

EVENING SITTING

The Speaker: — Yes, why is the member on his feet?

Mr. Solomon: — Mr. Speaker, with leave I would like permission to introduce some guests.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Solomon: — Thank you, Mr. Speaker. It's my pleasure this evening to introduce to you and through you to members of the Assembly a number of Cubs from my constituency. Seated in your gallery, Mr. Speaker, are 24 Cubs from the 87th pack, ages 8 to 11 years of age. They are accompanied by Bev Landry, Carl Lazurko, Bob Seiferling, Don Dickson, and Martin Bailey.

It's a particular pleasure for me to introduce these Cubs to you this evening because I'm an honorary member of this pack. I would look forward to meeting with them after their tour. And as a matter of fact I have their scarf hanging in my constituency office. Some people would like to have my neck in it at the moment, but it's very honourably placed on the wall in my office.

So I would like to welcome you this evening, and I look forward to meeting with you afterwards for some questions. I would ask all members to join with me in welcoming them here this evening.

Hon. Members: Hear, hear!

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. Britton: — Thank you, Mr. Speaker. I hear some calls for the question. Mr. Speaker, I respectfully suggest that there's a few more words I'd like to say before we do have the question, and I'm sure the members want to hear it. I'm really pleased with the gallery that I have.

Mr. Speaker, before we stopped for dinner, I was making a few remarks about the responsibility that the Health minister seems to be abrogating as the Minister of Health and suggesting that maybe she should start to take more responsibility for the portfolio that she has.

Mr. Speaker, I think she needs to stop hiding behind the health boards that she is creating and start taking responsibility for what the NDP (New Democratic Party) health decisions are.

Mr. Speaker, further to that, I would say that the big talk of community involvement and control is a joke, Mr. Speaker. And I would like to enlarge on that just a bit. I, Mr. Speaker, and my colleagues have received letters and phone calls, and all of this regarding this very issue we're talking about — Bill 3, Mr. Speaker.

Mr. Speaker, they're not pleased. Hospital administrators like the boards they already had in place; they're used to working with them, and they are worried about losing their facilities. Towns and villages who need their health facilities remain open . . . to remain open, Mr. Speaker, are also worried. They are worried about which hospitals will close.

Mr. Speaker, they are worried, and I think, Mr. Speaker, for good reason. The Minister of Health makes all of their bottom-line decisions, and everyone in this Assembly knows that. That's why she is the minister. And if she thinks she will be able to lay blame everywhere but on herself, Mr. Speaker, I suggest that she better think again. It's time to light the blame thrower again.

Mr. Speaker, last year, right before the budget, as I mentioned a few minutes ago before we went to have dinner, parents outside of Beechy high school play were passing out a sheet of paper, and I have one with me today, Mr. Speaker. It's entitled, Defend Medicare. And with your permission, sir, I would like to quote another couple of passages from that.

It says . . . and maybe I will read the bottom part of it, Mr. Speaker. It says:

This leaflet was produced and funded by the members of the New Democratic Party.

So this was not partisan on our side of the House, Mr. Speaker. These are the NDP talking to their own people. And part of the things they said . . . I read a few into the record, so I won't repeat those. But it says:

In representations to the Romanow cabinet, NDP federal MPs have expressed the party's long-standing opposition to medicare premium and user fees, but the Saskatchewan government members are refusing to stand by party policies.

Another quote, Mr. Speaker, from the same document:

There is still time for New Democrats to call the Romanow government to order, to insist that the NDP's commitment to universal medicare be respected.

This, Mr. Speaker, was before the last election. Here's another one:

To oppose medicare premium and user fees, phone Berny Wiens, MLA.

And they give the telephone number. So, Mr. Speaker, the reason I wanted to read that into the record is to illustrate that it's not just those on this side of House that are opposed to Bill 3 — not necessarily the changes, but the way the changes are being made, Mr. Speaker. We hope that with a few words from us, the minister will stand up and take responsibility and maybe listen to what the people are saying out there.

Well, Mr. Speaker, as I noted, what I quoted there was from well-known NDP supporters. And that is what they think of the members opposite, Mr. Speaker. And those people opposite, I think, should take heed. If they don't want to listen to what we have to say, maybe they should listen to their own members. I want to quote again, Mr. Speaker.

Medicare is under attack, according to news reports. Premier Roy Romanow's government has approved measures that undermine the province's medicare system (undermine it) in what amounts to increasing taxes on the sick, the news reports say. The Romanow cabinet is proposing that the 125 drug plan deductible be doubled.

Be doubled, Mr. Speaker. Well, Mr. Speaker, that didn't happen. You know what did happen, Mr. Speaker? Actually, it was tripled. So these NDP people had reason, they had reason to be worried. And that was a year ago, before this last budget. I want to continue.

The heaviest burden of this deterrent is felt by the elderly, the chronically ill, and young families. The Romanow government is undermining what it took decades to build.

If you notice, Mr. Speaker, in one of the quotes, the NDP took the stand that it was their, it was their medicare that they were . . . that this New Democratic Party is now destroying. And that, Mr. Speaker, was a year ago before the closure of the children's wing in Wascana; before the scrapping of the drug plan; before the closing of the Whitespruce youth — that's questionable yet — before the closure of rural facilities. That again, Mr. Speaker, we don't know. That's causing uneasiness.

Before the NDP really started undermining health care in this province, this was all before that. And it will be interesting to see what kind of literature the parents are passing out this year after this budget, Mr. Speaker. We are getting phone calls from hospitals. They are wanting to have rallies and demonstrations because they do not like the way this Health minister is going in the wellness program.

Mr. Speaker, I'm sure the members opposite would rather not see it because I don't think they like to hear the truth. Mr. Speaker, this Bill, Bill 3, does not give local communities more control. It will not improve the health care services to the people in this province, Mr. Speaker. It will accomplish only one thing; it would allow the Minister of Health to continue to betray the Saskatchewan people. It will also allow her,

Mr. Speaker, to continue to blame others for what she is indirectly doing.

Well I think, Mr. Speaker, the first amendment to this Bill should be to change the name by deleting the word "respecting". I say this, Mr. Speaker, because people might get the wrong idea. They might think that the NDP are actually beginning to respect the opinion of the public. Not only does Bill 3 not respect the opinion of the people it is affecting, Mr. Speaker, this entire government doesn't respect the wishes of the public, period.

There are many examples of the members opposite and their disregard of the public — the 60,000 farmers who got their contract broken, the crop insurance agents who are the present victims of a witch-hunt, the people who are being shut out of the so-called post-budget meetings, Mr. Speaker. The NDP's complete disregard of the wishes of SUMA (Saskatchewan Urban Municipalities Association), not only by refusing to repeal The Hospital Revenue Act — Bill 10 — but by the attempt to blackmail the association into complying with the NDP agenda: Mr. Speaker, these are just a couple of examples, most of which have surfaced in the last week.

Bill 3, Mr. Speaker, is another example of what we call the iceberg budget. Only 10 per cent shows; 90 per cent is buried. Mr. Speaker, letters and phone calls have been pouring in from hospital administrators, patients, families, and local officials — all concerned about the wellness plan and the health district proposed. In fact I would like to quote from one right now, which was written by a person who says he has been following the activity of the current government with some concern. Now, Mr. Speaker, this letter isn't from a political supporter; it's from a concerned parent, and it says, and I quote:

The health system is far from perfect, but I don't think turning the system upside down is the answer to the current problems. I am inclined to think the NDP have the cart before the horse, as they are closing beds in our cities without knowing how many of our smaller hospitals will still be open. However, maybe it is only us, the voters and the taxpayers of the province, who do not know what the future holds.

The interim super-boards appear to have all sorts of power as well as the responsibility for overseeing the allocation of funds for health services of all types within the district. The loss of input and financial support are a real problem in my mind. The loss of official representation is also a problem. The administrative approach appears to be heavy-handed and very dictatorial. The lack of information is very serious. I thought we still lived in a democratic society with those elected responding to the needs of those who elected them.

That is the end of the quotation, Mr. Speaker. But it points out very dramatically, I believe, that the very

high level of discontent that's out there. Mr. Speaker, this is exactly how the people of this province are feeling.

Not only are people questioning the heavy-handed decisions made by this government, they are wondering if the members opposite know the meaning of democracy. It is pathetic, Mr. Speaker, pathetic that because of the actions of the NDP government, the public is now questioning democracy in this province.

And what is even harder to swallow, Mr. Speaker, is that this government has given people just cause to question democracy. In a democracy, the majority of the people are listened to, not ignored, as this government is doing. In a democracy, ideas and changes are proposed to people, not imposed on people.

And what does the Minister of Health think of democracy and listening to the people? Well, respecting these new health districts the Minister of Health said: if certain towns and villages haven't made up their minds, the government will do it for them. Well whether a town wants to be in a district or not is not even considered. They are going to be arbitrarily placed in a new health district and that is that. There is no question. Not to mention that the minister will maintain the power to appoint new local health boards.

(1915)

Mr. Speaker, this is very interesting coming from the member from Regina Hillsdale who in this Assembly only a couple of years ago said, and I quote the member from Hillsdale when she was in opposition:

... I would like to know, Mr. Minister, how there will be more community input by removing boards from rural Saskatchewan in small communities and (then) replacing it ...

That was in *Hansard*, June 5, 1990, on page 1818, Mr. Speaker. Quite the opposite of what is happening today in this legislature, Mr. Speaker. Maybe the member from Hillsdale could explain how replacing all the local boards with appointed members and a couple of elected members will improve community representation.

That's strange, how something that was terrible in opposition is all of a sudden acceptable when she is now the Minister of Health. How can things change like that? She could explain to this Assembly how she just didn't like the idea while she was in opposition but it's okay now that she's part of government. What happened? What happened to the rules? The rules were good then but they're not good now.

Well, Mr. Speaker, this is likely the case. Since the NDP across the way have gone against almost everything they promised while in opposition, that's why these new rules are okay now. The same member, again in opposition, when addressing the

recommendation of the Murray Commission, said, and I quote:

If it means eliminating large numbers of the community boards, then it is reducing community input which is one of the things that is so important to our health care system that we want to maintain and retain in our health care system ...

That was in *Hansard*, June 5, 1990, on page 1819.

Mr. Speaker, I happen to agree with the minister on that statement. The only trouble is she didn't keep her rules. She didn't keep her word. And it doesn't stop there, Mr. Speaker. The member from Riversdale made additional comments that are quite relevant to our discussions today on Bill 3. She said:

And the small communities are very concerned ... because they believe that the regional board will put the emphasis on the regional hospital as opposed to their small hospital ...

That was in *Hansard*, June 5, 1990, page 1819. And I agree with the minister there. That's what'll happen.

Well, Mr. Speaker, that comment hits it right on the head. It hits the nail right on the head what's happening today. Too bad. Too bad the member from Hillsdale who is now Minister of Health has chosen to ignore her previous concerns in this matter and ignoring the people who voiced them.

Instead, Mr. Speaker, before us we have Bill 3, the very Act in which the minister creates health districts and the next health boards. And then the remainder of the wellness decisions made by the members opposite will really be felt — the rest of the iceberg, Mr. Speaker.

As one registered nurse phoning our office this morning from Souris Valley facility in Weyburn said, this isn't wellness, this is illness. She said this isn't wellness, Mr. Speaker, this is illness. This plan is sick. And that's exactly what this administration is opposing on the people — illness.

Not only did the member opposite deliver an iceberg budget, Mr. Speaker, where only 10 per cent is visible and 90 per cent is hidden, they should be called the iceberg administration because only about 10 per cent of what they say and do is above-board.

Well, Mr. Speaker, I suggest to you and to the members that's not good enough. No wonder the people of Saskatchewan feel betrayed, deceived, and let down by this government, Mr. Speaker. No wonder hospital administrators and local hospital boards are fearing for their facilities. No wonder they're quitting, saying I wouldn't touch this plan with a 10-foot pole.

Doctors are saying, in the smaller hospitals, they're saying, if they cut this hospital any more I won't stay here; there's not enough beds for me to be here. No wonder SUMA and SARM (Saskatchewan Association

of Rural Municipalities) are concerned. No wonder they're concerned about the outcome when these health districts will have the authority to levy taxes, Mr. Speaker.

No wonder, no wonder families, especially in rural Saskatchewan, are very concerned that their health care facilities will cease to exist. And who could blame them? I can't, Mr. Speaker. I can't blame them people for worrying about that.

Certainly not the member from Hillsdale, because she said these things won't happen. She said in opposition that, and I again quote: granting regional health districts authority to levy taxes could lead to inferior levels of health and health care in poorer parts of the province — *Leader-Post*, May 3, 1990. I agree with her, but she never kept her word. Things have changed since she became government.

Now, Mr. Speaker, she is refusing to repeal the Act that will allow just that — Bill 10. We've made several attempts to give the opposition a chance to repeal Bill 10. And she said that. She said that when she was on the opposition benches. And I repeat again; I quote what she said:

Granting regional health districts authority to level taxes could lead to inferior levels of health care in poorer parts of the province.

We agreed with her when she said that. We didn't do it. Now she's doing it. Now that she's in government she refused to repeal an Act that she says she don't need — Bill 10.

That's why people don't trust this government, Mr. Speaker. They got fooled once. The NDP will not repeal that Act and that will allow them to further offload provincial responsibility on the backs of the property taxpayers. That's why they want that Bill in there. They have tried to blackmail SUMA into toeing the line. My question to you, Mr. Speaker: what's next?

Mr. Speaker, I would like to remind the members opposite that the original wellness model, the leaked wellness model, much of which has come to fruition, states:

District boards will have revenue-raising ability to support enhanced services or capital projects.

That is what the original document of the Minister of Health . . . Now she's saying, don't worry property taxpayers; trust me. Well the NDP say, well the boards won't be able to levy taxes; it's not going to happen. And the Premier said so at a SUMA convention. Trust us.

The NDP should also remember that the Premier claims to have had his comments misrepresented by Mr. Cholod and SUMA when the quotes came right from the transcripts. And I guess, Mr. Speaker, the NDP think the news media — both television and the

newspapers — were misrepresenting the Premier as well. I doubt that.

I say the member from Riversdale got caught, once again, telling a crowd of people what he thinks they want to hear, not what the NDP government is really going to do. He got caught and now he is denying his statements. Well maybe he should request a copy of the transcripts taken from his speech in order to prove that his comments were not misrepresented in the least, Mr. Speaker.

