

AFTERNOON SITTING

ROUTINE PROCEEDINGS

READING AND RECEIVING PETITIONS

**Acting Clerk:** — Pursuant to rule 11(7), I have examined the following petition and have found it to be in order:

Of residents of the province of Saskatchewan praying that the Legislative Assembly may be pleased to urge the provincial government to eliminate the provincial lottery sales tax.

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

ORAL QUESTIONS

National Discussion of Proposed General Sales Tax

**Mr. Shillington:** — To put it mildly, Mr. Speaker, it's a little difficult to know who to direct the question to. I will leave it to whoever . . . There is the Deputy Premier, my question is to the Deputy Premier, good.

Mr. Deputy Premier, every premier in Canada went to Quebec city intent on voicing the concern of their province with respect to the general sales tax, every premier, that is, except Saskatchewan's. The Premier of this province seems to be so pleased with his role as Brian Mulroney's apologist that he won't even voice the objections of the Saskatchewan public with respect to this unfair and unproductive tax. Can you tell this Assembly why the public of Saskatchewan should tolerate their Premier spending his time in Quebec city trying to resolve Brian Mulroney's problem rather than Saskatchewan's problem?

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

**Hon. Mr. Andrew:** — Mr. Speaker, the hon. member talks about an unfair and unproductive tax. The finance committee of the House of Commons which is composed of members from the ruling Conservative Party, the Liberal Party and the NDP, all agree that the manufacturers sales tax in Canada is a poor tax, is an unproductive tax, and is a tax that should be replaced. That the 13 per cent tax that should be gotten rid of.

Now the members opposite I would suppose have one belief, that we can just get rid of the tax and all will be well. So there was a . . .

**An Hon. Member:** — That's what everyone wants.

**Hon. Mr. Andrew:** — The hon. member says everyone wants. You simply get rid of taxes and then ask for increase in spending of dollars. So the federal government responds to that and brings in a new tax. Now the new tax is hardly perfect and hardly what anybody perhaps would like to have crafted, and what the Premier says is that if you don't like this, then let's look at some proposals for another alternative form of tax.

I read in *The Globe and Mail* this morning saying, look at

the proposals is just that — a proposal that needs, talking about the sales tax, needs modifications and needs adjustments and needs to be thoroughly discussed. Mr. Speaker, I'm not sure what is wrong with simply discussing the whole issue, determining if there's a better model, then put forward the better model. But all the critics simply say, no don't do it: take away the manufacturing sales tax, eliminate the deficit, and increase spending 15 per cent, Mr. Speaker.

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

**Mr. Shillington:** — Mr. Minister, you raise the question of whether or not the 13 per cent manufacturers sales tax is a good and a productive tax. Only in Saskatchewan is any member of any government talking about that. What the subject of discussion is everywhere else but Saskatchewan is, is whether or not the replacement is a fair and equitable tax. Mr. Minister, we see from a recent Gallup poll that 45 per cent of Canadians oppose it, and only 23 per cent are in favour of it. That's a ratio of 2:1 who are opposed.

Your government has apparently decided that Brian Mulroney is always right and the public always seem to be wrong. The question, Mr. Minister, is how your government justifies taking a position so at variance with the clearly expressed wishes of the Saskatchewan public.

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

**Hon. Mr. Andrew:** — Well, Mr. Speaker, the hon. member goes back and says nobody has said a word about the manufacturers sales tax. Well, Mr. Speaker, the hon. member's self-anointed leadership candidate for the federal NDP, Simon De Jong sat on that committee, the Finance committee of the parliament. And Simon De Jong, speaking for the NDP, said that you have to get rid of that manufacturers sales tax because it is unfair and it is unproductive.

So you have to get rid of the manufacturers sales tax. Now that's a lot of revenue that flows into the federal coffers.

Now a proposal for an alternative to that was advanced. The matter is now being debated. There are some parts of it that are positive; there are certain parts of it that are negative.

Now, Mr. Speaker, I think the whole debate requires something more than simplistic arguments as advanced by the member opposite. Surely the members opposite, as the Premier has challenged them to do, put forward what you see as an alternative and then we can discuss that. And surely that is the public debate and public policy debate that we should be pursuing in this country.

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

**Mr. Shillington:** — New question, Mr. Speaker. Mr. Minister, the whimpish fashion in which this Premier has spoke for Saskatchewan in Quebec must be an embarrassment even to Conservative members.

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

**Mr. Shillington:** — One of the ways which the Premier has sought to avoid leadership on the issue is by talking about hearings, Mr. Minister, we ask for your solemn assurance that these hearings will be different and they won't be a repeat of the hearings on the privatization of SaskPower where you held not one set of hearings but two. You've been told overwhelmingly the public don't want it, and you're intent on ignoring public opinion.

What, Mr. Minister, is the purpose in having public hearings if you simply ignore what everyone says to you?

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

**Hon. Mr. Andrew:** — Mr. Speaker, the Minister of Finance has indicated that he would consult and consult widely on this particular issue to hear from the various components of the society and various components of the economy of this province.

Now the hon. members would have us believe that you should not consult at all, you should not go out and listen, you should simply reject it out of hand, reject the manufacturer sales tax, get rid of that, Mr. Speaker, and raise spending because they virtually every day ask for increased spending, Mr. Speaker. They're not being very responsible, Mr. Speaker. As I said, that this is an important public debate that deserves more than simplistic approaches as being advanced by the member from Regina Centre.

**Mr. Shillington:** — New question, Mr. Minister. What we have is Brian Mulroney with the Premier of this province on a short leash, and the Premier of this province trying to line up all of the other premiers like so many ducks in a row.

Mr. Minister, any other premier would be embarrassed to show such a complete lack of leadership.

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

**Mr. Shillington:** — The question, Mr. Minister, is: when, if ever, is the Premier of this province going to show sufficient intestinal fortitude to stop being a puppet for the federal government?

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

**Hon. Mr. Andrew:** — Well, Mr. Speaker, the hon. members says that what the Premier's doing is exactly why . . . and I believe as the member from Humboldt says, exactly as he did in the free trade debate. Mr. Speaker, the free trade debate had a due and proper airing in this country. The people of this country spoke on free trade, and we are now into a new era of free trade in this country, Mr. Speaker, and to the betterment of all.

Now what the Premier has said, Mr. Speaker, on this particular issue is that there is advantages of eliminating the federal manufacturers sales tax, and we agree with that. There is obviously, if you want to be practical and realistic, you have to replace it with another tax. So he's prepared to accept that. Now he simply says, let's look at the details of this particular proposal. For those details that you don't like, then let's lobby with regard to those.

Those that are favourable, then we can accept those. Surely that's the function of meaningful debate on a very important public policy issue in this country, Mr. Speaker.

**Mr. Shillington:** — New question, Mr. Minister, if the Premier had anything other than a noodle for a backbone, he would recognize that you have been . . . the Premier of this province has been on the wrong side of free trade, you're on the wrong side of privatization of SaskEnergy, and you're on the wrong side of this one.

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

**Mr. Shillington:** — Don't you think, Mr. Premier, that after three years of running in opposition to the public of Saskatchewan, it's just about time you pretended that you were elected to speak for them and not against them?

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

**Hon. Mr. Andrew:** — The member from Regina Centre never ceases to amaze me. Prior to 1982 he was, along with his colleagues, when the Premier was not a sitting member of this Assembly, used to point up into the gallery and say: the invisible man, you will never win your seat, you will never form government, you haven't got a chance to go any place. Lo and behold — 1982 they were proven to be wrong, Mr. Speaker.

Then in 1986, from '82 to '86, the member opposite sat in this House and he stood up and made much the same comments about the Premier, always taking a personal attack with regards to the Premier, that he would be annihilated in the next election, that he would not even retain his seat in the constituency of Estevan. Well they were proven wrong in 1986. Now they carry on with the same thing. They think they can win elections between elections, Mr. Speaker. When come time to count the votes, seems to me the Premier's always there, Mr. Speaker.

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

### Tax on Lotteries

**Mr. Kowalsky:** — Thank you, Mr. Speaker. Mr. Speaker, my question will be to the deputy minister in the absence of the minister . . . Deputy Premier, pardon me. Mr. Deputy Premier, you well know that in less than two weeks, in fact on September 1, the second half of your ill-conceived lottery tax will come into effect, when raffles and casinos will be taxed as the last, latest part of your great tax grab here.

Now given that the provincial revenues have decreased by 28 per cent on the lottery sales, on provincial lottery sales, when your government began taxing people's dreams, Mr. Deputy Premier, I want to know whether it is your intention to continue your folly and push a tax into the area of service club raffles, hospital and health support raffles, and senior citizens' raffles.

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

**Hon. Mr. Andrew:** — Mr. Speaker, the hon. member and

members opposite have posed identical questions over the last couple of weeks to either the Minister of Finance or the Minister of Parks, and they have responded accordingly, Mr. Speaker.

Let me simply say this, that the members of this side of the House believe that it's important that you raise additional funds to go towards health care. The health care budget in this province is going well in excess of \$1.3 billion, Mr. Speaker, by the way, the largest expenditure of the Government of Saskatchewan to contribute to the health care budget of this province, Mr. Speaker. And the Minister of Parks, along with the Minister of Finance, has indicated that they are reviewing the process to give it some time, Mr. Speaker, and will respond in due course. And that's exactly what they said last week and the week before and I would add nothing more to it today.

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

**Mr. Kowalsky:** — A new question to the minister. As usual in your answer you indicate that you're going to try to ignore the problem and hope that it's going to go away. I tell you, Mr. Minister, it will not go away, it's going to get worse. Since you indicate that you feel that you need more time and you'll continue the study, why don't you take the prudent course of action, why don't you defer the tax on the raffles until such time that a full study of the impact of the present tax will be known more accurately, and at least you will know? And why not spare our charities the same upheaval that you've caused the many sport, cultural and charitable bodies already which are funded by the lottery scheme?

**Hon. Mr. Andrew:** — Mr. Speaker, let me say this. That the member opposite knows full well that senior citizens' raffles involving less than \$2,000 are not covered by this. And he does not seek to clarify that, but simply to go out and attempt to confuse senior citizens, which is part of the old scare tactic, the old scare approach on senior citizens. He's simply preaching the same type of thing today, Mr. Speaker, and I don't think it is fair on his part to attempt in some way to suggest somehow that the small quilt raffle by senior citizens is covered by this. He knows full well it is not, and he is now simply trying to throw out something, Mr. Speaker, to seek to scare and confuse senior citizens. I think that is shameful, Mr. Speaker.

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

**Mr. Kowalsky:** — New question. I guess it's evident to everyone but your government, Mr. Minister, that the people of Saskatchewan have chosen to use this tax as a vehicle to protest the level of taxation that you've put up in this province, and it's a protest against your government's greed and mismanagement. They all know, Mr. Minister, they all know the history of your government, and in particular they know the history of the Minister of Finance in keeping his promises when you talked about health earlier.

And they also know that with your continual mismanagement and waste you were trying to cover up by coming to some kind of an erroneous conclusion, that you need to continue to add new taxes. What makes you believe for one minute, Mr. Minister, that this tax revolt

will not spill over to raffles after September 1, effectively robbing charities of their best fund-raising vehicle?

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

**Hon. Mr. Andrew:** — Mr. Speaker, I'm advised that in fact bingos in this province, that the attendance has not in fact dropped at all, that the bingos are retaining their same level of attendance; that the break-open sales are in fact maintaining their same level, Mr. Speaker, and dollars from that bingo — and that's significant dollars, Mr. Speaker — can now flow into health care services, to assist in the furthering of health care services in this province. And so I think the hon. member should be aware of that and should temper his statements and his speeches accordingly, Mr. Speaker.

### SaskEnergy Expansion Plans

**Mr. Solomon:** — Thank you, Mr. Speaker. I'd like to address this question to the minister responsible for the Crown Management Board, responsible for SaskPower and the Deputy Premier, and I address this question to the person responsible for all three of those jurisdictions.

Mr. Deputy Premier, you'll be aware that on July 27, 1989, Oscar Hanson, the SaskEnergy president told the Barber Commission that a privatized SaskEnergy would likely be making expansion plans, including expansion to the fertilizer business. Will you confirm what many of us on this side of the House have long suspected, that SaskEnergy will be the purchaser of the government's equity in the Cargill fertilizer plant at Belle Plaine?

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

**Hon. Mr. Berntson:** — Mr. Speaker, I will not confirm that. I will confirm, however, that there are many, many people that have expressed an interest in CMB's (Crown Management Board of Saskatchewan) interest in Saferco.

**Mr. Solomon:** — Mr. Speaker, a new question to the same minister. Mr. Minister, we've seen ample evidence that your government is totally devoid of any business acumen whatsoever.

But surely even you can see that if the government is putting up \$290 million for a plant that would make any other fertilizer operation in the province unviable, then it would be totally senseless for SaskEnergy to invest in anything other than the Cargill operation. If the corporation is looking at investing in the fertilizer industry, and you will not firm that this investment is in the Cargill operation, then there is only one other conclusion, and that is that SaskEnergy intends to take the money raised from its sale and invest it outside the province.

Mr. Minister, how in the world can you justify that move as lending any kind of assistance to the economy of this province?

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

**Hon. Mr. Berntson:** — Something that that member, and I expect all his colleagues, have never understood, Mr.

Speaker, is that a privatized Saskoil, Mr. Speaker, a company that was worth about two and a half or \$300 million prior to privatization, has grown significantly to the point where it's now the eighth largest energy company in the country, Mr. Speaker, and worth something over a billion, I think, \$1.2 billion today, and creating employment, Mr. Speaker, for a large number of Saskatchewan people in the gas sector, in the oil sector, headquartered right here in Saskatchewan, Mr. Speaker, still living in the same old building that they lived in for some time.

Not too different, Mr. Speaker, from a different government of the same stripe as members opposite, Mr. Speaker, when through SMDC (Saskatchewan Mining Development Corporation) they had hard rock mining properties in British Columbia and in the Territories and in Manitoba and in other places, Mr. Speaker. They're very, very critical when this side recognizes that maybe one of their ideas may have been good.

And I mean the whole thing we can take right back to their document of 1982 that was talking about share offerings in Saskoil and SaskEnergy and a whole bunch of other things, Mr. Speaker. And I suppose . . . No, I won't even get into that, Mr. Speaker. But suffice it to say that now they're on that side of the House, they haven't had one positive idea yet to present to this House. They've been against everything that we've proposed, Mr. Speaker, from paper plants to Rafferty.

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

**Mr. Solomon:** — Mr. Speaker, I have a new question for the same minister. Mr. Hanson has said that the privatized gas utility would have up to \$200 million to invest in projects such as the Cargill plant, and he also said there were two expansion projects they had in mind. Since he refused at that time to tell the press what these projects would involve because they are now being negotiated, then he is obviously proceeding on some authority to negotiate them.

Since there's no board of directors set by the shareholders of a privatized SaskEnergy, who, Mr. Minister, has given Mr. Hanson the authority to proceed with these negotiations? And since there's been apparently no decision on how much money is to be raised through the share offering or how it would be distributed, where did this figure of \$200 million come from?

**Hon. Mr. Berntson:** — Mr. Speaker, once again, the members are behaving in a bit of a hypocritical fashion. I can remember just a few days ago when the Minister of Finance was on his feet in Bill No. 20, when members opposite were very, very critical of them for not having a plan, not having set out a course of action, Mr. Speaker, for the money that was to come from a public offering in the potash corporation, Mr. Speaker.

Now Mr. Hanson, I'm told — and I wasn't there and I'm taking his word for it — but I'm told that Mr. Hanson at the hearing said that we are developing this plan. Well they can't have it both ways, Mr. Speaker. Either it's right to develop a plan or it's wrong to develop a plan. And they have taken both positions, Mr. Speaker, and I wonder

which one of them they want us to believe is the one that they believe in.

But my guess is, Mr. Speaker, is it's the one that will be negative as it was at Rafferty, as it was at Weyerhaeuser, as it was with Federal Pioneer, as it was with everything that we've ever . . . They have not had one positive contribution to make toward economic development in this province since the day this government took office, Mr. Speaker.

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

**Hon. Mr. Berntson:** — And prior to that, Mr. Speaker, prior to that . . .

**The Speaker:** — Order, order.

**Mr. Solomon:** — Mr. Speaker, new question to the same minister. It's very evident to the people of this province that a privatized SaskEnergy will continue to take its marching orders from your government. Therefore, if the provincial cabinet decides it's politically expedient for SaskEnergy to take over your investment in the Cargill plant, then the shareholders will have absolutely no say in the matter, whether or not they agree with the investment. My question is this: will you make all of SaskEnergy's investment intentions publicly known before you proceed with the sale of any shares so potential investors are not buying a pig in a poke?

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

**Hon. Mr. Berntson:** — Mr. Speaker, what does he want? What does he want? Does he want the Bill here right now so we can get it through, so we can talk about the investments, Mr. Speaker, and the investors?

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

**Hon. Mr. Berntson:** — Does he want the Bill here now so he can get all of those investors in here and have a privatized SaskEnergy, so we can go out and diversify and create economic activity in the province? What does he want? They've been standing here for days and months, Mr. Speaker, trying to pull the skids out from under a privatized SaskEnergy, and now he stands up and says, please, Mr. Minister, please, in a privatized SaskEnergy, will you please come and tell us what you're going to invest in. Well, Mr. Speaker, I've never met such a bunch of hypocrites in my entire life.

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

**The Speaker:** — Order, order. I must ask the . . .

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

**The Speaker:** — I must ask the Deputy Premier to withdraw that latter comment he made. It's a comment that we've some time ago agreed not to make in relating to other members in the House. I respectfully ask him to withdraw that comment.

**Hon. Mr. Berntson:** — Mr. Speaker, I don't suppose it would serve to just correct it and say, I have met a bunch

as equal . . . but rather, since my attempt at levity didn't work, Mr. Speaker, I'd be very happy to withdraw the comment.

**The Speaker:** — Order, order.

## ANNOUNCEMENTS

### Introduction of Page

**The Speaker:** — Prior to government orders, I have a pleasant duty to introduce to hon. members our new page who will be filling in at least until the session is over, and his name is Sean Embury. And I ask you to welcome him to the Assembly.

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

## GOVERNMENT ORDERS

### ADJOURNED DEBATES

#### SECOND READINGS

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Lane that **Bill No. 27 — An Act to amend The Mineral Resources Act, 1985** be now read a second time.

