

The Assembly met at 2 p.m.

Prayers

## ROUTINE PROCEEDINGS

### INTRODUCTION OF GUESTS

**Mr. Van Mulligen:** — Thank you, Mr. Speaker. Mr. Speaker, I should like to introduce to you and through you to the other members of the Assembly a group of grade 7 and 8 students from St. Andrew School in the constituency of Regina Victoria. They're here today for a tour. I hope to meet with them after the question period for pictures and drinks. I ask all members to make them feel welcome here today.

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

**Hon. Mr. Mitchell:** — Thank you, Mr. Speaker. It is with pleasure that I introduce to you, Mr. Speaker, and through you to members of the House, 60 students from the St. Mark School in Saskatoon. They're present in your gallery, Mr. Speaker. They are accompanied by their teachers Arley Olson, Dave Schurman and Ed Hudy. Their chaperons are Mrs. Hermanson and Mrs. Fay, and the bus driver is Les Bittner. I'd be obliged if members of the House could make the students welcome here today.

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

**Hon. Ms. Simard:** — Thank you, Mr. Speaker. I would like to introduce two very important people today, the mother and father of Dale Eisler, a very well-known Saskatchewan journalist — Bob and Mary Eisler, who are sitting in your gallery, Mr. Speaker. They are also accompanied by their daughter, Marilyn Paller from B.C. (British Columbia) who's visiting. And I'd ask the members to join me in welcoming them.

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

## ORAL QUESTIONS

### Health Care Funding

**Mr. Neudorf:** — Thank you very much, Mr. Speaker. It's good to see so many smiling and refreshed-looking faces after the long weekend and I have great anticipation in actually getting some of my questions answered this afternoon.

And I would like to direct my first series of questions to the Minister of Health. And I would tell you, Madam Minister, that you had choices and the effects of your choices, your party's choices, are being felt in Saskatchewan today.

You chose to publicly fund abortions in this province, to continue to use taxpayers' money even though 63 per cent of the people of Saskatchewan voted against this choice. You chose to reduce health care funding this year and also next year. Now, because of your misplaced priorities, Madam Minister, the president of the Royal University Hospital in Saskatoon announced today he has to close a pediatric ward. The president of the hospital

is closing down pediatric beds because you have chosen to underfund hospitals, Madam Minister, something that you have always said you would never do.

Would you admit, Madam Minister, today that you have misplaced priorities, that you have made the choice to fund abortions rather than to care for the sick people and the sick children in this province?

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

**Hon. Ms. Simard:** — Mr. Speaker, with respect to the funding of abortions, I want to say once again, and the members know this full well, that the legal opinions that we have received — and I know that they were aware of this before the election — the legal opinions that we have received say that it's unconstitutional and illegal to de-insure abortions, not to fund abortions. And the members opposite know that, Mr. Speaker. The fact of the matter is, is we have to fund abortions that are performed in hospitals.

Now with respect to closures at the Royal University Hospital, if there were beds closed at the Royal University Hospital — and I will have to confirm this — this would be a decision made by the Saskatoon Health Board that is also very much involved in trying to co-ordinate services, so there will be a movement of services from one hospital to another, for example. I don't know whether these particular beds fall into that category. I will have to find out the information on that. But there are other things occurring in our hospitals right now that may result in services being moved, for example, from one hospital to another.

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

**Mr. Neudorf:** — Thank you very much, Mr. Speaker. Opinions are opinions, Madam Minister. We have legal opinions; you have legal opinions. But until the matter is taken to the court and adjudicated there, no one really knows what the opinion of your lawyers are as opposed to ours, Madam Minister.

Now you made the choice, Madam Minister. The entire province is getting just a wee bit tired, I would suggest to you, about the repercussions of your decisions and you blaming everyone for those decisions except yourself. It is time that this government has to take some responsibility, Mr. Speaker.

Last April you accused the government of eroding the health care system by starving it of money. It wasn't even a year later, Madam Minister, and under your government, beds are closing, nurses are being fired, and the health care system in this province is eroding because you will not provide adequate funding for hospitals which you always said you would do. Your choices, Madam Minister, are affecting the care of our sick children.

Now, Madam Minister, will you stand today, try to regain some credibility, and admit you made some very wrong choices at the expense of sick people in this province?

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

**Hon. Ms. Simard:** — Mr. Speaker, prior to the election the members opposite received an opinion with respect to abortions that told them that it was unconstitutional and illegal to de-insure abortions. They received . . . I have here information that they were advised to that effect, Mr. Speaker.

Now the fact of the matter is they chose to go ahead with the plebiscite when they knew it was unconstitutional to de-insure abortions. They were playing politics with a very, very serious issue.

Now with respect to the question on adequate funding for hospitals, Mr. Speaker, I want to say this. The interest on the debt created by the PC (Progressive Conservative) Party is some \$760 million a year. That's what the people of Saskatchewan are paying — the interest on the debt. The deficit this year is some 517 million. You know what that means, Mr. Speaker? If we weren't paying the interest on their debt, we would have \$243 million. And do you know what this government would do with that money? Do you know what we could do with that money? We wouldn't have had to have de-insured optometric services, for example. We would not have had to take some of the steps with respect to chiropractors and other matters in health care, Mr. Speaker. If we had the \$243 million today that we're paying on their debt, many of these cuts would not have had to have been made.

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

**Mr. Neudorf:** — Thank you, Mr. Speaker. A new question to the same minister. We seem to have a parallel series of discussions going on here, so I will refrain from getting into the former but pick up on the fact, Madam Minister, that it took you three questions, I guess, to get back to your standard ideological blaming of everyone else for the conditions that you have inherited, Madam Minister, instead of giving direct answers to some very . . .

**The Speaker:** — Order, order. Does the member have a question? If you have a question, I'd like you to cut your preamble and put the question.

**Mr. Neudorf:** — Madam Minister, you forced those choices on the Royal University Hospital. A nurse working at the Royal University Hospital says that this closing of the pediatric ward will affect the care that is given. Saskatchewan nurses say that you have no plan for medicare whatsoever.

Madam Minister, your choices are underfunding and it is directly affecting the care given in hospitals. Will you finally take responsibility for these actions because of your drastic cuts in funding for health care for hospitals? And is it your opinion that children in Saskatchewan should be deprived of the health care that they so desperately need?

**Hon. Ms. Simard:** — Mr. Speaker, with respect to the Royal University Hospital situation, I've said earlier I will inquire into the bed closures and find out what the circumstances are there. It may not be exactly as the members opposite paint it.

With respect to hospitals, I want to say this in terms of hospital beds in the province. Saskatchewan has approximately 7.1 beds per 1,000 population. This is the highest in the country, Mr. Speaker, with the national average at some 4.8 beds per 1,000 population.

Now as a result of those statistics, what we have done in this government is to talk to hospitals about co-ordinating and integrating their services; about the possibility of moving towards more community-based services so we can use less hospital beds and so we can remove the duplication in our system.

And the members opposite were working on that. They were working on those directions prior to us forming government, but they didn't have the leadership skills nor the commitment to health care reform in order to make it happen. Now we know . . .

**The Speaker:** — Next question.

**Mr. Neudorf:** — I fail to catch any semblance of an answer in that response, Mr. Speaker.

Let me give you a very direct question, Madam Minister. I've heard rumours, and so have many people in this province, of more bed closures, of many more lay-offs in store for hospitals all across this province. Could you tell us today, Madam Minister, how many hospitals you are planning to close? How you have come to the decision on those specific hospitals? And on whose recommendations are these decisions being made? In short, Madam Minister, what are your plans for health care in this province? People have the right and they want to know.

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

**Hon. Ms. Simard:** — Mr. Speaker, we will shortly, in a few short weeks, be tabling a document that sets out more of the direction and with some guidelines and goals for Saskatchewan citizens.

But having said that, I have been throughout the province, as have officials from the Department of Health, to talk about the general direction. And the direction we've moving in health is to a more wellness-oriented model of health care, where we put more emphasis on disease prevention and health promotion; where we go throughout the province and have communities get together on a district basis to co-ordinate and integrate their services, and to remove some of the duplication that exists.

What we want to see happen throughout the province, Mr. Speaker, is this type of health care reform where communities come to a decision to remove much of the duplication; perhaps to move to a one-board system in their community, to look at ways of bringing more health care professionals out to their community in wellness centres, for example, Mr. Speaker, and to put more emphasis on health promotion, disease prevention, and move to more community-based service.

**The Speaker:** — Next question.

**Mr. Neudorf:** — Thank you, Mr. Speaker. We will get into your wellness program in a few minutes, Madam Minister. What your answer just confirmed is that you have no plan. You're telling us now, wait a couple of weeks and something might come out. Just wait another couple of weeks.

I have an article here, Mr. Speaker, from the Gravelbourg *Tribune* dealing with their foyer plans delayed again in St. Joseph. And Ed Seamann, chairman of the board, makes this statement:

"We were led to believe that there was something in the budget for us . . . we were not stopped. We met with the minister of health and we were (told) not (to) shut down. We were told to continue with the planning right up to the tendering stage. And if she (Minister of Health, Louise Simard) was going to stop us why didn't she stop us (in) January . . . when we met with her . . ."

. . . at that time. Answer that question, Madam Minister.

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

**Hon. Ms. Simard:** — Mr. Speaker, with respect to the Gravelbourg situation, the Gravelbourg project has not been cancelled. The Gravelbourg project has been deferred. We do not have capital funding for Gravelbourg in the budget this year because of the deficit situation that they created in this province. We cannot go out and fund a number of these capital projects that we feel will eventually be funded. We will have to wait for some better times. The fact of the matter is, they have driven . . .

**The Speaker:** — Order. I wonder if the Leader of the Opposition has a question that he would like to get off his chest. It's been a running commentary ever since question period started and I recognize the Minister of Health to finish her answer and the member from Rosthern.

**Hon. Ms. Simard:** — We will be asking Gravelbourg, as we will be asking communities throughout this province, to get together with their neighbours, co-ordinate and integrate . . . and the Leader from the Opposition sits there . . .

**The Speaker:** — Order. Next question.

**Mr. Neudorf:** — Thank you, Mr. Speaker. You evaded answering that question very well, Madam Minister. But I want to continue on in this article, and I quote:

What angered Seamann and Executive Director . . . Raymond Mulaire, was the continued spending of money on studies and architectural plans which could have been frozen. The direct and indirect costs could amount to almost one half million dollars.

Madam Minister, how many diabetic insulin syringes or eye tests would that half a million dollars have allowed you to do instead of cutting out those services? Madam

Minister, why did you waste that much money?

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

**Hon. Ms. Simard:** — Let's just put Gravelbourg in perspective. That party over there has promised the Gravelbourg hospital, not once but through several elections and by-elections. And they did nothing.

Now as far as Gravelbourg is concerned, it is a priority, but there is no capital funding this year. And we will be asking the community to get together to co-ordinate and integrate their services, as they are doing throughout Canada. Can you get that straight? Throughout Canada this kind of health care reform is taking place — throughout Canada.

Now I know that the members opposite laugh at it because they had no plan for health care at all, no plan at all. They just went out and spent money left, right, and centre without any plan at all, without any new direction, without any new emphasis that would preserve our medicare system. They did nothing.

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

**Mr. Neudorf:** — Thank you, Mr. Speaker. Well, well, well, Madam Minister, you talk about a plan. You talk about a plan. Let's take a look at what people think about your plan, and I continue on with the same gentleman in Gravelbourg: "Mulaire (and I quote) does not see how the foyer project has anything to do with the wellness program and emphasized that because of the condition of the foyer . . . waiting lists of patients . . ." will rise.

He goes on to say:

"What this project is all about is a deficient building. It's all about one bathtub for 50 people. It's all about the lack of fire safety for 50 people. It's all about the lack of space for 50 people. It's got nothing to do with the wellness concepts and health prevention . . ."

He said, Madam Minister.

Can you get that through your mind? People in this province are sick and they need good, specialized care. Why are you not providing that for the people of Saskatchewan, Madam Minister?

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

**Hon. Ms. Simard:** — The members opposite had a chance to build the Gravelbourg foyer, Mr. Speaker. They chose to build Rockglen and Coronach. They did not build the Gravelbourg foyer. They did not. I'm telling the members opposite the project in Gravelbourg is not dead, and Gravelbourg knows that, Mr. Speaker. Gravelbourg — there is no capital funding this year for Gravelbourg but the project is not dead.

And with respect to health care reform, the provincial premiers at the western provincial and territorial health ministers have indicated . . . the premiers, rather, at their provincial conference have indicated that in order . . . and

this is a communique that came out of the meeting at the western premiers' conference. They indicated that to co-ordinate health care reform planning and to strengthen joint efforts to implement a wellness model of health care, that's the direction that the western premiers are moving, Mr. Speaker — towards a wellness model of health care.

They talk in this communique about health care reform taking place throughout the country, Mr. Speaker, and I want to say that . . .

**The Speaker:** — Order. Next question.

### Review of Government Tendering

**Ms. Haverstock:** — Thank you, Mr. Speaker. I'd like to begin by commending the government for ceasing to indulge in capital projects at this time.

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

**Ms. Haverstock:** — My question is to the Minister of Finance. I strongly support the effort by any governments for more openness as well as treating people fairly. The Gass Commission reported that the people of this province demand an investigation into tendering practices and leases because the public believe that they were not being treated fairly. When will this impartial investigation be started?

**Hon. Mr. Shillington:** — I say to the member from Saskatoon Greystone the review is under way at an early date, but I wouldn't be able to be too precise on that. We'll be reporting to the members of the legislature.

