

The Assembly met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

INTRODUCTION OF GUESTS

Ms. Murray: — Thank you, Mr. Speaker. Mr. Speaker, I'm delighted to introduce to you and through you to members of the Assembly this morning some students sitting in your gallery. These students are members of Students Against Drinking and Driving and they're from Pilot Butte School.

This SADD (Students Against Drinking and Driving) chapter has grown to 183 members, the highest in the province, Mr. Speaker. With them in the gallery is Mrs. Carolynn Gaudry who is their adviser; Melissa Shanks is the president; Allen Gillespie is the vice-president; and Mark Scantlebury is the photographer.

I'm looking forward to meeting with them after question period to discuss Impaired Driving Awareness Week and to receive a petition from them. I would ask all members here to join me in welcoming them to the House this morning.

Hon. Members: Hear, hear!

Mr. Neudorf: — Thank you very much, Mr. Speaker. And I hope my laryngitis will not prevent me from making myself heard. But it is my pleasure to welcome 44 students from grade 11 and 12 from Osler, Saskatchewan, from the Valley Christian Academy in Osler, and the teacher, Wilf Loewen, with whom I have had the pleasure of teaching for many, many years; his wife Anne; Kenton Letkeman as the chaperon.

And I hope that the students enjoy proceedings here this morning and I'm looking forward to meeting with them later on for pictures and drinks and so on and so on.

I'd ask all members to help me welcome these students from Osler.

Hon. Members: Hear, hear!

Mr. Goohsen: — Thank you, Mr. Speaker. I'm happy to introduce to you and through you to the Assembly this morning, Mr. Speaker, Mr. Jim Chase, the president of the Saskatchewan Construction Labour Relations Council. With him also today is Mr. Ted Zarzeczny. Mr. Zarzeczny is the counsel for the Saskatchewan Construction Labour Relations Council. And I would ask you to join with me in welcoming them today.

Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Thank you very much, Mr. Speaker. I too would like to welcome the gentlemen to the Assembly today. I've had the privilege of chairing

the Saskatchewan construction panel to try and assist the construction industry in the province in its relationship with the provincial government. As minister responsible for Saskatchewan Property Management Corporation, I am now minister in charge of that panel. Mr. Renaud is now the chairman, and I look forward to working with the association in the future. Thank you.

Hon. Members: Hear, hear!

Hon. Mr. Romanow: — Thank you very much, Mr. Speaker. I would like to have your permission and that of the House to make an introduction of personal friends. This particular person I'd like to introduce is the mother of a very distinguished Canadian. She is distinguished, I would say, in her own right. Her name is Mrs. Elizabeth McMurtry, the mother of the Associate Chief Justice of the province of Ontario, Roy McMurtry who, for a long time, was the Attorney General of the province of Ontario.

Mrs. McMurtry is sitting in the gallery with her granddaughter, the daughter of Roy, Janet McMurtry. They're here to visit . . . she's here to visit — please stand up, Mrs. McMurtry — to visit here their grandson and family.

The McMurtrys are prominent Canadians who have contributed a lot to Canadian life and I'm very, very pleased to see Mrs. McMurtry and Janet here in Saskatchewan, visiting our beautiful province.

Thank you very much.

Hon. Members: Hear, hear!

ORAL QUESTIONS

Rural Hospital Closures

Mr. Neudorf: — Thank you very much, Mr. Speaker. My question, Mr. Speaker, this morning is to the Minister of Health. Madam Minister, more details of your government's iceberg budget are beginning to float to the surface.

Yesterday officials from your department met with the Souris Valley Regional Care Centre board of directors. This meeting confirmed, as I suggested a couple of days ago, that Souris Valley will be forced to close within five years due to massive funding restrictions from your government.

You refuse to take responsibility for this betrayal. You say this is a board decision; the board controls the entire situation. But when your government, Madam Minister, cuts off funding and forced the facility to freeze admissions, what other choices, Madam Minister, does the board have?

It's bad enough that you have completely betrayed your commitment to health care in this province. What's worse, you're now washing your hands of responsibility and you lay the blame on the doorstep

of the board of directors, local men and women who would want nothing more than to keep the facility open.

Will you own up, Madam Minister, to what you have done? Will you at least admit that it is you, not the board, not the local people — it is you — who are forcing the closure of this facility?

Some Hon. Members: Hear, hear!

Hon. Ms. Simard: — Mr. Speaker, I don't know how many times I'll have to explain to the members opposite what is occurring with respect to the development of district boards. The government has put out a document on the institutional sector with bed targets. We are establishing policy, direction, and guidelines as to where we are to move with respect to bed targets in the province.

This Weyburn area has a very high bed ratio per 1,000 population in the long-term care area — very high compared to the rest of the province. Therefore they will receive funding reductions in a greater amount than areas that are at the provincial average or closer to it. That is rational, Mr. Speaker.

Now the fact is, is that this may very well mean in the long term that we have to . . . that Souris Valley is closed and we move to some other sort of facility. It may mean that, Mr. Speaker. However we are establishing . . . The members opposite just don't want to listen, which is why they can never get their facts straight, Mr. Speaker.

We are setting up district boards. We are providing them with the guidelines and the directions the members opposite wanted us to. And ultimately the decision will be that of the district board, whether they want to keep a portion of Souris Valley open or whether they want to move to another facility. We will be reviewing those options with them.

Yes there are funding reductions. Yes there are guidelines and direction, but we will establish district boards and the final decision will be made by them.

Some Hon. Members: Hear, hear!

Mr. Neudorf: — Thank you, Mr. Speaker. Madam Minister, it's not just the citizens of Grenfell, but all of Saskatchewan is holding their noses at that answer, Madam Minister.

Madam Minister, health care in this province is ailing badly. I would suggest to you it's a very, very sick patient. And now you come along and remove all the remaining support systems and then you say that the patient has died of natural causes.

Madam Minister, you have become the Dr. Kevorkian of Saskatchewan health care. You go around the province giving nursing homes and hospitals government-assisted suicides, and then you say, it's what they wanted; it's better this way.

Madam Minister, the people in rural Saskatchewan don't want their hospitals closed. They don't want their nursing homes closed. And the district health boards are not the ones who are making the decision to close them. You, you are making that decision, Madam Minister. You have made that decision and now you are carrying it out and trying to blame others, trying to turn community against community.

And I ask you, Madam Minister, will you table a complete list of facilities targeted for your government-assisted suicide procedure. What other Saskatchewan communities can expect to lose their hospital? Will you table that list today, Madam Minister?

Some Hon. Members: Hear, hear!

Hon. Ms. Simard: — Mr. Speaker, we are not blaming anybody for anything, except the PC (Progressive Conservative) caucus and their inability to understand, number one, the need for health reform and exactly how it is implemented, and their inability to understand the devastating effects that their \$15 billion debt has levelled on the people of Saskatchewan.

Some Hon. Members: Hear, hear!

Hon. Ms. Simard: — It there is any . . . we are not blaming anyone in Saskatchewan except for the Tories and their inconsiderate . . . their mismanagement over the last 10 years, Mr. Speaker, that is devastating the province of Saskatchewan, the legacy that they have left us.

The fact is, Mr. Speaker, that as we move through health reform there is a cooperation and a consultation process taking place with communities and boards. We're not blaming anyone. We're setting out targets. We're setting guidelines. We establish the funding. And the boards implement plans within their district, and they have choices within those plans.

The Speaker: — Order. Next question.

Mr. Neudorf: — Thank you very much, Mr. Speaker. A new question to the same minister. Madam Minister, you're not blaming anyone, but the people of Saskatchewan are blaming you for your choices, your bad choices that you are making the people of Saskatchewan pay for. And you are hiding, Madam Minister, behind bed target ratios, and your so-called wellness model is trying to hide the truth — the truth that is becoming all too apparent.

You are closing hospitals. Your target of 1.5 beds per thousand people means that hospitals must close. In the south-west corner of the province, Madam Minister, between Eastend, Assiniboia, and Maple Creek, there are far more beds than your government-imposed ratios would allow. That is also a massive geographic area to cover.

Madam Minister, when people get sick, when people have heart attacks or farming accidents and the

hospital is 150 miles away, you don't care much about how many bed ratios there are and how many beds there are — you want coverage and you want protection. You want to know that help is nearby.

The Speaker: — Order. I want the member to put his question.

Mr. Neudorf: — Thank you for that admonition, Mr. Speaker.

Madam Minister, my question to you is this: which of the hospitals in the south-west have you targeted for your government-assisted suicide program? Eastend? Assiniboia? Maple Creek? And who will be left out in the cold when they really need you — the government that they elected to protect health care — and you're not there when they need you most, Madam Minister?

Some Hon. Members: Hear, hear!

Hon. Ms. Simard: — Mr. Speaker, nobody is going to be left out in the cold in Saskatchewan. People will have access to acute-care services and long-term care services when they need them and nobody will be left out in the cold. And the members opposite are involved in scare tactics and attempting to do what they can to destroy the health . . .

The Speaker: — Order, order. Could the members please come to order. Give the minister a chance to answer the question.

Hon. Ms. Simard: — Mr. Speaker, I think it's important to note that in the last 10 years some \$489 million was spent in capital construction in this province, which increased our operating costs by some 80 million, and we only use a very small portion of that rated bed capacity. I think that is important to note.

We have, for example, the . . .

The Speaker: — Order, order.

Hon. Ms. Simard: — The Murray Commission report, for example, showed that Nova Scotia had 132 beds per thousand.

The Speaker: — Order.

Hon. Ms. Simard: — One hundred and thirty-two beds per thousand, as opposed to 165 per thousand in Saskatchewan. In Manitoba . . .

The Speaker: — Order.

Hon. Ms. Simard: — Thank you, 147 beds per thousand, as opposed to Saskatchewan's 165.

We have, sir, one of the highest bed ratios per capita of any province in this country, and we have the highest provincial debt of any province in this country. It is time for a government to show some leadership and move us towards national averages, averages that our people can afford to pay for.

Some Hon. Members: Hear, hear!

Construction Industry Legislation

Mr. Goohsen: — Thank you, Mr. Speaker. The NDP opposite has exhibited an appalling degree of partisanship, hypocrisy and betrayal. The iceberg budget presented by the Minister of Finance and her Premier is the best example of that, Mr. Speaker. But, Mr. Speaker, some of the NDP (New Democratic Party) partisanship and economic madness is taking place outside of the budget process.

Recently, Mr. Speaker, the Minister of Labour made a completely unilateral decision with his self-appointed powers. The minister has forced his will onto construction contractors as it relates to the minister's Construction Industry Labour Relations Act. My question to the minister responsible for this Act, Mr. Speaker, is this. Mr. Minister, what possible reason do you have for giving yourself absolute power to force contractors into bargaining units against their will? What service does this provide?

Hon. Mr. Mitchell: — Mr. Speaker, the . . . I'll answer this question on behalf of the Minister of Labour. In the last session of this House this Assembly passed, with the unanimous consent of the whole legislature, the legislation which gave to the Minister of Labour the power to do the things that he has done. As a matter of fact, that legislation was a subject of extensive consultation in which you yourself were involved. And in the end you yourself voted for the legislation. So that's where the minister gets the power, indeed the responsibility, to do the things that he has done.

Some Hon. Members: Hear, hear!

Mr. Goohsen: — Thank you, Mr. Speaker. Well, Mr. Minister, I've got news for you. We may have passed a piece of legislation but your interpretation of that legislation is what counts here. And you are circumventing that very legislation. You are not following the rules in that legislation. Mr. Minister, one of your most repeated arguments for justifying your support for closed-shop unions is that these shops are formed and selected based on a democratic vote of the workers.

Now we have heard your government state that you value democratic principles, and that the collective bargaining process must also be democratic when it involves multiple parties such as many workers in one union. Mr. Minister, why shouldn't this apply to employers?

You recently used your ministerial powers to designate the Unionized Mechanical Contractors as the exclusive agent for most sectors of the construction industry. You know full well that the Unionized Mechanical Contractors do not represent the majority of unionized employers in the construction industry. Simple question, Mr. Speaker: how is this democratic, Mr. Minister? How possibly can you justify this kind of action?

Hon. Mr. Mitchell: — Well the member will know that in the preparation of that legislation and with respect to the consultations that surrounded it, the legislation had to . . . the system had to start somewhere. In some way there had to be some organization named to represent employers. But the member will also know that there is a democratic procedure included in the Act for contractors to change their bargaining agent if they don't have confidence in the bargaining agents they have, just like The Trade Union Act has got provision for working people to change their bargaining agent if they so wish. And the procedure is laid out there and it's available to everybody.

But the point is that the Act had to start somewhere. And just as the Act in the 1970s, which was arrived at through an extensive consultation process, provided for that same starting mechanism, so the Act last year — with the member's approval — provided for that type of a start-up mechanism. But the democratic rights of contractors are preserved in the legislation.

Some Hon. Members: Hear, hear!

Mr. Goohsen: — Thank you, Mr. Speaker. Well, Mr. Minister, if your idea of a starting place is to break the rules of your own legislation, then it will be a long, frosty Friday before you'll get the support of this opposition again.

Mr. Minister, it's shocking that you believe you should have the arbitrary power to make the most important of collective bargaining decisions, notwithstanding what the majority of those affected by the decision may think. And we simply do not accept your answer, Mr. Minister. Your government has political opportunism as your primary motive for everything that you do. That's the simple truth, Mr. Minister.