**Mr. Solomon:** — Thank you, Mr. Speaker. I rise to commence second reading on Bill No. 27, The Mineral Resources (Amendment) Act, 1989, which is an Act to amend The Mineral Resources Act, 1985.

I'm not going to take a lot of time in second reading. I will favour my minister opposite with questions in committee. I just want to say that this Bill, having had a review of the remarks of the minister, confirms that it is administrative in nature. It basically authorizes the reciprocal exchange of information to be entered into with other governments, including other provinces and the federal government, to improve the enforcement of taxation legislation as they apply to mineral resources.

And I will have a number of questions for the minister in committee. She explained the need for the amendment during her remarks. And I will be asking her some questions about what has prompted the amendments and whether or not the information that she will be sharing will remain confidential with other provinces as they will have to remain confidential to the department in Saskatchewan by Saskatchewan civil servants. We'll raise some of those questions at the end of my remarks, Mr. Speaker, I will await the committee. Thank you.

Motion agreed to, the Bill read a second time and referred to a Committee of the Whole at the next sitting.

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Lane that **Bill No. 78 — An Act to amend The Saskatchewan Telecommunications Act** be now read a second time.

**Mr. Trew:** — Thank you, Mr. Speaker, and I want to thank my colleague, the member for Saskatoon Westmount for his remarks when the Bill was introduced in my absence.

There's only a couple of problems with this Bill from our point of view and I'll be asking questions about them in third reading. Essentially we're going to be allowing the Bill to go. The problems stem from the fact that this Bill, Mr. Speaker, is going to empower cabinet even further. Cabinet will be the only mechanism to approve and interconnect with any other telephone system, and it's interesting that that power would be contracted simply to the government.

And of course the second part of the dealing of the Bill, the second concern I have that is with the Bill has been covered a little bit by the recent Supreme Court ruling and I'll be asking some questions on that in third reading. Thank you.

Motion agreed to, the Bill read a second time and referred to a Committee of the Whole at the next sitting.

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Hepworth that **Bill No. 89 — An Act to amend The Department of Energy and Mines Act** be now read a second time.

**Mr. Solomon:** — I just about ended my remarks during the course of second reading the other night, and 11 o'clock came, and I didn't have an opportunity to finish them off. But I wanted to just take a couple of minutes now, Mr. Speaker, to state that we opposed Bill 85 for a number of very important reasons.

**An Hon. Member:** — We're doing 89.

**Mr. Solomon:** — We're doing 89? Well let's do 89 then first. Let me just grab my 89 file. You want to talk about 89, I'm all set to do that to. Well, Mr. Speaker, I'm pleased to, having made a few brief comments off the topic about Bill 85, I'd like to now talk about Bill 89 which is more timely.

Bill 89, Mr. Speaker, is a Bill which makes amendments to The Department of Energy and Mines Act, and it basically changes two of the recent limits on the authority of the minister to make grants and to enter into agreements with other governments, persons, and organizations, but removes the requirement to obtain order in council for agreements entered into by the minister. And it also removes the requirement to obtain orders in council for grants in those cases where the grants were being made in accordance with the regulations made by the Lieutenant Governor in Council.

Now we had a bit of concern at the outset about giving the minister authority without having an order in council record, which is information that can be obtained by the opposition fairly quickly. But the regulations seem to have covered that off and we see this as a bit of administrative tightening up. And I don't see a major problem with it at the moment other than we have some questions in committee which we'll raise, and at that point reserve our decision on it. Thank you.

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

Motion agreed to, the Bill read a second time and referred

to a Committee of the Whole at the next sitting.

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mrs. Smith that **Bill No. 85 — An Act to amend The Mineral Taxation Act, 1983** be now read a second time.

**Mr. Solomon:** — Mr. Speaker, I rise to summarize my comments that I had not quite finished the other evening on Bill No. 85. As many of you will recall if you listened to my remarks, we oppose this Bill for some very fundamental reasons.

It's our view that this Bill will centralize the decision making and taxing responsibilities and policies of the government in the cabinet. And of course in our view that's a move towards a more secretive government. They are not willing to publish the regulations in tandem with the Bill. They are not allowing us to see what detailed regulations, how they will affect the taxation situation of the potash companies in this province. They have obviously made an effort to recoup some of the revenues that they have lost over the last couple of years, but that is not evident in this Bill. It will not be evident until the regulations are published, and that's a concern for the people of this province because potash is a very important resource and a very important revenue source for the people of this province as well.

So it basically doesn't make public, in our view, the government's taxation policy as it applies to potash, and it replaces agreements with regulations. And in our view it's just a very bad piece of legislation. It's asking us basically to endorse policy, taxation policy which is not public and will not be public until after the fact, after the Bill has been passed.

So in those summary remarks, Mr. Speaker, I will look forward to asking a number of questions of the minister in committee. But before I do, I would like to apprise the minister in advance that we'll be asking the following question, and we'd like her to come forward with the information in a written fashion if she could.

We would like to have provided by the minister and her officials during the consideration in committee, a comparative calculation of let's say 1988 tax year, of what the tax revenue was for potash and what the tax revenue would be under this new proposed formula. And we'd like to have a comparison done so that we can compare whether the new rate will show an increase in taxation. And we'll have a number of questions as it relates to that comparison. So we'll look forward to that. Thank you very much for your consideration.

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

Motion agreed to on division, the Bill read a second time and referred to a Committee of the Whole at the next sitting.

The Assembly resumed the adjourned debate on the proposed motion by Hon. Mr. Hardy that **Bill No. 81 — An Act respecting Rural Municipalities** be now read a second time.

**Mr. Lingenfelter:** — Mr. Speaker, in light of the fact that I had discussed this with the government House Leader, the acting government House Leader and we're going to put it off for a day, I would beg leave to — if I need leave — to adjourn the debate.

Debate adjourned.

**Hon. Mr. Hodgins:** — Mr. Speaker, I'd ask leave of the Assembly to return to government motions.

Leave granted.

## GOVERNMENT MOTIONS

### Electoral Boundaries Commission Report

**Hon. Mr. Hodgins:** — Thank you, Mr. Speaker. Mr. Speaker, today it is my duty to bring to this Assembly the report the Electoral Boundaries Commission for the Assembly's consideration. And Mr. Speaker, on behalf of all members of the Saskatchewan legislature — I do trust, Mr. Speaker, that the opposition would join me in this as well — I do want to congratulate the commission on the successful completion of what I view a very difficult task.

And as you may know, Mr. Speaker, the commission, the boundaries commission, was composed of three very eminent people in Saskatchewan. I believe all three of those persons would be well known to many people throughout this province, and, Mr. Speaker, I refer to the Hon. E.M. Culliton, firstly, retired chief justice of the province of Saskatchewan. I refer secondly, Mr. Speaker, to His hon. Judge Harvie Allan, judge of the provincial court. And thirdly, Mr. Speaker, electoral officer for the province of Saskatchewan, Mr. Keith Lampard.

Redistribution, Mr. Speaker, I believe is an essential part of our democratic process, and the contribution of these three individuals, I believe fervently, Mr. Speaker, deserves the gratitude and the attention of all members of the Saskatchewan legislature.

Mr. Speaker, I say that the task of the commission was a difficult one. I would say, Mr. Speaker, that the commission did the task thoroughly. They performed the task completely and, I believe, to the utmost of their abilities, Mr. Speaker.

There were many, many factors for these members to consider. The commission travelled throughout the province. The commission made themselves available to all Saskatchewan people who may have an interest in the redistribution, and they invited people from all over Saskatchewan to make their cases before the commission. I would say, Mr. Speaker, you would be hard pressed to say that the public of Saskatchewan was denied input into this process. And after considerable deliberation, the commission did in fact make some amendments to their interim report, and they produced the final report that we are considering today.

And, Mr. Speaker, I'd like to speak just briefly to some of the underlying principles of this report. And I would suggest, Mr. Speaker, to the Assembly, that the underlying principle upon which this report is based is the principle

of fairness, and that is, Mr. Speaker, what it should be. I believe that the one characteristic that would be shared by virtually all Saskatchewan people, whether they be urban people, rural people, northern people, or southern people, and that is the desire to see fairness at work in our political system.

You will note, Mr. Speaker, that there are two new seats created in this redistribution, and of those seats Regina will get an additional seat and Saskatoon will also get one additional seat. I think it fair to say, Mr. Speaker, that most people in Saskatchewan would know that these two cities have had significant population growth. And I would make the point, Mr. Speaker, that it would be only fair that given the shifts in population that these two cities be allocated one more seat each. At the same time, Mr. Speaker, if you look carefully at this redistribution and if you take the proportion of population between urban and rural, you will find that the correspondence to the proportion of constituencies is as well, very fair. And I want to cite the examples, Mr. Speaker, to back up the facts of which I'm speaking.

(1345)

For example, urban Saskatchewan has approximately 40 per cent of the population of this province of Saskatchewan, and urban Saskatchewan receives approximately 44 per cent of the constituencies. Northern Saskatchewan has 2 per cent of the population and has about 3 per cent of the seats. Rural Saskatchewan, Mr. Speaker, has 51 per cent of the population or thereabouts, and has 53 per cent of the constituencies. It is certainly not a one-to-one correspondence, but I believe that it is as close as could be had in a reasonable and a fair sense of the way in using that principle of fairness.

Mr. Speaker, when you look at the actual boundaries that have been redrawn, there has been some criticism of the commission for redrawing the urban constituencies extensively and only making minor changes within rural Saskatchewan. I don't believe that those criticisms are particularly fair. In the first place, Mr. Speaker, extensive redrawing in Regina and Saskatoon was necessitated by the fact that they each obtain one new riding. If there would have not been any new ridings allocated, then that redrawing could naturally have been minimized, but it simply does not make sense to reduce representation simply to avoid the exercise of moving boundary lines.

Secondly, Mr. Speaker, you will know that the greatest population shifts have occurred in those two cities. As well where there have been significant population movements in rural Saskatchewan the commission did in fact conduct some boundary redistribution. You will take note, Mr. Speaker, that those rural redistributions take place particularly in the constituencies of Rosthern, Redberry, Kinistino or Humboldt. Some adjustments were also made to Pelly to accommodate the "urban only" constituency of Yorkton.

Mr. Speaker, some people have suggested that a much more extensive redrawing of rural Saskatchewan should have taken place. Well, Mr. Speaker, I want to be very clear, and I want it on the record that the commission had

the absolute right and responsibility to redraw in rural Saskatchewan as it saw fit. It would not serve the honour of this Assembly, Mr. Speaker, for anyone to suggest that a justice of the Queen's Court or a judge of the provincial court has been involved in any impropriety in this exercise.

And I say, Mr. Speaker, with all due respect that anyone who would make such a charge should provide evidence to the authorities or they should refrain from any character assassination. So the fact is, Mr. Speaker, the commission did have the right, the commission did have the power to draw lines and conduct the redistribution in rural Saskatchewan any way it saw fit. That they redistributed where they did, I believe, is a credit to their good judgement, each and every one of them.

There are no additional rural seats for Saskatchewan. None have been taken away as well. So those pressures for redistributing the boundaries I don't believe existed. I am aware that some have argued that constituencies should in fact have been taken away from rural Saskatchewan. They, Mr. Speaker, are arguing with the Act that has already been proclaimed by this legislature, has been debated here and I believe rightfully so.

Mr. Speaker, as I have pointed out the proportion of seats between urban, northern and rural Saskatchewan in relation to the respective proportion of the population is very close indeed. To remove seats from any of those categories would have been the same as reducing their representation and, I believe, unacceptably.

Mr. Speaker, I say that the hearing process that was undertaken was an extensive one. I believe that all members of the legislature should be pleased with the number and quality of representations that the commission heard. I am very impressed, Mr. Speaker, with the response of the commission to those representations, how the commissioners clearly gave careful consideration to all representations made. And in fact, Mr. Speaker, you will find that the commission acted upon a number of the interventions or representations made to the commission.

And, Mr. Speaker, I speak now on behalf of all members on the government side of the House, and I will tell you, Mr. Speaker, from the government's perspective this report is not perfect. I would say, Mr. Speaker, that many members could stand up and say, well for my constituency I'd like to see this, or for my constituency I'd like to see a change here. But, Mr. Speaker, I suppose if I myself was drawing the boundaries, I would make changes.

But, Mr. Speaker, I think it is well known that this was a difficult task and it highlighted the principle that it is very hard in this business to satisfy all persons. And, Mr. Speaker, I know the opposition as well feels that this report is not perfect. Mr. Speaker, I believe if the member for Riversdale was drawing the boundaries, he would draw them differently than I would.

But the fact is, Mr. Speaker, both sides of the legislature are not perfectly content, but both sides of this legislature, Mr. Speaker, should be satisfied that the process was as

fair as fair can be. And, Mr. Speaker, I want to once again reinforce my belief that the commission, in fact, did a very good job.

I can say, Mr. Speaker, that on this side of the House, there were a number of MLAs who did make interventions for very specific changes and that some of those interventions were not accepted by the commission. I use one example as my seat mate, I know, who made strong representation to the commission that the portion of the Yorkton constituency that was to be transferred to a rural area should go to Melville. My seat mate was not successful in his representation or intervention, but instead the transfer went to the constituency of Pelly. I understand that my other good friend, the member for Saltcoats, as well, made representations to the commission. His representations were not heeded.

But by the same token, Mr. Speaker, members in the opposition made representations — some of them were not acted on; some of them were. And specifically, I think of the opposition's concern that Humboldt, under the interim report, was too large a constituency. The members opposite made representations that portions of Humboldt should be moved elsewhere. The commission heeded their intervention and acted upon it.

As the final report shows, Kinistino has acquired parts of Humboldt. The member for Kinistino has told me he is very happy to be able to welcome the community of Vonda with which he feels a particularly close relationship.

The end result, Mr. Speaker, is that a few of the interventions of government MLAs were acted on and perhaps even a larger number of the opposition representations were acted on. But in that balancing act, in the process of trying to establish not only a workable distribution but a fair distribution, we all must understand and accept that all of our representations cannot be acted upon.

I do want the members opposite to know that representations were made to the government by the member for Regina North West after the report had been brought down, and the member made representations respecting the new name of his constituency. I want members of the legislature to know, and particularly the member for Regina North West that one of the members, I believe the member for Regina Wascana, who will be speaking in the days coming on this motion, will be bringing forward an amendment, an amendment that will satisfy the member for Regina North West and act upon your representations made.

Mr. Speaker, I am also encouraged to know that some of the members opposite have already in fact started organizing under these new proposed boundaries. It is my understanding that the members for Lakeview and for Regina Centre have both sent out letters to their party memberships indicating that they will be vacating those seats to seek nominations elsewhere. I am also given to understand that there is campaigning under way for the NDP nomination in the new proposed constituency of Regina Lake Centre.

And, Mr. Speaker, while these examples do not indicate clearly an act of endorsement by the NDP of the commission's report, I do believe that they do implicitly give a message that members opposite are certainly willing to live with this report; members opposite acknowledge that redistribution does occur from time to time, and I believe that this is a strong case in the timely passage of this motion.

Mr. Speaker, I believe that this report represents a quality redistribution from a commission that all of us, all of us putting our political partisanship aside, should join in thanking and expressing our gratitude and our appreciation to some very eminent gentlemen from all across this province of Saskatchewan who have taken of their own time to perform what I call a very difficult task.

And, Mr. Speaker, it's my pleasure to move this motion, seconded by the member for Kindersley.

**Hon. Mr. Andrew:** — I make only a few points in seconding the hon. member's motion. I think, as the hon. member indicated, that this House passed legislation, I believe, following 1986 election and the session in 1987. Pursuant to that legislation, Mr. Speaker, a committee composing, as the hon. member has said, the former chief justice E.M. Culliton, Mr. Justice Allan from the provincial court, along with the Chief Electoral Officer, toured the province, held hearings, and brought back recommendations as to the various changes in the boundaries in the province of Saskatchewan.

Pursuant to the legislation, the number of seats were increased both for the city of Saskatoon and the city of Regina, which is where you would see the majority of growth in population, and that legislation recognized that.

Mr. Speaker, you then set about when you are to add a seat in the geographic area, obviously you have to (a) acknowledge the distinction that was between seats. I think they varied in Saskatoon from the situation of Saskatoon Centre, of 8,000 votes to the case of Saskatoon Mayfair, believe it's called, of 21,000 votes. So then when you add another seat to it there's going to be substantive changes in both of the seats of Saskatoon and Regina, and I think that's what we see in this report coming back. If you're to look at that, that's where the major changes are and have taken place.

I suppose one can debate: were they the right way? But they're roughly equal now across the two major cities. And as the hon. member said, as we move towards the next provincial election, it's important that this legislation pass the Assembly this session in order that all political parties can begin the process of organizing in those particular seats, setting up new executives, finding new candidates for those particular ridings, and getting on with the readiness for the next election, Mr. Speaker.

The hon. members have raised in the media, I have noted, that, and a couple of times in the House here, the whole question of whether or not the distribution is right; that they have advocated that there be more seats in urban Saskatchewan and fewer seats in rural Saskatchewan. I suppose the government has indicated that we should



keep the balance, that the Minister of Highways, in advancing his arguments, indicates that 51 per cent of the people of this province live in rural Saskatchewan, and they represent about 53 per cent of the seats; vice versa about 40 per cent of the people live in urban Saskatchewan, and they represent some 43 per cent of the seats and therefore the votes, Mr. Speaker.

The members opposite have also tended to raise the argument that the — and I remember when the legislation was brought in that — that this legislation, that this commission was unconstitutional. Well, Mr. Speaker, we have had one case in the interim and that rises out of British Columbia. In that case, I believe it was Mrs. Justice McLachlin, who has since gone forward and been appointed to the Supreme Court of Canada, indicated that the 25 per cent rule, which was used in Saskatchewan and is used in other jurisdictions, used at the national level, has found that to be constitutional in her dictum; certainly, in that judgement, Mr. Speaker. And therefore I think the whole argument that would somehow suggest that what was done here is unconstitutional is clearly unfounded, is not substantiated now by a decision of a judge that has now been elevated to the Supreme Court of Canada, Mr. Speaker.

I believe the commission being appointed by this legislature pursuant to the act of this legislature have done a commendable job. One would expect nothing more from the likes of Mr. Justice Culliton, Mr. Justice Allan, and the Chief Electoral Officer. Mr. Speaker, I therefore second the motion of the Minister of Highways.

