

EVENING SITTING

MOTIONS

Resolution No. 3 — Crisis in Health Care (continued)

Mr. Trew: — Thank you, Mr. Speaker. The resolution that we are dealing with today is:

That this Assembly condemns the Government of Saskatchewan for its arbitrary, unilateral, and harmful cut-backs and changes to health care services, which it has imposed without public consultation, and which are causing a crisis in Saskatchewan's health care system; and further condemns the Government of Saskatchewan for its failure to develop and pursue a long-term strategic plan for the positive improvement of Saskatchewan health care services.

Mr. Speaker, before 5 o'clock I'd just nicely broached the subject and was just starting to get into it. I am pleased to be back to present the main portion of my comments this evening, sir.

We have got a health care system that has now, definitely, a two-tier health care system — two-tier, one for the rich, one for the poor — two-tier health care system, Mr. Speaker, in that if you have money you can hire the additional help that is required that hospitals simply don't have the money to fund. If you are one of the working poor or if you are on welfare, you simply do not have the funds to hire a private duty nurse.

The problem is, Mr. Speaker, that we have witnessed now over seven years of accelerating staff reductions at our hospitals. We are now seeing nurses that have been cut back to the point that often there is one nurse for 30 patients, one nurse covering a whole ward.

And as I pointed out before 5 o'clock, if so much as one patient of those 30 is in any sort of difficulty, the nurse is quite properly and rightly with that one individual. That leaves the other 29 patients sort of at the mercy, because they just cannot get the help. No nurse, no human being, can be two places at the same time. It is just physically impossible.

I think it's a real tribute and a real credit to the nursing profession in Saskatchewan that they do handle situations as well as they can, and as well as they do. They are a real credit to our society. I only wish that they didn't have to struggle on under these increasingly difficult circumstances. Indeed, Mr. Speaker, many of the nurses also believe that they should not be struggling under those conditions. Many of them have joined the thousands of people that are fleeing Saskatchewan, fleeing the bankrupt policies of the government members opposite.

It's a real shame, because it leaves our province the poorer. We are losing women and some men of very professional stature, but young professional people who want a chance to have an impact on the world, want a chance to do the best work they possibly can, and they're

increasingly realizing Saskatchewan under the Conservative government is not the place that they can do their best work.

So what's the record been, Mr. Speaker? We see hospitals with a waiting list that seems to grow and grow and grow. We see long, long waits for hospital beds. We see surgery that is delayed and put off time and again, simply because there is not enough spaces. This is the legacy after seven sorry Tory years.

Seven sorry Tory years and we have a waiting list in excess, well in excess of 12,000 people between Saskatoon and Regina.

I was talking with a former minister of Health who had been minister of Health in the NDP years, the Blakeney years through the 1970s. That minister of Health told me that one time the waiting list got up . . . It was quite noticeably above 2,000 people, noticeably above 2,000 people. The premier of the day called that minister of Health in, put him on the carpet, and said, this is unacceptable; we will not tolerate that high a waiting list. The minister did his best to explain what the problems were. The premier, Mr. Blakeney, the premier of that day, said, it is simply unacceptable; you have got — and he gave him a limited number of months — to get the situation in hand, to get the waiting list down below 2,000, or else the then premier of the day would simply find a new Health minister.

We have not seen any such action from the current Premier. Indeed he seems to see no evil, hear no evil, speak no evil. They keep talking about world-class health care. Unfortunately world-class to them seems to mean, well, let's be just like the Americans, let's be just like the Americans. What a sad commentary when we have been leaders in North America in health care.

Socialized medicine, or medicare, started right here in Saskatchewan, and we're very, very proud of it and rightly so. The people of Saskatchewan are very proud of it. It is with their combined efforts along with the government of the day that had the vision to implement it. I'm talking, of course, of the CCF (Co-operative Commonwealth Federation), the Tommy Douglas era. They implemented medicare, and that has truly been my party's greatest gift to Canada — medicare.

And yet the Conservatives opposite would have us think that the United States is the model to follow. A model where there is over . . . What are the numbers? Forty million?

An Hon. Member: — Thirty-six million.

Mr. Trew: — Thirty-six million. Thirty-six million Americans do not have even the basic health coverage — 36 million Americans. Some of them are working but not . . . obviously not the working rich, they're the working poor. But any time you can have over 10 per cent of a country's population not covered with even the very basic health care coverage, you've got a tragedy.

That is happening at a time when the Americans are

spending over 50 per cent more per person on health care than we are spending here in Saskatchewan — over 50 per cent more, and for much less coverage.

We all know the horror stories of friends or relatives that went to the United States, got sick, were presented with a hospital bill longer than three arms together, and much bigger than that. We all know those horror stories; we hear them daily.

But occasionally I hear a story of an American who has come up to Canada, wound up getting sick, wound up in the hospital for whatever the period of time, were cared for, and were astounded when they were presented a bill on discharge at how low it was, but were equally astounded that they weren't presented the bill and told, well you have to pay it before you get out. They were presented the bill and asked to pay it in good faith. And they are very, very much in favour of our health care system, all those people who have had to use it.

And now we're seeing us sliding into the American system, simply for a lack of government attention; simply for a lack of a long-term strategy to provide the best possible health care for the people of Saskatchewan.

I will be talking a little bit about some of the changes that have been made, of course — the dental plan, the children's dental plan and the prescription drug plan, and what has been happening with regards to medical training.

I want to explode one myth that government members opposite keep talking about, saying, oh we're spending more money on health care now than ever before. Well they're saying that in an attempt — that is failing, but an attempt nevertheless — to justify their cut-backs in health care. First they're trying to argue that the health care costs are spiralling somehow out of control, and that it now accounts . . . They say it now accounts for a larger portion of total government expenditure than at any other time previous in Saskatchewan's history. The second argument government members opposite will make is, they try to argue that, despite the cut-backs, there's more money being spent this year than there was last year.

Let's have a look at it. Let's see what's really happening. Over several years, the PC government has shifted many of its programs and its expenditures out of other government departments and moved it into the Department of Health. Let me give you a few examples, Mr. Speaker. Continuing care expenditures used to be funded through Social Services. Now those continuing care expenditures are funded through the Department of Health.

The minister's salary used to be funded through Executive Council. Now the Minister of Health's salary is funded through the Department of Health. We get no more service; indeed, many of us will argue we get much less service out of the current Minister of Health, but the Department of Health winds up paying what previously was paid by Executive Council or reported in a different department.

The routine support services which used to be funded

through supply and services are now funded through the Department of Health. Those and a few other changes, items that have been transferred into the Department of Health for budgetary purposes, amount to more than \$240 million a year — \$240 million, not of new services or anything like that, simply some fancy accounting from the . . .

An Hon. Member: — Creative accounting.

Mr. Trew: — Creative accounting which we have grown so accustomed to in these seven sorry Tory years. Creative accounting that is nothing more than smoke and mirrors — nothing more than smoke and mirrors.

On a simple comparison, Mr. Speaker, from previous governments to now, the health care spending is going down under this administration; certainly, the care that Saskatchewan residents are no longer enjoying has deteriorated in the last seven years. We can talk numbers. I can talk about \$240 million that was transferred into the Department of Health budget, but what does that really mean for my constituents, the constituents in Regina North, and the other Saskatchewan people? What does it really mean?

Those who have had anything to deal . . . anything to do with a hospital in recent years know exactly what it is I'm saying. They're seeing fewer nurses; they're seeing a crisis in the health care system. They know what health cut-backs are all about. They're witnessing it every day that they have a family member or a friend who is in the hospital, or if they're in the hospital themselves, of course, they witness it very much first hand. So the people of Saskatchewan don't need to hear about the \$240 million transferred, they simply need to have their eyes open, and many of them do. They see the deterioration of the health care system.

So the cut-backs in our health care system, Mr. Speaker, have imposed a great deal of hardship on Saskatchewan families, but particularly on those who need medical services and are least able to pay for it; because I've always believed that the time to present someone with a bill for their health care, their hospital bill, their doctor bill, is not when they're sick, not when they're unable to be earning money. The time to present the bill is on an ongoing basis. That's why we have health care insurance funded through our taxes.

I am delighted — I know many viewers would be surprised to hear anyone say they're delighted to pay taxes — but I am delighted to be in a position to enjoy the good health I do, to be able to pay the taxes so that others can have necessary services like health care, like the prescription drug plan, like the children's dental plan — and indeed, if I may stray marginally for a few seconds, like education and like highways and like our social services system.

I'm happy to do my part to fund that through the taxes, and I've always felt that way, Mr. Speaker. I've been blessed with some very good health thus far in my life and indeed, I hope that it continues.

(1915)

The cuts to the prescription drug plan are causing very severe financial stress, severe stress to thousands of Saskatchewan families — I have some numbers that I'll be sharing with you a little bit later — but those families that are now paying the up-front cost, now paying 20 per cent of all the cost of prescription drugs. They know who they are. They know when they go to the drug store and they're dreading having to purchase those prescription drugs because of a lack of money; they know they're the ones I'm talking about that are hurting.

And it's thousands, literally thousands of families across Saskatchewan. There are many, many other thousands of families who it doesn't hurt to spend 50 or 100 or \$200 on a prescription.

But what of those in our society who truly cannot afford it? We have changed from a prescription drug plan that was universally accessible to everyone, to one that now favours wealthier people, and that's really a shame.

Mr. Speaker, it really puzzles me when I see an election advertisement, "It's time for a change, a PC government will (and of course this was from 1982, one of the things) improve medicare." I ask, have they improved medicare? Indeed medicare seems to be on the bob-sled run and I don't know if we're half-way down, a third of the way down, three-quarters of the way down, but we're certainly on that bob-sled run. Our medicare system, as Saskatchewan people understand it, is in a crisis. We're on that bob-sled run down. And I suspect that the only thing that's going to change that is after the next election when the member for Riversdale becomes premier, when we get a health minister committed to the people of Saskatchewan, committed to delivering first-rate health care.

The ad for, "It's time for a change, a PC government will . . ." also promised to extend the drug plan coverage, plan to include all prescription drugs. Well isn't it interesting that the promise could be to improve medicare, to include all prescription drugs, and what do we see? The formulary has not increased. The formulary, as you will know, Mr. Speaker, is the list of all the prescription drugs that are covered under the prescription drug plan, and not all prescriptions are covered. I'm not going to get into a great, lengthy dissertation on that, but not all drugs are covered. Many, many, many are — indeed I think most drugs are — but all prescription drugs are not covered.

And on top of that we now have got this policy that forces people to pay 20 per cent up front. Indeed they pay 100 per cent up front until they've reached their deductible — 100 per cent of the cost of prescription drugs until they've reached their deductible. That's this great improvement from the wizards opposite.

I wonder how it is, Mr. Speaker, that for 11 straight years, 11 years of a socialist government, we had balanced budgets; the prescription drug plan was introduced, it had a nominal dispensing fee; health care was there. We had all kinds of things going for us. Unemployment never, never reached the crisis proportion it's at today. But 11 straight balanced budgets, 11 years of very good health care coverage, indeed, health care coverage that was

being extended all the time . . . And now we've had seven sorry Tory years of health cuts. We've seen two years, for example, we've seen two years of the children's dental program chopped off, two years of coverage chopped off — the years when the children are age 15 and 16, lopped off.

Previously the dental plan was expanding, not contracting, but expanding because we had a government that was committed to managing Saskatchewan's affairs in an honest, straightforward, forthright manner; a government not interested in simply lining its own pockets or the friends of members, but a government committed, truly committed in the finest sense of the word to the people of Saskatchewan. And it's a real tribute to Al Blakeney that we had so many strides forward during those years.

Indeed I look forward, I look forward to the coming decade, the 1990s and beyond the year 2000; and it will be most interesting to hear someone stand up in this House in the year 2020, and say, what a tribute to the member for Riversdale that Saskatchewan is again a good province to live in — again a province where health care is accessible for all; a province again where, hopefully, things like a dental program will be expanded; hopefully, a province where we will have more than 400 people working in a children's dental program.

I would hope, Mr. Speaker, that we could expand that to include seniors, and ultimately the whole population. There are countries in this world that provide dental care for everyone. I sincerely hope we can move in that direction, but first we have to get . . . Well first we have to form the government; then we have to get the financial affairs in order; and then take it one step at a time. I very much look forward to that.

I've been talking about the children's plan privatization program that resulted in 400 dental plan workers being fired. It also, Mr. Speaker, eliminated 578 school clinics in 338 Saskatchewan communities, and those cut-backs to that plan have very much hurt rural Saskatchewan. I would submit more so than urban Saskatchewan, although I confess it was much handier knowing that when my children went to school they would get their teeth looked after there. Now we have to take our children to the dentist. It means some time off work. It's either my wife has to make the trip or I have to make the trip. And we have both had our turns at it, and I am sure we will continue to do it until we can again create a good children's dental program.

When I was growing up, Mr. Speaker, we were some 65 miles, or stated another way, nearly 110 kilometres from the nearest dentist, and it always shocked me that my class-mates, many of them did not receive dental care — many did not. We went every year faithfully. We made the 65-mile, one-way trek — the whole family piled into the car, I and my four other brothers and mother and father, and we had our teeth looked after. But we were the fortunate ones, and I guess that's why the children's dental program was set up to be a school-based program, so that all children could enjoy the benefits of good teeth.