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

**Ms. Haverstock:** — Mr. Speaker, Mr. Associate Minister, for seven months your government, Crown corporations, and a long list of boards and commissions have continued to buy supplies and award contracts.

Now how can the people of our province feel assured that tendering will be fair when your government is in low gear when it really comes to starting an independent study on this matter?

**Hon. Mr. Shillington:** — I shall remind the member from Saskatoon Greystone that we weren't able to get into gear until after February 17 when the Gass report was actually received. Since then we have been in high gear attempting to deal with a tendering and procurement process which was the subject of the worst political patronage by the former administration.

If we have been dealing with it for two months, I may say we have one of the worst problems in the country to deal with.

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

**Ms. Haverstock:** — Mr. Speaker, I remind the associate minister that nowhere in the Speech from the Throne did it talk about tendering practices. As you no doubt know, the people of this province have guaranteed \$1.7 billion

in debts for companies like NewGrade, Saskferco, and Crown Life.

There's secret clauses in the government's deals with these corporations, and I'd like you to now tell us: will you remove secrecy and show Saskatchewan these deals so that we can know just how much risk we face of going into even further debt.

**Hon. Mr. Shillington:** — Thank you, Mr. Speaker. I say to the member from Saskatoon Greystone, these arrangements are under review. In many cases they are as complicated as they are disastrous for this province. We are reviewing them and as soon as our reviews are complete — and we've been working with something approaching breakneck speed — as soon as the reviews are complete, we will be discussing it with the public.

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

**Ms. Haverstock:** — I'm wondering, Mr. Associate Minister, if this is your version of opening the books. The taxpayers of Saskatchewan face a possibility of paying \$355 million for Crown Life, \$344 million for NewGrade, 261 million for Saskferco. Don't you think that we deserve to know the details of these deals now?

**Hon. Mr. Shillington:** — Yes, we do think that the public are entitled to the details of how their money is spent, and as soon as we can analyse it and put it in a form in which it is understandable and comprehensive, we shall be doing that. But I say to the member opposite these are extremely complicated. They are as complicated as they are disastrous. We are reviewing them and as soon as we are in a position to do so, you and other members of the public will be taken into.

**Ms. Haverstock:** — Thank you, Mr. Speaker. Mr. Associate Minister, I do appreciate that, as I'm sure everyone in the province does, and this government has brought down a budget that in fact should have been based on real numbers and the kind of numbers you're telling us that you don't even have today. What has your government done in terms of real reform to ensure that the types of secret clauses and loan guarantees cannot be included in deals without the approval of this legislature?

**Hon. Mr. Shillington:** — I don't have the specific reference to it before me. I do have a copy of the throne speech but not the specific reference. I say to the member opposite that what we have done to assure ourselves, and what we are doing to assure the public that these sins will not happen again — that these things will not happen again — we have talked about democratic reforms, the thrust of which is to make Executive Council and the government accountable to this legislature.

That is what the Gass . . . that is in essence is what the Gass Commission recommended. And in the end that is the only real guarantee that these kind of abuses won't reoccur, is to keep the legislature informed. That's what democratic reform is all about.

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

### Opening of Eatonia Hospital

**Mr. Boyd:** — Thank you, Mr. Speaker. Earlier we talked about a hospital in Gravelbourg that hasn't been built. And I'd like to direct my question to the Minister of Health about a hospital in my constituency that has been built.

This morning I talked to one of the members of the board of directors of the Eaton hospital and she informed me that the opening of the new facility in Eaton is scheduled for June 12 or June 19.

And, Madam Minister, she also informed me that the Department of Health informed them in Eaton that no one would be available for the opening. And it's hard for one to imagine that a department of your size, no one would be available for a grand opening in a hospital in Eaton. She also informed me, Madam Minister, that . . .

**The Speaker:** — Order. Does the member have a question?

**An Hon. Member:** — He's getting there, Mr. Speaker.

**The Speaker:** — Get it right now.

**Mr. Boyd:** — In light of the fact, Madam Minister, that they're talking also about off-loading of eight new beds in that same facility, my question, Madam Minister, is really quite simple. Can you assure my constituents today that there will be no further cuts to that particular hospital, and no further off-loading; and indeed, most importantly, will that hospital in Eaton remain open?

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

**Hon. Ms. Simard:** — Mr. Speaker, with respect to the opening of Eaton, if Eaton is opening in June, we will have someone there.

With respect to his other questions about whether or not there are going to be any cuts, etc., I will have to get information on the Eaton situation. We will be asking the community of Eaton, as we will be asking communities throughout this province, to co-ordinate and integrate their services with their neighbours, not just in their own local community.

So they will be part of the health care reform that takes place, and we will be asking communities to determine what their needs are in a larger area than simply their local area. And that is essentially the direction that we're moving and yes, Eaton will be a part of that.

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

## MINISTERIAL STATEMENTS

### Westray Mine Tragedy

**Hon. Mr. Mitchell:** — Mr. Speaker, thank you. I rise today to make a statement on the tragic accident at the Westray mine in Plymouth, Nova Scotia. The deaths of 26 men at the mine after an explosion believed to have been caused by methane gas on May 9 is a real tragedy for the families and residents of the Plymouth area. The explosion is also a reminder of the dangers miners everywhere must deal with each day.

Mr. Speaker, I wish to offer my condolences to the families and friends of the 26 miners killed in the explosion, as well as commend the rescue teams who worked diligently to find the trapped men. Rescue efforts did not end until it was clear there was no hope left for the remaining men trapped inside. The loss of these miners is felt by all Canadians, but especially is felt by all Canadian miners, including those in Saskatchewan.

This province does not have underground coal mines, so a similar incident could not occur here. But, Mr. Speaker, this province does have underground miners working in potash mines, uranium mines, and gold mines. These miners are among those who will be hardest hit by this tragedy for they know the risks of working underground. Again, Mr. Speaker, I wish to extend the condolences of this government to those who suffered the loss of loved ones and friends in the Westray accident.

I also wish to assure Saskatchewan miners that this government is committed to ensuring safety standards in provincial mines are not only high but also that those safety standards are properly met in every mine. A commitment to worker safety, along with strong legislation, can help ensure a disaster such as this one does not occur in Saskatchewan.

Mr. Speaker, the people of Saskatchewan believe that we must protect all workers whose jobs present a danger to their lives or their health. This applies to all workers in our province. For this reason our government is reviewing and updating the occupational health and safety laws and the worker compensation regulations. Disasters such as the one which struck Plymouth can, we hope, be prevented in the future if we have a real commitment to work-place safety. Thank you, Mr. Speaker.

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

**Mr. Devine:** — Thank you, Mr. Speaker. I want to take this opportunity to join with the Attorney General of the province of Saskatchewan in offering our condolences to the families and the friends of the 26 miners that were killed in the explosion at Westray mine in Plymouth, Nova Scotia.

I want to say to the Attorney General that the people of Saskatchewan . . . and join with the Attorney General in saying that the people of Saskatchewan felt the tragedy right at home in our kitchens and in our living-rooms. Indeed Saskatchewan families had relatives there, young people who were working there, and we knew people from across the country who had friends and relatives that were exposed to this terrible, terrible tragedy.

I want to say to the family and friends of the people that were killed, that Saskatchewan has always looked carefully and closely at difficulties faced by tragic accidents associated with industry. We have our own mines here as the Attorney General has pointed out. We've had serious accidents in mines, accidents in my riding, for example, just as early as last year. We've had a long history of farm accidents that have been critical. And Saskatchewan families are very, very close to the people who have suffered in accidents like this.

I want to specially say to the people who were on the rescue mission, the draegermen, that they went through unbelievable pain and suffering and anguish as they tried to find their lost colleagues. And people here from across the province and I'm sure across the country would, I'm sure, at night say a prayer for the people who were looking and finding their friends and finding the horrors and discovering the horrors at what went on in the bottom of that mine as a result of that deadly explosion.

All I can say is that we really sincerely reach out to these people. We give our sincerest condolences to their families and to their friends, and we renew our respect for those that work in very dangerous situations. And we join with the Attorney General and the Government of Saskatchewan in anything that we can do collectively to make sure that miners and people who work in high industry, industrial areas are as safe as possible.

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

**Mr. Lyons:** — Mr. Speaker, I'd like by leave of the Assembly to make a few comments regarding this particular ministerial statement if I could.

Leave granted.

**Mr. Lyons:** — Thank you very much, Mr. Speaker, and thank you to all members of the Assembly.

Mr. Speaker, I rise today to express, along with the minister, my condolences along with the Leader of the Opposition. This strikes home fairly personally. The disaster took place in the area where I spent the first 18 years of my life. My sister works in the hospital, for example, where they brought the bodies of the deceased miners to it.

And I wonder, Mr. Speaker, if as a token of our sorrow whether or not it would be possible for the Assembly to send a copy of the message of condolence made by the minister, to the families and to the Government of Nova Scotia. I think it would be appropriate for those families and for the government to know that we are thinking of them in this time of sorrow and that there are those of us who are deeply touched and are deeply sympathetic to the situation that our fellow beings faced. Thank you.

**The Speaker:** — Is that agreed, that the minister, on behalf of the Assembly, send the ministerial statement?

Agreed.

**Hon. Mr. Lingenfelter:** — I've asked the Clerks to prepare the proper motion so that would happen and go to the families as well as community leaders.

**The Speaker:** — Is that motion immediately before us?

**Hon. Mr. Lingenfelter:** — No it isn't.

**The Speaker:** — All right, if members agree, we could come back, by leave, get back to the item a little later on the agenda. Is that agreed?

Agreed.

## INTRODUCTION OF BILLS

### Bill No. 11 — An Act to amend The Marriage Act

**Hon. Mr. Mitchell:** — Mr. Speaker, I move that An Act to amend the Marriage Act be now introduced and read the first time.

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

### Bill No. 12 — An Act to amend The Enforcement of Maintenance Orders Act

**Hon. Mr. Mitchell:** — Mr. Speaker, I move that An Act to amend The Enforcement of Maintenance Orders Act be now introduced and read the first time.

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

### Bill No. 13 — An Act to amend The Adoption Act

**Hon. Ms. MacKinnon:** — Mr. Speaker, I move that An Act to amend The Adoption Act be now introduced and read for the first time.

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

### Bill No. 14 — An Act to amend The Child and Family Services Act

**Hon. Ms. MacKinnon:** — Mr. Speaker, I move that An Act to amend The Child and Family Services Act be now introduced and read for the first time.

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

**Hon. Mr. Mitchell:** — Before orders of the day, Mr. Speaker, if I could revert to the motion that we were talking about a few minutes ago in the House.

Agreed.

## CONDOLENCES

**Hon. Mr. Mitchell:** — I move, seconded by the member for Regina Elphinstone:

That the transcript of oral tributes to the memory of the deceased coal miners killed at the Westray Mine, Plymouth, Nova Scotia be communicated to the Speaker of the Nova Scotia Legislative Assembly on behalf of the Assembly by Mr. Speaker.

I'm corrected, Mr. Speaker. I make the motion, seconded by the hon. member from Estevan, the Leader of the Opposition.

Motion agreed to.

## ORDERS OF THE DAY

## MOTIONS

## Resolution No. 5 — Health Care Fees

**Mr. Neudorf:** — Thank you very much, Mr. Speaker. I intend to make some remarks on this particular motion as a follow-up to question period and some of the issues that the opposition members on this side raised about the concerns that we and indeed many of the people of Saskatchewan have about the direction into which our health care system is moving.

And there are very deep concerns, as I travel around my constituency, about the potentially destructive forces that are at work in our society as proposed by the government opposite, Mr. Speaker. And the motion that I will be proposing at the conclusion of my remarks, Mr. Speaker, is this, and I would just like to read it into the record at this time so that those people who are listening to the debate as it ensues will know upon the basis and the parameters of which this debate is going to be following. And the motion is thus:

That this Assembly, acknowledging that the NDP government campaigned against medicare user fees and health premiums, and noting the Premier went so far as to write letters to families in the constituency of Assiniboia-Gravelbourg opposing the closure of rural hospitals or any other so-called erosion of health care, and remembering the statements of the Minister of Health in this Assembly irrevocably committing to never impose user fees or premiums; conclude: (1) That the government has no moral or democratic mandate to impose any form of fee or charge for health care; and (2) to acquire a semblance of a mandate the government must engage the public in a detailed consultative process and; therefore, this Assembly demands the government hold full-scale public hearings on health care funding prior to any imposition of health care charges on our people.

Mr. Speaker, that is the basic premise of the position that the opposition is taking. And that is that members on the government side were elected and they were elected primarily on the premise that when they formed government they would be spending more money on health care, education, universities, etc.

And the last thing that particularly the Minister of Health would have told the people of Saskatchewan was that, yes, we will impose user fees. Yes, we will de-insure optometric services. Yes, we will do away with chiropractic-insured services and that we will do away with insulin for the diabetic patients of this province, Mr. Speaker.

(1445)

And that is the concern that we have, that members on the opposite side were elected essentially under false pretences, where they always said we will do this. But now we are finding out that they are doing precisely the opposite. That is a concern, Mr. Speaker, that those are the types of choices that members opposite are making.

Because those are choices, Mr. Speaker, that need not have been necessary had they taken some of the suggestions and some of the policies that this administration was proposing, Mr. Speaker. But obviously the people on October 21, 1991 took a look at both of our proposals, they took a look at both of our platforms for the election, and they said and they saw that the NDP (New Democratic Party) were promising to do more with less.

So when you compare that type of a policy, and when you compare that type of a platform, Mr. Speaker, to what we were saying which essentially was, yes, we are going to harmonize with that hated and dreaded GST (goods and services tax), that harmonization was a way to access \$181 million for the people of Saskatchewan; not just Saskatchewan money, Mr. Speaker, but federal money that would flow into Saskatchewan as a result.