If the members opposite claim that these district health boards will not be the cause of property taxes going up, then they should prove it. They should prove it, Mr. Speaker. Let us repeal Bill 10. Repeal The Hospital Revenue Act and that will be over with, that'll be done. Just because you and the NDP government say trust me, isn't good enough.

The people of Saskatchewan got burned once already, Mr. Speaker, at election time. They will not be prepared to trust you again. When you say, trust me, they just shake their heads and said no.

The record of the NDP government proves that there is no reason they should be trusted again, and they know it. They know it, Mr. Speaker, and I agree with that point of view.

Mr. Speaker, there is no reason that the Minister of Health needs to be appointing members on the new health boards. If the NDP were truly serious about health districts and the new health board representing, why isn't every board being elected? Why do they have to appoint any of them? These people got along fine before. Why not really, really listen to what the people want?

Mr. Speaker, the NDP across the way know full well that these health districts will inflict a lot of pain on the people of this province, that these districts will cause a lot of grief, but they aren't willing to listen. The NDP is not willing to listen or do anything about it, Mr. Speaker. Unfortunately, this is the kind of treatment the people of this province have grown to expect from this uncaring government.

Mr. Speaker, I have a lot more to say but I seem to be having a little difficulty tonight. So before I close, Mr. Speaker, I would like to propose an amendment to this Bill. Mr. Speaker, I move, seconded by the member from Morse:

That this Bill not be read a second time because the principle of this Bill is contrary to the fundamental principles of medicare, the delivery of fair and just treatment to all citizens of the province.

I so move, Mr. Speaker.

Some Hon. Members: Hear, hear!

The Speaker: — Order. Order. I find the amendment in order and the debate will continue concurrently.

Some Hon. Members: Hear, hear!

Mr. Hagel: — Thank you very much, Mr. Speaker. Mr. Speaker, I would like to direct some comments both to the Bill and to the amendment at the same time. I find it a little odd to understand how it is, coming from that band opposite, Mr. Speaker, that we would find an amendment that opposes this Bill because they claim it opposes the fundamental principles of medicare.

Now I don't know if there is anyone, if there is anyone who does not understand the fundamental principles of medicare based on the historic treatment of medicare in this province over the last several decades, including the last decade when they were in office, it is that group. And I will stand opposed to that ridiculous amendment that has just been brought before the House tonight.

Some Hon. Members: Hear, hear!

Mr. Hagel: — Somewhere along, one of my colleagues says maybe they'll bring in their good PC (Progressive Conservative) colleague, Staff Barootes, and he'll help to clear up their position on this amendment and their position on this Bill. Now that would make for some interesting debate, Mr. Speaker, because the participation of Senator Barootes — my full respects to the senator — the participation of Senator Barootes, now Senator Barootes, would be very, very interesting given the historical position that he took in opposition to medicare alongside the forefathers and the foremothers of those who are sitting opposite.

And when I say those who are sitting opposite, I speak, Mr. Speaker, not only of the Conservatives but of the Liberals, because when it comes to medicare in Saskatchewan, a Liberal is a Tory is a Liberal as a Tory and you can't trust one of them to protect the principles of medicare for the people of Saskatchewan.

Some Hon. Members: Hear, hear!

(1930)

Mr. Hagel: — A Lib is a Tory is a Lib is a Tory and listen carefully, listen carefully, listen carefully to the debate that goes on in this House on this Bill, on this Bill. I find it interesting because we are repeating history, Mr. Speaker. I say we're repeating history: 30 years ago, 30 years ago when medicare was introduced in the province of Saskatchewan, we saw Libs and Tories opposing the very introduction of medicare; 30 years later in 1993 — yes, here in the province of Saskatchewan — proposed that once again, Mr. Speaker, once again by the New Democratic government.

Who is opposing taking the next step, the improvement to medicare? It's the Libs and the Tories and the Libs and the Tories.

Once again, history has repeated itself, and they stand

opposed to progress for health care for the people of Saskatchewan.

Some Hon. Members: Hear, hear!

Mr. Hagel: — Well the spirit, as my colleague says, the spirit of Senator Barootes is alive and well and living here in the legislature tonight, Mr. Speaker, living here in the legislature tonight.

Well, Mr. Speaker, I would like to comment . . . I didn't come . . . I didn't take my place this evening simply because I wish to berate the position of the Libs and the Tories in the Assembly here. I find it difficult to understand, a little mind-boggling at best. But, Mr. Speaker, I think it is important as well to put this thing into the positive context. I am very pleased; in fact, Mr. Speaker, I would say in all honesty, I consider it to be an honour to be able to enter into this debate.

There is not a single one of the 55 government members, Mr. Speaker, who would not welcome — and unfortunately, I suspect debate will not provide the opportunity — there is not one of us who would not welcome the opportunity to enter into what I think over the decades will be looked back upon, as once again for the second time, an historic debate about medicare in the province of Saskatchewan, the home of the first medicare program in North America.

Some Hon. Members: Hear, hear!

Mr. Hagel: — Everyone of us, everyone of us, Mr. Speaker, on this side of the House knows that medicare and health care for the people of Saskatchewan goes to the very roots of our political existence — everyone of us. It is with great pride, with great pride that every member on this side of the House associates ourselves with the history of our party and of our leaders, and most importantly, with the people of Saskatchewan, the thousands upon thousands of men and women, people with vision and courage; and most importantly, Mr. Speaker, an appreciation for what can be done through cooperation when people work together in the interest of security for their brothers and sisters in the province of Saskatchewan.

That's the very root. It is at the root, at the very core, of what brings us here and is essential to my pride — and I know the pride of my colleagues, the political pride of my colleagues — as we come to this Assembly in representative . . . as representatives of our constituents and of our province.

So I want to say, Mr. Speaker, it is a privilege to me to be able to stand tonight to enter into this debate. I have thought frequently about those who stood with courage in this Assembly at these very desks, Mr. Speaker, some 31 years ago, at which time here in the province of Saskatchewan was introduced, Mr. Speaker, not the first wholly provincially funded program, medicare program, health care program, in Saskatchewan or in Canada, but on the continent of North America. And I've often thought, Mr. Speaker, back to those times.

I don't think there is the same level of difficulty in moving forward today as existed then. Now there are some who want to be short-sighted and mean-spirited, and we'll hear about that over the days ahead. We've been hearing some already, Mr. Speaker. But first of all, I want to pay tribute to the vision and the courage and the caring, the compassion of those who stood in these desks in this Chamber some 31 years ago introducing North America's first medicare program.

And, Mr. Speaker, what we're engaged in at this moment as we debate Bill 3, a Bill, An Act respecting Health Districts, Mr. Speaker, what we are debating is the third stage of Tommy Douglas's dream. Now I've noticed that the members opposite, and particularly the former premier, would love — they would love — to have the privilege of having the people of Saskatchewan associate them with Tommy Douglas. We see them borrowing, borrowing that kind of elusive reference on occasion, Mr. Speaker, but in vain attempts — in vain attempts — to establish their credibility or to hope that they have some credibility in health care.

What I say, Mr. Speaker, is this: we are engaged here — and make no mistake about it — we are engaged in debate about whether Saskatchewan has the courage as a leader once again for the second time in the history of Canada, for the second time in North America . . . While our neighbours to the south, while the Americans these days, Mr. Speaker, are engaging themselves in a debate that was passed in this House 31 years ago, we in Saskatchewan are engaging ourselves in a debate that is being watched very closely across the nation — not only across the nation, I suggest, Mr. Speaker, but across the continent. Because we are engaged in a debate as to whether we have the courage to go forward in the realities of the '90s to take the third step towards Tommy Douglas's dream.

And what was that dream? Tommy Douglas talked about three steps to his dream, Mr. Speaker. He said, first of all, it was the objective of the people of Saskatchewan collectively through their government to bring health care, first of all in the form of hospitalization, so that no man, woman, or child who goes into hospital in the province of Saskatchewan would ever be rejected from health care treatment in a hospital because of their inability to pay. And in the mid-'40s, 1947 I believe it was, three years after coming to office, 14 years after the policy had been adopted by, at that time, the Co-operative Commonwealth Federation, hospitalization was introduced.

In 1962, 1962, 18 years after forming government, Mr. Speaker, 18 years . . . We're now 18 months after forming government, trying to put the province back together again after inheriting the mess of a right-wing government once again, 18 months now to move forward to the third step of Tommy's dream. The second step of Tommy's dream, simply put, Mr. Speaker, was to eliminate or to remove the financial

barrier to all health care for the people of Saskatchewan. It was medicare.

Now the members opposite . . . my hon. friend, the hon. member for Thunder Creek, he doesn't like some of the things that I'm saying. And I can quite understand why he doesn't like some of the things that I'm saying because from his riding, Mr. Speaker, from his riding, his ideological soul mate, Ross Thatcher, succeeded by a former colleague of his on the benches, Ross's son Colin . . . Mr. Speaker, a Lib is a Tory is a Lib is a Tory is a Lib is a Tory.

Ross Thatcher, Colin Thatcher — now we've got the member for Thunder Creek. None of them like it. None of them like moving forward when it comes to health care, Mr. Speaker. The hon. member for Morse, the hon. member for Morse, he's no happier about it because he represents the other half of the constituency that Ross Thatcher represented at one time. Kindred spirits, kindred spirits. We all remember. We remember.

Mr. Speaker, anybody who has any sense of the history of medicare in Saskatchewan remembers Ross Thatcher leading the parade, keep the doctor committee — remember when they marched on the legislature and he kicked the doors of the Assembly? — because he opposed that socialist program where all people were going to have equal access to health care. Oh, oh, he said, no. He said it's going to take away the freedom of the doctors to treat the people of Saskatchewan; they will lose their professional freedom.

Well, Mr. Speaker, I ask you, I ask you to keep in mind, I ask the people of Saskatchewan to keep in mind, those people who were organized for partisan political reasons by the Liberals and the Tories — a Lib is a Tory is a Lib is a Tory. Mr. Speaker, those who organized the doctors . . . The doctors in those days, Mr. Speaker, said they were afraid they would lose their professional integrity. Mr. Speaker, I point out today — today it is the doctors who are leading the support for the move to wellness because they have come to appreciate the benefits of medicare to the people of Saskatchewan.

Some Hon. Members: Hear, hear!

Mr. Hagel: — It is the people of Saskatchewan and the doctors of Saskatchewan, the health care workers of Saskatchewan, Mr. Speaker, and the people of Saskatchewan, the ordinary people of Saskatchewan who most support and for whom these changes are being made that are encompassed, Mr. Speaker, in this progressive Bill that will take Saskatchewan, and with Saskatchewan leadership for the nation and for the continent, into the future in terms of quality of care.

Now, Mr. Speaker, I remind the House that back in 1962 Tommy Douglas said, well, faced with step 2 and step 3 . . . step 3 he said was preventive health care. And Tommy said at that time in 1962, he said we had our choice. We had to make a decision. We'd

instituted hospitalization, but now we had to make a decision as to whether we move forward with medicare to eliminate the financial impediment to health care or whether we address the structure of health care. And Tommy said they decided to do the easy one first. And so they did.

Mr. Speaker, as history has unfolded I think people, not only in this province but across the nation, feel appreciation to the wisdom and the courage of those who led that charge back in 1962, contrary to the opposition, the KOD (Keep our Doctors) committee and the Libs and the Tories and the Libs and the Tories and the Libs and the Tories.

Well, Mr. Speaker, here we are. Here we are today now in 1993, moving forward with what Tommy said was the difficult part, and that's changing the structure. And that's what this Bill is all about, Mr. Speaker — An Act respecting Health Districts — an attempt by the government whose political roots are tied to the formation of the very first medicare program in North America, Mr. Speaker, an attempt to move forward into the '90s and beyond with a sense of two things, Mr. Speaker: a sense of compassion, a sense of responsibility.

Compassion and concern for the need for health care, Mr. Speaker, and a sense of responsibility, understanding that one of the essential principles of medicare, Mr. Speaker, is its affordability, its accessibility, Mr. Speaker, and in order to accomplish that objective as well, changes must be made.

Now, Mr. Speaker, let me just reflect on what gets us into this position these days. I was doing a little research about a year ago, Mr. Speaker, when it was my privilege to be addressing a graduation class in the city of Moose Jaw, and looking at some changes that have been taking place over time and the kind of changing world . . .

An Hon. Member: — I was there. I was there.

Mr. Hagel — The member from Thunder Creek says he was there, he remembers the speech. He nods, I'm sure he does. In fact it was a privilege for me to have the member of Thunder Creek there, Mr. Speaker.

In looking at the kinds of changes, the changing world that young people are going into, Mr. Speaker, and doing a little research, I learned a startling fact, Mr. Speaker, that we can't ignore as much as we may want to in some ways. The reality is, Mr. Speaker, that in 1921, 1921 — 70 years ago . . .

An Hon. Member: — That's when you made that speech?

Mr. Hagel: — No, that's not when I made the speech, but it has the potential to be that memorable, I suspect, maybe in some people's minds. Member for Thunder Creek seems to agree with the hon. member for Swift Current. Mr. Speaker, I divert; I don't want to be distracted from my main point here.

Mr. Speaker, in 1921 the average life expectancy in Saskatchewan was 60 years of age — 60. Mr. Speaker, in 1991, 70 years later, the average life expectancy in Saskatchewan has now risen to 77 years of age.

Now, Mr. Speaker, I think there is some credit to what has gone on in terms of progress that's been made in health care since then, but also, Mr. Speaker, it raises for us an alarming reality. In the last three and one-half generations, the average life expectancy in our province has risen by nearly a full generation. What that means, Mr. Speaker, is that the challenges facing our medicare today and its need to address the real health care needs of our citizens who are living 17 years longer on average, Mr. Speaker, those challenges must be met by the public purse. They must also be met, Mr. Speaker, in a way that promotes what Tommy dreamed about, promotes responsibility of individuals in communities for our health care, and that's what this Bill is all about.

(1945)

Mr. Speaker, back in about, I guess it would be about 20 years ago now, Tommy Douglas said, and I'd like to quote. Tommy said this, he said:

The older I get, the more I am convinced that one of the rare human virtues is moral courage. It's easy to express kindly sentiments and to profess sympathetic concerns for others if one doesn't endeavour to do anything about it. But to stand almost alone in the face of frenzied hate and hysterical opposition — that takes moral courage.

