

**LEGISLATIVE ASSEMBLY OF SASKATCHEWAN**  
**April 20, 1993**

The Assembly met at 2 p.m.

Prayers

**ROUTINE PROCEEDINGS**

**PRESENTING PETITIONS**

**Mr. Goohsen:** — Thank you, Mr. Speaker. I'm happy to present on behalf of the people of the Gull Lake and Tompkins area, petitions concerning the health issue. I will read the prayer:

Wherefore your petitioners humbly pray that your Honourable Assembly may be pleased to postpone consideration of The Health Districts Act so that communities may continue their efforts to organize their people and have a genuine impact on the process without intimidation or threat of arbitrary action by the government.

And as in duty bound, your petitioners ever pray.

And as I said, there's several people from a meeting last night and we'll present them now.

**Mr. D'Autremont:** — Thank you, Mr. Speaker. I also have some petitions to present to the House today. I'll read the prayer:

Wherefore your petitioners humbly pray that your Honourable Assembly may be pleased to postpone consideration of The Health Districts Act so that communities may continue their efforts to organize their people and have a genuine impact on the process without intimidation or threat of arbitrary action by the government.

As in duty bound, your petitioners humbly pray.

**Mr. Toth:** — Thank you, Mr. Speaker. Mr. Speaker, I as well have some petitions I'd like to present to this Assembly from the Gull Lake-Webb-Tompkins area. And the prayer reads, Mr. Speaker:

Wherefore your petitioners humbly pray that your Honourable Assembly may be pleased to postpone consideration of The Health Districts Act so that communities may continue their efforts to organize their people and have a genuine impact on the process without intimidation or threat of arbitrary action by the government.

As in duty bound, your petitioners will ever pray.

**Mr. Boyd:** — Thank you, Mr. Speaker. I as well have petitions with respect to the health care issue in the province of Saskatchewan. Mr. Speaker, these petitions are from the Gull Lake-Tompkins area as well as the Eston-Richlea-Plato-Milden area of the

province. Mr. Speaker, I present these now.

**Mr. Swenson:** — Thank you, Mr. Speaker. I also have petitions to present today and I'll read the prayer:

Wherefore your petitioners humbly pray that your Honourable Assembly may be pleased to postpone consideration of The Health Districts Act so that communities may continue their efforts to organize their people and have a genuine impact on the process without intimidation or threat of arbitrary action by the government.

As in duty bound, your petitioners will ever pray.

My petitioners today, Mr. Speaker, also are from the west side of the province, and would cover right from the far south up the west side. I so petition.

**Mr. Devine:** — Thank you, Mr. Speaker. I want to table some petitions today with respect to health care. A couple of pages of men and women, senior citizens from the area of Gull Lake and Webb, Saskatchewan, and the south-west part of the province. And I will read the prayer:

Wherefore your petitioners humbly pray that your Honourable Assembly may be pleased to postpone consideration of The Health Districts Act so that communities may continue their efforts to organize their people and have a genuine impact on the process without intimidation or threat of arbitrary action by the government.

And as in duty bound, your petitioners will ever pray.

I now table these.

**Mr. Neudorf:** — Thank you very much, Mr. Speaker. I too would want to join with my colleagues this afternoon in presenting petitions to this Legislative Assembly. The prayer is:

Wherefore your petitioners humbly pray that your Honourable Assembly may be pleased to postpone consideration of The Health Districts Act so that communities may continue their efforts to organize their people and have a genuine impact on the process without intimidation or threat of arbitrary action by the government.

And as in duty bound, your petitioners will ever pray.

Mr. Speaker, these petitioners come mainly from Gull Lake, Saskatchewan, but a number of them I see also from Tompkins in the surrounding area. It is my pleasure at this time to present these petitions to the Assembly.

**Ms. Haverstock:** — Thank you, Mr. Speaker. I rise too with a petition from undersigned landowners, renters, persons affected by and interested in opposing the 230 kV (kilovolt) transmission line from Dundurn to Saskatoon.

And I'll read the prayer:

Wherefore your petitioners humbly pray that the Honourable Assembly may be pleased to cause the government to do the following:

1. Order SaskPower to facilitate the production of non-utility generated power in areas of increased demand; namely, Lloydminster and Meadow Lake. Several companies in this area have applied to generate power. Allowing non-utility generation of power in this area will make the construction of the power line and its attendant \$42 million expenditure unnecessary.
2. Order the Minister of Agriculture to undertake a complete environmental assessment including hearings.
3. Order SaskPower to ensure that there is full and complete compensation package for all affected landowners with increased emphasis on compensation for loss of property value experienced by owners of smallholdings on or near the proposed route.
4. Order SaskPower to table, in the legislature, a complete economic analysis by an independent auditor that proves the economic benefits of the proposed line exceed the economic benefits of non-utility generated power or conservation.
5. Order SaskPower to table, in the legislature, a review of all national and international studies on the effects of electric and magnetic fields on humans.
6. Further, order SaskPower to cease and desist all planning, surveying, or preparation for construction of the Condie to Queen Elizabeth 230,000 volt power line on any of the proposed routes until all other points in this petition are honoured.

And as in duty bound, your petitioners will ever pray.

Mr. Speaker, these people are from Hanley, Clavet, Allan, Rural Route 5, Rural Route 3, Davidson, Humboldt, Saltcoats, Kenaston, and Saskatoon.

#### READING AND RECEIVING PETITIONS

**The Clerk:** — According to order, a petition regarding The Health Districts Act presented on April 19, 1993 has been reviewed pursuant to rule 11(6) and (7) and is found to be irregular and therefore cannot be read and received.

According to order, the following petitions have been reviewed and are found to be in order and hereby read and received:

Of citizens of the province of Saskatchewan humbly praying that your Honourable Assembly may be pleased to postpone consideration of The Health Districts Act.

Session paper no. 110.

#### INTRODUCTION OF GUESTS

**Mr. Devine:** — Mr. Speaker, I want to take the opportunity to introduce to you and to the members of the Assembly, in the Speaker's gallery, men and women who have joined Vonda Kosloski today who have concerns with respect to family values and have concerns with respect to Bill 38. I'd like all members to welcome them here, Mr. Speaker.

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

**An Hon. Member:** — A point of order, Mr. Speaker.

**The Speaker:** — Oh, I'm sorry. I didn't . . . Well I'm sorry. If we can go back. If the member did ask a point of order before question period, I didn't hear. Could we go back by leave?

Leave granted.

**The Speaker:** — What's your point of order?

#### POINT OF ORDER

**Ms. Haverstock:** — I do have a written question today, and I'm wondering if we are going to have notices of motions and questions.

**The Speaker:** — It certainly is a valid point. Could we revert back? It was my omission. Notices of motions and questions. Could we go back?

Leave granted.

#### NOTICES OF MOTIONS AND QUESTIONS

**Ms. Haverstock:** — Thank you, Mr. Speaker. I give notice that I shall on Thursday next ask the government the following question:

Regarding the Department of Health and hemophiliacs who received blood and blood products contaminated by the HIV (human immunodeficiency virus) virus from provincially sponsored Canadian Blood Committee: (1) will the Minister of Health agree to follow the lead of Nova Scotia and compensate hemophiliacs that became victims of the province's failure to help ensure that our blood supply and blood products was free from HIV virus; (2) did the minister originally agree with the other provincial Health ministers to deny hemophiliacs infected with

contaminated blood compensation which Nova Scotia's Health minister has now offered; (3) does the minister agree with her Ontario counterpart who regrets the decision by Nova Scotia to offer compensation to hemophiliacs who were infected by the AIDS (acquired immune deficiency syndrome) virus as a result of failings of the blood committee; and (4) will the minister launch an investigation with other governments to examine the circumstances and possible wrongdoings which led to the contamination of the supply of blood and blood products with the HIV virus?

## ORAL QUESTIONS

### Public Employees' Dental Plan

**Mr. Neudorf:** — Thank you very much, Mr. Speaker. It seems to be getting more and more difficult to have question period in this House with the heavy-handed procedures of the members opposite who yesterday, Mr. Speaker, deprived the opposition of its normal question period. And I don't know if that's ever happened before either in this Assembly.

But, Mr. Speaker, my question is to Madam Minister of Health. Yesterday, Madam Minister, we saw another glaring example of your government's warped idea of fairness. Because on June 30, Madam Minister, Saskatchewan families will see the end of their children's dental coverage. But, Mr. Speaker, not the families of the NDP. Not the families of the NDP cabinet ministers.

Your coverage will only be continued, Madam Minister, if . . . and it will be improved to include children up to 25 years of age, Madam Minister — 25 years of age. And this will be . . . the cost will be borne by the Saskatchewan taxpayer, Madam Minister.