These cuts, as you know, do not promote good, good

teeth. The government talked about all the dentists who were going to open offices throughout rural Saskatchewan, all the dentists' offices that were going to be opened. I believe in Gravelbourg the story is that the dentist is probably still in school. But the question the people in Gravelbourg are asking: is that dentist in medical school, high school, grade school, or kindergarten? They have been waiting indeed a very, very long time, and it doesn't look like there is going to be a dentist arriving there.

And that story can be repeated in many, many communities throughout the province; communities that government members would have had us believe were just weeks — not months, but weeks — away from having a dentist set up shop in their community. And of course it's not happening. It is not happening.

The underfunding, Mr. Speaker . . . I'm going to turn now to the hospital underfunding. The underfunding and understaffing have caused a crisis. I've talked about the waiting list. It's climbed to over 11,000 people in Saskatoon. Some of those, Mr. Speaker, are cancer speakers. Despite the fact that we have a waiting list in excess of 11,000 people in Saskatoon, the government continues to close beds in the summer-time, continues to close beds. It clearly does not demonstrate a great deal of commitment, Mr. Speaker, to the health care system.

Indeed, I look forward to the member for Weyburn entering this debate. I sincerely hope that he will allow me to continue my debate, and then you can take your rightful place when I am finished, sir.

The Speaker: — Order, order. The hon. member has been kind of carrying on his own separate debate simultaneously, and I'd like to ask him to allow the member who has the floor to continue his debate.

Mr. Trew: — I thank you very much, Mr. Speaker, for that ruling. The PC betrayal, Mr. Speaker, outlines how the priorities have gotten all fouled up. In tough economic times it's especially important that the government has its right priorities. When you're dealing with limited resources, or limited amounts of cash flow, it is imperative that a government make the wisest choices possible.

The government in Regina has clearly become very remote, out of touch; indeed, I can't image a government more out of touch with reality. Government members would have us believe that every farmer in Saskatchewan, the most burning issue in their mind is whether the bell-ringing rule will be changed or not. Well I don't think that any, any, even any Tory was elected to government to deal with the bell-ringing motion, and yet day after day they keep bringing that up. They're not listening. I can't believe that any farmer thinks that's the number one priority.

Day 45 came before we saw the very first Bill dealing with agriculture introduced in this legislature. And every day the government sets the agenda. They bring forward the list of agenda, list of items to be discussed that day; every day that happens. Despite that it took them 45 days to get to the first agriculture Bill, the first Bill dealing with

farmers, the first Bill dealing with that important crisis area of our Saskatchewan. And every day from here on in, the government are the ones who bring forward the agenda. We should be debating agriculture; we should be debating health care — not the rules.

This government, Mr. Speaker, chose to spend over a billion dollars on a political boondoggle in the Premier's riding, the Rafferty dam project, broke the law in the process — couldn't even follow their own laws, but chose to spend a billion dollars on a plan that was illegal, and yet ignore health care; make cut-backs to children's dental program; they make cut-backs in the prescription drug plan.

They have underfunded hospitals to the point that hospitals are now setting up lotteries, if you can imagine, lotteries asking, begging people for money. They're sending beg letters, Mr. Speaker, to people who have been in the hospital, saying, we hope you appreciated the service we were able to provide; if you just divvy up a little bit more cash, we might be able to provide even better service in the future. Beg letters, Mr. Speaker, done in the poorest of taste possible. Hospitals should be funded through taxes and paid for as we have the ability to pay, not paid for through beg letters.

And then in the latest budget, we see the wizard of Finance now taxing those very lotteries that the hospitals are using so that they can fund themselves — taxing the lotteries.

It's a government totally gone astray. It's a government spending \$34,000 a day on empty office space and continuing to do that; spending more than \$20 million a year on advertising. Indeed, I think that has risen drastically this spring. I'm not sure whether it's safe to say it has doubled, but certainly we are being bombarded with government ads day after day after day.

It's a government whose priorities are clearly out of touch with the people of Saskatchewan, clearly out of touch with the needs. It's a government that has betrayed Saskatchewan's health care with the wrong priorities and the wrong choices, and that's a sad and dismal betrayal of the people of Saskatchewan.

(1930)

Mr. Speaker, I promised I would have some money regarding . . . or some figures regarding . . . I don't have any money but I have some figures regarding money for the prescription drug plan. Families are spending an additional \$144 per year, on average, for the average family of four, just because of the changes in the prescription drug plan. One hundred and forty-four dollars for that one change, from a simple dispensing fee to a straightforward, you pay the full amount until the deductible is paid and after that you pay 20 per cent of the prescription drug cost. But it amounts to \$144 for the average family of four in Saskatchewan.

I've talked about young people and old people and what the changes mean. Picture an elderly person; picture some of the government members in not very many years, on fixed incomes. Maybe that's a bad example because

their incomes will be fixed but much higher than many others. But picture retired people on fixed incomes having to purchase their prescription drugs, going through . . . perhaps it's heart problems, and heart medication is very, very expensive. But if it isn't a heart problem, it could be any number of other ailments — high blood pressure, kidney disease, could be anything. And out of a very fixed income they're expected to pay increasing amounts for their prescription drugs. We say that's not fair, Mr. Speaker, and we would like to be able to change that.

Mr. Speaker, I was talking about governments forcing hospitals to go begging, forcing governments to go start up lotteries, start begging for money, charity, pleading with ex-patients for money. This government no longer helps hospitals with equipment and staffing costs when it contributes to the capital costs to fund new hospital construction. Those other things are left for the hospitals to fund on their own, and that's why we have the charities.

But a building, a shell, isn't much value if you can't even put a bed in it, if you can't put a night table, if you can't put a wash room in it, that hospital bed is . . . or hospital building is virtually useless. What good was the new wing of the Pasqua Hospital right here in Regina when it sat empty for months while the hospital was trying to scrounge up the money, just enough money to furnish it? And they were also at the same time trying to hire nurses, nurses who by and large are fleeing the province. And so the building sat empty for quite a number of months. And at the Wascana Rehabilitation Centre it is the charitable donations that are furnishing and equipping the children's therapy area.

Saskatchewan families, Mr. Speaker, know that the disabled in our province deserve better than that. They deserve much better than that, but the needs of the handicapped are ignored. The needs of the people are being ignored. The special assistance they need to live their full life, their full, independent lives, isn't nearly as important to this government as is the \$9 million birthday party or the \$40 million worth of Highways equipment that was sold for a song. It isn't nearly as important as a quarter of a billion dollar gift to Weyerhaeuser of Tacoma, Washington. They got the entire pulp mill, and they got vast timber reserves throughout northern Saskatchewan — vast, vast, thousands upon thousands of acres of timberland, prime timberland given to them, while hospitals have to go begging for simple things like hospital beds, simple equipment for the hospitals. They have to beg, literally ask, plead, beg with generous people to provide it.

But you know, I think that the people of Saskatchewan at one time were incensed. I think they were truly very bitter, very bitter towards government members and this government and its actions, but I think that that has to some extent disappeared. And I say this because I truly think that now the decisions have all been made. People are just simply waiting for the opportunity to pass the judgement. They're simply waiting for the Premier to call the next election; the judgement will be passed.

The people of Saskatchewan have given up trying to get

through to this callous and uncaring government, this government that for some weeks now we have just been lurching from one crisis to another here in the Legislative Assembly. The people of Saskatchewan see it. The people of Saskatchewan know that it is not right. They know it shouldn't take a government that controls the agenda 45 days to introduce the first Bill dealing with agriculture — agriculture, the one part of our province that the Conservative Party would have us believe they have locked up, they control, they understand.

Farmers are seeing through it in increasing numbers. If government members don't believe me, I urge you: ask your Premier, call an election. I'd be happy to go, be happy to have those farmers decide the fate of the government and decide who the next government is going to be. I'd be delighted to have that happen. But the anger has largely turned to just a decision having being made, just waiting out the time now.

Mr. Speaker, it is a pleasure for me to be seconding this motion because it's such an important area. And I think that what the government is doing . . . I was thinking about it over the supper hour and was doing a little bit of reading earlier in the day and was reading some articles out of newspapers. And, you know, health care has been conspicuous by its absence for some time now. And I think it's a plot, perhaps, from government members.

The first year, from October 1986 to the next fall, health care predominated this legislature. There wasn't a day went by when there wasn't several people giving major addresses regarding the state of our health care system. In those days, government members opposite would at least try and defend their actions. That's disappeared. But I think that the realization struck home, that they are just in Never Never Land with regards to the people of Saskatchewan's trust in that government to deal with health care.

So we haven't been dealing with health care. Instead we've been dealing with motions of privilege — two of them dealing with a cabinet minister who made some very serious allegations about a servant of this Legislative Assembly, made them in here where he has immunity but refused to repeat the comments outside where he could be subject to prosecution through the judicial system.

So we are lurching from crisis to crisis. We've had Rafferty; we've had the Provincial Auditor affair; we've had the Northern Lights game farm; we've had any number of crises here in this provincial legislature in recent weeks, and it all keeps us away from talking about health care. That, Mr. Speaker, is part of why private members' day is so important. It is our genuine opportunity to control the agenda, to talk about the issues that are important to us and to the people whom we represent. We think it's important to all of the people of Saskatchewan. Indeed, I don't think anybody would deny that health care is that fundamentally important.

So we've seen health care deteriorating, we've seen hospitals promised in quite a . . . It's actually a fairly short list, but in a number of communities throughout Saskatchewan. We've seen promises made in 1985 for hospital construction, and they're still waiting — they're

still waiting, those people are waiting. I suspect they're going to be waiting . . . Those hospitals will be again reannounced in the months leading up to the next provincial election.

But you know, Mr. Speaker, it's kind of like the town that I grew up in. In 1964, Ross Thatcher's Liberals paved the highway. They were actually within 10 miles of my home town, and the paving crew was parked at the side of the road the day before the election, and they sat there. Then the election day came around, Ross Thatcher and his Liberals were re-elected. The next day that paving crew disappeared — gone.

Then in 1971, again came the Liberal promises; again came the promises of highway construction. This time they brought the crew in, started paving, it stopped about half of that 10 miles to Beechy. It stopped and it was just too late; it did not matter.

The people of my community overwhelmingly passed the verdict. They said, you fooled us once, shame on you; fool us twice, shame on me — and you're not going to fool me twice.

That's what, I submit, is going to happen in those communities where the hospital construction has been promised. The people of those communities will be saying to their local MLAs, fool me once, shame on you; fool me twice, shame on me. In other words, they're not going to give you that second chance to fool them again.

I wonder if the Minister of Health or any of the government members asked the families and the friends of the sick or elderly people in this province if they wanted those arbitrary unilateral changes made to our health care system. I wonder if they asked those people.

I somehow can't believe that there was any serious consultation made with people before the children's dental plan was so drastically changed. Nobody would be in favour of that, Mr. Speaker.

I can't believe, judging from the response we got when we fought the prescription drug plan, I can't believe that any government member seriously asked anyone whether they wanted those changes in the prescription drug plan. Certainly the people of Saskatchewan would not have wished for over \$2 million worth of dental equipment to be auctioned off — auctioned off, virtually given away, because, as you can appreciate, there would not be the demand for over 500 dental suites in Saskatchewan all at once. Indeed I don't think there would be demand for 500 dental suites in all of North America in one given month. So naturally they would take a beating when they tried to sell this excellent equipment that was being used to provide the best possible dental care for our children.

The people are fed up with it. I know I'm fed up. I'm fed up. I'm speaking now solely as a parent. I'm fed up that my 14-year-old son is going to end . . . Next month with his birthday, his coverage under the children's dental program expires. At one time he would have had two more full years of coverage — two more complete years. Of course it upsets me. It's a tax increase. Next year when

I take my son, my then 15-year-old son to the dentist, whatever the bill is doesn't matter, whatever that bill is it is simply an additional tax to me — nothing more, nothing less. If the bill is \$50, it is simply an additional tax burden to me because under the previous plan that would have been covered completely.

(1945)

Mr. Speaker, one area that I have not touched on tonight yet is the government's squeeze on the medical association or the financial squeeze on the University of Saskatchewan, which has resulted in the closure of the medical school satellite in Regina. The member for Regina South might be well advised to pay a little attention to this portion, because it's your government's . . .

An Hon. Member: — Point of order, Mr. Speaker.

The Speaker: — Order, order. What is the member's point of order?

Hon. Mr. Klein: — Well I think that although it's probably . . . you're probably going to have to rule that it is a dispute between two members, for everybody that happens to be watching up in the gallery, I am paying attention.

Some Hon. Members: Hear, hear!

Mr. Trew: — I'm delighted to hear that. It is your government's financial squeeze on the University of Saskatchewan that has resulted in the closure of the medical school satellite right here in Regina — right here. Thirty-three medical teaching positions have been cut; 33 of them gone. Options for our medical students are now more limited than they were before. Access to the needed medical specialists denied to the people of southern Saskatchewan — that is the result. Specialists' costs, that is the cost per specialist, is spiralling as some of the physicians who formerly were teaching have now entered the private practice. Some have indeed left this city of ours, creating even more of a crisis for some of those specialties. The waiting list to get in to see some of those specialists is really growing. Any competent government would have expanded the medical school in Regina. It would not have allowed for its destruction.

We had all of that happening right here. At the same time when the waiting list is expanding, we are running out of specialists to deal with the problems. You try and get in to see an ophthalmologist; the waiting list is getting fairly extensive. You try and get some types of eye surgery done in Saskatchewan — waiting list's very, very long.

