Saskatchewan writing in for special consideration. In my case, I have not had that. And having been a past minister of Health, I think that I probably would have got as many letters as some of the people otherwise, and I can truthfully say that hasn't happened, Mr. Speaker.

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

**Ms. Atkinson:** — One of the reasons why these members may not have gotten an requests is because they're so heartless and the people don't want to go to them any more.

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

**Ms. Atkinson:** — Mr. Minister, a number of MLAs . . .

**Mr. Speaker:** — Order. Order, please. Order, please. Could I please ask the hon. member to indicate whether she's posing a supplementary or new question.

**Ms. Atkinson:** — New question, Mr. Speaker. A number of MLAs have asked the Department of Health for copies of the drug benefits review panel special application form. We wanted to display these application forms in our constituency offices and advise our constituents that they were available, but the department to date has refused to give us these special applications so we can give them to our constituents.

Why is that, Mr. Minister? Why is it that your Department of Health refuses to give application forms for the duly elected members of this legislature?

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

**Hon. Mr. Taylor:** — Well as I understand — and I'll preface my response as I did previously — that the member opposite continually tries to insinuate that there are literally thousands of these people applying and wanting application forms. I can say from my information and in talking to many of my colleagues, that simply is not the case.

I understand in the Department of Health each is dealt with on an individual merit basis. And I can say, for the people that I represent in this part of the province, that system seems to be working well because I have not had my phone ringing off the wall or my mailbox flooded with letters.

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

**Ms. Atkinson:** — Maybe the Premier of this province can get his buddies at the Saskatchewan Tory network to allow him to explain to the people of this province how they apply.

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

**Ms. Atkinson:** — New question. Mr. Minister, can you advise us who the members are on this special drug benefits review panel? And why aren't the people they are asked to pass judgement on allowed to appear before the panel and plead their case? And why are you afraid to have the members of the panel meet face to face with the people of this province?

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

**Hon. Mr. Taylor:** — Mr. Speaker, I think as Health estimates would be on later today, these questions would be more aptly asked in estimates to the minister.

But being that as it may, if the member chooses to ask in question period, I will indicate who are the people that are helped by this type of system — it is those people on low incomes; it is those people with pressing drug needs; it is people in institutions — those are the people that the drug plan of Saskatchewan is helping, and helping in many cases, and doing a very good job of it.

As I've said before, she can stand and say that there are thousands and thousands of applications. It would seem logical to me, who talked with many people over the past five years on health care in this province — and I'll put my reputation for compassion against yours any day — it would seem logical to me that I would get some letters concerning the drug plan if it was not functioning well.

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

**Ms. Atkinson:** — That minister is long on rhetoric, long on politics, but short on answers to the question, Mr. Minister.

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

**Ms. Atkinson:** — Mr. Minister, when the drug benefits review committee decides that a family isn't eligible, does that family have a right to appeal? And in particular,

if a family feels that the panel did not consider all of the information available, what appeal process is in place for that family?

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

**Hon. Mr. Taylor:** — Mr. Speaker, as you're well aware, I do not have hands on the operation of that panel. I would have to take notice of her question and have . . . be advised of that.

**Ms. Atkinson:** — New question to the Acting Minister of Health. Today's *Globe and Mail*, Mr. Acting Minister of Health, reports that "Ottawa made drug bill pledge in trade pact."

Mr. Minister, when you were the minister of Health, you told the people of this province that you were opposed to drug patent legislation in Ottawa because it would cost the people of this province \$15 million in increased costs to their prescription drug plan. After the election, Mr. Minister, your government sang the Hallelujah Chorus for those drug patent changes.

Mr. Minister, can you confirm that your decision to do in our prescription drug plan and support these changes to the drug Bill, the drug patent legislation in this country, was part of your sell-out to the Americans, an attack on these sick people in our province?

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

**Hon. Mr. Taylor:** — Again, I think the question of the member opposite indicates exactly the mind-set of the opposition, how they look towards the development and the future of this country of Canada. Certainly when I was the Minister of Health in this government, there were some concerns about a Patent Act that were coming in at the time that I did not think was in the best benefits of the people of Saskatchewan. And I can indicate . . .

**Mr. Speaker:** — Order, please. Order, please. The minister is being interrupted continuously, and I'd ask for the co-operation of especially one or two members in allowing him to answer the question.

**Hon. Mr. Taylor:** — I thank you very much for that, Mr. Speaker. As I was saying, and some of the members that are in the front benches of the opposition who were in the last opposition will recall the thirty-seven and an half hours of debate in Health estimates last year where there were questions arising about the Patent Act. At that time I made representation because I did believe that the Act as it was coming forward at that time was not in the best interests of the people of Saskatchewan. And I can say with some degree of success we're able to have that patent act have a re-look at . . . they took a second look at it.

But I want to say, as I listen to the member opposite, as I listened to the member for Riversdale give such a pathetic performance the other day on free trade, it indicates . . . a pathetic performance, the worst I've seen him do in this House in all my years here.

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

**Hon. Mr. Taylor:** — And I say that sincerely, sir. I just want to say that when we look at the kind of feeling towards the development and growth of this province . . .

**Mr. Speaker:** — Order, please. Order, please. Hon. members may not like the reply, but that does not give them licence to holler and interrupt the minister answering the question.

Order, please. Order, please! It seems like hon. members, some of them don't hear too well. I just asked them to please be quiet while the minister finishes his answer.

**Hon. Mr. Taylor:** Thank you once again, Mr. Speaker, for getting some order in this Chamber. I just want to say that the statements of the member opposite indicate fairly strongly that they're against building . . . they're against developing drugs in this country, they're against jobs, and I will cite for example the questions the other day in my estimates.

**Mr. Speaker:** — Order, please. Order. Order. I think the member has made the point.

#### Cut-back in Support to Chiropractic Services

**Mr. Goodale:** — Thank you, Mr. Speaker. My question is also to the Acting Minister of Health. It has been, Mr. Minister, at least two months since the Health minister in this House threatened a \$1.2 million cut in government support for chiropractic services in Saskatchewan. And the Minister of Health said in his last comment that chiropractic and physiotherapy services were under review at that time, some two months ago, and that no final decision had been taken.

I wonder if the minister can tell us whether it is still the government's plan to cut \$1.2 million from chiropractic services in Saskatchewan by limiting the number of visits, and when was the last opportunity for the government to consult formally with the chiropractic association in Saskatchewan?

**Hon. Mr. Taylor:** — Well I would like to correct the member opposite. I don't think the minister ever threatened this, that he was going to do this. I believe there has been some dialogue with the chiropractors. I know when I was the minister of Health we had continuous dialogue, some of it, I would say, very beneficial to the development of health care in this province.

But I couldn't say to you at this point in time when the last consultation between the present Minister of Health and the chiropractors took place. However, I would offer you the same suggestion as I did to the member from Saskatoon. Within a few hours we'll be into Health estimates, and I'm sure the minister will be more than pleased to answer your question at that time.

**Mr. Goodale:** — Mr. Speaker, thank you. Is the minister now suggesting to us, since he discounts my notion of a threatened cut-back, is he now suggesting to us that there is no such cut-back in the works and that the government is not contemplating a limitation on the number of visits that will be allowed to chiropractors in the province of

Saskatchewan? And will he determine exactly the date of the last consultation between the Minister of Health and the chiropractors of Saskatchewan, which I suspect is at least three months ago?

**Hon. Mr. Taylor:** — Well, Mr. Chairman, what I was denouncing was the word a "threat" to cut back. I don't think the Minister of Health, in all fairness, even threatened anyone on a cut-back. However I will just reiterate to you that, and you should have the opportunity to ask these questions within estimates and the minister I'm sure will provide you with the date of the last consultation. Failing that opportunity though, failing that opportunity, I will take notice of it and report back to you.

#### Charges for Nursing Home Services for Seniors

**Mr. Calvert:** — Mr. Speaker, my question also is to the Acting Minister of Health, and it has to do with your government's treatment of senior citizens and the disabled in this province. Will you confirm that effective November 1 the monthly charge for nursing home residents in Saskatchewan will jump to \$596 a month? That's an increase of \$92 in the past year. That's an increase of 18 per cent in less than a year. Can you explain why, when your government is preaching restraint, you are so gouging the seniors and the disabled in Saskatchewan?

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

**Hon. Mr. Taylor:** — Mr. Speaker, I can't understand how a member opposite could have the gall to stand in this Chamber and talk about gouging senior citizens when this government has a senior heritage program in place, when this government has done more nursing homes over the past five years than anywhere else in North America, where this government has an enriched home care program, and where the drugs of the people in the senior citizens' homes are covered. I can't see where you see any part of gouging there.

And let me tell you a bit about gouging, seeing you raised the word. I can remember when the now president, the now president of the NDP party was the minister of Social Services. They want to hear about gouging. I'll tell you a case of gouging. He was the minister of Social Services, the now president of your party, and do you know the amount of disposable income that he allowed the senior citizens in this province to have? Sixty dollars — sixty dollars, that's gouging. And when we came into office we pegged that at \$100 of disposable income and the raises in disposable income and charges go up proportionately. And in my mind that is not gouging, that's consideration.

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

**Mr. Calvert:** — Mr. Speaker, supplementary question to the same minister. Mr. Minister, when you instituted the quarterly increases in nursing home fees, at that time you left people with \$100 disposable income. That was in 1983, four years ago. You're leaving them today with that same amount of money, that same \$100. And you know full well, from that \$100 they need to take out things like their drug prescription dispensing fee, their haircuts, clothing, in some cases their incontinence pads.

Mr. Minister, how can you justify to the seniors and disabled of Saskatchewan an 18 per cent increase in one year? And further, would you ask your Premier to explain this to the people and the seniors and the disabled of Saskatchewan on his free-time political broadcast on the Tory network?

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

**Hon. Mr. Taylor:** — First of all, on the last part I would advise you and members of your opposition to tune in and hear the Premier when he's on his political broadcast because I'm sure you will all learn something.

But getting back to the gouging of senior citizens, I . . .

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

**Hon. Mr. Taylor:** — I've explained previously that certainly, when they were government, they allowed the seniors \$60 disposable income. We pegged it at 100, and then we took it, and the raises from here are proportionate — the amount that goes to the home for their cost, and also the amount that goes to the senior citizen.

But if I think you want to hear something about gouging, I'd like to remind you about the type of statements that the member from Riversdale, the apparent new leader of the party will be saying in regarding to care of the elderly and the building of nursing homes. And, Mr. Speaker, this is a statement from this person on September 9, '87. And with your concurrence, it will take me a minute to read it. He says:

If politicians try to cope with the sickness problem of our ageing population by building more hospitals or similar facilities, the cost will be prohibitive and the results will be disastrous.

The results of building more nursing homes, that gentleman says, will be disastrous. I'll put our record of nursing homes for senior citizens against their moratorium and his new policy of disastrous results any day.

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

#### **Increase in Cost of Motor Vehicle Insurance**

**Mr. Trew:** — Thank you, Mr. Speaker. My question was to be to the Minister responsible for SGI (Saskatchewan Government Insurance), but again I direct by question to the Premier. And it of course deals with your increase in the cost of insuring motor vehicles on an average of 10 per cent announced just earlier this week. Mr. Premier, once again your government has failed miserably to practise the restraint that it is preaching for others.

Can you stand up in this House and tell motorists why, when Saskatchewan is already suffering from the highest inflation rate in Canada, why they should feel good about a 10 per cent jump in their vehicle insurance which is more than double the current inflation rate?

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

**Hon. Mr. Devine:** — Mr. Speaker, I find it very interesting that the hon. member is mentioning and premising his question on the basis of inflation rates when this morning we have the second lowest unemployment rate in all of Canada.

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

**Hon. Mr. Devine:** — In fact, at an actual rate, we are 5.8 per cent unemployment in the province of Saskatchewan as a result of a large degree of management and diversification and growth, as a result of the things that we've been doing here for some time. And then he drifts in, Mr. Speaker, and he says, well what about the raise in SGI rates?

**Mr. Speaker:** — Order, please. Order, please. Order, please. Order, please. The member for Saskatoon South, I'm calling you to order. And I'm warning you for the last time that I'm calling you to order.

**Hon. Mr. Devine:** — Mr. Speaker, as the hon. members knows . . .

**Mr. Speaker:** — Order, please. Order, please. The Premier has the opportunity to answer the question. All members in this House have the obligation to allow him to answer.

**Hon. Mr. Devine:** — The hon. member knows that when he mentions inflation that the rates haven't been increased for some time. I'm not sure of the years but for two or three or, I guess, five years the rates haven't increased.

And secondly, Mr. Speaker, as a result of the PURC (Public Utilities Review Commission) decision to give back tens of millions of dollars to the consumers across Saskatchewan, which I don't believe that you gave anybody and certainly us not a bouquet for giving that money back.