You're telling working men and women in this province . . .

**The Speaker:** — Order. Does the member have a question? I want the member to put his question.

**Mr. Neudorf:** — Thank you, Mr. Speaker. Madam Minister, you're telling the working men and women of this province that they will have to pay for your extra coverage. Madam Minister, how can you possibly justify this blatant, blatant double standard?

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

**Hon. Mr. Tchorzewski:** — Mr. Speaker, I want to thank the Minister of Health for allowing me to answer this question, and I want to thank the member for the question.

I want the House to know, Mr. Speaker, and I want the members of the opposition to know — and they do know — that it is and has been the policy of this government that during these difficult times which we face, there are no enhancement or increases of benefits to MLAs (Member of the Legislative

Assembly). We have frozen salaries now for four years, indemnities of members of the legislature. And in fact there have been some reductions in some of the benefits.

Now, Mr. Speaker, there are some areas in which there are contractual obligations that exist, which were signed by the members opposite with the public service, that have to be lived up to.

But I want to say to you, Mr. Speaker, in response to the member's question, that the government's position is and continues to be that indemnities and benefits to MLAs, including the dental plans, will not be enhanced. That is not going to be changed from what it may already be, and we are asking the Board of Internal Economy to take this under consideration and implement it, because it is the Board of Internal Economy that must bring that implementation into place.

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

**Mr. Neudorf:** — Thank you very much, Mr. Speaker. That, Mr. Minister, is a blatant cop-out, nothing more than a cop-out.

This opposition caucus, Mr. Minister, has gone on record as saying that we are not a privileged person. We are MLAs, but we are no better, no worse than the average citizen of this province.

Therefore, Mr. Minister, what we are saying is that this expanded coverage is something that we refuse to accept. So now, Mr. Minister, I tell you . . .

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

**Mr. Neudorf:** — I tell you that what we want to know is the cost analysis.

Now, Mr. Speaker, this is normal procedure for members opposite when they get into a corner. When they're on a hook, they try to get off. They try to get off the hook, Mr. Minister.

And what we want to know is if this new step that you have . . .

**The Speaker:** — Order, order. Order. I would ask the government members to please not make so much noise that I can't even hear the member asking his question.

**Mr. Neudorf:** — When you're caught with your hand in the cookie jar, Mr. Minister, don't pawn it off on the Board of Internal Economy. Make the decision yourselves as leaders, not followers.

Yesterday we committed ourselves that there would be no special benefits for MLAs. Now what I want to know is, Mr. Minister: what is the cost saving of this process?

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

**Hon. Mr. Tchorzewski:** — Mr. Speaker, I want to respond to the member's question. I think I made it very clear what the position of the government was, not only on this matter but on other matters where it impacts on members of the Legislative Assembly. There will be no enhancements. The position of the government is there is not to be any enhancement in the dental plan for the purposes of members of the Legislative Assembly.

I want to remind the member from Rosthern that it was his government who put this plan into place through the Board of Internal Economy. And that's a legitimate place to do it and the legitimate way to put it into place.

**The Speaker:** — Order, order. Order. Will the member from Estevan and the Government House Leader please come to order. I'm sure if the member has a question, he'll direct it to the Government House Leader. Order. Order.

**Hon. Mr. Tchorzewski:** — Thank you, Mr. Speaker. I am pleased to be able to complete my answer. I'm saying, Mr. Speaker, that we are taking a policy and a program that was implemented by the members opposite when they were in the government, and we have said that there is not to be any enhancement under the dental plan for members of the Legislative Assembly.

And it has to be undone, Mr. Speaker, by directives of the Board of Internal Economy because . . . and that's under the process by which it exists now. So we're going to ask the Board of Internal Economy — on which the members opposite have representation and I hope that they will address this question — to address it and make the changes that are necessary in order that the position of the government and obviously the members opposite is put into place.

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

**Mr. Neudorf:** — Mr. Deputy Premier, you may have taken the Minister of Health off the hook, but you impaled yourself. I have right here — from Linda Kaminski, director of personnel and administrative services — the outline. This says that according to the public employees' dental plan, your child or stepchild of 21 years of age is going to be covered. Your child or stepchild, if it goes to educational institutions, is going to be covered up to 25 years.

There's no mention anywhere here, sir, that the NDP cabinet and the NDP MLAs are not going to get this special kind of treatment — nowhere. Now you're saying it's going to be up to the Board of Internal Economy, Mr. Member. That doesn't fly. That doesn't fly. Don't push it off on someone else. I ask you . . .

**The Speaker:** — Order. Order. I ask the member from Rosthern to please put his question.

**Mr. Neudorf:** — Mr. Member, Mr. Minister, Mr. Deputy Premier, what do you say to the average citizen in this province who's going to be footing the

bill to pay for the expanded coverage of your cabinet ministers and your NDP MLAs and the Leader of the Liberals? Answer that question.

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

**Hon. Mr. Tchorzewski:** — Mr. Speaker, I think the member opposite obviously is not listening to the answers that are being provided. Because I have said on behalf of the government, Mr. Speaker, that the members of the government will not and have no intention of receiving any enhanced benefits under the dental plan.

Now, Mr. Speaker, the directive or the memo that the member opposite from Rosthern speaks of is a memo that came out of the office of the Legislative Assembly. Obviously that supports what I have just said, that there has to be a change in the directive that has been provided by the Board of Internal Economy that instructs the Legislative Assembly Office what the position of the government is and what the position of the members of the opposition are.

The position of the government is very clear: MLAs should not receive enhanced benefits. That's not a position that was stated just today, it has been stated since November 1 of 1991. And that's going to continue to be the position. And I hope that when the Board of Internal Economy puts this into place finally that the members opposite will be there and will support that change.

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

**Mr. Neudorf:** — I don't believe this scurrying and sidestepping and running around. Mr. Member, it's not up to the Board of Internal Economy. The regulations are stated now that automatically every member of this Assembly is going to get those enhanced benefits. You, sir, are the one as an individual that will sign a statement, saying I don't want those enhanced benefits. That's how it operates, Mr. Member.

Now I want . . . You are not the one that's going to be giving this, obviously. But what I would do is challenge other members of the cabinet to get up and say that we will not be accepting any of these enhanced responsibilities or privileges, that we are only normal people, normal people, so that the taxpayers of this province are not forced to pay for the special privileges that you have lined out for yourselves.

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

**Hon. Mr. Tchorzewski:** — Mr. Speaker, in response to the member, I can't help what the members opposite put into place when they put this plan into its existence. It's there. It needs to change, Mr. Speaker, and the position that I have stated is that it will change, that members of the Legislative Assembly should not receive additional benefits during these difficult times when we're asking everybody else in Saskatchewan to sacrifice. Members of this Assembly have to sacrifice

as well.

But I can't help the regulations or the policies that the former government put into place. But I'll tell you what can be done, Mr. Speaker. We can ask the Board of Internal Economy to deal with this and change those regulations if that's what they are, so that the position of the members of this Assembly is put into place and cleared up. The position of the government and the members on this side of the House is very clear; now the appropriate bodies have to make sure that it's carried out.

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

**Mr. Neudorf:** — Thank you, Mr. Speaker. As I have said on numerous occasions, every time the government members, the NDP back-benchers rise in a chorus of applause, it's because they're hurting and they're scrambling. You got caught with your hand in the cookie jar, Mr. Deputy Premier. You got caught. You're trying to cover your tracks by scurrying around and trying to hide behind the Board of Internal Economy, to whom you, when you were the minister of Finance, and your Premier, dictated terms — to the Board of Internal Economy. That's what you did through your cabinet ministers. There was no choice. You control the Board of Internal Economy so this is a cop-out — an absolute cop-out — when the people of Saskatchewan got up and spoke.

Mr. Premier . . . or Deputy Premier, why did you take it away from the common people in Saskatchewan, but reserve this right for yourself? And now you're making deathbed repentance moves — that's all that you're doing, Mr. Minister. That's all that you are doing.

But you took it away from the common people, Mr. Premier, and I say, shame on you.

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

**Hon. Mr. Tchorzewski:** — Well, Mr. Speaker, for the member for Rosthern to get up and speak in these terms, I think, lacks a certain level of credibility. He knows . . .

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

**Hon. Mr. Tchorzewski:** — He knows how these programs, and I'm not being critical of them, were put into place. When they were in the government they put them into place. When we are in the government we're saying that there will not be any enhancements. That is not . . . that is a position we have taken for some time.