You threatened SUMA (Saskatchewan Urban Municipalities Association) for not towing the NDP line and now you're firing Crop Insurance agents for not regurgitating your rhetoric. Now, Mr. Minister, you are after the Saskatchewan Construction Labour Relations Council, an organization which has represented employers since 1969.

Question, Mr. Speaker, to the minister: will you not admit, Mr. Minister, that you have not allowed this council to represent one trade division and is it not true that through your absolute power you are eliminating 80 per cent of the council's membership? Is that not the case, Mr. Minister?

Some Hon. Members: Hear, hear!

Hon. Mr. Mitchell: — I think that not to be the case, Mr. Speaker. I don't know who wrote the member's question but I suggest that he review their employment and their competence because that seems to be a pretty wild kind of a question.

But I know, I know that the minister through his own office and through the department conducted

extensive consultations as to what organization should be designated with respect to the various trade divisions. Now the minister went through a very lengthy process in coming to that decision and I believe came to a decision which is satisfactory to the unionized contractors in this province. Now it may not be satisfactory to the non-union contractors, but as the member will know, they are not covered by this Bill. This Bill only applies to unionized contractors.

Some Hon. Members: Hear, hear!

Mr. Goohsen: — First of all, Mr. Minister . . . Thank you, Mr. Speaker. Mr. Minister, first of all I'll tell you that you have thrown a slander at some people that you really shouldn't be doing that to.

Mr. Jim Chase, the president of the Saskatchewan Construction Labour Relations Council, was in consultation in the writing of these questions. Are you saying that he and his attorney don't know what they're doing?

The Speaker: — Order, order. I ask the . . . Order. I ask the . . . Order. I ask the Premier . . . Will the Premier and the former leader of the opposition please come to order. The Premier, the Premier and the former leader.

Order. Will the member from Estevan please come to order.

Mr. Goohsen: — Thank you, Mr. Speaker. Mr. Minister, there are some basic truths that you are ignoring or that you are choosing to turn a blind eye to.

The original process was voluntary. Your process takes the bargaining rights of all of the unionized employers in each trade division from them and requires them to pay dues without the right to join or participate in that organization.

It is highly questionable that even a significant minority can be forced to give up their constitutional guarantee of free association. However, to force the absolute majority to give up that right is unconscionable.

Mr. Minister, you were involved in constitutional negotiations. You should understand that, but your actions tell us otherwise.

My question, Mr. Speaker, to the minister. Mr. Minister, will you do the right thing, the democratic thing — will you rescind your order and allow a supervised vote of the employers to determine their wishes regarding the representation in the collective bargaining process?

Some Hon. Members: Hear, hear!

Hon. Mr. Mitchell: — As I said to the member, what has been done under this Act is the same process as was done during the . . . under the previous Act. And the member knows the process that was set up and

knows the reasons why it was set up, knows the reasons why it was set up. There had to be some starting point for the structure for collective bargaining under that Act. Now the member also knows that there's a procedure under that Act for unionized contractors to change their bargaining agent. Just like working people in this province can change their bargaining agents, so can the contractors. So what's the big deal?

If the minister is mistaken as the member suggests, then the contractors have got an opportunity within a very short time in order to rectify the situation, to change a bargaining agent and have another one in there in which they have confidence. That's for them to determine. It's not for you and I to determine in this kind of a debate.

The minister went through consultations that covered months. His department went through extensive consultations. And he made appointments which he thought represented the interests of unionized contractors in this province. Maybe not non-unionized contractors. But the member will know that the non-union contractors are not covered by this Act. This Act applies only to unionized contractors.

Now I don't know how many times I have to explain that to the member. Democratic procedures, democratic procedures are available to change bargaining agents if there is a lack of confidence. And the member himself stood in this House after weeks of negotiation and supported the very system which is in place.

Some Hon. Members: Hear, hear!

Mr. Goohsen: — Thank you, Mr. Speaker. Well, Mr. Minister, you just hang on to your hat, because I'm going to tell you what the big deal is.

Minister, your answer does not surprise me. It is quite apparent, Mr. Speaker, that these people want to pay their political debts before they pay the provincial debt. That is the scheme here.

Mr. Minister, democracy does not interest you and fairness does not interest you. You have made that abundantly clear here today.

My question, Mr. Speaker, to the minister: Mr. Minister, will you rescind your order and allow the employers to freely and democratically apply to have the organization of their choice designated by the Labour Relations Board to represent them? Will you allow people who have interests other than politics and power to decide the fate of the collective bargaining process in this matter?

Some Hon. Members: Hear, hear!

Hon. Mr. Mitchell: — Mr. Speaker, if the party to which I belong owes a political debt to any construction contractor in this province, I am not aware of it. I am not aware of it. So the idea, the idea

that you would think that anything that the minister did here was pursuant to a political debt to any contractor or any contractors' association is just a laughable proposition.

Now as to whether the minister will rescind his order or whatever it is you would have him do, I doubt it. After months of consultation, I think the minister made a reasoned and a considered decision. And as I keep pointing out to you, Mr. Member, if you'd just listen to my answers instead of reading your next question, there is a process under the Act for contractors to change their bargaining agent in the event that they lose confidence in the bargaining agent that is designated.

That's the way it should work; that's the way we thought it should work; that's the way you wanted it to work; that's the way it's working. So what's the problem, member?

Some Hon. Members: Hear, hear!

Mr. Goohsen: — Thank you, Mr. Speaker. The problem, sir, is quite simple. It is how you manipulate the Act to decide who qualifies. Your manipulation of who qualifies eliminates 80 per cent of the people involved in this issue from having any rights except to pay their dues without a voice. That's the issue.

Your priorities, Mr. Minister, since taking power has been political debt over provincial debt. This is quite clear, Mr. Minister. Your absolute power has made you absolutely blind to the reality.

Mr. Minister, farmers have taken you to court over your disregard for democratic individual rights. Now it appears that the Saskatchewan Construction Association will have to take you to court to quash your ill-advised, unilateral decision.

Mr. Minister, my question: your government appears to be going to court too often these days. Will you rescind your order and allow reason to prevail rather than force another element of Saskatchewan society to sue your government for their access to democracy?

Some Hon. Members: Hear, hear!

Hon. Mr. Mitchell: — Mr. Speaker, I was glad to see that the member was able to restrain himself from hammering his desk in connection with that question.

I take exception to the fact that the member suggests there was any manipulation here. There was extensive consultation; that's what there was. And if whoever it was was advising you in the preparation of those questions thinks that the organizations that have been designated do not have the support of the legitimate unionized contractors in this province, then, Mr. Member, it's my understanding they're badly mistaken.

My understanding is that the minister and department plumbed very carefully the extensive support that organizations in this province do or do not have on the

question of representing unionized contractors.

Now I hope this time you're able to listen to my answer because I want to give it once more. Don't worry about your next question; just focus on this: the way in which this matter has been handled is exactly in accordance with the legislation which was agreed to unanimously by everyone in this House. If the minister's consultations have yielded to him information which is wrong, the mechanism is there in the Act to correct the situation.

You know that, I know that, the contractors know that. And if we end up in court, fine. I mean it's the right of every citizen in this province to go to court if they have been wronged, and if that . . .

The Speaker: — Order.

Some Hon. Members: Hear, hear!

INTRODUCTION OF BILLS

Bill No. 40 — An Act to amend The Municipal Employees' Superannuation Act

Hon. Mr. Penner: — Thank you, Mr. Speaker. Mr. Speaker, I move that a Bill to amend The Municipal Employees' Superannuation 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.

The Speaker: — The member from Rosthern got up after we had stood the first Bill. Could we go back to a point of order? The member wishes to raise a point of order.

POINT OF ORDER

Mr. Neudorf: — Thank you, Mr. Speaker. I have a point of order that is a concern of this side of the House and that deals with the matter of fairness and consistency in regulating the interpretation of the rules of this House.

I draw your attention, Mr. Speaker, to page 605 of March 25 where you made a ruling, Mr. Speaker, yesterday saying that:

In debate, members have characterized each other as . . . (wolves), rats, and dogs. I should not have to remind members that such language is inappropriate and causes a deterioration of the level of debate.

Now we have no problem with that part of the ruling, Mr. Speaker, and we would certainly concur with that.

However, on March 25, the same day, the Minister of Finance in her speech, on page 630, says that:

The members opposite have been speaking out of both sides of their mouths.

And that's debatable of course; nothing wrong with that.

They want the cost of government cut, yet they howl like wounded wolves when anyone loses their jobs or a facility is closed.

What the members' reaction opposite is, is indicative of what this House is facing, Mr. Speaker. Now in the face of fairness and consistency, I ask you, Mr. Speaker: why would you let a statement go like that right after you have made your own particular ruling?

Some Hon. Members: Hear, hear!

Hon. Mr. Lingenfelter: — Mr. Speaker, not to belabour this most important issue of whether the opposition are called wolves or other disparaging words, but I listened carefully to the Speaker's ruling yesterday where he said we should not call them rats or wolverines or wolves or dogs — I don't think he said skunks. But I would understand that they shouldn't be called any of those names of various animals.

Mr. Speaker, in seriousness, I listened very carefully and I intend to abide by not calling them such names as wolverines or rats. However, Mr. Speaker, the Minister of Finance had left the Assembly when the ruling came down and was not in the House to hear the ruling. She then returned to the House later that day to give a speech before, obviously, she had had a chance to review the *Hansard* whereby the Speaker said that members of the House should not call each other wolverines or rats.

Now I want to assure the members opposite that we will make every attempt to refrain from calling them rats or wolverines in the future.

The Speaker: — Order, order. I just simply want to say to the members of this House, I can only attempt to be as fair as I can in making this Assembly work.

Let me say to the member from Rosthern, if he will just listen, that yesterday immediately after I made that statement, one of his own members referred to the back-benchers as sheep. And all I'm saying . . . And I didn't agree with that either, but I can't constantly interrupt. Members know what the parliamentary rules are, and I ask all members to please abide by them.

Some Hon. Members: Hear, hear!

The Speaker: — Order, order.

ORDERS OF THE DAY

WRITTEN QUESTIONS

Hon. Mr. Lingenfelter: — Mr. Speaker, as it would relate to question no. 91, I hereby table the response.

The Speaker: — Tabled.

Order. Would the members please come to order.

GOVERNMENT ORDERS

ADJOURNED DEBATES

SECOND READINGS

Bill No. 3

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Ms. Simard that **Bill No. 3 — An Act respecting Health Districts** be now read a second time.

Mr. Boyd: — Thank you, Mr. Speaker. Now that we've got the important issue of the barnyard cleaned up, we'll address the important issue of the Bill at hand.

Mr. Speaker, I'm forced today to rise on a Bill that is totally unacceptable to this Assembly, the people of this province, and every principle upon which health care is based — every principle about health care that these people opposite promised in speeches around the province over the course of the number of years some of these members have been involved in political life, Mr. Speaker.

They have always talked about being the guardians of health care, the guardians of health care. And now what do we see, Mr. Speaker? A Bill before this House that will completely and utterly destroy health care as we know it in this province, Mr. Speaker. A Bill that will damage the credibility of the NDP Party, I predict, forever in this province, and something that they deserve more than ever now in light of the kind of actions that they have taken with respect to health care in this province.

This Bill is unacceptable first to this Assembly because it proposes to dilute both authority and responsibility of this Assembly. It proposes to do that, Mr. Speaker, by providing executive government, in the person of the Minister of Health, an escape hatch to blame on local residents for unpopular or difficult decisions. Mr. Speaker, and I think the evidence is becoming very clear to the people of Saskatchewan.

We see the Wascana Rehab Centre under attack from this government, Mr. Speaker. And it was only because of the actions of the children's parents, of children that are in that hospital and because of the opposition actions, that the government was forced — forced, Mr. Speaker — to change their mind on that important thing . . . important wing of that hospital. Myers House is under attack, Mr. Speaker, in this province as a result of government actions. The Souris basin valley hospital is under attack, Mr. Speaker, because of this government's actions.

Hospitals all over this province, Mr. Speaker, are under attack because of the minister's actions in this province today as we see them. Mr. Speaker, the government likes to say it's difficult choices that they

are making. But, Mr. Speaker, the difficulty that they're placing on health care in this province is the issue, not the problems of the Minister of Health. It's the difficulties that are being experienced by the people of this province that need, need health care services, Mr. Speaker.

We see throughout this province, Mr. Speaker, health care regions being forced on the people of Saskatchewan — forced on them. The minister says to them on one hand that you go ahead and form these health care units, and on the other hand, but you have a deadline date and you better get it done before then or we will appoint them ourselves.

In the constituency, Mr. Speaker, that I represent, and surrounding constituencies, we now see that it appears that a health unit is being forced on them as well, Mr. Speaker. Kindersley, Eston, Eatonia, Kerrobert, Dodsland, and perhaps Leader, will form a health care unit, Mr. Speaker, against the wishes of those people.

And, Mr. Speaker, further to that, the minister now says to those people, we will provide you with funding, but we're only going to provide you with a very limited amount of funding and you go out and make the cuts. You go out and make the cuts to those hospitals and the acute-care beds around your health care unit.