There is a need for money in the insurance fund to make sure that the auto fund is protected. And that's just natural, Mr. Speaker, that you want that fund with sufficient amount of money so that it can protect people against decline in the fund and so that they have good insurance.

So in terms of a combination, Mr. Speaker, (1) it hasn't been changed in five years; (2) a great deal of money was given back to people; and (3) it is surprising when we've got the lowest unemployment, the second lowest unemployment in Canada, that he would talk about inflation at this time and afraid to mention jobs in the legislature, like they're afraid to mention trade, agriculture, potash, uranium and several other issues that are relevant today.

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

**Mr. Trew:** — A supplementary question, Mr. Speaker. Premier, Saskatchewan motorists just don't buy your tortured explanation. They just don't buy it.

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

**Mr. Trew:** — Motorists know their vehicle insurance rates have jumped an average of 10 per cent, and for a number of drivers the increase is much greater than that, and that this insurance premium has fallen within days of your announcement of a 100 per cent jump in the cost of drivers' licences and vehicle registration fees.

In total those increases, Mr. Premier, are taking \$38 million out of the pockets of Saskatchewan's motorists. That's the equivalent of an income tax increase of between 2 and 3 percentage points.

I'm wondering: is the Premier going to speak on this on his Saskatchewan Tory network speech on Monday, on his free-time political speech on Monday; and further, when is your government going to stop these back door tax increases on hard-pressed Saskatchewan families?

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

**Hon. Mr. Devine:** — Mr. Speaker, it's really important that we address the questions of inflation and the question of taxes squarely and fairly. If the hon. member wants to see inflation reduced, he should support a comprehensive trade deal with the United States.

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

**Hon. Mr. Devine:** — If he wants to see the price of an automobile drop by 3 or \$4,000 — you ask people in Regina whether they'd want to do that. If he would want to see the cost of clothes decline, Mr. Speaker; if he wants to see the cost of chemicals decline in the province of Saskatchewan; if he wants to see the price of a half-ton truck dropped by 3, 4, or \$5,000 to people in Saskatchewan, he should say, that might have an impact on inflation. And he won't support it. If he'd like to see food costs go down in the province of Saskatchewan and food costs go down across the country as a result of trade, Mr. Speaker, you'd see an impact on inflation.

Secondly, Mr. Speaker, we . . .

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

**Hon. Mr. Devine:** — Mr. Speaker, thank you. Thank you very much. I want to point out to the hon. member, if he's interested in the cost of living and the changes in the cost of living over time, which is the rate of inflation, if he wants them to go down, he should support a trade agreement so that we can get access to lower priced goods and services. He doesn't even want us to allow . . .

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

**Mr. Trew:** — Finally. Thank you, Mr. Speaker. New question for the Premier. It's interesting the Premier wants today to talk about free trade when we don't have time. Twice you've turned down an opportunity to debate that very issue.

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

**Mr. Trew:** — Mr. Premier, Saskatchewan drivers might not be nearly so upset with your government . . .

**Mr. Speaker:** — Order. Order, please. Order, please. Order. Please allow the member from Regina North to make his point.

**Mr. Trew:** — Thank you, Mr. Speaker, for drawing the government members to order.

Premier, Saskatchewan drivers would not be nearly so upset with these massive increases in their cost of driving if they could see that money going into services, but what you've got . . . we've got a situation here where we've got the worst highway system anywhere in Canada, with the possible exception of the Maritimes, and you keep increasing these huge back door tax increases that are simply going into the black hole called the Conservative government deficit.

How can you justify what you're doing with these tax increases? How can you justify those increases on Saskatchewan motorists when we have such a terrible highway system in such desperate need of repair and you're not spending the money on it?

**Hon. Mr. Devine:** — Mr. Speaker, the hon. member knows that many of the rates also went down, and he's afraid to mention that. And it's like they're afraid to mention trade and afraid to mention jobs, since their new leader has been beaten on by the . . . not only this side of the House but the general public and the media, because they haven't been able to address the issues properly and correctly.

And it's evidenced this morning, as I said yesterday, Mr. Speaker — not one single question about jobs in this legislature on the day that it's announced statistically across Canada. Where is their courage to speak about the issues? Where is it, Mr. Speaker? They don't speak about inflation correctly. They don't speak about jobs or agriculture or any one of the important issues of the day.

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

## MINISTERIAL STATEMENTS

### Saskatchewan's Trade Office in New York

**Hon. Mr. Berntson:** — Mr. Speaker, I'd like to inform the House that on October 6, 1987, I was in New York on behalf of the Premier and the Minister of Economic Development and Trade, the Hon. Bob Andrew, to attend a commercial signing ceremony and the establishment of Saskatchewan's New York trade office, Mr. Speaker.

The enormous New York market holds great potential for Saskatchewan from both a trade and an investment perspective. This is something, this is something, Mr. Speaker, that members opposite . . .

**Mr. Speaker:** — Order. Order. Order, please. Unfortunately this morning we've had a . . . many, many interruptions of speakers speaking on both sides of the House, and I would like to ask the co-operation of

members to please allow the Deputy Premier to make his statement, and no doubt the opposition critic will want to respond to it. So I'd just like to ask for the co-operation of members in this House to allow the business of this House to proceed in a normal manner.

**Hon. Mr. Berntson:** — I know, Mr. Speaker, that it's difficult to keep their attention when they really don't understand the impact of trade and investment in this province, and so I'll try, I'll try a little harder, Mr. Speaker.

But the enormous New York market holds great potential for Saskatchewan, both from a trade and an investment perspective. Our trade office will take advantage of this potential through the promotion of Saskatchewan as a reliable source of world-class products, and will facilitate the Saskatchewan business sector in trading in the entire U.S. eastern seaboard.

The potential of this trade and investment market has been recognized by other jurisdictions: Ontario, Quebec, Alberta. They have already established offices in New York, Mr. Speaker.

The office has already started to pay dividends as evidenced by the commercial contracts signed by Sweeprite. And the member from Moose Jaw North thinks that's a joke; signed by Gainers Ltd. Sweeprite, Mr. Speaker, with the assistance of our representative in New York, has successfully demonstrated their equipment to the New York Department of Sanitation, the number one purchase of street sweepers in North America. New York is expected to make an initial purchase of six street sweepers. But even more important, Mr. Speaker, Sweeprite now qualifies to bid on the 100 street sweepers that New York buys each year, Mr. Speaker.

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

**Hon. Mr. Berntson:** — At \$75,000 for each street sweeper, Mr. Speaker, this is a major breakthrough for a world-class Saskatchewan manufacturer, and very important and significant as it relates to jobs and employment numbers here in the province of Saskatchewan.

Gainers, Mr. Speaker, again with the assistance of our New York agent, was able to finalize two contracts for the sale of Saskatchewan processed meat, with a total combined value of \$2.5 million.

In addition to finalizing these two major contracts, I had the honour of co-hosting with the Canadian Consul General a reception for 100 influential New York investors and business people. I am pleased to report that considerable interest in trade and investment opportunities, which exist in Saskatchewan, was expressed by many in attendance.

Saskatchewan, Mr. Speaker, is a province which relies on exports to drive our economy. Whether it be wheat, oil, potash, uranium, processed goods or manufactured goods, we must take every opportunity, Mr. Speaker, and make every effort to promote Saskatchewan as a supplier of world-class goods and as a profitable investment centre in the U.S. markets and around the world. The

establishment of the New York office will allow us to do just that in that region, Mr. Speaker.

Thank you very much.

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

**Mr. Tchorzewski:** — Mr. Speaker, I would like to respond with a few brief comments on the comments made by the minister opposite, Mr. Speaker. Here we have another example of something which the government has been doing for something in excess of 18 months and has not mentioned anything about it to the public until it was raised in this legislature.

And the member opposite has been forced now to admit this wasteful expenditure of money, of taxpayers' money in Saskatchewan, to do nothing more than duplicate the efforts and the office of the federal government which already exists in New York and in the United States.

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

**Mr. Tchorzewski:** — It's another example, Mr. Speaker, of tens, maybe hundreds of thousands of dollars to pay somebody that may be a friend of some cabinet ministers in New York to live high at the expense of the Saskatchewan taxpayer.

There seem to be, Mr. Speaker, there seem to be no funds to help the people in nursing homes who have had 18 per cent increase in their nursing home rates this . . .

**Mr. Speaker:** — Order, order. Order, please. Order. I don't like to stand up and interrupt the proceedings of the House, which unfortunately I have had to do many times today due to the noise in the Assembly. So I am once more asking hon. members to please allow, in this case, the member from Regina North East to proceed with his remarks.

**Mr. Tchorzewski:** — Thank you, Mr. Speaker. As I was saying, that this government cannot find funds to stop them from putting on an 18 per cent increase on the rates that people have to pay in the nursing homes in this year alone, but they've got funds to pay for an office to be . . . a duplication of an office which already exists in New York and the United States.

That is where, Mr. Speaker, they are making the choices which are the wrong choices. They're abusing their positions of government and wasting taxpayers' money.

It is really ironical to have the minister stand in this House and talk about trade and the promotion of trade, when they just have brought about, in the free trade agreement, the greatest sell-out in Canada's history of our resources.

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

**Mr. Tchorzewski:** — He talks about free trade when they have just agreed to, carte blanche, without even knowing the details, to the greatest sell-out of Canadian sovereignty and Canada's future through this free trade agreement.

Mr. Speaker, they're going to have someone in New York paid a high salary to sit there while they have not included in this free trade agreement any binding dispute-settlement mechanism. So what they have done is that they have created so that the United States has complete access to all of our resources and energy resources in Canada. They have complete access to take over all of our industry because of unrestricted investment rights that they now have.

We have given up, and that minister has given up, two-price wheat for our farmers, so it's going to cost them \$280 million a year. The minister, the former minister of Health, admitted in the House today that in this free trade agreement they've given up the drug patent legislation because that's part of the deal, but there is no guarantee for a market for Canadian and Saskatchewan products because there is no binding dispute mechanism in place. And he stands up today and says they're going to spend hundreds of thousands of more dollars to station somebody in New York — to do what?

Mr. Speaker, that is the kind of priorities that this government is putting into place which are costing people a lot of money and which has turned Saskatchewan people against them to the point that now they even have had to enlist a television network across Saskatchewan which is going to freely provide to the Premier free-time political broadcasts without equal right for opposition parties to do the same. The public will judge. The public will judge on this kind of anti-democratic action by a television network and by a government opposite that cared . . .

**Mr. Speaker:** — Order. Order. Once more I must interrupt the speaker, unfortunately, because the interruptions from members in this House are simply continuous. Now once more I ask him to wrap . . . give him the opportunity to conclude his remarks.

**An Hon. Member:** — He's finished.

**Mr. Speaker:** — The member is concluded.

## INTRODUCTION OF BILLS

### **Bill No. 53 — An Act to amend The Uniform Building and Accessibility Standards Act**

**Hon. Mr. Swan:** — Mr. Speaker, I move first reading of a Bill to amend The Uniform Building and Accessibility Standards Act.

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

## RESOLUTION

### **Free Trade Agreement**

**Mr. Romanow:** — Thank you, Mr. Speaker. Because of the importance of the subject matter, I seek leave of the Assembly to move the following resolution:

That this Assembly regrets that the Government of Canada has failed to protect the interests of

Saskatchewan and Canada in its proposed free trade agreement with the United States and, in particular, has failed to protect Canada's future as a strong and independent nation by failing to ensure Canada's ability to pursue an independent energy strategy for our future, and by failing to achieve an effective and binding dispute-settlement mechanism to protect Canada's interests.

Mr. Speaker, I seek leave of the House, I might add for the second time on this motion and for the third time on a motion of this nature, to discuss free trade.

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

Leave not granted.

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

## 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 Drugs Act** be now read a second time.

**Mr. Shillington:** — We all expected, Mr. Speaker, that after that stirring address by the member from Weyburn last night at 10 o'clock, that he would have inspired some of his colleagues to get up and defend this. I think one may conclude, Mr. Speaker, that the member from Weyburn is the only one who's foolhardy enough to try to defend the indefensible. That's what you have with this Bill, is an indefensible change to Saskatchewan's health program.

Mr. Speaker, in the drug legislation we had one of the finest public health programs that this country had seen. For better or for worse, drugs and medicine are an integral part of healing the sick in the 20th century. They are used and they are necessary.

Mr. Speaker, if you have a health program which doesn't include the right to have prescription drugs, you have a health program which is seriously flawed. Drugs and medicine are as necessary to health care in 1987 as a doctor is. We may or may not like that state of affairs, but that's what we have. Without medicines you don't have a health program.

(1045)

In, I think it was 1973, I stand to be corrected, but it was the first term of office of the last administration, that it was recognized, a drug prescription was brought in — I may add, over the objection of the right-wing parties at the time, although the public was relieved of any attendance by members opposite in 1973.