If you are elderly, there is indeed some talk, open talk, of limiting hip replacement surgery — limiting it in terms of not necessarily providing the best possible hip that technology can provide, but providing a hip that, for instance, if you're 80 years old and your life expectancy is 87, well then they'll look for a hip that'll last you seven years instead of a hip that would last 20 years. But what do they do for those people that fool us, that don't simply die when they're expected to — those great pioneers of our province that go on and on? And there's a great many of them out there, very many people, whom I'm very

proud of. Are we going to deny those people necessary surgery so that they can be mobile, so that they can get around, so that they can visit, so they can have a good quality of life? I wonder.

Mr. Speaker, just before I close I want to deal with a topic of substance abuse, because I think it fits very much in with our condemnation of the government for its failure to develop and pursue a long-term strategic plan for the positive improvement of the Saskatchewan health care system. What we have here is a SADAC (Saskatchewan Alcohol and Drug Abuse Commission) research report. And I just want to take a couple of parts of it, because I think they're very true. The rest of it is too, but it tends to be statistical and thus a little boring. But it says, the social context of substance abuse, and I quote:

— substance abuse is frequently linked with other problems such as poverty, unemployment, and cultural estrangement.

It goes on and says:

— the alcohol and drug related offence rate in northern Saskatchewan was five times greater than in central and six times greater than in the south of the province.

— the high offence rate in the north is closely tied to the social and economic conditions which prevail in the region and across much of northern Canada.

Mr. Speaker, the economic policies of the government opposite tie very much into some of these other health problems. People will revert to alcohol and to substance abuse — I'm referring of course to illicit drugs — much quicker when they've given up hope; when there is just no hope for them, no chance of a job, no chance of a reasonable future. When you've given up, you'll try anything, some of it in desperation — maybe a quick hit will let me forget my problems for a little while. I know it doesn't work. Most of us reasonable people know that it doesn't work. It's a one-way ticket and it's not going in the right direction.

But what we need is some jobs. We need some economic direction. We need to have more than just lip service about bringing the young people home. We need the economic prosperity for the people of Saskatchewan. We need increases in the minimum wage. We've had one paltry 25-cent increase in Saskatchewan's minimum wage in the last seven years. In the previous 11 years, it had gone from \$1 to \$4.25, or a \$3.25 increase in 11 years versus a 25 cent increase in the . . . over seven years.

Small wonder that many people that are burdened with low-paying, minimum wage jobs or near minimum wage jobs have given up. They're saying, I'll never own a house. I'll never own a nice, a truly . . . I shouldn't say, nice car, but the car of their dreams. Perhaps it's a two-seater sports car or a brand-new car; or even just a brand-new car. Many of us can't afford simply a brand-new car, much less the Lamborghini of our dreams.

But for people on or at minimum wage — and I should say on or near minimum wage, Mr. Speaker — for those people many of the dreams that even I have, they don't even have to dream about them because it is so far removed. That's why we see Saskatchewan having such a high rate of alcohol-related offences and indeed such a high rate of illicit drug offences. It's because of the despair.

I very much look forward to us being able to turn that around. I look forward, Mr. Speaker, to the next election, and I look forward especially to after that when we can get the tired crew that is in place now and seeming . . . well, visibly adrift, clearly rudderless, clearly going in no direction, have no economic policy, have failed in health care, have failed in every measure by any measure you care to make.

We have a government that is deserving of nothing other than an early retirement, and I look forward to the next election so that that can happen. The member for Riversdale can become the premier and get a handle on our health care system and get a handle on the unemployment; can indeed put Saskatchewan together; get the three engines of growth going, the three sectors that are critical to our province: the private sector, the co-operative sector, and the Crown corporations, all three of those working together so we can fund again a universally accessible, first-class health care system.

Mr. Speaker, I'm very pleased to be seconding this motion. I look forward to hearing members opposite enter this debate. The motion condemning the Government of Saskatchewan for its arbitrary, unilateral, and harmful cut-backs and changes to health care services are critical to us, and indeed I look forward to hearing members opposite and their comments.

Mr. Neudorf: — Thank you very much, Mr. Speaker, and let me assure you that I take a great deal of pleasure in entering this debate this evening. We have witnessed the last few speakers from the opposition speaking to this motion and giving, I think, which most viewers and members in this House would assess as being a somewhat lack-lustre and tepid performance on members opposite. And it gives me a great deal of pleasure to take a few moments in the next 30 minutes or so to set the record straight on some of the observations that have been made and also to instil an element of rationality to the proceedings.

But before I get involved in my speech, Mr. Speaker, I want to congratulate the opposition actually for wanting to speak about a health issue again. I want to congratulate them from coming down to earth, from quitting the bell-ringing and all the other subsidiary motions that we have been taking this time of the House up for over the last while, so that we can get into matters that the people of Saskatchewan certainly are concerned with and about, instead of dealing with those matters that are only for short-term political expediency, as far as the opposition is concerned.

So, Mr. Speaker, I am certainly very happy and pleased to oblige the members by getting involved in this debate today, because I believe it's the 46th day today of this

session. And if we check the records, we will find perhaps twice — I stand to be corrected on it; I suspect it's not much more than two times — that matters of health have been brought to the attention of this Assembly by the critic of Health on the other side. And both times, Mr. Speaker, I would suggest to you that her credibility suffered as a result of the topics that she chose to bring up.

Mr. Speaker, the reason why I am so pleased to participate in this debate tonight is because, without a doubt, health care happens to be one of this government's fortes. I believe that this is a strong point that the people of Saskatchewan will see as far as this government is concerned . . . (inaudible interjection) . . . And I knew that was going to bring a reaction from the members opposite, Mr. Speaker, so I chose my words carefully in making that statement.

I would like to bolster my argument by pointing out to the people of Saskatchewan that the last time citizens of this province of Saskatchewan had an opportunity to voice their opinions was in the by-election in Assiniboia-Gravelbourg. And I suggest to you, Mr. Speaker, and to the people of Saskatchewan, that the central theme in that by-election was health and health care issues. And I suggest to you as well that it was the Leader of the Opposition's credibility at stake as opposed to our government's commitment. And when those two alternatives were brought to the fore, to the people of Assiniboia-Gravelbourg where they had to assess the opposition leader's credibility with this government's record on health, it was no contest. And that is why I'm so glad now to have the member from Assiniboia-Gravelbourg sitting on this side of the government.

Some Hon. Members: Hear, hear!

Mr. Neudorf: — Now, Mr. Speaker, it's been said many times before, but I think it also bears repeating, that this government has an unmatched positive record when it comes to health care — unmatched, Mr. Speaker.

And when I have finished my few brief remarks this evening, when I have exposed the charade of the members opposite, I think that all listeners will agree that the truth had to be told. And at the conclusion of my remarks, Mr. Speaker, I am going to make an amendment to that motion, which will be seconded by the member from Nipawin, and it will read thus:

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

Commend the Government of Saskatchewan for its innovative changes to health care services, for its integrity for consulting with the people about those changes, and for its development of a long-term strategic plan for the positive improvement of Saskatchewan health care services.

Some Hon. Members: Hear, hear!

Mr. Neudorf: — That, Mr. Speaker, is what we are discussing this evening. And I want to begin by picking up

a point that both the critic for Health and the member from Regina North tried to make, that we are not spending money on health. And I want to contradict them on that issue.

(2000)

We have spent more money than any other administration in the history of Saskatchewan. We are the first to break the billion-dollar barrier. We have, in 1987, spent \$1.1 billion; the following year we spent more. This year we're going to be spending \$131 million more on health care for the people of Saskatchewan than we spent last year. That I say is commitment.

Some Hon. Members: Hear, hear!

Mr. Neudorf: — It doesn't matter how footloose and fancy-free the members opposite want to play with facts and figures. The fact remains: \$1.4 billion — \$1,400 for every man, woman, and child in this province to support them in our health care, the best health care system in Saskatchewan, in Canada, and probably, indeed, North America. And I suggest to you, Mr. Speaker, there may be only one province in all of Canada, the wealthiest province in Canada, that would spend any more than we do in this province of Saskatchewan, under this government by our Premier. And I'm proud to be part of that.

Mr. Speaker, these are the facts, yet the NDP still try to deceive the public into believing that we have made cut-backs into the area of health care. We have heard the vain attempts this evening and earlier on this afternoon by the previous speakers to try to convince the people of Saskatchewan about that.

The fact remains, we have increased, since 1981 . . . (inaudible interjection) . . . Since 1981, member of Regina Centre, we have increased that health spending by 91 per cent. That is almost double what you were prepared to do under health care — almost double. I don't know if the members opposite don't know that a 91 per cent increase means that we went and spent more for health care, not less.

We spent more, Mr. Speaker, on new programs, new programs as the Everyone Wins program. And members opposite like to criticize the Everyone Wins program. They call it an advertising gimmick. That's what they say. They say it's an advertising gimmick, that it has no value. The Health critic earlier this afternoon said it was unnecessary; we shouldn't be doing it; we shouldn't be spending this money and trying to develop a healthier life-style for the people of this province.

And I say, we disagree with that. But, Mr. Speaker, Everyone Wins is a program designed with the welfare of the people of Saskatchewan in mind. If we can prevent illness, then why are we not going to try to prevent it? I ask you that. Why are we not going to try our utmost to try to prevent illness, rather than trying to correct it afterwards?

Mr. Speaker, there are two reasons why Everyone Wins is so important. And firstly, there's the obvious reason, and the obvious reason is that no one likes to be sick — no one

likes to be sick. And Everyone Wins is an educational program aimed at reducing the risk of certain illnesses. If it's possible to reduce the risk of certain types of illnesses, then why shouldn't we do it? It makes eminent sense. Why shouldn't we try to eliminate them? We all know that there are enough illnesses out there already that we cannot control, that we have no control over, so why not try to prevent the ones that are preventable? I suggest to you, and I suggest to the members opposite, that that only makes eminent sense.

Mr. Speaker, that is where Everyone Wins comes into play. Now short of forcing a life-style upon people, the only way to reduce the risk of these preventable illnesses is to educate them.

We can't legislate morality. No government can try to legislate life-styles. As much as members opposite would like to feel that government can be a benevolent dictator, members on this side do not believe that that is the case. Well I suggest to you that people, citizens of this province, cannot improve their life-styles if they don't know how to do it. We have to make them cognizant of it.

First of all we have to make them cognizant of the necessity of doing it and then we have to point out certain methods, and ideas, and the ways by which they can accomplish that objective, and, Mr. Speaker, that is exactly what we are doing. And that's the second reason why Everyone Wins is so important. Oftentimes people engage in activities not knowing that those particular activities are going to be injurious to them, that they're not going to be good for their health.

Look, for example, what Participaction has done for physical fitness. These days more people than not belong to some kind of fitness centre. And I believe, strongly, that in part at least, this is due to the strong program like Participaction.

Now, Mr. Speaker, in conjunction with that, heart disease is the number one killer in Canada — heart disease is number one killer in Canada and we can do a lot about that. And when I speak about heart diseases, and so on, I think I am no different than most of the viewers in the proceedings tonight, and most of the members in this Legislative Assembly, that heart disease has affected all of us — if not directly, then certainly through our families, through our friends.

Even a short time ago, as about four months ago, one of the people very dear to me — as a matter of fact it happens to be my brother — suffered a disastrous heart situation. He wound up having a quadruple heart bypass.

Now we're thankful that modern medicine and modern technology has made it possible for doctors to treat this development once it has occurred, but how much much better it would be, Mr. Speaker, if through a program like Everyone Wins we can get the people of this province to recognize and to realize some of the dangers inherent within our life-styles, so that if we make a few adaptations and changes in our life-style that perhaps we could avoid that kind of a situation or certainly delay it down the road as far as possible to reduce that morbidity rate, which is so expensive for any health care system to try to maintain.

So, Mr. Speaker, Everyone Wins promotes such things as stopping smoking, encouraging exercising, eating properly, avoiding accidents, reducing stress, and stopping the spread of communicable diseases. And I suggest to you, Mr. Speaker, of those, smoking, diet, stress, and exercise are directly related to heart disease. And I believe very strongly that it is ludicrous for members of the opposition to try to pass motions like this when they are fully aware of the positive results that can be obtained with programs such as this which this government has instituted.

The thing that makes this even more onerous to me is the fact that they're aware of the good that it's doing. They are aware of the positive impacts that programs such as this can have, and in spite of that, I believe that they are quite prepared to poke fun, to ridicule, and to try to be as negative as they can about programs like that, just for political expediency. And I don't think that this is something that the people of Saskatchewan really take too kindly to.

They're always crying foul, for example, on advertising. Well they're wrong. I think they are wrong. How can they justify calling Everyone Wins an advertising gimmick when its aim is to promote healthy life-styles, healthy living, and to reduce the effect and the risk of preventable illness? Your motions that you have made state that the government is to be condemned for this initiative.

Now I suggest to you, Mr. Speaker, that health care consumers, the public out there, and health care providers, disagree with you. They don't think you're right. We don't think you're right. And I think the people of Saskatchewan don't think that you are right. I think they are supporting us in this program.

Some Hon. Members: Hear, hear!

Mr. Neudorf: — I think the people of Saskatchewan think that you are wrong, and I'm going to illustrate that. I'm going to illustrate that by just picking out a few of the letters that we have received, that I have received as caucus chairman for the government caucus on health. I'm going to share some of this with you, Mr. Speaker, if I might. These are letters that we have received in response to a program for the Everyone Wins.