Mr. Speaker, the Minister of Health doesn't want to take the blame when these folks have to come with the difficult decisions. It isn't her that's making difficult decisions, it's the boards that she's forcing to make difficult decisions. And it's little wonder, Mr. Speaker, it's little wonder that they can't find anyone that wants to serve on these boards except NDP-appointed hacks. Mr. Speaker, it's little wonder that the people of this province don't want to join in their wellness model. It's little wonder the people of this province don't want anything to do with this, Mr. Speaker.

There will be an important meeting this evening in Leader, Saskatchewan, Mr. Speaker, where the people of this province will start the ground swell of opposition to this actions that you're bringing forward today, Mr. Speaker. The ground swell of public opinion I believe will start in Leader tonight and move throughout this province in opposition, in opposition to the actions this government is taking, Mr. Speaker.

Mr. Speaker, the minister is suggesting that the health care, acute-care beds in hospitals around the province should be reduced to 1.5 beds per thousand residents, Mr. Speaker. Do you know, do you know member from Regina Lakeside what that will do to rural Saskatchewan health care? Do you have any idea what that will do . . .

An Hon. Member: — Lake Centre.

Mr. Boyd: — Lake Centre, sorry. Do you have any idea what that will do to health care services in rural Saskatchewan? Well, Mr. Speaker, maybe I can enlighten that member and a few other members

throughout this Assembly. Mr. Speaker, what it amounts to is 1.5 beds times 17,000 residents, and the health care unit that is being proposed in my area will amount to 22 beds — 22 beds is what it will amount to.

Do you know what we currently have? Something in the order of 85 beds, acute-care beds, something in the order of 85 beds, Mr. Speaker, and we will be reduced to 22. And that member, along with a whole bunch of other members of this Assembly, stand up and say, that's good for them, serves them right out there in Kindersley.

They've got 55 beds in one hospital alone in Kindersley and now we're going to be reduced to 22; 55 beds in Kindersley alone that are occupied on a very, very, regular basis, Mr. Speaker, and we're going to be reduced to 22.

(1045)

Do you know what that also means, member from Regina Lake Centre? You know what that also means, some of these other members opposite?

That means the closure, that means the closure of the hospital in Eston, that means the closure of the hospital in Eatonia — incidentally, Mr. Speaker, the hospital in Eatonia was just opened, just opened last summer, and the member from Biggar and I attended the opening of that hospital, in spite of the efforts of members opposite to try and make it so I couldn't attend.

In spite of efforts they made to make it so I couldn't attend or speak, the good folks of Eatonia stood up and said, no, they felt that the government did not have the right to silence opposition in their area. They wanted an opposition member to speak that day, and so I did, in spite of the opposition from the government members to try and stop that action that day. Mr. Speaker, Mr. Speaker, the member from Biggar attended that day and I attended that day and we spoke, both of us, to the crowd that was there.

And let me tell you about rural Saskatchewan, Mr. Speaker, the entire town turned out that day. They closed school, they closed the public school that day, Mr. Speaker, so the entire town, the entire town could turn out for that meeting, that public meeting, Mr. Speaker. And everyone was there. The entire town was there. They had a big celebration, Mr. Speaker. Because finally, finally an administration, the previous Conservative administration, recognized the needs of those folks with respect to health care. Finally somebody recognized those needs and built a hospital for them, Mr. Speaker.

And you know how far people have to travel to that hospital, Mr. Speaker, in spite of the fact that there is one in Eatonia now? They still have to travel 75 miles one way to get to that hospital. And you know how much further they'll have to travel now as a result of the actions of the Minister of Health for the closure of that hospital? They'll have to travel an additional 50

miles to Kindersley, for a total of 125 miles one way to get health care services. And these members don't think that that's a problem.

From Empress, Saskatchewan, to Kindersley, Saskatchewan, member from Shaunavon. If you don't believe it, look it up on a road map to find out the distance. It's something in that order, Mr. Speaker.

Can anyone in this Assembly tell me, when someone has a heart attack at Empress and an ambulance from Kindersley has to go down to Empress to try and administer health care to that unfortunate person, how long it's going to take them to get that person the desperately needed acute care that they're going to need to survive that heart attack, or farm accident, or oilfield-related accident in that area? How long will it take?

I remember last fall, Mr. Speaker, there was a big controversy in the city of Regina here about the time that it took for health care services, ambulance services, to arrive at the door of a person in Regina here. And it's something in the order of a few minutes, Mr. Speaker — seven, ten minutes, something like that. And people were saying that that time has got to be reduced. People were saying that that time has got to be reduced because the health care needs of that person have to be met in a life-or-death situation immediately, Mr. Speaker.

And that's great. We applaud health care services in Regina if they are able to respond that quickly. But what about the person in Empress? What about the person at Major, Saskatchewan? What about the person at Shaunavon? What about the person at Eastend, Mr. Speaker? Those people have health care needs too.

We're talking about fairness here. We're talking about compassion — something this government likes to stand up and say that they know all about, Mr. Speaker. But the health care needs of those people will not be met, I say, by the actions of this government. It's be 150-mile, one-way trip, first of all, from the ambulance from Kindersley down to Empress to pick up that person — two hours, two and a half hours perhaps; two and a half hours that that person is laying there in absolute agony in a life-or-death situation, Mr. Speaker.

And these people talk about compassion, these people talk about compassion. Where's your compassion for the people of Empress, Saskatchewan? Or where's your compassion for the people of Eatonia, Saskatchewan? Where's your compassion for the people of Major, Saskatchewan?

There isn't any compassion on that side, Mr. Speaker. The only thing they can think about doing is restricting — restricting the needs of the people of rural Saskatchewan, restricting the needs of the people of Saskatchewan that will be most, most, I predict, affected by this Bill, Mr. Speaker. Those people deserve and want and need health care services as well, Mr. Speaker.

And they have a beautiful hospital built in Eatonia, Saskatchewan, Mr. Speaker, a beautiful hospital built there. And do you know what else, Mr. Speaker? Those good folks of that community and surrounding municipalities put up \$1.2 million of their own money — of their own money, Mr. Speaker — to help fund that hospital.

And this government talks about compassion. These folks out there know more about compassion than any of you will ever know about compassion, Mr. Speaker. The needs of those people must be addressed too, I say, and they say as well.

And that's why, Mr. Speaker, they are not in support of this kind of regionalization of the health care services that you people are talking about. That's why the people of Eston now are beginning to realize what health care and wellness means to them. That's what they're saying, Mr. Speaker, in my constituency now.

The people of Kerrobert are realizing that their hospital is not safe any more with an NDP administration. The people of Dodsland are sure now, absolutely convinced now, Mr. Speaker, that the health care needs of the area that they are in will not be met, Mr. Speaker. The people of Eatonia are convinced.

And it was interesting that day — and the member from Biggar may want to comment when he has an opportunity about the day in Eatonia — the people were going around saying the opening of this hospital is at 2 o'clock in the afternoon. When, Mr. Member from Biggar, will the closing be? That's what they were asking that day. That's what they were asking of me that day. And I suggested maybe a few of them should go over and talk to the member from Biggar that day.

And I suspect they likely did go over and talk to him and asked him, when is the closure of health care services in this area going to take place under your administration? And he got up, Mr. Speaker, and he spoke glowingly about the achievements of this government and the wellness program and how the needs of health care in this province are going to met only by an NDP administration.

And now, Mr. Member from Biggar, what do we see happening? What do we see happening? I challenge you, sir, to come with me to a public meeting in Eatonia one of these days at your earliest convenience and we'll see, we'll see what the people of Eatonia think about your glowing remarks about your wellness model. We'll see what the people of Eatonia think of you, sir.

And I challenge you as well . . . there's a meeting tonight, there's a meeting tonight that I'll be attending in Leader, Saskatchewan, and the member from Shaunavon isn't all that far away, may he'd like to attend as well. I challenge you to go to that meeting tonight and tell those people about your wellness program.

Mr. Speaker, I think the people of Saskatchewan will realize that he won't attend. The member from Biggar will not attend because they know very well what the outcome of that meeting is going to be. You people are no longer the guardians of health care in this province. You no longer are the guardians of health care, you are the Doctor Death of health care in this province, Mr. Speaker.

And that's what the people of Saskatchewan are saying. That's what the people of . . . the good folks of Eatonia, Dodsland, Kerrobert, Eastend, all sorts of hospitals throughout this province now realize what the NDP wellness means. It means wellness for some people, Mr. Speaker, and it means closing of the hospitals for other people. That's what wellness means to the NDP, Mr. Speaker.

Mr. Speaker, this Bill is absolutely reprehensible. The people of Saskatchewan are beginning to see that. They're beginning to see that the mask of wellness is being removed from the NDP. They're beginning to see, Mr. Speaker, that this government does not believe in the health care needs of rural Saskatchewan.

These people are beginning to see that this government is not the great protectors of health care that they've always said they were. Look down the list. Look down the list of cuts to health care, Mr. Speaker. Just take a moment, everyone in this Assembly, to look down the list of cuts to health care and it's not too hard to draw the conclusion, Mr. Speaker, about who is the real villain in this, Mr. Speaker, who is the people that are going to destroy health care as we know it, in this province, particularly in rural Saskatchewan.

And it is that government, Mr. Speaker. The member from Riversdale, he talked time and time again throughout the last number of years in opposition and during the election campaign that it is only the NDP who will protect this province with respect to health care.

And, Mr. Speaker, there's quote after quote: we will not charge premiums or deterrent fees or utilization fees as they are called for, for a number of reasons. Basically the fundamental is that they are not a way to finance the health care program. That's a quote from the Premier on the Harasen line, October 3, 1991, just days prior to the election.

Is that what you people are all about, Mr. Speaker? Is that what they are all about, this government? Say one thing to get elected and do another thing immediately after. Is that what you're all about? Is that what made you people want to run for the NDP Party? Is that what made you stand up and go through a nomination process? And we all realize in political life how difficult the nomination process is and we all realize the sacrifice that you must go through to win an election in this province. Is that what motivated you? Is that what got you on your feet and said, I want to make some changes in this province? Is that what made you people want to run for the NDP?

Well, Mr. Speaker, Mr. Speaker, the member talks . . . from Turtleford about mismanagement. Well, Mr. Speaker, the people of this province are beginning to see what your management is all about. They're beginning to see what a hospital closure in their area . . . and how it will affect them. That's the NDP's management style.

That's what their NDP management style is, Mr. Speaker. Stand up in opposition and say one thing, stand up in an election campaign and say one thing, and then immediately after you do whatever you think is necessary to slash government spending in rural areas. That's what you got elected for. That's the legacy that you people will generate in this province, Mr. Speaker. That's the kind of thing that you will go down in history in rural Saskatchewan as.

Mr. Speaker, it will be a sorry day in this province when people start seeing hospitals around rural Saskatchewan start closing. And that isn't all that far off, Mr. Speaker. One can only wonder which one of them will be first. Mr. Speaker, I wonder which one in my constituency will be first. Have you made some decisions about that, some value decisions? Which one will be the one that you think, Madam Member from Regina Lake Centre, which one do you think should close first? Which one do you think should close first? Which one does the Minister of Health think should close first? Should it be Eatonville because it's only got five acute-care beds? No, no, it probably won't be that one, Mr. Speaker, because it's brand-new; you just finished opening that one. So we'll let that one linger on for a little while.

And, Mr. Speaker, is it going to be Eston? That's my home community, the community that I was born and raised in, went to school in, and now live with my family. Is that the one it's going to be? Are you going to punish the people of Eston, Saskatchewan, for voting for a Conservative? Is that what it'll be? Is that the criteria that you will use with respect to the closing of that hospital? We've got to cut off that hospital in Eston because that's where that mean-spirited Conservative lives. Is that the one that'll be the first?

Or what about up in Dodsland? Will that be the one, Mr. Speaker, that they close first, the Dodsland hospital, because there's never hardly a single NDP vote in that area anyway? There's never a vote in that area for the NDP and hasn't been for decades and maybe that'll be the first one that'll have to close. That's the criteria that's going to be used, is it? Is that the criteria that you will use to decide? Well, Mr. Speaker, I think the people of that area are wondering.

Kindersley, brand-new wing put on to their hospital — beautiful facility. I invite anyone in this Assembly to come and tour, come and tour the health care facilities in my constituency. Just come out of your shell of Regina that protects you from all of the vagaries of rural Saskatchewan. Just take a moment, Mr. Speaker, just ask to take a moment to come down to Eatonville, Saskatchewan, and see the pride that these people and the sweat and the toil and the money that they have put together and sacrifice that they have

gone through in order to build that hospital in there. And just see.

(1100)

And the member from Biggar, I'm sure he recognized the absolute pride that day that those folks had when they opened that hospital, the absolute pride that they had that the accomplishment was finished, the completion of the hospital was there. The school, as I said, closed down. Everybody in the entire community and surrounding area turned out that day. And there was speech after speech after speech about the health care needs and how important it was for the people of that area to have this hospital, Mr. Speaker.

And I attended the SUMA convention not long ago, Mr. Speaker. And while I was attending that convention, Mr. Speaker, health care was very definitely a very high priority of those people that day.

I'll never forget the comments that day of the mayor of Macklin, Saskatchewan, just north of my constituency, in the constituency of Wilkie. Those folks, Mr. Speaker, have the fastest growing town or city — fastest growing on a per capita basis community of anywhere in Saskatchewan.