We brought in the drug program. It was objected to by members opposite with all kinds of wild and silly objections — that it was an interference with freedom of the market-place; that people would abuse drugs and take them when they didn't need them. What really underlay their objections is a belief, which is firmly rooted in members opposite, that health care remains a private responsibility — and that states the philosophy of members opposite. You believe that health care and payment for health care is a private responsibility.

That is what underlay your objections in 1983. Lo and behold, it was a very popular program. People were able to get the drugs they needed when they needed, whether or not they could afford them. It was a public health program which established and provided an essential service. Since only prescription drugs were paid for, and since they could only be had with the advice of a doctor, the opportunity to abuse the program was virtually non-existent.

Mr. Speaker, that public health program, by and large, no longer exists. Once again we see the philosophy of right-wing parties that health care should be a private responsibility. That means if you can afford to pay for it, if you live on a cabinet minister's salary, it's a good philosophy. But if you're not so fortunate, if you made the mistake of being elderly, or you made the mistake of being physically handicapped, or if someone made the mistake of being chronically ill, then they can't afford those drugs and the medicine, and they don't have a health program. And that really is the corollary to their philosophy.

If it is to be a private responsibility, then presumably if they can't afford it, that's their fault. Well, that's certainly not our philosophy. Our philosophy is that we are our brother's keeper. We have a responsibility to ensure that essential services in our society and the necessities of life are available to everyone. Whether they are rich or poor, whether they are young or old, whether they are handicapped or not, and whether or not they are chronically ill or healthy, we believe that everyone has the right to those necessities. And that's what a philosophy which says that health care is a private responsibility denies.

Mr. Speaker, the public are not being asked to buy something as cheap and routine as a pound of nails. Drugs are expensive — very, very expensive. They're going to get a lot more expensive with this free trade sell-out that members opposite are trying to foist upon us.

Mr. Minister, Mr. Speaker, members opposite, we believe that the elderly, the handicapped, the chronically ill should all have as good health care as we can provide. We believe that's a social responsibility that we share equally. The member from Weyburn said that we are against . . . the members of this side are against change. Well, Mr. Speaker, let me tell you, if change means we've got \$20 million for the likes of Peter Pocklington, a quarter of a million dollars for the likes of Weyerhaeuser, and nothing for senior citizens to help them pay for their drugs, then we're against that change, and so are the public against the change. And if members opposite don't believe that, then call the Saskatoon Eastview

by-election, and we'll see how much of this future the public want to buy.

It isn't just the 25 members on this side of the Assembly that want to get off this train to the future, it's the public of Saskatchewan that badly want to get off this train to the future. And if there are any system of recall in our political system, then it'd be used and they'd be out of office. So I say to the member for Weyburn, the future which you're painting, one of socialism for the rich and free enterprise for the poor — you give everything to the likes of Pocklington and Weyerhaeuser, and you've got nothing for those who need help — if that's your vision of the future, we want off. The public of Saskatchewan want off. Let's call the Saskatoon Eastview by-election and see who wants to get on this train to the future with you.

That, I say to the member from Weyburn, is not the future. It's not the future we want, it's not the future the public want, and after the next election we're going to be moving towards different goals and a brighter, more compassionate future in which we each look after the other . . . (inaudible interjection) . . . Well I can't say that about the member from Muirhead. I don't recall the last speech he gave. It may be the best or the worst, but I can't say that about you because I don't recall the last speech he gave. It may have been when the minister distinguished himself by buying jelly beans and got bounced from the cabinet. That may have been your last speech, but it's so many years ago I don't remember it. So I cannot say the same with the member from . . . because I don't recall the last speech he gave.

Well I'm not prepared to concede that the members opposite won the election because of the stirring oratory of the member from Arm River. Although no doubt it was a major factor, Mr. Speaker, major factor.

Mr. Speaker, the inherent problems with having people pay for their own drugs is exacerbated by the incompetence in the administration of this government.

Mr. Speaker, we were promised a two-week turnaround time for payments, and that's possible. What we have got, in fact, is a two-month turnaround time. Senior citizens in my riding who live on 600 bucks a month and pay \$300 for drugs — and I know of such cases — got to wait two months for their money back. If they were getting 100 per cent of the cost back, that would be a severe hardship, but they are waiting for two months on those funds back. That is just inexcusable. That is absolutely inexcusable.

Mr. Speaker, the changes are causing a very real hardship. I know one woman who lives on her old age pension, pays between 100 and \$200 a month for her drugs, has just simply run out of money. She's quit taking the drugs because the two-month period it takes for these incompetent louts opposite to turn around the money, she just runs out of money and she's quit taking them. And that's a public health problem.

Mr. Speaker, I was in the drug store the other morning making some small purchase. I knew an individual standing behind me. He told me that he had gone . . . it was about 9 o'clock in the morning, Mr. Speaker. He had come down to pick up his wife's drugs. He checked his



wallet; he had \$50. So he set off on foot — doesn't drive — set off on foot, about a block and a half. Got to the drug store; the bill was \$75. Had to walk down to the bank, get some more money and come back — that, on an income of around \$600 a month. That's a hardship.

**An Hon. Member:** — That's not possible.

**Mr. Shillington:** — That is possible and it happens. And if the member from Melville doesn't believe it, then you might spend a little less time insulting people here in Regina and go back to your riding and listen to some of them, because that happens. I say to the member from Melville, if you wanted that appeal system to work for those drugs, you would give us the application forms; you won't provide and information. If you wanted that system to be fair and to work, you'd structure it differently. The fact that you won't give us applications means that you want to make it as difficult as possible for people to appeal.

And you won't give us answers either on what the rate of granting appeals has been. My experience has been it is extremely low, because people that I think are experiencing a real hardship, the \$600 a month income who pays a \$100 a month for drugs and waits two months for the money to come back, and waits . . . (inaudible interjection) . . . Yes, and waits two months for the money to come back, that, that is a very real hardship.

I know, Mr. Speaker, the member from Melville, who is so overwrought with wisdom on the subject, exuding compassion, and has exhibited such a love of his fellow men, will want to get into this debate and tell us how this system operates to the benefit of the public of Saskatchewan. So I know, Mr. Speaker, that when I sit down the member from Melville will spring to his feet like a jack-rabbit and will give us a stirring and informative speech on how well this program works. I know that he will not want to speak just from his seat — I know that, I know that.

So I say to the member from Melville, if you want to be patient you will have the opportunity to explain it all to us. Mr. Speaker, the problem with respect to the drug plan is going to be aggravated by the federal legislation on drugs and the free trade agreement. The free trade agreement provides, as you will know, Mr. Speaker, for international protection of intellectual property, so-called. In terms of drugs, that means that the patents in the U.S. will be recognized; their law with respect to patents will be recognized in Canada. It will mean . . . the free-trade agreement means a virtual end to generic drugs and an important industry in this country.

We don't have a major drug-development company. We do have an important industry in generic drugs. It's our industry in Canada; we've developed it, and it's been fairly successful. We're going to lose it; we're going to lose those jobs. And I think more directly to the public of Saskatchewan, we're going to lose the generic drugs, and the cost is going to go up. It is going to go very, very substantially. So this program and the mistakes which you people are making is going to be aggravated by the

federal drug patent legislation and the free trade agreement.

Mr. Speaker, I know that members opposite want an opportunity to consider their position, to consider what they've done. I know they'll want an opportunity to discuss the matter with their constituents, visit the odd drug store in their riding and talk to people who are paying for drugs. I therefore move that this debate be adjourned.

Leave not granted.

**Mr. Shillington:** — I say to members opposite, you've picked a strange piece of legislation to ram through this legislature. I say to members opposite that I would be . . . and I ask anyone else would be hard put to pick a more unpopular piece of legislation. You picked your most unpopular piece of legislation to ram through the legislature — that's a strange tactic. And if you don't think this is the most unpopular thing you've done since 1982, then I say to you, you've spent far too long in this Legislative Assembly; you need to get back on weekends to your riding; start listening to some of the people who elect you.

Mr. Speaker, members opposite who are reading newspapers might want to . . . the member from Weyburn who's engrossed in the comics might want to look up for a moment and listen to the reasons why we are pursuing this debate and why we have pursued it through five days. It may be that there's not a whole lot that's new that's left to say. But we want to give voice to the outrage which Saskatchewan people feel with respect to the abolition of the drug program.

We want to speak for them, we want to express that outrage, and we want to give vent to it. The public are furious that a good program which was affordable, which forms an essential part of our health care system has suddenly been privatized, has suddenly meant they've got to pay for their own drugs.

(1100)

Mr. Speaker, and members opposite, I say to you that the day has passed when the public believe that health care should be a private responsibility, when people who are elderly or chronically ill or handicapped should be penalized because that's their condition.

If members opposite don't believe that this program penalizes people who are elderly, handicapped, chronically ill, or in indigent circumstances, then you've spent too long in this Assembly, too little time in your riding, and your salaries are too high.

Because if members opposite believe that on a minimum wage which is about \$700 a month, or a full pension with supplement which is about \$600 a month, if members opposite believe that a drug bill of \$100 a month . . . and that doesn't buy you many drugs. You don't need a big pocket to put \$100 worth of drugs in; indeed you can generally get it in your shirt pocket if that's the only one you've got. People of this province had no idea how expensive drugs were until after this legislation came into

being.

If you think a drug bill, if members opposite think a drug bill of \$100 a month isn't a hardship to someone who's on minimum wage and making \$700 a month, or isn't a hardship to senior citizens who get the supplement and the old age pension — I think that's around \$600 a month now — then you are out of touch. You're out of touch with what people are feeling and thinking. I say to members opposite, in this business there's two short steps: you're out of touch and then you're out of office.

And if you don't start listening to what people are saying, if you continue to assume that you know best, if you continue to assume that your future, the one you paint of socialism and public assistance for Pocklington and Weyerhaeuser is right, and cutting back health programs and programs which assist low income people is also right. If you continue to insist that's the future, and that's the future you're taking them to, then you're not going to survive the next election and there aren't going to be very many of them around.

And you're going to get your own opportunity to see how you structure question period . . . (inaudible interjection) . . . The member from Canora is wondering what I'm worried about. I'm worried about constituents in my riding who cannot afford these drugs. They just don't have the money, and they wind up giving away their drugs. I apologize, I wrongly named the member from Canora, sorry, I apologize for that. I say to the member who spoke that those kinds of people exist in my riding, they cannot pay for their drugs; they are doing without. That's caused by the high cost of drugs and that is caused also by the incompetence of this administration in being unable to meet the payments.

And I invite some of these members opposite who don't believe that to spend Saturday morning in your local drug store and shake hands with the people who come in. You're not going to wear out your gloves, because a whole lot of people that come in are not going to shake your hand when they've got to pay for those drugs.

I was talking to a woman this morning who is young, living on a relatively modest income, who had a infection in her ear. She has children. She went to the medical clinic, the doctor prescribed a drug. I assume it was an antibiotic. I don't know. She went to get it — this was all at 8 o'clock last night when the infection hit her ear. She went to the drug store. They wanted \$30, she didn't have \$30. It might as well have been 3,000, she didn't have it, had no way of getting it. She went without the drug.

I saw her this morning. Her ear was still swollen up. She'd gone home, she found some other antibiotics that a doctor prescribed for a different illness and started to take them. I am sure the doctor would be horrified if he knew that, but that was her only option. She had an infected ear which you could visibly see. She went to the doctor. The doctor prescribed the drug which would cure it. She went to the drug store; they wanted 30 bucks. She didn't have it, couldn't get it. As I say, it might as well have been 3,000 bucks. She just didn't have it. She's still got the infected ear this morning, and no drugs.

If members opposite don't think this is happening, I'll take you on a tour of my riding. I say to members opposite, I'll make you a deal. If you don't think this is happening, I will arrange for a tour of my riding, and I will show you what a drug bill of even \$30 means to a person who lives on a minimum wage and doesn't have the 30 bucks. It means you do without drugs.

When we have a health system such as we do, which is heavily dependent on drugs for curing illnesses, that means you don't have a health care system. There was nothing the doctor could do except prescribe the drugs, no other alternative. He did. She didn't have the drugs and she's still got an infected ear. And that's what your program means.

And it does not just mean that in Regina Centre. It means that that's also happening in Arm River. That's happening in Morse and it's happening in Melville. It's happening in Melfort, it's happening in Canora — all of your ridings. And it's happening in Arm River.

And if you don't believe it's happening, go and stand in the drug store on Saturday morning.

**An Hon. Member:** — I challenge you to come to Arm River.

**Mr. Shillington:** — I'll make the member from Arm River a deal. I will come to Arm River if you will come to Regina Centre. I will . . . (inaudible interjection) . . . All right. All right, we'll do that.

The member from Arm River will see what this drug program is doing. It's causing some very real hardship. It's meaning people are not getting the medical treatment they need, illnesses and infections are going untreated. The clock is being turned back.

And that's, Mr. Speaker, what happens if you believe that health care is a private responsibility. It means that if you've got the bucks, you've got health care; if you don't, you live with the infected ear.