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

(1400)

**Mr. Pringle:** — Thank you very much, Mr. Speaker. Mr. Speaker, it is with considerable sadness that I rise today to speak to this motion. This is another in a string of attacks on democracy that we've seen from this government, Mr. Speaker, another in a string of attacks we've seen by this arrogant government, this government that's desperate, that will do anything for its own political purposes. And I feel a sense of sadness today that I felt on some of the other occasions that I've spoken and been in the House when the government's been involved in undemocratic actions. And there are many of those, Mr. Speaker, and I'll refer to a number of those in my remarks.

I just wanted to make just two or three responses before I begin, to the comments of the mover and seconder. And in terms of the mover, the Minister of Highways, he talked about the public of Saskatchewan having sufficient input into this process and that nobody could dispute that. Well, Mr. Speaker, that simply is not true. And I dispute that, and I think to say that a couple of weeks to study the interim report in mid-summer is adequate time for input and reaction to a report is simply not adequate input.

He talked about the underlying principle being fairness. Well it became clear, Mr. Speaker, that this minister doesn't recognize what fairness means. And I'll outline ways in which I believe that this report, the results of this process, are indeed not fair, and I think the evidence will stand on its own. And I want to make it clear that I'm not

being critical of the judges or the justices. There's no question that it's this government's credibility that's on the line. This government hamstringing the commission, and I'll make some comments about that in my remarks.

The Minister of Justice made the comment that we need to pass this legislation so that we can get on with getting our constituencies and our executives organized and ready for the new boundaries. While it sounds compassionate and what not, what he failed to say is that very few of his boundaries changed. Most of the changes have been in boundaries held by the opposition, and Regina and Saskatoon, as examples, show no resemblance to what they once were except for the Minister of Urban Affairs's seat. That was the only one in urban Saskatchewan that didn't change the boundaries, and I find that curious. So I found his comment about that a little bit misleading.

He also played loosely with the judgement in B.C. in terms of the 25 per cent variation, and I will speak to that as well in my comments. There was a number of other comments that I would take issue with that both ministers made, and I will do that in my comments tomorrow, Mr. Speaker.

Mr. Speaker, I think what we see in this motion is the culmination at the end of the session, at the end of seven years, the culmination of a very undemocratic motion, a very undemocratic report, and I would like to highlight some of what I view to be an undemocratic pattern, a pattern of undemocratic actions as taken by this government.

I outlined this morning on the human rights estimates, a pattern of human rights violated by this Premier and his government, and in support of many human rights groups who feel the same way. And so I'd like to highlight just a few comments in this pattern.

And I think the most recent undemocratic action we saw in the legislature was the closure motion of two or three weeks ago. And as you know, Mr. Speaker, this is the first time in 84 years in the history of Saskatchewan that we have ever faced the closure motion — the first time the government has ever muzzled the opposition. No other premier, I'm sure, every imagined that the course of action would be taken.

Mr. Speaker, that was an undemocratic act. We were denied the right to speak. As long as we want it, that's our democratic right on behalf of our constituents. We're held accountable to them. We were denied the right to speak on that debate. In fact at the point that the closure motion was introduced, only 10 of the 38 government members had spoken to the motion. I would argue that that's not full and free debate on an issue as vital as the privatization of one of our very major Crown corporations.

Another dishonest approach I would say, Mr. Speaker, undemocratic approach, the whole issue of health care. No mention of cuts to the school-based dental program in 1986 in the election; no mention of severe cut-backs to the prescription drug program . . . (inaudible interjection). . . It's got a lot to do with undemocratic actions because it's an undemocratic thing to not be open with the public

about what you're going to do after the election. That's my point.

There's 10, 11, 12,000 people on waiting lists. All the time the government talks about building health care, they're dismantling it and being dishonest . . . I see that as being dishonest. And it creates hardships for many people and it's certainly part of the pattern that I'm concerned about. This government did not talk about privatizing healthcare in the 1986 election. They did not talk about a two-tier health care system in the 1986 election, and they continue to chip away and dismantle one of the finest health care systems that there ever has been in perhaps all of the world. So their broken promises are part of that pattern of undemocratic actions and the issue is one of credibility, Mr. Speaker.

The area of education is another concern because it's the way the government does its business with the people that it chooses to . . . or it's supposed to work with. I mean the way the government fired the instructors at the technical institute, their insensitive way of doing that; the way they amalgamated against central control of the technical institutes in the province, Mr. Speaker. The fact that the Minister of Education gets booed whenever he speaks to teachers. That's the way . . . It's a confrontational approach the way the government deals with . . . (inaudible interjection) . . . Well, the teachers do boo him. The teachers boo the minister.

The Minister of Urban Affairs rams through the ward system in spite of the fact that everybody affected was protesting against it and sent resolutions to him asking him not to. So it's a matter of confrontation, Mr. Speaker, not co-operation. And I say that that's undemocratic. That's my point.

Broken promises, breaking promises, Mr. Speaker, is undemocratic. Again, this government did not talk about sell-offs of major Crown corporations in the 1986 election. They've got no mandate to do the things that they've been doing on SaskEnergy, Sask Potash Corporation. They've been going against the will of the people, which is clear in the polls. They talk about us walking out for 17 days as being undemocratic. Well it's part of . . . it was a legitimate tool available to us, it was a legitimate tool available to us, there's no question about that.

And the broken promises on taxes. In fact, I had a senior citizen call me on the weekend and she said to me, the Premier of the province was here at our Scott Forget Towers in Saskatoon, the Premier of this province was here in 1984 and he said we're going to create jobs and we're going to build; we're going to build health care, we're going to build education, we're going to build opportunities for young people. You senior citizens built the province and you have a right to retire in dignity. And she says, do you think I should write to the Premier. My neighbour and I want to know if you think we should write to the Premier because the Premier's done nothing but dismantle health care. He's giving away the assets of the province. All the things that we built up over many years he's giving them away, and he's still got a record debt . . . (inaudible interjection) . . . Well the Premier will have her name because she's going to write a letter.

I say that the broken promises on privatization and services are despicable and, well it's a pattern of undemocratic actions, Mr. Speaker.

SaskEnergy, they talk about setting up a review panel. Well we saw what happened when the review panel was set up for PURC (public utilities review commission), Mr. Speaker. PURC tries to make the government accountable — they phase it out. And so the public is not assured by this Deputy Premier's assurance to set up a review panel on SaskEnergy.

The attack on the Provincial Auditor — would you say that that's not an undemocratic action, the attack on the Provincial Auditor by the Minister of Justice? I mean, clearly, that's part of the pattern that we're concerned about, that people of Saskatchewan are concerned about, where the auditor says that the government is breaking its own laws and he gets attacked by the Minister of Justice. That kind of an attack on an official of this Assembly diminishes all of us, Mr. Speaker.

Mr. Speaker, again I won't belabour the point, but the Securities Commission, as my colleague from Quill Lake said this morning, another government breaks the law. Well and so the media called that to their attention and other people do, and the Securities Commission, so they just change the law. Well I view that as undemocratic, Mr. Speaker, and that's the kind of pattern that I'm attempting to establish.

**The Speaker:** — I've listened patiently to the hon. Member and his indication that he wishes to establish a particular pattern. I think he's more than done that. And I think that, you know, we have a motion before the House, and I suppose one could speak for five hours or two hours or one hour about establishing a pattern, and not get to the motion itself. And I'd like to bring that to the attention of the hon. member that it is his responsibility to discuss the motion itself, as well as a particular pattern.

**Mr. Pringle:** — Thank you, Mr. Speaker. I recognize . . . I appreciate your ruling. The sad part is that this is such a lengthy pattern of undemocratic actions that it takes a little while to set the stage for what I view . . . for this ultimate undemocratic action, Mr. Speaker.

Mr. Speaker, in terms of the motion itself, I would argue, and many others would argue, that this motion attacks the concept of one person, one vote. There's no question about that. It attacks the concept of equal and democratic representation. It attacks the concept of legislated democracy.

Now those are the principles that seem to me to be worth preserving. The Minister of Highways is concerned about fairness. It seems to me that this motion attacks those concepts and it shouldn't do that.

Mr. Speaker, what has happened with this report, Mr. Speaker, is that it has increased the discrepancies between the constituencies. You examine the report. The discrepancies between the constituencies have increased, Mr. Speaker; they haven't decreased, especially the discrepancies between seats held by the

opposition and seats held by the government. I mean, that's clearly there as you look at the ratios over and above . . .

**The Speaker:** — Order. The hon. member is making his remarks, and while I'm sure other members have their views, I believe that perhaps they should wait for their opportunity.

**Mr. Pringle:** — Thank you, Mr. Speaker. I do appreciate that ruling, and I do hope that some of the members will get up and participate because this is an important debate. Mr. Speaker, as I said . . .

**The Speaker:** — Order, order. Now I'm going to have to ask that member as well to not interfere and allow the hon. member from Saskatoon Eastview to make his remarks without being interfered with. I'm sure it must be difficult to speak under those conditions.

(1415)

**Mr. Pringle:** — Thank you, Mr. Speaker. As I said, the discrepancies have increased, Mr. Speaker, not decreased between the ridings. The process . . . well what the government did is they threw out the independent boundaries commission, Mr. Speaker. They prescribed the number of seats that could exist, number of constituencies that could exist by region. They froze those. They gave the commission a narrow and restricted mandate. They varied from the previous practice, Mr. Speaker, of the previous boundaries commission in that the freedom of the commission to make its own recommendations regarding boundaries and population shifts and trends and so on, wasn't allowed. Everything was prescribed.

The Chief Electoral Officer was on the boundaries commission. Now that person has a different function, but clearly, the Chief Electoral Officer is not an independent person on that commission. He's not an objective bystander on that commission. In terms of the process in the interim report, it was released on August 4, 1988, mid-summer when people are away and people were given two weeks to respond, to organize, and prepare and present briefs. That was, not the decision of the commission, but it was hamstrung by the legislation to do that. So the process wasn't fair, Mr. Speaker, because the government was not interested in democratic representation. The government was not interested in a fair process or not interested in equitable representation.

Little consideration, Mr. Speaker, was given to population shifts, and there are many examples of this. The variation between constituencies was increased, as has been said, from 15 to 25 per cent. It's been justified on the basis that a judge in B.C. said that was acceptable. Well the judge said that was acceptable for B.C., Mr. Speaker, with the island and the mountains and the interior and the northern region — much different situation in B.C. than in Saskatchewan.

They've justified it on the basis that that's the Canadian system. Again the Canadian geography is such that a 25 per cent variation over and above the norm may be reasonable. I'm not qualified to comment on that. But we

have demonstrated in Saskatchewan that we don't need a 25 per cent variation increase. There's been no rationale provided for why this variation was increased from 15 to 25 per cent. Now that's above and below the norm, so it could actually be 50 per cent, which it is in some constituencies that I'll make reference to.

But it's not just us that's concerned about this motion, this legislation. Political experts, constitutional experts are concerned about this. Retired Professor Norman Ward, recognized as an expert in his field, he said that he wouldn't sit on such a commission, basically because the commission's hands were tied. He said the commission is not independent from the government. It's a valid point.

Howard Leeson, respected professor at the University of Regina, made the same point. He said that this violates the Charter of Rights and Freedoms; that is, that the legislation allows for unequal representation . . . (inaudible interjection) . . . Well the Minister of Health and the Minister of Urban Affairs are attacking the credibility of this person, but I happen to know that he has credibility in many circles and he's respected in the academic community as someone who knows that he's talking about. But he disagrees with this government's approach and he says that the legislation is undemocratic.

Professor Howard McConnell, a recognized nationally and international constitutional expert in the constitutional law, he says that this is not an independent commission. He says that it appears that the government has written off the urban centres, that's his comment. He says that there may very well be a court challenge when this is passed. And he says that because this is undemocratic, this legislation is undemocratic, that the court challenge may very well be successful. Well that's the constitutional lawyer saying that. I think that has some credibility, particularly when the government has not answered the questions that people are raising. So these are experts who are recognized, acknowledged in their field on the political scientists and constitutional experts.

The report itself makes reference to its hands being tied, the report itself does that, the commission does that, and its flaws, and I think that does reflect the integrity of the judges. On page 3, and I quote, it says:

The Commission was bound by the provisions of the Act and had only those rights and duties specifically granted therein or which might reasonably be inferred from the legislation.

Later they say, page 4:

(Many) representations recognized the limited rights of the Commission . . . (And the commission) contended that the adoption of 25 per cent variance was a denial of the principle of representation by population.

So the public was concerned, as indicated in the report, about the restrictions placed on the commission and about the concept of representative democracy. So the opposition is concerned, the political and electoral and

constitutional experts are concerned, the commission has some concerns, the public certainly had some concerns, and rightly so, Mr. Speaker, because we have stood in this province for democracy over many years.

Mr. Speaker, so we have the fact that the commission was not independent from government, that the process was not designed for public input. It's not surprising then that the report is a disaster in terms of democracy and representative democracy in the legislature. How should any such report be measured? Well I would say by some questions like this:: is representation made more fair? No is isn't. Were the discrepancies corrected? No they weren't. Is the public better served electorally? No they aren't. Are the constituencies fair? No they aren't. The discrepancies are greater with the report.

The only conclusion you can reach, Mr. Speaker, is that it was never the intention of the government to correct anything. The situation is worse and less representative than it was before. Democracy and the democratic institutions and the electoral process, Mr. Speaker, were not well served by this report.

Mr. Speaker, electoral boundaries in Saskatchewan have been set back, and this is nothing but a calculated and blatant gerrymander by this government opposite.

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

**Mr. Pringle:** — Mr. Speaker, I won't go into the Thatcher gerrymander, the 1970, but we know what happened to the Thatcher government. Saskatchewan people would not accept gerrymandering then and they won't accept gerrymandering today. I can assure the members opposite of that.

But let's look at some of the specifics of the report. As I said earlier, Saskatoon and Regina were hacked up. The constituencies resemble nothing the way they did before except that the Minister of Urban Affairs, his didn't change. And I might add it's the smallest one in the cities.

In 1986 . . .

**The Speaker:** — Order, order. Why is the hon. Member on his feet?

**Hon. Mr. Klein:** — Point of order, Mr. Speaker.

**The Speaker:** — What is your point of order?

**Hon. Mr. Klein:** — This is the second time in his remarks that the member has referred to the boundaries of my constituency as not having changed, and clearly they have. And I believe that he should either correct himself or say something different.

**The Speaker:** — The issue the hon. member has raised is a dispute before members and therefore not a valid point.

**Mr. Pringle:** — Mr. Speaker, another point I would like to raise in terms of the report itself.

In 1986 the New Democrats got 45.6 per cent of the popular vote in the province, and we delivered 25

members to the Assembly. In 1986 the Progressive Conservatives got 44.6 per cent of the popular vote or 1 percentage point less, and they got 38 seats, or 13 more, based on 1 per cent less vote.

Now after all this process and this legislation and these debates, the final result of this legislation is, or this report, is that with the same result in 1986, that is where the NDP would get 1 per cent more popular vote, the government would win by 15 seats. They would pick up two seats. Now obviously that's not fair. So the situation worsens. It's not democratic and it's not . . . that is incredible, Mr. Speaker.

The constituency of Humboldt that the Minister of Highways referred to, it was already one the largest rural ridings. What happened? It got larger with the report. Morse, the smallest riding, stayed the same. In other words, there's a 51 per cent difference between those two seats, both rural seats. The only difference is one is held by a New Democrat and one's held by a PCer, a PC member. So why on earth would Humboldt as one of the largest rural seats, get more voters added to it? Well that's a curious coincidence, Mr. Speaker, and I'm certainly not being critical of the constituency of Morse for not having as many voters. The people of Morse may very well be affected in some future undemocratic action and would recognize that there's an issue of fairness here. One riding cannot have 50 per cent more voters than another rural riding and that can be considered fair by any standards.

In the cities, Regina Elphinstone, 12,144 voters, 49 per cent more than Regina Plains after this report, with 8,237. Well that isn't fair, Mr. Speaker. One's held by a colleague of mine, the larger one; the smaller one's held by the Minister of Urban Affairs, but a 50 per cent difference almost between the two city ridings. Well that's not fair. That's certainly not fair.

**An Hon. Member:** — Tell them about mine, tell them what it is.

**Mr. Pringle:** — Well the member from Saskatoon, my colleague, he and I have among the largest ridings, and his got cut down and I appreciate mine getting cut down, Mr. Speaker, but that's not the point.

Mr. Speaker, another point, in terms of the number of ridings that changed, I find it curious that 21 out of 26 ridings that the New Democrats currently hold got changed. In other words, 74 per cent or three-quarters of our ridings got the boundaries changed. Only 10 of 38 Tory ridings were changed, or 26 per cent or one-quarter of their current ridings were changed. Well that's coincidental, I suppose, the Minister of Highways would say, but it's a very curious situation that the population trends would only affect New Democratic ridings.

Mr. Speaker, another interesting observation from the report is that, of course, the norm, if all the seats were equal would be 10,147. Well the New Democratic seats that are currently held were over the norm on 88 per cent of them. The PCs are over the norm only on 12 per cent of their seats. Why did this happen? That's a question that I'll want answered during this debate.

So, Mr. Speaker, these are some of the major results of the report, and one can only ask, why is it so one-sided? Eighty-eight per cent of our seats over the norm, only 12 per cent of the Tory seats over the norm. Somebody has to explain that. Why the major discrepancies between the number in seats? The average New Democrat seat that's held now as 1,400 more voters than the average Tory seat. Well is that democratic, 1,400 more voters? That doesn't seem so.

Why would we, with winning 1 per cent of the popular vote as we did in 1986, why should we lose by 15 seats when before this process we only would have lost by 13 seats? I mean, obviously that was my initial point that representative democracy has not been served, not because the commission was devious, but because the government prescribed the rules, and the legislation was devious, Mr. Speaker. So this legislation, this commission, this process, this report, and this motion cannot be seen as democratic, cannot be seen as fair, and cannot be seen as credible.

The only conclusion one can draw is that these boundary changes are part of an undemocratic pattern, as I alluded to earlier and provided some of the examples, and as one more arrogant, arbitrary, and desperate attempt, Mr. Speaker, by the Premier and his government, to erode democracy, to hold on to power, but to erode democracy for its own narrow political purposes. I mean, these results I presented from the report are very startling. I don't know how they're going to be answered because there's no way to answer them. The inequities are there.