I understand, and the member from Rosthern may know this, that there was today scheduled a meeting of the Board of Internal Economy. I'm not sure whether the Board of Internal Economy is still meeting today or whether it's no longer meeting, but if it is . . . but if it was still meeting, Mr. Speaker, it could deal with this issue today, since this issue has arisen, and rectify the situation.

And I would hope, Mr. Speaker, if the member opposite still thinks that the Board of Internal Economy should meet that early, members of the government side will be there to deal with the issue. But they have to deal . . . the Board of Internal Economy, the Board of Internal Economy has to deal with the directive that put this policy and this program into place in order to rectify the situation, Mr. Speaker.

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

### Rural Hospital Closures

**Mr. Boyd:** — Thank you, Mr. Speaker. My question, Mr. Speaker, is for the Minister of Health.

Madam Minister, the other night in Eston you had an opportunity to hear what the people of Saskatchewan have been saying about your plan to close rural hospitals. You heard the hurt, the anger, the confusion, and the sense of betrayal that you are causing in rural Saskatchewan. Surely by now, Madam Minister, you must understand that what the opposition has been saying is exactly what the rest of the people of Saskatchewan are saying out in rural Saskatchewan right now.

Madam Minister, in light of what you heard from the 1,600 people at Eston the other night — incidentally the largest public meeting ever held in that town — in light of that, Madam Minister, will you now slow down your process and postpone the passage of Bill No. 3 so that you can hear the concerns of more of Saskatchewan people?

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

**Hon. Ms. Simard:** — The betrayal, Mr. Speaker, that's taking place in rural Saskatchewan is not on the part of the government; it's on the part of the PC (Progressive Conservative) MLAs who are out there spreading misinformation.

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

**Hon. Ms. Simard:** — They are betraying their constituents as they tell them we're padlocking the doors on rural hospitals. They are betraying their constituents when they tell them there will be no more health care in their communities. And that's the kind of rumours that they're spreading throughout rural Saskatchewan.

The fact is, Mr. Speaker, that we are not padlocking the door on facilities. We are looking at converting hospitals to health care centres with emergency acute care and other health care programming.

**An Hon. Member:** — What does that mean? Explain a hospital care centre.

**Hon. Ms. Simard:** — The members opposite say, what does that mean. They should know what it means. This sort of thing has been recommended numerous times in Saskatchewan as a way to deal with the situation in rural Saskatchewan. It exists in some

communities, and if they went to visit them they would know what it means.

With respect to the availability of emergency acute care, it will be there, Mr. Speaker. People will not be without health care, and we've reassured them of that. If there's a betrayal, it's the misinformation the members opposite are spreading.

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

**Mr. Boyd:** — Thank you, Mr. Speaker. Madam Minister, the only role change of hospitals that you're talking about is from being open to being closed. That's what's happening.

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

**Mr. Boyd:** — What we oppose in this process, Madam Minister, is your heavy-handedness. No debate, no consultation, no local input — just a unilateral decision made in Regina to close 52 rural hospitals. That's what you did, Madam Minister.

Madam Minister, if this is all within your wellness plan, then why rush it? Why rush it through, Madam Minister? Why not slow down the process — exactly what the people of rural Saskatchewan . . . exactly what you heard in Eston the other night. Why not slow down the process and allow the people of rural Saskatchewan to have their say in this.

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

**Hon. Ms. Simard:** — Mr. Speaker, a few short weeks ago the members opposite were saying, you have to make these tough decisions; you're passing the buck to district boards; you've got to make these decisions. A few short weeks ago they were saying, how long is this process going on? People are getting fed up with it. You've got to have some sort of conclusion to this process.

We heard that throughout the province. People were asking us for when the process would be wound up. We set a deadline, August 17, and that deadline remains firm, Mr. Speaker.

We made the tough decisions with respect to rural hospitals. Now they are saying, hold it, we don't want this to occur. Slow it down. That, Mr. Speaker, is talking from both sides of your mouth. It's a position that's taken by people who don't want to reform the health care system because they want to destroy medicare and see it go down the tubes.

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

**Mr. Boyd:** — Thank you, Mr. Speaker. Madam Minister, that isn't what you heard the other night in Eston. Sixteen hundred people were there at that public meeting and they asked you to slow down the process, give them adequate time for consultation, hold public meetings around this province. That's what they asked you that night; that's what they wanted from you that night.

They didn't want your rhetoric. They didn't want the member from Rosetown-Elrose's rhetoric that night. They wanted some consultation; they wanted information, and you did not give it to them.

Madam Minister, will you commit to this Assembly today that you'll provide that kind of information, that kind of consultation that the people of rural Saskatchewan are asking for?

**Hon. Ms. Simard:** — We will continue to consult with Saskatchewan residents throughout Saskatchewan, Mr. Speaker. We will continue to consult. We will continue to have meetings. We'll continue to have discussions about health reform in the general direction. And we're doing it constantly today, and it'll continue.

We will work with planning groups, and many of these planning groups throughout the province are very anxious to get district boards in place, and we'll continue to work with them. We'll continue to develop their plans and put in place a district board, Mr. Speaker. And so the process of consultation, unlike some other provinces in Canada, will continue in Saskatchewan.

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

### Health Changes Pilot Project

**Ms. Haverstock:** — Question as well to the Minister of Health. Madam Minister, when any new product is offered to the public, be it a new car, a new drug, or a new health care model, people have expectations that it's going to live up to a warranty.

Madam Minister, you claim that your wellness model will deliver better and more cost-efficient health care than what we have today. What evidence, what test results, can you provide to the people of Saskatchewan which will guarantee that the changes that you are imposing on people will produce these results?

**Hon. Ms. Simard:** — Mr. Speaker, in the areas where we already have established district boards, there have been savings identified. We know throughout Canada, not just in Saskatchewan, that by organizing on a district or regional basis, that efficiencies can be realized in the health care system.

Beyond that, we also know that it provides a more coordinated and integrated health care system. The government has to contain costs in health care, but it goes beyond that. Our health care reform is not simply a formula for cost containment, it's a formula for emphasizing more community-based services and more health promotion. In the long term, as we emphasize more health promotion, more community-based services, we will develop a better health care system in Saskatchewan. I believe in that very strongly. And I think the member opposite recognizes that as well.

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

**Ms. Haverstock:** — Mr. Speaker, what you're doing with health care reform is like asking the whole province to board an untested rocket ship on a trip to the moon. And your government has as much proof, Madam Minister, that the wellness model will work, as they have knowledge of outer space travel in Saskatchewan.

Now why have you refused to give this project a test run so that all of the experts and ordinary people all over our province, particularly in rural Saskatchewan, are going to be able to not only see the benefits, but are going to be able to see the problems and work together in order to perfect a prototype before you go province-wide?

**Hon. Ms. Simard:** — Because, Mr. Speaker, it is essential that we move with health reform quickly for a number of reasons. If we launch on five-year test projects, we will be way behind the rest of the country and will be doing our citizens a disservice.

The province is in a difficult financial situation. Our response to that is a process of community development and consultation to set up regional boards in order to contain health care costs and improve the health care system in the long term.

Other provinces have different remedies, Mr. Speaker. Privatization is the remedy of the Liberal Leader in Alberta, and it's written up in *The Edmonton Sun* as he talks, as Laurence Decore speaks to the need for privatization in medicare.

New Brunswick: they impose a blueprint on their province, unlike Saskatchewan which has had months of consultation, months of working with communities, and we'll continue to do that, Mr. Speaker.

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

**Ms. Haverstock:** — Thank you, Mr. Speaker. With all due respect, Madam Minister, Premier McKenna is not the premier of Saskatchewan and I'm trying to keep your mind off politics and on health care.

You know, I am really appalled that you would force upon people of this province, without testing it or proving its merits, an entirely new model. And if you believe in this model, you would not be afraid to test it. You've been in power for 18 months — don't talk about having to do this for five years in the future, talk about what could have been done and what can be done in a specified period of time. If you have any doubts about it, about its ability to pass a test, then how dare you do this to the people of this province?

Now are you going to show responsible leadership and implement a wellness-model test district? I am asking you that today. Will you do this in order to look at how people can participate in this process to deal with problems that arise, that are going to have extraordinary economic problems for people in rural

Saskatchewan as well as potential health problems?

**Hon. Ms. Simard:** — Mr. Speaker, I am appalled at the member opposite's lack of information and knowledge of what's happened in Saskatchewan. Midwest has been in place for several months and they are moving towards conversion and working successfully. Twin Rivers have been having a lot of discussions; they formed a board and they're working successfully.

If the member opposite truly supported health reform rather than choosing to make it a political issue, if she truly supported health reform she would be onside with creating health districts through the province. She would understand the urgency, the urgency in making sure that we have health districts in order to protect our smallest communities and move on with health care reform and developing a better health care system for Saskatchewan people.