I say to members opposite, if you don't reconsider this, if you continue to ram this thing through, you're going to pay a very heavy price. This is just simply not acceptable in Saskatchewan in 1987. I say to members opposite — I'm going to conclude in a moment — but I say to members opposite that this just simply will not work. In terms of public health it doesn't work. Illnesses are going untreated. In terms of politics it doesn't work. It isn't acceptable; it isn't working. Abandon it and go back and try to put together the pieces of one of the best public health programs that this country saw. Thank you, Mr. Speaker.

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

**Mr. Upshall:** — Thank you, Mr. Speaker. Mr. Speaker, I believe it is very important also to get into this debate. This Bill has serious, serious implications for the people of this province despite what members opposite may say. Dismantling a drug plan, a program that has helped the people of this province for many years, paid for by

everyone, paid for by natural resources, and used when necessary by the sick. And now this government wants to take that away.

Mr. Speaker, that is a betrayal, another betrayal to the people of this province — betrayed on a number of issues like taxes, like the waiting lists, and it goes on and on. And I ask them why? Why bring forward this Bill and betray the people of this province? Do they not know what the problem is? Do they not know what the people are saying?

They're taking money into the government and they spend money out of the government. And where do they get the money from? With this Bill they get it from the sick, many of whom are elderly people in this province who need a constant supply of drugs to maintain their health and their activities. Attacks on the sick — taking money from the people who can least afford it, the sick people and the elderly, into the government's coffers, and paying that same money out in patronage appointments. Mr. Speaker, to me that's disgusting — taking money from people who are sick and paying George Hill \$200,000 a year. What kind of irrational logic is that?

The Premier of this province says he had a commitment to health care. Some commitment! Some commitment to the health care of this province, to the people who are sick, by making them pay when they cannot afford it, many of them. His commitment, Mr. Speaker, I maintain, was in a secret hidden agenda formulated behind the famous closed cabinet doors. A hidden tax, another hidden tax — that's the secret agenda. Keep taxing the people, keep on drawing money out of those who can't afford it, and pay off Tory hacks. What kind of misplaced judgement is that?

He's chipping away, the Premier of this province through his Minister of Health is chipping away at the social fabric of this province. Taking away the prescription drug plan is a prime example. You cannot treat people as though they aren't there or don't exist. And that's what this Tory government is doing and the members opposite, trying to believe that the people out there will just carry on, will just keep going despite what they're doing. The attitude of this government is that, well, the people are so far down now they won't talk back. The old marshmallow theory — you step on them and they don't make a sound. That's the attitude of this government.

And unfortunately, Mr. Speaker, to some degree they are right. Because when people have been beat upon time and time again, like they have been, as we witness with this drug Bill, time and time again when they go and cast their ballot expecting something better and get trodden down up, after a while they become very complacent. It's happened in Saskatchewan under the direction of this Premier. It's happened in Ottawa under the Prime Ministership of Brian Mulroney. Coming down on the heads of people time and time again, making people believe they're important in society in rhetoric, all the while betraying them, making them pay, and still all the while paying off high-priced help for the government, high-priced patronage appointments. That, Mr. Minister, in my judgement, is disgusting. But that is the Premier's and Minister's of Health commitment to health care.

(1115)

Mr. Speaker, I have listened to stories from many of the seniors of this province as I go around, and health care is a very high priority with them because they came through the time when there was not medicare, and before prescription drugs and hearing aid plans. They came through the time where, as one fellow told me, his mother fell and broke her arm, many years ago, and she sat for one week with a broken arm because they didn't have the money to have it set by the doctor. They had to go through the process of selling some animals or something to pay the doctor.

We've come from that. This province has built up a structure whereby that should no longer happen. Or another story where when he was a young boy his sister had an appendix attack, very serious in those days, as it is now, except the difference was then they had no money to pay the doctor. And I forget what happened to the sister, got somehow to the doctor and healed, or died or what, I don't know. But the point is the suffering that went on then.

And this government through this hospital plans, the medicare plan, has wiped that out. They've given the people equal opportunity to health care, equal access to a hospital when they need it, and reduced the suffering of the people of this province.

And now what direction are we going, Mr. Speaker? We're putting the machine in reverse. Again we hear story after story, denied by members opposite that there's a problem, of people who cannot afford to buy drugs and they're suffering because of it. We have put the machine in reverse when we've come from . . . we've seen the history and we've come from suffering and hardships, built up the structure, and now we dismantle it, going back to the point where people again are suffering because of Bill 34, the prescription drug plan.

That is why this government must be stopped. That is just one example, Mr. Speaker, of why this government must be stopped. There are many, many more. We have, as I've said, stories of people suffering, can't afford their drugs.

And let me take it one step further. What is the result? I had a fellow in my constituency tell me, with a heart problem, that he decided he couldn't afford the drugs so he was going to stop taking them. Can you imagine that — being put in a situation where you know your life was at stake and you had to make a decision whether or not you were going to take your drugs because you didn't have the money?

And with people in that case, in that situation, we know what happens. They get sick and they end up in hospital. That does two things, Mr. Deputy Speaker, they get sick and they end up in hospital.

First of all, has this government ever computed the cost of keeping a person in hospital, from getting sick because he couldn't afford his drug bills, to what it would cost to pay him, to give him the drugs for years to come. And secondly, it overloads the hospital system even more,

making the waiting lists longer because there's only so many beds, because a lot of them are closed down.

So we're not just affecting one person. We're affecting the person who had to go to hospital because he couldn't afford his drugs; we're affecting the person who is waiting possibly for a hip operation and in dire pain because his hip joint needs replacing, keeping him out of the hospital, making him suffer more. And I can also add to that the stress that the staff of these hospitals are under, the mental stress that they are under, nurses suffering burn-out.

Where, I ask you, Mr. Deputy Speaker, is the logic of this government? Why do they not go out to their constituencies and ask the people? Why do we have thousands and thousands and thousands of names on petitions if there's no problem? And why do people have to suffer?

Mr. Minister . . . Mr. Deputy Speaker, rather, I've heard last night . . . unfortunately I heard last night the speech from the member from Weyburn, or part of it. I give him credit. He stood up and tried to defend . . . I don't see anyone else up when they get a chance. But he was saying about the responsibility of government, and we had to look at the health costs are spiring, and we have to manage this province to the best capabilities of the government and for the best response to the people; that's what he was saying — we have to be responsible, we have to be good managers. And the economy is down right now, and the province is short of money, and we have to do these types of restraint measures.

Well I ask the member opposite — when we're talking about management, management of this government by the Premier supposedly, we can only get money from so many sources in this province, and natural resources is the big one, and taxes — where was this government in 1986 when oil prices were pushing \$40 a barrel? Where were they?

In 1982, Mr. Speaker, when we finished being government, we had about over half of the dollars from oil that came out of the ground kept in this province for the people of this province. And we didn't have the suffering we do now.

A year or so ago the dollars were greatly increased from oil that came out of the ground. And how much did this province keep? About one-quarter of it. And all of a sudden, we have a crisis; we don't have any money. I wonder why. That's what I call bad management. That's not only bad management, it is a sign of a government and a Premier who was unable to manage the affairs of this province.

Mr. Deputy Speaker, so we have this drug plan Bill where the people have to . . . they're privatizing the drug business, drugs for people. And what does the Premier tell the Minister of Health to do? To duck. He says, better put a panel out there.

First of all members opposite are saying, well in my constituency there's no people calling me. If there's no big problem, why do we have a panel to handle all the cases of people in hardship — direct contradictory, isn't

it, Mr. Deputy Speaker?

Anyway the Premier guides the Minister of Health: I have an idea; put a panel out there and duck the flak. Because I would suggest, that his motive was, we can't stand any more flak, because we're so low in the poles. Let the panel take the heat.

And what do we see? We have a panel to review cases, but we can't get the application forms. We've asked members opposite to supply our offices with application forms. No. And why not? I say the reason why not is because they are not concerned. They're not concerned about the people of this province. They are only concerned with power. That's the key, Mr. Speaker — power. This prescription drug plan comes to us from a government concerned with power, hitting on people who are sick and the elderly. And they're trying to dodge the issue; they won't stand up and defend it.

The Minister of Health gave us a devastating two and a half minute speech. They know they're in trouble, Mr. Deputy Speaker. They know the problem is the Premier of this province and whoever supplies him with information — incapable of making the right decisions.

This is a basic attack on our health care system, Mr. Deputy Speaker, and it is appalling. We see it in the drug plan, we see it in the dental plan, we see it with the waiting lists at hospitals, breaking down the entire system that's been built up by the people of this province and the governments of this province for the benefit of the people and totally dismantling it.

Again I challenge the members opposite to stand and defend this policy. But I understand why they don't. I understand why they don't because I don't think there would be anybody, except the member for Weyburn, who would be capable of standing up and trying to defend a policy that threatens the lives of people — how crass.

Mr. Deputy Speaker, as I said, we've seen it in the drug plan, the dental plan, the waiting lists, the SAIL (Saskatchewan Aids to Independent Living) program and the hearing aid plan — all the building being cut down.

Now, Mr. Deputy Speaker, these people said they were reliable, in all their campaign material. I know this has been said once or twice before, but it is so very, very important. We have seen the campaign material from members opposite, listing the great things the Tory party was going to do. How many of those campaign promises were kept, Mr. Speaker?

And this is a very, very good example. I have here an important notice to all senior citizens — important notice to all senior citizens:

A Progressive Conservative government will (first thing on the list) eliminate dispensing fees on all drugs prescribed for senior citizens.

**An Hon. Member:** — Read it again.

**Mr. Upshall:** — Eliminating dispensing fees on all drugs

prescribed for senior citizens. That's what this government was saying, putting on paper, spreading around the province to get people to vote for them.

Continue medicare at no extra cost and upgrade health care in the province of Saskatchewan.

That's what this government was saying to get elected. And what have they done? They have done precisely the opposite — precisely the opposite, Mr. Deputy Speaker. And I just want to say this: we, the people of Saskatchewan, throughout the years have fought many, many battles to improve our whole system. We've won many, many battles and we have improved our system. But the battle goes on.

Unfortunately there's a bit of a difference. In the past, Mr. Deputy Speaker, the battle was with companies, large corporations, or whoever it was, trying to gouge the people. So the governments of the day and the people banded together and went and won victories to improve Saskatchewan, to improve health care.

(1130)

And now we have another battle. The people of this province have another battle. But the battle is not with companies, the battle is with the government. Can you imagine that? People having to battle their own government that they elected on promises of improving health care, eliminating dispensing fees for drugs. And now they have to turn around and battle them to keep themselves alive in this province.

So Mr. Speaker, I say this. We are in this battle with this government. The people of Saskatchewan and the members on this side of the House are in a battle with the Tory government of this province. And let me tell you, Mr. Deputy Speaker, I will guarantee you that we will win that battle.

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

**Mr. Upshall:** — Together the people of Saskatchewan will again share equality in health care some day. We will rebuild what once was the best medical care system in North America, the envy of the world. Together the people of this province and the New Democratic caucus on this side of the House, and the party, will overthrow the government and return the province to competence, compassion, credibility and, most important, common sense.

We will improve the basic services to the people of this province, despite what this government may do in the next three years or three and a half years in office.

Mr. Speaker, the Premier of this province also, leading this government, is the number one person that we must focus our concentrated attack on, the person leading the Tory government opposite allowing — being involved in decision making in political campaigns — allowing, telling everybody to put this propaganda out there. He not only betrayed the people, he betrayed his own caucus members by allowing this material to be put forth. How can he be trusted?

How can we trust a Premier of this province who, through his policy-making decisions, says he's going to eliminate drug dispensing fees as one of many, many examples. How can we trust a Premier who says he's going to do this, and turns around and does completely the opposite? And that is what the people of this province see, Mr. Deputy Speaker. They see the mistrust, the mixed priorities.

They see the lust for power that this Premier has, and it's just been witnessed yesterday with the announcement that he is being pulled out of the gutter by the Baton broadcasting system. The reason is power. The reason is power, because this network works with the Tory party. They're all one together.

And they need power to maintain control in this province. So what do we see? A prescription drug Bill, people revolting by petition and by phone call, government going down in the polls because of its incompetence and the lack of credibility of the Premier. And what do we see? A Tory machine coming in to try to pull the power back together because, Mr. Deputy Speaker, it's power, not people that the people of this province and this country are concerned about.

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

**Mr. Upshall:** — Mr. Deputy Speaker, we've seen with this drug Bill an increased cost in our medicine. But I can tell you, Mr. Deputy Speaker, and I can tell the members opposite and the people of this province, that the most expensive medicine is not prescribed by a doctor. The most expensive medicine is not bought at the pharmacy. The most expensive medicine that the people of this province have to swallow is Tory medicine. That is so expensive from the taxes and the cuts and everything else that is being drawn out of the pocket-books of the people of Saskatchewan that it is far, far beyond even what we're talking about today with this prescription drug plan.