Mr. Speaker, Tommy Douglas spoke those words at the funeral of Woodrow Lloyd some 20 years ago.

Woodrow Lloyd, who in this province we will remember going to meetings of doctors at which it was reported he was literally spat upon, who stood with moral courage in the face of opposition from self-serving, self-appointed, righteous, short-sighted, right-wing people, Mr. Speaker.

And so I say to the Minister of Health, to the members of the government, and to those who have got so much of themselves invested in the health care system today, again show that courage. The easy task, the easy task today, Mr. Speaker, would be to listen to the arguments of the Libs and the Tories and the Libs and the Tories and the Libs and the Tories opposite, who say don't change anything.

That would be the easy thing to do, and consequently, Mr. Speaker, to just let the system crumble in upon itself. You know I find it kind of interesting as I listen to what I think strikes me as wolves in sheep's clothing, Mr. Speaker, that we seem to . . . history seems to be repeating itself yet again.

And so as I've listened carefully and tried to understand the arguments of the members opposite when they've said is this: leave it alone. Never mind making the changes that have to be made with a sense

of courage and a sense of vision. Leave it alone and let it crumble in upon itself.

Now they will say this standing there, self-indignant kind of posture saying, we are the defenders of medicare. Well, Mr. Speaker, I ask the people of Saskatchewan to let history judge that. Let history judge that because in these days in which we are living now, Mr. Speaker, you don't have to be, as Don Cherry described it, a rocket surgeon, Mr. Speaker. You don't have to be a rocket surgeon to figure this thing out for yourself.

All you have to do, Mr. Speaker, is to talk to people who are working in the field and to talk to people who are concerned about the future of health care, and to talk to people, thousands upon thousands upon thousands around the province of Saskatchewan, who will tell you over and over again, changes have got to be made.

Now, I don't . . . Gee, I'm not sure that I want changes to be made in my backyard. Not in my backyard. But changes have got to be made. Well, Mr. Speaker, Mr. Speaker, the arguments, as I sit and listen, the arguments coming across the floor are saying, not in my backyard, in my backyard or your backyard or your backyard. Leave the system alone. Let it fall in on itself because they know, Mr. Speaker, that the consequences of that is that medicare will not be able to be sustained. And for that I say shame.

You are demonstrating once again — history is repeating itself — the same kind of irresponsible attitude towards health care and without the compassion that is necessary in order to deliver health care to the people of Saskatchewan that you and your forefathers and grandfathers delivered back in 1962. We will not allow you to oppose it again.

Some Hon. Members: Hear, hear!

Mr. Hagel: — We must go forward, Mr. Speaker. We must go forward because that is what the system demands. I sat and listened to the member for Souris-Cannington, and he repeated an argument that I've heard more than once, and I'd like to address it head-on, Mr. Speaker. He said this change is all about an attack on rural Saskatchewan. He said an attack on rural Saskatchewan.

Well, Mr. Speaker, I stand in my place, and I say it is not an attack on rural Saskatchewan; it is just the opposite. This is what is required to save medicare in rural Saskatchewan today. That's what it's about. That's what it's about, and you know it.

Some Hon. Members: Hear, hear!

Mr. Hagel: — You know, Mr. Speaker, I found with interest . . . I will come in a few minutes. I want to talk about one of the finest examples of people working together in a new spirit of cooperation that we're reviving once again and taking advantage of in order to cause the health care system to move forward — cooperation and people working together. I want to

come in a few minutes to the formation of the Moose Jaw-Thunder Creek Health District, Mr. Speaker, and I know the member for Thunder Creek and the member from Morse will take great interest in that as they did the other night when I spoke on the subject because both of them will be personally involved. They will have constituents who will benefit from that.

But first of all . . .

An Hon. Member: — They'll be on the list anyway.

Mr. Hagel: — Constituents who will benefit. Well now they . . . Mr. Speaker, my hon. friends opposite, the hon. member from Morse and the hon. member from Thunder Creek, seem to quite freely from their seats admit that their constituents will benefit. But the concern is . . . and I think in that, Mr. Speaker, they give away what this is all about. This is all about partisan politics. This is all about partisan politics, Mr. Speaker.

It's been kind of interesting that in my home constituency, Mr. Speaker, of Moose Jaw, we had an announcement just last week about progress being made because people were willing to sacrifice and rationalize delivery of services through cooperation and compromise. And the hon. member for Thunder Creek says, begun by whom? Well, Mr. Speaker, it's a process and I will give credit where credit is due. Discussions that began to take place when this province was being served — and I use that word rather loosely, but was being served — by a Tory government. But, Mr. Speaker, Mr. Speaker, I do point out that there is a difference. Because you see, Mr. Speaker, in the weeks leading up to the 1986 convention, the former premier — PC premier — trotted over to Moose Jaw, held a news conference and announced the new building. Well they thought that was pretty exciting. The people of Moose Jaw disappointed, disappointed the members opposite and sent a couple of New Democrats to represent them in the legislature.

Then what happened after that? Mr. Speaker, it didn't stand still because it works so well — I guess this is what it was all about, partisan politics — that in the weeks leading up to the 1991 election, the premier . . . no, it wasn't the premier, sorry, my mistake, it was George McLeod, he sat at the meeting with the member from Thunder Creek, they trotted over to Moose Jaw and they said not only can we announce this once, we'll announce it once again.

Well, Mr. Speaker, I am proud to say that because of the work of the people, the local people involved in Moose Jaw and rural area together, making decisions, making decisions to serve their long-term needs to give up, to give up hospital beds and a nursing home, Mr. Speaker, there was an announcement that took place last week, Mr. Speaker, to build a new geriatric centre while giving up a hospital and a nursing home. But, Mr. Speaker, there was a difference. It was for the first time it was an announcement made after the budget and it was there, Mr. Speaker. That's the difference between the two.

Some Hon. Members: Hear, hear!

Mr. Hagel: — So the member for Thunder Creek says: who started it? Well you started it, but all you ever did was announce it. Well I say to the member opposite, Mr. Speaker, there is nobody in Moose Jaw whose health got any better because you made an announcement and there never will be. Never. You can't just announce health.

An Hon. Member: — It's like the band-aid factory in Swift Current.

Mr. Hagel: — Well my good friend and colleague, the member from Swift Current, he remembers the band-aid factory they announced there. They made lots of announcements.

But, Mr. Speaker, announcements, as we have come to learn, announcements don't stimulate an economy. And more to the point, Mr. Speaker, when we're talking about this Bill, announcements don't contribute to better health care for the people of Saskatchewan unless there is something to them. And that's what this is all about.

So the member opposite says, he says, this is an attack on rural Saskatchewan. Mr. Speaker, it is with some interest that a good number of people around the province of Saskatchewan noticed over the last few years — and with a particular flurry in the months just before an election — how nursing homes or schools or . . . You know, they just kind of — recreation centres or something — just kind of popped out of the ground.

And you try and reason it through. You'd say, does it have something to do with need? Does it have to do . . . You know, Mr. Speaker, did schools pop out of the ground because there were kids? Well not necessarily, not necessarily.

See things popped out of the ground, Mr. Speaker, had more to do with a partisan political agenda in order to get re-elected — that's what it had to do about.

This has to do with planning for the future, Mr. Speaker, where real decisions will be made by local people to meet their real needs. And that's what the people of Saskatchewan need in order to ensure the security of health care for the future.

Some Hon. Members: Hear, hear!

Mr. Hagel: — They need health care decisions made for health care reasons. And so I hear, I hear members opposite playing all the partisan political games.

Mr. Speaker, what this Bill will permit is for people in Saskatchewan and districts to come together and to look — yes — to look at their wants. But as was said at the opening of the Providence . . . at the announcement related to Providence Place and the formation of the Moose Jaw-Thunder Creek Health District the other day, Mr. Speaker, more importantly, to look at their needs and to look at the ability within

the resources available, to provide people across Saskatchewan, and most acutely, Mr. Speaker, in rural Saskatchewan, the ability to provide for their health care needs.

Now do I pretend that that's an easy task, Mr. Speaker? I don't. It was not an easy task back in 1962 to introduce medicare when a lot of doctors, with the encouragement of the Libs and the Tories and the Libs and the Tories and the Libs and the Tories, opposed it.

Mr. Speaker, I guess one of the truths about life is that it seems that many of the important things never come easy. That was true back in 1962 with the introduction of medicare and it will be true in 1993, although I predict, Mr. Speaker, more easily this time because people in Saskatchewan have come to appreciate to the core of their souls the importance of health care and people pulling together in order to provide for themselves, health care through their cumulative tax dollars. That's what it's all about.

You see, Mr. Speaker, this Legislative Assembly is nothing more than a vehicle. This Legislative Assembly is a catalyst for the people, that's what the role of this Assembly is. When we debate this Bill, let us talk not in terms of trying to create fears, but let us talk in terms of vision and care and our aspirations for the future of Saskatchewan people. Let us talk in those terms, Mr. Speaker.

What this Bill does is it creates a structure so that people across Saskatchewan, and in particular rural Saskatchewan, can come together and they can make the decisions that are important to them in order to provide for their health care needs.

Now I've been told and I believe there's an element of truth to it, that there are a number of hospital beds that in essence are going unused in the province of Saskatchewan. I've been told many times, particularly by people in rural Saskatchewan, Mr. Speaker, that there are some hospitals that people drive by in order to go to bigger places, in order to have their children . . . or whatever their health care needs might be.

Mr. Speaker, I'm not saying that there will be no change. But what I am saying is that the change will be determined by those who are affected by it most closely. See, I remember with a great sense of ownership, a discussion with some Sask Wheat Pool folks about a year ago in which we got into a serious discussion about the future of Saskatchewan, rural Saskatchewan. And it stays with me.

And I think I remember at long, one of the delegates said, you know, maybe in the 1990s what we really have to do is begin to change our definition of the word "community". Perhaps our sense of community in Saskatchewan today needs to be defined more than just my village or my hamlet or my town or my city. Maybe we need to define community in a broader sense so that we can ensure for all of us the kind of security and the kinds of services that we want for ourselves and for our children and for our grandchildren. And I'd say as well, particularly, Mr.

Speaker, for our parents and our grandparents today.

That's what this Bill does, simply put. It empowers people to come together to make decisions collectively about how they would like to have themselves served to the delivery of health care using the public dollar, their dollars, in order to provide security collectively in the health care system. That's all it's about. And that says to me, Mr. Speaker, that's not an attack on rural Saskatchewan. You want an attack on rural Saskatchewan, leave things the way they are.

Mr. Speaker, when there is a structure here that empowers people in rural Saskatchewan to come together and can make their own decisions about their future and their structure, that is empowering the future of Saskatchewan and that is in the long-term best interest of rural Saskatchewan and the people who live there.

(2000)

Some Hon. Members: Hear, hear!

Mr. Hagel: — Mr. Speaker, I'd like to just comment very briefly as I promised I would about the formation of I believe it was the fifth, sixth now, the fifth health district board, but I'm proud to say the first rural-urban health district board which was announced in my home city of Moose Jaw last week.

Mr. Speaker, there are people together, as the member for Thunder Creek correctly points out, who have been working together for a long time and have been struggling with the desire to meet the long-term health care needs, recognizing that there is, as people grow older, there is a limited ability of financial resources to serve them.

Mr. Speaker, it is with great pride that I was able to attend the event at which the district officially came into existence with the interim board. And I point out, Mr. Speaker, this is a district made up . . . which covers the city of Moose Jaw and I believe it was 13 RMs (rural municipality). And I ask, Mr. Speaker, I ask members of the House to note with interest that since that announcement was made in fact an additional, at least one more rural municipality, has expressed interest in joining together in Saskatchewan's first ever rural-urban health district board.

An Hon. Member: — That's cooperation.

Mr. Hagel: — And as my good friend and colleague, the member for Swift Current says, that's cooperation and he's right. That's the key. That's the key. It's cooperation. It's people having come together and having said together as we look down the road — not just within the city of Moose Jaw, but an area that covers in excess of a population in excess of 45,000 people with at least 13 RMs and perhaps more by the time it's finalized, Mr. Speaker — people having come together and said, as we look down the road what we want to be able to do is to better provide for the geriatric care needs of our citizens.

And so as a result, Mr. Speaker, they're willing to sacrifice. With a willingness to give up a hospital and a willingness to give up a nursing home and consequently, Mr. Speaker, as a result of that rationalization, taking two hospitals in Moose Jaw and bringing together just the one, Mr. Speaker, freeing up the resources to build a new geriatric centre to serve the long-term geriatric needs of people for Moose Jaw and area. Mr. Speaker, that's cooperation paying off for the people of the province.

Mr. Speaker, I think that's the kind of example of things that we're going to be hearing more and more about in the days ahead. I heard the Minister of Health rise in her place — I believe it was on Friday of last week — to announce the coming into existence of the sixth health care district in the province of Saskatchewan.

Mr. Speaker, although I understand insecurity at times when people are saying I know what's there now; I know it's got to be something different, and I'm not sure what it is, and that causes me to feel anxious. And this government understands that. What this Bill does, Mr. Speaker, is it gives a structure. It defines a structure that is legal but, Mr. Speaker, which, just as importantly, gives tangible guidelines for the process by which people can come together and empower themselves to provide health care services within their district. That's what it's all about. That is what it's all about.

And we have seen evidence already that that can pay off with better services for the people of Saskatchewan. Mr. Speaker, as I stand in my place, I stand here firmly convinced — firmly convinced — that as this Bill is carried and we go forward in Saskatchewan to wellness in the health districts that we will be leading the way in Canada and North America effectively in such a way that history will point back, not only at Saskatchewan, but Saskatchewan as the first once again on the continent to lead the direction into the new generation and the third step of the third dream of Tommy Douglas for health care for our people.

Well, Mr. Speaker, you know I've heard the members opposite say don't raise taxes; keep things the way they are. The reality is, Mr. Speaker, that within the public-funded health care system that we have here and that we cherish and that through changes in structure we will ensure continue to exist, Mr. Speaker, therein lies the security for the future of health care for our people.

Now unfortunately that has, in the context of our fiscal dilemma . . . not the least of which was contributed to us through the actions . . . not entirely, not entirely, I don't blame the members opposite for all the woes of Saskatchewan. If anybody was capable of introducing all of the woes for Saskatchewan, it's the members opposite. But even they, Mr. Speaker, were not able in 10 years to give us all our problems, Mr. Speaker, but they have to claim some responsibility for a substantial number. A substantial amount of the

mismanagement and the loss of trust by the people of Saskatchewan in their government come as a result of the actions of the members opposite.