## INTRODUCTION OF BILLS

### A Bill to restore health care services to the community of Arborfield

**Mr. Neudorf:** — Mr. Speaker, it gives me great pleasure to move first reading of a Bill to restore health care services to the community of Arborfield.

The division bells rang from 2:39 p.m. until 2:40 p.m.

Motion negatived on the following recorded division.

#### Yeas — 8

Swenson	Toth
Devine	Britton
Neudorf	D'Autremont
Boyd	Goohsen

#### Nays — 46

Van Mulligen	Lautermilch
Thompson	Calvert
Wiens	Murray
Simard	Hamilton
Tchorzewski	Johnson
Lingenfelter	Trew
Teichrob	Draper
Shillington	Serby
Koskie	Whitmore
Anguish	Sonntag
Solomon	Flavel
Goulet	Roy
Atkinson	Cline
Kowalsky	Scott
Carson	Kujawa
Mitchell	Crofford
Penner	Stanger
Cunningham	Knezacek
Hagel	Harper
Bradley	Kluz
Koenker	Carlson
Lorje	Langford
Pringle	Jess

**A Bill to restore health care services to the community of Birch Hills**

**Mr. Toth:** — Thank you, Mr. Speaker. Mr. Speaker, I move first reading of a Bill to restore health care services to the community of Birch Hills.

The division bells rang from 2:44 p.m. until 2:45 p.m.

Motion negated on the following recorded division.

**Yeas — 8**

Swenson	Toth
Devine	Britton
Neudorf	D'Autremont
Boyd	Goohsen

**Nays — 46**

Van Mulligen	Lautermilch
Thompson	Calvert
Wiens	Murray
Simard	Hamilton
Tchorzewski	Johnson
Lingenfelter	Trew
Teichrob	Draper
Shillington	Serby
Koskie	Whitmore
Anguish	Sonntag
Solomon	Flavel
Goulet	Roy
Atkinson	Cline
Kowalsky	Scott
Carson	Kujawa
Mitchell	Crofford
Penner	Stanger
Cunningham	Knezacek
Hagel	Harper
Bradley	Kluz
Koenker	Carlson
Lorje	Langford
Pringle	Jess

**A Bill to restore health care services to the community of Dodsland**

**Mr. Britton:** — Thank you, Mr. Speaker. Mr. Speaker, I move first reading of a Bill to restore the health care services in the community of Dodsland.

The division bells rang from 2:47 p.m. until 2:48 p.m.

Motion negated on the following recorded division.

**Yeas — 8**

Swenson	Toth
Devine	Britton
Neudorf	D'Autremont
Boyd	Goohsen

**Nays — 42**

Van Mulligen	Lautermilch
Thompson	Calvert
Wiens	Murray

Simard	Hamilton
Tchorzewski	Johnson
Lingenfelter	Trew
Teichrob	Draper
Shillington	Serby
Koskie	Whitmore
Anguish	Sonntag
Solomon	Roy
Goulet	Cline
Atkinson	Scott
Kowalsky	Crofford
Carson	Stanger
Mitchell	Knezacek
Cunningham	Harper
Hagel	Kluz
Bradley	Carlson
Lorje	Langford
Pringle	Jess

**A Bill to restore health care services to the community of Borden**

**Mr. D'Autremont:** — Mr. Speaker, I move first reading of a Bill to restore health care services to the community of Borden.

The division bells rang from 2:50 p.m. until 2:51 p.m.

Motion negated on the following recorded division.

**Yeas — 8**

Swenson	Toth
Devine	Britton
Neudorf	D'Autremont
Boyd	Goohsen

**Nays — 38**

Van Mulligen	Calvert
Thompson	Murray
Wiens	Hamilton
Simard	Johnson
Lingenfelter	Trew
Teichrob	Draper
Shillington	Serby
Koskie	Whitmore
Anguish	Sonntag
Solomon	Roy
Goulet	Scott
Atkinson	Crofford
Kowalsky	Stanger
Carson	Knezacek
Mitchell	Harper
Hagel	Kluz
Bradley	Carlson
Lorje	Langford
Pringle	Jess

**A Bill to restore health care services to the community of Climax**

**Mr. Goohsen:** — Thank you, Mr. Speaker. I rise to move first reading of a Bill to restore health care services to the community of Climax.



The division bells rang from 2:54 p.m. until 2:55 p.m.

Motion negatived on the following recorded division.

**Yeas — 9**

Swenson	Britton
Devine	D'Autremont
Neudorf	Goohsen
Boyd	Haverstock
Toth	

**Nays — 35**

Van Mulligen	Pringle
Thompson	Calvert
Wiens	Murray
Simard	Hamilton
Lingenfelter	Draper
Teichrob	Serby
Shillington	Whitmore
Koskie	Sonntag
Anguish	Scott
Solomon	Crofford
Goulet	Stanger
Atkinson	Knezacek
Kowalsky	Harper
Carson	Kluz
Mitchell	Carlson
Bradley	Langford
Koenker	Jess
Lorje	

**Mr. Neudorf:** — Thank you, Mr. Speaker. To expedite matters I would indicate to the House that I'm prepared to stand items 9 to 16.

**STATEMENT BY THE SPEAKER**

**Rulings on Points of Order**

**The Speaker:** — Before orders of the day I want to address some points of orders that were raised the other day by various members in this House. The first one pertains to petitions.

On April 15 the member of Souris-Cannington raised a point of order that his petition should be categorized as a personal grievance and therefore be brought into immediate discussion under rule 11(8). I have had opportunity to review the member's petition and others of a similar nature tabled in recent days. I find they pertain to a collective grievance and are not of a personal nature.

For a petition to be categorized as a personal grievance it must not be a matter which affects all citizens or a large number of people or a group or a class. I refer members to a petition laid on the Table by the member for Cumberland, June 18, 1990 as an example of a personal grievance. Therefore I find this point of order not well taken.

On April 19, 1993 the member for Morse raised a point of order concerning the propriety of recent

ministerial statements. I have reviewed the record and find that all but one of the ministerial statements of this session have been within the limits of our practice.

A statement made April 5 however, which congratulated the curling champions, was out of order as the member from Morse has suggested. It had nothing to do with government policy, its administration, nor did it announce new or existing government initiatives. However, I want to remind the member that at that time I did rule that congratulatory messages are not properly ministerial statements. Therefore I find the point of order not well taken.

(1500)

On April 15, 1993 the member for Thunder Creek raised a point of order stating that comments by the Premier in the House on April 14, 1993 were out of order as they referred to the presence of a member in the Assembly. I have reviewed the text of *Hansard* of April 14, 1993, to which the member of Thunder Creek referred, and I find that point of order is not well taken. Order.

**Mr. Devine:** — Mr. Speaker, before orders of the day I would ask leave of the Assembly to make brief remarks with respect to condolence for Governor Mickelson.

Leave granted.

**CONDOLENCES**

**Mr. Devine:** — Thank you, Mr. Speaker. Mr. Speaker, it saddens me today to report to the Assembly that an outstanding American, a personal friend of mine, a friend of Saskatchewan, and indeed a friend of Canada has been called from us along with several of his companions.

In my time serving the people of Saskatchewan, I had many opportunities to work with Governor George Mickelson and always found him to be sincere and deeply committed to his own people. But one of the truly remarkable things about George was that he understood his hopes and dreams for the people of South Dakota and that they were intimately bound up in the hopes and dreams of those all around him. He reached out to others like a lot of politicians could only wish to do. In Saskatchewan, in particular, we found that he searched for ways to benefit us as well as the people of the United States.

He was not one of those politicians who takes the easy road out, hiding behind fear or intimidation but instead encouraged his people to be open to the world, to face challenges squarely, and not to shy from an honest fight.

Mr. Speaker, George Mickelson became South Dakota's 28th governor on January 10, 1987, precisely four decades after his father before him swore the same oath of office. In January, 1991 the Governor was again entrusted with his people's confidence and entered into his second term. Prior to

being the governor, George served in the House of Representatives for many years, and you will be interested to know, Mr. Speaker, that he also held the office of Speaker of the House for a total of four years.

The governor was a very active and committed leader, and one area of concern that he shared in common with most Saskatchewan people was his work to improve access to health care. In fact, Mr. Speaker, Governor Mickelson served as the co-chairman of the national governors' association task force on health care.

A Republican, Governor Mickelson led a ground-breaking administration with landmark environmental legislation, educational reform, health care reform, water management initiatives, economic development, and of course an abiding commitment to open and free trade.

Mr. Speaker, he was a son of the prairies, as we all are, and he was one of the great leaders born to the prairie. Today the people of South Dakota experience a great loss. And to them I send the heartfelt condolences of this Legislative Assembly, and I know I can say also the condolences of all the people of Saskatchewan.