But the people saw that 7 per cent on a hyperbole of public and press opinion being exploited at the time and they said, well why should we do that? Why should we tax ourselves by voting for the Conservatives if we can vote for the NDP and get more for less. So I don't blame the people of Saskatchewan for making that decision back in October 21, 1991. I don't blame them at all.

But what I do blame the members opposite for is knowing full well the economic status of our financial position in the province of Saskatchewan and still going out on the hustings and saying, we can do more for less. We can do more for less. And the people bought it — they bought it. They bought the pig in the poke. And I know whereof I speak when we start talking about a hog industry.

But now, Mr. Speaker, the reality of it is, when we start taking a look at what is happening to our health care system — and that's precisely what this motion is trying to address — we see exactly the opposite happening. And that is the concern that we have. Because when we take a look at the budget that was presented, Mr. Speaker, we do find indeed that it was a complete betrayal, a complete betrayal to the people of Saskatchewan.

It confirmed this side's conviction, Mr. Speaker, that the NDP Party would say anything, would do anything, at all costs, because after all, the important thing was to get elected and to form government and to fulfil lifelong dreams of certain members of the opposite side.

Mr. Speaker, this motion proves that fact. And I could bring literally volumes and volumes of *Debates and Proceedings* of this legislature, of this Chamber, and I could randomly, Mr. Speaker, turn to any page, and on that page I'm sure I could find several references to health care and what the people . . . or what the NDP rather, would do to health care if they were fortunate enough to form a government.

And that's the basis of the opposition's standpoint. Again I repeat, that these cut-backs not — and I want to make this crystal clear, Mr. Speaker — not that we as an opposition have any hang up for efficiencies within the system, because it is a known fact throughout this great nation of ours that in the direction to which the health care system and the health care spending has gone, it is not a

bottomless well. And we were quite prepared to improve the efficiencies of the health care system, but not in the manner and not in the mean-spiritedness of what is going on with members opposite. And particularly the betrayal that is involved in them having said always, we will never cut back. We will always spend more. That is the crux of the issue, Mr. Speaker.

Because they did say they would always spend more. You can find references to how they would increase funding to health care, how they would pay nurses more money, how they would never, never impose fees or premiums, how they would bring back the old school-based dental plan — the old school-based dental plan. Well we're not hearing too much about that right now, Mr. Speaker, because the dental plan apparently has no plan, and we're still waiting with a great deal of anticipation as to how that will finally and ultimately play itself out.

We always heard, Mr. Speaker, how they would restore the prescription drug plan. After all, Mr. Speaker — I'm sure your memory is also as long as ours is — that the NDP did claim that the 125 deductible brought in by the former government, ourselves, was destroying medicare. That's what they said.

We were trying to build in some efficiencies. We were trying to make sure that health care for seniors, for heavy drug-users, was properly monitored for the welfare of the seniors and for the welfare of the prescription drug plan itself. But, Mr. Speaker, \$125. We are now looking at \$380, \$380; \$150 if you're a senior — double. Some are more than triple. What does this do, Mr. Speaker? What does this do to the health care system if \$125 was destroying it?

Mr. Speaker, the litany of promises can be traced and have been traced. The members opposite repeated these promises to special-interest groups, to the media, to the elderly, and certainly as I know quite well, to those requiring medical assistance.

Now the NDP members opposite, the NDP Party, spent nine years, spent nine years on the opposition benches plotting, planning, scheming their health care platform. This platform was . . . over that long period of time and if you say something long enough and if you say something often enough, if you repeat yourself enough times, well, then it becomes entrenched in people's minds and that was entrenched in the people's minds by the time the election rolled around.

Mr. Speaker, it was solemnly repeated daily by NDP candidates during the election campaign. But the sad part, Mr. Speaker, is that immediately upon forming government these health care promises were broken, one by one, two by two. They are being broken on a consistent basis.

And it didn't take the NDP long to figure out how they could get out of their election promises. And how did they do that? How are they at getting out of their election promises? We heard it this afternoon again during question period, where on at least three separate occasions I have tried to get some hard, cold facts, direction, plans, out of the Minister of Health. And what

do we get? Rhetoric, party policy, party song-book. That's one thing I have to give the ministers credit for. At least they're all singing off the same song sheet in their answers. And what is that? Well, Mr. Speaker, it's blame. Blame someone else, blame the former government, blame the media, blame the sick people, blame the federal government — blame, blame, blame.

But, Mr. Speaker, is there any acceptance of responsibility, because with the confidence that the people of this province placed in the members opposite during the election by winning 55 seats, which is a tremendous achievement, with that, Mr. Speaker, I think the people of this province have the right to expect some leadership, some firmness, some direction from members opposite. And obviously it is sadly lacking as we go along, as they put the blame on everyone else, from the Tories to the feds.

And during one of the question periods last week we heard the blame being put upon the hospital boards. That the decision to cut back nurses in Regina, for example, was the responsibility of the Regina Health Board, not the Minister of Health, not the Premier of this province, and certainly not the NDP members across the way.

Today, this afternoon in question period we heard the blame now was being put on hospital administration. The blame was being put on Tony Dagnone. It was his decision to amalgamate the two wards. It was his decision to put a three-year-old together with an older 16-year-old cancer patient and have them sitting in the same ward.

Well, Mr. Speaker, you can point the finger, you can bloat the figures, but ultimately what happens is that this government is going to be held accountable for its actions. If they do not accept the responsibility, I submit to you and I suggest to you that the people of this province will certainly lay accountability at their doorstep.

And so it hasn't worked. It hasn't worked, Mr. Speaker, because the people do remember. Each and every time the citizens of this province have to dig their hands into their pockets, deeper and deeper, to come up with money to pay for utility increases that we've experienced right across the piece, not only . . . And the damaging thing there, Mr. Speaker, is not only for this year, not only for profitable corporations and profitable companies that are making \$60 million in five years, but we've already been told that this is going to be an automatic increase, that next year you're going to have to dig a little bit deeper, a little bit deeper until the hands of the people in this province are actually going to go sticking right through their pockets because there won't be anything left.

They're going to have to dig deeper into the pockets to come up with money to pay for user fees, user fees to see the chiropractor. Mr. Speaker, the people remember. They remember each time they pay a user fee to see the optometrist. They remember — the optometrists, the chiropractors.

We can look at the fact that the throne speech indicated that this government intended to be open, that this government intended to be consultative, that it would get together with people to come to decisions based upon



their priorities, based upon their expertise, and based upon their expectations.

And what do we see in the optometrists? What do we see in the chiropractors? Mr. Speaker, we see no consultation. We see nothing. The optometrists did not even know what was happening until the situation was brought up in question period here and they became aware of the fact that it was a done deal — as it was — with no consultation being involved. So they remember, Mr. Speaker.

The people of this province remember every time they pay for their prescription drugs. They will remember. They remember the promises made by members opposite. And they remember the promises broken.

They remember how the NDP have always said that they would improve access to health care — they would improve access to health care. They remember how the NDP said that they would restore the prescription drug plan to what it used to be, how they would improve it.

Well, Mr. Speaker, I asked the Minister of Health. I asked her, too, during question period last week how increasing the drug plan deductible for a family from \$125 to \$380 — that's more than a 300 per cent increase — how, Madam Minister, is that an improvement? How will the people of Saskatchewan think that they have been well done by this government that promised that they would do more for less?

And what was her answer to the question, Mr. Speaker? Again, typically, it was an answer that was full — chock-full — of political rhetoric. She said she had no choice, Mr. Speaker.

Well I would like to tell members opposite that you did have a choice. You had a choice of whether to stick to your election promises or to break them. You had that choice and you made a cognizant decision that you were going to break the promises that you made during the election.

You chose to tell people during the election campaign that you would be open, that you would be honest, and that you would listen to them. Those are the kinds of things that you promised. And, Madam Minister, as Minister of Health you have broken all of those promises.

Perhaps the most reprehensible action to date was the NDP government's decision, as we heard late last week, to continue to use taxpayers' money to fund abortions. Clearly, clearly an ideologically driven motivation behind it; that was the basis for that decision.

Is that listening to speaker . . . Mr. Speaker, is that listening to people? Is that going out and being consultative? Is that being open? Is that being honest? Is that responding to the wishes of the people?

(1500)

Now when 63 per cent of the people say no, I would suggest, Mr. Speaker, that they probably mean no. And yet this government decides yes, we're going to do it

anyway. We have a few legal opinions, and the legal opinions that we have say that you can't do it without breaking the constitution, without human code of rights — all of these kinds of sayings. And they do not have the intestinal fortitude to stand up and take it to its ultimate conclusion, which would be to take it to the courts. Let the courts decide. It's not going to cost you anything. And make a decision at that stage and have it drawn to its logical conclusion so that indeed you would have been listening to the people of Saskatchewan.

So you made the choice. Three hundred thousand people — over 300,000, I should say, Mr. Speaker, voted against publicly funded abortions. And so you people made the choice. Madam Minister, you and your colleagues made the decision to exclude diabetics from the drug plan, and instead to use taxpayers' money to fund abortion against the wishes of the taxpayer.

And when did you announce this choice? You announced it on the day masses of nurses were being handed pink slips right in Regina — numbers and numbers of nurses being handed pink slips because of your health care budgets cuts. You were cutting the health care budget, but deciding because of your ideologically driven motivation that you were going to continue doing what the people of this province had said you should not do.

Now of course the lay-offs were not your fault either because what did you do? Well you blamed that on Regina's new super health care board; it was their decision. They made the decision to do that.

Who did you blame the abortion decision on? Did you accept responsibility? No. You blamed someone else again. Who did you blame? You blamed the lawyers. You said, we have legal opinions, and that removing this abortion from medicare would be both illegal and unconstitutional. Well like I've said, we have our opinions on that, and the matter obviously is going to have to ultimately be decided by the courts.

I would like to say to the Minister of Health, Mr. Speaker, and her colleagues, the only way to determine what the law upholds is to take those opinions to court. This government seems very willing to take all kinds of things to court. Whether it has to do with water conservation in the dry prairies or whether it is the farmers who are struggling for existence, we'll take them to court. Oh yes, we'll take them to court. And if we can't win, we'll pass a law saying that the farmers can't win regardless. Well if that doesn't do well enough, then what we'll do is simply say that letter was sent. We know it wasn't sent, but we will deem that it was sent.

So you have a lot of experience in court, and you're willing to take issues that suit you to court — issues that you lose time and time again as the water problems that we've had here have indicated. And yet on this particular issue you are saying no; we're not prepared to let the courts make that decision.

Well why are they not doing that, Mr. Speaker? I would suggest to you that, number one, they don't want to. They might lose, probably will lose. I suggest that's why. And

certainly I believe also that they do not have the courage nor the conviction to do so. They don't have the courage and the conviction, Mr. Speaker, to stand up for the Saskatchewan people's wishes.

If a woman chooses to have an abortion, access will be provided in hospital, and the procedure will be fully funded by the government. And the government has made that choice, Mr. Speaker, but they claim to remain strongly opposed to the establishment of free-standing abortion clinics in our province.

Well what's the difference? What's the difference, Mr. Speaker. I suggest to you that a baby is just as dead whether it was aborted in a free-standing clinic or whether it was done under the sanitary conditions provided by a hospital. In her ministerial statement last week, Mr. Speaker, the Minister of Health stated that her government will work towards lowering the rate of abortions performed in Saskatchewan. If this is the case, why are additional doctors being trained to perform this procedure? If more doctors are able to perform abortions, Mr. Speaker, the rate is sure to rise and that concerns me.

Mr. Speaker, health care changes are never easy to impose. We found that out while we were in government, and any changes that this government would have made would have been difficult. I grant them that; there's nothing easy in that.

Even positive measures are at times difficult for the public to accept. We tend to be creatures of habit. We tend to be creatures of the *status quo* as being the easiest way out. Now although I admit this to be the case, Mr. Speaker, the public must be consulted on implementing any change. They must be consulted because they're affected. Changes affect the public, and they should have that input.

Now when Saskatchewan people went to the polls, they voted for a party who told them that they would protect this province's health care system. They voted for the party that said that they would never — never, Mr. Speaker — ever impose user fees or premiums.

There are countless examples that I could quote from, from the Minister of Health while she was in opposition as the critic for health; countless times where we were berated on a daily basis in question period for the slightest change, for the slightest accountability, for the slightest efficiency change that we were trying to do as a government. They would never do that. They would always protect the health care system and improve it.

Mr. Speaker, the NDP reneged on that promise. One of the reasons the NDP were victorious in October was, as I have indicated before, because of their health care platform.

Now I'm going to tell you, and I'm going to tell the members opposite, that this NDP government has absolutely no mandate to arbitrarily impose user fees anywhere within the health care system. You have no mandate because you were elected to do precisely the opposite. You promised them, the people bought it, and the people of this province expect you to deliver on those

promises.

We don't want you to go hiding behind the deficit. The deficit is there. It's critical. We were aware of it. You were aware of it. Mr. Gass, Donald Gass, says that himself. The books were always open. The facts, the figures were there for anyone who wanted to read them and was capable of reading them.

And you knew it, because I'm not going to let you get off the hook that easily by you saying that you didn't know how to read an accounting book. I think you could read an accounting book. I think you can read an accounting book. So you knew what the conditions of this province were . . . the conditions were during the election, prior to the election.

And yet I'm not blaming the back-benchers sitting over there, and there are very, very many of you — in fact, 45. I'm not blaming you for that because the powers that be in your party told you that this is the way it must be and you accepted that.