Notwithstanding Saskatoon or Regina, their community is the fastest growing community in all of Saskatchewan. The most number of per capita building permits of anywhere in Saskatchewan. The most vibrant community — small may it be, but the most vibrant community of any place in Saskatchewan at the current moment.

And they want a hospital. They have one right now, built by the good folks of the Catholic faith out in that area, Mr. Speaker, back in the early years of this province. And, Mr. Speaker, that hospital is not meeting the needs of those folks any more because it is old. And those folks have said, Mr. Speaker, that they want a new hospital.

The fastest growing community in all of Saskatchewan wants a new hospital, and the mean-spirited Minister of Health in this province says no. And you know what the mayor of Macklin said that day? He said, we have \$1.2 million in the bank account that has been raised by the people of this area and this town and surrounding area and we're going to build that hospital no matter what this minister says.

That's what the mayor of that community said. We're going to go ahead with the construction of this hospital. I don't care what the Minister of Health thinks. I don't care what the Minister of Health wants. It's going to be done.

Because he recognizes the needs of his community. He recognized the needs of the surrounding area. If the members that live in the cocoon of Regina here don't recognize the needs of those folks in rural Saskatchewan, at least they recognize them. At least they recognize the sacrifice that they have gone through to raise that money for the construction of that

hospital.

And I challenge each and every member of this Assembly, Mr. Speaker, to take the time, take the time to visit some of these real rural hospitals. Take the time to go out and see that they are meeting the needs of rural Saskatchewan.

Mr. Speaker, while in opposition the NDP made all kinds of claims, all kinds of promises about what they would do if they formed government, with respect to health care. They would increase spending. They chastised the previous administration at every opportunity — every single opportunity, Mr. Speaker, they chastised the previous administration for not spending enough money in health care. That's what they did. They stood in their place, each and every one of those members, while in opposition and during the election campaign and said, we will spend more in health care. And that was their solemn promise, Mr. Speaker. And now, Deputy Speaker, now we see that promise is being broken.

The betrayal of the election promises and of this party, the NDPs on the government benches today, is unprecedented. Never before in the history of Saskatchewan have we seen so many promises falling one after another, as they have done in the last number of months that they have governed, Mr. Speaker.

New Democrats (will) . . . continue (to) . . . fight to restore social programs such as medicare, the dental and drug plans, to their former place of leadership in Saskatchewan.

That's a quote from the now Premier in the NDP newspaper *The Commonwealth*, March 1988. That was his promise. That was his promise, Mr. Speaker.

And what do we see? We see they have completely abdicated all responsibility to anything they said during the election campaign and prior to that while in opposition, completely destroyed all credibility they may have ever had with respect to health care.

And we all know the NDP did have a great deal of credibility with respect to health care in this province. But no longer, no longer, Mr. Speaker. You've destroyed, you've destroyed your credibility with respect to health care — something that your party took decades to build up, absolutely decades. And in the course of a year and a half, you've taken it away entirely. And the people of Saskatchewan realize that now, Mr. Speaker.

While it's still 3 years away, the new leader Roy Romanow has begun building the platform for the next election. He's starting with healthcare and promises to restore the prescription drug plan and the children's school-based dental program, changed or dismantled by the PC government . . . If the NDP forms the next government, healthcare will be its number one priority.

That's a quote from the *Star-Phoenix*, November 9, 1987, Mr. Speaker.

They promised to do those things, Mr. Speaker, in opposition. And what do we see? The complete betrayal of that promise. And, Mr. Speaker, they stand in their place day after day in this Assembly, and they say it's because we didn't know what was going on in this province.

Mr. Speaker, the member from Riversdale has served in this Assembly for how long? — I don't know what it is now — 20-some years. And he stands in his place now and says to everybody in Saskatchewan, I didn't know what was going on. I didn't know what the debt of this province was.

Well, Mr. Deputy Speaker, no one believes that. I'm surprised that you people will continue on that tack of denial with respect to what the deficit of this province was. How do you stand in your place one of you after another and completely deny the fact that you didn't know what was going on — absolutely absurd, Mr. Deputy Speaker. Member after member after member stands up in here and says, for everyone to hear in this province, I didn't know what was going on. They probably didn't. They should have though.

Every time there was a budget presented in this Assembly, Mr. Speaker, over the last number of years, there's an outline of what the debt is in the province of Saskatchewan — every single time for everyone to read, for everyone to see. And yet member after member of this Assembly stands up and says, there was a bigger debt, we didn't realize it was that high.

And yet, Mr. Deputy Speaker, during the election campaign, what did your leader say? What did your leader say in the leadership debate, the debate between the Leader of the NDP, the Progressive Conservatives, and the Liberals, what did your leader say? He said that day that there was a \$13.2 billion debt in this province, and he knew it and it had to be addressed.

But now when he sits in the government benches as Premier of this province, he stands up and says, I don't remember that any more. I forgot that. And therefore we have to completely start changing our ways in this province.

Well nobody believes you. Nobody believes you. You got elected on a whole bunch of promises; nobody believes that you're going to keep any of them any more. You've destroyed every bit of credibility you've ever had in this province because of the betrayal of promises that you've gone through, the litany of broken promises.

How do you people stay in your seats everyday and listen to this kind of stuff from the member from Riversdale about he didn't know? Every one of you and every one of us on this side of the Assembly, Mr. Speaker, we knew what the debt was; they knew what the debt was; and now they're trying to tell everybody in this province they didn't know, Mr. Speaker . . .

(inaudible interjection) . . . The member from Biggar chirps from his seat, he didn't know.

An Hon. Member: — We didn't tell the public.

Mr. Boyd: — He says, we didn't tell the public. We didn't tell the public. Well the public knew what the debt was in this province, Mr. Speaker. It was in the budget addresses . . . (inaudible interjection) . . . And he still chirps from his seat. Well, Mr. Member from Biggar, I'd be happy to share my car tonight with you, to come out to Leader and we'll discuss health care. There's a seat in my car reserved just for you, just for you, Mr. Member. Come on out there and we'll discuss health care with the real people of Saskatchewan, with the people of Saskatchewan that are most in danger of losing health care services.

Well, Mr. Speaker, that member doesn't have the courage, I predict, to take me up on that offer and come to Leader, Saskatchewan, tonight and hear what the people of Saskatchewan know and believe and realize now what you're going to do and your government's going to do to this health care system.

There's only 16 or — how many cabinet ministers? — 18 cabinet ministers and there's 55 members of this Assembly on the government side. And yet 18 members of that government . . . It is probably less than that because a number of ministers don't know anything about health care and that's evidenced by their comments they make about it in this province.

Mr. Speaker, there's more back-benchers than there is cabinet members. Why is it that you people allow these people to direct you down a path of destruction? Why is it that you allow them to do that? Why is it that you want to believe what the member from Riversdale has to say with respect to the deficit and why all these kinds of cuts in rural health care services are needed now. Why do you believe that?

You have an opportunity — I think, anyway — in your caucus. Maybe they don't — maybe they don't have an opportunity. Do you get an opportunity to stand up and say what you think in your caucus or does the Premier just get up in caucus and tell you what's going to happen? Is that what happens in your caucus?

Does the member from Biggar or the member from Shaunavon or the member from one of the Regina seats here, does she get an opportunity to stand up and say what she thinks, or do you think anything? Do you really think anything, Madam Member, about what's going on in health care in this province? Do you have any opinion?

Do you have any opportunity to say to this Premier and his Health minister, let's just take a step back here and have a look at the needs of health care in rural Saskatchewan and the hurt that it's going to cause, exactly.

You've got a whole host of rural MLAs, Mr. Speaker, and yet we haven't heard any of them stand up and say, I'm concerned about the direction that this

province is taking, with respect to health care. Not a single one of them has, Deputy Speaker. None of them.

I predict in caucus as well, it'd be interesting to just sit in on your caucus for a few days and hear what goes on. Is there any dissenting voices for anything that you people do?

An Hon. Member: — Move your chair up.

Mr. Boyd: — And the member chirps from his seat, move my chair over to their side. Mr. Deputy Speaker, I wouldn't move my chair over to that side of the House to join that NDP Party. I would rather resign my seat than move over to that side of the House. I wouldn't want to be a part of what you people are doing, and I'm surprised that some of you people want to be a part of what you're doing.

What do the people, what do the people in your constituency say to you when you go home? Or do you go home any more? Do you actually take the time to drive out from Regina and visit your constituencies any more? I really doubt it.

Well come to Leader tonight then. Take the time to jump in the car with me and we'll head off to Leader. I can wind this up in a few minutes, if you like. We can be out there in a few minutes . . . we can be out there in a few hours, sorry. We can be out there in a few hours and we could go around; we could probably visit their hospital. We could take the time to visit their hospital and see the needs of the people out there.

But no, no. These people don't want to hear about the problems they are creating. They go home, if they do go home on the weekends, and they sneak into their constituency. And they go home and they don't darken the doors of any place in their constituency other than their home, I predict, Mr. Speaker. The health care needs of this province are not being met by an NDP government, and that's becoming clear.

(1115)

Another quote from the things that these members have said over the last number of years, and this one comes from the Minister of Health herself: "Why should the sick and elderly carry the burden for your incompetence?" Louise Simard, *Leader-Post*, April 19, 1991. That's a direct quote from her, Mr. Speaker. That's in the *Leader-Post*, April 19, 1991. That's what she said, Mr. Deputy Speaker.

Why did she say such a thing when now the evidence is clear? The evidence is clear, Mr. Speaker, it's her incompetence and the member from Riversdale's incompetence that is shining through.

People of this province don't want the things that you're doing. They don't want these changes. They don't want to lose their hospital. They don't want to lose the health care services that they've built up over the years, Mr. Speaker.

And this quote comes from the *Star-Phoenix* of September 30, 1988, and I quote:

Simard suggests the province is moving towards a fee-for-service system where quality health care will be available only to those who can afford it.

Only to those who can afford it. And that is ringing very, very true today, Mr. Speaker, now that we have an NDP administration. I saw just the other night, just the other night on television, there was a report about what's happening in Saskatchewan with respect to private health care services. Blue Cross . . . And good thing they are in this province, Mr. Speaker. Good thing those people have decided to pick up the slack that this government has imposed upon the health care people of this province.

They have decided to offer programs with respect to prescription drugs. They've decided to offer programs with respect to children's dental care in this province. And it's a good thing they have. And I guess, Mr. Speaker, that a lot of people in this province will be taking them up on this, on their offer to provide those kind of services in this province.

It was something in the order of — if my figures are correct — about \$39 to join a program that would be similar to the prescription drug plan of old. It was something like 59 or \$60 for a family to join a dental plan, to receive comprehensive coverage.

And, Mr. Speaker, these folks while in opposition said that that is exactly what would happen in this province. And I guess they're correct. She must have realized, back in 1988, if they ever got into government, this is what they would do. Because this is what's happening. Mr. Speaker, the people of this province realize the utter betrayal of the promises this government has made.

In another quote from *Hansard*, the minister said this right in this Assembly, right while sitting in opposition.

The opposition is going to fight these (health care) cutbacks and . . . changes to medicare. I'm going to fight the erosion of the principles of medicare . . . I feel rather certain we'll be having a change of government next time around and then the public is going to have to worry . . . isn't going to have to worry about these problems.

The member, the Minister of Health herself, said that. When an NDP administration takes over in this province, they won't have to worry — won't have to worry about health care in this province because they're the great guardians of health care. The great guardians of health care are going to look after the needs of this province with respect to health care, and no one has to worry.

Well every single family in this province and every single person in this province now realizes how hollow those words were. They realize particularly in

areas that are in jeopardy of losing their hospital.

And let's just take the opportunity, Mr. Speaker, to find out which hospitals are likely to close in this province. They're all over the place, Mr. Speaker, wherever you look. Every one of the rural constituencies of this province will have a health care unit, health care hospital, health care acute-care bed, shut down. Every one of these constituencies will have health care services cut back. And the members, even though they supposedly represent the people of their constituency, are going to sit back and blindly accept that as at face value. Has to happen, in their minds.

Some more things that were said by NDP people throughout this province while they were in opposition or while they were in the election campaign. This one comes direct quote from the *Leader-Post*, April 14 of 1992, not all that long ago:

As the party which pioneered universally accessible health care in this province — designed to respond to need, not ability to pay — we categorically reject the concept of health care deterrent fees.

Well what do you have today, Mr. Speaker? What do you have today in this province if it isn't health care fees, deterrent fees? It's just a fee with another name on it. The kinds of cut-backs that you have made in this province have indeed been the same, exactly the same kinds of things as what a deterrent fee is.

Another quote from the Premier while in opposition, January 31, 1991:

. . . he doesn't believe health care costs in this province are skyrocketing. "The cost of medicare is well within the budget".

Well within the budget. Well we see now, Mr. Deputy Speaker, that he wasn't correct.

He was saying those kinds of things only to get elected, only to get elected in this province, Mr. Speaker, so that he could sit in the chair that he coveted ever since the very first day that he thought about politics. Ever since the very first time he stepped into this Assembly, he coveted that chair. And now he has it. And he went through anything to get it. He would do absolutely anything, say anything, do whatever it took, make whatever sacrifice was necessary to get to that office. And he got there, Mr. Deputy Speaker. He eventually got there.