So I say it strikes me as being somewhat — let me be kind, Mr. Speaker, and say contradictory — somewhat contradictory when the hon. members opposite stand in their place and say we're standing for the people of Saskatchewan: don't raise taxes; keep things the same.

Good luck, Saskatchewan. Mr. Speaker, we had 10 years of that kind of management and we don't need that any more. And this Bill is about moving forward with a structure in order to build a future for our children and our grandchildren in the province of Saskatchewan.

Well, Mr. Speaker, I don't know that I have any more that I want to add into this debate. I've taken longer than I intended when I took my place. I simply want to conclude, Mr. Speaker, by saying what a privilege it is for me to enter into what I think history will look back upon as an historic debate in the province of Saskatchewan, once again leading the way for Canada and for North America. What a privilege it is for me. I know as a New Democrat and being extremely proud of the history of my party and the ability of my party to serve as an agent for Saskatchewan people to have their will realized, it is for me, Mr. Speaker, in a sense a dream come true in order to be able to participate in this debate at this time.

So I simply want to say that when we come to the vote on Bill No. 3, An Act respecting Health Districts, it is with pride that I will stand in the tradition of Tommy Douglas, in the tradition of Woodrow Lloyd, in the tradition of Allan Blakeney, but most importantly of all, Mr. Speaker, in the tradition of those thousands upon thousands upon thousands of women and men across this province who saw their government as their agent to collectively use their resources, their taxes, to provide security for themselves and their families and their children. Mr. Speaker, in that spirit, when it comes to a vote on Bill No. 3, I will stand in support.

Some Hon. Members: Hear, hear!

Mr. Jess: — Mr. Speaker, I rise tonight to join in the debate as many of my colleagues have. However, I don't wish to dwell on the record of the previous Tory government. In fact it would be a treat if we did not have to deal with their record, let alone talk about it in this Chamber.

I am pleased to take this opportunity and privilege to speak on health care. Health care debates in this very room have led to the development of the number one health care system in the western hemisphere. With the passage of this Bill, another great step forward in wellness will be complete in Saskatchewan. I would like to compliment the Minister of Health on the plan she has supported to introduce the health boards throughout Saskatchewan. When you consider that

health programs have been administered by over 400 boards province-wide, it is a wonder that our system has worked as well as it has.

My own interest in community-based health service started as a child. I remember many stories my paternal grandmother told me of early nursing, as she had become a registered nurse in 1900. Coming west, she often assisted Doc Scratch of Maymont. Also for many years she functioned as a midwife, which not only cared for the mother and baby, but provided the required child care as well as a role very similar to that of present-day home care.

Mr. Speaker, when I listen to many seniors, in particular, they very much like the emphasis on being assisted to stay in their own home as long as they can. That's a key objective of our Saskatchewan wellness model. We in Redberry did a preliminary assessment over a year ago. At that time we found extensive interest in reforming the health care system. After the wellness assessment was done, we in Redberry were ready to take part in the second step in health care — the second step that was identified as necessary so long ago by Tommy Douglas.

Mr. Speaker, I am very pleased to say the community representatives are making the necessary decisions to form the new health districts. We are going to have 20 to 30 health districts caring for health services in Saskatchewan, which I am sure will be a lot more effective than hoping that over 400 different boards would be expected to work together without someone falling through the cracks. Yes, we are part and parcel to a great step forward in wellness for Saskatchewan people.

Mr. Speaker, when I hear the criticism from the opposition benches, I wonder where some of the older members were in 1962, or if the younger opposition members ever listened to the old-timers of this province. Because if they did not listen as they should, they would not know that the lines they are using would have fit very well into the KOD — yes, the KOD of the early sixties. Not many today would admit that they were part of that movement. KOD, for those of you who do not remember, were the initials that were used, were a short way to identify the Keep Our Doctors campaign which was a well-organized collection of reactionary people from the Liberal and Conservative circles whose only goal it was to destroy socialized medicine through fearmongering.

Those of you who are out there, much the same as the old KOD, trying to destroy the second great step in health care in Saskatchewan: don't expect us to lay down and play dead. Guess again. You're in for a fight and you better be prepared to lose because Saskatchewan people are going to win. Yes, Saskatchewan people are going to beat you and once again lead North America in health care.

Yes, Saskatchewan people will do it. They'll do it for Tommy, they'll do it for Woodrow, they'll do it for all of those who led the fight for medicare and against such as the KOD over 30 years ago. But more

importantly, we'll do it for ourselves. We'll do it for our children, and we'll do it for our grandchildren, those that are going to be accepting health care over 30 years in the future.

Some Hon. Members: Hear, hear!

Mr. Jess: — Mr. Speaker, I am looking down the road to future elections where we will have to fight challenges from the right wing. As the Tories have disgraced themselves, both provincially and federally, to the point that we should be shed of them until the next time that people have forgotten just how bad they can be, I would like to go on to the Liberal threat to health or other matters, either real and imagined. We would be amused, if it wasn't so ridiculous, when the Liberal leader gets on her feet and takes the holier-than-thou approach. I am not questioning your motives, but my memory of the Liberal Party goes back to the tuckered-out days of the Liberals of the 1950s.

(2015)

I can remember as a kid the frustration of my father and his generation, dealing with the way things were jemmied up in agriculture at the federal level. We don't wish to have health care jemmied up that way. I wonder how the provincial Liberal leader justifies such a sanctimonious approach. Does she think that the people of Saskatchewan have short memories? If she does, I would like to remind her that not all that long ago there was a Liberal prime minister that told us there would never be a change to the Crow rate agreement unless of course there was a consensus to do so by the farmers of western Canada. That turned out not to be true but Trudeau . . . The Crow's Nest Pass Agreement was one of the most important Acts to Western Canada that was ever on the books. The Liberals mortally wounded the Crow; now the Tories are going to snuff the life out completely.

I would like to draw the attention of the Liberal leader to the fact that Saskatchewan people have, on many occasions, not shared your obvious opinion that somehow the Liberals of this province and this country are pure as the driven snow. And if you had taken an interest in politics when the Liberals were the big players on the right wing, you would realize that they attracted the same kind of individuals that have been attracted to the Tories in later years, the same people whose aim it is to destroy medicare.

However I have to admit that the former Liberal prime minister was the only prime minister that we ever had that lifted a finger for us in the West. Was it really for us or to us? I would also like to draw the attention of this Assembly and of the Liberal leader in particular to a very important matter: the usury Act. Yes it was a federal Liberal government that changed the usury Act. I believe that this one very conservative move by a Liberal government created a situation that caused the present depression. This single move resulted in millions in increased cost in our health budget, for example. The federal Liberal changes allowed the interest rates to sky-rocket. Prior to that move, it was a

criminal offence to charge over 12 per cent interest. That group of Liberals allowed the financial institutions to charge in some cases as high as twenty-four and a half per cent. That, in my opinion, is indeed criminal.

Mr. Speaker, the member from Greystone talks about our budget being a budget of choice. If the federal Liberals had not catered to their banker friends, perhaps we would have had more choices. It would be almost criminal of us to allow the Liberal leader to lead Saskatchewan people down the garden path as she portrays the holier-than-thou image that is so often portrayed in this Assembly.

Mr. Speaker, many people in Saskatchewan remember the Liberal role in the medicare debate of the early '60s. I sincerely hope the Liberal leader of today would not be as negative as the Tory opposition or the former Liberals of this province when they joined the KOD rallies of that period. Now it is a little difficult to be accepted as Mrs. Clean with all the garbage that the Liberal Party has collected over the years.

Future elections, as all elections in Saskatchewan, will be interesting, whether the reactionary forces are united under the leadership of the present Liberal leader or by whoever winds up leading the Tories as they go through their death throes.

Mr. Speaker, I would however also like to compliment the Liberal leader on many of the political positions she and her party have supported from time to time. As I have noticed over the years, the Liberal policies are quite acceptable while they are in opposition. It is just when they form the government that they become more right-wing than the Tories, if possible. That kind of approach is not consistent with wellness for the people of this great province.

When we first sat in this House as a newly elected government and chose to deal with the mess that the previous Tory government had left us, I was pleased to see how the Liberal leader would vote with us. I was not surprised by that responsible position on her behalf as I had heard her on previous occasions in her role dealing with farm stress. However more recently I have seen the Liberal leader taking a more traditional Liberal role that is more and more difficult to separate from the other Tories in this Chamber.

Returning to the subject at hand, Mr. Speaker, I believe that the new wellness model is the greatest step forward in health care anywhere in North America since the introduction of medicare over 30 years ago. In spite of the debt that the Tories left us, we are still going to be able to provide the best health care in Canada for the people of Saskatchewan. It is unfortunate that the previous government's abuse of Saskatchewan finances impact negatively on everything we attempt to do for Saskatchewan people.

Mr. Speaker, as I sat through the recent budget debate, it came to mind as we were forced to increase the E&H (education and health) tax by 1 per cent, if that E&H

tax was at 12 per cent — yes, not at 8 per cent or 9 per cent but 12 per cent — and if the whole 12 per cent, considering no change in the number of goods purchased and if that 12 per cent was directed towards public debt, it would just pay the interest on the public debt that was left us by the Tories.

In conclusion, I would like to congratulate the Minister of Health, the Associate Minister of Health and in fact the whole government caucus for having the intestinal fortitude to take such a progressive step forward in wellness for our people. The stamina of Saskatchewan people will once again overcome the devastation of a Tory government. We must do our part to make sure that Saskatchewan never again falls victim to the reactionary forces, to those reactionary forces, be they under the name of the Conservative or the Liberal Party.

Mr. Speaker, I appreciate this opportunity to rise and speak once again in this Assembly. Thank you.

Some Hon. Members: Hear, hear!

Mr. Martens: — Thank you, Mr. Speaker. I want to enter this debate today and I want to outline for the Assembly and for those people here who perhaps maybe don't know some of the history as it relates to the kinds of things that were done in the south-west part of the province, and I want to talk a little bit about where the people are at today and how they perceive the responsibilities of this government. I want to also touch on a few items that were raised by some members as they addressed this Bill in support of it. The NDP members have risen and said that they agree with this. And I just want to put in perspective some of the things that they have said.

I believe that the thrust and the theme of this Bill, Mr. Speaker, is this: the government, with this Bill and the policies that go with it, has chosen to address funding by picking off the most politically vulnerable group, knocking them out of medicare and offloading the funding burden onto the property tax. That in a nutshell is exactly what this Bill does. It takes the most vulnerable group and takes them out of medicare and puts the tax onto the property tax. And that's what this Bill does. And I think it is significant to the people of this province that they understand exactly what that is and how it relates to the people of this province.

I want to outline a couple . . . or review a couple of points that were made by the member from Moose Jaw. One of the things that he mentioned was that the very essence of Tommy Douglas was kind of enshrined in this Bill. Mr. Speaker, the essence of Tommy Douglas isn't even a figment of the imagination and the creativity of the people that made this Bill nor the people who are promoting it. There is absolutely nothing about Tommy Douglas in this Bill. And I'll tell you why, Mr. Speaker.

The reason that there is nothing about Tommy Douglas in this Bill and the content that he provided in the province of Saskatchewan, Mr. Speaker, is that he was a builder of hospitals, not a shutter downer of

hospitals in the province of Saskatchewan. And that, Mr. Speaker, is the fundamental difference between this group of New Democrats and the CCF (Co-operative Commonwealth Federation) led by Tommy Douglas in the '50s and the '60s. That is the fundamental difference between this group of elected individuals on behalf of labour and that group who were there to serve the needs of the people. And, Mr. Speaker, this NDP government should go back in history and learn some things about what made Tommy Douglas do the things he did.

As a matter of fact, if you would take a date of the hospitals that you're going to close down in this province, you would find that the majority of them had been built by the one that you're saying that you're supporting. Tommy Douglas built most of those hospitals, Mr. Speaker. In my constituency Tommy Douglas built those hospitals, except the last one. And that was built by the former government, the Conservative government that is now the opposition on this side of the House.

That's a fact, Mr. Speaker, and if you went across this province, from end to end, that is exactly what you would find out. Check the dates on your hospitals in your constituencies and you'll find Tommy Douglas probably built them. Tommy Douglas put the power in there so that they could use the power to deal with the kinds of things that they had to deal with, whether it was having babies born or performing tonsillectomies or any of those kinds of things. That's the kind of thing that Tommy Douglas put in there. And who's taking it out today? Who's taking it out of those hospitals across the province? And we only have to look at the actions over the weekend to see, Mr. Speaker, that in fact the people are starting to rebel.

The people are saying, this is it; I don't want to have my hospital gone. And in fact, I want to point out to the people of this Assembly that the incident that occurred on Friday evening in Leader is just a small, small view of the sentiment of the people of the province of Saskatchewan, where 500 people turned out in a community to say no, we don't want these health boards in here because we know exactly what the minister is going to do. The minister is going to offload the cost of this hospital on the property taxpayers in that community. Count on it. You just have to add it up. And they are starting to add it up, Mr. Speaker. If you take Leader and Maple Creek and Eastend — I think they have 115 beds.

Mr. Speaker, when the conclusion of the bed allocation in those communities takes place, they will have less than 20, by the very factor that the Minister of Health is using to determine that the beds will be shut down. That is a fact, Mr. Speaker. I didn't make that decision; the Minister of Health did. And in that decision she put forward she said, how many beds are going to be in Leader and Maple Creek and Eastend all together — 30? No, it'll be somewhere in the neighbourhood of 18 to 23.

(2030)

That, Mr. Speaker, where are they going to put that? If you go from the south . . . the very south-west corner to Leader, it's probably 200 miles. How many people are going to drive to the hospital in Leader? Check that out. But how many will go to Medicine Hat instead?

And it goes back to that same observation I made in speeches earlier about people going where they get the service. They go to the place where they get the service that's the least amount of cost and the most convenient. And that, Mr. Speaker, is not going to be in Leader, it's not going to be in Maple Creek, and it's not going to be in Eastend. It will be in Medicine Hat.

And this government will turn around and have empty beds in those hospitals and deliver the health care out of Medicine Hat. That's what's going to happen. That's going to happen over and over and over again.