This one is from a provincial delegate from Saskatchewan Cerebral Palsy Association — not government, third party; not a solicited response, but a volunteered response to a program that has had a positive effect as far as the Cerebral Palsy Association of Saskatchewan is concerned. And I would like to read that letter to you:

Thank you for your letter on health care in Saskatchewan. First of all, I would like to commend you on an excellent program, Everyone Wins. This program is well put together and everyone in Saskatchewan will win if we all make an effort.

Another one from George Thomas, executive director, Saskatchewan division of the Canadian Cancer Society, and he writes:

I have reviewed this material in detail and highly commend you for taking this initiative. This health care package will provide the residents of Saskatchewan with very valuable information on the prevention of illness and accidents and should prove to be a very useful health reference.

Further, from the executive director of the Saskatchewan Health-Care Association, and I quote again:

It is important for organizations such as ours to demonstrate leadership in focusing and prevention of illnesses and accidents, and we applaud our government's move in this area, and we will work to support this initiative.

And to members opposite, I say, this is not the government speaking. These are the professionals out there in the health world saying, you're right on; you're doing what this province needs. And to further illustrate, I would like to take a moment to take out a section from the *Leader-Post*, and I apologize, Mr. Speaker, because I have not been able to find the exact date. I would just indicate to you that it's entitled, "Everyone Wins campaign still controversial" — our side, the public's side, and then of course the opposition's side as well. And it does have the picture of the Minister of Health on that as the epitome, I would suggest to you, Mr. Speaker, of a robust, healthy individual epitomizing what a healthy life-style can certainly do for you. And in part it states, Mr. Speaker, and I would like to quote:

The Everyone Wins program has received support from a number of health professions and volunteer organizations.

George Thomas, the executive director of the Saskatchewan division of the Canadian Cancer Society describes the Everyone Wins program as "an exciting program."

It is helping society get information to the public about healthy diets and lifestyle changes which can reduce the risk of getting cancer.

Mr. Speaker, he goes on:

"We support this wholeheartedly," he said. "Our people think this is the greatest thing since sliced bread."

Another unsolicited support for a program of this government.

Some Hon. Members: Hear, hear!

Mr. Neudorf: — There's another element of support here from a Diane Waterer, and I quote again, Mr. Speaker:

Diane Waterer, the executive director of the Saskatchewan Heart Foundation, describes Everyone Wins as "a step on the right path, definitely."

"We share these same goals," Waterer said,

adding that there's a good case to be made that the government should be doing even more (even more) in the area of health promotion.

That sentiment was in evidence earlier this month, when the annual meeting of the Saskatchewan Registered Nurses Association was held in Saskatoon.

In one of her final interviews as president of the SRNA, Barbara Ellemers said the association supports the general thrust of the Everyone Wins program.

(2015)

There's more of this, Mr. Speaker, but I believe I have made my point to you and to the people and certainly I hope that I have made the point to the members of the opposition, that the sum of \$2.4 million . . . I think I'm right when I use the figure \$2.4 million, which is the projected cost of the Everyone Wins program.

Well we get letters of endorsement such as this from the health professionals out in the field. I think we're right on, and I think the people think that we're right on. And I hope somewhere along the line you can find it in your hearts to also accept the fact that maybe, just maybe, this time you have been crying wolf unaccountably, and that you will change your minds and adapt and support a program which is obviously doing so much. And I appreciate that round of applause from members opposite.

And I think the point has been well made so we'll go on to another issue, Mr. Speaker, that I want to address, and that is the Saskatchewan Commission for Directions on Health Care. The Saskatchewan Commission for Directions on Health Care is another initiative taken by this government, and it's another initiative, like the Everyone Wins program, that members of the NDP opposite have been criticizing, that they have been protesting loudly about.

Now your motion, your motion that you have just made condemns this government for public consultation. Yet your condemnation has struck a little bit deeper than that because you have questioned the commission, you have questioned the integrity of the commission. And I think that is something that you will want to have, I'm sure, some second thoughts about, because, Mr. Speaker, this commission, this commission is giving the people of Saskatchewan, for the first ever, the opportunity to participate in their own health care system.

Now not the Health critic . . . Did you notice this, Mr. Speaker? Not the Health critic nor the member from Regina North, the two members from the opposition who have spoken thus far on this debate, neither one of them even brought to the attention of all listeners the fact that such a thing as the health commission exists. They did not even acknowledge the existence of the health commission, the health commission that is giving the people of this province a chance to develop the health care system that they themselves will use.

Mr. Speaker, I have followed that health commission around to many, many of their meetings in my responsibility as caucus chairman, government caucus chairman on health. I've listened to many of them, and I must concede also that the Health critic from the opposition has been at some of those meetings as well. But I think she would also, had she acknowledged this commission, she would also have noticed and acknowledged the fact that what we're hearing in the health commission, above all, is that the people, the presenters of briefs to that commission, are saying, thank goodness, thank goodness that we are being recognized; that we are finally being asked for some input, that we're having the opportunity presented to us by this government so that we can come here, that we can help guide, that we can help give direction, that we can raise some of our concerns and make some of our suggestions, so that people, the government together with the people of this province, can regulate and can guide and give sense and direction to the future in which we want to go as we continue to build upon our strengths and our health care system.

Although everybody recognizes that we have one of the strongest health care systems in the world, that doesn't mean that we can't improve it. It doesn't mean that there are not some areas of weakness within that. And I think that we would be willing to concede that.

But together we must build, and we're giving the people of Saskatchewan that opportunity to participate. And I think that is exactly what they are grateful for. If we are here to serve the people, does it not follow that the people should have a say in the programs and the initiatives that we introduce?

And to me, Mr. Deputy Speaker — thank you for joining the Chair — that this is a purely logical way of thinking. We are not here to initiate programs for our own benefit. We are here to initiate programs for the people that we represent, and let there never be any doubt about that. That is what motivates us; that is what is making us try to improve ever more for the people of Saskatchewan. And, Mr. Deputy Speaker, I suggest to you that, yes, that is what democracy is all about — finding out what the will of the people is. But I concede, and I think members opposite would concede that sometimes that is a very, very difficult thing to do with all the rhetoric and so on floating around, with all the different lobby groups.

But we must cut through all that, find out what the will of people is, and then proceed to carry out exactly that will. In fact, part of this resolution no. 3 that I am debating here today condemns us; it condemns us for imposing programs without public consultation. And members opposite spoke on that this afternoon and also tonight.

And perhaps a few of their concerns were well taken — perhaps they were. I think we have to be . . . perhaps concede that. But by the same token, I'd like to ask this question: are the members opposite purposely trying to confuse not only us but the people of Saskatchewan as well? Are they trying to confuse us? And I think if they are, it's probably working, because I have no idea what they want, and I'm not sure that they know what they want.

They condemn us for not using public consultation, and then when we utilize it, they condemn us for that. I suggest to you: make up your minds. What do you want? You can't have it both ways. You can't just be dictated to by political expediency.

Mr. Speaker, we have made some changes to the health care system and we admit that, but those changes have been in response to changing health care needs. This is not a static society; it is a society that is always changing; it is a dynamic society. And I suggest to you that it takes constant change and monitoring by any government, by any conscientious government, to stay in step and, in fact, not in step, but also perhaps a step ahead of those necessary changes so that changes are made in time to correspond to changing health care needs. And just as the world around us changes, so must our health care needs change as well.

But we must then therefore, Mr. Deputy Speaker, learn to adapt. We must not be like the ostrich, we must not be like the dinosaur. We must be able to adapt to change, we must learn how to be innovative. And the member from Regina Lakeview, the Health critic for the opposition, dismissed the computer health card that this government has initiated. She dismissed it, and I think her words were something to the effect, "unnecessary," as if this health card, with a tremendous potential, with the update, most modern technology possible being fed into it . . . And the potential of this health card and what it can do for our health care system, for the citizens of this province, is just limited by our own imaginations. We can get into the fourth dimension on that.

We do have members coming from other provinces in Canada to ask us: how did you do it? What are you doing? What are some of the ways in which we can adapt it to our system? We had the member from Regina Wascana being invited over to California, to a health care institute there, and they were besieging him with questions and comments. How are you doing it, and what are you doing it? Can we learn from you? We want to do the same thing. We're recognized as being leaders in the health care system because we're not afraid to be innovative, and we're not afraid to adapt as changing conditions dictate that we adapt.

Mr. Speaker, the mere fact that the average person's life expectancy is longer than it used to be is taxing the health care system more today than it used to be taxed. We have a reduced morbidity. I believe that that is absolutely essential, that we reduce the morbidity as much as possible, and morbidity can only be reduced if we have programs in place to do exactly that.

Morbidity simply is that period of time when you are incarcerated for health needs, for health wants. It's that period of time when you finally become so sick that you can no longer care for yourself; that you either have to come into a heavy-care or perhaps even an acute-care facility to be taken care of — extremely expensive, high cost facilities. And the objective of this government is to reduce that morbidity time to as short a period of time as possible, perhaps in crude terms, put you into the hospital for as short a period of time as possible before you die. We want you to be out there living a healthy and as nearly a

normal life as possible, and we can do that with some of the programs that this government has established.

We have programs, for example, that we have reinstituted, one of them is the building . . . constructing again of nursing homes. We did away with the moratorium that the NDP instigated and we are building nursing homes. We also have the innovative housing project which we have been pursuing for the last two years, a little bit over two years now, a very, very well received program, particularly by seniors.

Some Hon. Members: Hear, hear!

Mr. Neudorf: — And I know that because . . . I don't know if my wife is watching tonight — probably not — but we were in Rosthern, in her home town of Rosthern on Sunday afternoon, and I had the great deal of pleasure of opening up the innovative housing project right beside the nursing home, Country Gardens, in the town of Rosthern — eight units where elderly people could live with dignity in their own homes close to the nursing home, close to the facilities that would be needed perhaps in their deteriorating state of health. But they were still independent, they still had the dignity of living by themselves, and they had their own bedrooms, their own living room, their own kitchen, and they were making do.

The one elderly lady that was so proudly showing me through this innovative complex couldn't resist — and I say this humbly — throw her arms around me and give me a kiss. And that was one of the most rewarding experiences that I have experienced in my short tenure as a politician. It just reconfirms for me that in the programs that we are establishing that they are meeting a need for the people of Saskatchewan.

And when you combine programs like this and then you, in addition to that, have a program such as home care which can also extend the period of time that these elderly people can live with independence, can live with the dignity of supporting themselves as long as possible, that, Mr. Deputy Speaker, is how you reduce the morbidity rate. That is how you cut down on the costs, the high cost of health care facilities and health care programs within our province.

Advances in modern technology have contributed to increased life expectancy, and it has also led to the survival of people with diseases that used to be fatal, no longer are, and they are with us that much longer and have to be cared for. But many of these people are now surviving these hereditary diseases and they are passing these genes on down to their children. And many times, Mr. Deputy Speaker, these diseases act strangely. They will miss a generation, and instead of surfacing in their children, they will only resurface once more in their children's children. And what has happened is that you have an increasing population that are carriers of diseases, and many of them don't even know it. And that's kind of a scary proposition, Mr. Deputy Speaker. And so as a result, many more people are seeking medical attention than before.

And as I said, we are making changes to the health care

system in response to changes in health care needs. I'll repeat that: we are making changes to the health care system to respond to changes in health care needs. Now some of those needs and changes I have discussed already, and there are many, many more of them. Mr. Speaker, we do not apologize for this, because what, in effect, we are doing, is improving the health care system.

(2030)

Every one of us knows of someone, or has known of someone, who has had cancer. Cancer ravages its victims' bodies and the minds of their loved ones, and the suffering is immeasurable.

And if I might just be permitted to become personal once more just to exemplify the point I am trying to make, I lost my father about a year ago to cancer, and it was a traumatic experience for everyone. Last month we lost our mother-in-law, again to cancer. And I am just so totally convinced that what we must do is to as a government, put in programs, put in place facilities that will alleviate as much as possible the pain and suffering that is out there in our society — not only the pain and suffering of the victims, but also the pain and suffering that are concomitant with these kinds of problems for the loved ones of those who are victims.

And in response to that, Mr. Deputy Speaker, this government has built a new cancer clinic in Saskatoon in response to the needs of cancer patients and their families, in the hope that it will help to ease that pain and suffering that I was speaking about.

And I think a key element in all of this, a key element in finally conquering this monster that has plagued the human race for so many, many hundreds of years already, is research — research that has provided us with valuable information about many diseases over the years, and I believe that it will continue to do so. We know so much more now than we did even a few years ago, about diseases that we have in the past, and this will continue. It must continue. And I suggest to you that cancer is exactly one of those diseases that I am talking about.

We have as a government increased the funding to the cancer society by 89 per cent — 89 per cent. We have increased our funding for them and much, in fact I would say most, of that funding to the cancer society is dedicated to cancer research.

We know that through research we're getting closer to a cure. We're not there yet, but we know we're getting closer. I think we're so close now that that axiom that everyone uses is coming closer and closer to reality, and that is that cancer can be beaten. That is the hope, I think, that is in the breast of all of us. And it's perhaps because of funding that this government has provided into this research for cancer that one day we will be able to add the cure for cancer to that impressive list of Saskatchewan firsts, and I think that all members in this House would agree that that would be desirable.

It's not impossible, Mr. Speaker, it's not impossible. I have a great deal of faith in the citizens of this province. I think this province has been endowed with an incredible, an

incredible wealth of human resources.