Tory medicine, Mr. Deputy Speaker, is expensive medicine. Tory medicine, Mr. Deputy Speaker, is tough medicine. Tory medicine, Mr. Deputy Speaker, is hard to swallow. The medicine that this Tory government is forcing down the throats of people of Saskatchewan today, Mr. Deputy Speaker, gives them a headache because they cannot stand the consequences that they are being put in.

Mr. Deputy Speaker, the Tory medicine gives people stomach-aches because they are so uptight with knowing what to do in this province because of things like the prescription drug Bill. Mr. Deputy Speaker, I say Tory medicine is a drug of depression. Tory medicine is putting the people of this province into a state of mind that is depressing.

And what do the members opposite over there say? They had three calls in my constituency — no problem. Where are the misplaced priorities? Where is the desire to help the people?

Oh yes, the Premier says — I have it here somewhere — there's so much more we can be, in some of the campaign

material. There's so much more we can be. And being optimistic people from Saskatchewan like our history has shown, maybe people say, yes, maybe there is more we can be. But the hidden agenda means, we can be poor; we can be sick without medicine; we can be sick without a hospital bed; we can have rotten teeth and expensive dentists to go to. There's so much more we can be.

I wonder, Mr. Deputy Speaker, if the woman from Regina, an asthma sufferer who says that her prescription drug plan will actually exceed her income, I wonder if she thought that there was so much more that she could be under the Tory government — I'll bet she did. I wonder if the Esterhazy couple whose son is house-bound with chronic asthma thought there was so much more better they can be . . . (inaudible interjection) . . .

Mr. Speaker, this government and this Bill upset me so much and I get so wrapped up in it, I make the odd little mistake, and that's what they pick up on. Because they can't defend the drug plan, all they can criticize is a little slip of the tongue.

But I wonder if these people, where the family struggles to pay \$1,700 for child drugs, I wonder if they thought there was so much more they could be — I'm sure they did. And what has happened to their expectations? Expecting elimination of dispensing fees for seniors, those people were expecting continued medicare at no extra cost. Obviously, if you could believe these people, you'd expect more.

But, Mr. Deputy Speaker, the Premier of this province and this Tory government cannot be believed, and we've seen it time and time again with every policy and program that's come out. So what do we do?

We must, as people of this province, stand up, stand up — and they are. There's not very many vehicles that people in this province have to express — because they've been pushed down and ignored — to express themselves. But a petition is one way they can do that.

Many people feel embarrassed or a little shy to write a letter to a cabinet minister or to the Premier or to make a phone call because they feel intimidated. And no wonder, with the arrogance of this government, that they would feel intimidated. But a petition is one way that they can express their feelings, one way that they can tell this government how they feel, tell them the mistakes they're making, and how hard they're being on the people.

And the people have done that. We have seen the petitions coming into this legislature, thousands and thousands of names; people resisting the demise of our health system. And I think we'll carry that on a little further. The people will resist not only the demise of the health system, the people will remember how this Tory government treated them in year one, when in year four of the last campaign they were giving them the world.

People will not forget, and I remind members opposite of that, even though they are being convinced by the Premier of this province that voters don't forget. They may forget some things, Mr. Deputy Speaker, but they will not forget the incompetent government that has bestowed

hardship upon them — sick people paying taxes, sick people unable to afford their drugs — they will not forget that, Mr. Deputy Speaker.

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

**Mr. Upshall:** — And this government knows that. And this is the attitude that I hear out in the country. You know I've been told these guys know they're not going to get elected so they're just going to go out and wreck everything that the New Democratic government has done in this province to build it up this high. They're just going to go out there and wreck it just because of spite, just because they know they can't manage, and they're done. That's what the people are saying.

And they're saying that because of what they're seeing. They're not making these things up. They're saying that because they see the prescription drug plan; they're saying that because they see the dental nurses gone; the waiting lists in the hospital; their taxes going up when it was promised they weren't going to have higher taxes; promised they weren't going to have to pay fuel tax. That's why the people of this province are saying what they're saying.

They're saying the Tory government is taking an ideological path of destruction through this province simply because they don't want to see the NDP, in a short period of time after they're elected, build it up. That's their strategy. They think that, we've lost the next one; the people in four years will say that . . . It'll be down so low the people will say, well the New Democrats can't do it either. That's their strategy. And that's what the people are saying.

But, Mr. Deputy Speaker, I tell you, the people are probably right and this government will be gone in the next election, and it'll not be gone for four years like they suspect. That's going to be the mistake. It'll be gone for a good many, many years.

So in conclusion, Mr. Deputy Speaker, I would just like to say, because of all the points that I have made tonight . . . today, because of all the people in this province who are protesting this change to this drug Bill and many other Acts of this government — and I agree with the people — because of the incompetent Premier that we have in this province who couldn't manage a three-house paper route, the people of this province will rise up and put down the oppressors. Thank you, Mr. Deputy Speaker.

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

**Mr. Kowalsky:** — Thank you, Mr. Deputy Speaker. Mr. Speaker, I paused for a minute before I rose, to give the members on the government side an opportunity to rise in defence of this Bill. I notice that nobody from the other side, with one exception, Mr. Speaker, with one exception — that was the Minister of Education, the member from Weyburn, who got up last day and feebly tried to defend a Bill which really begins the desecration of medicare in Saskatchewan, the drug Bill, Bill 34, which imposes fees, deterrent fees, on those people who have to use prescription drugs.

(1145)

And, Mr. Speaker, I believe it's a sad commentary on the state of PC thinking, and I believe it's a sad commentary on the state of the Minister of Health's thinking, and more importantly I think it's a sad state on the . . . a sad commentary on the Premier's thinking, when they have to introduce a Bill which is so counter to the direction that the people of Saskatchewan want this province to go.

This Bill is right now being criticized around the province by people of all ages, Mr. Speaker, by people in all walks of life, and by people of all parties: yes — by New Democrats, by Liberals, and by Conservatives. And it should be criticized, Mr. Speaker, because it's a step backward.

By introducing this Bill, the government and this Premier have given us a clear indication of his government's priorities, and they give us a clear indication of the direction in which they want to go. And this Bill, I say, because of that direction which they have now indicated, will stand as a monument pointing to the defeat of the present government.

Let's find out what it is exactly that this prescription drug Bill will do, this Bill 34. I say, Mr. Speaker, that it erodes the medical care system that we have had here in Saskatchewan by imposing a deterrent fee on drugs.

What used to be the case, Mr. Speaker, what used to be the case? When we got a prescription signed by our doctor in the past, we would go to a drug store and we would pay for the dispensing fee of \$3.95. Regardless of how many drugs we had, it was a system which made drugs accessible, prescription drugs accessible to all members of our communities in Saskatchewan, whether . . . and it certainly did not have any deterrent on it. It was a vast improvement on what we were used to; it was a very progressive move, and the people felt that it was a progressive move to have this plan in place, just like they were proud of the school dental plan which we had in place, Mr. Speaker.

Now we in Saskatchewan, I've said, were proud of that plan because it fit in with a very practical program of medicare and of dental care that was being modelled across this nation first and then across other parts of the globe.

And those people who took part in the forming of medicare — like Tommy Douglas, Allan Blakeney, and Mr. Lloyd, Woodrow Lloyd — deserve credit for that. And indeed, the government, starting with the early '50s and moving on into the '70s, the governments who showed slow but steady improvement, continually got credit for that.

And we were looking towards total health care, a system which would give us total health care, right from childhood to the grave, and in all aspects, including chiropractic care, including the home care program, including the dental care program, and certainly including prescription drugs.

Now what is it now, Mr. Speaker? Originally the program,

until July 1, until this government came in with this retrograde legislation, until then, you had to pay \$3.95 per prescription. And how what do you do? Well you pay for everything up front. If you or I have a prescription, we have to pay for everything up front.

And we don't necessarily get it back. It just depends on how much we have to spend. Because for the period July 1, '87 to December 31, '87 — and I'm reading right from a document which was given to the Saskatchewan Pharmaceutical Association as they were advising them of the new system, of the new scheme — anybody that came to the drug store would have to put up, for that half a year period, \$62.50 on the basis of a family.

And starting on January 1, over the year it's going to cost, not 62.50, but \$125 for every family — 125. If you happen to be a senior citizen, then from July 1 until December 31 would cost them 37.50, and now next year it'll be going up to \$75 up front.

Then, Mr. Speaker, if there was a single senior citizen, right now it's costing \$25 or, for the next year, \$50. But I remind you that they have to pay everything up front. And once they go over these sums that I mentioned, once it costs them over \$125 per family, then, Mr. Speaker, you have to keep the bills. You have to keep the bills, and then you send in the bill to the government, and the government in its good graces reimburses you up to 80 per cent, depending on their schedule. Now that's quite a contrast, Mr. Speaker, quite a contrast. So it ends up costing you \$125 per family plus 20 per cent, and that is why I call this a deterrent fee.

It is particularly hard, Mr. Speaker, on those people, and there are quite a few, who have to pay hundreds of dollars a year for prescription drugs, and those very few, but there are many of them that are affected, that have to put up as much as thousands of dollars up front for prescription drugs. So I say, Mr. Speaker, that this amounts to a deterrent fee. Now only does it do that, but it shifts the burden of the cost from the average taxpayer, from every one of us when we are well, to only those who are sick.

When it becomes a deterrent fee, when you put this in, what is the effect? When you put on any deterrent fee, it is most likely the people will not use the plan as much, will not use the drugs as much. And my colleagues have attested and gave testimony to that kind of a scenario already. A deterrent fee is a cost disincentive. Maybe if we put the price up high enough nobody will buy it; nobody will abuse the system.

And a deterrent fee does another thing. It assumes abuse of the system. And that is what the government is doing — assuming that there are people in Saskatchewan who are abusing the system.

Well, Mr. Speaker, I will tell you that this deterrent fee system was tried once before in Saskatchewan in the field of health. And it was the Liberal government of Ross Thatcher and Davey Steuart who had set up a deterrent fee back in the '60s. They set up a deterrent fee on health care. Now that deterrent fee was so hated by the people of Saskatchewan at that time that they gave the government, that government of Thatcher and Davey Steuart, they

gave that government a resounding lesson. They gave them the message the only way that they could, and that was they booted them out of government. And that's what I say is going to happen to this particular government. You will also get booted out of government because of the introduction of this Bill.

I say, Mr. Speaker, that eroding medicare is the Achilles heel of this particular government, because that's exactly what it does. It erodes medicare. It denies accessibility to those who are poor and those who are on limited income.

Last winter, Mr. Speaker, I was in attendance of a 25th anniversary celebration of medicare in my home town of Prince Albert. And there we had as a guest speaker, Justice Emmett Hall, and he addressed and gave a brief outline of the history of medicare, indicating how it had helped, how it was started in Saskatchewan, and how proud he felt to be a part of it. And we all know Judge Emmett Hall as being a man that is respected around — not only in Saskatchewan, but in Canada, on the continent, and around the world. And he ended in his speech — and I would paraphrase the sentence that he ended with, and it was something like this. He says, no government dares to attack medicare because it knows it will never be re-elected. Well it's quite obvious, Mr. Speaker, that there are some members opposite who did not take that lesson.

Mr. Speaker, this deterrent fee, this deterrent fee of \$125, plus 20 per cent of anything else that you have to pay, that you have to pay when you buy prescription drugs, I say is a tax on the sick. And when it's a tax on the sick . . . and it also is very representative of a broken promise, of a series of broken promises by this government.

What I've done, Mr. Speaker, is gone through, gone through some literature that these members opposite have put out in the past, have put out when they were trying to get elected to this government. The members opposite . . . It wasn't only the broken promise of the health care, Mr. Speaker, it was also broken promises on the education tax, the flat tax, and now the new 7 cent-a-litre tax. But let's concentrate for the moment on health tax.

Here I have before me, and I read from a copy of a pamphlet from the member from Rosetown-Elrose. And in his election platform — big notes — he's got here:

The commitments of the new PC government is: eliminate the 5 per cent sales tax on clothing and utility bills, (and then beside that, he's got) revitalize and improve health care.

I wonder how the members, the citizens from his particular constituency will react when they themselves see that this promise was now broken.

Mr. Speaker, I wonder if the member from Redberry who in his literature wrote, and I quote:

The PCs certainly won't make any cuts in spending on medicare. They will increase medicare funding.

Now, Mr. Speaker, I believe that the member from Redberry was sincere when he said that. And I believe that this Bill puts him in a very unfortunate position because now he's in a position where he has to either stand good behind his word and stand up to the Premier who's forcing him to vote on this Bill, or he's going to have to lose the respect of his constituents and vote with the Premier. I wonder which way he'll go. I wonder which he'll choose. And then when he chooses one or the other, what will he tell those good people in Rabbit Lake and Speers and Richard and Keatley and Ruddell? What'll he tell them?