I just want to relate to you, Mr. Speaker, an incident that occurred in Medicine Hat about 1986. Medicine Hat had a nursing home strike and all of the nursing homes in Medicine Hat had to move their patients out, and 11 of them, Mr. Speaker, were delivered to the health care facility in Cabri, Saskatchewan. In Cabri, Saskatchewan, they said okay, we will take these level 4 care patients and put them into the hospital here and we will look after them.

Well they did an assessment on those people before they moved in and they did an assessment on them after they moved out, and this is what the assessment read, Mr. Speaker. That little hospital with 11 beds provided better health care to those patients than they had been receiving in Medicine Hat. That was the comment that was made by the individuals who did the assessment on these patients that came in there.

Why, Mr. Speaker, why? Because they had . . .

An Hon. Member: — Better service.

Mr. Martens: — Better service, that's exactly right, whoever said it over there. They had better service. They had reasonable attention that could be paid to these individuals.

And that, Mr. Speaker, was the reason why they were better off. Their health condition was better. Their response conditions were way better. And the reason is they were better off in the health care facility in Saskatchewan than they had been in the one in Medicine Hat. That, Mr. Speaker, is an opportunity for the people of the province.

Now just take a look at what's going to happen here to the health care system as I've described it and as the Minister of Health has described it. Those people on the west side of the province, they'll just go to Medicine Hat, get their doctoring services there. They'll get their optometric services there. They'll get their teeth fixed there. They'll get all of those services. And, Mr. Speaker, where has the opportunity for people to live in the province gone? It's gone to Alberta.

And, Mr. Speaker, as I stand here today, we not only miss an opportunity in health care, we miss an opportunity in providing that fundamental service to the people of Saskatchewan within the framework of the people of Saskatchewan. Are there going to be doctors on the west side? Well there's a Dr. Holmes who lives in Leader who has an opportunity to have a hospital with something like three or four beds. That's what's going to happen in Leader. Is the doctor going to stay there for three or four health care patients in acute care in the town of Leader? No sir, Mr. Speaker. And he said that too at the meeting. That, Mr. Speaker, was his exact words. He said, I'm out of here.

And that, Mr. Speaker, for the members opposite to say that Tommy Douglas would have had it this way is exactly the wrong thing to say. It flies in his face, Mr. Speaker, and I don't understand how the people can put this together, saying this is Tommy Douglas. This is Tommy Douglas. This is Tommy Douglas.

I say to you, Mr. Speaker, Ed Whelan is right. Ed Whelan is right. The people that put this budget together had mud for brains. And that, Mr. Speaker, is the reason why. That's the reason why. Tommy Douglas would not stand here and say, you fellows and gals are just doing the right thing. No, Mr. Speaker, he would not. He would say to you, you better go back to the drawing board. If he were sitting in the Premier's chair, Mr. Speaker, if he were sitting in the Premier's chair, he would tell you, go back to the drawing board. That's not what we're going to do, and as a matter of fact, that's what he did.

An Hon. Member: — His wife says so.

Mr. Martens: — Well, Mr. Speaker, they say that his wife says so. Well let her go to Leader, Saskatchewan, and close the door on the hospital that he put there himself. You tell those people in Leader, Saskatchewan, that she should shut the door and she will tell you, I have a heart and I will not. That, Mr. Speaker, and to the members opposite, is the truth. And you need to listen to that and you need to follow that far more closely than you have.

What does this Minister of Health do in relation to health care and her responsibility in dealing with other people? This minister, Mr. Speaker, this minister has decided on a course of action that I believe will absolutely, thoroughly throw all of rural health care into chaos. And I'm not sure whether she's doing it deliberately. I have a sneaking suspicion that she is.

But in the areas that my constituency lie is an area surrounding Swift Current and I thought for a while, you know, the city of Swift Current is going to get all of the benefits, all of the benefits of this regionalization. And the places like Cabri, Herbert, Gull Lake, Vanguard, Kincaid, Mankota, Ponteix — all of these — Shaunavon, Eastend, Maple Creek, Leader, all of these communities would move to Swift Current with their health care.

But no, what did they do? What did they do in Swift Current? They took a million and a half dollars out of

the Palliser health care centre and they're going to have to close, Mr. Speaker, 30 to 35 beds in that heavy level 4 care facility. Mr. Speaker, they're going to feel the effects of that kind of a delivery of health care.

We had that same process gone through here down at Weyburn. The Souris Valley health centre had the same problem evolve. What happens, Mr. Speaker? Those larger communities are going to get cut to pieces the same way that the other health communities in this province are. There isn't anyone who is going to be disregarded. Everybody is going to have a problem.

And why is it extremely important that the people of Saskatchewan become involved in this discussion? Why is it important for the people in Carlyle to become involved in this discussion?

I think, Mr. Speaker, it's important from the perspective of a number of things. The people in Carlyle, Assiniboia, Eastend, Melfort, Meadow Lake, Nipawin, all of these communities need to get involved, Mr. Speaker, and the reason I say that is because they're all going to be impacted on this cut in health care. The patient is going to lose.

There is one thing that Tommy Douglas would never have allowed, Mr. Speaker. The disheartening aspect of this whole discussion is that Tommy Douglas would not have allowed people to suffer like this government is going to allow them to suffer. That is exactly . . . Well, Mr. Speaker, I want to point this out because I want to point out a couple things, as I go along, to the members opposite who may not know the history of the south-west part of the province of Saskatchewan.

You may not know that health region no. 1 began in Swift Current and the south-west part of the province. They maybe don't know that, Mr. Speaker.

An Hon. Member: — You didn't know it till we told you.

Mr. Martens: — Well, Mr. Speaker, the member from Rosemont, who has not very pointedly defended this health care district board program, says that I didn't know it until he told me. Well, Mr. Speaker, I go back in history a lot longer than he does, and when I moved into the Swift Current health care district was in 1945, Mr. Speaker, and I moved in there, and in 1947 it was established. And that, Mr. Speaker, began the health care, health region no. 1 in the province of Saskatchewan that began there, and this government, under a different form, under Woodrow Lloyd, is the one that took it away, Mr. Speaker. Tommy Douglas didn't take it away. This group of people here under the leadership of Woodrow Lloyd took it away. That's the people who took it away. And then the people under the direction of Mr. Blakeney, they totally eliminated it. And that, Mr. Speaker, was health region number 1.

I want to point out a number of things, how the whole health region no. 1 was organized. All of the

municipalities from Leader to roughly in the area of Cadillac and Ponteix, that all the municipalities in that area, all of the small urban communities and all of the cities, all were allowed to have representation on that committee. The municipality, urban or rural, provided the delegates to that executive that ran that health region no. 1. Was it run out of Regina? No, Mr. Speaker, it wasn't run out of Regina. Was it run out of Saskatoon? No, it wasn't run out of Saskatoon. Was it run out of the Minister of Health's office? No, Mr. Speaker, it was not. It was totally autonomous and independent and had its capacity to deal with its own governance within itself. That, Mr. Speaker, is the reason why it's important to talk about it in relationship to the kinds of things that are going on here.

These health care boards that the minister is going to appoint, and some of them have been appointed already, they are . . . I'll take Prince Albert as an example. There was a reeve or a councillor from the municipality just outside the city of Prince Albert, wrote in the *Rural Councillor*, he wrote about how he perceived the whole of the process evolving around the P.A. (Prince Albert) Health Board and its responsibility. And he said one of the things that struck him was that there were no representatives — 18 municipalities, I believe in that health care unit in that district — not one, Mr. Speaker, not one single person from a rural municipality was appointed to the board — not one. He said it is wrong for us to be involved in this kind of a program when not one of them is appointed by the . . . (inaudible interjection) . . . Okay, how many are? How many are? The member from P.A. said that there was a whole lot of them appointed from the rural part of the . . . from that community. Mr. Speaker, the member from P.A. says two. Okay so there's two. Is that proportional to the property tax that the urban and the rural will pay? I bet you it isn't.

Mr. Speaker, I want to know how many people in the rural community from the small towns were appointed. And that, Mr. Speaker, is another question that these people need to have. Oh they want to justify it all by saying there's an aboriginal on there. Well fine. Let that be; let that be. Three women — let that be too. But you should be able to find somebody that you can appoint that would be part of the rural communities. That's a part that you ignore.

I want to point this out because the individual who wrote the article in the *Rural Councillor* said this. He said the people in the rural community will have to bear the majority of the cost through property tax. That's what he said. That's exactly what he said. The rural councillors will have to carry the cost of this health care facilities and the district boards. That, Mr. Speaker, is the problem.

Subsequent to that, Mr. Speaker, they're resigning. Why? Why? Because they don't want to be involved in having to close the hospitals. Mr. Speaker, they don't want to shut the hospitals down. They know it's wrong. They've always thought it was wrong but here they were told, well it's going to be kind of a neat kind of a deal. You'll be

able to have health care. You'll be able to decide on your own where the money is going to go. But nobody told them it wasn't going to be enough to cover the bills.

And that, Mr. Speaker, is the fundamental problem. And that is why what was done in health region no. 1 as compared to what these people are doing is totally different. That minister is going to decide to appoint, and those people were elected from within the framework of their communities — all of them. In fact, Mr. Speaker, I believe there were 95 of them, towns and villages. The city of Swift Current had a proportional representation on that board and they had a proportional representation on that executive. And what did they decide to do through the history of that, Mr. Speaker?

Somewhere in the early '50s the doctors, together with the municipalities, put together a bond. And the bond, Mr. Speaker, was worth 200,000. And in those days, Mr. Speaker, and even today, that's a lot of hay. And that, Mr. Speaker, was put together by the municipalities and the doctors in the community.

(2045)

How did this work? The health region provided the administration focus of all of the medical services within that framework. They did the billing. They then would turn around and bill health services for their refunds. The doctors would get 85 per cent of the schedule. The doctors were willing to work under that and the health region would retain the 15 per cent. The doctors were comfortable with that. In fact there were some doctors who said, I think I can live without this.

And I believe it was in the '60s they said, well I think I'm going to go out there and see if I can bill on my own and collect it and have these people collect it. Well you know what happened, Mr. Speaker? It didn't take more than six months and those doctors were back on the stream taking 85 per cent of the schedule and allowing the health region to have the 15. And that, Mr. Speaker, was what happened.

So the doctors in the community and the municipalities, both urban and rural, put together health region no. 1. That was the beginning of it. And in order to sustain that they took that 15 per cent and said, we will put that against providing additional services. And, Mr. Speaker, you know what they did? They provided dental services for children. Way before this government ever thought of it, they provided a dental service. And this is supposed to be the right-wing group of people who, those people over there say, oh they never did those kinds of things. They didn't care.

But this comes from the right-wing part of the province, Mr. Speaker, and that, Mr. Speaker, . . . (inaudible interjection) . . . Well, Mr. Speaker, the former member from Shaunavon says I'm stupid. Well I'll tell you the former member from Shaunavon should go back to his old constituency and find out how they voted for him. They threw him out, Mr.

Speaker. They threw him out. They said he was no good and that, Mr. Speaker, is a fact.

Mr. Speaker, Mr. Speaker, the very fact that these guys get irritated shows me that they are further from the truth than they ever thought they were. And I want to point this out, Mr. Speaker, that Mr. Ross Thatcher represented that part of the province . . .

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

Mr. Trew: — Mr. Speaker, my grandmother, who represented Maple Creek from '44 to '48, would be very offended.

Some Hon. Members: Hear, hear!

The Speaker: — I think the member from Regina Albert North knows well that that is not a point of order. It is not a point of order.

Mr. Martens: — Well, Mr. Speaker, I just want to say that the individuals opposite get fairly exercised when you start talking about the truthful things that happened during the period of time from 1947. . . (inaudible interjection) . . . Well the member from Swift Current is nattering from his chair, and I think that he needs to think about the kinds of things that he talked about when he was a councillor on the city council in Swift Current; he needs to think about some of those things.

I will say, Mr. Speaker, that the people in the south-west part of the province had a concern about health care, they had a concern about dental care, and they provided it, Mr. Speaker, through the services that were provided by the people in the province. That, Mr. Speaker, is exactly the reason why those people said I want to have a health care system, one, that is going to provide medical care. I want a health service in this part of the province to provide health care that is going to be for emergencies. I want to have health care that will provide some stability if there is an emergency.

I want to have a health care system that is going to provide some stability to maintain a consistent wellness, as the member has called this new program. It's a wellness . . . Well, it isn't wellness, it's getting sick. But those people had a wellness program and it was entirely different than anything you have here.

And that, Mr. Speaker, and that, Mr. Speaker, is the reason why those people wanted it. That, Mr. Speaker, is the reason why they developed health region no. 1.

And, Mr. Speaker, Mr. Speaker, I want to tell you something about history. Madam Minister, in 1977, Mr. Smishek, who was the minister of Health, Mr. Smishek, the minister of Health, decided that he was going to disband, he was going to disband health region no. 1. He was going to take and throw it out.

And what did he do, Mr. Speaker? What did he do? He decided to take those reserves that were put together

by the municipalities, he took those reserves and said, oh, I'm going to put them in the Consolidated Fund. I'm going to put them in the Consolidated Fund for all the people to spend, and that, Mr. Speaker, is a fact.

Well, Mr. Speaker, I will say this, that the only reason that it was prevented from happening the first time that it was involved, Mr. Speaker, the first time that Mr. Smishek tried to come down and do it, do you know who stopped it?

An Hon. Member: — Who?

Mr. Martens: — Mr. E.I. Wood. He said . . . and I'll give you exactly what happened. They were in a meeting with these 95, Mr. Speaker, with these 95 delegates from all the way across the south-west part of the province. They were in a meeting together with Mr. Smishek and Mr. Wood. And Mr. Wood said to Mr. Smishek, come with me; we'll go outside for a while. And as they were going out, Mr. Wood said to the delegates, he said, we'll get it, we'll get it. And that's exactly what happened, Mr. Speaker. That is exactly what happened.

And as he went out, he convinced Mr. Smishek to leave the money in the program in the south-west and they came and then it was left in there. But you know what happened just shortly after that? It was taken out. Mr. Speaker, the health region no. 1 had almost 9 . . . well it was more than \$900,000 in that surplus. That \$900,000, do you know what the health region wanted to do with it? They wanted to put some extra services into Leader. They wanted to put some extra services into Maple Creek and into Gull Lake. Well they did. They spent about \$400,000 of that in those hospitals. And do you know what happened then, Mr. Speaker? The minister of Health said, I want the other \$400,000.