And I can really say that for 45 of you, you were probably out there knocking doors in your constituencies and heartfelt blaming us for what we were doing. And I think the people saw you as being sincere because you were sincere. I don't think that you thought anything different when you were out there. And you campaigned and said, those PCs are wrecking health. You elect us. We will put the health back on the solid foundation as an NDP government always will.

And I think you went out there and you honestly told the people that, and you were so good at it because you were convinced and convicted of it yourself. But I say to you back-benchers, you were hoodwinking the people, you were hoodwinking the people out there in your constituency because you were hoodwinked by the elite circle of 10 — well, elite circle probably of three. I think that's the basis, that is the basis of why you won the election.

So now you're reneging on your promises, now you are reneging on your promises. And the people will remember. The people will remember it. And the member of Elphinstone said, I said that already. I have said that a number of times already, and we continue and we plan to continue to say that many, many times because we will remember, and the people of Saskatchewan will not forget that they were hoodwinked.

So I say again, you folks over there have no mandate to arbitrarily impose user fees of any kind. So far you've done that totally without consultation. You have not gone to the affected groups, the medical providers nor the medical users in this province. You have not gone to them, you have not consulted them, you have not asked them: can we cut you out? Can we disenfranchise you? Can we disinsure you, de-insure you? You have not done that. Not until after the fact do these folks find out . . . or just prior to them finding them out because of some information that we have brought forth in this House.

So regardless of what the Minister of Health may state, no one was consulted on the NDP health care changes. The

Saskatchewan Medical Association was not consulted, chiropractic association was not consulted. Optometrists tell me they had no idea what was going on till a couple of days before the budget when we brought it up in question period. The optometrists were not consulted. And certainly the people of this province were not consulted.

If proper consultation was conducted, I think that the people within the NDP Party would have been surprised. No one would disagree that perhaps some fees must be levied with health care. I've told you that before. I talked about that before. This party has no opposition whatsoever of instilling efficiencies within the system. And in fact that's the only way that we can support our health system in the future. We recognize that. We recognized that prior to October 21. You folks did not. You chose not to.

The point is, Mr. Speaker, what services are going to be affected? What services? Is it better to tax the sick or is there a better way? And I know that there is a better way, and I know that the people of Saskatchewan know that there is a better way. So this government must consult with the people who elected them. And this government must consult with the people who are going to be affected by the changes that they have decided that they must impose upon the people of Saskatchewan.

And I suggest to you, Mr. Speaker . . . I don't suggest to you. I make this emphatic statement, that you must hold full-scale public hearings on health care funding because you have no mandate. You have no mandate. You must go to the people and say: whoops, we goofed; we were elected under false pretences. We pulled the wool over your eyes; we said we weren't going to make changes; we said we were going to do more with less. Yes we knew what the situation was like, but we wanted to get elected. We are elected. And now that we're elected we're going to have to do exactly the opposite of what we said.

And we want you to go back to the people and say that, admit it, own up to it and take ownership of the responsibility that a government has to accept. And go to the people and say: all right, this is where we're at. Now what?

So you have to go to the people and get direction. And this government must serve the people of this province, not the ideologically driven party that they belong to. And as we have witnessed now in the abortion issue, as we have witnessed with AECL (Atomic Energy of Canada Ltd.) memorandum of agreement, where ideologically driven components within the party are dictating to the rest of the back-benchers who know in their heart of hearts what is right, what should be done, but sorry we can't do that because of party discipline, and some of the party members and so on that are saying this is what we must do.

(1515)

So if they were truly an open government they would admit that they have gone back on their word. And so, Mr. Speaker, I ask you why would the NDP members of this legislature not go to the people if this government wants to gain an ounce of credibility. And when I'm in my

constituency I know that you folks are sorrowly lacking that at this moment. And when you go back to your constituency I'm sure that your folks are telling you the same thing.

So at this point in time, if they truly believe their health care changes are right, then they would go to the people. They wouldn't fear what the public has to say to them. They wouldn't take that bunker mentality that they are so quickly developing and rather go out and actually meet the folks.

They wouldn't be afraid, Mr. Speaker, to face our province's nurses and doctors. They wouldn't fear the sick and the elderly. They wouldn't fear all those that are affected by this massive betrayal.

Mr. Speaker, in conclusion, I want to ask government members opposite to stop the political games. I ask that they stop and consider what their taxes and health care changes are doing to the people of this province.

This moving budget that was just brought down, Mr. Speaker, is having dramatic, drastic effects on my constituency, mainly agriculturally based, where people are saying, if we could move these barns and the pits that are associated with them into Alberta, we would do that, because we are no longer competitive. The competitive advantage, the competitive edge has been severely dulled.

So I want these members opposite to consider the impact of what they are doing to the people of this province. We are in tough times, Mr. Speaker. I don't think anyone on this side is going to dispute that. But what is happening here is that the government is making things tougher on the people than it need be.

And so, Mr. Speaker, I move, seconded by the member from Souris-Cannington, pardon me . . . the member from Souris-Cannington, I move:

That this Assembly, acknowledging that the NDP government campaigned against medicare user fees and health premiums, and noting the Premier went so far as to write letters to families in the constituency of Assiniboia-Gravelbourg opposing the closure of rural hospitals or any other so-called erosion of health care, and remembering the statements of the Minister of Health in this Assembly irrevocably committing to never impose user fees or premiums; conclude: (1) That the government has no moral or democratic mandate to impose any form of fee or charge for health care; and, (2) to acquire a semblance of a mandate the government must engage the public in a detailed consultative process and; therefore, this Assembly demands the government hold full-scale public hearings on health care funding prior to any imposition of health care charges on our people.

I thank you, Mr. Speaker.

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

**Mr. D'Autremont:** — Thank you, Mr. Speaker. It's a pleasure for me to address the Assembly today. The resolution before us is an important resolution for many reasons. It deals with medicare in our province. It deals with honesty and integrity. It deals with democracy, Mr. Speaker.

Mr. Speaker, in both the responses to the Speech from the Throne and during the budget debate, my colleagues and I have repeated many of the promises made by the NDP. I realize we have talked in great length about a few in particular — those being the NDP promises of open and honest government and listening and consulting with the people of this province.

But, Mr. Speaker, even though we have discussed other instances where this government has made no effort to listen, no effort to really consult with the public . . . like the plebiscite questions, the changes made to the GRIP (gross revenue insurance program) program, not consulting with SUMA (Saskatchewan Urban Municipalities Association) or the Saskatchewan Medical Association and other organizations before making drastic changes to health care, municipal funding, and the like.

All of these, Mr. Speaker, are examples of the NDP forging ahead with their caucus mandate and not the mandate given to them by the people who elected them. The people believed — believed — the NDP when they said: we will not impose health care premiums on this province. The people believed the NDP when they said they would increase health care spending and improve services and benefits.

The people believed the NDP then. But, Mr. Speaker, they certainly no longer feel that way. As a result of this government's misplaced priorities, every family, every senior citizen, everyone is affected by the betrayal from the members opposite me today. The opposition to this government does not come solely from my colleagues sitting beside me here today, Mr. Speaker, but from MLAs (Member of the Legislative Assembly) across from me, from people in NDP constituencies, from union members, and the list goes on.

In fact I have with me a one-page pamphlet that is being handed out in the Rosetown-Elrose constituency at several different events before the budget was announced. Mr. Speaker, the title of this pamphlet reads: "Defend Medicare". The pamphlet goes on to say, medicare is under attack by the NDP government, that the NDP government plans to increase drug plan deductible to as much as double the \$125 presently.

Mr. Speaker, little did the people who put this pamphlet together know that it would actually triple, that it is rumoured cabinet is considering user fees for chiropractic services and increased ambulance services, and, Mr. Speaker, that the heaviest burden is felt by elderly, the chronically ill, and those with young families.

The rest of the pamphlet urges the people who stand opposed to these changes to contact their MLA and join together to defend medicare. And I'll quote from the last three lines of this pamphlet:

oppose Medicare premiums and user fees phone Berny Wiens, MLA . . .

Urge the Rosetown-Elrose NDP constituency executive to take a stand in defence of universal Medicare. Contact executive members.

This leaflet was produced and funded by members of the New Democratic Party. For additional copies phone . . .

This is not the only document of its kind, Mr. Speaker, but it is certainly interesting because it is being handed out and funded by members of the New Democratic Party. Members of the NDP, Mr. Speaker, having to fight their own party to hold true to their promises, to honour pledges of an open and honest, consultative government — members of their own party, Mr. Speaker, their own card-carriers.

If the members opposite aren't even listening to members of their own party, who are they listening to? Who, Mr. Speaker? The president of the Saskatchewan Medical Association said the NDP did not consult his organization. The president of the Saskatchewan Urban Municipalities Association said they were not consulted. The SSTA, Saskatchewan School Trustees Association, was in the rotunda the day of the budget asking other people what had been said about education. It is more than obvious their organization was not consulted. And, Mr. Speaker, the single mothers and the home-makers enrolled in the Saskatchewan Pension Plan weren't consulted.

Mr. Speaker, the list of organizations, groups, and individuals who are desperately trying to be heard by this government goes on and on. They deserve to be listened to, not just because we live in a democracy, Mr. Speaker, but because the NDP promised they would listen. Not only did they promise to listen more and care more and spend more than the previous administration, they scared people into thinking medicare would be gone under the Tories.

The members opposite tried to use scare tactics with the people in Assiniboia-Gravelbourg. They have tried it in many other constituencies, Mr. Speaker. They even tried it last October. The Saskatchewan Government Employees' Union publishes a news-letter called *Union Matters*, and in the April '92 issue is especially interesting because it deals with the subject at hand.

It reads, and I quote:

As we go to print, news reports claim the NDP government is about to impose health care premiums, raise the drug plan deductible and levy deterrent fees on ambulance trips and chiropractic services. Romanow has not confirmed or denied the allegations. "There are no sacred cows. We're examining everything," he told reporters in Saskatoon.

But that's not what Roy Romanow said during the 1991 election. Instead, the NDP leader accused

the Conservative government of having a “hidden agenda” to cut health care. In an October 6 news release, Romanow stated:

“This hidden agenda shows the PCs are looking at changing the health care system to make Saskatchewan residents pay 30 percent of their chiropractic and optometric services . . . It also shows a PC government would look at raising the Prescription Drug Plan deductible . . .

“These planned cuts to health care and other services underscore the need for a responsible and caring government in this province. They strike directly at the people who are least able to afford further changes to our health care system: the elderly and the ill. These people cannot afford four more years of callousness and cutbacks — no one can.”

To quote from the editors of the *Union Matters* says, “We couldn’t have said it better.”

It is obvious from this publication that the NDP did not consult with the unions either, Mr. Speaker. Mr. Speaker, this Premier said it would be callous to implement these health care measures. He said no one could afford it. But he has done it. He has implemented premiums on health care. He has raised the drug plan to triple — triple, Mr. Speaker — what it used to be. And, Mr. Speaker, he has levied deterrent fees on air ambulance services, imposed premiums on chiropractic and optometric services and more, all of these things, Mr. Speaker, that before October 21 were callous and unaffordable.

I guess the member was more interested in getting elected than he was in being honest. Mr. Speaker, we all know if the members opposite would have told the public what they could expect from an NDP government they would not be on that side of the House. We also know that they have no intention of listening to the needs and the wishes of the people even though they campaigned on a promise to do so.

It is time the member from Riversdale kept a promise — just one. He had better honour at least one promise, Mr. Speaker, because he only has about three and a half more years or so to govern this province. And that promise, Mr. Speaker, is to listen to the people on the issue of health care in Saskatchewan. Many residents view the health care system in this province as a sacred cow, an entity that should never be tampered with. And whether or not changes had to be made to the health care system, Mr. Speaker, is not the issue.

(1530)

What is the issue, Mr. Speaker, is that the people have been misled to believe they would have a say, to believe they could voice their opinions on important issues. The issue is that the people of this province voted for a party that promised to preserve medicare, to never impose user fees, to increase programs and funding to health care.

The members opposite ran an election based on false pretences, false promises they had no intentions of

keeping. As a result, the NDP does not have the mandate from the people of this province to do what they are doing to medicare — no mandate, Mr. Speaker. They should not allow all of the increases in health care services and all of the decreases in funding come about until consultation has taken place.

Why not hold public hearings to see how the people feel about the new and improved health care system, NDP style? Why not allow the people to hear statements from the Saskatchewan Medical Association and their assessment of the NDP’s restructuring of health care? They owe it to them.

Before these hearings take place, this government owes it to the people of this province to start taking responsibility for the decisions you have made in this budget. Your caucus voted for them. The member from Assiniboia-Gravelbourg voted for the budget which cut funding to his hospital. Was that the reason why he was elected, Mr. Speaker?

Well most of the NDP caucus voted for this budget. A couple of MLAs were noticeably absent during the budget vote. I guess they couldn’t bring themselves to betray their constituents as easily as other members opposite could. The couple that didn’t vote, Mr. Speaker, could not stand beside a budget that does go against everything they stood for many years. I respect those convictions.

It is because of these facts, these kinds of things, Mr. Speaker, that the very least this government should do — the very least — is to hold public hearings across Saskatchewan before all of these additional fees are in effect, before the ink is dry on all of these changes. Talk to the Saskatchewan Medical Association. Get the input of professionals who have many alternatives, many ideas. Before cramming a premium for chiropractic and optometric care down the throats of people, ask the public how they would continue these services and still pay for them.