But I also want to particularly say, Mr. Speaker, to those people who have been part of the Governor's operation and part of the Governor's life — to his staff and to his friends and his family, and most deeply and sincerely to Linda, his wife — the thoughts and prayers of our people are with you. We are grateful for the time they allowed us to share their governor and we are proud to honour him today.

Therefore, Mr. Speaker, by leave of the Assembly I would move, seconded by the member from Regina Elphinstone:

That this Assembly records with sorrow and regret the passing of Governor George Mickelson of South Dakota, and that this resolution as passed, together with the transcript of the oral tribute to the memory of the deceased, be communicated to the Legislative Assembly of South Dakota on behalf of this Assembly by Mr. Speaker.

**Hon. Mr. Lingenfelter:** — Mr. Speaker, we would certainly give leave for this motion to be passed and to be forwarded to the family of George Mickelson. I too would like to add the condolences of government members to the family and friends and constituents of the late Governor of South Dakota, George "Speaker" Mickelson.

Governor Mickelson became governor on January 10, 1987, exactly 40 years after his father. He served his country through his time in the US (United States) Army from 1965 to '67, during time which he served in Vietnam.

He became the Assistant Attorney General in 1967 and worked as a special prosecutor in the Attorney General's office. In 1969 he established a law practice

in Brookings and continued until 1987.

Governor Mickelson was a member of the South Dakota House of Representatives from 1975 to 1980 and served as Speaker pro tem for two years and Speaker of the House for two years.

Some of Governor Mickelson's achievements in office focused on the state's revolving economic development fund; the state's centennial celebration; environmental legislation; education and health care reform; water issues; a state-wide reconciliation program that will continue to exist into the next century.

Mr. Speaker, the members of the government caucus want to join with all members in the Assembly today in sending our sincere condolences to the family and friends of the late Governor of South Dakota, George Mickelson.

Motion agreed to.

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

### POINT OF ORDER

**Mr. Koenker:** — A point of order. Mr. Speaker, earlier today during the introduction of guests, the member from Estevan referred to Bill 38 in his introduction. I point out to you that just four sitting days previous you had called that member to order stating in *Hansard*:

Before the member introduces guests, I just want to remind members to please not refer to Bills that are on the order paper or any business of government when we are introducing our guests.

I would ask as my point of order that you review the record and reinforce this point of procedure to the whole of the Assembly.

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

**The Speaker:** — I will take the member's point of order under advisement and bring back a ruling to the House.

### ORDERS OF THE DAY

### WRITTEN QUESTIONS

**Hon. Mr. Lingenfelter:** — Mr. Speaker, I move that items 94 to 109 be converted to motions for returns (debatable).

**The Speaker:** — Written questions 94 to 109 convert debate.

**Hon. Mr. Lingenfelter:** — Mr. Speaker, on a point of order.

**The Speaker:** — What's the point of order?

**Hon. Mr. Lingenfelter:** — By leave of the Assembly,

we would like the member from Bengough-Milestone to move the motion under rule 16 by agreement and leave of the Assembly.

**The Speaker:** — Does the member have leave? Does the member have leave?

Leave granted.

**An Hon. Member:** — He said a point of order. I thought I had a right to stand up and speak to a point of order.

**The Speaker:** — Oh, did he say . . . Oh, I'm sorry. That's right, you do have. Okay, the member is right — for once.

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

## MOTION UNDER RULE 16

### Health Reform

**Ms. Bradley:** — Thank you, Mr. Speaker. And I am pleased to stand here today to make the following motion at the end of my remarks — a motion that will encourage our health care reform, that will promote our health care reform goals, and which deplores the attempts of the official opposition to destroy medicare in Saskatchewan through obstructionist tactics in the legislature and misleading messages in the countryside.

As I prepared for this debate today, I went back to my education background to identify the problem and seek solutions. I questioned, what is the official opposition really opposing? What are the real issues in this debate? And what as a government are we proposing and why? There must be logic to the debate. There must be fact, not fearmongering and misinformation.

In the next few minutes I will set the facts before you; summarize why the government is proposing health care reform and what the reform is, and what the official opposition is opposing.

And I suggest to the members opposite to listen, and to listen carefully. Something as important as health care to the people of this province should not be used for political gain by fear and misunderstanding. If you listen carefully and have a conscience, maybe then you will not be so afraid of change — change which will protect our health care system, not destroy it.

Mr. Speaker, in 1962 we showed North America how to create a publicly funded, publicly administered health care system which made core health care services available to all, regardless of income. Thirty years later we embark on another reform, one which will show North America how to create the next generation of medicare; community-based, community-controlled health care services which not only treat illness, but encourage and promote healthier lifestyles.

We call this the wellness approach to health. The pioneers of medicare dreamed of this 30 years ago.

And remember what Tommy Douglas said, and I quote: When we began to plan medicare, we pointed out that it would be in two phases. The first phase would be to remove the financial barrier between those giving the service and those receiving it. The second phase would be to reorganize and revamp the whole delivery system.

And of course that's the big item, that's the big thing we haven't done yet. And, Mr. Speaker, the second phase of health care reform is long overdue, and we must act on it now.

So why do we need health care reform? We have to modernize and reform the delivery of health care services. In the last 30 years just think of the changes which have occurred.

Firstly, the high cost of new health care technology. An example is the \$1 million MRI (magnetic resonance imaging) machine for diagnostic purposes — \$3 million to bring in, \$1 million a year to operate.

Secondly, new and better medical techniques. There's more day surgery. A few years ago a bone cartilage operation may have taken weeks in a hospital bed, whereas today with orthopedic-type surgery, a person may be mobile in 48 hours.

There are new health problems that we're facing, many due to environmental or occupational hazards which have occurred over the last 30 years.

Fourthly, we are overgoverned. There are more than 400 different health agencies and boards and organizations looking after the needs of health care with little opportunity to integrate and to cooperate.

Fifthly, we have reduced financial commitment of the federal government to health care services. This year alone we have \$500 million less federal money going to the province.

Sixthly, there's better transportation, and there is changes in the demographics in the population of our province.

So we know, Mr. Speaker — it is clear — we need to reform the health care system. It must be cost-efficient and it must provide high quality.

Then the question is: what kind of reform? And we reject what the members opposite propose, which is no change, because no change means losing our health care system.

We reject what is being done in New Brunswick where the Liberal government simply introduced legislation which basically expropriated the province's 51 hospitals from local communities and churches and then began to set about closing many of them down. No health districts, no local input, no community needs assessment.

(1515)

We reject the approach taken by the Alberta Conservative government. They have simply allowed the public health care system to remain as is, with no reform, and it has deteriorated to the point where companies are now setting up private profit clinics to provide certain medical services.

You can get a quick appointment to get a MRI scan as long as you have \$900 to pay for the test. And as the Liberal leader in Alberta, Mr. Decore, said, he wants to see private profit hospitals and other care services.

The privatization of health care we reject. We reject these approaches because we remain committed to the principle of publicly funded and an administered health care system.

So let me summarize, Mr. Speaker. The health care system we have today is overburdened, in many ways maybe out of date. But in Saskatchewan when we're facing the financial situation, we also require new ways to do more with less.

In short, Mr. Speaker, unless we reform the health care delivery system, we're in danger of losing it. So we must reform it, and the task is ahead of us, and we're pushing hard to pass our new health care districts legislation so communities will have the legal framework under which they can join together to assess the health care needs of their district, work to reduce duplication and inefficiency, cooperate in the planning of a whole new range of health care services as quickly as possible. The Department of Health has officials ready to help but the impetus has to come from the local communities.

The new budget begins the process of moving the delivery system away from its overemphasis on acute hospital care. The budget encourages new approaches such as community-based wellness clinics. Our province currently has more hospital beds per person than any other province. The budget suggests bed targets which will see a reduction in the number of acute care hospital beds in favour of alternative services.

These targets we are setting out are only guidelines intended to assist health districts in their planning process. Such targets will not blindly apply to every district with no regard to local circumstances and priorities or unique situations within their district.

Mr. Speaker, I look at it as putting a puzzle together in our health care districts. Once the district is formed an assessment is done and the process of health care services and delivery are put together to best meet the needs of the people in that district. There will be some juggling, there will be some alterations, but this is what we have to do. We have to become efficient with our health care dollars.

And so what is it that the Conservatives are opposing in forming health care districts? Are they opposing democratic elections of district health boards? Are

they opposing the amalgamation of services to provide for cost efficiencies and less expenditure by district health boards? Are they opposing allowing districts to determine how their revenues are spent? Are they opposing annual meetings open to general public? What are they opposed to in forming health care districts?