And now we see the true colours of this man. Now we see what this man is all about. Now we see what this Premier is doing to health care. The very thing that he said was fundamental in an NDP administration, they would protect those things. But now we see the true colours of that man. Now we see what an NDP Premier would do to health care in this province.

He coveted that chair so much, Mr. Speaker, he would say and do anything it took to get elected to that chair. And the people that sit around him, they've coveted

their responsibilities so much as well, Mr. Speaker, it didn't matter what it took to get there. The ends justified the means.

Yes, and the member up there is pointing to his counterpart from Shaunavon. Not surprised. Not surprised. One-term member, one-term member. And I recall, I recall last summer, Mr. Speaker, that there was a meeting about health care services in his constituency — Eastend, wasn't it? — Eastend, that's right. Eastend, Saskatchewan. And that member was there. The one or two occasions that he's taken to go home since he was elected, he showed up at that meeting. He showed up at that meeting. And I have to give him credit that day . . . (inaudible interjection) . . . Absolutely. He's chirping from his seat, Mr. Speaker. He doesn't like to be exposed with respect to health care. But we're going to take a little time to dwell on his comments. We're going to take a little time to dwell on what that member has to say about health care.

And he stood up and he said, this is going to be all well and good, and the people of this province are widely accepting it. And what happened? You practically caused a riot with that comment. I'm surprised you were able to get out of there. He must be quite an athlete, Mr. Speaker, to get out of that meeting that night.

He stood in his place when he had the opportunity to speak and he said, the Minister of Health will be out here. There isn't going to be anything happen in this area without the Minister of Health coming out here and talking to these people. Well have you got her out there yet? Has she taken the time to attend a public meeting there? No, no, Mr. Speaker, no way. The Minister of Health has never darkened the door of a public meeting in Eastend.

Never been there yet, and never will be I predict. Even though she knows she's got a member that his neck's on the line out there. Never been there, never will be there.

The only occasion that she might be there . . . I wonder if she has the courage to go out there when they close the hospital. Do you think she does? Do you think she'll have the courage to go along with you, Mr. Member, when you're out there closing down the hospital and telling everybody how good it's going to be? She'll be there to lock the door, put the padlock on the door.

Well, Mr. Speaker, that's a fine way to run health care services in this province, and that member, I predict, when we get to the conclusion of this Bill, if we ever do — and I'm not so sure we're going to — if we ever get to the conclusion of this Bill, Mr. Speaker, he's going to stand up, he's going to stand up, I predict, and say: this is good for us. We don't need any health care services in Eastend. Even though I represent that constituency — we need that hospital — the padlock's got to go on the place as quickly as possible.

That's what he's going to say. Or is it, Mr. Speaker?

No, I think he'll stand in his place and support his minister in direct, in direct conflict of every principle, in direct principle of . . . in direct conflict of every principle your party has ever stood for.

Mr. Speaker, and we hear him chirping from his seat, chirping from his seat, chirping from his seat about coming down to his area. I'd be happy to come down to Eastend to the closure of that hospital because that's what's going to happen.

We'll go down there and we'll try and say to the people of that area, we'll try and do what we can to save your hospital even though your member won't, even though he won't stand in this legislature and speak out against the closure of his hospital. We'll go down there and try and defend medicare and try and defend health care services if you won't.

There's room in the . . . Mr. Deputy Speaker, there's room in the car for him, too, tonight to go to Leader. There's room in the car for him, too, if he likes to come along. Let's take the member from Shaunavon and the member from Biggar and let's just head on out to Leader tonight, and we'll find out about health care. We'll find out what those people want in health care.

And here's an interesting quote from *Hansard*. The member for Saskatoon Broadway — is it? — the member of Social Services, and here's what she said in this very institution, this very Assembly, while she sat on the opposition side: The health care situation in this province is out of control. We have a drug plan where people are making decisions between groceries and prescription drugs. Too little, too late.

Well if they were making decisions, Mr. Deputy Speaker, between prescription drugs and groceries in 1987, if that was actually true in 1987, what kinds of fundamental decisions are they making now? Are they deciding between groceries and prescription drugs or clothing and prescription drugs or health care services and prescription drugs? Or are they deciding between shelter for their family and prescription drugs? Are they deciding between schooling for their kids or prescriptions drugs? Are they deciding between putting their children into programs like figure skating or hockey or those kinds of things? Are they making those kind of decisions? Are they not allowing their family to take part in everything that everyone wants to take part in society today, or are they deciding to buy a prescription drug?

And, Mr. Speaker, it's something in the order of \$1,720 is the amount of prescription drugs you have to have used in this province before the government will help you now — \$1,720, 150 bucks a month roughly, that you have to spend in this province before this government will help you.

And the member had the audacity at that time to say that people have to choose between groceries and prescription drugs. Well everywhere in this province, Mr. Speaker, people are realizing the choices that have been forced upon them by this administration with respect to health care.

The list goes on and on and on. These people were pretty prolific when it came to talking about health care in this province, Mr. Speaker. They were the great defenders of medicare. And they were so proud of that. Every time that they stood up in this Assembly . . . and the Minister of Health, she used to parade people in here on a regular basis and plead their case for all to see.

(1130)

And they did have a case, a legitimate case, a lot of times. She would point out in the most serious tone she could bring to her lips about the kinds of things that health care are doing to people in this province, Mr. Speaker. She would say to the people of this Assembly how terrible a situation that the previous administration has put people in. And now, Mr. Speaker, we see that member for what she really is. The Dr. Death of health care services in this province.

She made all kinds of comments about what her plans were for health care in this province. The Moose Jaw *Times-Herald*, February 27, 1989, reported, and I quote:

Romanow said the Devine government has caused considerable harm to "the finest health care system in Canada" by "destroying" the prescription drug plans and the dental care program and providing hospitals with inadequate funds.

Well, well, well, Mr. Speaker. That Premier, the fellow who sits in the most coveted chair that he can think of in Saskatchewan, stands up and makes those kind of comments. And now when he gets into government, he will preside over the closure of not one but literally dozens of hospitals around this province.

That kind of reprehensible action, Mr. Deputy Speaker, should allow this member from Riversdale to go down in the history books of this province as not the man who protected health care but the man who destroyed health care in this province.

Twenty-two beds is what our health unit will be restricted to in the Kindersley and region — 22 health care beds. Eighty per cent of the funding for the province of Saskatchewan's health care goes to seven base hospitals in Regina and Saskatoon; 20 per cent goes to rural Saskatchewan.

And now they're saying that we're going to restrict that even further. We're going to cut it down to about 50 per cent or less of what there is out in rural Saskatchewan. And that's fair? That's the wellness, compassionate model that you're preaching around this province today? That's what you're telling the people of Saskatchewan is good for them?

Well, Mr. Deputy Speaker, the people of this province I think would like to see at every one of those hospital board meetings a member of this government sitting at the table and telling them what their plans are for

health care. Because I think it's becoming very clear what their plans are. They're going to tell them . . . they're going to force on these boards the decision to close the hospital.

It's little wonder in my area that you can't find anybody any more that wants to sit on the board. You can't find anybody. They don't want to do your dirty work for you. They don't want to have to be the one that stands up and says, we're going to close the hospital in Eaton, we're going to close the hospital in Eston, we're going to close the hospital in Dodsland, we're going to close the hospital in Kerrobert, and we're going to cut back 50 per cent or more of the beds in Kindersley. I'm not surprised that they don't want to serve on those boards, Mr. Deputy Speaker. I sure wouldn't want to have to be the one to do it.

And then member for . . . or pardon me, the Minister of Health should be the one, she should be the one, if she wants to make the fundamental changes in this province, to stand in her place and tell people what they're going to do.

Mr. Speaker, there are a whole number of people in this opposition group that would like to speak to this Bill. And I think they have a lot of concerns that they'd like to address to the folks of this Assembly and to the people of Saskatchewan. There's a whole bunch of things that need to be said about this Bill, Mr. Deputy Speaker, but prior to that I would like to move, Mr. Deputy Speaker:

That we move to Bill No. 10 to allow discussion on further health care decisions in this province. Thank you.

Some Hon. Members: Hear, hear!

The division bells rang from 11:35 a.m. until 11:45 a.m.

Motion negatived on the following recorded division.

Yeas — 8

Swenson	Toth
Neudorf	Britton
Martens	D'Autremont
Boyd	Goohsen

Nays — 28

Thompson	Pringle
Wiens	Lautermilch
Simard	Calvert
Tchorzewski	Murray
Lingenfelter	Hamilton
Teichrob	Johnson
Koskie	Whitmore
Anguish	Sonntag
Solomon	Cline
Mitchell	McPherson
Penner	Kujawa
Upshall	Crofford
Hagel	Knezacek
Bradley	Harper

Some Hon. Members: Hear, hear!

Mr. Johnson: — Mr. Speaker, the member for Kindersley in his speech indicated that no one was prepared to speak in favour of this particular motion. I'd like to point out to the Assembly that I think that what he is doing is demonstrating what a typical Tory would do. He would fight to the death to protect what his grandparents fought to the death to stop from coming in.

Some Hon. Members: Hear, hear!

Mr. Johnson: — Mr. Speaker, during the past 40 years or so there's been a substantive change in how health is delivered to individuals in the province of Saskatchewan. In fact the health delivery system is changed significantly all throughout North America. And we're no longer in a position where we need to be able to warehouse an individual while they heal up after an operation or after they've had a bout of a disease, because of the fact that the medicine that we now have is much improved. And in the sense the impact of being in a situation where you've found yourself in a hospital, you do not need the requirement of being in there for a large number of days.

And that's what basically the changes that are occurring here amount to. Well, Mr. Speaker, yesterday, along with the Minister of Health, I had the opportunity of going out to Paradise Hill and looking and observing while the agreements were signed between the local people and the Department of Health to bring about the implementation of a new health district. And I think that that's one of things that we have to do if we are going to have things done in a systematic manner that people would appreciate.

Now having the larger districts in place will allow for decisions to be made at a local level. And these decisions then will reflect what the people of that area want. Now that's totally different than the mismanagement that the previous government in this province did when they went ahead and built schools and hospitals with political rationale behind it, and not based on the reasonable and analysing what the real need was in an area. So we end up in that particular case with health facilities being built which did not have a need and were not being used.

Mr. Speaker, as I started out with in saying that the member from Kindersley represented a true Tory in the sense that he was trying to stop improvements in a system that his grandparents stopped to come in, I'd like to say that the . . . give a little bit of information as to what was happening with the hospitals over the past 40 years.

Mr. Speaker, they're fighting against restructuring the health care system in the province of Saskatchewan to remove the inefficiencies, and fighting against implementing services that are cost effective and implementing it in a manner that we can as a society

support. This budget, the budget that was implemented in this Assembly, provides for that particular direction.

I have to ask whether the members opposite realize that the present system is no longer functioning in providing efficient health care. Because the medical technologies that we have, have changed and we are no longer providing health care that in essence is a nursing care. That was what was the basis of the health system as it was developed in the '40s — a place where you could bring an individual in, keep them in an environment where the temperature was controlled, where their food was delivered to them, where they had assistance in other areas of their needs.

Today, Mr. Speaker, you find that the average home will be able to provide that type of an environment at a far less cost than what the hospitals of the '40s were able to provide, and we are simply in a different environment and at a different time. And I think that it is in essence that we have to recognize that the improvements that have taken place in health care, in surgery, in techniques, simply mean that we must adjust our system to fit with that particular improvements that have come along.

One of the things that we have to do is implement larger . . . more areas where we have personnel that are qualified and well-trained and they're backed up by a number of support individuals so that they can provide the services in a high-tech basis of medical services. You might even call it a Star Trek type of health care where we use the operations that today . . . that 40 years ago would have taken probably three or four weeks to recuperate from, today three or four days and the individual can leave the hospital.

So when the members opposite are saying that they need basically warehousing facilities for people to lay in, they are also in the same time saying that they don't need the improved technology that's available, the services of trained personnel, the supporting staff that are in place to make the health care system work.

They also are saying that they're not prepared to look at providing other facilities for moving people quickly to these facilities, for supporting them in their own home after they've had the operation or after they've been sick and maintain a system that is functional and yet is economically possible for them to . . . economically possible for this society to implement.

I find that the member from Kindersley in his speech appeared to be spending most of his time supporting the concept of having a facility in place, rather than looking at providing health services to the individual. And I think that that's one of the reasons why he has approached it in this direction, is that part of the policies of the Conservative government in the '70s had in place was to build large buildings and then put large signs out in front of them and receive the benefits from this, because in essence they were building edifices to what they were doing.

But, Mr. Speaker, that is not what good management is all about. That is very poor management. Especially when you tie the construction of these facilities in essence to political decisions rather than studies that indicate that they're needed there.

You will find in this province at different locations in the school system where the division board has just finished building a school, barely gotten the paint dry on it, and they are now making suggestions that they are going to have to close down the school because they don't have the sufficient students to keep it open.

The former government did not put in place and maintain in place studies and recommendations as to what was really taking place. So they built the buildings and wasted the funds that were available, where the good management would have said that you should not have gone ahead.

I find that the members opposite basically were working on a ribbon-cutting process, pork-barrelling, and that particular type of politics will only last so long before people begin to understand and realize that it is not working. Because if you keep spending the funds in that direction, you will end up eventually wasting a lot of revenue that could be put to a far better use.