Before devastating any more diabetics because of changes to the drug plan, research and find out how it affects these people, how it affects the seniors, how it affects families with diabetic children. I think the members opposite are afraid to hold public hearings, Mr. Speaker. They are afraid to face the diabetics, the seniors, the families, the nurses out of work, the thousands of people who would show up to make their wishes known to this government. But, Mr. Speaker, the NDP’s cowardly will does nothing to satisfy the needs of the people except breed more dissatisfaction with the government party.

Mr. Speaker, the NDP really does owe it to the public to find out just what will happen as a result of the restructuring of health care in Saskatchewan, even though they claim to be the only ones credible enough to make those changes. If they truly feel that this is the best way to handle medicare, what are they afraid of? If the NDP are so convicted, so sure of themselves, they should see no harm whatsoever in giving people a choice.

The public would look at public meetings and hearings as a step in the right direction, a step towards what the NDP

promised for a very long time — open government. Open government, Mr. Speaker, something the public has not experienced from this government.

Mr. Speaker, the NDP cannot continue to claim they want to be open and still take these kinds of steps. Holding full-scale public hearings on health care is the right thing to do, Mr. Speaker, the only way this government can gain some credibility. And I hope the NDP will care enough about the sick people in Saskatchewan to do what is right.

Therefore, Mr. Speaker, I second this motion. Thank you.

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

**Mr. Draper:** — Thank you. Mr. Speaker, sir, I'm delighted to have the opportunity of taking part in this debate on medical services. I cannot in all humility claim to be an expert, because I neither have a legal degree nor a master's in business administration but 30-odd years of practice on four continents should give me some credibility. And I hope to be able to propose an amendment to this resolution at the end of my speech.

Mr. Speaker, sir, Delilah's cry to Samson was, the Philistines are upon you. And it looks like history repeating itself, only today it's the hypocrites that are upon us, and will shrug out of their feeble efforts just as easily as Samson did. As far as losing one's hair goes, it's not going to make much difference to me.

But as in most species, sir, there is usually a greater and a lesser variety. Here we have what is rather more unusual that you find it amongst the shrews, a pygmy variety. The opposition foams at the mouth like some dubious TV evangelist just found converting a lady of rather doubtful virtue in the privacy of some back street motel in the deep South. The mover of the motion and the seconder both step into Assiniboia-Gravelbourg, sir, and I warn them that this is dangerous territory for both of them because this is my territory.

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

**Mr. Draper:** — I shall defend it to the utmost, and I will not allow its name to be taken in vain.

I would like to refer to question period today and point out that the former premier promised Gravelbourg its nursing home in 1986, and we didn't get it. He came to Gravelbourg during the by-election in 1988, and he sat at the boardroom table with his own candidate standing right behind him and said, if you want your foyer than vote for this man, or else.

So we elected him, sir. We still haven't got our nursing home. The vastly larger part of the \$450,000 that the mover mentions was spent long before the 1991 election, because we were sent back to the drawing-board time and time and time again — study this, study that, study this again, and study that again — at enormous cost. We were promised that the government would pay half of these costs. So far we've got \$20,000 out of that 450,000, sir. So much for the promises.

But Lafleche, Coronach, and Rockglen have gone gaily on, especially Rockglen. I wonder if you remember who lives in Rockglen, sir. The NDP does oppose the Elmer Schwartz report, sir. We oppose eroding rural health care and educational services. We also oppose the closing of rural post offices by big brother Brian in Ottawa. Perhaps the members opposite will pass on the message.

How dare they rant and rave about moral or democratic mandate after 10 years of utterly despicable government. Our democratic mandate is reflected in the fact that we have 53 per cent of the votes, which is more than the PCs and the Liberals put together. And that gave us 85 per cent of the seats. That gives us the mandate, sir, and the right.

I would like to point out to the members opposite that in 1986, although the Tories had more seats, they had less popular votes than the NDP. That made theirs a very shaky mandate, very shaky indeed. And I would emphasize that it was the CCF (Co-operative Commonwealth Federation) that introduced hospitalization and the NDP that brought in medicare. It was this party that brought in school dental care, chiropractic services, optometric services, and the drug plan. This gives us our moral mandate, sir. Our record stands up to scrutiny, unlike the opposition's books.

We have our mandate, sir, in spades, and we will use them to fund services, not to pay fat cats to sit on commissions whose reports are invariably shelved. We shall consult, sir. We shall consult widely and wisely and well. And we shall not fall into the trap of spending our money on 19 unidentified thieving objects instead of services.

Perhaps the hon. member could explain to the House how it is that their federal counterparts can afford to spend \$50 million a month to kill mothers and children in Iraq at a moment's notice, but doesn't have the money to live up to its Canada Health Act obligations to the provinces. They have money for warships and bombs, but not for schools. Is killing cheaper than saving lives, or is it different if they're fun little brown men, or red perhaps.

Get the federal government to honour its commitments to the provinces by restoring the federal transfer payments in health and education and social services, and we will gladly reduce the health and education tax and the income tax. We will start building the nursing home in Gravelbourg tomorrow as they promised in '82 and '86 and '88.

These are the people who ran up a \$14 billion deficit and expect us to govern with no deficit, no cuts, and no tax increases. These are the party who had 10 deficit budgets in a row and have the hypocrisy to put the referendum on the ballot sheet last October on whether we want deficit budgets. I ask you, sir.

These are the people who were in power for 10 years and had the power to refuse to pay for abortions, but they didn't. They leaned on gynecologists in this province with their immoral indignation. But quietly and permissively, they paid for abortions that were done on Saskatchewan women in Alberta and Manitoba and down in Montana. No problem.

And then instead of practising what they preached, they put another plebiscite question on the ballot, a plebiscite which is not binding by their own definition; and in their unrighteous indignation, demand that we be bound by a vote which they themselves told us was not binding, after 10 years when they could have put the matter to rest but chose to prevaricate instead.

Sir, they're bankrupt of ideas, they're bankrupt of scruples, bankrupt of morals — and now after having bankrupted the province, despite having had an economist as premier.

We are told, sir, that the public is sick of being told that all our problems are due to the Tory record of mismanagement and malfeasance. Well I am sick of being unable to introduce programs because those unspeakables took out three mortgages on the house and then proceeded to pawn the furniture. Until they admit responsibility and attempt to make some restitution, I shall harp back on this theme again and again and again.

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

(1545)

**Mr. Draper:** — Mr. Speaker, sir, enough of that nonsense. I'd like to take this opportunity to air some ideas of my own on demythicizing the medical and nursing system. If this or something like it were implemented, it could throw open the utmost peaks of the profession of medicine to the toilers in the bowels of any hospital basement who cared to put in the effort. It would take time and it would take them much effort, but all the barriers — social, financial, and professional — could be hurdled one by one, year by year, without putting someone in debt for the rest of their lives.

The seeds of this plant were sown when I was working in my first post in Stonehouse Hospital near Glasgow, Scotland, 30-odd years ago. There were a group of male nurses in a uniform that was foreign to me and they had a qualification I'd not heard of in the rarified atmospheres of teaching hospitals in the city.

These were men who had fought their way across north Africa from Cairo to Tunisia, against Rommel's panzer divisions. Then across the Mediterranean to Sicily and ultimately up the boot of Italy past Salerno to Rome and beyond.

These were not infantrymen or tankers, sir, they were members of the Royal Army Medical Corps who learned their nursing the hard way. They followed the battlefields, picking up the pieces of friend and foe alike — Germans, Italians, British, and Australian, largely. Theirs was a job of attempting to reassemble the pieces into working men. These were the men who in the absence of surgeons had to set fractures, amputate legs, remove bullets and shrapnel, and sew up gashed open bellies — and do it without benefit of penicillin and sulpha, in tents, in swirling sand, and in blinding heat.

In addition, sir, they had to treat diseases like dysentery, hepatitis, malaria, pneumonia, and do the bedpan and

the bottle rounds, serve meals in the tent of the severed emotional needs of dying men thousands of miles away from home. Under the circumstances, you'll understand they have little experience in delivering babies.

When they got back to the lands fit for heroes to live in, the general nursing councils deemed their training and experience insufficient to allow them to be registered as nurses on city streets. Instead, sir, they were fobbed off with a status of state enrolled assistant nurse, or SEAN for short. This relegated them to the position of lifters of bodies and carriers of bedpans. As men, of course they were forbidden access to the female wards and they were despised by most of the registered nurses.

Their experience and skills, sir, were thrown away as so many yards of . . . (inaudible) . . . and bloody bandage. They were not allowed any credit towards state registered nurse. If they wished to become registered as a state registered nurse, they had to do the full three years resident course. And when I say three years, I mean three full years, sir, with two weeks off each year for a holiday if they were lucky. And as these were mature men with families, this was completely out of reach, and many bitter men were left in this position. My uncle, sir, was amongst them.

This was where it lay dormant in my mind until about 1974 when I saw a front page article in *The Medical Post*, which is Southam's business publication. It complained that medical school deans could not find suitable candidates for training as physicians. Some schools chose students according to high school marks and still had many exam failures. Others chose them for athletic prowess. Profound at skill at hockey or football or baseball did not necessarily make for skill in medicine or surgery.

My letter in response to that, sir, suggested that we recruit medical students from the ranks of registered nurses, lab technicians, and X-ray technicians — perhaps physiotherapists and dieticians as well.

Here, sir, we have a pool of skilled personnel who have shown their interest in a paramedical field, have succeeded in it, and are now practising it. If we choose our medical students from these, sir, we have a self-selected successful group of candidates. They will be far more mature than 17- or 18-year-old school leavers.

The candidates themselves will have by this time decided if they have any interest in a medical career. During vacations in medical school they would be able to work as RNs (registered nurse) or physiotherapists at 15 or \$20 an hour instead of slinging hamburgers at some cafe or life-guarding at minimum wage. This would reduce the necessity of excessive student loans or reliance on parental wealth, and allow those of limited means the opportunity to enter medical school.

If the path to a degree in medicine is via a qualification in a recognized paramedical specialty, there's unlikely to be a shortage of students for those courses in themselves. Should they not get into medical school or else drop out half-way through for some reason, they would still have a well paid profession to pursue.

Rapport between physicians and medical auxiliary professions would improve enormously if all physicians had been through one of these. An internist for example who had trained as a lab tech would be unlikely to order unrealistic blood tests; an MD (medical doctor) with a prior RN qualification would understand the possible problems that can arise in understaffed wards.

Such esteem would necessitate new attitudes from the top down, and the mechanisms may require some revision. But this could lead to a new and integrated medical system which may well include other disciplines. But we are in a time of radical changes, and I put it to you, sir, that this could be one of those changes.

In practical terms, I've got this scheme a little bit out of joint, but I'm tackling the chronological order in which the ideas came to me. So if you'll permit me, sir, I shall descend to the bottom of the pyramid. Many of our small hospitals — and Gravelbourg is the same, so was Lafleche, and I'm sure that Rockglen and Coronach are no different — are staffed by mature women, usually farmers' wives, tradesmen's wives whose children are now adult enough to look after themselves and their younger siblings.

Most of these women are untrained and they work in the kitchens and the laundries and as cleaners. Some of them take a one-year diploma which gives them the title of certified nursing assistant, abbreviated as CNA. This gives them enhanced status, sir, and better pay. And many of them get bitten by the nursing bug and wish to upgrade to registered nurse. The problem is that the RN course is two years long, and the year they spent training as CNA only counts as three months towards the registered nurse.

So despite their one year they still have two years left to go if they want to become a registered nurse. And they have to do that in the one shot. What I would like to see is some sort of a ladder so that the current one-year course leading to a CNA would be more comprehensive. With this, she could practise as she is as long as she, or he, wished. At some time in the future she could elect to take a further one-year course which would give her further status and an increment in salary. I've coined for myself the qualification name, "enrolled nursing assistant" or ENA, but the terminology's not important.

Incidentally, sir, please allow me to use the pronoun "she". The overwhelming number of these people are female, but access of course would be available to both male and female, equally and equitably.

This second-year course could include the now controversial subject of distributing medicines. At present, sir, only registered nurses are allowed to distribute medicines to patients. There's a discussion going on at the moment of giving CNAs a course in this and then allowing them to hand out aspirins, Tylenols, what have you, maybe even castor oil.

This two-year certificate that I'm talking about could then practise at this level, again at an enhanced pay and privilege, until she decides to take the third year to complete the RN. And she would be allowed perhaps to

distribute pills to the patients, although the pills in fact would be put into the little boxes, little cups, by the registered nurse herself.

You see, sir, one of the problems is that such women just cannot afford to leave their families for two full years. It would be too much of a strain on the family and most simply could not afford it financially. In most cases the reason for working outside the home is financial in the first instance.

I understand at the moment that the title CNA is being replaced by licensed practical nurse or LPN but this does not affect my thesis.

Essentially at this time, a person has a choice to make at school-leaving: either go to medical school and become, in effect, a commissioned officer, to use military terms; go into nursing, laboratory, or x-ray work and become an NCO (non-commissioned officer); or remain untrained and enter hospital or nursing home employ, sometime as in other ranks. The problem is at the moment that it's impossible for the other ranks to get promotion in the field and become a commissioned officer or even an NCO.

My system, sir, would allow both to run in parallel and in series, to put it in electrical terms. Students could still go straight into medicine. They could go into nursing and stay there or they could go into nursing as a pre-medical student or they could go in as a nursing aid or orderly and upgrade one year at a time and possibly end up as a consultant, heart surgeon or neurologist, or stop at any stage along the way that they themselves choose and which is not forced upon them by financial considerations.

This gives everybody a choice at grade 12 level, a further choice at RN level, and the same choice at MD level as to whether to continue to fellowship as any doctor like myself has. And choice, sir, is the epitome of democracy, the *sine qua non* of our society, and certainly the society that this government wishes to introduce into this province.