I feel that they are opposed to the change, that they don't want the local input to assess the needs. The formation of districts allows for assessment of people's needs, allows for adjustments of health services to meet those needs.

Is this what they oppose? Or is it the funding levels? Of course we wish we did not have to reduce the funding levels in health care, but we had no choice. And who is responsible for our limited choices? Who ran up the \$15 billion debt at the expense of all Saskatchewan people, jeopardizing our health care system? And so, Mr. Speaker, I conclude the members opposite are responsible for the financial crisis that we're facing.

But do we give up? No. We face the challenge. We're responsible for our fiscal reality and to reform the delivery of health care so money can be well spent to secure health care for all of Saskatchewan.

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

**Ms. Bradley:** — Working together, we can accomplish a reform as enduring as the introduction of medicare itself. But it's going to take the Saskatchewan spirit of cooperation and community to make it happen. And our communities, in spite of some of the misinformation they've been given, are willing to work together with us to reform health care service delivery.

We do face a big challenge and we have to work together to overcome it if we hope to secure a better future for ourselves and our children. And so I move the following motion:

That this Assembly urge the Minister of Health to continue her efforts to ensure that Saskatchewan achieves the second generation of medicare, a second phase that will realize the goals of health reform, of community-based, community-controlled health care services; and further that this Assembly deplore the attempts of the official opposition to destroy medicare in Saskatchewan through obstructionist tactics in the legislature and misleading messages in the countryside.

I so do move, and seconded by the member from Meadow Lake. No, sorry. Seconded by the member from Regina Wascana.

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

**Ms. Hamilton:** — Thank you, Mr. Speaker. I am proud to second the motion that is before us, presented by the member from Bengough-Milestone.

It's been a long time in coming to Saskatchewan when we talk about second generation, although, Mr. Speaker, second generation thinkers have been everywhere in Saskatchewan for a good number of years now and are not just thinkers that have sprung up within the last few months.

We see second generation thinkers everywhere who believed what the previous premier of the province, Tommy Douglas, said when he said that the first generation of health care was put into place to remove the barriers between those who could afford to pay, between the sick and those who were delivering the services, so that we wouldn't have a two-tiered system of health care in this province — one for the rich and one for the poor. Publicly administered and publicly delivered health care system that's not based on anyone's ability to pay.

And it's not something that the members opposite have really come to terms and grasped. And you have to wonder, Mr. Speaker, when they are not coming forward and joining us in the second generation of reform, why they're doing that.

Well, number one, they had a number of years, nine years in this province to put forward some reform measures and we didn't see it forthcoming. What we saw is a complete lack of understanding about spreading the system out so far and so wide and so thinly that what they were indeed doing was putting the system in danger of complete collapse.

If they didn't know that, that's one thing, Mr. Speaker. But perhaps what they did know, Mr. Speaker, that spreading out the dollars so widely and so thinly, based on — as people on the W5 program said — based on petty political gain, then their method and their motive is far more sinister to the people's health in Saskatchewan in that perhaps it was leading to the idea, let's collapse the system that the CCF (Co-operative Commonwealth Federation) NDP put in place and let's go forward with what their goal was all along and had been stated by the member from Estevan on the program on Sunday night — that the way to fix systems is perhaps to privatize systems.

That's the real motive when they talk about not going forward with reform and that's the real motive when they don't consider themselves second generation thinkers and wanting to move forward in the formulation of health care districts and having people involved in the delivery of services.

I think they're much like the Liberal leader in Alberta, Laurence Decore, who is now praising private medicine coming into Alberta. And this must be the motivation of the members opposite in their zeal, in their blind zeal for privatization.

We saw that elsewhere in the province over their last nine years, when they had people come over, and they spent a great deal of money having people come over from Margaret Thatcher's Britain to tell us how to privatize. I'm sure that the message was carried

forward and said, uh-huh, this is what we can do to health care in the province of Saskatchewan.

Not while there are second-generation thinkers, and second-generation thinkers of followers of Tommy on this side of the House and governing the province of Saskatchewan, will we stand for the privatization of our health care.

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

**Ms. Hamilton:** — What is second-generation thinking and reform thinking in the province of Saskatchewan? Well reform and second-generation thinking speaks to the idea that health is much more than the absence of disease, but it speaks to how we address all of the issues that concern people. How they address people in their own communities and their own constituencies is different from one community and one district to another district in the province. Not everyone sees their needs being the same.

And if the members have been out in rural Saskatchewan and been trying to listen rather than to disturb and to put fearmongering tactics and misinformation out to the public, they would hear that communities are ready to respond, because second-generation thinkers are out in rural Saskatchewan saying, you know, let's look at what's happening in Delisle.

Perhaps let's look at what's happened in Prince Albert when they have a strong community clinic system and an approach to wellness, to coming together and talking about prevention rather than curative care as being the be-all and end-all in health care. And they're saying it's working. It's working.

We've got bits and pieces of this working throughout the province. We want to be there and we want to be involved. We don't want it imposed from Regina. We in rural Saskatchewan know what's best in health care for our people. And we want to be there in the second-generation and reform of health care.

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

**Ms. Hamilton:** — It's amazing to me, Mr. Speaker, when I come from a constituency where people are very close to the land in agricultural Saskatchewan and have relatives out in rural Saskatchewan, that they can try the power of politic of division in Saskatchewan. Because it's no longer present and alive in Saskatchewan. We're all in this together.

Rural members are concerned and they want to know, and they have good reason to want to know what's going to happen within the next five years, as we work to closure of the Plains Health Centre. And they should know and be part of the process and the public involvement meetings that are going to happen in that process.

Rural people want to know because if it impacts on the cities, it impacts on them. And urban people want to take care and concern for the people and say, now

what can we give in the way of dollars and attention to the rural areas and say to help them convert to the uses that they want in those centres?

Because it certainly . . . the shrouds over the emergency care facilities in the hospitals that we saw in Dinsmore, or saying that the facility hasn't delivered a baby in five years, why let people think that that's what dollars should be poured into? They know that that's wrong. They see that happening there. They want to have services that their community needs and is asking for. And through the thousands and thousands of citizens that have already been involved in the consultation process, they're saying, please help us go forward.

As we're becoming new boards, we want you to tell us what's going to happen with acute emergency services in rural Saskatchewan. And people, when we tell them what's going to happen say, well that's what we've got now except better. We can adjust to these changes as long as our fears are allayed in the emergency care area and as long as we're knowing in our constituency and in our area that we'll have strong services when we need them for the delivery of a heart, long-term disease and illness. When we're in need of curative care, it'll be there for the residents of Saskatchewan. When you need emergency care, it will be there for the residents of Saskatchewan.

And we all wish that the members opposite would stop putting the fear into people when it's not necessary and doesn't have to be there. And they know that.

(1530)

Well what else are they opposed to if they're talking about not being second-generation thinkers — again the democratic process. When we're talking about people being able to elect from their local areas people who will most represent them on the local district health boards, people in their own community, who know their needs, being elected.

We, saying the members opposite, again are against the democratic process of election to occur in health care. That's not what they said when we looked at reinstating the ward system in urban and rural Saskatchewan.

Well what else could it be that then they're trying to oppose in second-generation thinking or the reform that needs to go forward? It might be that the amalgamation of services that would provide cost efficiencies and be less expensive to run by the district health boards themselves is what they're against. And again we have to ask why.

Number one, because they really don't understand the system that would work in a cost-effective way. We haven't seen them understand that in the last nine years. It was: let's pour money out there into bricks and mortar and hold onto it, but we won't provide any services out there.

People are no longer fooled by that and in the first place they weren't. They say that's cheap political theatrics. We want more. We want services out here and better services out in rural Saskatchewan, delivered in a cost-effective manner.

Well maybe it's that they're opposed to the minister giving grants to people in rural Saskatchewan. But if that's the case let's look at local government. They're the people who best adjust the money to the needs of the local area. They do that in education, they do that in municipalities, and they do that in a very reasoned way.

The municipality I came from is a very cost-efficient mechanism, and evaluation is immediate if it's not so in rural Saskatchewan, because people are very close to the people at local government level.

The same can happen for the health districts. They would be very open to evaluation at the local level through public meetings, allowing the public to view their by-laws, their district by-laws, and so on.

So again, if that's what the Conservatives are opposing you have to wonder why. And it's certainly going to be a hard message for them to sell in rural Saskatchewan.

Well we saw a program on Sunday night that looks at what has been happening in rural Saskatchewan, and they said 8 hospitals for every 16,500 people. To have Toronto match that, Mr. Speaker, they'd have to open a 10-bed hospital every 3 months for the next . . .