The understanding that I have of this new health program called wellness, is one that to me indicates that there is a need for it in this province. And if you go out and meet the people out there that are dealing with it, they will tell you that there is a need for it. They will also tell you that someone had to take the bull by the horns, to say and do something in this particular manner.

An Hon. Member: — Close a hospital.

Mr. Johnson: — Mr. Speaker, the member from Kindersley indicates that he would close a hospital. And I find that when he is chirping from his seat, it's totally different than what he is doing when he is speaking. In fact what he said from his seat, Mr. Speaker, is identically what some individuals in the communities will say when they are trying to assess what is needed and what isn't needed.

Mr. Speaker, the member from Kindersley was attempting to shift the discussion in these districts from something that related to providing a good health care system to going back to their policies of having buildings and ribbon-cutting ceremonies. Mr. Speaker . . .

The Deputy Speaker: — Order. Why is the member for Regina Wascana Plains on her feet?

Ms. Hamilton: — I would ask leave to introduce guests, Mr. Deputy Speaker.

Leave granted.

INTRODUCTION OF GUESTS

Ms. Hamilton: — Mr. Speaker, I would like to

introduce to you and through you to the members of the Assembly, a constituent of mine, Ms. Josie Howard, who has with her today guests from Toronto who are planning to move to Regina. And I would like the members of the Assembly to join me in greeting Justo Oplencia and Edna Alejandro, a brother and sister-in-law who will be moving to Regina.

And I ask that they give them a warm welcome, and I would like to also extend my welcome and look forward to a time to meet them when they're in Regina. I would like to be able to ask the members of the Assembly to join with me in giving them a warm Regina welcome.

Hon. Members: Hear, hear!

(1200)

ADJOURNED DEBATES

SECOND READINGS

Bill No. 3 (continued)

Mr. Johnson: — Mr. Speaker, what this government is moving forward in the area of health care is to bring health care from basically a structure that was implemented in the '40s, a structure that met the conditions of that time very effectively, and then changed and improved over a period of four decades. But the improvements that came were improvements to a system that had been implemented.

Today there is a very great need to readjust the whole system to fit into the improvements, technological improvements, health care advances that have occurred and adjust the base structure to fit these new improvements that are there. And some of that will mean displacement. But in essence, if you look at the objectives of it, it is to maintain good health care to the citizens of the province of Saskatchewan.

Now the members opposite are using their time in this debate like a number of spineless mice, attempting to win political points rather than going ahead with improvements to a health care system. It is without thought and with only political objectives in mind that they have done this.

I would think that you would find, Mr. Speaker, that more of the members on this side of the House will be speaking in favour of the changes that are occurring and speaking from that direction because they have an understanding, unlike the members opposite who bring to this particular discussion the same sensibility as you would find the animals in a jungle.

Thank you, Mr. Speaker, for the time.

Some Hon. Members: Hear, hear!

Mr. D'Autremont: — Thank you, Mr. Speaker. I'm pleased to rise today to join in the debate on this very important matter.

I'd just like to make a few comments on the comments

made by the member from Turtleford. We went through this House yesterday with the Speaker making a ruling on the use of animal names in this House. And again the member from Turtleford uses the term spineless mice in descriptions. Mr. Speaker, if that is indeed the case of the members in this House, I would suggest that relates directly to the Minister of Health in her lack of attending any meetings in the rural areas to discuss health care.

Mr. Speaker, this legislation will enforce the NDP member for Regina Hillsdale's new health districts on this province. Mr. Deputy Speaker, this Minister of Health, as pointed out by my colleague, the member from Rosthern, is the Dr. Kevorkian of the Saskatchewan health care system. Her statements are, let us help you; let us help you commit suicide, is her message, Mr. Speaker.

I'd like to speak to a Bill that will entrench the NDP's new health structure into law. This legislation is feared out in rural Saskatchewan, Mr. Deputy Speaker, feared and dreaded. It is feared that this legislation will legitimize the closure of hospitals in rural Saskatchewan. People out in rural Saskatchewan have every right to doubt that the NDP government is doing . . . what it is doing in health care regions in this province. They have witnessed first hand what the NDP's health reform proposals look like. The NDP's wellness model essentially means get well, stay well, or farewell.

That has been obvious, Mr. Deputy Speaker, since day one of this Bill. It has been evident since the minister's so-called wellness model was leaked to the opposition and the media last year. The NDP's wellness model amounts to nothing more than an attack on our health care system, Mr. Speaker, and this Bill will enhance that attack.

I'd like to talk a little bit about the hospitals in my constituency, Mr. Speaker. We have four hospitals — Gainsborough, Oxbow, Redvers, and Arcola. And in fact at the Oxbow Hospital, Mr. Speaker, there will be a grand opening on the 2nd. And it's my fear, Mr. Speaker, that the grand opening of the Oxbow Hospital will be the last hospital to open in Saskatchewan. It will definitely be the last hospital to open in rural Saskatchewan if this Bill goes ahead, as the Minister of Health wants and as this government wants.

The hospitals in my area . . . in Redvers we have 21 beds of which the government is funding 14.6. I'm not sure what you'd do with the other .4 of that bed, Mr. Deputy Speaker, but that's what they're paying for — 14.6 at the present time.

In Oxbow we have 10 acute care beds and 12 long-term care beds. In Arcola, we have 18 adult acute care beds, two level 4 beds, and 4 pediatric beds. Mr. Speaker, in Gainsborough we have 10 acute care beds and 12 long-term beds. And again, in this hospital, the funding is 17.3 beds.

Now under this new proposal the people in the area

would like to know how many beds are they going to have left. When you drop this from these numbers down to 1.25 to 1.5 beds per thousand people, how many beds are going to be left, Mr. Speaker — 15 beds, 20 beds? What's the numbers going to be?

People need these beds, Mr. Speaker. We live in the very south-east corner of the province. It's 165 miles from my home to come into Regina. It's another 35 miles south-east of me to get to the edge of my constituency. These people would have to drive 200 miles, Mr. Speaker, to come to a hospital in Regina.

So where is their hospitals going to be? If they go to Estevan, which has a very good hospital, they're looking at a maximum, perhaps from the very eastern edge of my constituency, of 100 miles. If they go to Weyburn, they're probably looking at a total of 130 miles.

Mr. Speaker, how many times do accidents happen? And while we try to do what we can to prevent them, they do indeed happen. There are farm accidents. There are motor vehicle accidents. We're in the centre of the south-east oilfields. There are a number of accidents in that industry.

Where do you take these people, Mr. Deputy Speaker, when there is an accident and when there is an injury? You just can't say, well we'll take them to the hospital if the hospital is in Regina or Estevan or Weyburn. Perhaps all you should be doing is sending a hearse out rather than an ambulance, because in some cases, Mr. Speaker, that's all you'll be doing.

We need to have the hospitals in rural Saskatchewan, Mr. Speaker. The people in my area have sat down together to work on the proposal of the district health care regional boards. They don't like it, Mr. Speaker, but they have sat down to try and do some work with it because they have been told, either you sit down and do the work or the Minister of Health will assign you, will impose the boundary structures on you and who you will associate with.

Now this government talks a lot about openness and honesty. Mr. Deputy Speaker, I suggest to you that it is not open and honest to impose the boundaries on the hospitals.

The hospital boards are duly elected, Mr. Speaker, the members are elected as town councillors, as RM (rural municipality) councillors, and then appointed to sit on the health boards. They are elected by the people in their area. They have a right to make the decisions, not the Minister of Health and not the Minister of Health's appointed representatives to any district health board. Because who is the Minister of Health going to appoint?

We've heard comments that none of the elected people in the areas will be entitled to sit on the boards because, Mr. Speaker, if they appoint an elected person to that board, they have a responsibility to the people who elected them. The Minister of Health does not want to have the people sitting on her appointed

health boards as being responsible to the people of their area. Because, Mr. Speaker, it is the Minister of Health's position that she will dictate to the health boards what they will do and they will not be taking their direction from the people living in the area.

Also when the district health boards, as appointed by the minister, make their decisions, the minister can deny that she made those decisions. And the people who are sitting on these district health boards, in most cases will not be seeking to be elected to such a position because they know once they have made their initial decisions, they will be very unpopular and they will be unelectable.

What form are these district health boards going to take, Mr. Speaker? Where are they going to be . . . how are they going to be put together? What groupings will there be?

In my area we have both east-west traffic and north-south through the constituency. It's been proposed that on an east-west line that the hospitals at Midale, Estevan, Lampman, Oxbow, and Gainsborough, should be perhaps one area. And that health district may even go further west and take in some of the hospitals at either Bengough, Pangman, perhaps Radville — I'm not sure if there's a hospital there. That would make a fairly large area, Mr. Speaker. And with that area you would have Estevan sitting in the centre.

The other hospitals, I would suggest, Mr. Speaker, would be very good candidates for closure, if you're looking at a hospital bed density of 1.25 beds per thousand people. Now that is going to create a great deal of hardship for people that need acute care beds on an emergency situation. It's going to create a great deal of hardship on people that have children in the hospitals. If they have to travel 60 to 100 miles to visit their child every day, that's going to impose a very severe financial penalty on these people.

And so what has the minister done by creating these larger health districts? She has transferred the costs of health care from the government to the individual citizens of this province, Mr. Speaker, because they are the ones that are going to be paying the transportation costs; they are the ones who are going to be spending their money to provide themselves or their children with health care, and the government is abdicating its responsibilities.

Again on an east-west line through my constituency, Mr. Speaker, it's been suggested that perhaps Redvers, Arcola, Stoughton, Weyburn, Fillmore, and perhaps hospitals further west from Weyburn would be amalgamated into a larger district health board.

And again the same problems, as I outlined earlier, would be the result of this type of a situation, where you would have one large hospital in Weyburn with the potential of closing all of the other hospitals with that 1.25 density, and you could be driving 130 miles from the eastern side of the province to Weyburn.

And right now that Redvers hospital is servicing not just the people in the Redvers area, but it also services people who live in Manitoba. And they pay health care monies into this province, Mr. Speaker. They are a net bonus to this province because their support costs come from the Manitoba government, not from the Saskatchewan taxpayer. And by creating the hospitals 130 miles from the border, in the case of this description, you would lose all of that support.

And in fact, Mr. Speaker, from that area, from Gainsborough and from Redvers area and along the Manitoba border, there are a large number of people, Mr. Deputy Speaker, who go for their next level up of health care, go to Brandon, Manitoba. They do not impose the costs on the regional hospitals in Regina. If those people are forced to come into the Regina hospitals, it creates added costs for the families. But it will also create added costs, Mr. Deputy Speaker, on the system in Regina because there will be a greater need for more beds within the city hospitals.

Another alternative, Mr. Deputy Speaker, that has been suggested, is to go on a north-south line throughout my constituency in the very south-east corner of the province. And that would include the hospitals of Gainsborough, Oxbow, Redvers, Arcola, Stoughton, Wawota, and perhaps Moosomin and Whitewood. Within this area, Mr. Deputy Speaker, there are no large, regional hospitals. And yet that would meet the population requirements as set out by the Minister of Health and perhaps, I was going to say, even the Minister of Finance in her imposition on the health care systems. Because in a lot of these cases, Mr. Deputy Speaker, it is the Minister of Finance who is driving this health care system today. It's not a matter of care, it's not a matter of wellness, it's not a matter of compassion for the people of Saskatchewan, it's simply a matter of the Minister of Finance and her money.

If you go on a north-south line through my constituency, Mr. Deputy Speaker, again we are faced with the situation that some hospitals will remain open and some hospitals will close. The largest hospital in my constituency, Mr. Speaker, the Arcola hospital, is one of those hospitals that is in need of renovations. And the people of the area have put their money together to make the necessary renovations. They have over a half a million dollars set aside for their share of any renovation costs, as do the people of Redvers, Mr. Deputy Speaker. They have their money.

(1215)

But under the minister's wellness model, what will happen to any possible construction in their communities? Perhaps they will be closed down rather than having their hospitals brought up to modern standards as the people in the area wish, and as they're prepared to pay for. They have raised their money.

If you close those hospitals, particularly the Arcola hospital, where it's situated as being the largest hospital in the area, what do you do with those

people? Is the government going to build a new hospital some place else to facilitate the patients? I would suspect not, Mr. Deputy Speaker. I would suspect that the government is going to say no to any construction and that you're going to have to go to one of the major hospitals that are already in place.

And if that happens, Mr. Deputy Speaker, what happens to the money that these people have in place already? We saw what happened earlier in the 1970s when there was hospital amalgamations, when there was school board amalgamations. The provincial government said, that is our money, even though that money was raised by contributions, by donations, by the local taxpayers in that area, money that was collected from the property tax base, voluntarily by the people in the area. That money, Mr. Deputy Speaker, was stolen from those people and given to the coffers of the provincial government.

Well, Mr. Deputy Speaker, I know that the people of Redvers and the people of Arcola are not prepared to allow that to happen in this case. If the government tries to get their hands on this money, they will turn around and give it back to the people who donated it or they will spend it on the current facilities that they have in their communities. Whether the government approves it or not, they are prepared to go ahead and do something with their money and not allow the government opposite to have their hands on it.

And what has happened within the hospitals in this city, Mr. Deputy Speaker? What's happened at the General Hospital under the government's wellness plan? One of the things that's been brought to my attention was that the government had a number of I believe they're called interns working in the emergency section of the hospital. But because of budget cut-backs the government let the 10 interns go, that they did not . . . they graduated out of there and they did not refill the positions.