No political labels need to be attached to the scheme, sir. This is not a socialist idea, not a Conservative dogma, and it's not a Liberal dream. It's a blueprint for a logical, integrated, and democratic ladder of nursing, medical, and surgical skills, sir.

I'll stop at this point, not because I've run out of ideas, but this is where I got writers' cramp. And I would like to make the following amendment, moved by myself and seconded by Ms. Doreen Hamilton . . . I beg your pardon, by the member for Regina Wascana Plains. I'm reading sir, I'm sorry, I'm reading:

That all words following "Assembly" in this motion be deleted and replaced with the following:

commends the government for standing firm in its commitment to universal health care by keeping Saskatchewan one of the few provinces not to charge annual health premiums and for showing leadership by expanding medicare into a wellness



model in spite of the staggering financial obstacles now facing this administration.

Thank you, sir.

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

**Ms. Hamilton:** — Mr. Deputy Speaker, I rise today to support the amendment that is placed before us and to speak against the resolution as presented by the small rump opposite.

I would like to point out that there is a reason why there is a small rump that does not have representation from any of the cities, and it would be the narrow-minded attitude and approach to health care that's been represented over the past number of years, the sad 10 long years of debt and financial mismanagement that's been displayed by the members opposite when in government.

People in Regina and Saskatoon understand the preventative health care model, proactivity, and the need to look at wellness as defined by the World Health Organization that you would consider all aspects of life, aspects of social justice when you're talking about health rather than just the absence of disease.

(1600)

People of Saskatchewan also know and understand quite clearly that this government had very difficult decisions to make. No one likes to be faced with the decision where they have to tell people, we require more dollars to run a government efficiently and effectively because of what's gone on in the past. No one likes to be forced with the decision to decide where you're going to cut back on programs and services because you can't borrow to the extent of the amount of the deficit that these people have placed before us in the province of Saskatchewan. They know we were faced with very difficult decisions and they're not easy decisions that this caucus was faced with and had to make.

Mr. Deputy Speaker, people of Saskatchewan know that life is very busy and at times they don't keep their eye on the political arena, and the members opposite are counting on that. That people would somehow, as the member from Rosthern has been trying to do, say that we've been placed in this time and space somehow magically without a past record of the last 10 years. And I want to point out to the members opposite that no matter how hard they try, the people of this province will not forget what happened under the Tory rule.

Mr. Deputy Speaker, the Tories have no credibility whatsoever when it comes to either health care or consultation. We all remember that it was under the Tories that funding was slashed for mental health, slashed for preventative health services. They completely eliminated the school-based dental program. And in a quite callous manner one of the members opposite, who is now a senator, had said: well I can take my children to a dentist, what's wrong with the rest of you? A very callous attitude indeed and not really considering that there are a large number of people who are single parent families or people in poverty who cannot on a routine basis take their

children to a dentist. Or that people in rural Saskatchewan somehow can drive in miles and miles to a local dentist to have care that they could have in a school-based dental program.

Mr. Deputy Speaker, it was the members opposite who also began the user fees for chiropody treatment, a preventative program, a program that was . . . a serious program for many of the seniors in our community, and also introduced user fees for hearing examinations. They underfunded therapy programs and we all know the desperate need for occupational therapists and physical therapists in this province.

It was the same members opposite and perhaps they forgot to tell their new members, Mr. Speaker, the extent to which they've driven this province into a debt situation.

I know the new members all sit there in shocked silence when we talk about this, and deny that they had somehow anything to do with this because after all, they're new members of the rump, Mr. Deputy Speaker.

It was the opposite members in government, and particularly the member from Estevan, who built hospitals based on a political ribbon cutting ceremony, and in some instances three ceremonies. After all you have to come out and make an announcement and bring everyone with you to show you what a television production can do for you when you're announcing a new program or a new cement and mortar building.

Then of course you have to come out for a shovel and spade turning ceremony so you can turn the ground at which you were going to plan to build the hospital. A lot of shovelling happening here, Mr. Deputy Speaker, when we were talking about these projects.

And talk about consultation. Was there consultation before people came out to say, aren't you glad that you're getting a new bricks and mortar facility? You may not have any funding available to operate this, or you may not have the proper care when you do get the bricks and mortar, but aren't you pleased that you are getting it because now we'll be able to cut a ribbon in your community.

Many of these communities said with no dialogue, no consultation, they were presented with this type of construction program; not asked whether there was a better way to deliver the services, whether they as a community wanted to see some community-based support for appropriate care within their community; not asking the local boards or local home care or other people to be involved in what is really needed and desired in those communities. No. Pure political cut the ribbon, and here we are with expensive capital project. We'll worry about operating later, or better still, we'll leave the mess with the next government and they can worry about it.

Well while eroding direct services, as I mentioned earlier, Mr. Deputy Speaker, the Tories also refused to acknowledge the added cost to health care that was caused by increasing poverty. And here's the crux of why

they are not represented by any members from the cities, Mr. Deputy Speaker.

Under their administration poverty was allowed to flourish. We saw that with the increase in the number of children who were requiring the food bank to be their main source of food in their homes, and the number of people who were put at serious risk in illness when they're living in poverty and substandard housing conditions.

A callous response to the many kinds of programs and services in local communities that would be preventative, proactive, and community based. They somehow disassociated that with the idea that you could have good health care if you poured more dollars in, in a political short-term solution for a ribbon cutting ceremony, and totally forgot that people require good health care.

It also means that they need housing, that they need to have the ability to feed and clothe their families. And they need the ability to be able to access programs and services when they're greatest in need. They refused to acknowledge and recognize the important role of the community groups and NGOs (non-governmental organizations) and the role they play in maintaining people's health.

As funds were slashed to these groups, they've been forced to withdraw services instead during the 10 long years of Tory regime. As these groups spoke out . . . Now here is the Tory consultation method. If you speak out and tell people what you're doing to transition houses, what you're doing to mobile crisis associations, what you're doing to rape crisis lines and sexual assault centres, when you speak out and you tell people what you're doing to advocates for those on social assistance and you have groups that are speaking out, what you do is you in effect put the mum on them by slashing their services, slashing their programs, by slashing at the funding available to those groups. Good consultation process? I doubt it. And have the nerve to stand up and tell us that we're not consulting with people. Well that's not the kind of consultation that anyone, and this member of the government, believes in. And we believe in good consultation with those groups who are active out in the communities, wanting to make a difference in health care.

But the members opposite are also relying on that people will not remember its sad, sad financial and fiscal mismanagement. I tend to think it's not the childlike innocence or the naïve manner in which they ran the province that got them in this shape, which it purely was, constantly misleading the people of the province about the finances and the deficit situation, constantly pouring more and more dollars into something big from somewhere else — we'll do it from Saskatchewan and recovery will be just around the corner. We haven't seen it yet. And blatantly misleading the public in the two election years where they said in 1986, oops, we miscalculated just a little — \$300 million-and-plus were estimated; \$1.2 billion later. What do we see again in the 1991 election? We're told that we shouldn't believe the minister of Finance because somehow we should know that the minister of Finance is deliberately misleading the

people of this province. We shouldn't believe . . .

**The Speaker:** — Order. Order. It is really unparliamentary to say that someone is deliberately misleading. If you refer to the minister of Finance as deliberately misleading that is unparliamentary, and I ask the member to withdraw that statement.

**Ms. Hamilton:** — I apologize, Mr. Speaker. My intent was that someone who would state in a letter to the people of the province that the correct financial situation — and it was well in hand — was indeed \$265 million when we indeed again find another whoops after the 1991 election and it turns out to be well in excess of \$900 million, Mr. Speaker, I was referring to that incident in the letter from the former minister of Finance, Mr. Hepworth.

In 1982 there were promises to reduce income tax, they were going to eliminate E&H (education and health) tax completely. Instead what do we see? They were increasing income tax and they were going to introduce the harmonized PST (provincial sales tax) — an unfair tax, a tax that wouldn't take \$125 million in additional taxation that we're requesting that people help us to pay the deficit situation in this province, but over \$400 million from the people of Saskatchewan in a blatant tax grab that they didn't say would go down to putting down on the deficit and reducing the deficit in this province.

They forgot to mention to the people of Saskatchewan that they stripped the Crowns and so on. So everywhere we turned, Mr. Speaker, everywhere we looked . . . The next decision we had was the debt from SEDCO (Saskatchewan Economic Development Corporation), what we were going to do with that. We turn around, we look at the Crown situation and we found that not only that, they'd stripped the Crowns and were forcing them to borrow to operate and putting that to make their deficit look smaller. And so we had to do something about that situation.

And everywhere we turned around . . . I think the next nightmare was we were going to open the next door and find someone said, you forgot, you owe me \$341 million. And some creditors we don't even know about, Mr. Deputy Speaker. I think of the . . . or, Mr. Speaker, I'm sorry.

Mr. Speaker, they also didn't tell us about many of the situations that they were in, and somehow if the new members over there in their again shocked and stunned silence forgot to tell people that they paid \$9 million out to people who we're not sure where they worked or what they were doing . . . One person was so efficient in not being here and not showing up for work that in STC he was paid \$54,000 and he was so good at doing that, Mr. Speaker, that he got paid \$57,000 the next year — a raise for not showing up. We could point out what \$57,000 does to provide good health care in the health care system.

The list goes on and on and on. And they say that we're not prepared to consult, Mr. Speaker, that somehow the health care system where you had a board that looked after the boards, who looked after the directors, who looked after the deputy director, who looked after the

supervisor, who looked after the assistant supervisor, who looked after the nursing manager, who looked after the nursing assistant supervisor, who then looked after a nurse, who finally was someone who was taking care of the patient, was a way to efficiently address health care in this province.

So we saw management, we saw the boards and the committees and commissions proliferate. The monies we were spending for those people rather than for hands-on care in the health care system was somehow their method of saying that we were going to keep a strong and adequate health care system for the province.

Well the board that we have in place in Regina now did outline that there was an Atkinson report that's been released. It advertises in a fairly substantial advertisement what some of the recommendations are and asking for consultation. We have people who are asking us to come out to their communities and talk with them about their ideas of community-based health care. We're prepared to go out and consult with those communities.

We have a long history of consultation with groups and organizations. At this point, we were working on warp speed to try and get some of the recommendations from Gass, get to a position where we could make some difficult decisions, granted, and we will be talking with those groups and organizations — how they impact. But we want to consult with those people and say that we have a way to deliver a wellness model and the wellness approach. And that'll soon be launched. People are excited about that approach.

Instead of trying to bring to mind peoples' understanding of that, we're in a difficult situation and we've asked people to help us in some small way to maintain a strong medicare system which we all fought for and we'll all fight to maintain, instead of bashing at us around the edges and corners. We'd ask the members opposite to be more like their counterparts in other provinces, where after the premiers' conference this past weekend they underlined their government's determination to step up co-operative efforts to reform the delivery of health care in the western provinces and territories.

We'd ask the members opposite to be co-operative and to join hands in the new wellness approach, even though they don't understand it or somehow they allude to, as the member from Souris-Cannington thought, we had implemented premiums in his speech, he said, and alluded to it. Another way to sort of half-speak about what's happening and allude to something that's not reality. We would ask them to join hands as the western premiers are doing to look at the wellness approach. And the premiers agreed that medicare is the important symbol of Canadian unity.

Well, Mr. Speaker, we as the new government recognize that health is far more than the absence of disease and far more than treating just the illness. It's very important that we launch a broad base perspective on health care, and that in doing so that we form new partnerships with Saskatchewan communities to promote the development of community-based services. And we will be doing that.

(1615)

That was the promise on our platform card and that is the promise we will keep. The first thing was getting our financial house in order. The first thing was to make sure we have a strong, secure base in medicare, and then to branch out into the second generation of health care as contemplated by Tommy and others — the community-based wellness approach.

We want to focus our resources on prevention of illness. It's something the members opposite don't understand when you're talking about a very sensitive and very emotional abortion issue. They don't understand that when you're talking about that issue that you have to have services for women in this society to provide the best life choices for all of us to make.

They don't understand about the good information and sex education, reproductive health education, that young people need, and in particular, in a day and age where they're faced with the illness AIDS (acquired immune deficiency syndrome). They don't understand the preventative, the proactive approach and therefore can't somehow join with us in co-operation to address this. Instead they play short-sighted, mean-intended political games with the issue.

As our member from Gravelbourg was saying, they knew that they couldn't do anything about the issue as far as in the courts, and what they did was put before the people a plebiscite — not a binding issue but a question, knowing that they wouldn't be around to answer for that short-sighted, political manoeuvring and trickery on the backs of women and women's health in this community.

Addressing urgent health needs in northern Saskatchewan is very important. To allow a part of our province, our proud province, to become somewhere near and approaching the third-world countries in their lack of sewage and water and good health services and in promotion of health is a shame — a shame that's gone on far too long and needs the attention of this government and the funding to be directed to a part of our province that needs our care and attention.

We'll be enhancing mental health services, and that was announced in the budget, Mr. Speaker, and encouraging everyone to develop healthy life-styles, as I note the member from Souris-Cannington maybe, with the cough, could use a preventative and a wellness approach to his healthy life-style.

The measures that I've outlined this afternoon, Mr. Speaker, these measures reflect our commitment to community-based, community-driven health care founded on wellness and promotion and prevention. The people of Saskatchewan and my party together, we pioneered medicare. Today the people of Saskatchewan and this government, together we'll forge ahead building a new generation of health care in this province.

There were difficult choices in the budget. And yes some people will be paying more, and there may be some ways we have to look at alleviating some of the decisions for those people who are people who require long-term care

and long-term drug use — people who are asthmatic and heart patients and so on, and insulin users.