Hospitals, hospitals, Mr. Speaker . . . I'll bet that the members of the opposition regret the day that they ever heard of that word. Perhaps even the member from Saskatoon Riversdale . . . although I'm not going to get on to that binge too heavily tonight, for we have undertaken several major hospital building projects, Mr. Deputy Speaker. I know that the members of the opposition hate to hear this because they have tried so desperately to deceive the people of Saskatchewan into believing that this government closes hospitals. But the fact is, Mr. Deputy Speaker, that this government builds hospitals.

Mr. Speaker, construction projects that we have undertaken at the Regina General and Pasqua hospitals, are valued at over \$143.3 million. If \$143.3 million is closing hospitals, well I would love to see and to hear what building hospitals is all about.

Furthermore, Mr. Deputy Speaker, we have entered into a joint venture with the government of Alberta to construct a \$22.8 million Lloydminster general hospital, which will have 118 beds. And recently construction was completed at the Wascana Rehabilitation Centre right here in Regina, and the cost of this project was over \$56 million — \$56.6 million, which will provide 316 beds in addition to renovation to that building.

Then we have St. Paul's Hospital in Saskatoon: \$53.1 million, 105 new beds. In addition to those new beds, Mr. Speaker, there will be an updated laboratory and a central heating plant. We're also in the process of constructing a brand-new hospital in Saskatoon, the City Hospital in Saskatoon in which many of my colleagues and I were at during the sod turning ceremony last spring.

And I suppose in my role as government caucus chairman on health, I had the opportunity last Saturday to be in the Sheraton Cavalier in Saskatoon with Mr. Tony Dagnone, the administrator of the University Hospital, when they were doing something that I think the people of this province maybe do not do quite enough, and that is recognize the achievement of many of the people that work in University Hospital. They had an awards night, a long-term service awards night, a very, very positive experience for those people.

And at that particular function, I happened to meet Elmer Schwartz, who of course is the administrator for the Saskatoon City Hospital. And the thing that struck me most was his enthusiasm for the construction of the facility that City Hospital is experiencing right now, and, in his words, the upbeat mood and the morale of the staff and the physicians and doctors and nurses and so on at that hospital, in anticipation of this new building coming on stream, so that it would better facilitate the giving of health services to the people of Saskatchewan. A very, very positive aspect as that \$114 million and 488 beds, as a result of that money, will come on stream.

Then we also will be building a \$26.7 million hospital in St. Joseph's in Estevan, as well as a \$52 million Swift Current Union Hospital in, of course, Swift Current.

But, Mr. Deputy Speaker, I guess what I have been doing

is being a wee bit coy because I'm saving the best one for last. And we will be building another hospital in Saskatchewan. And where will that hospital be, Mr. Deputy Speaker? Perhaps I should be asking the members opposite, because they are the ones, under their leader, who were saying that this is the government that closes hospitals. I have tried to show that that is fallacy. I've just gone through a long litany of building projects that this government has undertaken. And there is one more, because exactly in the constituency of Assiniboia-Gravelbourg, in the town or village of Lafleche, Mr. Deputy Speaker, a new hospital's being built.

Some Hon. Members: Hear, hear!

Mr. Neudorf: — And I cannot help, I cannot help but think to myself, Mr. Deputy Speaker: I wonder what the people of Assiniboia-Gravelbourg think of the NDP now?

Then there is another favourite subject of the NDP, and that is nursing homes. Well, Mr. Speaker, this government builds nursing homes too. A few minutes ago I was discussing the fact that the average life expectancy in Saskatchewan is increasing, that it's longer now than it has ever been, and as a result, Mr. Deputy Speaker, we are experiencing a growing senior population. It's a phenomenon that is not exclusive to Saskatchewan, but it's a phenomenon that very many jurisdictions have to deal with. It's a gerontological aspect that has to be addressed.

And it's that old idea of . . . we used to have a triangle where the apex was on top, and you had a few elderly people up there supported by very, very many people, as it were, in the younger sections, in the working section, in the functioning section what was paying income tax and paying for all this expense of keeping the senior citizens, which are, admittedly, a high cost centre of our society.

And what we have to address as a government, and as governments everywhere, is the fact that that triangle is becoming inverted, it's becoming inverted — And I don't object to that because I'm part of that inversion, and I hope to continue to be part of that inversion for a long time to come, where actually the numbers of seniors will outnumber the supporting cast.

And that worries me, and I think that should worry any government that is thinking for the future, that is thinking ahead. How are we going to address that? The only way we can address that is by having programs like I have outlined for the last while, and getting ready for the time that is coming. And if we wait for the last moment, if we keep our head in the sand, if we refuse to acknowledge that times and conditions and needs are changing, then, Mr. Deputy Speaker, I think that we are doing an injustice to the people that have put us there, to the people that are looking to us for leadership and direction for the future.

So I, for the life of me, cannot understand why the NDP, when they had the opportunity in the super '70s, when times were good, when times were rolling, when we could have had a tremendous heritage fund being established, why then did they put a moratorium on nursing homes? The need was there. We knew in 1979

and 1980 that we were developing an ongoing, chronic problem as far as senior populations were concerned, and they tended to ignore that. They tended to ignore that for the political expediency of the moment. That's wrong; that's not good, Mr. Deputy Speaker. Governments have to take the proverbial bull by the horns, recognize a problem for what it is, and wrestle it to the ground before it becomes such a monster that we are not able to control and to regulate it and channel it.

And I hear this all over my constituency. The people in Dalmeny wanted that nursing home, and when we got into power after '82, by 1985 the people of Dalmeny had their nursing home and they're grateful for it. The people in the town of Rosthern have right now got the machinery in motion for getting their tenders out for a 30-bed replacement in Rosthern. It is needed, it is needed, and we have to do that on a continually ongoing basis.

So why moratoriums? I suggest to you that it doesn't make sense. But none the less they did it. And when we came into power, Mr. Deputy Speaker, we looked at that moratorium, we started building nursing homes, and we are still building nursing homes.

Mr. Speaker, the NDP have been yelling about hospital waiting lists as well. And again we heard it from the critic opposite about the 9,000 lists. They're shorter than they have; we're working on that; we're reducing them, and I really don't know where they get off on yelling at us about hospital waiting lists when it was their own minister of Health during that time — and I'll spare him the agony of identifying him at this time — but he did say that a waiting list is an efficient way of running a hospital system . . . (inaudible interjection) . . . I recognize what the member from Regina Lakeview is saying, that I've taken that out of context, and I stand to be corrected. But I still will look forward to that member if he gets up in this debate explaining to me what was meant by that statement because I have used that statement before. I'm having a great deal of trouble understanding how a waiting list can be a sign of efficiency unless it's weeded out that you use the triage principle where only the most desperate and needy get in and that you kind of left the others out. I'm not quite sure what is meant by that, but I would certainly welcome an explanation.

(2045)

Mr. Deputy Speaker, we never said that. We never made a statement like that. Also, Mr. Deputy Speaker, we do not believe that. That was just the NDP trying to talk their way out of a politically dangerous situation, a situation, Mr. Deputy Speaker, I think that they could have avoided. I would suggest to you that our record will stand on its own. I do not think that we have to justify any further our initiatives on health care. They speak for themselves, Mr. Speaker, they speak for themselves in a powerfully positive way.

I'm just going to indicate to you that I don't think that you have an idea of how frustrated I become when I listen to the NDP accuse us of the very things that they did when they were in power, and that we did not do any of those; it was they that did that. I think that is what psychologists call displacement, blaming others for things that you have

done yourself.

Well we don't accept that. We take responsibility for our actions. We did what was necessary; we're doing what was necessary; we're doing what was right; we believe in what we are doing, and as I have demonstrated over the last few moments, I think the public in its reaction to us is generally pleased with the action that we are taking to ensure, Mr. Deputy Speaker, to ensure the viability of this province, to ensure the viability of our health care system which is recognized as being the best, not only in Canada but North America and, dare I say, the world. And we want to build on that because we cannot remain static; we cannot maintain the *status quo*; we must continue to change as adapting to new changing conditions.

And that is why, Mr. Deputy Speaker, in response to the motion as put forward by the member from Regina Lakeview, I am now going to move an amendment to that motion, seconded by my colleague from Nipawin:

That all the words after the word "Assembly" be deleted, and that the following substituted therefor:

commend the government of Saskatchewan for its innovative changes to health care services, for its integrity for consulting with the people about these changes, and for its development of a long-term strategic plan for the positive improvement of Saskatchewan health care services.

And I thank you for this opportunity, Mr. Deputy Speaker.

Some Hon. Members: Hear, hear!

Mr. Sauder: — Thank you, Mr. Speaker. I am pleased to be able to rise in the Assembly this evening to participate in the debate on this resolution that's here today, a resolution brought forward by the opposition Health critic dealing with the government's record on health care and the provision of health care in this province; discussing cut-backs and changes to those services; suggesting that they have been imposed without public consultation and causing a crisis in our system; and saying that we are failing to develop and pursue a long-term strategic plan for the positive improvement of Saskatchewan health care services.

Further to that, and in support of my colleague's amendment to that motion, which is:

That all the words after the word "Assembly" be deleted and the following substitute therefor:

(That this Assembly) commend the Government of Saskatchewan for its innovative changes to health care services, for its integrity for consulting with the people about those changes, and for its development of a long-term, strategic plan for the positive improvement of Saskatchewan health care services.

Mr. Speaker, I indeed am fiercely opposed to the resolution number 3 as proposed by the member from

Lakeview, a motion that deals with nothing but fiction and, I believe, half-truths, and is quite simply and plainly nothing but another attempt by the opposition to mislead the public.

Mr. Speaker, in contrast with that, I would applaud this government's initiatives in health care. I certainly am proud to have had the privilege of being involved in those initiatives, to be a part of a government that was looking to the future, recognizing the time for changing, recognizing that our population was . . . the demographics were changing and that we must adapt our health care system to those changes; a government that was prepared to accept new technology and new developments in the provision of health care — technology brought on by research that's been ongoing and been done, being prepared to take advantage of it to provide first-class, quality health care to the people of this province.

Mr. Speaker, this government certainly has improved our health care system in Saskatchewan. Our residents do enjoy one of the highest quality of health care. Mr. Speaker, I do not believe that you'd find a better health care system anywhere in the world. However, the opposition members would like to have us believe by their resolution that's filled with deception that that's not the case. It's not only a view held by the Health critic, the member from Regina Lakeview, but also by the rest . . . most of the rest of her colleagues, at least.

Mr. Speaker, I might put forward that the people of Saskatchewan are tiring of what those members opposite are putting forward, they're tiring of those half-truths, they're tired of the same tired, old accusations. Mr. Speaker, they're tired of watching the NDP licking their old wounds that have yet to heal, wounds that they suffered back in 1982 and again in 1986. Mr. Speaker, the people of Saskatchewan are above that. The people of Saskatchewan want to see us build for the future; they want to see us take advantage of the changes that are out there; they want to see us get on with the business of providing quality health care for our seniors, for our youth, and for all the citizens of our province.

Mr. Speaker, surely the opposition must realize that if they have pretensions about becoming the government some day, they're going to have to come up with something new. They're not going to be able to live in the past, go back to the old ways, the way they did it in the past. The same old accusations are just not working.

Mr. Speaker, the people of Saskatchewan recognized in 1982 how the NDP works, and they're just not buying it. They didn't buy it in 1982, they didn't buy it in 1986, Mr. Speaker, they didn't buy it in 1988 in the Assiniboia-Gravelbourg by-election. Mr. Speaker, the people of Saskatchewan are tired of those types of tactics. The people of Saskatchewan are looking to the future. They want to move forward. They do not want to be kept in the dark, although that's what the NDP would have the people . . . where they would have the people, and that's what they tried to do the people when they were elected and they were in power.

Mr. Speaker, the NDP attempted to keep the people of

Saskatchewan in the dark about the issues that they had the right to know about. Pardon the cliché, but the NDP philosophy must have been, what they don't know won't hurt them.

Like I said, Mr. Speaker, the people of Saskatchewan saw through that deception. Mr. Speaker, that's what this resolution is about again, and it's disappointing to have to stand and speak to those types of things. I would think that the people of this province deserve much more. They deserve people who can be honest and forthright and put forward positive ideas and suggestions, not only be critical, not only attempt to tear down, but offer positive alternatives and solutions.

Mr. Speaker, I've already said that Saskatchewan enjoys one of the best health care systems in the world, but let's not just take my word for it, let's look at the facts. I believe that those facts speak for themselves. Contrary to what members opposite might have the people believe, this government has, in fact, increased spending on health care.

Mr. Speaker, we've spent more money on health care than the NDP or any administration in this province's history, Mr. Speaker, more money than other government in the history of Saskatchewan; in fact, from 1981 to 1989, 91 per cent more money.

Mr. Speaker, I would say to the members opposite and the people of Saskatchewan that I am proud of that record. I am proud that we're able to provide a first-class health care system for them. Perhaps it is that the members opposite, the NDP, just don't like being upstaged. When this government did something good for the people of Saskatchewan, they simply want to bury their heads in the sand and refuse to acknowledge it.