And so the students of this province going through the medical system had 10 less job opportunities in this province. And there are 60 students who are moving through the medical schooling through the universities who are coming out now and should be going into the internship programs within the hospitals. Of those 60 students, Mr. Deputy Speaker, 50 of them have found jobs in Saskatchewan or in Canada. The other 10, Mr. Speaker, have not found those positions. And so what will happen to them? Well, Mr. Deputy Speaker, those students will go to the United States. There they can continue their education; they can continue their internships.

And when they graduate and receive their degree as a medical doctor, will they return to Saskatchewan? I would suggest not, Mr. Deputy Speaker. I would suggest that once they leave this province, either to go to some other place in Canada or to go to the United States, they will not be returning. We have invested in their futures; we have invested in their educations, Mr. Deputy Speaker. And because of the actions of the Minister of Health, we will not be getting the benefits of that investment. Others will get the benefit but we

will not.

And this is happening at a time when our rural hospitals are crying out for doctors. They're crying out for our students, Mr. Deputy Speaker, to stay in this province and provide medical services in rural Saskatchewan. The lack of doctors in rural Saskatchewan has been a great problem for quite a number of years, Mr. Deputy Speaker, for a variety of reasons. But the actions of the Minister of Health does not aid in that.

When the government proposed this new legislation, they went around the province and said, this will not affect property taxes; the cost of medicine in this province will not be imposed on the property taxpayer of this province.

Well somehow or another that doesn't seem to be the case. Presently under The Union Hospital Act, Mr. Deputy Speaker, the taxpayers of this province provide about \$23 million in support of hospitals. They do this through the levies requested by the union hospitals, of the rural municipalities and the urban municipalities. The union hospital district asks for a levy from those municipalities and the municipalities have agreed to pay.

But under this Union Hospital Act, once the Minister of Health brings in her new wellness model, there will be regional health districts, not union hospitals. And so The Union Hospital Act will no longer apply.

So what is the government proposing? Well they've said they're not going to put any extra taxes on the property tax base. They're not going to be taxing property taxes under this wellness model. Well indeed under the Bill there is no provision for taxation. But there is The Hospital Revenue (tax) Act. And, Mr. Speaker, that will be the vehicle with which the government taxes property owners of this province to pay for their cut-backs in health care.

That levy under The Hospital Revenue Act is currently at 2 mills. The reason The Hospital Revenue Act was set up was to bring in those areas of the province, those municipalities, those villages, that may not have been part of a union hospital district. Under the union hospital district they were assessed levies by the union hospital district. If they weren't in the union hospital district, they were not providing any funds towards the hospitals in their areas, in their communities.

So the government felt that that was unfair and that they should pay a portion; therefore The Hospital Revenue (tax) Act. And it was designed to supplement The Union Hospital Act, not to be a taxation method on property taxes across this province. But that is how this government will use it.

They can set by order in council the tax rate, whatever they may wish to set it at. And we have seen, Mr. Deputy Speaker, that in taxes this government knows only one direction and that is up — from 7 to 8 per cent on the provincial sales tax; this past budget from 8 to 9 per cent on the provincial sales tax. Only one

direction, Mr. Deputy Speaker, and that is up. And that will be the direction that their Hospital Revenue Act, tax Act takes will be to ever increase the mill rate to provide funds for the regional hospitals.

The government has also said that those hospitals in the communities that are already in place to which they have cut funding, if the community wishes to they can levy themselves a tax and supply funds to support the hospital.

Well in some communities, Mr. Deputy Speaker, that will probably happen. Some communities will value their hospital enough to be willing to pay extra for it. And some of those communities, Mr. Deputy Speaker, will be able to afford to do so. But other communities will not be able to afford the extra taxation levels that would be imposed upon them by such a decision.

So in the end, what do we end up with, Mr. Deputy Speaker? We end up with a two-tiered hospital system within this province, two-tiered — one for those that can afford to pay, and one for everybody else. And this is from the government that claims to champion the rights of the poor and the underprivileged.

This government does not care about the poor and the underprivileged. They only care about their budget. If they did care about the poor and the underprivileged and the ill and the lame in this province they would not be bringing forward this health care Bill. They would be supporting health care in this province, not destroying it.

An example of how the health care system as designed by the Minister of Health will work in this province can be seen in what is happening up at Prince Albert. There were two hospitals within that community — Victoria Union and the Holy Family Hospital.

Well once the district health board was put in place, they did a review of the system and they considered a number of options. And one of those was to turn the Victoria Union Hospital into a single acute care facility and make the Holy Family Hospital a long-term care centre. Another was to make the Holy Family the acute care facility and make the Victoria Union a long-term care. Or else to split up the services between each hospital and to focus medicine and surgery and intensive care, psychiatry, and emergency services at Victoria Union, with obstetrics, pediatrics, and long-term care at Holy Family.

And so what was the result of this study? Mr. Speaker, the result was that they took option one. They made Victoria Union into the single acute-care facility and Holy Family into the long-term care facility.

Well, Mr. Speaker, that may work very well in Prince Albert, because Prince Albert had two hospitals. They now have one, but they did have two. But what do you do in towns like Beechy that only has one hospital? What do you do in towns like Redvers and Arcola which only have one hospital?

If you close one of them, there is no hospital. Whereas

the people in Prince Albert are still only minutes away from their hospital, in a good portion of rural Saskatchewan, Mr. Deputy Speaker, the people of this province will be hours away from a hospital — not minutes.

We've also seen how the government, through their district health boards, cut funding to the Wascana Rehab Centre; eliminated the pediatric ward there. It was only because of the intervention of the parents and the official opposition that a number of those beds were returned to that facility.

Well those beds were returned to that facility, but the money was still cut from the system by the Minister of Health. And so that just means that there's going to be cuts to somebody else within the system, not that those beds were returned and being paid for.

The next constituency west of mine, Mr. Deputy Speaker, is Weyburn. And in Weyburn the Souris Valley Regional Care Centre has had a major cut in its funding. The government told this centre that they were going to be getting a 12 per cent cut in funding. But when they got all the numbers and worked them all through and looked after their employees, Mr. Speaker, what it amounted to was 20 per cent less money for the operations of that hospital. Not 12, but 20 per cent less.

What this means, Mr. Deputy Speaker, is that they will be eliminating staff. At least 50 to 55 people will be released from that centre, will be fired, Mr. Deputy Speaker.

And when these people are fired, they will receive a severance package. And that is part of the discrepancy in the numbers. It's applying that severance package to those health care workers which will be fired, which if they wish to continue to work in the health care services are going to have to leave this province. And again that erodes our tax base.

And rumour has it, Mr. Deputy Speaker, that within five years the Souris Valley Regional Care Centre will no longer exist. Will no longer exist. What happens to the community of Weyburn if all 400 people who are employed at this centre lose their jobs? Well you'll be able to buy a cheap house there. But if you're trying to sell your house, Mr. Deputy Speaker, it's certainly not going to be a very enticing market.

Mr. Deputy Speaker, the Minister of Health knows that this Bill is vehemently opposed, not only by the residents of Saskatchewan but also by the health care providers affected — such as the people at the Souris Valley Centre. They're opposed to what is happening here. Two health care unions — CUPE (Canadian Union of Public Employees) and I believe the other one was SGEU (Saskatchewan Government Employees' Union) — two unions in the Weyburn area went public with their distrust of the NDP health plan.

These were former sympathizers of the NDP Party who are now publicly opposing the government and

their plan. These people no longer trust the NDP, Mr. Deputy Speaker, because the government has betrayed them. It has betrayed those that they asked to walk the picket lines.

Just go outside the door, Mr. Deputy Speaker, and ask the people who are out there today, that are walking the picket lines for the SGEU, what they think of this government and its actions. Mr. Deputy Speaker, ask those who attended question period here a few days ago and whose response to the Premier's questions were, where is your concern for workers today, Mr. Premier? That's what they said. They had concerns and they felt that the Premier of this province was not concerned about them and their welfare. He was concerned about the Minister of Finance's budget but not about the people of this province.

(1230)

In the last session the official opposition was provided with a copy of the NDP government's new health care proposals. It was our first glance at the NDP government plan, a plan to offload not only the responsibilities of health care onto boards, but a plan that would also offload the costs of health care system onto the taxpayers, onto the backs of the property taxpayers of this province. Well, Mr. Deputy Speaker, as we've seen, these boards will have their work cut out for them. We have new health boards in Prince Albert and Saskatoon and Regina and we've seen evidence of their work. Already they're starting to close hospitals and close wings.

Every time there is a controversial matter to handle, the minister passes it off. Time and time again we hear the minister claim that she is not responsible for the board's actions. The minister is not responsible for her department, it seems. Is it safe to assume that once all the health care districts are formed, that the Minister of Health, who no longer has any responsibilities for health in this province, will step down, that we will no longer need a Minister of Health within this province? She won't be responsible for anything, Mr. Deputy Speaker; she may as well step down.

And her cabinet colleagues, they are also disavowing any responsibilities for their department, such as the Minister of Education. Perhaps they should all step down and save this province about \$9 million. That'll help keep a few of the hospitals open.

Mr. Speaker, the new boards in Prince Albert and Saskatoon and Regina were all appointed by the Minister of Health. She refused to listen to the opposition when we suggested that these boards be elected. She wouldn't even listen to some of her own back-benchers.

It's funny that months after the opposition demanded the health boards be elected, that the member for Regina Victoria agreed. It's funny how it took . . .

The Deputy Speaker: — Order. The member should be careful not to involve the Chair in any way in the debate.

Some Hon. Members: Hear, hear!

Mr. D'Autremont: — Can I have a point of clarification, Mr. Deputy Speaker, about clippings?

Well, Mr. Deputy Speaker, the members from the opposition . . . from the government side of the House have disagreed with what the Minister of Health is doing. It has been reported in the newspapers that the Regina Health Board . . . and I'll just read you the quote:

The Regina Health Board has done a poor job of communicating to the public about the changes it has made to the city's health-care system so far.

And this was made by one of the members opposite, Mr. Deputy Speaker. This was made by one of the government members. He went on to say:

"It's frustrating for me, not only as a member of the legislature, but also as a resident of Regina, to see the way health-care decisions are being made by the Regina Health Board," . . .

And I would agree with him on that. It is frustrating to see the way that they're doing that. Just take a look at what happened at the Wascana Rehab Centre. A wing of pediatric care was closed with no consultation with the parents. The parents themselves had to come in to have a meeting to discuss the situation. They approached the official opposition and we brought forward their case in this Assembly. And only then, when the parents were up in the galleries, and the official opposition was asking questions, did the Minister of Health relent, did the Regina Health Board relent, and continue to provide that service in this city which was not available anywhere else in southern Saskatchewan. Only then were they willing to relent.

The member of the government went on to say that:

The board, a six-member panel appointed last year by the provincial government, governs Regina's hospitals . . .

The minister appointed them. They're not representatives elected by the people of Regina. They're not representatives elected from some other jurisdiction within Saskatchewan. They're appointed by the government — hand-picked appointments by the Minister of Health to make the decisions she wants to get done within the health care system, to make the decisions she wants made within the district health boards.

It doesn't matter what the people in Regina want. It only matters what the Minister of Health wants. And she gets what she wants by hand-picking her appointments to the regional health boards.

This health board, Regina Health Board, the hand-picked members by the Minister of Health were involved in another controversy in this city in

December, when that board made the decision to remove the Victorian Order of Nurses from home care. The people of Regina were happy with the Victorian Order of Nurses and the job they were doing within this city. But it wasn't good enough for the Minister of Health and her regional health board.

And one has to sit back and wonder, why is this the case. If the Victorian Order of Nurses was providing good service, if they were providing efficient service . . . And the fact is they provided their own administration costs; they raised their own monies — I believe it was 175,000 or \$195,000 a year — to provide their own administrative costs, at no cost to the government. They were providing these services that the people wanted and needed and liked. Why eliminate them?

Well, Mr. Deputy Speaker, one can speculate. One can speculate after seeing what has happened in Prince Albert with the closure of one of the hospitals there, that perhaps one of the hospitals in Regina is also slated for closure.

Well when the Victorian Order of Nurses was eliminated from the home care providers in this city, the home care board hired their own nurses. So what did they do? They turned around and they hired the nurses who were working with the Victorian Order of Nurses. So in most cases the nurses themselves continued to have employment, but now they're employees of the Regina Health Board and home care. They're now within the union structures within the hospitals.

If one of the hospitals in Regina were to close, all of a sudden you would have a large number of nurses from that facility who would become unemployed. But you have approximately 60 positions within home care of new people within the union structure. That would allow the nurses from the closed facility within Regina to bump those nurses from their positions.

Is the move to remove the Victorian Order of Nurses from home care in this city simply a move to allow the unions to bump from a closed hospital in this city into those jobs and therefore depriving those nurses of the jobs that they have had, in some cases, for a good many years? But because they had to transfer from the Victorian Order of Nurses to home care board, they are now junior to the nurses which would be available from a closed facility within the city.

The member from Regina who's quoted in this *Leader-Post* of January 20, 1993, went on to talk about the appointments and the election of the people to the health care boards. And he felt that they should be elected, and I would agree with that.