So the health region no. 1 said, well let's put it into the Swift Current Union Hospital. Let's put it into the Swift Current Union Hospital and then we'll be able to protect the money that's been collected by the people in the municipal taxes. You know what they told them? You couldn't use that because it would be taken off of the money that was allocated to them on the basis of a general overall allocation. That, Mr. Speaker, was exactly what they said. You give them the \$400,000 and we'll take it out of the grant.

That's the kind of thing, Mr. Speaker, these people decided to do with health region no. 1 when they thought it was in their personal best interest to get rid of it. Do you know why? Because it showed some efficiencies in the system. It showed a capacity to have local people, elected local people, do the kinds of things that they were supposed to do in the communities involving health care. And that, Mr. Speaker, is a fact.

If you go to those communities in the south-west part and you talk to some of those old reeves and councillors, that's exactly what you'll find out. Go talk to the old administrators in the municipalities. Go talk to the older people in the city of Swift Current who

were involved in the kinds of things that were going on at that time. That is exactly what happened, Mr. Speaker. And you'll find that this government today is not of the same mode that Tommy Douglas was. And even when in 1970 when these people were a part of the government, these people were not like Tommy Douglas. Because that's when they took it away, Mr. Speaker — they took it away. And these people glibly say, well that was different in those days.

But we're here on a whole new basis, Mr. Speaker. And you're right, Mr. Speaker, it is a whole new basis. These people are going to have appointed boards, people will be chosen, probably more for their political backing than their capacity to lead in health care. That's the kind of choices these people are going to make. And that's the choices they've been making across the province as they've put together these health care boards.

Mr. Speaker, these people have clearly, in my opinion, not only desecrated the health care system, but they're in the process of dealing it a crippling blow in the province of Saskatchewan. That is what's going to happen.

I want to say a couple of other things too. And I've been involved in politics in the south-west for 20 years. And one of the things that I have consistently listened to is what those people who run against me say about various kinds of things. And I want to point a couple of things out to the people of Saskatchewan I think they need to think about.

In the area from 1986 till 1991 there was a consistent volume of support for establishing a new health care, level 4 health care facility in Swift Current. And, Mr. Speaker, it was a good idea. It was a good idea. So what would make the Swift Current region want to have an opportunity for providing health care in an area that is . . . area like Swift Current. And, Mr. Speaker, I thought it was a good idea. I still think it's a good idea.

But what have we had happen today? Last week it was announced that there was going to be at least 30 beds cut out of the health care facility of the Palliser. That, Mr. Speaker, is what the reality is in terms of what the people here have said and what the people wanted to have. And I can recall the member from Swift Current in many occasions saying that he would personally see to it that there was a facility put into the city of Swift Current.

And now, Mr. Speaker, what has . . . All through the city council, when the member was on city council, Mr. Speaker, he said that over and over again — and in many other places. I want to point out too, Mr. Speaker, that that is the member that shut down 30 beds in the city of Swift Current, in the Palliser hospital.

It is going to mean that people will have a very, very serious problem in relating to their families because they will have to either move them out or deliver the health care in another way. But the families are going

to be held responsible for that, and that is very serious, Mr. Speaker. And I say to those people across, this government who are going to do that to the people in the province of Saskatchewan, think again. Because some of those people will be your mothers, some of those people will be your aunts and uncles, and some of them will be your fathers. That, Mr. Speaker, is the essence of what they're doing.

They're saying, we don't care any more. And they've said that over and over again. The essence of this Bill is that the government, with this Bill and the policies that go with, has chosen to address funding by picking off the most politically vulnerable group, knocking them out of medicare, and offloading the funding burden on the property tax. That, Mr. Speaker, is the reason why, for example, they don't want to move forward on Bill No. 10. Bill No. 10 would take away the capacity of this government and the minister — and the minister — to tax property with an order from the minister. That, Mr. Speaker, is the reason why they don't want to get rid of it, because what they're planning on doing is taking these communities, eliminating the responsibility of provincial funding, and saying to those small communities like Cabri and Leader and Maple Creek, Vanguard, and Herbert, you don't get funding from the province any more. You're going to have to pick it up and take it from the property tax.

Mr. Speaker, they can't do that any more. The people with property cannot pay those taxes any longer. They're more and more becoming unable to deliver, even on the school taxes that they have to pay, and the rural municipal taxes that they have to pay. And now this government is going to unload, unload on the property tax the burden of health care.

Mr. Speaker, in my view this has to do with priorities. Mr. Speaker, in my view this has to do with priorities. And the member behind me said, it's purely speculation. Well, Mr. Speaker, there's more and more people agreeing with me than there are with you, and that, Mr. Speaker, is a fact. And they're beginning to see through what's going on.

It's a matter of choices, Mr. Speaker. It's a matter of choices, Mr. Speaker. The choices are being made every day by individuals who are in government, choices about, should I fund video lottery terminals for \$23 million as a part of the budget, or should I not? The essence of the fact is, Mr. Speaker, that you have to make choices when you're in leadership, and I think some of these choices are wrong. I think they have been wrong from the very beginning.

(2100)

And the reason they're wrong is because they haven't got a balance. There's some very fundamental things that they haven't done. They're making choices, Mr. Speaker, between \$23 million for gaming in your budget, Mr. Minister of Justice — there are \$23 million allocated for the Gaming Commission — and what's allocated for chiropractic care? Twenty-three million allocated for video lottery terminals in the province of Saskatchewan, and what's allocated for optometric

services? . . . (inaudible interjection) . . .

Mr. Speaker, the Minister of Justice asked me the question, what's the revenue? And, Mr. Speaker, I want to point out to the people of the province of Saskatchewan, it isn't in the book. That, Mr. Speaker, is the kind of things that they've done. And when we come to the Gaming Commission, we'll ask where that profit is and where it went, Mr. Speaker. That's a part of these guys fudging the books like they've done for years and years, even in the Blakeney administration.

Mr. Speaker, \$23 million for the Gaming Commission to buy video lottery terminals and there's going to be 30 beds lost in the Palliser health care. I don't know how many beds in the Souris Valley health care system. How many beds are going to be lost in P.A.? How many beds are going to be lost in Moose Jaw? How many beds are going to be lost in Regina? How many beds are going to be lost in Kindersley? Twenty-three million dollars, Mr. Speaker, going to video lottery terminals and, Mr. Speaker, what's going to be used to buy optometric care? What's going to be used to buy chiropractic care? Nothing, Mr. Speaker. What's going to be used to buy dental services for children? Twenty-three million — where's that going to go? That's going to buy video lottery terminals and we're not even sure, Mr. Speaker, we're not even sure whether in fact the businesses that are trying to do business have a legitimate and legal problem in United States. That's the question we raise today.

These government have choices. And, Mr. Speaker, the member from Last Mountain-Touchwood, he's got some observations to make about how we spent money in health care. Well, Mr. Speaker, I want to point . . . that raises a point that I want all of you to consider.

One of the things that motivated, Mr. Speaker, one of the things that motivated one of the individuals from Cabri, Saskatchewan, to nominate me in the last election, was the fact . . . was this very fact, Mr. Speaker, that in 1977 when he was going around the province looking for an opportunity to establish a senior citizens' home and a nursing home in the town of Cabri, he was told by the then minister of Social Services that we have a moratorium on those kinds of facilities in the province of Saskatchewan. That, Mr. Speaker, is a fact. And that individual, since that time has supported me on every occasion. And that, Mr. Deputy Speaker, is a fact.

And since that happened, what has happened to the town of Cabri? Mr. Speaker, they have a new hospital with level 4 facilities attached to it. And that, Mr. Speaker, was needed, was needed in that community. Mr. Speaker, as absolutely as I stand here, that was needed in that community, and I fought for that community to get it. And I worked hard.

And now what's going to happen, Mr. Speaker? The member from Shaunavon, the member from Swift Current, the member from Rosetown-Elrose, they're going to shut these down. They're going to shut them

down, Mr. Speaker. Close them down, that's the best thing to do for these facilities.

Now I want to point out to the people of this province, those people and those communities will not allow that to happen, Mr. Speaker. And you know what they're playing off here? The Minister of Health is playing off the very fact that she says, if I cut and reduce the spending, they are going to take and put it on the property tax. And that, Mr. Speaker, is wrong for this government to do that. It's absolutely, totally wrong.

The town of Vanguard has a hospital and health care services. And when I asked the Minister of Health to stand in her place during estimates last year, what did she tell me? She said there is one acute care bed in that hospital, and that's absolutely, totally wrong — absolutely, totally wrong. Mr. Speaker, there is four and a half acute care beds on an average daily census in that hospital and have been for years. That's a fact. And she had the lack of presence of mind to stand in this Assembly and say there's only one in that hospital. It's wrong.

I went and phoned the director of care in that hospital and there's four and a half, Mr. Speaker, the average daily census on acute care. The average daily census in that hospital is 11, Mr. Speaker. And when you take and include all of the value to that community, that, Mr. Speaker, is an exceptional value, and I put it to them this way. They have asked, they have pleaded, they have begged for an opportunity to have a level 4 care facility attached to the hospital, and health care will not provide it.

Mr. Speaker, I want to tell the people in this Assembly that I have represented that community, and I have represented it well, and they have voted for me, Mr. Speaker. And I'll go even further to say that the community that Mr. Gross represented didn't vote for him the last time around either. They voted for me, and that, Mr. Speaker, is the reason why those people want to have me represent them rather than those people there. That, Mr. Speaker, is a fact.

I want to raise some issues that I think have some significance as it relates to the discussion here because I want to deal with how these people are attacking this on a practical basis. When we initiated a major program in rural Saskatchewan or in urban Saskatchewan, we went and visited the people. We went . . . I recall, Mr. Speaker, that when the discussion on GRIP (gross revenue insurance program) was taking place that there was about 110 meetings across this province where ministers of the Crown went to visit these communities. I think there was eight ministers in all went, visited wherever the people wanted to have a meeting. Now that dealt with a major initiative on the part of a government.

What has this government done on a major initiative like wellness in the province of Saskatchewan? Have they been in Kindersley? Have they been in Rosetown? Have they been in Biggar? Have they been in Nipawin? Have they been anywhere? And probably

the answer is no.

And the real question, Mr. Speaker, is probably, have they been in Eastend when the member from Shaunavon said that they were going to be? And the answer to that question is no. Mr. Deputy Speaker, the answer to the question has the Minister of Health been in Eastend, Saskatchewan, and the answer is no.

Has the Minister of Health been in Leader? Was she in P.A.? Was she there on Saturday when the member from P.A. turned his back on the people? Was she in P.A., as the Minister of Health in Prince Albert, when the one of the members from P.A. turned his back on the people? That, Mr. Speaker, that's why this government has lost touch because they don't go out and see the people.

They say people want to have a rationalization in the health care system. People want to have a rationalization in the health care system but they want it to be done fairly, ladies and gentlemen of this Assembly. They want to have it done fairly, and what I see as represented in this Assembly through Bill No. 3 is not doing it fairly. Mr. Speaker, it is as unfair as you can possibly make it.

The member from Moose Jaw said that he likened this thing to the third stage of Tommy Douglas's evolution and what his belief was for the people of this province of Saskatchewan.

Some Hon. Members: Hear, hear!

Mr. Martens: — Well, Mr. Speaker, it contradicts itself. It contradicts itself by the very arguments he raised to pretend that he was making an argument on the case on behalf of Tommy Douglas. He contradicted himself, Mr. Speaker. He contradicted himself on the basis that the individual who deals with health care in any sort of fashion will always . . . if it comes from the NDP Party, will always deal with it from the function of being right. Mr. Speaker, that's what they said. That's what they said.

Some Hon. Members: Hear, hear!

Mr. Martens: — And they're applauding, Mr. Speaker, they're applauding the closing of the hospital in Leader. They're applauding the closing the hospital in Leader; they're applauding closing the hospital in Maple Creek; they're applauding closing the hospital in Eastend, Carlyle, Eston, Eatonia, Kyle, Beechy, all across the province. They're just going to close the door and go away. And they contradict themselves because it probably was Mr. Tommy Douglas who built them there in the first place. Mr. Speaker, the member from Moose Jaw contradicted the very essence of his argument when he said this was Tommy Douglas's deal. That, Mr. Speaker, is absolutely false.

This minister has said that local communities will have control, Mr. Speaker, that they will be able to put their boards together, that they will have control of the agenda. That's not a fact, Mr. Speaker. They contradict themselves in relation to that. The

communities will not have local control. It will be run from Regina and that will be the end of it, Mr. Speaker.

And then they have . . . in the Act it says that the board will be appointed from Regina and then there will be a certain amount that will be elected. Well, Mr. Speaker, as the world turns, the election will probably turn up some NDP people who believe in the same philosophy as this Minister of Health and then she has to appoint five, six, or eight people to that board, and what will they do? What will they do, Mr. Speaker?

They will . . . (inaudible interjection) . . . Oh yes, that's a broad, broad statement to make, the member from Elphinstone has just said. They will have the best for the community, Mr. Speaker, and is the best for the community . . . clap again. Is the best for the community that they close down 34 beds in the Palliser hospital? Is that the reason . . . (inaudible interjection) . . . Oh, when are they going to be shut down? When are they going to be shut down? How many are going to be closed down in the Palliser hospital, Mr. Speaker? A one and a half million dollar cut in the budget and what are they going to do with it? They're closing it down — one thirty-bed wing. And that is a fact. Mr. Speaker, that's the problem with these people. They talk about one thing and do another. That's the contradictory part of their whole argument and that's the part that really is beginning to irritate the people, and that's a fact.

Mr. Speaker, if these people wanted to do something that would be revolutionary, that would be to say to those people in those communities, you go elect all of your boards. Why don't you go elect all of your boards and allow the people in the province to decide exactly what they wanted to have. And that, Mr. Speaker, is the difference between health region no. 1 and what these people are doing. Health region no. 1 will not have an elected board. They will not have an elected board just like they did in . . . from the '40s, '50s, and the '60s. They will have an appointed board by this Health minister.

What is of significance to the people in my constituency is that these people will be able to take and unilaterally decide exactly what they want to do. They'll cut, just as they did in the Palliser hospital, 30 beds off. Thirty beds gone, Mr. Speaker, and that's a very, very serious thing to consider.