But we do those decisions with a compassion and concern for everyone. We want to let everyone know we believe in a strong health care system for everyone. And if dollars were available, we would be doing the opposite. Our vision is one that was carried forward, and as monies were available we pioneered many of the programs like the school-based dental program. The opposition gutted that program, destroyed the equipment or sold it off or gave it away, and we're not able to return to that as quickly as we would like because of the financial mess that's been created in this province.

In returning to a community-based, community-driven health care system and one that sparks the innovation and creativity of everyone in this province, the budget also pointed to measures that would help to reduce the level of poverty and to also help those greatest in need in our community and those members of our community who are vulnerable.

So we've pledged additional funding for child hunger programs, and that will increase by 35 per cent. We've increased grants for child care centres by 21 per cent, after the Tory counterpart in Ottawa has devastated that program and butchered child care in this country.

We've increased the Saskatchewan Income Plan by \$120 annually. We've announced the Saskatchewan child tax reduction for low income families will be increased by 25 per cent to \$250 per family per child annually effective July 1.

We've added an additional \$28 million to the Saskatchewan Assistance Plan, and the new community employment program will create about a thousand jobs. In addition the transit assistance for the disabled will increase by 15 per cent — quite a different story than the previous government who was asking the transit for the disabled to pass on the dollar to the local community who could least afford it and also slash some of the funding in that program. We were here and fighting for that to be returned to those people who require that for their lifeline to their community and to their activities.

Four million dollars has been targeted to meet priority in water and sewer infrastructure needs in northern communities, and as I've mentioned before, we need much work to happen for the North. And the northern food allowance for the Saskatchewan Assistance Plan will be doubled to \$50 a month.

Mr. Speaker, we're committed to compassionate policies, and that commitment is reflected in the budget, and it's reflected in the priorities of this government toward a proactive, community-based, consultative approach which is very much unlike the approach the last government took in all of these issues.

So I'm standing before you in support of the amendment that's before us, saying that it is here to redirect our resources into the new community- and home-based programs and services such as home care and others.

I have a great number of areas where home care underfunded, priorities for the disabled were not identified and funded by the members opposite; areas of education, areas of training that received no attention from the members opposite; areas such as suicide prevention that needed further attention and care and didn't receive it from the previous government, and so on. The list goes on and on and on of the areas where the previous government and the members opposite haven't even begun to address those issues and not even begun to say that they'll work with us in co-operation on a preventative and proactive approach to health care.

They say that their government and the governments that they represent were doing better or doing something that was going to support health care. And they quote some of the labour representatives where I note CUPE (Canadian Union of Public Employees) was saying, and a member of CUPE, the national president Judy Darcy was saying: What is happening to health care in Canada is symbolic of the corporate and neo-conservative attack by the government in all areas of the public sector.

Federal transfer payments to the provinces for health care are shrinking. It's just the number of dollars that we've lost because of the off-loading by the federal government, again addressed by the premiers in unison this past weekend, is phenomenal. The decisions on generic drugs versus the brand name pharmaceutical drugs has had a great impact on the funding available to health care in this province and so on.

But Judy goes on to state that federal transfer payments to the provinces for health care are shrinking; hospital services across Alberta are being turned over to the private sector; privatization of the health care system — the neo-conservative corporate agenda for health care, as people would know in this province.

Mr. Speaker, I support and would second the amendment to commend the government for standing firm on its commitment to universal health care, keeping Saskatchewan as a leader in health care reform, a leader in community-based wellness model that we'll see announced very shortly, and showing leadership by expanding medicare into that wellness model.

And in spite of the staggering financial obstacles now facing this administration — and we know that it's difficult when you're looking at trying to recapture \$700 million in interest payments, the third item in expenditures. Health care 1.6 billion; our education system 900 million; and then we have \$700 million out the door, out the window to the banks and financial institutions — in spite of this we're trying to recapture those dollars so we can work at restoring a strong vision for the people of this province.

I stand in support of the amendment before us, Mr. Speaker.

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

**Mr. Toth:** — Thank you, Mr. Speaker. Mr. Speaker, I count it a privilege to be able to stand in this Assembly to speak on the emotion brought forward by my colleague,

the member for Rosthern, and also to address the amendment as it's been presented by the member from Assiniboia-Gravelbourg.

Mr. Speaker, I believe when we look at the motion and we look at the amendment that we have before us today, certainly it indicates that health is a topical program and a topical question that is before all people in the province of Saskatchewan. It's something that interests each and every one of us.

In fact, Mr. Speaker, I don't know of anyone in this Assembly that isn't concerned about health, and isn't concerned about health care funding, isn't concerned about what wellness, as the members opposite would suggest — they're looking at bringing out a wellness model in Saskatchewan — about the fact that we all want to live healthy and fit and well-cared-for life-styles.

Mr. Speaker, the question as it has been raised by the member from Rosthern is the fact just that we want to remind the people of Saskatchewan of the many promises made by the present government when they were in opposition; and indeed the fact that the promises they made then and the comments that were made — even in the by-election in Gravelbourg — just remind people in Saskatchewan that we are going to hold this government, and I'm sure the people of Saskatchewan are going to hold this government accountable for all their promises. And the fact that they're even . . . the number of broken promises.

Mr. Speaker, just also want to take note of a few comments coming from the member from Regina Wascana Plains, indicating that the former government showed lack of respect and showed complete disregard for the people of the large urban centres of Regina and Saskatoon by pouring most of their emphasis and putting most of the emphasis on rural Saskatchewan by building health care facilities across the province of Saskatchewan out in the rural areas, and left the impression that possibly the former government didn't take the time to look at the large urban centres.

Well I want to remind the people of Saskatchewan that not only did the former government take the time to look at the needs of the rural communities, look at how we can provide better service and better access to health care in rural Saskatchewan, the former government as well spent and had allocated substantial funding dollars — dollar funding to health care in urban Saskatchewan.

I think, Mr. Speaker, if we were to take a drive around this city, and certainly a drive around the city of Saskatoon as well, we would find that there has been substantial dollars put into the General Hospital in this city, substantial dollars put into renovations and construction of new facilities at the General which, Mr. Speaker, I would suggest when if you were to ask patients who have been at the hospital or patients who are there today or patients, men and women who probably . . . or boys and girls who will be facing the need of health services, would tell each and every one of us that they're sure happy to see the fact that the government of the day . . . and the previous government did look at the needs not only of rural Saskatchewan, but indeed of urban Saskatchewan.

Mr. Speaker, as well, not only was there money put into the General Hospital, but look at the Pasqua Hospital. And I believe, Mr. Speaker, there are many people across this province . . . and certainly my colleague from Thunder Creek is really appreciative of the dollars that were spent in that facility, a facility which is noted for its work in the treatment of cancer. And certainly many patients who are forced to lay in bed in that hospital suffering from this dreaded disease, I'm sure the pleasant surroundings they now face make it a lot easier, although we all want to extend to them our deepest regards and trust that they will be able to overcome the problems that cancer has inflicted on their lives.

Mr. Speaker, you take a look around the province of Saskatchewan, and we can go back to Tommy Douglas, the former premier of this province, and we've heard it brought forward time and time again in this House of how medicare was introduced into the province by Mr. Douglas.

I want to also remind the people of Saskatchewan that it was a former Saskatchewanite as prime minister of this great country who aided and helped and indeed promoted the idea of medicare across Canada and also enhanced the program here in Saskatchewan. In fact, Mr. Speaker, it seems to me that without the support of the federal government, Mr. Douglas and the government of the day might have had a very difficult time in really bringing in the medicare program as we now see it, introducing it at that time and seeing it expand as we now see it here today.

Mr. Speaker, when I look at construction here in Regina and construction around the province, and remind people of Saskatchewan of the fact that through the late '70s there was just a complete lack of funding for capital projects in the province of Saskatchewan. Mr. Speaker, we look through the . . . from I believe it was 1978 through to 1981, there wasn't a dollar spent on capital projects.

And yet, Mr. Speaker, at that time my grandfather who would have had and needed continuing care was forced to, in the end, Mr. Speaker, we were forced to look at a facility outside of our community and ended up in Moose Jaw, which in those days it was considerable travel time.

Even today, just thinking back 20 years, Mr. Speaker, the ability to get from point A to point B has certainly changed, and it is even more convenient. And we see that in the way people shop these days, how it's very easy for people in small rural communities to drive to our large major centres and do the greater portion of their shopping, or even to drive across the line.

(1630)

Well, Mr. Speaker, as I was mentioning about my grandfather, if we would have had that opportunity and the ability to have him placed in a home closer to or even in our community, which we would have today, Mr. Speaker, it would have been lots easier for not only his wife, but for myself as a grandson and my parents to have been able to visit him a lot more often. And, Mr. Speaker, it probably would have enhanced his ability to enjoy life

to a greater degree than he did towards his dying days, Mr. Speaker.

Mr. Speaker, the former government made a commitment to health care. The former government did indicate to the people of this province that they were not only willing to support the needs of construction of facilities here in Regina and Saskatoon and other major centres, but also looked at how they could better provide services in rural Saskatchewan.

When we drive into Saskatoon and we see the construction taking place on new City Hospital, we see the construction that is the upgrading that has taken place at St. Paul's and certainly University Hospital, we want to indeed give credit to the people of Regina and the people of Saskatoon for having been able to put forward a plan that the government could accept in helping them upgrade their facilities.

But I also must remind members that people in rural Saskatchewan needed access to facilities such as that. It wasn't just . . . I don't believe, Mr. Speaker, it wouldn't have been responsible for government to continually tell people, well you must travel from wherever you are, whether it's in the south-east corner of Saskatchewan, into Regina for your health services. Or whether if you need the care of a care home, that you must find it in our large major centres like the Reginas and Saskatoons, like the Moose Jaws or the Prince Alberts or the Yorktons.

Mr. Speaker, the former government made a commitment. And yes, the former government also faced 10 years of depressing agricultural prices, of a depressed agricultural economy, depressed prices in the energy sector and our minerals and our natural resources.

Mr. Speaker, it's also fine and dandy to always look at putting the blame on somebody else. Mr. Speaker, certainly the people of Saskatchewan will be watching this government and they will be looking at how this government indeed intends to implement its promise of compassion and understanding.

Mr. Speaker, I would suggest that the present government may have already indicated that they really do not have much compassion. They really do not have an understanding of the needs of the problems our province faces.

Mr. Speaker, through the 1980s under the former administration, health care funding . . . or funding to health care rose from 700 million in 1981 to 1.6 billion in 1991. That is more than double over a 10-year period. I believe, Mr. Speaker, it was an indication of what the former government had . . . its commitment to health care in this province.

Now, Mr. Speaker, the resolution presented by my colleague talks about the Government of Saskatchewan, the present government, suggesting that they would not implement medicare user fees and health premiums. And we're all aware, Mr. Speaker, of all the literature and the comments made by the NDP, by the Premier of the day, by many of the his candidates as they went around the province telling people that if you vote for us, we will

support, we will show compassion, we will indeed provide the funding to maintain our health care system, we won't bring in user fees, we won't bring health care premiums.

And, Mr. Speaker, what was it, about three months ago, the news broke that the government was taking a serious look at possibly implementing premiums, health care premiums in this province.

What I found very interesting, Mr. Speaker, and I continually run into it every day, is that there are many people in Saskatchewan and it would be interesting to do a poll and find out how many people really believe that premiums would not be such a bad idea.

I find many people stopping me on the street, and they've done that since I was elected to this House in 1986, and telling me that they see no reason why we shouldn't pay at least some form of a health care premium. And it's an indication to me that, Mr. Speaker, many people feel that the cost . . . they appreciate the funding that is required to provide the services but maybe they feel as well that they would like to at least be part of it. By paying a premium, it would give them an idea and a sense of feeling that they contribute to their well-being.

However, Mr. Speaker, I believe that people spoke out three months ago when the government of the day laid out the . . . I would say they put out a fleece to the public just to get a feeling from the Saskatchewan people what they really thought of health care premiums in light of the fact that they said they would never introduce them, they would never bring them forward. Then all of a sudden after the election's over they're telling us the finances of this province are in such tough shape that, oh they might have to reconsider. Maybe they shouldn't have said that. Maybe they shouldn't have told the people of this province that they wouldn't implement health care premiums.

Mr. Speaker, there's no one in this province who doesn't believe it costs money to provide care to individuals. All people are asking of government is that they act responsibly and that they place values on the systems that are most beneficial to our community, to our livelihood, such as providing the funding to upgrade our health care system, providing the funding for education, providing the funding to help those who are less fortunate than some of us, Mr. Speaker.

Mr. Speaker, when we talk about health care premiums, and the thing I find about many people, when they talk about health care premiums and indicate that maybe it wouldn't be all that bad to introduce a health care premium, I find that many people think back to prior to 1978 when the NDP government eliminated health care premiums, and they think back to that \$72 annual fee. And, Mr. Speaker, they think, well \$72 isn't all that bad; why don't we bring it back? Well I would suggest to you and the members of this House and to the people of Saskatchewan as I have to many people on the street, that if all we were to do was to bring in the \$72 premium, it would probably cost more to administer and collect the premium and with very little actually going into the health care budget.

So, Mr. Speaker, in that case, when people start thinking about it, they say, well you know you may be right. Then what do we do? Well I guess if we're going to talk about a health care premium, we'd have to look at something in the neighbourhood of say \$400 to be of any benefit to health care funding in Saskatchewan.

Then again, Mr. Speaker, if you did introduce a premium, if it was an effective premium, would it address the problems that our health care system faces? Would it address the abuses that we see in our health care system?