Mr. Speaker, I've identified some of the other erosions of democracy and the undemocratic practices by the government. It's shocking that people in positions of responsibility and trust would go to such lengths, Mr. Speaker, not to benefit the people of Saskatchewan, but for their own political gain.

And, Mr. Speaker, the abuse of power, the breaking of the public trust will not be tolerated in Saskatchewan. Our residents have worked hard over many years to build, the build together, to seek social justice, and to preserve fairness. Saskatchewan people know now only too well with the tenure of this government, just how fragile democracy is, Mr. Speaker. But they expect their political leaders to be open, to be honest, to be up front, and to enhance fairness and justice and democracy. They expect their political leaders to be accountable.

(1430)

With this Premier and this government, the public is upset by the insensitivity and by the tearing down and by the arrogance. And I haven't even talked about the incredible mismanagement by the government, Mr. Speaker. This government, Mr. Speaker, cannot continue to trample on the rights of citizens and the voters today by this motion, this report, by this very undemocratic report.

This Premier, while not shooting in the streets, and I'm not suggesting that by any means, as other dictators do, he is muzzling and punishing people. Certainly we know that he's doing that economically and socially, and now

politically. The PCs are destroying many lives as we've seen through policies, the increasing hunger and lost opportunities and people having to leave the province for other opportunities in order to seek employment.

But they're also eliminating the opposition as we saw by the closure motion, and eliminating opposition as they attempt to gerrymander the boundaries. But, Mr. Speaker, I say that gerrymander or not, the people of Saskatchewan will end the Premier's underhandedness as soon as he has the courage to call an election.

Saskatchewan people will continue with their proud tradition, with their fight to preserve democracy, long after this Premier's gone. And, Mr. Speaker, while democracy in some ways was not prepared for the likes of the Premier and the Deputy Premier, it will survive them. And, Mr. Speaker, I've got many more comments I want to make on this motion, but I would like to study the comments of the mover and the seconder a bit more, and I would like to move adjournment of debate at this time.

Debate adjourned.

## COMMITTEE OF FINANCE

### Consolidated Fund Budgetary Expenditure Health Ordinary Expenditure — Vote 32

**Mr. Chairman:** — Order. Would the minister please introduce his officials.

**Hon. Mr. McLeod:** — Thank you very much, Mr. Chairman. I'm pleased to introduce a group of officials that are here to assist us and assist the committee in the consideration of the Health estimates. On my immediate right is Mr. Stan Sojonky, the deputy minister of Health; just behind Mr. Sojonky is Mr. George Loewen, an associate deputy minister; directly behind me is Mr. Mike Shaw, an associate deputy minister; just to my left is Dr. Roy West, who is an associate deputy minister as well; and behind Dr. West is David Babiuk, an associate deputy minister of Health. There are other officials who will come into the House or into assistance here as time goes on, as we go through the details of the estimates, and I could introduce them at that time, if that's appropriate.

Mr. Chairman, just at the outset of these estimates, I think it's . . . I was just indicating to my critic and to the member opposite that I would just take a few minutes, and I will try not to be overly long in this, to put these estimates into some perspective, or what I believe to be some perspective in any case.

Mr. Chairman, these officials that I've introduced and many other people who work in the Department of Health, in fact the whole of the Department of Health, have a mission and a mission statement which they've developed, and it's one that I think they're very proud of and one that they work to adhere to as each day goes by. And the results of that have shown themselves in the last year, in the last couple of years, as they work to continue to develop this department in some difficult times. It's a mission that we believe is shared by everyone in this province.

Our mission is to work together for the health and the well-being of Saskatchewan people. We in the Department of Health and we in the government have a vision as well, and it's also one that I believe is shared by everybody in the province, including everybody in this Chamber, and that is one of, as it relates to health care, a vision of prevention, of protection, and one of consultation.

As it relates to prevention, a healthier population better equipped to take responsibility for their health and their well-being — that's a goal that we find that we work toward in each day. Under protection, we believe we need a comprehensive health care system. We have one and we need to continue to protect it. Health care system dedicated to providing services that people need. And as it relates to consultation, we want this province to be one where communities and health care providers and government work together to compassionately and effectively meet the needs of all our people.

Working together for health and well being, this is the mission statement of Saskatchewan Health, Mr. Chairman. These few words sum up our goal and how we are reaching it.

It has been said, Mr. Chairman, that the next 10 years promise to bring as much change to this society as we've seen in the last hundred. How we approach the challenges of the '90s and beyond will determine our children's future. The commitment of Saskatchewan people to meet the challenge of the future is as strong today as it has ever been in the past, and we know that commitment and the history of our province has been very strong. Since 1981-82 we have virtually doubled funding for health care, from \$741 million to this year's record \$1.4 billion budget that we're considering today. This is an increase of \$133 million over last year's budget — almost 11 per cent.

Mr. Chairman, our commitment to the people of this province is unwavering and unshakeable, and the best way to respond to challenges is through consultation and through working together, another part of our mission statement, Mr. Chairman. Our government believes in consultation. We heard that, in fact, we've heard that from colleagues of mine here in the House, as we developed the *Estimates* of other departments, but it's not something that we say often enough, frankly, and it's not something that we get enough recognition for. We do believe in consultation. We do believe in bringing all the players together. We believe consultation is the best way to define needs and efficiently meet them.

We're working together with the nursing professions. Examples, the extensive consultations, very extensive consultations that went into the major legislative changes that took place last year. We're working together with physicians. We consulted with the College of Physicians and Surgeons to revise and update The Medical Profession Act, (1981), other Acts that are before the House now, and I won't go into them now. The member opposite may want to later. We've worked together over a couple of years and certainly in the past year with pharmacists, with ambulance operators, new funding

systems for ambulances, new legislation — all of those things — certainly with pharmacists, the new drug plan and the delivery of that drug plan through the card system, and so on.

These and other professionals on a number of advisory committees including our health promotion advisory committee, all of those are ways in which we've been working together with people in the health care sector across the province. In fact, Mr. Chairman, our Premier appointed the Saskatchewan Commission on Directions in Health Care so every Saskatchewan individual and organization would have the opportunity to be heard. Their report will be instrumental in drawing up the blueprint for future health care in our province.

Mr. Chairman, the people of Saskatchewan care deeply about health care all across the province. We've said that before. I've said that before, members opposite have said it, and it's very true, about our citizens that we all come here to serve. They share our commitment to maintain and strengthen their first-class system. Saskatchewan people cared enough to make over 500 submissions to the health care commission. They welcomed the opportunity to have a say in the future of our great system and they're not afraid of facing the challenges of the future. We welcome their observations and all of their comments.

We've recently seen how strongly the people of this province support our emphasis on prevention, Mr. Chairman. Over the last couple of months I can personally attest to that. We've had in the tens of thousands of responses, response cards and letters from people, men and women from all parts of our province, and they're telling us that we are on track in that initiative of prevention. They share our enthusiasm and our commitment to working together for the health and well-being of all the citizens in this province.

Mr. Chairman, our government's top priority is to both protect and to improve our health care system. When we formed the government in 1982, we took a long look at health care across the province. We were deeply disturbed by some of the things that we saw. Hospitals were sadly neglected, and that can't be denied, Mr. Chairman. Special care homes had been put on hold, no long-term plan or vision, and I'm proud to say that we've turned that around, and I'm sure we'll be into some of those discussions later.

Some people, including a number of people across the way and others in the province who have had their own political agendas, I would suggest, continually claim that our health care system is being eroded. And we've heard that here in the House, more so here in the House than any place else frankly. Mr. Chairman, this is just not true. Our health care system, as has been the case for many years, is envied around the world and continues to be. And that's been the case for many years, for a long time before we were in government administration. Certainly that's the case; I concede that. But the people of Saskatchewan, all of us in this province who have our roots deeply in this province have something to be very proud of there.

The Saskatchewan system is a model that many jurisdictions follow, has been the case, and still is the case. We are committed to strengthening that system and to working together to make it even better. And we don't just mouth those platitudes, Mr. Chairman, we act and this budget indicates some of the areas in which that action is taking place. Our accomplishments are many. Over 2,400 new and replacement special care beds have been approved — Canwood, Lumsden, Tisdale, Big River, Saltcoats, Wawota. I mean I could give a long list; those are some of the locations.

One thousand three hundred thirty-six new and replacement hospital beds have been built. In the Wascana Rehabilitation Centre, very close to this building here in Regina is one; Lloydminster, Watson, Hudson Bay, Regina General regeneration. There are many other example of that, obviously and we'll get into some of those.

Twenty-three integrated facilities built or approved in rural areas. Integrated facilities are an innovative way to keep our rural hospitals viable and our elderly close to their homes — places like Kyle and Leoville and Theodore, and many others, Mr. Chairman.

This year we have budgeted \$64 million for construction. This includes in hospitals — in Saskatoon, St. Paul's for example; pediatric wing at Regina's Pasqua Hospital; integrated facilities at Craik, Eatonville, Midale, Edam, Imperial, Lafleche, Oxbow, all of those in this year's budget. And special care homes at Elrose, Nipawin, Wadena to name a few.

Our health care system is more than bricks and mortar, however, Mr. Chairman. It's people helping people. Saskatchewan has over 30,000 men and women who work together to deliver the health care to all of the citizens across the province; 30,000 people work in this sector.

Throughout the 1980s, Mr. Chairman, we've consistently added to this tremendous team of health care providers. Throughout the '80s we've added 1,116 new nursing department positions to hospitals, including 370 new positions in this budget; added 580 new staff positions for existing special care homes including about 90 new positions in this budget.

We are keeping up with changing technology and high-tech equipment. This year we're introducing a new equipment funding formula which better reflects the program needs of our hospitals.

(1445)

Mr. Chairman, this budget provides for more construction, it provides for more staffing, it provides for more equipment. This budget places the health and well-being of Saskatchewan people at the very top of our list of priorities. I'm happy to report to the Chamber here, Mr. Chairman, and to you, that because of our initiatives the number of Saskatchewan people waiting for surgery in Saskatoon has been reduced by 30 per cent.

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

**Hon. Mr. McLeod:** — More importantly, and what is always the case in this discussion of waiting lists, the waiting time for surgery has been shortened significantly. We'll continue to work closely with the hospitals to shorten waiting times even more. This budget contains an additional \$1.5 million specifically for that purpose.

Mr. Chairman, we believe a good health system must be accessible. Some services are best delivered in our local communities. Throughout the 1980s, we have expanded community therapy programs. This year we are funding new physiotherapy and occupational therapy services so that over 100 communities have access to these services. We've increased home care funding by 109 per cent. We've budgeted 27.8 million for home care this year — a 12 per cent increase over last year. And we've developed community support programs for families of those with mental illness and chemical dependency, especially our youth.

And of course, Mr. Chairman, our integrated facilities provides special care for seniors close to their own homes. Mr. Chairman, I've outlined how we have almost doubled our funding for health care since 1982, or throughout the '80s here. We've protected our health care system within a frame work of consultation. We've made health services and all government services more accessible, and we've done this as responsible and prudent managers.

Mr. Chairman, the people of this province deserve a government with a vision for the future. They deserve a government with a strength and courage of its convictions and that's an important point — strength and courage of convictions. We've demonstrated that here in the Department of Health. They deserve a government that manages their tax dollars wisely, and, Mr. Chairman, this budget confirms again and as one looks at this \$1.4 billion budget, this budget confirms that we on this side are that government.

As responsible managers, Mr. Chairman, we focus on the challenges of today and also on the opportunities of tomorrow. We are seizing those opportunities now. We've developed an innovative state of the art computerized prescription drug plan that meets our needs effectively and efficiently. We're helping others keep pace with the changing times with our high-tech advisory committee. We've developed a computerized health services card with the potential to streamline much our system's administration — a key point and I hope we'll have more discussion on it.

We've dedicated increase funding to health research. We've developed community care, a new approach to health care that puts more of the decision making in the hands of those who use the services. We've put an emphasis on preventive health care, a move that will have dramatic long-term benefits. Saskatchewan people are living longer, Mr. Chairman; we are helping them to live better.

A major step to a better life-style is through preventative health care. We are taking a dynamic approach which is leading the way not only here in Saskatchewan, but

across Canada. Thousands of people in many health care organizations: the Registered Nurses' Association, Canadian Cancer Society, Saskatchewan Safety Council, the heart foundation, and many other organizations are telling me this approach is right. They're saying we're on the right track.

Mr. Chairman, our innovative health promotion program Everyone Wins, as it's widely known across the province and is becoming more widely known, is leading the way in that area. This budget provides more money to better inform people about nutrition, about physical fitness, about stress and stress management, about accident prevention, about alcohol and drug abuse, about smoking, about communicable diseases.

Mr. Chairman, keeping our families safe from the ravages of drug and alcohol abuse is a priority and has been for a number of years in this department. Funding for alcohol and drug treatment has tripled in the 1980s, Mr. Chairman, with an emphasis on rehabilitation services and preventative education at the community level. We are participating with other government departments to help fight drugs and fight crime related to those drugs. We're building on a strong foundation of prevention and treatment programs that are already in place, including the Whitespruce Youth Treatment Centre at Yorkton, the first of its kind in Canada dealing with youth, and the new Calder Centre recently opened in Saskatoon.

Our aggressive detection and preventive programs include, Mr. Chairman: a breast cancer screening program for women in high-risk groups; in this year's budget \$3.3 million for health research, including one and a half million to health research board; 120,000 for the Centre for Agricultural Medicine; 569,000 to cancer research; 250,000 to health status research. This includes over \$1 million of new money in this year's budget for research in the health care area.

Mr. Chairman, a computerized health services card that helps detect possible drug abuse is another way in which we're emphasizing prevention.

This health budget mirrors our government's commitment to keep Saskatchewan safe and to keep Saskatchewan healthy. I believe our province is the best place in the world to live and to raise a family. Families are important in Saskatchewan; they're important to each of us in this House, I know, and they're important to each of our citizens. Maintaining and strengthening them is and should be a high priority for all of us who accept positions of responsibility here or elsewhere throughout the system.

Mr. Chairman, this budget supports our commitment to Saskatchewan families through several things, through \$500,000 in new funding for community support for families dealing with mental illness and disabilities. It supports that commitment through establishment of a provincial organ donor and education program, and it supports that commitment through \$3.4 million new funding for home care.

Mr. Chairman, as a government, we recognize that the health and well-being of Saskatchewan people is directly

related to other things that are part of the global budget that we have been discussing here for a number of weeks, let's say, a number of months, or whatever it is. But certainly areas like the environment, areas like housing, areas like education and other social programs, all have an impact on the health and well-being of our citizens, and we in Health are very aware of that.

I see many elements of healthy public policy in this 1989-90 budget that was presented by my colleague, the Minister of Finance. Environmental safeguards and protections are included, ensuring affordable, quality housing with our home improvement program; a mortgage protection plan is included; an increase in the education budget with a continuing focus on literacy and drop-out prevention — all areas that are related to healthy public policy and of great concern to us in the Department of Health.

Mr. Chairman, as Minister of Health I'm very proud of this budget, this health budget this year. I'm pleased with it. I believe it demonstrates our deep commitment to the health and the well-being of our people across the province. One mark of success is the ability to adapt to changing conditions, Mr. Chairman. I believe our health care system has not only adapted, but has strengthened in spite of conditions beyond our control.

By working together, we have and will continue to contribute greatly to the health and well-being of Saskatchewan and all its citizens. We can meet and we will meet the challenges that lie ahead.

Thank you, Mr. Chairman.

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

**Ms. Simard:** — Thank you, Mr. Chairman. I think it's very interesting that the Minister of Health felt it was necessary to stand up and make a 15 or 20-minute speech about what a great job he's doing. It obviously is indicative of the fact that he feels he needs the extra publicity because the public does not believe that this government is managing health care in the province properly. So he's intending to vindicate himself.

I also thought it was rather interesting that he stole some of our lines, and that things that we have been saying, he's now trying to say apply in the reverse. And I think that's rather interesting. I found it rather humorous anyway.

The minister talked about prevention, protection, and consultation. And it's really interesting, Mr. Chairman, but that is exactly how I have worked out the estimates, and I want to deal with those particular areas because I think when we get into the details, it will clearly establish, clearly establish, Mr. Chairman, that this government is not committed to prevention. It's not committed to protection nor consultation. And even though its rhetoric may be to the effect that it is committed to those various areas, its actions do not justify their rhetoric and its actions speak differently.

The minister talked about doubling funding for health care, for example. Well he knows full well that there were things that were taken out of other budgets and put into



the health care budget, and they've played jiggery-pokery with the health care budget for a number of years, and now claim that they've doubled health care funding and that there's almost 11 per cent increase this year. And the minister knows full well that's not true. He said to the newspaper reporters himself that 11 per cent, most of it would be taken up in back pay for health care professionals. Now he's trying to claim it's a new 11 per cent.

**An Hon. Member:** — I didn't say that.

**Ms. Simard:** — Yes, you did, George. It was in a newspaper article.

**Mr. Chairman:** — Order, order. I think the member knows that you're not to refer to other members by name.

**Ms. Simard:** — Thank you, Mr. Chairman. The other point I wanted to make in response to some of the minister's comments is the fact that he talks about health care in Saskatchewan being on par and the envy across Canada. Well the fact . . .

**An Hon. Member:** — It used to be.

**Ms. Simard:** — It used to be. That's quite true; it used to be. We've had a very proud tradition of health care in Saskatchewan. We have been leaders in the health care areas in Saskatchewan. People like Tommy Douglas and the people of Saskatchewan introduced hospitalization insurance, the first in North America. Woodrow Lloyd and the people of Saskatchewan introduced medicare, another first. And then we had Allan Blakeney and the people of Saskatchewan introducing new programs, new innovative programs like the prescription drug program and the dental program, which incidentally have been substantially altered by this particular government to the detriment of those programs.

The fact of the matter is, is that if we look at per capita health care expenditures as put in the SMA (Saskatchewan Medical Association) brief, Mr. Chairman, that was submitted to the PC health care commission, it shows that Saskatchewan provincial government expenditures are, on a per capita basis, the lowest out of Alberta, Ontario, Manitoba, British Columbia, and it's lower than the average, excluding Saskatchewan. Right here, table 1 of the SMA brief. And if we look at the per capita medical service expenditures, western provinces, once again provincial government expenditures are the lowest of Ontario, B.C., Alberta, Manitoba, Saskatchewan, and lower than the average, and substantially lower I might suggest.