(2115)

All of this responsibility for appointments will be done out of the cabinet or the minister. And why shouldn't the people, why shouldn't the people who have elected health care boards for years and years determine that they have a responsible attitude about doing it. Why couldn't they do that, Mr. Speaker? That's the question that I raise here tonight.

Ask the optometrist, Mr. Speaker, whether there was any consultation as it relates to optometric care in the province of Saskatchewan. Go ask the pharmacists whether there was any consultation as it related to the new drug plan. Go ask the chiropractors whether

there was consultation in anything related to the chiropractic care. And, Mr. Speaker, you find over and over again that there was no involvement by the people in this government to deal with any of that. That's a fact, Mr. Speaker, and I want to point that out to this Assembly tonight.

Why doesn't this government go and ask the diabetics about how much it costs individuals who are diabetics in the province of Saskatchewan to sustain themselves. And I got a letter from a lady in Swift Current who works on the regional health . . . regional health group that deals with diabetics and how to do the diets for diabetics. And this lady is a diabetic herself. And it will cost her, Mr. Speaker, it will cost her \$4,000 a year to provide herself a life support so that she can do her normal day's work and so that she can live. It will cost her \$4,000, Mr. Speaker, and that, Mr. Speaker, is very, very, significant. How many days will she have to work in order to provide that \$4,000 for herself. How many days will she have to work for all of the other medical expenses that will occur in the two children that she has?

And that, Mr. Speaker, is the reason why she wrote me a letter and said, this is what the costs are. I believe that she was frank, open, and honest and if she . . . and by the way, Mr. Speaker, she wrote a letter to the Minister of Health as well, and said, what has your drug program done to wellness for me? And I pay \$4,000 a year to have insulin and the things that go with the diabetic problem. They say, well that's fine.

But did they consult anybody? No, Mr. Speaker, they did not. They haven't consulted anybody on Bill No. 3 either and that's a fact. Have they consulted with the elderly, Mr. Speaker? Have they looked and said to these senior people in the province of Saskatchewan, have they asked them whether they should reduce the number of beds in level 4 care in the province of Saskatchewan? Have they asked them whether they should reduce the funding so that more and more of the cost is borne by the individuals who are residents in level 2 and level 3 and level 4 care facilities. Have they asked them? No, Mr. Speaker, they have not.

They have gone around and said, oh it isn't going to bother you much. It isn't going to impact you much, you just elect this board and put it all together and then you're going to have a whole lot better program and this is going to be wellness. Mr. Speaker, this will be wellness. Well, Mr. Speaker, people who live in those communities don't think it's wellness.

The mayor of Vanguard sitting in this Assembly on the day that the budget speech was delivered, Mr. Speaker, was not very impressed with the Minister of Health's and the Minister of Finance's wellness model. She said, that is the death not only of wellness, but it's the death of our community. And, Mr. Speaker, that's the part that bothers people when you talk about, oh this is good for you, take this Buckley's medicine and it'll do you good. Well, Mr. Speaker, the people say no. They said no in P.A., and they're going to say no in Rosetown, and they're going to say no in Assiniboia, and they're going to say no in

Gravelbourg, and throughout the province.

And what you're going to do is just you're going to unilaterally say, okay that doesn't matter what folks say in the province of Saskatchewan; you're going to do away with it. That's what your intention is.

Your attack on seniors . . . 1982 to 1991 there was an extensive cost carried by the people of the province of Saskatchewan in building nursing home beds for people in the province who needed it. Mr. Speaker, those people needed it. There was no saying to the people like was said in 1977, we're going to have a moratorium on nursing home beds in the province of Saskatchewan. That's what was said. And from 1982 to 1991 there was a significant change. And, Mr. Speaker, if the people of this province go into their local community, they will see a nursing home facility. And will it have one bed empty, two beds empty, any beds empty? And I grant you, Mr. Speaker, that there will be absolutely no beds empty, and there's probably a waiting-list. And that waiting-list, Mr. Speaker, is as important to consider on the basis of seniors as it is for individuals needing health care services and acute care facilities in the province of Saskatchewan.

Individuals have called me when their family have serious illness, as heart patients. On one occasion, an individual phoned me, and he said, my wife is going to have this procedure where they put a ball in an artery in your leg, and they put it up through the artery and expand the artery so that the person can have better circulation in the system and deal with the cholesterol problems that occur and the shrinking and the hardening of the arteries. That, Mr. Speaker, was during a time when there was significant risk because the doctors were talking about not signing the agreement too, on the health care side of the ledger. What happened, Mr. Speaker? This individual phoned me up and he said, get those people to work. Get them to work. Make them sign that agreement so that they go to work so that my wife can have that operation.

You see, Mr. Speaker, what these people have done is they have distanced themselves from the problem. They have distanced themselves from the problem so that they don't have to watch it, so they don't have to see these old people struggling to survive on a minimum income when — as we've heard people say in this Assembly over and over again in former years — you put on a \$50 fee for a drug program as a measure to offset some of the cost and they say, well it's drugs or food.

And now, Mr. Speaker, these same people who said that are going to put an \$850 ticket on these senior citizens. That, Mr. Speaker, is horrendous and that's every six months. And that, Mr. Speaker, is a part of the reason why I say to the members of this Assembly . . . that's why I say to the members of this Assembly that this Bill and the policies that go with it, and this government, has chosen to address funding by picking off the most politically vulnerable group, knocking them out of medicare and offloading the funding burden onto the property taxes.

That's the essence of what they're doing, Mr. Speaker. They're taking the people that Tommy Douglas would have cared for, they're taking the people that Tommy Douglas would have said, I really feel for you; would have gone out and stood alongside those people and said, we're going to do this for you . . . And these people say no, I'm not even going to visit. I'm not even going to go out and say how would I rationalize this health care system in a way that would provide adequate funding for everyone to get the benefit.

Mr. Speaker, this group of people in 1977-78 imposed a moratorium on nursing homes. And I will never, ever apologize to anyone for building those nursing homes in my constituency and in any constituency, Mr. Speaker, because the people in the province of Saskatchewan knew there was a need, they accepted the responsibility, and they even helped to build some of those themselves, Mr. Speaker. The municipalities provided funding so that these facilities could be built. And it relieved the capital cost to the province considerable amount.

And that leads me to a point, Mr. Speaker. The town of Vanguard has considered building a level 4 facility adjacent to the hospital. They've considered this for a long time.

One of the things that they did, Mr. Speaker, is they went to the municipality and said — to the municipalities — could you put together the funding that is required as your share of the cost in building this facility? And, Mr. Speaker, they did. They went and in three years they had all the funds available to construct that level 4 care facility.

Why? Because the people knew that they needed it in that community. They needed it in that community in order for those people who grew up in that community to live there and be visited by family, visited by friends, people that they had grown up with.

That's the kind of thing that is always available in those communities for the people who earned their living there. They played their hockey there. They did all of the things. They raised their families. They taught school. They educated their children.

And in those communities, Mr. Speaker, now what's happened? Now they're closing the door on them. Systematically going around the province and saying, sorry, can't have this acute care facility here, can't have that one there. Your beds are going to be apportioned one and a half . . . 1.1 to one and a half beds per thousand.

Well that might lead to some efficiencies in major urban centres where you're only half an hour away from the hospital health care facility where you live, but that's not the case in the communities where I live.

Mr. Speaker, the reason I guess that this becomes a very personal matter to me, Mr. Speaker, and has been for a long time, is that in 1959 I was a part . . . I became involved in an accident that caused me a considerable

amount of concern and that rather seriously altered a lot of things that I did in my life. And that, Mr. Speaker, was the day that I became aware of the health care facility in health region no. 1 providing me the service so that I could recuperate from the accident.

And that, Mr. Speaker, set a tone for me. And what do we do when people help me and get established . . . and I've had numerous operations in various hospitals since then, Mr. Speaker, in Regina and Saskatoon, in Swift Current, in Kyle, and a lot of different places — and that, Mr. Speaker, has led me to believe this: that when there is a need to help someone out, the people in the province of Saskatchewan are prepared to assist. They are prepared to assist. They did it for me; I'm prepared to assist them. We have that attitude. We have that belief in the province of Saskatchewan.

And now what we have, Mr. Speaker, this group of people who think they know everything, they are going to take and systematically reduce that opportunity for emergency services, acute care services in rural Saskatchewan, systematically cut it to pieces. And, Mr. Speaker, I want to point out to this Assembly that the people in the province do not believe in that. The people in the province don't believe in that. And they never have, Mr. Speaker. That's why they wanted medicare in the first place. The people in this province don't believe that what you're doing is right.

And that's why I say to you, why don't you reconsider? If you believe that you can convince the people of Saskatchewan that you are doing the right thing, then go to Leader, go to Prince Albert and talk to those people. Go there, and ask them. And what are they telling you? That you're doing the right thing? I highly suspect that they're not. Whether it's in the health care delivery, the individuals in the health care delivery system, nurses, doctors, therapists, chiropractors, all of them. Are you delivering what the people of Saskatchewan want to have? No, Mr. Speaker, they're not.

(2130)

And I say to you, it's a matter of choices. You're making some choices that are very serious. And when I see these people who are in need of serious health care, and they're in need of it, and there's no place for them to go . . . What are we going to do when we have a list of a hundred people wanting to get into level 4 care facilities in Swift Current? What are we going to do when we have 10 of them in Cabri? What are we going to do when we have 25 of them in Herbert? What are we going to do with all these people? You've got some bright ideas? Why don't you come forward with it?

You haven't got a solution. You say that your solution is building a board, building a district. Oh yes, they'll be able to rationalize it. How will they be able to rationalize it, Mr. Speaker? They won't be able to. They will weigh the care that the people in this province believe in against money. These people do that. They say, should we care about people, or

should we cut the budget? And, Mr. Speaker, I say that they're misdirected in how they spent their money.

And, Mr. Speaker, I say that this government is mismanaging more than I have ever seen in my life before. Mr. Speaker, they are mismanaging their opportunity for investment in this province. And they are mismanaging their opportunity for delivering health care. And that is why, Mr. Speaker, that is why I say to these people, do you really care? And the people in the province have a right to ask that question.

Mr. Speaker, the member from Last Mountain-Touchwood raises a very important point. He raises an important point because yes, Mr. Member, I did care when they asked me in Cabri, Saskatchewan, to put a nursing home in there. I did care when at Herbert they asked me to change it around so that we could add additional beds and provide a better service. Mr. Speaker, those people asked for it, and we delivered it. And that . . . (inaudible interjection) . . . Mr. Speaker, nursing home beds didn't cost 15 billion.

And as a matter of fact, as a matter of fact, let's take choices into perspective, Mr. Minister, let's take choices into perspective. In 1977 when those members opposite were in government, they decided to buy holes in the ground and potash mines instead of building nursing homes, Mr. Speaker. That's what they decided to do. That is exactly what they decided to do.

And what have you got, Mr. Speaker? They cared more about the economic things as it dealt with buying the socialist agenda than it did with buying health care facilities and opportunities in the province of Saskatchewan. And that, Mr. Minister, is a fact.

Mr. Speaker, the people in the province of Saskatchewan want to know, they want to know why you're prepared to put \$64 million in a pipeline coming down to deliver natural gas — \$64 million they want to know — when the private industry in the province of Saskatchewan would be gladly prepared to do that. That, Mr. Speaker, is the reason why these people are going down and sliding down in the polls.

They have made the choices, Mr. Speaker — \$64 million they're prepared to put into pipelines when the private sector could easily do that. They're making choices every day, Mr. Speaker.

And as I said before, they're making choices about other things as it relates to video lottery terminals. They're making choices — \$23 million they plan on spending. They're making choices, Mr. Speaker.

Mr. Speaker, \$64 million in the budget is going to go to buy a big steel pipeline in the province of Saskatchewan. And as taxpayers, they're going to pay for it. That's where the choices are all wrong, Mr. Speaker. And that's what the people of the province are saying. Let the private industry who has the capacity to do it, and who can probably deliver it a lot

better than the government can, let them become involved in it, let them do it. And that, Mr. Speaker, is what we need to have.

There's another point I want to make. People in the province of Saskatchewan are asking me what kind of choices are these people making. And I want to say . . . there are a couple of places I want to point this out in. They're making choices, Mr. Speaker, to own about 350-plus-million dollars worth of shares in Cameco. They're saying, okay, we'll own those. Why don't we sell them and invest the money in health care or invest the money in reducing our deficit. But no, Mr. Speaker, no, let's just keep pushing these taxes down people's throat. Let's push the 9 per cent down people's throat, build the 64 million on the basis of one point in that E&H tax, build that \$64 million worth of pipeline when the private sector could do it. Mr. Speaker, these people make choices every day, and in my community, it's going to impact. That's what we're talking about.

The health care facility in the community that serves me is going to cut a million and a half dollars out of the budget of a level 4 care facility. They're making choices, Mr. Speaker.

An Hon. Member: — You made choices too . . .

Mr. Martens: — You're right, Mr. Speaker. I made choices over and over again, and health care in Herbert, Saskatchewan, is better served today than it's ever been served before because this member stood up for rural Saskatchewan. The member from Last Mountain-Touchwood doesn't even know what happens in his community today.

Mr. Speaker, we made choices about people in their homes. We made choices about people in the hospital. We made choices with people in health care. Mr. Speaker, when this Conservative Party was the government of the province of Saskatchewan, there was a significant concern raised by the people who were in opposition at the time, Mr. Speaker, about the waiting-list in the University, St. Paul's and City Hospital in Saskatoon. And, Mr. Speaker, when this party was the government in the province of Saskatchewan, we responded because we cared.

And what did we do, Mr. Speaker? We lowered the volume of people waiting on the waitings list. And that, Mr. Speaker, was a choice that we made. You're right; it was a choice we made. And, Mr. Speaker, it was made because we cared. It was made because we had a concern for these people. And what do you do? Oh you just say, oh that was waste and mismanagement.

Mr. Speaker, we have the minister of laws in this province of Saskatchewan commenting on \$15 billion worth of debt. Well, Mr. Speaker . . . (inaudible interjection) . . . it's not 16 billion; it was 13 billion when we left office. And it is now 15 billion, and that is a fact.

Mr. Speaker, I hear the member from Saskatoon, or a

member from Saskatoon saying, well am I proud of that. Well, Mr. Speaker, in my constituency, there is significant benefit from that money that we spent in schools and in hospitals.