And, Mr. Speaker, it doesn't matter what area of our society we look at, we live in, we're involved in, whether we're involved in business, whether we're involved in the agricultural sector, whether a health care giver or whether we're an educational person, Mr. Speaker, what we find is men and women, we're all human, and we always seem to look at ways of how we can beat the system. And certainly our health care system over the last few years, there's been strong indications that many people have taken advantage of the system.

Mr. Speaker, might I suggest maybe a way we could address some of the problems, and let me give an example of an initiative that was taken by the medical profession in our community. Last summer the doctors in our community ran an advertisement suggesting to the people of the community that I live in that they could help the funding of health care and help address the problems in funding of health care by coming and making sure that they made their ongoing medical appointments and operated through their . . . went through their local clinic rather than coming and tying up time in the local out-patient service.

Mr. Speaker, how many people in Saskatchewan realize or know that every time you go to see a doctor and use the out-patient service, that you are paying more than twice the cost of seeing the doctor in his own medical practice. Did you realize that, Mr. Speaker? Or I wonder how many people in Saskatchewan realize that it costs that much more.

You know it's interesting when you're talking to people and you mention this to them and they say, really? You mean if I've got a cold and I'm in a rush, so I run into the out-patient clinic because I might be able to see the doctor quicker, that it's going to cost the medicare system almost two and a half times the cost of what it would cost if I went to the local health clinic? And I say, that's what the figures are. That's right.

Well why don't people tell us that? Why don't professionals let us know? Why don't we know what it costs to run our system?

And so I have to commend the doctors in our community for telling people. This is what they said. They ran an advertisement that said: we are asking you in the public to come for any minor problem you're facing or minor ailment or any common ailment that you're facing, to make your appointments through our medical clinic. We will have a staff person there at 9 o'clock in the morning. Come to the clinic. We're asking that only people that we

have referred to the hospital for x-ray or blood tests or other tests or strictly emergency procedures to come to the hospital service. Because we believe it would be a more effective way of providing service and health care to our people.

And certainly when the government of the day talks about wellness I would suggest that, Mr. Speaker, we should take a moment to maybe put some information out there, and in some way look at a way in which we can educate people as to how the cost of health care in this province adds up.

I believe, Mr. Speaker, that men and women across this province would look at ways of how they can use the service more effectively if they actually knew what the costs were. And certainly maybe, Mr. Speaker, we need to look at other ways of putting preventative measures in, or ways of . . . and I hate to use the word, but Mr. Thatcher brought in deterrent fees a number of years ago, and certainly his government was defeated shortly after. But there must be ways of addressing the abuse of our system.

Mr. Speaker, we just can't take things for granted. We just cannot. Just take the fact that we've got a health care system that is costing each one of us as taxpayers an enormous amount of money. In fact for the people of Saskatchewan at least in the neighbourhood of — what is it? — \$1,600 per man, woman, and child, it costs us. Mr. Speaker, if we were in the United States of America or in other parts of the world, we would be putting out probably in the neighbourhood of \$6,000 a year to get the same kind of service.

Mr. Speaker, as I've been indicating, we need to look at ways of making the cost to our system more effective. And, Mr. Speaker, by just taking away the services from people is not addressing the problem.

Mr. Speaker, the member from Regina Wascana Plains asks members on this side of the House to co-operate with them in developing a wellness model for this province. I would also like to suggest to the member that the members on this side of the House will certainly be watching very carefully and we will be asking the question: what do they really mean by a wellness model? What do they mean by providing a wellness model for the province of Saskatchewan? What does their wellness model mean? What all does it entail?

Certainly I find many men and women across this province, and teenagers . . . and we just have to walk outside of this Legislative Building at noon and at 5 o'clock and we see people, from toddlers right up to elderly men and women, jogging around this beautiful park. It's an indication that people are taking a very strong interest in their wellness and taking care of themselves. What does the government mean by a wellness model, Mr. Speaker?

Mr. Speaker, I believe over the past number of years and certainly since I've been in this House, the former government looked at ways of trying to present ideas for people and asking people of this province for ideas in how we can address the problems we face in health care.

Mr. Speaker, the throne speech talked about a consultative motive. We will be looking in and observing the government as they implement this so-called wellness model as to . . . we will be watching as to how consultative they are with the professions and with the men and women across this province, with the men and women who provide the services in this province. Or will they show the same consultative effort or lack of it that they have shown recently by allowing the funding of abortions to be continued in this province. And certainly, Mr. Speaker, it would seem to me that it's always easy to look and blame somebody else.

(1645)

I believe, Mr. Speaker, the Minister of Health even indicated today that it would be impossible for them to discontinue funding of abortions. However in an article in the *Star-Phoenix*, May 14, it says: "Gov't dithering on abortion doesn't sit well with either side."

There is a comment here by federal Justice minister, Kim Campbell, has said:

. . . there is no federal law governing abortions and that it falls within provincial jurisdiction to determine what falls under medicare protection.

The Minister of Health as well indicated in spite of a strong public vote to end publicly financed abortions, the province will continue to pay for the procedure, Health minister Louise Simard announced Wednesday. And I'm quoting from the paper here, Mr. Speaker.

And, Mr. Speaker, the minister stood here in the House and said, well they cannot discontinue funding because they have a legal opinion. She said here, if in consultation with her doctor — her doctor, one doctor — a woman chooses to have an abortion, we will provide access. And yet, Mr. Speaker, the federal minister indicates that the provinces have the ability to decide whether to discontinue funding of the procedure or not.

I would also like to remind people across this province that the . . . oh, there was one other area too. I want to quote from an article where the minister suggests that they had a legal opinion. I want you to listen to a word here, Mr. Speaker: those who are glad the government won't attempt to end funding abortions can thank the equality section of the Charter of Rights and Freedoms. That section, along with the anti-discrimination section of the Human Rights Code and the Canada Health Act, were the main reasons why a prominent Regina law firm told Health Minister Louise Simard it didn't think abortion funding could be even partially de-insured.

Mr. Speaker, their opinion was they didn't think that funding could be taken away. Well what does that mean, Mr. Speaker? Were they really certain when they gave that opinion to the minister? It would appear to me that this law firm . . . it was in their opinion that they didn't think the minister or the government could bring in legislation that would disallow funding of this procedure. And yet at the same time, the federal minister . . . and I'm reading from a letter to the editor in the *Shellbrook Chronicle*. Here's a letter to the editor and it says this:

your refusal to meet with representatives from Saskatchewan Pro Life Association forces me to communicate with you in this public manner.

And the letter goes on to bring out the fact that the federal Minister of Justice, Kim Campbell, has given assurance that you have the authority, referring to the Minister of Health, to remove such funding. In fact, this letter also indicates that Morgentaler has admitted that one-tenth of one per cent of abortions performed are medically necessary — less than one-tenth of one per cent. And yet over the past few weeks we have seen this government allowing Mr. Morgentaler to kind of dictate policy.

Mr. Speaker, when we talk about the abortion question — and certainly it's a question that touches the hearts of a lot of men and women across this province — but I would also have to remind this House and remind the members opposite that for the four or five years prior to 1991 that I was in this House, that the opposition of the day continued to berate the government of the day for their lack of support for the abortion procedure in this province.

And I want to remind the minister and remind members and remind people in Saskatchewan that the former government, yes they didn't go all the way to de-insuring or discontinuing the practice, but they set limitations. They set guidelines — guidelines which said a woman must be given all the information on the traumatic effect that abortion may have on their life. That women must also be reminded of the possibilities that they could . . . the health problems they may face through this procedure. The government also, Mr. Speaker, limited abortions, or availability to abortions on the basis of the approval of two people in the medical profession.

So, Mr. Speaker, as the numbers have indicated, because of the strong stand taken by the former government, certainly the availability wasn't there and the members . . . the present government, the former opposition, continually ran down the former government for not standing behind the women of this province.

Well, Mr. Speaker, I would suggest to you we were listening to a lot of women in this province, because I find there were women from all political persuasions, young and old, across this province, regardless of race, religion or creed who really are in favour of life. And they believe in life from the moment of conception.

So, Mr. Speaker, when we talk about the abortion question, it's not just a matter of even funding, Mr. Speaker, we must look at ways of addressing the problem and addressing the problems that . . . And I give the Minister of Health, I commend the Minister of Health for talking of an education model of informing our young teenagers of the problems that can be faced through unwanted pregnancy.

And, Mr. Speaker, when we talk about health care in this province and we take a serious look at health care and we talk about the lack of funding in a number of areas, certainly, Mr. Speaker, when we look at the fact that capital projects are all put on hold again, a person seriously wonders if indeed we're going back to the late



'70s when indeed there wasn't any capital funding whatsoever.

And I'm not sure, Mr. Speaker, if you were the minister of the day responsible but, Mr. Speaker, nevertheless, we must continue to look at ways of improving our health care system.

We cannot . . . we will not or cannot improve our health care system by taking it away from those who need it most. Mr. Speaker, by taking and raising the annual drug premium from 125 to \$380 is going to put a substantial burden on many families across this province.

And just the other day while helping move a piano so the piano teacher in our area would have a more pleasant environment to teach his students, one of the individuals who came to help says: I didn't realize that our drug premium was going up as much as it is. He said, we meet our \$125 level within the first three months because of the fact that two of his boys have asthmatic problems.

So, Mr. Speaker, bumping that \$380 a year plus the annual deductible going from . . . or the annual deductible rising to 380, and then the ongoing cost of 25 per cent of those drugs . . . or 35 per cent of those drugs, rather than 35 per cent, Mr. Speaker, is going to put an added burden upon many families in this province.

And you know who it hits most, Mr. Speaker, or who is going to feel it the worst? It's the elderly and it's our young couples with families and it's the single women of this province who are going to feel it the most, Mr. Speaker.

Mr. Speaker, there isn't a person across this province who doesn't believe in paying their way. There isn't a person who doesn't have an understanding at being and doesn't know how to be compassionate and want to reach out to help those who are less fortunate.

Mr. Speaker, by off-loading the cost of these programs on the less fortunate it's going to make it more difficult for people in this province to meet their daily needs because of the fact they are going to need . . . The finances they need to provide their medical services are going to take away from the finances they need to put the food on the table. And, Mr. Speaker, it would seem to me, that when in opposition the former . . . the present government, the former members, continually reminded us of taking money from this person or taking money from over here and taking it away from those in need.

Mr. Speaker, we heard today too, the Minister of Health suggesting that the question of funding in health and the cut-backs in funding and the fact that we're bringing the government to task on what they promised the people of Saskatchewan and what they're doing with their promises is indeed just playing in politics.

Well, Mr. Speaker, it would seem to me that the government, while in opposition and certainly during the election, played with the politics and used health care as a way of trying to or . . . and indeed receiving support of the people in this province to form the government. What did the Premier, the present Premier, do in Assiniboia-Gravelbourg in that by-election, Mr. Speaker?

Mr. Speaker, I think we all remember and we all can recall the pamphlet that went out, or the letter that went out saying that there will be no more . . . If you elect a Tory government, all your hospitals will be closed down.

Well, Mr. Speaker, what about my constituency? I want to remind the members opposite. What kind of promises did they make in my constituency? What did they tell the people of Moosomin? The people of Moosomin were promised a hospital in, I believe it was the spring of 1989, Mr. Speaker, and were in an ongoing process of discussion to put in place the programs that were needed to . . . and the information that was needed to develop their plans so that they could send their hospital to the architectural stage.

And you know what's interesting, Mr. Speaker, the Premier of the province, the then opposition leader, was in Moosomin and what did he tell the people of Moosomin? He said if we form government, we will not cut funding; we will go ahead with your hospital. What did the Associate Minister of Finance say to the people of Moosomin, Mr. Speaker? The Associate Minister of Finance promised the people of Moosomin, when he was in Moosomin, that they would get their hospital. And, Mr. Speaker, what do we see? The budget that's laid out before us, Mr. Speaker, the budget has taken away funding for capital projects in our province, putting on hold the project in my community as well.

And not only has it affected funding for our capital project of a facility which is going to need some work on it because of the ever increasing cost of maintenance, but in that facility alone, because of the funding cuts brought forward in this budget, because of the funding cuts to the Minister of Health's portfolio, Mr. Speaker, now we find that there are two full-time nursing positions that have been eliminated, 13 part-time and casual positions have been cut from the work-load in the Moosomin hospital.

Mr. Speaker, do you think that bodes well with the people of Moosomin? Do you think that the people of Moosomin appreciate what has happened in their community and their health facility, Mr. Speaker? Mr. Speaker, it appears to me just from talking to people recently that they're very disillusioned and very disappointed and very annoyed because they believed that when the Premier of the province was in Moosomin, they believed that he was going to do what he said. They believe the Associate Minister of Finance. They believed that they would indeed live up to their promise.

And I believe, Mr. Speaker, what we have seen in this budget, the people of Saskatchewan believed for a lot more and they have become very disillusioned, very disappointed. In fact, as one commentator indicated, Mr. Speaker, they've been handed a bitter pill. And I believe, as we look at it, this bitter pill is becoming harder and harder to swallow every day.

And we will continue to let the people of Saskatchewan know that we will not . . . we will stand up for them and we will continue to remind the government of their promises. And we will continue to let the government know that, yes they were elected, they were elected by

the people of Saskatchewan to provide responsible government. Not to take it away, but indeed to hand it out and provide the funds that are necessary for people to survive, for people to continue to live and live a healthy life-style in our province.

Mr. Speaker, I could go on for the next three, four, five hours and probably the next week, Mr. Speaker. But at this time, Mr. Speaker, I move to adjourn debate.

Debate adjourned.

The Assembly adjourned at 4:59 p.m.