So when the minister attempts to say that Saskatchewan is the envy of all provinces, he is stretching the truth, Mr. Chairman. And when the minister attempts to say that Saskatchewan government is putting the same priority on health care that other governments across this province are, he is stretching the truth, Mr. Chairman. What this government has done over a period of years is betrayed our medicare system. There have been cut-backs and substantial underfunding, and although we welcome the increase in the budget this year, the fact of the matter is, is

that it does not make up for the harm and the hurt that has been done over the past seven years by an uncaring government, Mr. Chairman.

And what has happened is there's been a backlash from the people of Saskatchewan — a backlash — and the people of Saskatchewan are speaking out and saying we don't like what we see. We heard it repeatedly at the PC health care commission, the PC health care commission, Mr. Chairman, being the government's answer to a backlash because of their cut-backs and underfunding. And people came forward, and I went to most of those hearings, and I heard them repeatedly say that this government is not making health care a priority, that this government's cut-backs are unacceptable, that this government's underfunding of health care is unacceptable. And we heard that over and over again. I just hope that this government gets the message, Mr. Chairman.

But I still don't see any commitment, I don't see any real commitment to health care in the present budget. The funding has not made up for the earlier neglect of the system. We still have long hospital waiting lists that are unprecedented in this province. We still have a dental plan where 14 to 17 years old are not being looked after, a substantially large number of people who aren't being looked after. We still have the information with respect to the dental plan that has not been divulged, and we will be asking further questions about that of course in estimates.

With respect to the principles of medicare, this government didn't even feel it was necessary to mandate the PC health commission to preserve and enhance the principles of medicare. That wasn't even in their mandate, Mr. Chairman. The principles, being principles such as comprehensiveness, accessibility, and universality, and public administration, there was nothing in their mandate, Mr. Chairman, to say that these principles had to be enhanced.

However I would say that I believe that most of the people who went before the health care commission spoke to those principles, and I believe that by far the majority of people wanted to see those basic fundamental principles of health care enhanced and preserved.

But yet we have not heard a commitment from the PC government that they will continue to enhance those principles. Instead what we've seen over a period of seven years is an undermining of those principles and the erosion of those principles by the PC government.

(1500)

The comprehensiveness, for example, that means all health services — preventative, diagnostic, curative, rehabilitative — that modern medical and other services can provide, should be implemented in our plan. But what did this government do instead? It reduced the comprehensiveness of the drug plan; it reduced it by requiring people to pay money up front, and there still is a 20 per cent up-front cost, Mr. Chairman.

With respect to accessibility, we see discussion by the PC Party about deterrent fees. Now the Minister of Health

will say he's on record as being against deterrent fees. But the fact of the matter is, Mr. Chairman, we can't believe them when they say they're on record as being against anything.

We saw that the government was on record as being against privatization of SaskEnergy; on record as being against privatization of Crown corporations, right here in this pocket-book on politics, prepared by the PC government, pocket-book on politics saying when the NDP suggest we're going to privatize Crown corporations, that's a scare tactic. Hah! The NDP were using a scare tactic.

But what did we see in this session, Mr. Chairman? We saw an attempt to privatize a major Crown. We have seen one privatization after another, Mr. Chairman, and so I hardly think that when the NDP say that this government — should it ever get re-elected again, and I don't think that's going to happen, so maybe we don't have anything to worry about, Mr. Chairman — but when the NDP say that this government will levy deterrent fees and cut back further on health care, that is the truth, Mr. Chairman, because that's what's going to happen.

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

**Ms. Simard:** — But the opposition isn't going to allow that to happen, Mr. Chairman. The opposition is going to fight these cut-backs and these changes to medicare. It's going to fight the erosion of the principles of medicare. It's going to fight the levying of deterrent fees as strongly as it can. And perhaps we'll . . . not perhaps, I feel rather certain we'll be having a change of government next time around and then the public isn't going to have to worry about these problems.

And the interesting thing is . . . I just want to go on perhaps with some of the more fundamental principles. We were talking about accessibility to services and that deterrent fees or premiums reduce accessibility to medicare. I talked about the PC Party resolution that endorses deterrent fees. Also I understand a member of the South Saskatchewan Hospital board has spoken in favour of the deterrent fees. I believe this person is appointed by the PC government.

We see people going out of the province for services such as ophthalmic services for cataracts. We see them going out of the province to get certain surgeries because they don't have accessibility to these services in the province of Saskatchewan.

Another one of the fundamental principles of medicare is public administration, Mr. Chairman, and that is that the medicare program be publicly funded and publicly administered by the government. And the reason for that of course is that the evidence is overwhelming that public administration health care plans are more cost efficient and provide more comprehensive, universal services to the general public as a whole. If you look at the United States, for example, I believe there's some 37 million Americans who do not have access to or who do not have insurance coverage. And these aren't necessarily poor Americans; many of them are working people. But they don't use or have access to health care in the United

States because of the heavy private sector involvement in the United States.

With respect to public administration, you see this government in this session introducing a lottery tax which is a way of taxing the people. It's not a deterrent fee or a premium, but it's way of taxing people who use lotteries for the purpose of paying health care. In other words, it's moving away from the principle of public funding through the Consolidated Fund and of public administration, Mr. Chairman. It's moving away from that principle, another principle of medicare being eroded by this government.

We see the government supporting drug patent legislation, adamantly supporting drug patent legislation which was a movement to more high-priced drugs, because the multinational corporations have a longer drug patent period, and it will be 10 or 12 years before the generic product comes on the market, Mr. Chairman.

And as a result drugs have gone up substantially, substantially, Mr. Chairman. And yet this government talks in terms of enhancing . . . talking in terms of upholding medicare, talks in terms of NDP scare tactics with respect to the undermining and erosion of the principles of medicare. Well I think the evidence, and I could go on at some length, but I know that we don't have for ever to deal with these estimates, I could go on at some length with examples of how medicare in this province have been eroded over the years by the PC government. And we will get into more of those in detail when I get into specific items with respect to the estimates.

The government has also been very fond of saying that health care costs are spiralling out of control or health care costs are becoming so expensive that we have to look for other ways of funding our health care system. And we have seen that comment made repeatedly by the government at one place or another.

Well the fact of the matter is, Mr. Chairman, and I just pointed out at the beginning of the speech with respect to the SMA's statistics, that's simply not true. Health care costs are increasing. There's no doubt health care costs are increasing, but they are not out of control, and they are not such that it would prevent a government from maintaining the principles of health care, the fundamental principles of medicare, and from enhancing, improving on those principles.

But the government uses, of course, uses that rhetoric for the purpose of trying to justify its cut-backs and its underfunding of the health care system.

And also of course, there has been no real attempt on the part of this government to control cost, no real attempt, Mr. Chairman, to control costs, and we've raised the issue of the drug patent legislation, for example. If this government had been concerned about controlling health care costs and in particular, prescription drug costs, this government would have opposed the drug patent legislation instead of jumping into bed with Brian Mulroney.

With respect to community clinics now, there's a study

there, and I hope the minister is going to table this study in the legislature during estimates. I would think this is a very appropriate time for the minister to table this study. He has been promising me for how many months now, that he's going to give me a copy of this study, but I guess it's like every other PC promise, Mr. Chairman, you never see it come to fruition.

It's my understanding that this community clinic study establishes that, and we have no way of knowing what is in the study other than what I read in Rachlis's book, *Second Opinion*, but it's my understanding that it establishes that community clinics are very cost-efficient and are cheaper to run, from the point of view of health care services and the regular fee for service system.

Therefore I would believe that if that is the case, that this government, as soon as they got their hands on this study — when was that? Back in 1983? I'm not sure when the study was completed. We're not even sure of that, but I think it's back some time, '83, '84 I would think at the latest. There some five years interim.

It seems to me that the government should have been encouraging communities to develop community clinics if this government was serious about keeping health care costs down. But this government is not serious about that. This government is serious about health care costs only when, only because they want to reduce the deficit that they have created because of their mismanagement and their incompetence. That's when they become concerned about controlling health care costs. That's why all the rhetoric about health care costs spiralling out of control, because this government is in a financial mess. It's in financial difficulty and it was trying to cut government spending on the backs of the sick and the elderly. That's what it was doing, Mr. Chairman.

And as I pointed out earlier, many, many of the problems in the health care system still exist today, still exist today, Mr. Chairman. Despite the minister's rhetoric, we still have long hospital waiting lists. We see interns blacklisting the province of Saskatchewan because this government has refused to provide adequate working conditions, proper working conditions, and salaries for our interns. So the interns . . . interns are not a radical group, Mr. Chairman. They're very conservative people. But they were pushed to the brink where they had to blacklist this province across Canada because of this government's lack of commitment to health care.

We still see understaffing in our hospitals, and the minister makes a big speech about how he's going to get all these nurses into the hospitals, and then nine months later he's saying — or whatever it is, since the budget anyway, since March — he's now saying, well we've got to review the situation a little further. Well it just seems to me . . . and there's money of course being saved on the health care budget because he's reviewing the situation and not fulfilling his commitments of last March, Mr. Chairman.

And so we still see a situation in our hospitals where there is substantial understaffing. We see many hospitals that lack equipment, particularly in rural Saskatchewan, equipment that is so vital for the purpose of attracting

doctors to rural Saskatchewan. We see some legislation that has come forward that I'll be asking the minister questions on when we get into Committee of the Whole, on that legislation which may have the effect of further limiting the resources from which rural Saskatchewan can draw on for the purposes of getting medical expertise into rural Saskatchewan.

So, Mr. Chairman, we still have a health care system that is in crisis, a health care system that's in crisis. And regardless of what the minister says about his 11 per cent increase, the fact of the matter is that hardly makes up for the underfunding and the attack and the erosions of the health care system that have taken place in the last seven years. In fact, one health care professional said to me when I asked him, well what do you think about the increases; and he said, well you know when you've been banging your head against . . . somebody's been hanging your head against a brick wall for seven years, he said, when they let up for a while anything feels good. And that's the way he described this increase in the present budget.

With respect to the future in health care, Mr. Chairman, I think that the future in health care is in primary health care and prevention. I do not believe that the Minister of Health's prevention initiatives are of the nature that . . . some of them are good, Mr. Chairman, but what I'm saying is that he hasn't completely grasped the concept of prevention and he doesn't have a commitment to primary health care and prevention at the primary health care level. He pays lip service to prevention. We see fancy, glossy pamphlets all over the place, some self-serving advertising, but when it comes to public health nurses, when it comes to therapies, when it comes to poverty and housing and the environment there is very little commitment on the part of this government to correct those things — no commitment at all.

When it comes to home care, I see very little commitment. Yes, an increase in the budget, but still only 2 per cent of the budget, and home care workers have to be the front line workers with respect to prevention, Mr. Speaker.

With respect to community involvement that the minister talked about, well we've heard a lot of rhetoric about community involvement. But then, when they wanted to integrate the hospitals in Saskatoon, where was the community involvement, Mr. Chairman? We saw newspaper article after newspaper article, we received letter after letter from health care professionals and citizens in Saskatoon who were very upset because of the lack of community involvement and community input. When we look at cut-backs to public health nurses, cut-backs to public health inspectors, cut-backs to the dental plan, cut-backs to the prescription drug plan, where's the community involvement, Mr. Chairman? It's not there. The community input, the community involvement, it's not there.

(1515)

This government may know the catchy phrases that they want to use. They know the rhetoric but they don't know how the people feel and they don't know what the people

want, and their actions speak louder than their words, Mr. Chairman, their actions speak louder than their words.

The future with respect to health care, as I pointed out, is one of primary health care and prevention, it's one of community involvement, Mr. Chairman, and in that regard I think it's really important that we take a look at some of the poverty statistics in Saskatchewan because the evidence is very clear — and Canada Health and Welfare Canada will verify this — the evidence is very clear that poor people have more health care problems. People of lower economic status have more health care problems, and therefore, in a province like Saskatchewan where health care is publicly administered and publicly funded, poverty then becomes a cost to the health care system for the ordinary taxpayer. So I would think as a society, I would think as a society we all have a real interest in eliminating poverty, in reducing poverty, as much as possible, and if possible eliminating it altogether in Saskatchewan.

But what have we seen in Saskatchewan in the last little while? What have we seen? Well, Mr. Chairman, I have a book here, an excerpt here rather from a *Canadian Fact Book on Poverty — 1989*, which I believe came from The Canadian Council on Social Development, that shows poverty in Canada. And there's big black blotches where it's over 30 per cent of the people are poor. And do you know that the whole half of Saskatchewan, the northern half of Saskatchewan is solid black, Mr. Chairman? It's a black mark on Saskatchewan, Mr. Chairman. There're a few black blotches in other places but nothing of the magnitude of that one. And then if you look at the rest of the statistics with respect to poverty in Canada, we see that Saskatchewan is higher in terms of poverty, is higher than every other province except for Newfoundland.

So we have a crisis in Saskatchewan with respect to poverty — a crisis. Between 1981 and '86 the number of Saskatchewan families living in poverty rose from 36,900 to 42,600. That's what happened from 1981 to 1986. We see that Saskatchewan has the second highest level of family in Canada, second only to Newfoundland.

Now these are pretty damning statistics for the PC government, Mr. Chairman, but this government has no commitment to reducing poverty. What do we hear from the Minister of Social Services? We hear him say things like go out and plant a garden, you know, which shows how insensitive he is to the problems of poor people in urban Saskatchewan; or he says there are no poor people — there are no poor people. Well I mean this is absolutely ridiculous.

Well the Minister of Health as Minister of Health should be talking to his colleague, the Minister of Social Services, and saying look, you better get your act together and you better get some of these problems solved in Saskatchewan because we have a crisis with respect to families in Saskatchewan. We have far too many families who are living in poverty — far too many — and this is part of my concept of health care. My concept of health care is for everyone to have good nutrition, for everyone to be living comfortably, and I want to see poverty eliminated in this province, because as Minister of Health, this is important to my portfolio. That's what the

Minister of Health should be doing with respect to the Minister of Social Services.

And I believe that if the Minister of Health spoke that way to the Minister of Social Services, you would see a change in his attitude. But right now the Minister of Social Services is calling the shots with respect to poverty in this province, and the problem is simply escalating and is completely out of control, Mr. Minister.

So my question to you, Mr. Minister, is: have you confronted the Minister of Social Services with respect to the issue of poverty and what steps is the Department of Health taking to attempt to solve this crisis in Saskatchewan?

**Hon. Mr. McLeod:** — Mr. Chairman, the member raised several points and I will try to be brief in responding to some of them. The member raised this year, as she did last year, the whole issue of the basic principles of the Canada Health Act in which all of us in this country operate under, the issues and the principles being the comprehensive nature of health care delivery and the accessibility of health care services, universality of that system, and a system which is publicly administered, and went through that in some . . . I wouldn't say in some detail, but certainly brought those areas forward. As I did last year, I will once again say that I have no quarrel with the concept and what's in the Canada Health Act, and the member, I believe, knows that, knows it very well.

A good example, I guess, just a very simple example, but it's far-reaching and had significant impact under the area of accessibility. It was not an administration under an NDP flag or a CCF (Co-operative Commonwealth Federation) or anything else that banned extra billing in Saskatchewan. Extra billing was banned by this administration during these seven years that you call . . . where you say health care has been eroding.

But it has been during this period of time when my colleague, the present Minister of Public Participation was minister of Health, that extra billing was banned in this province, and that speaks directly to accessibility. And every member over there knows that. Every member knows that including the member from Fairview. So I just use that as point.

Mr. Speaker, the member as well, and it's — I suppose I understand well the nature of opposition and the nature of this place, and we will take whatever posture depending on the side of the House we happen to be on at the present time and so on. The member uses terminology like underfunding and cut-backs, and continues to repeat them to the point where I think hopes or believes that people will believe them if she repeats them often enough.

Mr. Speaker, cut-backs in health care in terms of funding, in terms of money spent, in terms of service, just are not a fact. There's more money is being spent this year than ever before on — more dollars just in the wide overview of health care; there's more dollars being spent. More money on hospitals, more money on cancer treatment, more money on ambulances — certainly, more there — more money on long-term care, more money in

rehabilitation — significantly more there because it's an area of emphasis of this government which was an area of neglect of that former administration — more money on prevention, certainly the case there — another area of major emphasis as I outlined earlier; more money in insured services, more money on seniors, more money on capital, but in hospital and in long-term care.

So while the member will use the terminology cut-backs and underfunding and so on, although I know that they're not synonymous, those two terms. Underfunding can be a . . . a case can be made or probably will be made by the member on certain areas, and say, I wish there was more money spent in this area. In some areas I will probably join her and say, I wish there was more money in some of these areas as well. I mean, I think that's a fair comment.

The amount that we spend per capita on health care, the last Statistics Canada reports for 1987-88 year — that's the last available figure from Statistics Canada — but we're second in the country there, and 1987-88, as the member will know, was a difficult year in this province in health care. But even there we were second.

We've had higher increases in the health care spending here than in most other provinces in the country in the two years since that. So I would say to the member, we're very close to being first in the country, but certainly we are second, a very strong second in terms of the per capita spending on health care for our citizens. So that does not hold water either.

The third thing that the member referred to — well I don't know if it was third, but it was one of the three major points that she made — and it was the area of costs of health care. Now I have said on many occasions, as has every health minister in Canada regardless of which political stripe their government happens to be, as have most thinking people in most financial institutions and in most colleges, and economic analysts and so on across North American and probably the western world, that health care costs are increasing and they're increasing rapidly.

Now that's not to say . . . when one says costs are increasing doesn't mean that one isn't concerned and it doesn't mean that one isn't concerned with finding new ways to fund health care or to find new ways to operate more efficiently within the health care dollars that we all have to spend. That is truly the case. And I don't apologize for saying or for, as someone else has said in the House, waking up and smelling the coffee about what's really happening out here in our own province and across the country and across North America.

It's a fact that health care costs are increasing. The member, I believe, uses terms like it's just a myth that the health care costs are increasing and there's some mythology surrounding this thing. There will be people in health care, in the field, who feel threatened by the fact that change is coming or that they feel that someone might even attempt to change something in a system that they have, who will try to make the case that the health care costs, the increases in those costs isn't something we should be concerned about, and they use that kind of argument.