Well, Mr. Speaker, I mentioned that I felt very strongly that this was a message that was not coming specifically from the member from Redberry Lake. I feel he was put in that position by the Premier. The Premier who we recall in 1982 used the same tactics of getting the public enthused as Jimmy Bakker does. And he used his four-finger salute. We all remember that very well. He said that he says what stands first is God, then his family, then the PC party. And then he said, the NDP under his thumbs — and then he said the NDP under his thumbs.

And now after these broken promises I wonder how the people feel about that. Because he's not putting the NDP under his thumbs, he is putting the people of Saskatchewan and medicare under his thumbs.

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

**Mr. Kowalsky:** — For that he will pay the ultimate price, Mr. Speaker.

Mr. Speaker, I have before me here, and I will quote from some literature that was part of a campaign from the member from the Saltcoats constituency. And the headline that he has here, it says, "Time for a change." He says, "A PC government will . . ." And then if you go down the line, he first of all talks about reducing provincial income tax — one broken promise. Eliminating the sales tax, 5 per cent, he says — another broken promise.

And then we go down to the one we're talking about today. "The PC government will extend drug plan coverage," it says. Extend it, a plan to include all prescription drugs.

Well, Mr. Speaker, this member by voting on this Bill, in favour of this Bill, will make this campaign promise once again show that the Tories cannot be trusted.

The member who ran for Regina Wascana, Mr. Speaker, right here in Regina when he was running, sent out a note, a notice of . . . and it's labelled "Important notice to all senior citizens." It says:

A Progressive Conservative government will eliminate dispensing fees on all drugs prescribed for senior citizens.

(1200)

Well, Mr. Speaker, as you go through one by one and look at these promises and then you see the Bill, what Bill 34 does it puts on a fee, a deterrent fee on prescription drugs.



You wonder whether these members can be trusted, and you wonder whether the Premier, whether he can be trusted.

The member for Morse had a very similar campaign . . . had something very similar in his campaign literature, Mr. Speaker. He says:

PCs have an awareness for the people in the province.

And under that, he's got:

Expand drug plan to include all prescription drugs.

Well it makes me sad to have to read these, Mr. Speaker, but these are not made up; nobody's making these up. These are things that were made up by members opposite. And the people of Saskatchewan are aware of it.

I have here some campaign literature. It was authorized by the member from Last Mountain-Touchwood, by the Progressive Conservative association of Last Mountain-Touchwood on behalf of the member. And he's got an entire paragraph here about, revitalize and improve health care. And he says:

A new PC government will place great emphasis on improving the delivery of health services by providing more adequate financing to our hospitals, by avoiding waste and duplication between the Departments of Health and Social Services by expanding the drug plan.

Member after member after member, Mr. Speaker. Here we have exactly the same paragraph, word for word, on the campaign literature of the member from Kindersley.

And then if we go back further, we think, well is it just the Tory party of lately that used these techniques of deception? And I look back and I dig back to a guarantee that was given to us by the present member from Qu'Appelle, the Minister of Finance, and it's a guarantee which was an advertisement in a paper and read out:

The Progressive Conservative Party of Saskatchewan is committed to continue the medicare system in our province. The Progressive Conservative Party of Saskatchewan rejects any form of deterrent fees on health premiums. The Progressive Conservative Party of Saskatchewan will abolish the unfair deterrent fees for prescription drugs.

And it's signed here, Mr. Speaker, by the MLA for Qu'Appelle-Lumsden.

**An Hon. Member:** — G.L. from Qu'Appelle.

**Mr. Kowalsky:** — That's G.L. from Qu'Appelle.

Well, Mr. Speaker, it's a sad, sad state of affairs, and it makes me very sad to see what the members opposite have promised and what we are now being delivered. Mr. Speaker, for some people, for most people in Saskatchewan, this type of promise — broken promise

system — most people in Saskatchewan take it very seriously. But, Mr. Speaker, there are also some that are so disgusted with it, they've turned around and they're starting to laugh — laugh at the action of the Premier and the members opposite. And I want to give you an example of that, because in their disgust, that is exactly what is happening.

Here is a situation, here is an article from *Grainews*, a good Tory paper, of October 5. And this is an article that I'm going to quote from that talks about our Premier. And the headline in the article is, "Boob of the month." Let me quote from this article, Mr. Speaker, let me quote from it. This is October 4 of this year; this was even before this prescription drug plan was put in: "Lately, our Saskatchewan Premier, Grant Devine, has been acting like a . . .

**Mr. Deputy Speaker:** — Order. Order. I'd like to call the member to order and remind the hon. member that we are not supposed to use the names of members of this legislature in your speech. So would you refer to him by his position or his constituency.

**Mr. Kowalsky:** — Thank you, Mr. Speaker. I apologize. I was trying to be conscious of the rule, and I must say that I got carried away. And I will refer to him, then . . . it's the Saskatchewan . . . it's the G.D. His initials are G.D., so it's the Saskatchewan Premier that I'm talking about here. And let me go through the . . .

**Mr. Deputy Speaker:** — Order. Order, please. I think we may as well set a pattern right away. And this is the second time that you have referred to a member of this legislature by his initials, and I would interpret that as being the same thing as his name. So would you please do it by the position or the constituency.

**Mr. Kowalsky:** — Mr. Speaker, I'm going to start again on this because I've lost my train of thought on it, and I think the members opposite have. I'm quoting from an article, I'm quoting from an article from *Grainews* of October 5. And the headline in the article is, "Boob of the month." And I'm quote from the article and it says:

Lately, our Saskatchewan Premier (blank) has been acting like a farmer who is (actually) going broke and gradually sliding downhill towards the poorhouse. He began by selling off assets he felt were no longer needed, such as timber rights in northern Saskatchewan and highway equipment.

They didn't bring much, but it was better than nothing. It sounds like he is still trying to get rid of more property. We hear about the possible sale of pieces from SaskTel and Saskatchewan Government Insurance.

And then, later on, the articles goes on:

On assets not yet sold or up for sale, (blank, referring to our Premier) has been trying to shove inventory costs onto the taxpayer. The new drug plan is really a good example. Now, we have to carry the cost of drugs for two or three months before being reimbursed. On fuel bought at the

pumps, the principle is the same.

And the author goes on to say:

It all reminds me of a farmer in a panic, trying to do everything possible to save the farm and not having much luck. Had he been a little more careful when land and equipment prices were at a peak, there would be no need to act so desperately now.

And this article, Mr. Speaker, the author decided to call it, "Boob of the month", and I think if he'd have seen what this Bill says and seen what this government is doing in total, it could be expanded to be labelled the "Boob of the year."

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

**Mr. Kowalsky:** — Mr. Speaker, let me review, once again, and what it is that we are debating in this legislature today. We are debating Bill 34 — an Act to gut the prescription drug plan. It used to be, Mr. Speaker, that anybody that needed prescription drugs had it fully accessible at \$3.95 per prescription. And now this government is gutting the plan to a new user-pay system, to using a deterrent fee which I say punishes the victim.

And who does it hurt the most, Mr. Speaker? Who does it hurt the most? I say it hurts the most, those who are ill, those who are elderly, and those who are on low incomes.

I had one situation, Mr. Speaker, which happened last week, that I would like to bring to the attention of the members opposite. It is a case of a 62-year-old resident in my city who came to our office and gave us a story of his experience with the prescription drug plan.

This gentleman — actually it was his wife that told us — this gentleman had had open-heart surgery. He'd had four major heart attacks in the past. His cost for all of his medication, and they were all dealing with pills that were heart . . . with his heart-related illness, cost him a total of \$185 a month. So what he did is he sent in his claim at the end of August so that he could get his money back and get back to the drug store and get another prescription.

He came to our office on Thursday, October 1, fed up because he had not received his rebate. He said, when we phoned the prescription drug plan, they said, well, they had mailed it on the previous Tuesday, on September 29, and it should be there any time. He waited and he waited, and unfortunately he had to go get his drugs on the Friday, because he needed them. He was running out of drugs.

And when he went to the pharmacy and was presented with a \$139 bill, his wife testified to us that because of the stress and the anger that he got, it resulted in a fifth heart attack. And his doctor has given him orders and has given his wife orders that if he gets under any more stressful situation, that he will not be able to make it, Mr. Speaker.

Now we had contacted, our office had contacted the office, the prescription drug plan office about this. They knew about it, had been warned about situations like this

by many of our members from this side. And what do we get, Mr. Speaker? So it's a very kind of a . . . it has tremendously sad effects, Mr. Speaker, and talking about a situation like this is rather unpleasant. But I think the members opposite ought to know how it affects certain individuals in our province. And it's individuals like this that we feel should be defended, must be defended, when we are opposing this particular Bill.

Mr. Speaker, this government is imposing a user-pay system, a user-pay system on medicare. Our position is that medicare should not have any user-pay associated with it. There is a place for user-pay, Mr. Speaker. There is a place for user-pay. We feel that the ministers opposite should pay for airplane flights when they go to Calgary to attend a wedding. We feel that their Tory hacks should pay for vacations that they could be taking when they go to work, or so-called work, in these embassies in Hong Kong and Vienna, and today we heard about one in New York.

That's where user-pay should come in. Public money should not be used for private profit, Mr. Speaker — should not be used for private profit. And that's why we are also opposed in the positions where . . . in the places where it is used, such as Peter Pocklington and the Weyerhaeuser situation.

We are paying — you and I are paying — to pay for the highways and to pay for the nurseries and pay for the fire-fighting while Weyerhaeuser takes the profit.

Now let's apply the user-pay philosophy to those situations, Mr. Speaker, not to the situation of medicare or dental care or prescription drugs.

We may wonder why it is, Mr. Speaker, why is it that this government has brought in this system. And I say that they have done it because it is part of their dogma, part of their political doctrine, part of their ideological agenda called privatization. They have privatized Saskoil, they have privatized Saskatchewan coal-miners, they have privatized the school dental plan, they are privatizing the North Park Centre, and now we're getting an initiative on privatizing the drug plan.

None of these cases of privatizing has got any practical value, Mr. Speaker. No practical value. Privatizing this drug plan will not make it any more accessible to anybody. In fact, it reduces the accessibility. This plan, coupled with the plan of the Mulroney government to change the drug patent laws, are simply working in the direction of additional privatization and part of the entire sell-out of Canada to the United States through their free trade dealings.

(1215)

And just in today's *Globe and Mail* we have a headline which says that "Ottawa made a drug bill pledge in the trade pact." It tells us that. It says that:

The Canadian Government pledged in writing to pass its controversial drug patent legislation as part of a free-trade deal with the United States, but withdrew the commitment from the final version

of the agreement.

A copy of the text of the agreement (said . . . “Canada has agreed to pass the pending amendments contained in Bill C-22 in respect of compulsory licensing of pharmaceuticals.”

Well, Mr. Speaker, to what extent, to what measure is this Tory regime of Mulroney and Devine will to go to get a free trade deal? We see that they went as far as being willing to pledge erosion of our medicare and our drug system.

**An Hon. Member:** — Did you understand anything about that bilateral trade deal at all. Do you understand one ounce of what they signed?

**Mr. Kowalsky:** — Well the member from Weyburn is sitting in his seat and he’s yelling out and he’s talking about . . .

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

**Mr. Kowalsky:** — The member from Weyburn, Mr. Speaker, got up yesterday on his feet, the only member on that side, and he tried to defend this Bill. He tried to defend this Bill. And I listened to him as he posed some questions. I listened to what the member from Weyburn had to say.

He shrugged his shoulders and he said, are we making the right decision regarding the drug plan? He says, are we making it? Then he starts weighing it from side to side. And then he said, well if we didn’t make this decision, we’d be mortgaging the future of our children, he says, if they didn’t cut this program. He said words to that effect. And then he went on and he said, well we wanted to know how else could we put the economic house in order, admitting of course in that statement that they had messed up the economic house of our province. And he said that they’re faced now with rising costs of the drug plan of a quarter of a billion dollars.

And he mentioned also that Canada’s population is increasing . . . or the age of Canada’s population is increasing. Well how true, Mr. Speaker, that it’s increasing. And what more reason do we need for a good drug prescription plan just in view of the fact that the population of the aged people is increasing.

And I say to that member from Weyburn and to all of the members opposite, if you can’t manage the economy of Saskatchewan well enough to deliver medicare and to continue to improve it, then you better resign.

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

**Mr. Kowalsky:** — Mr. Speaker, what should be the objective of a government? Should it be to take a dental plan and a drug plan and privatize them like they’re privatizing North Park Centre? Should it be to rip asunder, to gut, or to protect those people who are ill? Ask any Saskatchewan citizen, and I’ll bet you that there’s less than 2 per cent that want medicare gutted. There’s less than that want the school dental plan done

away with. There’s less than 2 per cent, I’ll bet you, that want the drug prescription plan gone. That’s why right now at this time there are citizens across this province who are signing petitions, thousands and thousands . . .

**Mr. Speaker:** — Order, please. Order, please. I’d like to ask the member for Weyburn to please allow the debate to continue without interruption.