**The Speaker:** — Order, order. The member's time has elapsed.

**Mr. Toth:** — Thank you, Mr. Speaker. Mr. Speaker, I'm pleased to stand and debate this motion that's before this Assembly, although I find it interesting that the mover has not taken the time to remain and give a few moments to discuss the motion — the original mover — and one has to wonder if maybe the impact of the cuts that are taking place out in the riding of Shaunavon are not having an impact.

And it would seem to me when you look at the motion before the Assembly and this motion commending the government for what it's doing, and yet what I'm hearing in my community — I heard it at a trade fair in Wawota the other day, Mr. Minister — everybody in the rural areas that I've talked to, even though they indicate they are not against rationalization, realize we must look at ways and means in which we can make our system more effective, they feel this motion talks about the minister . . . Let's see:

That this Assembly urge the Minister of Health continue her efforts to ensure that Saskatchewan achieves the second generation of medicare, a second phase that will realize the goals of health reform, of community-based, community-controlled health care services . . .

And that's the big problem we have, Mr. Speaker, is

the fact that the motion talks about community-based and community-controlled, and yet what we're seeing is there's a diminishing involvement of community. And many people are really concerned. They're wondering about what the government really means with this wellness model, what they are going to have at the end of the day, what impact will they have on this government. And as we're going to see tomorrow, Mr. Speaker, and as you have seen in the debate that has taken place over the past number of days, people right across this province, from every corner of the province, are raising concerns.

Mr. Speaker, let me refer to a meeting just last evening in the community of Grenfell. The problem that people have and the problem that this government is having right now . . . and they're patting themselves on the back and yet they have not laid out a clear picture so the community can understand what the Minister of Health, what the government means by community-based health care centres.

Instead they find it more convenient, while on one hand a couple of weeks ago the minister continually told us that the regional boards would make decisions about who provides the health care, what communities would have hospitals or care home beds, the other day the minister then again retracted on that and told 52 communities that they were losing their health care. So people are really concerned.

And, Mr. Speaker, when I look at the motion before us . . . And I just want to reiterate the fact that even today a number of government members have indicated that as an opposition we have stood here totally opposed to changes in the health care . . . (inaudible) . . . and want to let people know and let the government members know, if they haven't heard it — and maybe they should read *Hansard* and some of our speeches — and they'll realize that we have indeed spoken about the fact that rationalization of the system is something we must work towards.

But we've also brought out the concern and the fact that in the throne speech this government talked about openness, talked about accountability, talked about taking the time to really go out there and converse with people. Unfortunately they haven't really laid out a game plan by which they can sit down so that people get a better, a good understanding of what is taking place.

And as we found in Grenfell last evening, as the people came and they started the meeting discussing the fact that if they sat down and threw out some suggestions and didn't become very angry, that indeed maybe the government would take the time to listen and make some changes. And maybe the member responsible for Indian Head-Wolseley can verify some of what I'm saying here today.

But what I am saying, Mr. Speaker, as I understand, the debate took place for a while, but as the debate was taking place and as people began to see that the government was more than determined to close the hospital in Grenfell, the frustration of people began to

show. And the frustration came about because some people felt that their MLA had indicated to them that they wouldn't lose their hospital because of the size of their community. And yet as the . . . I believe it was the Minister of Social Services was there, had indicated that no, the government was committed to downsizing health care and downsizing in that meant eliminating hospitals even in communities like Grenfell, which means a significant blow to the economy of that community. So that's what we're saying, Mr. Speaker — the uncertainty that is out there, and we've asked the government to lay out a clear plan.

In fact it would seem to me, Mr. Speaker, while these communities are all gathering around trying to establish areas, on one hand one member of the department or department personnel would say, well a region of about 14,000 people may be large enough; on the other hand, another department official would say no, you better look at it at about 30,000 people.

Well why not let communities know? Let the province of Saskatchewan know. Let rural Saskatchewan and urban Saskatchewan know exactly what you mean by regional districts. Maybe even lay out some boundaries and then let people work around them rather than having everybody pulling back and forth, and that's what we're seeing, and the uncertainty that's created out there.

And I find it interesting that the debate we're taking place and all caught up in today is brought forward by a government that not that long ago . . . and I just want to refer to an article in the *Leader-Post*, Friday, April 16, some comments from this article. It says:

. . . no party in this province is as responsible for running up the bill on this unaffordable health infrastructure . . . (as) the NDP.

The party that resisted rural hospital closures by the Thatcher government in the 1960s, added to the hospital infrastructure when it was in power in the 1970s and absolutely demanded that the PCs do the same in the 1980s is now left with an unaffordable legacy in the 1990s.

And anybody who was here in the last session from '86 to 1991 knows exactly the stand that many members took on this side of the House. In fact the article says:

It was the year then (that) health critic Louise Simard argued much more had to be spent on health care because Saskatchewan had the second-lowest per capita spending on hospitals in the nation. (She somehow neglected to mention that the largest reason for that was because we had the highest number of hospitals per capita in the nation.)

And now all of a sudden, while the former minister was talking about the fact of the number of hospital beds that were in the province and the reason that we should be looking at ways of rationalizing our system

and it was wrong then, all of a sudden it's right today. And one may wonder why we had the cynicism out there in the public.

It would seem to me that if the NDP when they were campaigning in 1991 really believed that and would have taken a close look at where we were in health care and where we were in the deficit even though they knew it was there, and if they would have laid out a plan, possibly the numerical numbers in this House might be considerably different if people had an idea prior to the election of what was really going to take place afterwards.

In fact the Minister of Health prides herself on what she's doing today, but she used to stand up and bring cases of individuals before this Assembly and the problems people were facing because the government of the day wasn't putting enough money into health care.

And I quote again from the article:

Simard paraded case after case before the Tories — including the death of four-year-old Glenda Hall who bled to death on the way to Regina because she couldn't be operated on in Assiniboia — as examples why rural health care had to be maintained.

Mr. Speaker, we're all aware of the letter that the Premier, when he was in opposition in the Assiniboia-Gravelbourg by-election, the letter he brought forward and told the people of Assiniboia-Gravelbourg, don't elect a PC candidate for your riding or you will lose all your hospitals. And yet what do we find today?

And it was interesting to note, even in the debate as the private members' motions or Bills were coming forward that the member from Assiniboia-Gravelbourg realized the significance of the debate and stood up and actually I believe as when he was saying yes to the motion about the closure of the Climax hospital, he really realized that it was significant to him and in fact wanted to show his support for his communities, because I believe he wants to represent his communities as well as he can and to the best of his ability.

And, Mr. Speaker, I find it interesting that so many MLAs in this Assembly, so many MLAs on the government side of the House haven't taken the time or didn't, on numerous Bills that were brought forward in support of health services — not specifically buildings, but services in their communities — didn't take the time to stand up for their small communities.

Mr. Speaker, there's so much more that I could enter into, but I realize this is a limited debate, and I'd like to move an amendment to the motion before us. And so I move, seconded by the member from Kindersley:

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

demands that the Minister of Health heed the petitions of the people of Saskatchewan to postpone our health care changes, changes which are causing great unfairness through cabinet-based, minister-controlled health care services;

and further that this Assembly deplores the complicity of the following MLAs in the destruction of medicare in their own constituencies: the MLA for Assiniboia-Gravelbourg, the MLA from Bengough-Milestone, the MLA for Canora, the MLA for Cut Knife-Lloydminster, the MLA for Indian Head-Wolseley, the MLA for Kelvington-Wadena, the MLA for Kinistino, the MLA for Last Mountain-Touchwood, the MLA for Meadow Lake, the MLA for Melville, the MLA for Nipawin, the MLA for Pelly, the MLA for Quill Lakes, the MLA for Redberry, the MLA for Rosetown-Elrose, the MLA for Saltcoats, the MLA for Shaunavon, the MLA for Shellbrook-Torch River, the MLA for Turtleford, and the MLA for Weyburn.

I so move.

**Mr. Boyd:** — Thank you, Mr. Speaker. It's certainly my pleasure to enter the debate this afternoon, although the debate this afternoon, Mr. Speaker, as we understood it, was going to be moved by a different person than actually moved. And we have to wonder why, Mr. Speaker. Why did that member from Shaunavon decline to want to speak on this important issue . . . (inaudible interjection) . . . Exactly, Mr. Speaker. He disappeared out of the legislature right before . . . vanished right before . . .

**The Speaker:** — Order, order. The member knows that he is out of order. And I ask the member to please be careful to follow parliamentary procedure in this House.