I understand the basis upon which they develop that argument, but I don't believe that they're being fair to either their own profession, their own narrow area of health care, or whatever it is, in making the argument that it's nothing but a myth that health care costs are increasing. Health care costs are increasing, Mr. Chairman. It's something we all have to be aware of. I would say that those who make other arguments to try to say that just maybe it'll go away if we just go to sleep and hope it doesn't happen, it won't happen.

I say to the hon. member and to her colleagues, don't be afraid of change . . . (inaudible interjection) . . . Well I'm telling you, don't be afraid of change, because it's absolutely what has become the hallmark of your policy. The hallmark of your policy in so many areas is, change is coming and we don't know what to do about it, so let's say that change isn't coming and put our heads in the sand. Well don't do that. I just say to the member that there is increase in health costs; they are there. And we are all working very hard — people in this department, people in the government, and many people across the province understand that as well, including many supporters of your own.

Fourthly, there is another area that the member mentioned about this health care system we have in Saskatchewan being widely regarded outside of our own borders. That's been the case, as I said in my opening remarks, for a long time here. It's something our people are proud of and it's something that continues today.

Mr. Speaker, we have delegations coming to this province next month from Belgium and France, last week from Australia, looking at the way in which the health care that we have and the way in which the drug plan is administered, and looking at that very plan which is developed here, made in Saskatchewan plan by the people in this Department of Health and by a company here in the city of Regina and Saskatchewan, Co-operators Data Services Limited, who are without question on the leading edge of the world in the use of this technology in the administration of health care.

So all of those areas, Mr. Chairman, I know the member was . . . and I accept the basis upon which she makes the arguments, but I wanted to set the record straight on two or three of those areas.

**Ms. Simard:** — Mr. Minister, you didn't answer my question with respect to whether or not you are communicating with the Minister of Social Services about correcting the problems with respect to poverty in the province.

However before I go any further, I just want to harken back to a comment you made in your very first one or two remarks when you stood up in the House today, when you made your opening remarks. You had said something about this is a mission statement of my officials and myself, and I just wanted to . . . And I felt you were being a little bit defensive with respect to your officials at that time, and I just wanted to say, Mr. Minister, that we have never doubted the integrity of the officials, and it is the PC government that we doubt with respect to their

commitment to health care.

With respect to the ... you referred to statistics and Saskatchewan being the second highest, or whatever. I just want to point out, Mr. Minister, I don't know where you're getting your statistics from, but some time back in March, I looked at the most recent Statistics Canada figures, the most recent Statistics Canada figures, and it says that Saskatchewan ranks seventh in Canada in total hospital expenditure per patient day — seventh in Canada — and paid nursing hours in hospitals per patient-day. Saskatchewan ranks ninth in Canada in total operating expenditure per capita, and total hospital operating expenditure per approved bed, Saskatchewan ranks 10<sup>th</sup>.

Now I understand there's been an increase in the budget since then. Yes I understand that. But, Mr. Minister, that increase is a catch-up, it's a catch-up and it isn't even a good catch-up, Mr. Minister. And although spending may be of a more substantial nature this year than it was two or three years ago, the fact of the matter is, is that it does not catch up, Mr. Minister, with the underfunding that has taken place in this system since this government took over.

(1530)

I was talking generally about poverty and the need to correct the problems of poverty in Saskatchewan, and I'm just going to ask the minister once more whether he will consider putting someone in his department responsible for dealing with the Social Services department to see what they can do with respect to the problems of poverty and health problems related to poverty in the province of Saskatchewan. Will the minister make that a priority for his department? Will he appoint somebody in his department to make that liaison with the Department of Social Services?

**Hon. Mr. McLeod:** — Mr. Chairman, just to clarify, and I know this is a small point, or it may not be that small a point, but it goes back to the original statements regarding our mission statement in Health. I wasn't being defensive at all, to use your word; I was talking about the mission statement of the department for which I am the spokesman here, just given the context of these estimates. So it's not a matter of me saying that it was my mission statement or theirs. It's a collective thing and we are all very proud of it regardless of what our role is in the department.

Mr. Chairman, over 90 per cent increase in health care spending in the 1980s to this point. Over 90 per cent is a testament to many things, but it certainly is not a testament to cut-backs in health care. It is not a testament to cut-backs. It does not indicate cut-backs when you have over a 90 per cent increase in the funding. This year's budget, the one we are dealing with now, has almost an 11 per cent increase. That's a significant amount of money, a significant amount of money. And so just to put that record very straight.

The member refers to the most recent Statistics Canada expenditures, and I believe the ones that she was quoting from — I also understand how that will work; she'll quote

from those when she feels they're most advantageous — those that she quotes from are related to hospitals only. And what I'm giving here is the provincial per capita health expenditures, Statistics Canada health expenditures, which includes the community programs and all of those community programs which you were saying in your earlier remarks that you feel strongly about, which I said in my remarks I feel strongly about, which are part and parcel of what must be a strong health care system.

So we are second in this country back in '87-88, and certainly a stronger second, if not first now, although those recent Statistics Canada numbers are these which I'm quoting, which are for the year 1987-88.

In Canada the average is \$1,101 per capita; Saskatchewan's at \$1,250 per capita; and the highest was Alberta at 1,387 per capita. So Alberta first, Saskatchewan second — both of us very well above the average across this country and what it is for all of Canada.

So the community programs in this province have a strong and a proud history. The community programs in some areas have been having difficulty, and I'm sure we'll have more discussion about some of that, but there are more staff in each of those areas, more staff than there have ever been. Searches for staff are ongoing, all of that area. But you must not ... or I mean, you can if you like to, but it isn't as valid to quote only hospital numbers and portray that as numbers which talk about the wider health care system, which is what I'm going by quoting per capital health expenditures rather than just hospital expenditures.

**Ms. Simard:** — Mr. Chairman, the minister says there has been no cut-backs, no cut-backs. Well, I mean this is ridiculous; that the increase hardly bespeaks of cut-backs. We saw a massive cut-back to the dental plan where services were reduced, 14 to 17-year-olds, a massive cut-back, employees fired. That was a cut-back, Mr. Minister. It can be called nothing else.

The changes to the prescription drug plan were cut-backs, Mr. Minister. It can be called nothing else. The reduction in the public health nurses in the province were cut-backs, Mr. Minister. It could be called nothing else. Those are cut-backs, and the list goes on and on. Don't tell the people of Saskatchewan there were no cut-backs. There were cut-backs by the PC government and the evidence is there to establish it, and nobody will believe you if you try to tell them there were no cut-backs.

But, Mr. Minister, something else that you said in your earlier comments that I just want to comment on is that you talked about health care costs are increasing, health care costs are increasing, and then you looked over here and said, don't be afraid of change. Well I find it very interesting that you're linking that, once again which is what I said earlier, with increase in health care costs and the need for change. Now what sort of change do you have in mind, Mr. Minister?

Well I deduce, knowing the PC record and the PC love of privatization and the PC desire to add deterrent in

premium fees that that's the way you see change, Mr. Minister. Because we have long been talking on this side of the House of the need for change, the need for more emphasis on prevention, the need for more community input into primary health care. We've long been saying that, that we need to change in that direction. But the minister says to me, health care costs are increasing and don't be afraid of change. What does he mean by that? He means changes that are not acceptable to the New Democrats and that's deterrent fees and privatization, and that's what I deduce from those comments, Mr. Minister.

Now with respect to public health nurses, I note that in . . . There was a report done, I believe, by public health nursing supervisors to the effect that they decried the twinning of public health regions in the province, because the government had on its plate a proposal to twin down to six regions I think it was, when originally there were 13 regions. They were concerned about this, Mr. Minister, as I recall from the report, although I haven't read it recently, but my recollection is, is that they were very concerned that this was going to reduce their effectiveness in their role as regional nursing supervisors because a lot more time would be taken up with work and with travel, with bureaucratic paper type work and with travel as opposed to the supervising role and the consultative approach with the nurses who are working under them.

They were concerned that this would jeopardize patient care as I recall. They were concerned that this would mean less of the primary health care, the preventive health care in Saskatchewan, in rural Saskatchewan, and throughout the province, Mr. Minister. And I believe the information I have is that in 1983 there were a total of 171.5 public health nurses which was reduced to 148.2 by 1988. And I'm not sure if these statistics are accurate, the minister can comment on that when he responds to my question, but obviously if needed there was a reduction of that magnitude this would mean for a very, very much overworked staff, and it would probably mean inconsistent staffing throughout the province. So and yet all this happening in spite of increasing demands by the public, because in Saskatchewan we have a very aware public when it comes to health care. People know what they want and they're familiar with health care problems and they're interested in health. So we see from '83-84 to '86-87 a 10 percent increase in immunizations alone. So you have larger demand for the services but meanwhile a cut-back in the number of public health nurses, Mr. Minister.

And so my question to you is: has the twinning taken place and how many public health nurse regions do we now have in Saskatchewan? And number two, how many public health nurses are there today working in Saskatchewan?

**Hon. Mr. McLeod:** — Mr. Chairman, a couple of things. First of all, just to go back to this exchange we've been having related to change and so on. When I talk about the changes which have taken place — and I take a couple of examples that the member has raised, the drug plan and the dental plan — there's no question that there were changes that took place in those areas, funding changes

and so on. But there were many other changes, so the member will make a list, and it's a very short list as well if she makes a list of those two. But the fact remains, and this day in August of 1989, right now, we have the best drug plan in all of Canada without question. We have the best children's dental plan in all of Canada without question. There's no question, and the member can't raise it to suggest that it's anything other than that.

The member says, what does the minister mean by change. What I mean by change are these kinds of things, Mr. Chairman. Changes like, let's look at the world that we're now in and say would there be a necessity to change into rehabilitative services for drug and alcohol among you. Would there be a reason to enter into some change there compared to what we have been doing as a society and as a province? Would that be a reasonable place to enter into some change or to accept some change or to take some initiatives which recognize that change is taking place right in our neighbourhoods and in our families? Well I guess so. And so, Mr. Chairman, that's what I mean by change.

And the Whitespruce is an example of that, and it didn't just come up out of the ground year Yorkton without some innovation and without some hard work by people and without some vision by people in Health and the Premier and others.

Wascana hospital over there, I referred to — rehabilitation again. That's what I mean by change — change in emphasis, a change in emphasis, a change to create something that wasn't there, and to the extent that it was there it was sadly lacking. That's what I mean by change.

A chiropody program for seniors, primarily for seniors, a chiropody program. That's what I mean by change, introducing a program which increases the mobility of our senior citizens and keeps them from the dependency on nursing homes and those kinds of other programs. That's what I talk about change.

The rehabilitation centre in Saskatoon, the children's rehab centre, a creation of this government. That's change. Speech therapy in the rural areas. And sure we're having difficulty recruiting our people and recruiting speech therapists in the rural, but that doesn't mean that we should say that we can't recruit them as quickly as we would like. There's shortage across the country. There's a shortage everywhere, so we should not take the innovative plans and put them in place so that these young people graduating in that area can say, there is Saskatchewan that has speech therapists in the rural areas; they are making some attempts; maybe I can make my life and my career there. That's what we're hoping to have happen and that's what we emphasize as we try to recruit these people.

So, Mr. Chairman, that's what I'm talking about when I say change. It's not some kind of airy-fairy sort of change about you're going to do this, and you're going to privatize, the whole system and all this stuff you hear coming from the mouths of those folks. It's that kind of change which is positive change recognizing that we are now near the end of the 1980s, and that the society that we all want to serve has changed and we better respond

to that change. That's number one.

Secondly, the member raises the public health nurse issue, and it is an important one to raise and it's legitimate. But, Mr. Chairman, in the blue book, I believe, the differences . . . And we make some comparisons here of major changes that have taken place in immunizations, for example, and a decrease in immunizations. And the member will right away look at that number and say there's a decrease in immunizations because of some cut-back, to use that term, in what you're doing in the provision of services.

The fact is, Mr. Chairman, there are fewer babies being born in Saskatchewan than there were, and immunizations will be directly related to the number of babies. The pre-natal classes is in the same category. Pre-natal classes and immunizations are related to the number of infants in the province. But in two other areas, in the school program where students are seen by public health nurses in the schools and in the home visits where young children are visited by public health nurses, both of those areas are up substantially in terms of the work-load or the change in emphasis on what the public health nurses do. That makes eminent sense. It's exactly what all of us would want our public health nurses to do is to respond to the changing society that they face on a daily basis out there as well. So that's the explanation for the numbers that the member raises.

(1545)

**Ms. Simard:** — Mr. Minister, with respect to changes, just to get back to that, we have never been against the Children's Rehab Centre or Wascana rehab. We appreciate these changes. But what we are against, Mr. Minister, is the fact that you are in favour of building monuments and you haven't put the programs in to properly staff these situations.

The Children's Rehab Centre right now is having all sorts of difficulty getting occupational therapists. We became aware back — when was it, '85, '86? — that there was a report done that indicated the needs of occupational therapists in this province, Mr. Minister, and there should have been steps taken to make sure that we had adequate occupational therapists.

But what is happening throughout this province, Mr. Minister, is that you establish monuments to yourself and fancy advertising campaigns and you don't put the workers in. You don't staff the places and put the workers in and there's been no real commitment by you and your government with respect to that.

So you know, enough. I don't want to go on for ever about changes. And we will get into some of these things like Children's Rehab Centre in a little more detail later on in the estimates.

But I asked you, Mr. Minister, what are the number of . . . first of all, there's two questions I asked you which you haven't answered: how many health care regions in the province? We used to have 13; how many are there today? Number two, how many public health nurses?

**Hon. Mr. McLeod:** — Okay, just one short comment regarding your, what I would say is an ill-advised use of the word monument. When you talk to us about . . . that we're building the Wascana Rehab Centre, as an example, and say it's a monument to ourselves or whatever, I mean we certainly take pride in it. We take pride in having taken the initiative to build it. We are recruiting and trying to, and we know that there are difficulties in recruiting occupational therapists and physiotherapists. There's no question that that's the case.

Now the member, to use her logic which says, you shouldn't have built that, you should have the staff, you know, it's a chicken and an egg sort of thing. We built it. We think that the building of it and the programs that it has potential to offer will help us to recruit staff. We believe that to be the case, and I believe that will be shown.

The member talks about monuments. I have used this is in the House before and I say it again, we haven't built monuments to ourselves and you don't see buildings in each of the cities across the province named after some elected member of our party. You see them at Study stone in Saskatoon where the chiropodists are located and so on, is named after some CCF MLAs from another bygone day. Well so be it. They served the province and all of that, but it was the tendency of that former government to just name buildings after their own people and leave and forget about hospitals.

The member makes a face about it, but I'll just make the one point here. The Wascana Rehab Centre that's located very close to where we now debate this, was there for some period of time prior to that, and just next to it, the priorities of your particular government in years gone by were to build the T.C. Douglas Building to house the health care department and bureaucrats while the people in wheelchairs sat out in substandard facilities to some extent and watched that building go up.

And you should not be proud of it, and if you are, you should be ashamed. So that's one. And you hear that from people who are there, long-term residents and long-term staff members who saw that go up and who had their pleas in for rehabilitation services in this city and across southern Saskatchewan. So that's the case.

Mr. Chairman, the specific answers to the questions, the regions, there are 10 regions plus a region in the North, which is 11, plus two cities. And the nurses, the number of nurses — that's community health nurses, right? — in the 10 regions, that excludes the cities, are 155.3 positions. That's the number.

And I want the member to take into consideration a couple of things. Some of the new programs, or what we'll call relatively new programs — community therapy, home care nursing — some of those, are into areas that once were the purview, because of the lack of any other programs in the communities, they once were to some extent the purview of public health nurses.

**Ms. Simard:** — Mr. Minister, I take it then that there is a drop from 1983 of some 16 public health nurses in the province, according to your statistics. So although you



have come up since 1988, there is still a significant downfall with respect to public health nurses.

Now, Mr. Minister, two questions. Number one, are you going to proceed with the total absolute twinning that you were thinking of originally, down to six regions? Number two, how can you advocate health prevention and disease control when you still don't have a full complement of public health nurses in the province?

**Hon. Mr. McLeod:** — Well, Mr. Chairman, the majority of public health nurses in the drop in numbers were in the supervisory area; I just make that point. As it relates to the regions and approaching the twinning of regions to whatever the number — six or whatever — that was based on a lack of public health nurses. We just didn't have the staff to do the job.

So we're not committed to having six regions on into the future, if we had enough public health nurses. Just make the point very clear — we're not committed to doing that, and I know there's been a submission to the commission; the commission will have some things to say about community health services and the way in which we can better administer that, I believe, and I will await their report.

**Ms. Simard:** — Well, Mr. Minister, regional nursing supervisors perform a very valuable function with respect to other . . . vis-a-vis other public health nurses inasmuch as they advise them and they consult and they give them advice and so on., So I hardly think that point is relevant, although I find it interesting that you raised it.

The fact of the matter is we're still 16 public health nurses short of where it was at in 1983. And I would submit that there should have been an increase since 1983, not a decrease, Mr. Minister. And we see this phenomenon particularly when the government is talking about, oh, its commitment to health prevention, and we heard it again today in this legislature. We heard it right here an hour ago by the minister, their commitment to primary health care and prevention. But we still see a downfall of some 16 public health nurses over the 1983 levels, Mr. Minister.

Now with respect to the twinning, you are telling me today, I take it, that you're twinning because you don't have enough public health nurses to fill all the regions. Well, Mr. Minister, I think that it's incumbent on you to make it a priority from your department to increase, to upgrade the public health nursing staff in the province, to make sure that we have enough public health nurses, to get those 16 public health nurses back in the field, too increase the numbers. If this government is really serious about health prevention that's what it will do, Mr. Minister. And I want to know whether today you'll give us a commitment not to twin the regions to six, to keep them at what they are, and to increase the complement of public health nurses. Will you do that, Mr. Minister?

**Hon. Mr. McLeod:** — I would like to have more public health nurses in the province. No question that that's true. I'm quite pleased to put that on the record and to answer the member's question in that way. But it must also be pointed out, the services in community health are up in

other areas, and that's therapy and so on. And that's important to put this community health services in the bigger context. It's very important.

The point that I made earlier as it relates to immunization and pre-natal clinics, two very important functions of public health nurses across the province, are down, and they're down for the very simple reason that the birth rate is down. And that's important to know that there's a changing environment out there within which our public nurses work.

But I'm not standing here telling you that public health nurses, those that are in the field, are not stretched out and so on. They are, and I admit that, and I would like to have more public health nurses provided for in the budget and so on.