Mr. Speaker, going on with this resolution, it suggests that we do not consult, that we haven't developed a long-term strategy or not developing that. Mr. Speaker, I listened with interest to the mover and the seconder of this motion as they talked about health care, talked about negative issues. Mr. Speaker, I never heard them mention the fact that over the course of the past year there's been a commission of very qualified Saskatchewan people, the Saskatchewan Commission on Directions in Health Care, who have been out touring the province, who have been listening to the people, getting presentations from them, and hearing to their ideas, Mr. Speaker; a commission appointed by our Premier, a commission that's going to bring in a report outlining suggestions put forward by the people for the direction that they believe health care should go.

Mr. Speaker, what was the NDP's reaction to that commission? They opposed it. They've opposed it every step of the way. They said it wasn't necessary; they said it isn't going to work. They've tried to discredit the people that are involved. Mr. Speaker, I believe it's a real affront for them to oppose the establishment of a body comprised of such qualified people, people of Saskatchewan, people who are respected in their fields and in their communities.

I notice, Mr. Speaker, that the member from Quill Lakes

has lots to say from his seat, but once again is silent when it comes time to stand up and add his word to the debate in this Assembly.

Mr. Speaker, that commission is a body that will make recommendations to the government on the directions that health care should be taken, directions based on the input of the people of Saskatchewan. For the first time in our history, the people, the reason that we are here in this Assembly today, have the opportunity to aid in the design of their own health care system, to have input into it. The NDP do not like that, Mr. Speaker. Good Heavens, no! let the people decide. Not for the NDP — they would ask: what do the people know about health care? They are only the consumers. We should know. They should dictate it.

Mr. Speaker, I'd ask you this: what makes the opposition think that they, or we, for that matter, or any other political body, know more about health care, more about what is best for the people than the people themselves do.

Mr. Speaker, this government, this Minister of Health, our Premier, is not afraid to ask the people for their input. In fact, we want to know what they think.

Mr. Speaker, in my time as legislative secretary to the minister of Health, the former minister, I think back to the meetings that he held throughout this province — I believe 15 different meetings with interested people to gather their input and ideas into health care, Mr. Deputy Speaker — meetings where up to 400 people attended and provided their input in frank and open discussions with the minister. This is where they brought forward ideas suggesting improvements to our system, improvements to home care, chiropody program; suggestions for integrated facilities; co-ordination of services between the various providers of health care in communities and in neighbouring communities as well.

(2100)

Mr. Speaker, that was consultation. I recall in my days out in those meetings and listening to the people, and how happy many of them were as they talked about how that was the first opportunity that they had ever had to provide that kind of input to government on an issue that was so vitally important to them.

Mr. Speaker, perhaps the old health care system was good at one time. I'm not denying that. As I said before, times have changed and are continuing to change. People are changing. Modern medical technology has increased the probability of survival for many people. They're living longer lives, healthier lives. Mr. Speaker, diseases such as heart disease, which are now treatable, were once almost always fatal. Because we as a population are now living longer lives, the demands for medical services are changing as well. And, Mr. Speaker, we are changing the health care system to meet those changing demands.

Let's take a look at medical research, for instance, Mr. Speaker. Thanks to modern medical technology we now know more about certain types of cancer; in fact, there are some forms of cancer that can now be cured. Cancer, Mr. Speaker, a dreaded, vile disease, is described by my

colleague, the member from Rosthern, who has experienced personally what it can do in a family situation and those close to you, a disease that claims hundreds of lives each year.

Mr. Speaker, in response to the pain and suffering of cancer victims and their families, this government's reacted. This government built a brand-new cancer clinic in Saskatoon. Not only did we build a new physical building, Mr. Speaker, we've also increased funding to the Saskatchewan Cancer Foundation by 89 per cent since we were elected. Mr. Speaker, a large part of that enhanced funding has been directed at research and development, and \$5 million over a five-year period has been allotted to new equipment.

Mr. Speaker, it's only going to be the money spent on research today which is going to save further expense tomorrow. But, Mr. Speaker, it's not the expense which is near as important as the pain and the suffering that the disease causes to the people, and if people can be saved from that, and lives spared, it's well worth it.

Mr. Speaker, we're also going to be working in co-operation with the Saskatchewan Cancer Foundation in developing a program to help detect breast cancer in women in its earliest stages. Mr. Speaker, once again a need that was identified — this government reacted and responded positively to it.

Mr. Speaker, another relatively new program in Saskatchewan, very much in keeping with our times, in keeping with changing life-styles that this government has implemented, is the Everyone Wins program, Mr. Speaker, a program which has promoted healthier life-styles, promoted eating right, keeping fit, reducing stress, quitting smoking, combating drug and alcohol abuse, avoiding accidents, preventing communicable diseases.

Mr. Speaker, I think one of the most important parts of that program — though the opposition would suggest that it's only an advertising gimmick to attract attention — I believe the most important part of that program in my area, and the people that I talk to, is it's involved people in their home communities, through their service clubs, through the groups and the organizations that has taken projects to promote healthier life-styles, to promote various things, and awareness programs within their communities for the people, their neighbours and friends and the ones that they know. Mr. Speaker, very positive comments through that program, very preventative, and something that's going to have long-term, lasting benefit to the individuals and to society as a whole.

Mr. Speaker, members opposite once again have suggested that it's a program that was unnecessary, that it's not needed. Many times in the past we've heard the member from Regina Lakeview, the Health critic, harangue about how unnecessary it is and what a waste. Mr. Speaker, it's not a waste when you spend, when you . . . not spend money, when you invest money today to save in the future, to save people's lives and to help them have a healthier life-style.

Mr. Speaker, let's take a closer look at some of the things

that that program is promoting. It's promoting eating right. It's a hard thing to comprehend in a province like this where we have so much, and yet many people simply do not need it.

Mr. Speaker, we know that if we eat right, we will be healthier, and if we are healthier, our bodies are more able to fight off viruses and diseases. Mr. Speaker, those same people who live healthier life-styles today will have better health when they become seniors, to enjoy their retirement years and to enjoy the life that there is later.

Mr. Speaker, I believe it's very important that we do that and continue on with that program. Mr. Speaker, for our youth keeping fit, reducing stress for working people, quitting smoking for everybody, do nothing but help all members of society. We all know that all three of these reduce the risk of heart disease, and they also know that quitting smoking reduces the risk of lung cancer. Once again back to that cancer.

Mr. Speaker, avoiding accidents — sometimes it's awareness and sometimes it's education to help people avoid accidents. If this program can assist in that, it's well worthwhile. No one gets into accidents on purpose; consciously trying to avoid them really does decrease their number. I can speak from personal experience in industrial work places, in the agriculture and the logging industry, that awareness and education is what prevents accidents. Mr. Speaker, we all have to be conscious of it every day.

Wearing seat-belts is just one example. We all believe that they provide a very real benefit. We have countless numbers of people who testify that they've been able to walk away from accidents in which they would have otherwise been seriously injured or killed, because they were wearing their seat-belts. An awareness program sponsored through here helps once again to save lives and improve life-styles and have healthy population.

Mr. Speaker, combating drug and alcohol abuse — we all know that drug and alcohol abuse only leads to an increase in the crime rate. Crimes such as assault, rape, and worst of all, murder. Mr. Speaker, it's very, very degrading for people to become addicted to chemicals in one form or another. If there's anything that we as society can do to help prevent that or to help find cures or remedies for those people once they are in treatment to get them off of those habits, I believe it's very, very important and incumbent upon us to spend our efforts and our time and our resources to do that.

Finally, Mr. Speaker, preventing communicable diseases — Mr. Speaker, they are a very real fact of life. Some of them are more serious than others. Certainly, in these present times, one that's often on the news, one example is AIDS (acquired immune deficiency syndrome). It's a very depressing subject, Mr. Speaker, but it's a very real problem that poses threats, very real threats, and unfortunately we have no reason to believe that it will cease to be a threat in the near future.

We all know that there is presently no cure for AIDS and there is no vaccine against it, and until there is, the only course of action available to us is prevention. Mr.

Speaker, the best way to prevent the spread of AIDS and other communicable diseases is through education and awareness — awareness of the methods to prevent it and the ways to prevent it. Mr. Speaker, many people don't want to know about it, but I believe for their own good and for the good of society as a whole, we all have to know about it. We all have to learn about it, Mr. Speaker.

The Everyone Wins program is an educational program whose aim it is to prevent the things that we are capable of preventing. Unfortunately, there are enough medical and health-related problems that to date no one knows how to prevent, and they eat up enough time and money and research without the added strain put on our health care system by dealing with preventable diseases.

Mr. Speaker, no one would argue today that the investment in polio vaccine was a good investment in the past. Once again, I don't believe that the investment in health care research and in healthy life-styles, anybody can argue that it isn't a good investment in our future.

Mr. Speaker, contrary to what the opposition would like the people to believe, this government, on a new tactic, does not close hospitals, we build them. We have undertaken major construction projects at St. Paul's Hospital in Saskatoon, University Hospital in Saskatoon, and construction will soon be under way on another new city hospital for Saskatoon. Mr. Speaker, here in the city of Regina, Phase III at the Regina General Hospital, as well as Phase III at the Pasqua Hospital have been completed.

In our rural communities — and let's not forget about them, a very important part of our province — we've also built hospitals in Gull Lake, Watrous, Hudson Bay . . .

An Hon. Member: — Cabri.

Mr. Sauder: — My colleague says from Cabri, Lloydminster; in my home constituency of Nipawin. Mr. Speaker, those are only a few of them; there are many more, and there are more to be built in the future. And I think particularly of Broadview, La Ronge in the north, the people of the North, to provide much needed health care services up there, and last, in the community of Lafleche. That's right, Lafleche, Saskatchewan in that now famous constituency of Assiniboia-Gravelbourg.

Some Hon. Members: Hear, hear!

Mr. Sauder: — The same constituency, Mr. Speaker, where the Leader of the Opposition, the member from Saskatoon Riversdale, trying to continue on with his tactic of deception and misleading the public, circulated his letter that said that this government — this PC government that is building hospitals — was planning on closing all the hospitals in that constituency.

Mr. Speaker, that's an affront to the people of Saskatchewan, it's an affront to the people of Assiniboia-Gravelbourg. I believe that they deserve an apology for that, and if that Leader of the Opposition had any integrity he would apologize for those types of tactics.

Some Hon. Members: Hear, hear!

Mr. Sauder: — Unfortunately, Mr. Speaker, it's only indicative of the way that they continue to operate on whatever topic of the day they choose to deal with. Deceive the people, try and mislead them, and hope that if you say it enough times they'll start to believe what you're putting out to them.

Well, Mr. Speaker, the people of Assiniboia-Gravelbourg didn't buy it. The joke was not on them, the joke was on the members opposite. We all know who they elected to be their representative in this House, and we all know why. We didn't have to do it to the NDP, they did it to themselves. As I said before, they did it in 1982, they did it in 1986, and they did it again in 1988. I would ask, can they be trusted? We haven't seen any reason to believe that they should be.

Mr. Speaker, getting back to my topic, this government builds more than just hospitals. We've also built nursing homes, special care homes for our seniors or people who are unable to function and live in their own homes, for our growing senior population, so they have somewhere to go when they can no longer care for themselves.

We've built those special care homes, but the NDP placed moratoriums on them. That was the members opposite. That was when they were in government in the 1970s, those years when we had a buoyant economy, when the grain prices were good, when our resources . . . when the export market was good for our resources. Mr. Speaker, they had money to buy existing businesses in the province. They had money to buy out the farmer so that they could run their farms, but they didn't have money to provide the services.

(2115)

Mr. Speaker, I say shame on them. The people of Saskatchewan have said shame on them. No money for nursing homes, no money to provide the needed facilities. Mr. Speaker, one of the first acts of this government after they were elected in 1982 was to get on with the job of providing nursing home beds for the people of Saskatchewan.

Mr. Speaker, not only was it something that we did after 1982 when we were elected, it's something that we have continued to do over the course of the last seven years. Mr. Speaker, we lifted that moratorium and we've continued to build nursing homes since then.

Some Hon. Members: Hear, hear!

Mr. Sauder: — Twenty-four hundred, 2,400 new nursing home beds, Mr. Speaker — 2,400. As I said before, this government has recognized the needs, this government has responded to the people. We built the homes.

The Speaker: — Order. Order. Order. Unfortunately, the nice little chat is interfering with our member from Nipawin, and the separate debate is interfering with it, and let's give him the opportunity to speak.

Mr. Sauder: — Thank you, Mr. Speaker. Once again the NDP have shown that they're not really interested in the

motion. They're only interested in putting forward their mistruths, their misconceptions, and deceptions. They don't want to hear the facts put out. I appreciate you for drawing that to their attention and bringing them to order.

Mr. Speaker, I cannot even imagine what could possibly be going . . . have went through the minds of those people who advocated a moratorium placed on a service as essential as the care of our senior citizens, supposedly responsible elected officials who didn't want to recognize the contribution that our senior citizens, the pioneers of Saskatchewan, the very people who had helped build our medicare system, the very people who had helped build our province, Mr. Speaker, and yet they didn't hold them in enough regard to provide a place for them to live, to spend their final days once they could no longer care for themselves. They placed a moratorium on nursing homes, and we built them.

I would ask, what's changed, Mr. Speaker? The Leader of the Opposition, the present leader, who was part of that crew in those days, is still advocating that we shouldn't be building facilities. Mr. Speaker, I disagree with that. Our Premier disagrees with that, and this government disagrees with that. Not only do we say we disagree with it, we've demonstrated it, and we've done something about it. We've built those homes.