**Mr. Kowalsky:** — Thank you, Mr. Speaker. There are thousands and thousands of people who are right now signing petitions, protesting this particular Bill, protesting cuts in medicare. And the members opposite will soon see them. And the people are telling us, and my constituents are telling me and my family, and anybody I talk to is saying, stand up in the House and work and speak and oppose this Bill. And that’s what I intend to do, Mr. Speaker. Thank you.

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

**Ms. Simard:** — Thank you, Mr. Speaker. When we take a look at the prescription drug plan, the amendments to the prescription drug plan, Mr. Speaker, what we see is a very unfair deterrent fee that’s being imposed by the PC government on the people of Saskatchewan — a \$125 a year deductible plus 20 per cent of the drug costs. And we the NDP opposition, Mr. Speaker, say that that’s very unfair because that’s a deterrent fee on the sick and the elderly of this province.

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

**Ms. Simard:** — And they say that they have to do it because of rising drug costs. They have to do it because of rising drug costs. And what do you see the Premier of this province doing? Cheer-leading with Brian Mulroney and approving the drug patent amendments that the PC government in Ottawa is putting forward. And if anything’s going to increase the drug costs in this country, it’s that PC drug patent amendment Act that sits in Ottawa and that is approved by the PC government in Saskatchewan and the Premier of this province.

And that’s how concerned they are about rising drug costs, Mr. Speaker. They would approve a Bill that is going to levy an increase in drug costs on the people of this province that is unprecedented in the history of this province, not to mention the money that’s going to go out of Canada to the United States to large pharmaceutical companies in the United States and the loss of jobs that that drug patent legislation is going to cause.

That’s how concerned they are about rising drug costs, Mr. Speaker; that’s how concerned they are. And once again we see the PC government saying one thing out of one side of their mouth and anything thing out of the other. But it’s very typical of this government — very typical, because they’re prepared to make the sick and the elderly people in this province pay for their incompetence and mismanagement and their political agenda.

The sick and the elderly of this province will have to pay for their incompetence because it is the PC government of the province of Saskatchewan that created the \$3.4 billion deficit in this province. It is them that created this

deficit, Mr. Speaker, through incompetence and mismanagement. And even when resource revenues weren't falling, because they'll always refer to resource revenues, they had a deficit in this province, Mr. Speaker. It's their incompetence, their wrong-headed policies, and their mismanagement. And now the sick and the elderly people in Saskatchewan will have to pay for that.

And they're prepared to make the sick and elderly pay for their political agenda, for their political agenda, Mr. Speaker, because the drug patent amendment legislation in Ottawa I part of the trade pact deal with Brian Mulroney and Ronald Reagan. And our Premier is participating in that, Mr. Speaker. The PC government is participating in that. That's why they go along with the drug patent amendment legislation. That's why they go along with the trade pact deal — the deal to boost Brian Mulroney and bring him up in the polls and prop up a failing Prime Minister. That's what the trade pact deal is all about — the deal to sell off Saskatchewan and open up the doors to American investment in Saskatchewan.

They refused, this Premier refuses to stand up to Brian Mulroney and Ronald Reagan, Mr. Speaker. He refuses to protect the people of Saskatchewan, and sells out Saskatchewan interests. And that's how concerned they are about rising drug costs and the sick and elderly in this province.

There's no question that this Bill epitomizes the attitude of the PC government towards medicare and the ordinary family. It constitutes an attack on medicare, Mr. Speaker, a direct attack on our medicare system and an attack on ordinary families as a result. They have no real commitment, no real philosophical commitment to universal medical care of high quality, Mr. Speaker, and that's why they're undermining the prescription drug plan, the dental plan, and that's why we see health care cut-backs in this nature.

And yet we hear them saying that we have no choice, we've got to save medicare. Have you heard anything so ridiculous. I ask you? No, and that's what the people of this province say — they have not heard anything so ridiculous as to save medicare.

They say they have no choice, Mr. Speaker, but I say they do have a choice. They can discontinue their give-aways to large out of province corporations. They can quit giving hundreds of millions of dollars away to their Tory friends, Mr. Speaker, and they can quit their give-aways to Ronald Reagan and Brian Mulroney.

There is absolutely no question that this government has the wrong priorities, Mr. Speaker; along with the management and incompetence that created the \$3.4 billion deficit, they have the wrong priorities. And now every man, woman, and child in this province has a debt on their head of \$3,400, and family of four a debt of some 13,600 that they will have to pay back. And how are they going to pay it back? The sick and the elderly are going to pay it back through the prescription drug plan, and we're paying it back through higher taxes — unprecedented hikes in taxes by the PC government.

They tax ordinary families, take away the prescription

drug plan and the dental plan, and they tell them they have no choice. And once again, Mr. Speaker, I say that the people of this province aren't stupid, and they're not going to buy that rhetoric. And what we've seen is PC MLAs repeatedly making promises, election promises. And my colleague from P.A. and other members of this Assembly have pointed it out repeatedly in this debate. They made promises to expand the prescription drug plan. They made promises to improve medicare. And what do we see? — how much their promise is worth. It shows in this Bill how much their promise is worth — a fat zero, Mr. Speaker, a fat zero. That's the kind . . . that's how one can trust their word. One simply cannot trust their word. And I tell you, the people of this province will not believe another single PC promise after 1987.

And let's take a look at the sensitivity of the PC government. We have people who are desperately needing drugs, some of whom spend hundreds of dollars a month with respect to medication and drugs. And what do they do? How do they attempt to help these people with high drug costs or these people who have difficulty paying drugs? Most of them are sent special envelopes, Mr. Speaker, and that's it. And that just proves the insensitivity of this government, Mr. Speaker, and the insensitivity of the members on the other side of this House.

And let me tell you something about their arbitrary plan, because I understand there are no rules and regulations or set guide-lines — at least they haven't come forward to this House and told us what they are. They don't even give us any application forms so, on behalf of our constituents, we can make an application to their special panel or tribunal. But in their arbitrary fashion they decide who gets a break or who doesn't get a break. Well I tell you, Mr. Speaker, the people of this province don't want to go begging, and I have heard that repeatedly. I've heard that repeatedly — we don't want to go begging to the PC government.

The other day I received a phone call from a young woman, over the weekend, who needed medication and went to the pharmacist and couldn't get credit and didn't have enough money to buy the medication. She phoned me in desperation. She didn't qualify for welfare, but she didn't have the up-front costs for the medication. She phoned me in desperation. I told her to go to her neighbour and see if she could borrow some money there, or from a member of her family. And she said to me, Louise, I don't want to go begging. That's what she said to me.

But they don't understand that, Mr. Speaker, they don't understand that, because their whole attitude towards this area is entirely different. They don't understand that.

I just want to talk also this morning a bit about the arrogance of this government, the arrogance of this government inasmuch as they have a lot of money, Mr. Speaker, for their PC friends, a lot of money. And we've repeatedly seen in this session the amounts of money that they have for their PC friends. They have money to support Brian Mulroney on his drug patent amendments which are going to increase drugs drastically in the province of Saskatchewan. But yet they don't, they don't have any money for the sick and elderly, Mr. Speaker, and that's an indication of the arrogance of this government.

(1230)

And in this session, in this session they're making grave, serious, and very, very difficult decisions. They're selling out Canada to Ronald Reagan. They're destroying medicare. They're going to put discipline on monopolies. That's what one of the versions of this new trade pact deal says — discipline on monopolies. And I ask you: what does that do to many of our social programs, including medicare, in this province? What does that do to our social programs?

But they are making these sorts of serious and grave decisions, and yet they would rather not debate many of them in this House. They want, they're saying they want to see this session end, that it's dragging on. They don't want to debate these things because they know they're wrong, and they'd rather not be here listening to us and listening to the people of Saskatchewan. That's why they want to close down the House, to get out of here so they can bury their heads in the sand; so that they can avoid, they can avoid argument and debate on this subject; so they can avoid accountability to the people of the province of Saskatchewan.

They break one promise after another. Their promises with respect to the prescription drug plan is just one example, Mr. Speaker, but it's an important example. And their policy and the process they've implemented on prescription drugs, Mr. Speaker, just shows their incompetence and their mismanagement.

The citizens of the province have to pay the up-front costs, and then they get a rebate of some 80 per cent. So what do they do? They early retire or fire people, and then they have to bring some people back in order to monitor the bureaucratic red tape where people pay and then get a rebate. That is just ridiculous, but that's an example of mismanagement and incompetence right here in the way they operate their scheme on the prescription drug plan, Mr. Speaker.

And we see this sort of thing throughout the government, and I tell you, Mr. Speaker, the stupidity and incompetence behind policies like that are going to be ferreted out by the NDP opposition during this session. And we'll do our duty in this legislature and expose their wrong-headed policies, the wrong-headed PC policies, even though they prefer not to enter this debate.

What's happened to all the members in the back-benchers? Don't they have the courage to come forward and stand up and enter this debate? Tell us, tell us here in the legislature what your constituents think about this drug prescription plan. Come on, let's hear from some people in the back-benchers. I tell you, Mr. Speaker, they don't have the courage to stand up and defend this Bill because they know in their hearts that it's wrong.

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

**Ms. Simard:** — They bring forward this Bill, Mr. Speaker, that taxes the sick and the elderly. They approve drug patent amendments that are going to create higher drug

prices in this province that are totally unprecedented, and they don't have the courage to stand up and defend it. Not one of them, except for the member from Meadow Lake who had an obligation to speak to it, and I notice his line or debate was very, very short — something like two or two and half minutes — and the member from Weyburn who tried to run out the clock, I think it was last night, is that not the case?

And I'll tell you why, Mr. Speaker. I'll tell you why the members back there, the member from Wilkie, the member from Kinistino, the member from Canora, the member from Pelly, and the member from Shaunavon — I'll tell you why, Mr. Speaker, they don't want to stand up and defend this Bill, because they know it's regressive. They know it's wrong, and they know it imposes a hardship on the people of this province. This Bill, Mr. Speaker, this Bill is going to sit on the statute books of Saskatchewan when it's passed for years to come.

**An Hon. Member:** — Not many years.

**Ms. Simard:** — No, we may repeal it, but it will be there in black and white. But, Mr. Speaker, let me tell you, it is going to remain a symbol of how this government has — how low it has stooped. It's going to remain a symbol of their insensitivity. It's going to remain a symbol of how out of touch they are with the people in their own constituencies, as we heard from the member from Indian Head-Wolseley this morning who said he only heard from a little handful of people in his riding about it — it's all falling into place and it's doing very well. Well I tell you, Mr. Speaker, there are thousands of people out there in the province of Saskatchewan who are against this legislation, and the member from Indian Head-Wolseley is so out of touch, Mr. Speaker, so out of touch with the people of the province of Saskatchewan that we heard him say this morning, it's falling into place; it's doing it very well; nobody comes and complains to me.

This Bill, Mr. Speaker, is a symbol of the fact that the PC government and the PC MLAs in this province have abandoned the sick and the elderly in this province; it's a symbol of their untrustworthiness, the fact that they made promises to expand the prescription drug plan, to expand medicare. In 1987 those promises mean nothing. It's a symbol of their untrustworthiness. It's a symbol of their arrogance, inasmuch as they have money for their Tory friends and they don't have any money for the sick and the elderly in this province. It's a symbol of their sell-out to Brian Mulroney and Ronald Reagan inasmuch as they agree to drug patent amendment legislation that's part of a trade pact deal that's going to sell out the country of Canada. It's a symbol of their incompetence and mismanagement because the sick and the elderly and the people of the province of Saskatchewan are having to pay for their \$3.4 billion deficit.

And, Mr. Speaker, on behalf of the sick and the elderly people in the constituency of Regina Lakeview, and on behalf of others in the constituency of Regina Lakeview who still feel very co-operative, understanding and compassionate towards their neighbours, Mr. Speaker, and on behalf of thousands whom I know do not approve of these new prescription drug amendments, I oppose this Bill, and I adamantly

opposite it. Thank you.

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

**Mr. Mitchell:** — I am heartened by the round of applause on both sides of the House. I enter this debate to add a couple of matters that I think are new, in the sense at least that they haven't been talked about in the last couple of days.

One that that I want to tell members about is a story that has been recurring. There are reports, over and over again, of the incident that I'm about to describe. Some of these reports come to me indirectly through druggists at drug stores, and the story — the typical story involves a person who goes into a drug store with a prescription in his or her hand, takes it in, it's a prescription of course from a doctor, prescribed not for the fun or it but prescribed because there's something wrong, because that person needs a particular drug to treat a particular illness or disease.

The person goes into the drug store, presents the prescription to the druggist and waits while it's being filled. The druggist then present the patient with the bill. Patient looks at the bill, realizes for the first time how much the drug is going to cost, and realizes that he can't pay for it, so he turns around and walks out and leaves the prescription on the counter.