I will say to the member that, you know, she wants an unequivocal statement regarding six regions and that sort of thing. I believe that there's no direction in the department to go to six regions. I stated earlier that when we were talking about six regions we had a shortage of public health nurses, and we responded to that circumstance at the time. We're not intending to go to six regions. And I'm also aware, as I said earlier, that the commission will have something to say about public health nurses as they relate to the wider community health programming and where they fit.

And I know that the SRNA (Saskatchewan Registered Nurses' Association) and the public health nurses themselves made some excellent presentations to the commission. And I'm sure they'll have something to say as they develop their blueprint for community health.

**Ms. Simard:** — Mr. Minister, I'm glad to see that you're talking about an expanded role, perhaps, for public health nurses. With respect to your response about therapy, the therapies are so lacking in rural Saskatchewan that it's pathetic. They're lacking in urban Saskatchewan, Mr. Minister. The therapies are lacking. You can hardly use that as an excuse and say that public health nurses are no longer needed.

With respect to the expanded role of public health nurses, Mr. Minister, it's not necessary to have a million dollar commission to tell you that public health nurses can do a lot more in prevention than simply immunization, Mr. Minister. You don't need to spend a fortune to figure that one out. You can consult with public health nurses and some health care professionals over a period of a couple of days and you'll get the answers, Mr. Minister.

I'm very surprised that after seven years and all these cut-backs that it's taken you this long, Mr. Minister, to realize that there may be an expanded role here for public health nurses and that this is real prevention. But I note, Mr. Minister, it only comes after we have repeatedly stated that in this legislature, that there is an expanded role for public health nurses. We have repeatedly stated that, Mr. Minister, and finally you're beginning to realize it, and I hope that you will be moving in that direction.

The regional nursing supervisors brief, as I recall, also indicated that there was no consultation with public

health nurses before this proposal came forward. Now you're telling me that you're reconsidering the initial proposal. Well I'm pleased to hear that, Mr. Minister. But on the issue of no consultation, I just want to indicate that that's another example of how this government says it wants community involvement and it wants to consult and then it doesn't. And only when it's hit over the head with a sledge-hammer, does it sit down and consult with the people involved — only when it's hit over the head with a sledge-hammer.

But with respect to the . . . Mr. Minister, you see I think your priorities, if I might say, are a little bit backwards, because what you've done is you've launched this fancy Everyone Wins program, which is for the most part a publicity gimmick, and meanwhile you are cutting back on public health nurses, Mr. Minister.

Now I want to know whether your commitment to the area of public health will be every bit as great, Mr. Minister, as your commitment to a self-serving advertising campaign that your Everyone Wins program has been. I want to know whether your commitment to the front line workers in preventative health will be every bit as great, Mr. Minister, and I'd like that assurance from you today.

**Hon. Mr. McLeod:** — Mr. Chairman, I said to the member that as it relates to public health nurses in the regions that they're in, they will . . . I don't see them going to six regions. That won't be the case. I say to the member that as far as a commitment and the commitment that I as a minister have, or that this government has, certainly the commitment that we have to community health in all of its aspects, including public health nursing, is there for anyone who wants to be objective to look at.

We've increased mental health services in the North. We've developed or are in the process of developing in the context of this budget, the breast screening program for the high risk age groups there. We've increased the grants a significant dollar value, increased the grants to the two large cities as it relates to public health funding for their public health programs. All of those are very important issues and all of those are commitments to the community health services that are provided and that should be provided in a public way by the Department of Health of the Government of Saskatchewan.

(1600)

We have a commitment to the community health that's ongoing. The commitment we have to community therapy — the member was saying something about community therapy that they're just not staffed and all of that. Once again I'll say to the member, we need more occupational therapists and physiotherapists, but it's this government that created the community therapy program, a program that wasn't in existence just a few years ago. We created the community therapy program, a program that does not exist elsewhere in the country.

**An Hon. Member:** — And it's only in phase one. You haven't implemented the second phase . . .

**Hon. Mr. McLeod:** — Now, Mr. Chairman, I think I could

even agree with the member. She's saying, well it's not going fast enough. Well that's an easy response, that it doesn't go fast enough. Well I wish it had gone a little more quickly as well. But without question, it is the best program in the country. It's a program that we would like to build upon; it's a program that we will build upon.

And so those are the facts and for those that want to be objective viewers of this, or to approach this in an objective way, those facts speak very well for themselves. Our commitment is strong to community health whether it's in the therapy area, whether it's in the nursing area and so on, and will remain so. And like I say, we're looking forward to what the commission will say about that. They'll have some positive things, I know, but I believe they will have some areas where they will suggest we can make some changes.

**Ms. Simard:** — Mr. Minister, prior to 1984, there were 45 public health inspectors in the province, and the most recent statistics I have are 1987-88. And these were cut back, or perhaps it was retirement. I'm not sure how we arrived at their . . . call it what you like, the fact of the matter is it's a shortfall and the positions were 33. And I understood that three of those were vacant.

Now I don't have any up-to-date statistics on that, Mr. Minister, but the fact of the matter is that this reduced the number of inspections that these . . . didn't reduce the number of inspections, but it reduced the number of places that were being inspected, Mr. Minister, because of the shortfall in the public health inspectors in the province. And the end result of this shortfall is that public safety is compromised, and there's an increased risk to the public if people are not getting in to get the public facilities and places inspected.

For example, there was a 6.5 per cent increase in the number of facilities inspected from '82 to '88. There was a 64.4 per cent decrease in the number of field visits and a 31.1 per cent decrease in the number of formal inspections. And these reductions are due to staff shortage, Mr. Minister. In fact the city of Regina made a specific recommendation to the PC health care commission asking for more public health inspectors. And I understand that the association of public health inspectors were very concerned about this shortage of staff and these cut-backs.

Now could the minister advise us today how many public health inspectors there are in the province? Thank you.

**Hon. Mr. McLeod:** — Mr. Chairman, this Health department and this government and we in the department will never, as the member says, sacrifice public safety as it relates to public health inspection and so on. That's rhetoric which is a little inflamed given the real circumstances out there.

So, Mr. Chairman, the real facts are that we have 41 positions, public health inspector positions. The facts are that public health inspectors are very difficult to recruit. Public health inspectors are in short supply in all 10 provinces. We are the only province in the country who is recruiting health inspectors offshore and we are in Britain, and we have people signed on who will begin at

the first of the new year — highly trained, very well-qualified people.

Now one would like to be able to say that we have people who have gone through this level of training and are ready to begin work and are graduates of our own schools and residents of our province and all that sort of thing. To the extent that that's possible we'll do that, but we will also recruit offshore for some of the reasons the member cites, and that to fill these positions and to be sure that we have public health inspectors on the ground out there where they need to be.

**An Hon. Member:** — How many?

**Hon. Mr. McLeod:** — I said 41 — we have 41 health inspectors.

**Ms. Simard:** — Forty-one health inspectors. So that's four down, Mr. Minister, with respect to, you said that this was our rhetoric. The fact of the matter is, is this is what the public health inspectors are saying, that if sufficient inspections aren't being done, it jeopardizes the public because it increases the risk.

So, Mr. Minister, I would like to know . . . see if you could give me a breakdown of public health inspections by public health regions in 1984 and '89.

**Hon. Mr. McLeod:** — Could I just have the member clarify just what it is that you mean by that now? You mean public health inspections carried out including plumbing inspections and housing inspections — I mean everything?

**An Hon. Member:** — Public health inspections by public health inspectors for each health region.

**Hon. Mr. McLeod:** — It's information that we don't have readily available but I can undertake to provide it. But it will take us some time to put it together and we will provide it then. And I'll clarify with you exactly what it is. You may want to clarify it when you're back on the record.

**Ms. Simard:** — Okay, Mr. Minister, I'd also like to know the remuneration for various levels of public health inspectors and how that compares with other provinces. And I would also like to know how many provincial bursaries are available for public health inspectors, Mr. Minister, and whether there are any plans to expand the bursary program.

**Hon. Mr. McLeod:** — The specific questions, the member was quoting and I believe I said something a few minutes ago about public health inspectors are saying that it's a sad state of affairs and so on out there. I'm not sure that that's absolutely the case because I know that the public health inspectors, I'm informed that they are very pleased with some of the recruitment activity that's been going on. They're pleased with the emphasis that's been given to this area.

I can say to the member that — I'll provide the actual figures — but I can say to the member that we are amongst the highest in Canada for the starting wage of public

health inspectors now, as of this budget. And yes, as it relates to bursaries, we are in the discussions with the British Columbia Institute of Technology as it relates to bursaries for students who will go into this field of endeavour.

**Ms. Simard:** — Mr. Minister, I'm going to quote to you from a brief that was filed by the Saskatchewan branch of Canadian Institute of Public Health Inspectors in which the public health inspectors talk about their responsibilities and the need to prevent the outbreak of pathogenic and sometimes physical disease that may detrimentally affect the health of the general public. And the way this is accomplished is through surveillance techniques. And they describe that:

If the ratio, the higher ratio of inspectors per population, the greater amount of surveillance inspections can be undertaken. And if the ratio is reversed and the population ratio to the number of inspectors is greater, the potential for outbreaks of disease such as food poisoning are increased.

They go on to say that we are seeing an ever increasing number of persons preparing foods in their own homes for sale to the public. And they also point out in the brief, note, Mr. Minister, they said that:

If the ratio is reversed and the population ratio to the number of inspectors is greater, the potential for outbreaks of disease such as food poisoning are increased.

And I'll bring the minister's attention to the Extendicare case. Then they go on to say:

Population ratios within community health services branch have changed since 1982 when a ratio of one inspector to 14,037 persons existed. Presently a ratio of 1 to 18,788 persons exists, not taking into account a vacancy of eight field positions, in percentile terms, a 22.8 per cent vacancy rate (Mr. Minister).

Okay? So I think that is the evidence with respect to the fact that the government's cut-backs in the area of public health inspectors has led to an increase in ratio of inspector per population, and the brief points out quite clearly that this can increase the hazards with respect to food poisoning.

Now my question to the minister then is: in the Extendicare case here in Regina, I know the minister was investigating this and I'm wondering if the investigation has been completed, and could the minister please advise when the last inspection was done at the Extendicare prior to the incident occurring there?

**Hon. Mr. McLeod:** — A couple of things. As of this fall, there will be no vacancies, zero vacancies in Saskatchewan as it relates to the public health inspection, and that's a tremendous accomplishment given the circumstance in the country where we have 90 vacancies across Canada for public health inspectors — 90. So we have been in some difficulty.

I related to the member the recruitment program that's gone on in Britain, and those people will be here and on staff and we will have all of our vacancies filled, so we'll be back into a full complement.

So it relates to the case that the . . . and I think it's fair to say that the submission that the member's quoting from was a submission with some figures in it. I'm not going to confirm the figures that are there or anything except to say in a very general sense, that brief was presented in a time before the recruiting program took place. It was those kinds of numbers that were being related there by the public health inspectors that led us to the recruitment program offshore. Once again, the only province that has done that. We knew we had to do something and we undertook that program.

As it relates to Extendicare in Regina, the member I think knows that the city of Regina public health inspections are conducted by the city of Regina, as they are in Saskatoon by the city of Saskatoon, and we have substantial grants to those two cities for that purpose, and grants which have increased in the last two years. So I'm not able to answer in these estimates about when inspections were done by the city of Regina public health department.

**Ms. Simard:** — Mr. Minister, can you undertake to provide the opposition with a report on the situation at Extendicare and what caused the situation, and in particular I'd like to know about the inspections with respect to Extendicare; how many inspections were done in the year preceding and when the last inspections was done, for example. Can you undertake to provide us with that information, please?

**Hon. Mr. McLeod:** — Well I'm informed that the normal practice in that sort of circumstance would be for the member, who is a Regina MLA, to go to Dr. Hutchison who is in charge of the city of Regina public health and ask for whatever information that you would like to have related to the city of Regina inspections.

**Ms. Simard:** — Okay, Mr. Minister, with respect to the number of public inspectors in the province, let me say that I am pleased that you have decided to take to heart some of the comments made by the public health inspectors because I understand they were not consulted with respect to the original cut-backs. So maybe even there's hope for you. But let me just point out . . . no, my colleagues say, no there isn't.

Let me just point out that . . . I want to point out that you are just holding your own because the figures that I quoted to you went back to, I think it was 1983 or '84 — I just put them aside here for a minute — but by bringing it up to 41, and you're still short, I think, four. You're just holding your own, Mr. Minister. And the fact of the matter is, as the public health inspectors have pointed out, more people are doing food up in their own home, and as a result, there should be an increase not a decrease in public health inspectors, and 45 is probably not adequate. We probably need more in this province.

But I would like to bring your attention to the northern portion of health services in the province for a moment,

Mr. Minister, and I want to talk a bit about the state of Indian health and the fact that it causes us on this side of the House a great deal of concern, because what the evidence appears to establish is that life expectancy is lower than the general population. The mortality rate is 40 per cent higher; the suicide rates are three times the provincial rate. The diabetes cases have increased by 31 per cent since 1978, and the number of tuberculosis cases has increased in each of the last three years, Mr. Minister. And we believe that this is primarily due to the fundamental fact that there are deplorable socio-economic conditions in the North, and these conditions translate into greater health services.

(1615)

And the other reality of course is that there's a level of unmet needs in the North because of the lack of professional health care professionals, that is extensive and ever increasing. Many people lack the basic needs, the very basic needs like sewer and water, adequate shelter, education, and employment, and it's very difficult with respect to communicable diseases in this kind of a situation. We have to remember the fact that it's this government that eliminated the food transportation subsidy in northern Saskatchewan.

We find that present health care needs by personnel are . . . present health care personnel, rather, are unable to meet the needs of the community, and one of the reasons is simply understaffing in those communities, Mr. Minister.

So, Mr. Minister, could you tell me today then how many public health inspectors there are in northern Saskatchewan?

**Hon. Mr. McLeod:** — Mr. Chairman, I so make these comments. Frankly, I don't disagree with much of what the member has said as it relates to the state of health among our native population. It is something that anyone involved in the delivery of health care should be concerned about, and I know that there has been long standing discussion back and forth between whose jurisdiction is this, and federal and provincial and so on. The fact is we have a problem. The society in which we all live have a problem in that area.

I will say, though, that even though this is maybe small conform, the area of life expectancy, when we get into statistics and so on, the gap is closing in the life expectancy of native people versus the wider population.

We have been responding in areas, you know, that are sort of . . . in which we must respond right away, and that is in the tuberculosis area. Many people in this province I think are of the mistaken view that tuberculosis is a disease of some other decades ago, and it was primarily eradicated in the province. It is not the case as it relates to some communities in the northern part of the province. So it's an area of significant concern.

We've increased clinical services in that area. We've increased the number of clinics. We have contracted community health workers to work directly with people who have tuberculosis to be sure that they take their medicine at the right times and all of the kinds of things

that weren't going on and that need to go on to have a program of after-care once the tuberculosis has been diagnosed. The northern medical service unit, the unit that we have will help in this area, but it certainly needs time, and it's not the answer either.

A good deal of the answer, frankly, is the same kind of thing we're trying to do with preventative health and with the whole preventative program, in terms of taking those issues, for individuals to take responsibility for their own health and well-being as much as possible, and that applies in the native community as well as in the wider community. But I understand there are many problems with that as well. We're pursuing economic development activities, and that's obviously a part of healthy public policy.

And SADAC, the Saskatchewan Alcohol and Drug Abuse Commission, has had increased funding, not that funding is everything, but increased funding, increased numbers of staffers, and so on; others who work in and among the native community as it relates to alcohol and drug abuse.

So all of those areas are areas in which we're trying to pursue some of the symptoms of the wider problem that you refer to, but I don't stand here and disagree to a large extent, and both of us, I believe, understand this well, given our roots in our community of Meadow Lake.

**Ms. Simard:** — Mr. Minister, I'd asked you how many public health inspectors there are in northern Saskatchewan. Do you have that answer?

**Hon. Mr. McLeod:** — Four positions — two vacant and two will be filled in that recruitment program that I talked about earlier, and they'll be filled this fall so that the full complement of four will be working in the North. Presently there are two.

**Ms. Simard:** — When will they be filled, Mr. Minister?

**Hon. Mr. McLeod:** — This fall. We believe in the month of November that they'll be here.

**Ms. Simard:** — Mr. Minister, I understand there's 11 funded nursing positions, but two positions are vacant, and I understand that there are six public health nurses, but again, two are vacant. Is this correct, and if so, what measures are you taking to correct this?

**Hon. Mr. McLeod:** — Mr. Chairman, the numbers the member cites are correct. As it relates to what we are doing about it or attempting to alleviate the situation, we have what we call in this budget a recruitment and retention package we're putting together where we deal with housing problems as it relates to housing facilities available for public health nurses. That's an ongoing thing. It's been around for a while, I know.

We're looking at one that is very important to public health nurses who go into the North, and that is educational leave. And we have responded or we're in the process of working that out now so that there will be educational leave available to those public health nurses in the North. And also a system whereby we can look at contracts for working for a certain period of time in that

area so that they know as it relates to their professional career path and the kinds of things that many public health nurses who would like to serve in that area for professional growth, and as well as for providing service, where they have an opportunity to serve for whatever that period of time is and come back into the other parts of the province to serve as public health nurses.

And those are things which they've been asking for, I understand, and which we are responding to and we'll have in place so that they can . . . well just so that they can feel that being a public health nurse in the North is something that will relate to their career path throughout the province for a lifetime.

**Ms. Simard:** — Thank you. Mr. Minister, with respect to mental health services in the North, you had indicated earlier in the day that you were expanding mental health services in the North. Well the most recent information I have is to the effect that there are only three community mental health nurses providing services for the entire northern half of the province. And in fact one brief that was presented to the PC commission on health care stated that:

The provincial health department's answer to mental health for all of the north-west side, both treaty and non-treaty people, is one mental health nurse stationed in Buffalo Narrows.

This area, I understand, stretches from Green Lake to Cluff Lake. So there appears to be very little priority given with respect to mental health services in northern Saskatchewan, Mr. Minister. And with all the socio-economic problems that we have amongst the northern community and amongst a poverty population, Mr. Minister, I would think that mental health services would be a priority for this government.

Could you please tell us today what measures you are going to take to rectify this rather low priority that has been given to mental health services?