For instance, the Parkridge Centre in Saskatoon which was opened last year. I would urge some of the members opposite to tour those facilities, to talk to the residents in them, to talk to the staff in those facilities and find out if they were necessary, find out if we shouldn't have them. Mr. Speaker, once again they're critical, but no realistic alternatives — no alternatives at all. Mr. Speaker, perhaps they could check the (Senior Citizens) Eventide Home here in Regina, run by the Salvation Army; the Santa Maria (Senior Citizens) Home just over to the west of the legislature here, and find out if those facilities were needed. Many, many of our small communities around the province, as well, and I'm pleased to say that in my constituency of Nipawin, we're presently undergoing an addition to the special care home there, which is going to provide more, much needed space in that facility and in that community and area.

Mr. Speaker, another facility, an idea that came out of our consultation with the people, was to keep as many seniors as possible in their home communities, in the small communities where they had spent their lives, the small communities where they had family, the small communities where their friends and relatives still are today, Mr. Speaker, the place where they felt at home. Their idea and suggestion for that was that we should build integrated facilities, and I think of communities such as Rose Valley, and another one that I was at was Nokomis, where they were able . . .

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

Mr. Lyons: — I wonder, Mr. Speaker, if I could beg leave to make an introduction?

Leave granted.

INTRODUCTION OF GUESTS

Mr. Lyons: — Thank you very much, Mr. Speaker. I'd like to introduce to you, Mr. Speaker, and to the other members in the Assembly tonight, someone that's very special to me. It's my son. He's here for the first time as a guest in the legislature. He's enjoying the proceedings, and in about two minutes Dylan's going to be going home to bed. So I'd like all members to welcome him to the Assembly tonight.

Hon. Members: Hear, hear!

MOTIONS

Resolution No. 3 — Crisis in Health Care (continued)

Mr. Sauder: — Thank you very much. I too would like to join in welcoming the member's son here to visit. I know it's always a treat when youngsters can come and view the proceedings here. I know my family enjoys it when they get the opportunity.

Mr. Speaker, as I was saying, not only have we built hospitals — cancer clinic, rehabilitation centre — but our small communities and the facilities that should be provided there in rural Saskatchewan, the place that's so important to so many people in this province, Mr. Speaker, the fabric, the very fabric of this province.

Mr. Speaker, the integrated facility concept has been developed and is built to join together some special home care beds, long-term care beds, along with the acute care facilities. It's been a means of keeping the medical staff many times in the community. It's been a means of keeping the seniors in that community where their family, where their friends are, and where they still have an opportunity, if they're able, to get out and spend time with those that they know, in surroundings that they're familiar with, Mr. Speaker, I think a very excellent project to assist. It's one more small thing to help to keep many of our small towns viable and alive, a reason for people to stay there and not want to move on.

Mr. Speaker, another thing that I've heard the members opposite screaming about from time to time is a shortage of nurses. Well, Mr. Speaker, this government has dealt with that problem, we've addressed it, we've added 746 new nursing positions in Saskatchewan, and we will be expanding that number even more.

Mr. Speaker, hospital waiting lists are another pet peeve of the members in opposition. Well we have provided more funding through that problem, Mr. Speaker. Certainly it's been an ongoing problem, it's not anything that's new to this government, it was around in the last government, and I would almost bet that it was around in the government before that. In the last four months of 1987, however, waiting lists have been reduced substantially and they're continuing to go down. Yet, Mr. Speaker, when they get up to talk, even to this day they raise this. The present member from Saskatoon South, when he was minister of Health, his suggestion was that hospital waiting lists were an efficient and effective way of running a hospital. Well, Mr. Speaker, we've provided additional funding to take care of that.

Mr. Speaker, a few moments ago I spoke of how this government has built hospitals. Well, Mr. Speaker, hospitals aren't the only important part of the system; they also need equipment to go in them. We provided funding for equipment. For instance, we purchased CAT (computerized axial tomography) scanners for Saskatchewan's six main hospitals. It's interesting to note that over the supper hour I just heard a conversation of a constituent of a colleague of mine who said, don't let anyone put that idea forward that there's big, long waiting lists.

She had had reason to attend a doctor recently, appointment at 11 o'clock in the morning; she said that at 3 o'clock in the afternoon she had a CAT scan. The waiting list was not long. She said, we've got a very efficient system and very good service.

Mr. Speaker, this government has also enhanced the open heart surgery program in Regina, and increased funding for day surgery in Saskatoon. Mr. Speaker, we're also establishing a provincial organ donor program, a co-ordination so that the medical staff do not have to spend their time and their efforts finding organ donors, or in turn finding recipients for organs that are available for donation, Mr. Speaker, a program that has received very high commendation and praise from those people who are involved in those needs, and I'm very pleased this government has been able to provide for that.

We've also increased funding for road and air ambulance services substantially, even more substantially than our 91 per cent increase in our global health budget — Mr. Speaker, an increase of 221 per cent, 221 per cent for ambulance services.

We've also established Whitespruce, the first drug and alcohol treatment centre directed at youth in Canada; the Children's Rehabilitation Centre in Saskatoon. Mr. Speaker, as I've talked, I've encouraged members of the opposition to visit some of the facilities that this government has built, to find out the services that are being provided.

I'd also like to encourage them to visit the new \$50 million therapy wing of the Wascana Rehabilitation Centre in Regina, which recently had its grand opening. I know if they would take the time, the opportunity to tour it, to talk to the staff, they will be impressed, perhaps even a little jealous — jealous that they were not the initiators of such a project.

All prior to 1982 and after an election they talked about a new rehab centre. They had been asked for it many times; they announced it. Interestingly enough, after the election when they were defeated, there were no plans in place, there was nothing in the works to provide the facility. They had talked before an election, but it was only to deceive and mislead, it wasn't to provide any real facility or real services, or to address the real need of the people of this province.

Mr. Speaker, we've also introduced the *Hemophilus influenzae* vaccine for 18-month-old infants. Once again, I make reference to polio vaccine and the benefit

that it's been to our society — for those people that need this vaccine, a very necessary thing and a very positive step forward in that disease.

We recently have another new and very innovative thing provided in delivery of our health care; it's our plastic health services card. There, once again, members opposite suggest, oh, it's unnecessary, we don't need it; we don't need to improve the methods of delivery; we don't need to improve the timeliness; we don't need to improve our record-keeping. Mr. Speaker, this initiative increases the efficiency of our health care system, and also, and very importantly, decreases its abuse.

And for any of us to suggest that there wasn't any abuse, I think, would be very naive. I think we all have to be realistic about that. It makes me feel very good when I talk to medical people, doctors, when I talk to pharmacists who talk about the people who come in. When they punch their records . . . prescription into the computer and run their card through the system, they find out that that same person has had perhaps the same prescription the same day or a day or two previous, and when challenged on it — provided by a different doctor unknown to the one who provided the prescription — the people just leave.

Mr. Speaker, our health care and our drug system was a method for some people, a small element of our society, to abuse the system, and this is one more check that's going to help that and be a positive for everybody.

Mr. Speaker, as positive as it may be, and as much as we may talk about wanting to cut down abuse, members opposite voiced their objections, said it's unnecessary. I don't know how people who speak out of one side of their mouth, who claim to have the public's best interests at heart, can oppose programs that are so obviously beneficial to them, and obviously beneficial to our society and to our residents and the constituents of our province.

Sometimes I think that perhaps they are taking their official role a little too literally — opposition, indeed. Mr. Speaker, it would seem to me that an effective and realistic and a credible opposition would be offering constructive criticism and alternatives — not just opposition, not just degrading comments, not just suggesting that it's not good enough, not just suggesting you should do more — but should be providing realistic solutions to problems that we're facing.

Mr. Speaker, I urge those members not on the government side of the House to re-think their position carefully and to be honest with themselves; but, Mr. Speaker, more importantly, be honest with the people of Saskatchewan. They deserve at least that much.

(2130)

It's a travesty that members opposite would attempt to blatantly deceive the people of Saskatchewan. Mr. Speaker, right from their leader on down it seems to be their trade mark and their hallmark that if they haven't got anything positive to say, then we'll attempt to deceive and mislead. Mr. Speaker, as I've said before, our people

deserve more than that.

As I've pointed out, as I've went through my discussion here tonight, the opposition would have them believe that this government doesn't build hospitals when, in fact, we do. We pointed out many instances of it and many more to come.

They'd lead them to think that we don't build nursing homes; in fact, we do. We have many, many residents in them this day who are testimony to that and who are very pleased and thankful that we have provided that for them.

They'd lead them to think that we don't and haven't assisted and addressed the problems of waiting lists when, in fact, we have and we do.

They'd lead them to think that we've cut funding, when the opposite is true. Mr. Speaker, if a 91 per cent more money over these seven years is a cut in funding, my arithmetic is something different. I believe they must be dealing with new math or something. As I've said before, it's shameful, Mr. Speaker, and it just won't do. It's not good enough. I don't accept it and neither do the people of Saskatchewan.

Mr. Speaker, those are the reasons why I will be supporting the amendment moved by my colleague which commends the Government of Saskatchewan for its innovative changes to the health care services; for its integrity for consulting with the people about those changes; and for its development of a long-term strategic plan for the positive improvement of Saskatchewan health care services.

Mr. Speaker, I'll be supporting that amendment and voting against the motion put forward by the member from Lakeview.

Some Hon. Members: Hear, hear!

Mr. Rolfes: — Mr. Speaker, it's my privilege to enter this debate. I had intended on getting into the debate before the amendment was moved this evening, but, Mr. Speaker, I can speak on both for the next half hour or so.

First of all, Mr. Speaker, I do want to set the record straight. The Minister of Education again is speaking from his seat as he usually does, but I do want to set the record straight. Both the mover and the seconder of the amendments tonight indicated, Mr. Speaker, that health care expenditures, Mr. Speaker, have gone up 91 per cent. That is simply not true.

Both the member for Rosthern — and I'm very disappointed with the member from Rosthern who is a former educator, and who, I think, believed at one time that he should be truthful with the people of Saskatchewan, particularly the young people. The member knows better, and he knows that he was not speaking the truth tonight when he said that health care costs have increased by 91 per cent since 1982. That is not the truth.

And if the member would just listen for a . . .

An Hon. Member: — What about the waiting lists?

Mr. Rolfes: — Mr. Speaker, would you please ask the Minister of Education to quit yelling across the floor.

The Speaker: — Order. It seems to me we're having a dispute between members here. Let's just all calm down and allow the speaker to continue.

Mr. Rolfes: — Mr. Speaker, it's the Minister of Education who's constantly . . .

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

Mr. Neudorf: — Mr. Speaker, on a point of order. The member opposite was getting kind of carried away in debate, which is all right, I suppose, but when he questions that I was not telling the truth, I can only conclude that he's saying that I'm lying. I thought that that . . . We have a specific rule in this Legislative Assembly that prevents . . .

The Speaker: — Order, order. I am afraid that because of an intervention from one of the members, I am unable to hear you completely. Would you please repeat your remarks.

Mr. Neudorf: — Yes, I'd like to very much, if I could just make myself heard over the member from Quill Lakes. The point of order, Mr. Speaker, is that we have a rule in this Assembly which I think precludes one member calling into question the truthfulness of another member, and by the member of Saskatoon South indicating that I was not telling the truth during my comments, I suggest to you that only leaves one conclusion, that I was lying, which is against the rules of this House.

And I suggest furthermore to you, Mr. Speaker, that my terminology of 91 per cent, if he brings that into question, it's a matter of debate; it's a matter of opinion; it is not a matter of black and white, truth or lies. That is the point of order, Mr. Speaker.

Some Hon. Members: Hear, hear!

The Speaker: — Order, order. I have listened to the hon. member's point of order, and the way I understood it, he indicated that the member had indicated that he was not telling the truth. Is that correct?

According to the rules and practices we follow in this House, that has been deemed as not an unparliamentary remark.

Mr. Rolfes: — Mr. Speaker, I agree with the conclusion that the member from Rosthern made himself. If that's what he thinks of himself, that's fine with me. I won't debate that and argue that with him.

Mr. Speaker, what I said to the member from Rosthern and the member from Nipawin, they are not being truthful. They are not being truthful with the people of Saskatchewan when they say that health costs have increased by 91 per cent since 1982 because what the government has done, what the government has done with the health care budget, they have moved about \$250

million from other departments into the Department of Health, and therefore they said the Department of Health has increased by 91 per cent. That is not telling the truth.

That is not telling the truth, and anyone who claims that the Health budget has increased by 91 per cent since 1982 is simply being deceitful. Mr. Speaker, let me run it through for the member from Kinistino, who doesn't understand.

In 1982, grants to hospitals were under supply and services. You have now taken them out and put them under Health, which is about \$4.5 million. In 1982, grants and allowance for ambulance services, another almost \$7 million, were under Urban Affairs — they were not under Health. You've added them into the health care cost. Grants and allowances for home care, almost \$24 million — they were under Social Services. You've now put them under Health.

And the big one, Mr. Speaker, the big one for the member from Kinistino — and he shakes his head; he agrees with me — the big one, Mr. Speaker, grants and allowances for special care services, \$190 million, were under Social Services. You put them under Health. I ask the member from Kinistino, why didn't you take the whole Social Services budget and put them under Health, and therefore you could claim that you increased health services by 1,000 per cent? Now is that the new math? I'll tell you, Mr. Speaker, when they then claim that health care costs have gone up by 91 per cent, they are being dishonest. They are not being honest with the people of Saskatchewan, and it's about time, Mr. Speaker, that someone draws that to their attention.