The people on any district health care board should be elected by the people they represent. They should be elected by the people they represent from the beginning of the regional health board's amalgamation. It shouldn't be done down the road a year or two after all the hacking and slashing has been done. It should be done at the beginning and they

should be given the power. If this Bill is to go through, they should be given the power to make those decisions within their district.

And those decisions that they may make should be able to include funding. They have a current budget within those districts, within those hospitals, and that funding should be continued. They shouldn't simply be put into a position of saying, well the Minister of Health has cut half of your budget so you make the decisions as to what you're going to do here. That's not democracy. That's just simply imposing your will on them. The people need to be elected.

One concern that I have heard is that with the regional hospitals within the cities that also have a large number of people coming in from rural Saskatchewan for their medical care, that if you don't . . . if you just simply have elections then there is no representation on the hospitals in the city for rural people.

Well, Mr. Deputy Speaker, I believe that can be accommodated also. Members could be elected from the district health boards in rural Saskatchewan to sit on a regional hospital board. There's no reason why they have to be appointed. They could be elected from the people that are already . . . have been elected once within their areas. They could choose from amongst their own members someone to sit on a regional health care board.

And that is democracy, Mr. Deputy Speaker. What the Minister of Health proposes has nothing to do with democracy. It simply has to do with her imposing her will on this province.

I'd like to quote another gentleman that's also quoted in this piece, Mr. Earl Longworth, who said:

by concentrating only on cuts and revenue increases, the government was courting disaster.

"I don't think either one of those alternatives are going to do anything," Longworth said. "We've got to get people working again right now. We're losing 4,000 (residents) from Saskatchewan every year, and every year you're asking for more money from fewer people.

Longworth said the government appears to be operating without a plan on both economic development and health care.

And he's right. This government does not have an economic plan, and their plan for health care is simply the destruction of the system as we have known it in the province of Saskatchewan.

Mr. Deputy Speaker, the NDP caucus must have fought long and hard over the election and appointment of board members because Bill 3 now includes that a portion of the board be elected. Unfortunately, it does not go far enough, Mr. Speaker. The government opposite has talked of democratic

reform. Well perhaps to them democratic reform means that you eliminate elections and you simply appoint people. That seems to be the policy of the federal Liberal Party. In fact a suggestion that came out of Saskatoon in the paper the other day was that a party simply pick its leader and that leader will pick his government, that you'd only need one election.

Well, Mr. Speaker, that is not democratic reform. Democratic reform is letting the people affected have a say and a vote, a secret ballot where they express their opinions and their desires. Appointments are not democratic.

The minister does not tell us what the district boundaries will be. The Minister of Health maintains that it is up to the communities to work cooperatively, to work together in determining the districts. She claims it is up to communities to join whatever district they want.

Well, Mr. Speaker, in my own constituency here earlier this week, there was a meeting of a number of the health service people. And they met with a Mr. Rus Duncombe from the minister's department. This meeting, Mr. Deputy Speaker, did not go off all that well because the people in the area had just heard that their hospitals would be limited to a 1.25 to 1.5 beds per thousand people. And that meant the elimination of a good number of facilities and a good number of beds in their area.

Mr. Speaker, it's that kind of a decision that creates the conflict — not the cooperation that the minister talks about, but conflict between communities. Because which community is going to be the one to close? Which community is going to volunteer to have their facilities closed? Or which community is going to be ordered by the appointed health boards to have their community hospital closed? Mr. Speaker, none of these communities are prepared to accept having their hospital closed. They don't want to be forced into a district. These communities want to have time to look at the situation, to study it, and to make up their own mind on how these health districts should be structured if they're forced into one.

There's been a number of meetings around my area by the local concerned citizens in the formation of a health care district. And the government has sent people out. They've sent department people out from Weyburn to these meetings. Not once in a good number of meetings has the Minister of Health been out to one of these meetings. Not once has one of the NDP back-benchers been out to one of these meetings.

No, Mr. Deputy Speaker, the government is hiding. They don't want to have their neck on the line out there. They send some poor bureaucrat out to try and defend what's going on.

(1245)

But when they send a bureaucrat out, do they give him the information? Not a chance. They don't tell him

anything. Or if they do give him some information, there's no truth to it. They come out and all they can say is: sorry, we don't know; sorry, that hasn't been decided; sorry, the minister hasn't told us yet.

Well, Mr. Speaker, the minister is asking the people of Saskatchewan to make up their mind and she's not giving the information with which to do that. This Minister of Health is simply hiding behind her oak doors and avoiding the public while imposing her decisions on them.

The minister claims that she has consulted extensively on the NDP wellness model and the NDP health district proposals. Well I don't know who she's consulted with, Mr. Speaker, because I don't know of anybody in my community that's been consulted with. The people from the department come out and have no answers. They have no information. So how do you call that consultation? I'm sure that they have got their earful a number of times.

And fact is, one of my local reeves, when asking about funding and the department person kept saying they didn't know; they didn't know what kind of tax structures were going to be imposed; they didn't know where the funding was going to come from, pulled down his glasses and looked over the top of them and asked the department person: what do you think, money grows on trees?

And that's what they're concerned about. Where is the money going to come from and who is going to pay it? Because the property tax people in the municipalities, in the villages and towns of this province cannot afford to support the health care system that is being cut by this minister.

We now have Bill 3 and if the communities do not form districts shortly after this legislation is passed, the Department of Health will designate districts. The minister has said she is going to give them ample time to get together, to cooperate, and to form health care districts. And I guess the Minister of Health has defined to the province of Saskatchewan what ample means because from the time of that statement, ample time means August 17, 1993.

Now it doesn't matter whether or not the people in the communities have had the opportunities to get together and to make a decision amongst themselves because the minister has defined ample as ending on August 17. Mr. Speaker, that is not right. The people of this province need the time to sit down and work this through, with information — not with this information but with the truth and with the real information.

Madam Minister, if you and your officials have already established these districts, these outlines, if you know what the districts will look like, please share them with the people of Saskatchewan. Let us know what you are thinking we should have to have imposed on us. The people of Saskatchewan need to know what the government's ideas are. And perhaps the statement by Mr. Longworth is indeed correct, that this government does not have a plan for health care.

The minister should tell the communities which direction she thinks they should go, and then consult with them. Let them know what she has in mind and see what they think about it, not the other way around. Give them half the . . . give them none of the information, ask them to come up with some ideas and some suggestions, and then tell them what you're going to do. That's wrong, Mr. Deputy Speaker. She should show them the proposed districts and then go out and consult.

Madam Minister, you know where you want these districts to go, so come clean and tell us now. You must know or it wouldn't be within the department's ability to make these assignments. The department isn't making these decisions; it's coming from the Minister of Health when she assigns where these boundary cut-offs will be.

Assure the communities that the NDP government will work with them, not against them. Assure rural Saskatchewan, Madam Minister, but this time keep your word.

Regional meetings . . . at these regional meetings that have come out, it's just been the department flunkies, Mr. Deputy Speaker, that have come out there and they have not provided any answers. And it should be up to the minister and her back-benchers and her cabinet colleagues to come out and explain her plan to rural Saskatchewan, not simply impose a plan that no one knows about.

The NDP have always claimed to be the only political party that could save health care in Saskatchewan. They have always claimed that they would restore health programing and that they would increase funding. Well we all remember the NDP demands for more money, more money for health care. I remember back to I believe it was the 1987 or '88 by-election in Gravelbourg, where the members opposite spread the rumours that if you elect a Tory, they'll close your hospital. There will be no hospitals left in this constituency. Well, Mr. Speaker, that was not the case. And the people of Assiniboia-Gravelbourg did elect a Tory.

But this time what's going to happen? This time their hospitals are indeed in trouble. Some of their hospitals will indeed close if the Minister of Health gets to go ahead with her plans. When in opposition the members opposite demanded more money for education, more money for SGEU employees, more money for hospital beds, no more waiting-lists. No more waiting-lists.

One of my neighbours, about three weeks ago, Mr. Deputy Speaker, suffered a collapsed lung. He needed an operation to repair it. He stayed in the general hospital for approximately two weeks before he could get a bed to get his operation done — two weeks with a collapsed lung. And this is an improved health care system.

The member from Regina Hillsdale even said people were dying on waiting-lists for surgery and that her

party would fix this when they formed government. Well they've certainly fixed it, Mr. Deputy Speaker, because now the people will simply go there and die and not have to worry about surgery.

Well there's been no more money for health, no more money for education, no more money for SGEU employees, no more hospital beds. And, Mr. Deputy Speaker, there are still long waiting-lists — long, long, waiting-lists. No one has died, but then that accusation wasn't accurate when the Minister of Health made it either.

Mr. Speaker, the NDP mediscare tactics were employed each and every time the previous administration tried to improve or modify the health care system. They always said every time something was done in health care that the previous government was destroying the health care system.

I'd like to refresh the member from Regina Hillsdale's memory on this, and I'll quote:

The opposition is going to fight these (health care) cut-backs and these changes to medicare. It's going to fight the erosion of the principles of medicare . . . I feel rather certain we'll be having a change of government next time around and then the public isn't going to have to worry about these problems.

The Minister of Health, from *Hansard*, August 21, 1989.

Well now she is the Minister of Health, and what has she done to resolve these worries that the principles of medicare are being eroded? She continues to cut. That is what the minister . . . the member from Hillsdale thought and meant. She was simply saying it, Mr. Deputy Speaker, to get elected, not because she had any real concern for the health care system of this province. This is just another example of the hypocrisy, the NDP's hypocrisy in regard to health care.

I would like to throw some of the NDP Health minister's comments back at her because they certainly apply here, Mr. Deputy Speaker. And I'll quote again, from the *Leader-Post* of April 19, 1991: "Why should the sick and elderly carry the burden of your incompetence?"

Indeed, Mr. Deputy Speaker, why should the sick and the elderly carry the burden of the Minister of Health's incompetence? I ask that member the very same thing. Why, indeed, should they have to? After all, it is that government that eliminated the seniors' heritage fund, took it right away from them, eliminated the seniors' heritage fund, took that little bit of money away from them, at the same time you started charging user fees on chiropractic and optometric services. They started charging user fees at the same time that they reduced the health care funding.

They also announced last year the elimination of fundings to level 1 and 2 care homes. Home care was

to pick up the slack. But for those people that did not have homes, what were they to do? If the facility is closed and you don't have a home, home care isn't going to do you a lot of good.

And their increase in the funding to home care was not anywhere near enough, Mr. Deputy Speaker, to cover the additional costs that the government was downloading onto the home care system by eliminating level 1 and 2 care.

They reduced the funding to health care. Considering the following quote from the *Leader-Post* of March 26, 1991.

NDP health critic . . . (the member from Hillsdale) immediately accused the government of eroding the health care system by starving it of money.

Well if the previous government was starving the health care system by giving 2 and 3 per cent increases, what does it mean when you give it a 3 per cent cut? Are you simply killing it, or are you slowly starving it to death? Mr. Deputy Speaker, I would suggest that you are more than slowly starving it to death, you are outright killing the system.

Or this quote from the Minister of Health, from the *Leader-Post* November 20, 1991.

The Conservatives cut back on public health nurses, provided stingy increases for home care and slashed programs.

Stingy increases. I wonder what kind of words the Minister of Health would use for a government that cut 3 per cent. Stingy hardly seems appropriate, Mr. Deputy Speaker. Stingy is a word that was used with increase, but certainly not with decreases.

It sounds like the opposition has felt that health care was deserving more money. While in opposition, that's what the NDP said. Health care deserved more money across the board. That we needed more and better services. But all of a sudden, on October 21, 1991, that care and concern ended. There no longer was a need for more money in health care. There was no longer a need for compassion. There was no longer a need for home care, for level 1 and 2 care in this province.

All that changed, Mr. Deputy Speaker, on October 21, 1991. While the members were in opposition, they were demanding more money. But that ended. That ended on October 21, 1991. The previous administration did provide that more money. They did build the nursing homes. They built the hospitals.

And the member for Turtleford was complaining in his speech that the government did indeed do those things. That they had built level 1 and 2 care facilities, level 3 and 4 care. They had built hospitals.

Well, Mr. Deputy Speaker, when people are sick, they want to have a facility to go to. When a mother is

giving birth, she doesn't want to have to do that on the sidewalk. She doesn't want to have to do it in the back of a vehicle rushing to a hospital a hundred miles down the road. She wants to do that in her own community. She wants to do that with the people she knows, with her own doctor, not somebody in a big city some place that she doesn't know.

And that is the kind of health care system that the members opposite are proposing. A health care system that takes people out of their home communities, that takes people out of their own area, that forces people into large, impersonal facilities, institutions, without a friendly face — that is what the Minister of Health envisions as a wellness model in this province.

Mr. Speaker, it isn't fair on the member from Riversdale. She wasn't the only NDP member that demanded more money. They were all guilty, each and every one of them. The member from The Battlefords is guilty. The member from Saskatoon Broadway is guilty. The member from Moose Jaw Wakamow, now the Associate Minister of Health, is guilty. The member from Moose Jaw Palliser, the member from Regina Elphinstone, the member from Regina Rosemont, and the member from Saskatoon Riversdale — they are all guilty.

The Deputy Speaker: — It being 1 p.m., this House stands adjourned until Monday at 2 p.m.

The Assembly adjourned at 1 p.m.