**Hon. Mr. McLeod:** — Well, Mr. Chairman, we recognize the need for mental health services throughout the province as well as in the North. We've had, I think, for a number of years anyway, three people involved in the mental health services across that vast area that we call the North. Formerly there was a director at La Ronge and one mental health nurse at Buffalo Narrows and one at Creighton. We've added another position to have a community . . . a mental health nurse on the ground in La Ronge area for the central core of the North.

So we have four people working in mental health now . . . or in this budget we have provided for four where there had been three for a number of years. It's modest and I admit that it's modest. I also admit that the area is huge. Pressures, strain, and all that mental health involves is without question a problem there as it is in centres of our cities and in our rural areas.

Also in this area we deal with promotion and health education, the kinds of things which can put people in touch with and given them a better understanding of stress and the kinds of things which have every impact on

mental health. We've increased that as well from three to four.

So we have increases, modest increases. You and I may agree that it would be nice to have more, but we don't have more this year.

**Ms. Simard:** — Well, Mr. Minister, we don't have more because your government has not made northern medical services a priority. That's the reason why we don't have more.

We have a situation in northern Saskatchewan where there's been something like a 90 per cent increase in the number of tuberculosis cases from '84 to '87. We have a situation where the mental health problems are very serious and there's hardly any workers out there to deal with it, Mr. Minister. We have a situation where the nursing complement, the public health inspector complement, the public health nursing complement is not filled, and you keep saying, well we're doing something about it and we're doing something about it. Well, Mr. Minister, that's not good enough.

Northern medical services should have been made a priority some time ago by your government, and I want to see a clear-cut commitment on behalf of the Department of Health, particularly because of the unique problems in northern Saskatchewan, that this part of the province will be made a priority by your government.

It's just not good enough to say, oh well, we're doing a little bit here and we've got one more position there. It's not adequate, Mr. Minister. There's a problem there because it has been underfunded for a period of years now and it's time for this government to make northern Saskatchewan a priority with respect to health care.

**Mr. Goulet:** — Just a few direct remarks in regards to northern Saskatchewan. I listened to the minister reply to some questions in regards to the whole issue of prevention, and I do agree with him that the whole issue of prevention is an important part of health care. I might start out, Mr. Minister, in regards to your governmental policy, to the whole area of prevention. I'm not only talking about the whole area of prevention within health care in itself, I'm talking about prevention in regards to socio-economic development.

As a minister, I must recall that you were indeed the hatchet man for northern Saskatchewan in regards to cut-backs in the North on DNS (department of northern Saskatchewan), and about a hundred people did lose their jobs and so on. And a lot of people do forget that in that sense. We saw later on that you were the man who did drop the prescription plan and its demise, and the dental plan and so on.

(1630)

So that there was many, many aspects of yourself as a minister in charge of northern Saskatchewan during the earlier years of the PCs coming to power, that you were utilized as a person of cut-back. And it's very important as we deal with the issue of health that we look at that in historical perspective. We know that your government

has had a very difficult time in dealing with the prevention problems, especially as it relates to economic development. For example, the hiring rates weren't lived up to in regards to the lease agreements, did not follow the law in that regard. And a lot of those extra jobs that people would have had would be very important as a preventative aspect of health.

There was also the whole aspect of more recent agreements where there were no affirmative actions lease agreements even for people as we go along. Let's take the case of the Weyerhaeuser agreement. There was only a clause in there for encouraging people for jobs, but encouragement and living up to agreements are two different things. So the whole preventative aspect as it relates to economic development, I could talk here for a whole afternoon and evening on that, but we want to get, I guess, a bit at the aspect of information.

As I listened to the member ask questions on information, I would like to ask very basic information as we deal with the health issue. I would like information, Mr. Minister, in regards to stats on the cases. I would like to know on the different cases, you know, whether it's cancer or whether it's heart problems. As we deal with the cases in the North, I'd like to know on this here in question, what the stats are in all of those areas. What are the numbers of cases in the North as a whole as they compare with the South?

What are the comparative stats in all the different cases that we deal with in the health system in northern Saskatchewan, and also could you further provide me with a breakdown on a community basis? I recognize that different communities will be served by some of the regional hospitals in the North, but there are certain communities with clinics and they would service their own. But I would like to know the overall statistical information on health cases in the North so that we can have a year-by-year comparative analysis as we go along, and especially how it relates to the North. I would like to see also an analysis between how that compares not only with the South but how it compares with last year, to see whether or not there has indeed been an improvement and so on. So I would like to have that information tabled, and if you have it right away, I would like to see that.

But on a more specific level, there are ongoing problems because of the lack of preventative aspects and so on and the lack of proper housing in the past few years, with the housing pretty well has gone down you know since '81-82. And there are types of areas where there would be increases of illnesses, and I would like to know from the minister, especially in the area of health, what type of prevention he has done in relation . . . our member said that there was about a 90 per cent increase in TB (tuberculosis) rates between '84 to '87.

And I was talking to a person in P.A. district chiefs and I know that they had done a submission to the government and a task force on health and so on, and they were saying that the TB rates were about 15 times higher for Indian people in the province as a whole. And I would like to know in regards to northern Saskatchewan, what the actual rates were in that specific area and what special preventative measure are you taking then, Mr. Minister,

in relation to the whole question of TB and the rise of TB again in northern Saskatchewan? And so that's the first question, I'm asking you: what type of special prevention are you taking?

If the province TB rates were 15 times higher you know for the city of Regina or any place, it would be considered a national crisis, but when it occurs to Indian and Metis people, that's not the case. I would like to know what type of preventative measures you are taking, Mr. Minister, in dealing with this issue on TB.

**Hon. Mr. McLeod:** — The member, in initiating his comments, was going through a little history here of, you know, my own personal role in the government and so on, and I don't . . . he has a different interpretation of it than I have. Because I believe that what I'll call using the area of the province that you're from is a little crucible for socialist experiment was what was going on and what I have no problem whatever in standing here or anywhere else in Saskatchewan and saying I had responsibility for bringing the experiment to an end.

As it relates to . . . they got into their rhetoric a little bit, and the member says on the dental plan, the children's dental plan, he had it involved in there as well, and the member knows full well that the children's dental plan didn't change in that part of the province to which you refer. So all those things go in and you sort of . . . you wonder why some of it is in one ear and out the other.

Mr. Chairman, I want to . . . I'm just going to ask the member, I had to say that because it needed some response. I know the member will understand that.

Mr. Chairman, the member's asking for statistics, health statistics, or epidemiological research. Now I ask you does it relate to, just for point of clarification, like the number of patients with cancer or heart disease, in those kinds of categories, who originate from the northern part of the province, is that what you're asking for?

**Mr. Goulet:** — Yes, those are the types of information I would like, the different diseases, because I think it's important to recognize whether or not the heart diseases are climbing, what the cancer rates are and so on, and also what particular area they are coming from, what particular community, and so on. And I would like also on top of that, Mr. Minister, to clarify the information for us in regards not only to the general population of northern Saskatchewan but also the Indian and Metis population as well.

**Hon. Mr. McLeod:** — Well the question the member raises is an important one and we will do what we can to bring that information forward to you and provide it to you. We don't have it here by a region like that, but I think this is a good place to mention to the member and to his colleagues and everyone in the House, frankly, than an important aspect of any preventive program, and certainly an important aspect of the one which we've introduced, the Everyone Wins program, is the health status report and the work that's being done at the University of Saskatchewan.

And they've had one report which they've put out, I

believe that's what it's called, the health status report, that they put out where it deals with just that. It's very self-explanatory — the status of the health of our citizens across the province — so that we have as we go into a long-term commitment to a preventive program that we have bench-marks from which we can measure successes or the rate of success, that sort of thing.

So what the member raises is a very important point for the area that he's concerned with here. It's an important point for the whole of the population in the province and we'll do what we can from whatever sources, whether it's the health status report plus other information we will have based on the origin or the address of people in the province. But it will take us some time to put it together. We will put it together and we'll provide it to the member.

**Mr. Goulet:** — I would like to know that status of the community health workers. I know that there were the so-called . . . the socialists introduced the idea that the community have workers and so on, but your government saw fit to cut them back on their time in half, you know, just a while back.

A lot of the aspect of long-term preventative health is one where we need to do more training and of course in the health services field, but some of that initiative has to start from the Department of Health and of itself. And in regards to the whole area of prevention, therefore, there needs to be a lot of training in regards to Indian and Metis people in the various health fields and so on.

Now my next question relates to the aspect of the proposed La Ronge hospital which was mentioned in this year's budget and also in the throne speech. And I would like to know from the minister on that issue of training whether or not he's strongly considering the aspect of integrating an educational plan along with a regional hospital in La Ronge so that the long-term aspect of prevention could be there, so that there is not only a training of community health workers in the North, but health professionals as well.

Is he strongly considering the aspect of a training component along with a plan at the La Ronge hospital? Is that part of the plan, Mr. Minister?

**Hon. Mr. McLeod:** — The answer is yes, just in short and sweet, although I could expand on it a little bit. What we're doing — just because you've raised the issue of the La Ronge Hospital — what is happening at the La Ronge Hospital is that in the planning stages now SADAC (Saskatchewan Alcohol and Drug Abuse Commission) has had an involvement in this, and they're talking about a certain number of beds dedicated in the La Ronge Hospital to the area of alcohol and drug treatment.

There's also some discussion going on with mental health services in that whole area and also with community health for just the reasons that the member cites. Community health workers, who are to work in the various communities, will need to have, and I think we have a good example with NORTEP (northern teacher education program), a program that's been a success in the North. We can do a similar thing with the community health workers are part of the complex of the La Ronge

Hospital where they can be trained there. It's something that has not been done. We're going to try it, but it's in the planning stages now, and the new La Ronge Hospital board will be dealing with that.

**Mr. Goulet:** — So my understanding is that along with the plan, you're going to have a training plan integrated with, of course, the Education department. But at the same time, we know that the costs in regards to training aids, especially in the field of health, are fairly expensive. Are you saying that then the training program would take part in one of the rooms in, you know, in the La Ronge Hospital, and that is indeed part of the integrated strategy that you're having?

(1645)

**Hon. Mr. McLeod:** — The key is that we're in the context of the construction of La Ronge Hospital. We will look at the health care needs in a much wider area, which would make sense. You know, I don't say that the training will take place in a room in the hospital, whatever, but we'll tie health care delivery to the extent that we can be in there so community health workers are trained in the North.

Now that's not to say that — and I think it's important that we make this point — it's not to say that the hospital board of the La Ronge Hospital will have responsibility for that or that it will be part of their . . . and it may well be, but it isn't cut and dried that that would be the model that would be followed. So I think it's important to clarify that here and to clarify that in La Ronge as well.

But the training aspect for community health and for outreach programs, those kind of things, are important and it's important that they be done in the North. And we certainly would be remiss if we didn't look at it in the context of building the new hospital in La Ronge.

**Mr. Goulet:** — On that latter point, in regards to providing me with health statistical information, could you also provide for me those cases where treatment has to be taken in the South, you know, as part of the overall health stats. I know that there are certain treatments, some specialized medical care that is done in Prince Albert or elsewhere. So as part of your stats, could you also provide me with that.

Now in regards to the integrated aspect, you mentioned the mental health needs to be integrated in that. You mentioned the alcohol rehab question is being considered. What about the seniors? Are they being considered in regards to the overall planning of the integrated facility?

**Hon. Mr. McLeod:** — Yes, the seniors and long-term care will be considered in that overall facility as it relates to an integrated type of facility. That's the answer to that specific question.

As it relates to statistics on treatment which was received in what you refer to the South, Prince Albert or Saskatoon, or tertiary care centres, maybe . . . I'm not sure if you're including Nipawin for Cumberland House people, or Meadow Lake for Beauval people, or whatever. I'm not sure if when you refer to people who

receive treatment in what we'll call the South, are you referring to those that went to Nipawin from Cumberland House, or those that went to Meadow Lake from Beauval, or Canoe Narrows . . . (inaudible interjection) . . . Okay, okay. We'll do what we can to provide that information. I don't think we have it in a neat little package here right now but we'll see what we can come up with.

**Ms. Simard:** — Mr. Minister, with respect to community health services, I note that the approved person-year distribution, by year, 1989-90 is 410.1. Is that correct, Mr. Minister?

**Hon. Mr. McLeod:** — Could we have have the member clarify? Just what are you including in that number 410? Where's the number from, and what are you including there?

**Ms. Simard:** — I'm not sure, Mr. Minister, where the number comes from. The information I have here is approved person-year distribution, 410.1. Is that correct?

**Hon. Mr. McLeod:** — Yes, the community health services branch and also including the hearing aid plan and the aids to independent living is 410.1. That's right.

**Ms. Simard:** — Thank you, Mr. Minister. Well in 1982-83 that was 448 is my information, Mr. Minister — 448. So there's been a drop of some 38 approved person-year distribution, and this, Mr. Minister, despite talk from your government about non-institutional care, community care, and wellness being a priority. Now, Mr. Minister, how can you explain this discrepancy?

**Hon. Mr. McLeod:** — Some of these are some that were included in that in '82-83, I believe is the number you used. Our health promotion branch, for example, 12.7 positions are now out of the branch that you're now referring to and into health promotion; communicable disease, those have been transferred out of the branch as well, 11.1 positions there. And the medical services division of health services, 11.3 positions, those have been transferred to medical care insurance branch. So that's — what does that add up to? — 35.1. Those numbers have been transferred from that branch. So if you're making the comparisons, it would be important to take those out.

**Ms. Simard:** — Okay, thank you, Mr. Minister. That still leaves us short approximately 3, and, Mr. Minister, I wish to note that, in other words, you're not holding your own on that. You're talking about wellness, you're talking about community care, and yet the budget falls short of the 1982 — not falls short of last year's figures, falls short of '82, Mr. Minister. So I think that once again it just illustrates my point that a lot of what you say in this House and in the public is simply rhetoric, Mr. Minister, that the facts don't bear you out.

With respect to speech and language pathology services, Mr. Minister, it is my understanding that there are insufficient numbers of speech language pathologists and audiologists in Saskatchewan. In fact in Health and Welfare's publication, *Health Personnel in Canada, 1986*, provides a comparison among provinces of population per active speech pathologist audiologist. In



1985 the ratios were: Canada 1:9, 587; Manitoba 1:6, 894; Alberta 1:6, 538; Saskatchewan, now get this, Saskatchewan 1:13, 416, less than half that or approximately half that in Manitoba and Alberta, Mr. Minister.

I also understand, Mr. Minister, from a federal provincial report on rehabilitation personnel, that such shortfalls will increase significantly by 1981 or 1991 rather, if action isn't taken by your government. Mr. Minister, could you please tell us today what you are going to do to correct the fact that we have such a drastic and frightening shortfall of speech and language pathologists in the province of Saskatchewan.

**Hon. Mr. McLeod:** — Mr. Chairman, we have 15 speech and language therapy positions, we have four vacant, three have been recruited for October 1, so those three will be filled on October 1. We have one recruited for December 1, three of those are bursary students who are coming into the area after having received bursaries from the Department of Health, one of them is coming in from the province of British Columbia.

As it relates to the audiologist and technician positions, we've increased those by four positions in this budget. There are two vacancies presently under recruitment. Presently we are recruiting to those two vacancies, and we're optimistic. But that's all I can say. I can't definitely say that they're hired for whatever date.

**Ms. Simard:** — Mr. Minister, as you know, if children don't get speech therapy when they're very young, the problem becomes very, very difficult to eliminate at an earlier age. So early childhood intervention is extremely crucial when we're talking about speech/language therapy, and many of the other therapies as well.

One of the briefs that was presented to the PC commission on health care stated, that at the present the support from community health services has become minimal and in many cases absent when needed. And an example that was given, not in this particular brief, but an example that has been given to me, Mr. Minister, is that prior to 1986, the Tisdale-Melfort Rural Health Region had an early childhood psychologist and two speech/language pathologists, and since that time the early childhood psychologist position has been removed, and one speech/language position was eliminated.

So what we are seeing in Saskatchewan is over a period of years a reduction, Mr. Minister, a reduction, not simply that we didn't have speech and language pathologists, and we were trying to get some, but an actual reduction in the services and a loss of professional people as a result of your government's lack of commitment to this particular area.

So, Mr. Minister, I just wish to urge you to make this an important matter for your attention. I don't think it's good enough to say, that well we're trying to fill these positions and I can't make any promises. I think you should provide for us today what initiatives you are taking that will have positive results, Mr. Minister.

**Hon. Mr. McLeod:** — Just one point of clarification. I

believe I said in my former answer that we increased by four positions in audiologists and technicians in this budget. It was in last year's budget that we did that; so just for clarification.

A couple of things that I should point out to the member, and I once again, this is in the . . . as it relates to Health manpower and the number of people available in many of these health related areas. And it's been a long-standing problem in terms of having enough people for the vacancies which there are across the country, and we are a part of that scene as well here in Saskatchewan.

I should say though that . . . Let me just use these numbers by way of comparison. Speech language pathologists and audiologists in Saskatchewan in 1982; there were 48, all in — that's health and those that worked in Education and elsewhere. In 1987 there were 87; 48 to 87 from '82 to '87.

Now that's not to say that there are enough because there aren't. But it's to say to the member who will stand and say, the world is falling down and you are doing nothing — to me in this particular case, but they have a tendency to do that to whoever it is that stands on this side — but these figures will bear out that we are doing something. The member will say we are not doing enough which is, I suppose, the role of the opposition. But there's no question that . . . I would hope that you'll stand and give us some credit for having attracted that number of people to this . . . It's an 81.2 per cent increase.

Now as it relates to not just the numbers that are here and working, not just to the numbers that are here and working, but speech language pathologists in the province in 1982, there was a 21.4 per cent vacancy rate for the positions which had been allocated — 21.4 per cent vacancy rate. And the vacancy rate for the positions allocated in 1988 is 5.5 per cent. So we've had some success in recruiting; not enough, because of the incidence in the areas of the need for speech therapy among young people, primarily amount young people, is there.

It's real. It's real in the Department of Education, and what they do with the kids of school age I'm aware of that from my background. And it's real in the pre-school children that we deal with in Health.

But great attempts are being made. People in the Department of health work hard on a daily basis in doing just that work. So, Mr. Chairman, I don't think there's much more I can add to that issue except to say that we need more. The member and I will agree to that.

The committee recessed until 7 p.m.