As a matter of fact, I too have a school, Mr. Speaker. I too have a school that has a fire warden's commitment to it. And that, Mr. Speaker, is little children going into a basement for kindergarten when the Fire Marshall has said they shouldn't be there at all. That's the kind of thing that you left in the '70s when you decided to make a choice of putting money into a potash mine rather than into the people in the communities in the province of Saskatchewan and you put millions and hundreds of millions of dollars into that.

And that, Mr. Speaker, is the reason why you again are going to lose the next election. And that, Mr. Speaker, is the fundamental belief in the people of the province; that you have not looked after them or cared for what they did. You have your own personal agenda that is not accurate and is not correct.

I want to point something out to the people that are perhaps listening. And, Mr. Speaker, I want to point this out . . . (inaudible) . . . A lot of people have considered what the members opposite have said, and that being that the majority of the waste in health care is consumed by the people in rural Saskatchewan — that is not a fact, Mr. Speaker.

The fact of the matter is that 20 per cent of the health care costs, 20 per cent of the health care costs in the province of Saskatchewan are in rural Saskatchewan — 20 per cent; 80 per cent occur in Saskatoon and Regina — 80 per cent of the health care costs occur in the city of Regina and Saskatoon.

Then you'll have people say well, there are people from the rural part of Saskatchewan that go have health care services in Regina and Saskatoon. Well yes, sir, you're right.

But don't, don't mess with the numbers when you're talking about the savings in health care in rural Saskatchewan by cutting out these hospitals and health care facilities. You're going to cut them out and what is going to happen, Mr. Speaker? It's going to happen as I've seen it in rail line abandonment, abandonment of various kinds of businesses, of elevator closures, all of those things. I've seen it all happen in rural Saskatchewan. And, Mr. Speaker, this government is going to do exactly the same with rural base hospitals.

That, Mr. Speaker, is a fact. They're going to cut them out there and they're not going to save a nickel in the long run.

And they will have additional costs, Mr. Speaker, additional costs. They will have costs. Why? They'll have costs on costs because of delays in operations that should have taken place earlier rather than later. And that, Mr. Speaker . . . they will have additional costs.

The Minister of Health has said that the people of the province of Saskatchewan have a wellness program here. Well, Mr. Speaker, it's like saying that chiropractic care isn't a part of wellness, or a diabetic going to the optometrist to get his eyes checked because there isn't a direct relationship between diabetics and optometric care.

Mr. Speaker, there is a part to wellness that is very fundamental that says if I do the things right — I live well; I practise a good-quality lifestyle — that I will have a longer life. And, Mr. Speaker, that is going to see the optometrist for a diabetic; that is going to the chiropractor with a person with back spasms. That is doing all of those things.

And that, Mr. Speaker . . . these people don't have any way to rationalize the thinking that they've done behind this wellness model. It doesn't make sense. And the people of the province are saying over and over again, it doesn't make sense.

I want to go through some of the news items that have been dealing with health care costs. Mr. Speaker, the minister of laws — and I'm not sure of Justice — is chirping from his seat. The role of P.A. hospitals to be spelled out. It says here: while the consultants report did not contain specific recommendations, it did imply preference for a Victoria Union as the most viable and least expensive choice for an acute care facility.

An Hon. Member: — And what did the people of P.A. think?

Mr. Martens: — Yes, right. What did the people of P.A. say last Friday or Saturday? Saturday. Mr. Speaker, the people in the province of Saskatchewan and in Prince Albert said no, I don't think you're right. I don't think you're right. Turn Victoria into a single acute-care facility with long-term care at Holy Family. Make Holy Family the acute care facility with long-term care at Victoria Union. Focus medicine, surgery, intensive care, psychiatric, emergency service at the Victoria Union, with obstetrics, pediatrics and long-term care at the Holy Family. That's what the deal was in P.A.

What happened in P.A.? Did the people really like that in Prince Albert? No. They're finally figuring this thing out. They're finally figuring out the Minister of Health. The wellness that she continually talks about, Mr. Speaker, is not wellness in the health care system, it's wellness in the Minister of Finance's budget.

And, Mr. Speaker, this party on this side of the House is as committed to balancing the books as those people are. We're as committed to financial responsibility as those people are. And, Mr. Speaker, I want to point out that the people of P.A. have said they're not interested in this wellness model. The people at Leader on Friday night said, we're not interested in this wellness model. And that, Mr. Speaker, is what people in the province of Saskatchewan really feel.

The hospital closers said: up to the board. And I quote from the Regina *Leader-Post*, Thursday, March 25:

Saskatchewan Health Minister Louise Simard says the government is not responsible for any decision that may lead to the closure of the Weyburn hospital.

(2145)

Well when was it the responsibility of property tax to pay for the health care system in the province of Saskatchewan? That's the question people are asking. When did that change from a publicly funded, publicly taxed program, so that the people in the province have universal care on the basis of universal tax. That's been there a long time, Mr. Speaker.

Workers at the Souris Valley Regional Centre say they have been told the facility will close within five years.

Five years, Mr. Speaker. Do these people care? Are there going to be people on a waiting-list that are going to go to the member from Weyburn and say, my father needs to get into a nursing home, where can you put him in a nursing home? My mother needs to go to a nursing home. Where can I put her in a nursing home? Is it going to be in Regina?

Mr. Speaker, home care. Well I believe in home care, Mr. Speaker. Mr. Speaker, I believe in home care, but when a person reaches the point of having to have four or five hours of special care, then, Mr. Speaker, that person cannot be served by home care.

That, Mr. Speaker, is the problem that we . . . Mr. Speaker, that's the problem we ran into in the '70s, and that's a problem that existed as it moved into the '80s. Those people in the '70s said home care can do it. Provide the care in homes.

But what happened, Mr. Speaker? Wellness and home care made the problem even worse in the 1980s. The problem became far more acute in the 1980s because this is a progressive kind of a decline. It's a progressive decline in a person's capacity to take care of himself, and when you reach that point, Mr. Speaker, it becomes a point when you have to say, these individuals must be looked after in a facility. I can no longer do it.

Souris Valley Regional Care Centre says in five years they'll be closed. Mr. Speaker, what we have to think about when we talk about the Souris Valley Centre, when we talk about the Palliser Health Care Centre, what we have to think about, Mr. Speaker, is the very fact that these beds will be closed, and as they shut down, where are we going to put the new ones that come along, the people that need health care? Where are we going to put them? Where are we going to put them, Mr. Speaker?

Will those people on that side of the House, will they take and put them into their own homes to look after them when they can't do that any more? Are they

going to do that? Mr. Speaker, the answer very likely is no. The answer very likely is no and that, Mr. Speaker, creates all kinds of problems.

And then here in January, we even have some individuals who are going to say to the government, I'm not sure about this wellness concern. And I have a statement in the *Leader-Post* dated January 20: health board under fire; MLA wants elected body. Well there is some reason on that side of the House. There is some reason. They want an elected body and, Mr. Speaker, maybe they should have an elected body. And the reason, Mr. Speaker . . . I want to point out the reason that I believe that this individual said that he wanted an elected body is because at one time he was a city councillor in the city of Regina and he understands what these elected people stand for. He understands what they're capable of doing.

And, Mr. Speaker, the Minister of Health doesn't understand any of that because she has never been involved in it and therefore disqualifies all of the people in the same broad sweep of the brush.

But, Mr. Speaker, the member from Regina Victoria is right, and why does he understand it? He understands it because he himself was an elected official in the community of Regina.

Mr. Speaker, that's a perspective from the city of Regina. Let's go to small-town Saskatchewan.

Now this is a letter from Kincaid, Saskatchewan, Mr. Speaker, addressed to the Minister of Health: In regards to your wellness approach to health care, the idea of promoting a healthier lifestyle, reducing stress, reducing depression and suicides in order to reduce our health care needs may sound like a good idea, but here in the real world, in our small community people still get into car accidents, farming accidents, have heart attacks, strokes, just simply get sick and die, regardless of their lifestyles.

Mr. Speaker, the member from Kindersley took the time to go to Leader on Friday and in the process of the discussion a gentleman got up and went to the mike and said, if I had had to drive from where I live to Medicine Hat, I would have not survived the heart attack. And he was standing there and saying that. The nurse who looked after and stabilized him and the doctor who stabilized him in Leader, Saskatchewan, verified that very comment, Mr. Speaker. If they hadn't stabilized him in Leader, Saskatchewan, he wouldn't have made it to Medicine Hat. Mr. Speaker, I can point out time after time, and every one of us would be able to dig up people who have had those kinds of experiences. We would be able to relate to them. And, Mr. Speaker, I know people in my community and my community is only 25 miles away from . . . away from the major hospitals.

Mr. Speaker, I want to . . . Mr. Speaker, I want to provide this information. There was a young fellow, who was a person who went to the camp that is just on our property, Mr. Speaker. And he didn't tell anybody that he was an asthmatic, Mr. Speaker. And they went

on a trail ride and when they were 20 miles out of . . . away from the camp, he said he started having seizures. Well, Mr. Speaker, my nephew, who has CPR (cardiopulmonary resuscitation) training and various other . . . he's a lifeguard, has all of the badges required to be a lifeguard, and has lifeguarded in various pools in the region — he was there. And they, at least three times, Mr. Speaker, resuscitated this individual.

Mr. Speaker, it was made aware of to the people in the Swift Current Union Hospital and they said, they asked him whether he would be a guest of the Saskatchewan Roughriders here in Regina for a football game. Mr. Speaker, if they had to drive 50 miles, that individual today would not be living. And you can name people after people who are in exactly those same circumstances where people who have the capacity to help other individuals and help them out under severe circumstances, those people in the province of Saskatchewan will have to drive twice and three times as far in order to deliver that health care service.

Mr. Speaker, I can name you an individual who had his little girl drink gasoline out of a bottle in his car shed that was a Coke bottle. Mr. Speaker, she drank that, and immediately her whole lungs burnt from the inside because of the oxygen inside there. Mr. Speaker, they took that girl and rushed her to the hospital, giving her artificial respiration all the way, and today, Mr. Speaker, she is alive and well. If she had to go 50 miles further, Mr. Speaker, she wouldn't have made it. Today, Mr. Speaker, today, Mr. Speaker . . . And the member from Rosemont says I can't say that. Well, Mr. Speaker, I can get you the name of the father who helped that little girl all the way to the hospital, Mr. Speaker, and I will tell you that there are many, many people who are in exactly that same circumstance.

I will say, the members in this Assembly who are from major centres who have never, ever experienced those kinds of things in those communities, should just take the time to be there one day. That, Mr. Speaker, is a fact. And if we take and close down Leader, we close down Maple Creek, we close down Cabri for acute care services, Mr. Speaker, and there is no doctor there . . . What doctor is going to stay in a facility that has two beds? Nobody is going to stay there. The nurses are going to have reduced service load because of the very fact that they have less quality care to provide.

Mr. Speaker, these people haven't first of all begun to understand what they're doing. They don't go out and talk to people about what the problems are. They don't have the courage to go out there and talk to those people. Mr. Speaker, I think it's appalling, and I want to point this last thing out about how these people respond.

These people, through this Bill and this government and the policies that they have chosen, has chosen to address funding by picking off the most politically vulnerable group: the sick, the seniors, the diabetics,

the people requiring chiropractic care, the people requiring optometric care. They've chosen. They've made choices. They've made choices — 23 million for a lottery terminal, 64 million for a pipeline that the public in the province of Saskatchewan would support on a private basis. And, Mr. Speaker, these people say, we don't care; we don't care.

And then they have the audacity, Mr. Speaker, they have the audacity in the throne speech and in the budget speech to say we're doing this as a third step for T.C. Douglas. And, Mr. Speaker, that makes me positively ill. That's like the health care system in the province of Saskatchewan. They are crippling it, Mr. Speaker, crippling it over and over in every way imaginable. Why, Mr. Speaker? Because they don't care, they don't care.

The government, with this Bill and the policies that go with it, has chosen to address funding by picking off the most politically vulnerable group, and they're doing this on the backs of the sick, Mr. Speaker. They're doing it on the backs of the sick in rural Saskatchewan where only 20 per cent of the costs occur. And that, Mr. Speaker, when they get finished eliminating all of the health care in rural Saskatchewan, what are they going to have for a reduced cost? Nothing, Mr. Speaker, nothing. And I have heard people in this Assembly say over and over again, and it's irony that these words will come back to haunt individuals, but I have heard individuals in this Assembly say that waiting-lists provide efficiencies in the health care system.

Mr. Speaker, I want to say to the people of this Assembly that that is absolutely, totally wrong. It is absolutely, totally wrong and, Mr. Speaker, individuals in this Assembly have the same motive in dealing with that issue as that individual had. And that, Mr. Speaker, was the minister of Health at the time. And that, Mr. Speaker, was wrong then; it's wrong today.

And this government is on the same track. They're picking . . . has chosen to address funding by picking off the most politically vulnerable people in the process. That, Mr. Speaker, is what this government is doing. And I don't believe it's fair. It's not fair for anyone in the public to at least to be considered.

It says here you cannot legislate people into being healthy in a free country. It is a personal choice. Money that is now being spent on hospitals, jobs, doctors, and medications will now be spent on promoting a healthier lifestyle to people who will ultimately make up their own minds anyway.

Mr. Speaker, in the end you will be purchasing absolutely nothing. This is what the people from Kincaid wrote to the Minister of Health saying over and over again: you're making choices. On 20 per cent of the budget in health care you're making choices to cut rural Saskatchewan right out of the business. And that, Mr. Speaker, is exactly what the problem is. That's what has been evidenced by the conduct of this government since the very first day

they were elected. Mr. Speaker, it has nothing to do with the deficit. This has to do with eliminating people in rural Saskatchewan. That's what this has to do with. And that, Mr. Speaker, is their agenda on the basis of fiscal . . . on the basis of doing it for the province.

Mr. Speaker, this government has chosen to address funding by picking off the most politically vulnerable group of people there is. It's a matter of funding that the people of this government have decided that we'll do with wellness, cut out rural Saskatchewan which only costs 20 per cent of the health budget, and then deliver what, Mr. Speaker? They will reduce the population in rural Saskatchewan and will they have eliminated the deficit? No, Mr. Speaker. They will never have . . .

The Speaker: — Order, order. Order. Order. I'm sure the Minister of Justice will get his turn. It now being 10 o'clock . . . Order. It now being 10 o'clock, this House stands adjourned until tomorrow at 2 p.m.

The Assembly adjourned at 10 p.m.