Mr. Speaker, the motion that is before us simply condemns the government for not consulting, not consulting when they made changes. They have added an amendment which says that we should congratulate them for consulting with the people of Saskatchewan.

Who did they consult? Who did they consult, Mr. Speaker, when they dismissed over 400 dental nurses? Summarily they walked in and said, you're finished, that's it, no more, no more, you are now dismissed. Who did they consult? No one. No one, Mr. Speaker. That is not consultation.

Who did they consult when they drastically changed the prescription drug program? No one, Mr. Speaker, no one; they simply went ahead and did it.

Who did they consult when they had a study of rural hospitals and then disclaimed that particular study? Did they ask the people of rural Saskatchewan? Oh no, that was done in secret. And, Mr. Speaker, what did that report say? About 80 per cent of rural hospitals could be done away with without the hospital system suffering at all. And who agreed with that report? The Minister of Health. The Minister of Health agreed with that report.

Mr. Speaker, in the next few minutes that I have, I will show that the people opposite really are not committed at all to medicare and hospitalization. Let me read from an article. It is entitled, "Medicare too sacred to question." "Medicare too sacred to question." We will leave the

author unnamed for now. I will mention the author later. Do the members opposite agree with some of the things that the author says? The author says this about medicare:

Nothing I have since experienced has relieved my anxiety that the inevitable results of the present welfare state, in particular medicare, will destroy the freedom of the individual and greatly inhibit the original purpose of the healing arts.

That's one quote from this article. Let me go on. The author says:

But somewhere along the way, medicare became so sacred that no editor or politician would even suggest that compulsory medicare insurance implemented by the state, as a monopoly, might not be the best way to deliver health care.

Let me quote a little bit further. And this is what she asks, the authoress:

Why do we need medical care insurance that is compulsory and a government monopoly?

Let me read that again for the member from Shellbrook. Let me read that again for the member from Regina South:

Why do we need medical care insurance that is compulsory and a government monopoly?

Do the members opposite agree with those words? Of course they do, because they have defended this individual over and over again. And who is the authoress? Well, somebody by the name of Gay Caswell — Gay Caswell, who sat on that side, Mr. Deputy Speaker, who still speaks for that party opposite. Are they committed to medicare? By no means, Mr. Speaker, and I'd say to the people of Saskatchewan, should those people get re-elected again there's going to be dramatic changes to hospitalization and medicare to privatize it.

What does she say; what does she say? "Why do we need medical care insurance that is compulsory and a government monopoly? When was a monopoly . . ." And she goes on to say: "When was a monopoly, especially a government-run monopoly, ever proven to be a most efficient and benign way to deliver services?"

What is she saying to the people of Saskatchewan? Let's privatize medicare; let's privatize hospitalization. And these words, Mr. Speaker, are not just the words of Gay Caswell. Those are the words that those people opposite would love to say to the people, to the public, but they are afraid of the political consequences. Deep down in their hearts they support Gay Caswell, who sat on that side and who has threatened to run again, and no doubt will get the support of many of those people opposite in seeking a nomination.

Mr. Speaker . . . (inaudible interjection) . . . Oh, I know the members opposite don't like that, but deep down in their hearts . . . at least one thing about Gay Caswell, she says what she thinks, not like some of those members opposite, not like some of those members opposite.

An Hon. Member: — Who?

Mr. Rolfes: — You, for one.

The Speaker: — Order. I think the debate should probably be from the member for Saskatoon South speaking to the Assembly as a whole, and I don't think we should have separate debates. And probably provocative remarks passing back and forth across the floor do not add to the debate. So I ask both sides to co-operate.

(2145)

Mr. Rolfes: — Thank you, Mr. Speaker. Mr. Speaker, I know, I know that some of the words of Gay Caswell are provocative and they are disturbing to the members opposite. They are frustrated by the truth of this individual because so many of those members opposite believe exactly what she says. And they are saying to her, please, Gay, don't be so truthful. We'll take care of some of those things that you want once we get re-elected.

And I say to the people of Saskatchewan, be aware. Privatization is not just for the utilities which they said they would not privatize. Those people opposite also want privatization for our hospitals. They also want privatization for medicare and, Mr. Speaker, we are well on our way, as I will show a little bit later, in the members opposite trying to privatize hospitals.

Mr. Speaker, the Minister of Health and the members opposite, the mover and the seconder say, well, oh, we haven't cut back in hospital . . . in health care. What did the Minister of Health say in an article by Dale Eisler? The Minister of Health, by his own admission:

McLeod says that cuts to the dental plan (cuts to the dental plan) will save the Devine government approximately \$5.5 million out of a total health budget of almost \$1.2 billion.

Those were the admissions of the present Minister of Health. To put that into perspective, to put that into perspective it translates into a reduction of .458 per cent of the spending of Health. For that amount of saving, for that amount of saving, 294 dental therapists and support staff are losing their jobs — 200 — leaving aside any debate over the social benefits of the health plans.

It turns out that McLeod's fiscal argument rings hollow when considered in the light of other events.

Mr. Speaker, let me go again. "Health plans will die without cuts." Were they said by a member in the opposition? No they weren't. Well who was the author of those words? Well let's read it, and he says, health plans will die without cuts.

Saskatchewan has to trim its drug and dental plans in order to save them, Health minister George McLeod said Thursday.

So, health plans will die without cuts. And the members opposite, the mover and the seconder said there were no health cuts. Well who's telling the truth? Is the Minister of

Health telling the truth or are the back-benchers telling the truth? It is obvious, Mr. Speaker, that there were cuts.

Now what does the Minister of Health say? He goes on to say:

The province can't afford open-ended programs any more, so it will chop about 60 million from its dental and prescription drug plans, fire about 330 staff, and change or eliminate some coverage, he said.

Let me say . . . (inaudible interjection) . . . Oh, here comes the member, the Great Britain person. "The province can't afford . . ." Let me just . . . the member from Wilkie, let me just tell him what the Minister of Health said. I'll read it for his edification again:

The province can't afford open-ended programs any more, so it will chop about 60 million from its dental and prescription drug plans, fire about 330 staff, and change or eliminate some coverage, he said.

And that was the Minister of Health, the . . . well, the present Minister of Health.

Well . . . (inaudible interjection) . . . I hear someone squawking from the back-benches, Mr. Speaker. Comes from, I think, the member from Wilkie.

Mr. Speaker, I said that the members opposite weren't committed to medicare and hospitalization. Why do I say that? I say that, Mr. Speaker, because the headlines in the papers very clearly, very clearly indicate . . .

The Speaker: — Order, order. Order. Member for Saskatoon South.

Mr. Rolfes: — Thank you, Mr. Speaker, I appreciate your stopping the members opposite from interfering.

Mr. Speaker, I said that the hospital is not committed . . . is not committed to hospitalization and medicare because of the cuts that have taken place. And what else can we, Mr. Speaker, can we surmise when we read headings like, "Hospital lottery alarming." And the article goes on to say:

There is nothing very new about a lottery to raise funds for a football team, although for recent lotteries to reduce the Saskatchewan Roughriders' deficit are on a somewhat grander scale than usual. However, there is something new and very alarming about a lottery being run to offset the cost of equipping hospitals in Saskatchewan. I say alarming . . .

And the author goes on. Yes, Mr. Speaker, it is alarming. It is alarming when the government does not made a commitment to adequately fund hospitals so that we can provide care for our citizens in this province. And that's not the only article.

I have here, Mr. Speaker, another one:

"St. Paul's needs your help. St. Paul's hospital hasn't got sufficient fundings to provide services for its people so it is running a lottery.

Here is another one from Regina, "Hospitals team up to solicit money."

Now I said also, Mr. Speaker, that they weren't committed to rural hospitals. I won't go into many of these, but here are some: "Rural hospitals closures studied." And those aren't my words; these come out of the *Star-Phoenix*, 1988. And it goes on to say:

"About 80 of the province's 133 hospitals could be closed or converted without hurting accessibility to hospital care," says a report before the provincial government.

Who commissioned this report? The Minister of Health, the present Minister of Health commissioned that report.

Now, Mr. Speaker, I also said that the members opposite simply weren't providing sufficient moneys so that our hospitals could operate. We had, Mr. Speaker, just about a year ago, over 11,000 people — 11,000 people on the hospital waiting list in Saskatoon alone — over 11,000. And, Mr. Speaker, when I was the minister of Health back in 1982, the largest we ever had in Saskatoon was about 2,500. We now have almost five times as many in the city of Saskatoon, almost five times as many.

Oh, I know the members opposite don't want to hear this, but those are the truths. That's the truth. Here's another one: it says in the *Star-Phoenix*, "Hospital cuts, stupid move." And this is what the person says:

I am a quadriplegic and I spent a week in University Hospital in April for a check-up. All the government budget cuts in a hospital seem stupid when you are a patient. The cuts are in the wrong places. Nursing staff and other areas already cut to the bone are usually the places where additional cuts are made.

And they are proud, they are proud of the services that they are providing. This is a quadriplegic who spent some time in the hospital.

Mr. Speaker, there are lots of other quotes. Here's another one: "Hospitals critically short-staffed." I thought I heard the mover and the seconder boast about the staff that they have been providing. Let me read parts of this:

Some Saskatchewan hospital wards are critically short-staffed due to summer bed closures, according to . . .

An Hon. Member: — Who said that?

Mr. Rolfes: —

. . . the Saskatchewan Union of Nurses.

I'm glad you asked.

About 660 hospital beds have been closed for

summer according to a survey by the union which said hospitals are not replacing nurses when they are sick or on vacation.

Let me go on a little bit further:

Vacant nursing positions are not being filled, meaning there are fewer nurses to care for patients.

And so on.

Mr. Speaker, the point that all of these articles are making is that the health care system under this government has suffered dramatically. The quality of care has deteriorated, and the government opposite has simply not provided sufficient funds for our hospitals and for medicare. And when they say, Mr. Speaker, that the revenues for hospitals have increased by 91 per cent, they are simply not telling the truth. The *Estimates* of 1987-88, as I have indicated, clearly indicate what they have done. They have taken expenditures that were under other departments, moved them into the Department of Health — over 250 million — and then say that the Department of Health budget has dramatically increased.

Mr. Speaker, I also want to spend just a few minutes on a program that the member from Rosthern boasts about. And I don't know too much about the program, but he says the program, Everyone Wins — Everyone Wins. Well I remember a program called Feeling Good program, which was a life-style program. It was a joint program between the federal government at that time, the Liberal government, and our government. The members opposite cancelled that program when they got into power. They cancelled it. Came up a little bit later with their own program called Everyone Wins, but basically had the same objectives.

I don't oppose that, but I ask the member from Cut Knife-Lloydminster to check and see what the member from Indian Head-Wolseley had to say when I introduced a preventative health care program, I believe, in 1979 or '80. Check what he said about preventative health care. I agree with preventative health care. The member from Indian Head-Wolseley did not, was very critical of the then minister of Health, myself, for introducing a preventative health care program and a life-style program.

I am not going to criticize that life-style program they have introduced. All I'm saying is that the objectives of that program are very similar to the Feeling Good program that we had when we were the government, which program you cancelled — which program you cancelled.

Mr. Speaker, let me also . . . The member from Nipawin said that, while he was boasting of the seat-belt program, that seat-belt program — that seat-belt program was introduced by us, over the objection of you people when you sat on this side — over the objection, strenuous objection because you said it interfered with the individual freedom and rights. We brought it in. Now you're supporting it, and I'm glad you are because it does save lives — it does save lives.

Mr. Speaker, preventative health care can cut costs, can cut costs and will cut costs in the long run, and we must spend a lot more. Mr. Speaker, when the member from Rosthern talks about Participaction, Participaction was around much before they formed the government, and it was much more active and much more visible at that time than it is now. I support that too because it is a life-style program . . .

The Speaker: — Order. Order, order. Order. Order. Order. Other hon. members will have their opportunity. Order.

Mr. Rolfes: — Thank you, Mr. Speaker. Mr. Speaker . . .

The Speaker: — Order. Order. Order.

Mr. Rolfes: — I also want the member from Nipawin to check with a very good constituent of his, a member by the name of Ted Azevedo. I want the member from Nipawin to ask Ted Azevedo what he recommended when Ted was the chairman of the provincial senior citizens' council, what Ted Azevedo and the senior citizens' council recommended on home care.

I want also the member to check with Ed Marleau, Ed Marleau, the administrator of Sherbrooke nursing home and ask him what he recommended on home care in 1977-78.

Mr. Speaker, the members opposite . . . yes, the members opposite have made some changes. Some of those changes I agree with; most of those changes I do not agree with. They are a backward step. They are a backward step and we will pay dearly. We will pay dearly for those because in the long run, unless we put a lot more money in preventative health care, and that includes home care, the costs for health care are going to dramatically increase. I know the present Minister of Health agrees with that.

And, Mr. Speaker, I have a lot more things that I want to say, but I'm being interrupted by the members opposite. But if you permit me, I will continue with another. Member from Rosthern mentioned the commission on health care and why it was brought about. The only reason the Minister of Health brought in the commission on health care because he was being hammered . . .

The Speaker: — Order, order. Order, order, order. I have asked the hon. members quite frequently to refrain from interrupting. However, it being 10 o'clock, the House now stands adjourned till 2 p.m. tomorrow.

The Assembly adjourned at 10 p.m.