It's happened over and over again according to the reports that are coming to me and to other members of my caucus, and no doubt to the offices of members opposite. These are the real victims of the policy that's being debated in this Assembly. And these are people who are not storming the citadels; they're not phoning us; they're not phoning the Minister of Health. They're just people who have undergone the personal, private humiliation of having gone to see a druggist to obtain a necessary drug and have had to leave in great personal shame and humiliation because they don't have the dollars to pay for it.

Now that's a situation that this government has created, and it's a situation that they should be ashamed of. People ought not to have to go through this kind of personal humiliation and degradation. It's one thing if you live in a province where you've never had the benefits of a prescription drug plan of the sort that we've had in Saskatchewan. And for people that have to live under that kind of regime they know that when they go into a drug store to buy drugs that they're going to have to pay cash on the barrelhead. So they find out in advance what amount of money is going to be necessary to buy the drugs.

But not so in Saskatchewan. I mean our people have become accustomed to paying a prescription fee and that's all, so that for them they go in and they're presented with a bill and they have no idea, Mr. Speaker, whether the bill is going to be \$10 or \$100 — no clue at all. The doctor doesn't discuss that with them. All the doctor says is, if you want to get well again, if you want to stop being afflicted by the particular affliction that you've got, then you've got to take these drugs. That's all they know. And when they're presented with the bill, as I say, they realize

for the first time that they can't afford that drug, so they turn around and walk out.

How do members opposite answer that? I mean, are we just going to say to those people, well it's a tough world, and find some other way of getting well? That's no answer for these people, and we in this province, at this time in our history, just ought not to be economizing in this particular area. We ought not to be economizing with respect to people's health and that's, it seems to me, the essence of the problem that the government has created by the plan to change The Prescription Drugs Act.

The member from Weyburn, in that interesting address last night, seemed to be telling us that the problem in Saskatchewan is we've got this ageing population. And I thought as he spoke of the address of the minister from Moose Jaw South last night where he had these roving bands of senior citizens running around with prescription pads in their hands, writing out their own prescriptions and taking them to drug stores and thereby putting great pressure on our health plans in Saskatchewan by increasing the costs of the drug plan.

And of course that's just not the way these things work. People don't write their own prescriptions. People get prescriptions from doctors, and they get them because there's something wrong with them. People don't go to a doctor and say, doctor, will you please give me a hundred capsules and so and so, of this particular kind of a drug, and the doctor then says, fine, sure I'll give you the pills you need, and the person then goes out and raids the pharmacy to get these pills that aren't necessary.

People are prescribed drugs by doctors, and they're prescribed drugs because they need them. So it's just not at all fair for the minister from Weyburn to say that one of the objectives of the government policy is to get at the over-user, the person who uses too much drugs, too many drugs. And that is not a fair description of the problem. People don't use drugs just for the fun of it, they use drugs because they're prescribed and because they need them.

And if we're going to try and economize and cut back expenses, that is not the area where they should be cut. We should find other areas, and we on this side of the House have suggested countless ways in which that could be done that wouldn't hurt the ordinary people of this province in one of their very essential parts of their lives, namely their own health.

How does the government opposite expect the ordinary people of this province to be able to absorb the burden of this drug plan as they have not amended it, or as they have now recast it?

Let's review the numbers. They've been reviewed before, Mr. Speaker, but I want to go over them again because they're so important. First of all, the first \$1125 that the average family spends in a year has to come out of their own pocket, and after the \$125 has come out of their own pocket, then they have to continue paying for their drugs.

And let's use, as an example, a family that has an asthmatic child in the family, and this is not a unique example, as I've learned. I mean, I didn't realize that there

was so much asthma in the west end of Saskatoon as I have since this plan came into effect. Their costs for drugs run in the neighbourhood of 90 to \$100 a month — 90 to \$100 a month. So let's use that family as an example. The first \$125 comes out of their own pockets; the next \$100 comes out of their own pockets for the next month's drugs, and then they parcel up that claim and send it in.

There's about a five-week turn around in the processing of those claims before the money gets back to the individual, so that they probably are into the next month and have had to put up another \$100 before the first 80 per cent flows back to them.

(1245)

So they're out of pocket about \$325 before the first \$80 tarts coming back. And then they'll get through the rest of that year getting \$80 back for every \$100 spent, and then they come to the end of the year and they start over again. And this exemption, this deductible, this \$125 is not something that happens once in a lifetime — happens every year. So the next year they have to start all over again, Mr. Speaker.

And the reality is, as I've said in this House before, that the people simply don't have any spare money. And I'm not talking here about social welfare recipients. I'm talking about people who have full-time employment, and they don't have any extra money. Now that's a fact, just go down any street in any average residential neighbourhood in this city, or in Saskatoon, or in any other city, and you will find that the people are spending all of their incomes. All of their incomes are earmarked for rent, for transportation, for the education of their children, for food, for clothing, and for other necessities. They don't have \$325 that they can just come up without great personal sacrifice in their own families. They've got to take it from somewhere else and start spending it on drugs. And it's causing a great deal of discomfort.

Now I've had cases come to me, Mr. Speaker, where the people are earning good incomes, may have a family income of \$40,000. Now members in this house can say that people who earn \$40,000 ought to be able to put up something towards the cost of their own drugs. And of course at one level I understand that, and I agree with it. The point I want to make is that that family earning \$40,000 has been earning that for some time and has an expenditure pattern that's been established in that family, and all of that money is being used. And by the introduction of the amendments to this plan, what the government has done is say to that family, you have to reorder all of your priorities. You have to remake your budget, and you have to allow for spare cash to pay for your drug plan. You have to pay for the original \$125. You got to pay for 20 per cent of your drugs after that, and you have to be able to put the money up front on the barrelhead while you're waiting for the refunds to come from the government. And it's causing great dislocation, and I know you're feeling the heat.

I mean I know that . . . I don't know where this chap from Indian Head hangs out during the days, but I know other members in their constituency offices are getting call after call after call. And some of those calls aren't so friendly;

some of them are fairly abusive. Some confrontations in coffee shops in this province that we've heard about aren't friendly either. They tend to be fairly abusive. Some of the things that are said about these members to their faces on the streets of this province would curl your hair.

To think that our population would be saying those things about elected members of a legislature. And this is the issue on which they focus more than any other — it's the only one by any means — but this has become the focus of a lot of criticism of this government, and it's well deserved — well deserved criticism at that.

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

**Mr. Mitchell:** — Now we raised these problems over and over in this House and we raised them, in particular, in question period when these complaints started to come in. And the answer that we got from the Premier, and the answer that we got from the Minister of Health, was that we're going to set up a committee; we're going to set up a committee and these hardship cases can be referred to that committee, and the committee will have the capacity to be able to fix up these hardship cases.

So we were invited to refer our hardship cases to the minister. And we told people who complained to us to send it to the minister. And if it came to us in a written form, we would pass it on to the minister. Now, I don't know about the rest of the members in this House, but of the complaints that I have referred to that minister, or the complaints that I know have been made to him and referred to that committee, not one of them, not one of them have resulted in any relief — not one. In all of Saskatoon, to my personal knowledge, I know of one case where one claimant got relief, and he has to pay 20 per cent of his bill rather than the 80 per cent. That's my information. Now there's one case out of the whole of the city of Saskatoon.

What kind of relief was that? In fact, Mr. Speaker, it was no relief at all. In fact, we were just being sold a bill of goods in this House by the Premier and the minister pretending that this committee was going to relieve against hardship cases, and it didn't do it. And it's still not doing it.

The point was made in question period today that the committee is working without hearing from these people. To my knowledge they're not even investigating the circumstances. I've had people contact me and say that they got a decision from the department about their particular case, but they had never been contacted for any information. They were never contacted to verify any of the information that came forward. They were merely informed that they were being put on this priority mail service or priority envelopes or something like that. The effect of which is you could get paid every week.

Now that's not any answer to these people; that's not any answer to this problem. The problem is that these people have got health problems that requires them to take drugs that cost an awful lot of money, and they don't have the money to put up front to obtain those drugs. That's the problem, and the committee is no answer to it.

I suggest to the Minister of Health that he get a hold of that committee and try to impress on it that he had a different expectation from them than they have delivered. He had the expectation which he told us about in this House, that this committee would be able to hear hardship cases and fix them up, that hardship cases would find relief by contacting the minister, that this committee would hear their cases and provide relief where relief was justified. And I say to the minister that it hasn't worked, and he knows he hasn't worked, and I'm asking him to do something about it.

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

**Mr. Mitchell:** — If he's got people on that committee who are so stubborn that they won't listen to his instructions about what they're supposed to do, then fire the committee and appoint a new one. But for God sakes, give the people of Saskatchewan some relief in hardship cases.

Now I have a number of examples of people who have contacted me with drug problems, and I just want to refer some of these to the minister and to the House, Mr. Speaker. There is, for example, a woman in Saskatoon who suffers from crippling arthritis, complicated by kidney problems and high blood pressure, and she has been under treatment for many years and a number of drugs have been prescribed to treat her condition. Her drug bill averages \$300 each month. Her income is \$1,500 a month, and she has a family and all of her income is spoken for, Mr. Speaker. It all goes to the things that the families of this province spend money on.

She's now faced with having to . . . when she contacted me, with finding the \$300 to put on the barrelhead, as I call it, while she's waiting for the refunds to start to come. But even so, she's going to be responsible for 20 per cent of that \$300 on an ongoing basis for the rest of the year, after she's got by her deductible period. And then she doesn't have to worry about it till the year goes by, and then she has to face another deductible period and the delays that I spoke about earlier.

Now she wrote to me in terms that I want to share with members of this House. This is a person whom I do not know, and I still don't know except through the correspondence that I've had with her. She says that . . . she talks about the fact that her husband brings home about \$1,500 a month.

We just can't make ends . . . (I'm quoting now from the letter, Mr. Speaker) . . . We just can't make ends meet any more, with house payments, taxes, and school. We don't have enough left to clothe and fee the family properly any more. I don't know what will happen when the weather gets cold and the gas bills go sky-high.

Instead of going ahead we're going backwards. If this government stays in much longer we'll all be in the poor-house. We were much better off before. At least we knew where we stood. And the home improvement plan, what good is it? Only the rich benefit from it, other people can't come up with the other half of the money anyway. This is

the reverse of Robin Hood, taking from the poor and giving to the rich.

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

**Mr. Mitchell:** — Now I referred that case to the minister on September 3, and I received an acknowledgement from the minister that told me that he had established a review panel which would be assessing those people who are having difficulty with the changes to the Saskatchewan prescription drug plan.

Our intention is to then address any truly unique situations in the most caring and helpful way possible.

Well my goodness, the most caring and helpful way possible! Person with a \$300 a month drug bill, with a family income that doesn't cover their existing expenditures.

. . . and to this point I've had no response. Now no doubt the committee has decided what to do but I have not been informed of that decision.

But in any event, this woman continues in Saskatoon faced with these drug bills and unaware of what help, if any, she's going to receive from the government. Based on the track record thus far she won't get any help at all. Based on the track record so far she will receive a letter from the minister's office advising her of this priority post service so that she can send in her weekly drug bill. Well she doesn't have a weekly drug bill; she has a monthly drug bill — \$300 it costs her to have her prescription renewed. Well that's no help to her at all. And here she is, a truly unique situation, and I insist that she be treated in the most caring and helpful way possible. And the minister's not doing it.

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

**Mr. Mitchell:** — Another family in my constituency — one of those situations where a child has an asthmatic condition. The drugs prescribed for this particular boy amount to \$193.48 per month. Now this is a family where the father has just started a small business — just started a small business. That should be something that appeals to the ears opposite. The mother is on maternity leave. And this family suddenly finds that it has to shell out \$193.48 on the barrelhead at the first of each month. Now I've referred that case to the minister some time ago. There's been no answer from the minister's office or the minister's committee on the disposition of this case, that I know of.

Now I want to refer the minister to another problem where I did get an answer from the committee. This was a case of a woman who was suffering from a brain tumour, and the brain tumour is controllable by medication. Her husband earns the grand sum of \$800 per month — \$800 a month. That's the family income. They have children. They're not on welfare and they're struggling to stay off welfare. Her drug bill is \$112 a month. That was referred to the committee. There was no investigation; there was no verification; nothing was done. The decision was that she would be put on this priority service envelope system. Every week she can send in her drug bills.



Now if she is not a truly unique situation, then what in the devil does it take to constitute a truly unique situation?

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

**Mr. Mitchell:** — And to have the audacity to suggest that her case was handled in the most caring and helpful way possible, just leaves me breathless. That is not caring and that is not helpful by any possible definition of the term, and this lady is outraged. Their only way they can cope with this situation is to try and get on welfare, which will mean that this man will leave his job; the family won't have any income; they'll become a ward of the member from wherever it is who . . .

**Mr. Speaker:** — It being 1 o'clock, this House now stands adjourned until Tuesday at 2 p.m.

The Assembly adjourned at 1 p.m.