(1545)

**Mr. Boyd:** — Thank you, Mr. Speaker. Certainly I withdraw those comments, Mr. Speaker, but the fact of the matter is, I guess, even though the member from Shaunavon did move this, he had to do the same sort of thing that he did in Kincaid.

If anyone would like to know what he did in Kincaid the other night, maybe I'd just like to bring everyone up to date a little bit. In Kincaid, Saskatchewan, a community within his constituency he had to have — get this — he had to have an RCMP (Royal Canadian Mounted Police) escort to get out of town. Can you imagine that, Mr. Speaker. That's what took place in a town within his own constituency. He had to have an RCMP escort to be able to get out of that meeting. That's how strongly people feel about health care in this province, Mr. Speaker. That's how strongly the people of the south-west are opposed to what he is saying to them in those communities.



And that's why, Mr. Speaker, I don't believe he wants to speak to this important resolution — because he knows the people of his constituency do not agree with him. They do not agree with him, Mr. Speaker.

And I feel sorry for the member from Bengough-Milestone for having to stand and take over the debate in his place, Mr. Speaker. I feel sorry for her. And the reason I feel sorry for her is really quite clear, Mr. Speaker. Not only is the member from Bengough-Milestone had to stand in for that member but she is losing every single hospital in her constituency. Every single hospital, by the time this health care reform is completed, will be gone from Bengough-Milestone. Bengough, Pangman, Radville — all three hospitals that are currently in her constituency will be gone, Mr. Speaker.

And it's no wonder, it's no wonder she was having difficulty enunciating the speech that was dropped in front of her. It's no wonder she was having difficulty saying those things. Because she knows how profoundly it's going to affect her constituency. She knows how profoundly the people of her constituency feel about the closure of hospitals in her area.

Bengough, Pangman, and Radville are the hospitals that she's going to lose, Mr. Speaker.

**An Hon. Member:** — Milestone.

**Mr. Boyd:** — And probably Milestone as well. Milestone as well, my seat mate confirms. So every hospital in her constituency is going to be lost.

And I also feel sorry for the member from Regina Wascana Plains for having to speak on this important issue. Cast into a debate, cast into a debate that is so fundamental to rural Saskatchewan, and what do they do? They put up a member from Regina to speak on it. An obvious expert on rural health care. Nice and close to a hospital in Regina, but yet she seems to want to and will, I predict, vote along with the government on the closure of hospitals in rural Saskatchewan.

If this health care reform goes through, I will lose two hospitals in my constituency. The member from Rosetown-Elrose will lose six hospitals in his constituency. Four in Bengough-Milestone. They're falling by the wayside all over the place.

And it was interesting to note, Mr. Speaker — very, very interesting to note — that when we today proposed to move a number of Bills forward in this legislature to restore health care to communities all over rural Saskatchewan, every single NDP member that was here, every single NDP member that voted was opposed to restoring health care in those communities. Every single one of them — even though, Mr. Speaker, some of the hospital closures that are about to happen were in their constituency.

And the only one, Mr. Speaker, the only one that was having second thoughts about it was the member from Assiniboia-Gravelbourg. He almost had a Freudian slip and said yes to restoring health care, but then he

realized, then he realized the wrath of the government would come down on him and he changed his mind and voted no. The only one that decided to do that was him up in the corner over there, and we're thankful that you at least thought about it for a second, sir — at least thought about it for a second.

And not only that, Mr. Speaker, I want to also say that we were surprised initially, surprised initially that the member from Saskatoon Greystone abstained from the votes. But we realized later on, as she came to her senses and voted in favour of restoring health care to Climax, we appreciate the support that she gave us on that Bill. After having an opportunity to think it over, she realized the error of her ways and voted in favour of restoring health care to Climax.

And we were very glad to see that, Mr. Speaker. We were very, very happy to see that, and we were almost, almost ready to congratulate the member from Assiniboia-Gravelbourg, but he realized that he couldn't possibly vote against his own colleagues; couldn't possibly vote in favour of his constituents; couldn't possibly vote in favour of the people in his constituency, even though during the election campaign he promised, solemnly promised to the people of Assiniboia-Gravelbourg that he would build a hospital in Assiniboia for them.

He promised that, Mr. Speaker, but he didn't do it. Not only did he not do it, but you, sir, are going to lose hospitals in your constituency too. And it would be interesting if the medical doctor from Assiniboia-Gravelbourg would enter this debate, Mr. Speaker, and let us know which hospitals in your area are targeted. Which hospitals are targeted in his area now, I wonder, Mr. Speaker.

Mr. Speaker, this is an extremely important issue. There's been public meetings all over this province. The people of Eston, for example, had 1,600 people out to a public meeting. The community only has 1,300. There's only 1,300 people in the community and yet surrounding residents came to show their support and the entire community turned out, just as they turned out at Eatonville at the opening of the hospital there last summer, just as they turned out . . . and the member from Biggar knows that because he was there that day.

I wonder if he will also preside over the decommissioning of that hospital when it happens. I wonder if he will be there that day when they decide to permanently lock the door after these changes, these destructive changes, Mr. Speaker.

And the minister of Community Services, it was interesting to note — and, Mr. Speaker, I have attended a number of these health care meetings that are taking place around the province — and it was interesting to note, Mr. Speaker, that at the health care meeting in Kindersley, the member for Melfort, the minister of Community Services, stood up and said, Mr. Speaker, that there was a huge package of information that went out to everybody on this. Rural health boards, MLAs, everybody got huge packages of

information and they all know exactly what the government's planning. They know all about wellness; they know all about everything.

And the people . . . It was funny, Mr. Speaker, the people that were on those health boards said: but, Madam Minister, we didn't receive anything from you. How can that be, Mr. Speaker?

The member from Melfort says that there was huge packages of information sent out on this wellness and health care reform, and everybody in the province should be informed on it; everybody should know exactly what the plans are of this government because we've sent out information. And yet health care provider after health care provider at that meeting in Kindersley said no, we received no information on this; we don't know what the government is planning for us; we don't believe what the government is saying. That's what the people out there are saying about you folks. That's what the people are saying with respect to your wellness plan. They don't believe you any longer.

And also, Mr. Speaker, I attended a meeting in Kerrobert — 600 people at that meeting; 600 people at the meeting in Kerrobert. And, Mr. Speaker, what happened at that meeting? There was people standing up, moving up to the mike in a public meeting and saying, Mr. Speaker, that they had worked for the NDP for their entire life. They had worked for the NDP Party, they had worked for to get this government elected. One lady said she probably worked as hard or harder than any individual in this entire province to get you people elected. And then she went on to say she was ashamed of you . . .

**The Speaker:** — Order, order. The member's time has elapsed.

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

**Mr. Sonntag:** — Thank you very much, Mr. Speaker. When I listened to the member opposite from Kindersley talking about thinking of things, I suggest they would have been a lot . . . the health care system would have been a lot better off if they had thought about things in the 1980s as well, Mr. Speaker.

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

**Mr. Sonntag:** — Also when I listened to the members talking and think about wellness, I also am certainly reminded that they are not the picture of wellness in many of the remarks that they make either.

I was at three meetings this past weekend, Mr. Speaker, and I was horrified to find that many of the members opposite has so distorted the facts, Mr. Speaker, that people actually believed that their facilities were closing.

I was in St. Walburg and in Loon Lake and in Goodsoil, and when I met with the staff there, Mr. Speaker, they actually believed that the facility, the doors were going to be locked as of December 1. After

sitting down with them and explaining to them that this wasn't in fact going to happen, there was a great deal of relief on their behalf.

They told me about many of the older people in the community who had lost a lot of sleep over this and were just absolutely desperate and terrified by this. And I think it's disgusting, Mr. Speaker, that from the members opposite they would spread these kinds of stories in our communities.

Mr. Speaker, this government is absolutely committed to preserving health care in Saskatchewan. We are not going to turn health care into free enterprise . . . turn it over to free enterprise or for profit to private corporations. The Liberals and the Tories opposite, with respect to health care and the changes, have never accepted the concept of reform in the health care system.

Unlike the Tories, we are not going to give up health care. In spite of the horrible mess that we are faced with, Mr. Speaker, it is our intention to make health care a priority. There are 52 communities, Mr. Speaker, that were affected recently by the cuts that we made. Of the 520 towns, cities, and villages in Saskatchewan, 378 don't have health care facilities at all right now, Mr. Speaker. That's hospitals, integrated facilities, or special care homes.

People in Saskatchewan have always travelled long distances to have health care beyond the normal doctor visits. The Tories have overbuilt health care facilities, Mr. Speaker. They spent money on construction rather than on services. Some of the facilities that are affected were not needed at all and were just built for their own political interests. The Tories' attitude towards health care, Mr. Speaker, has been purely political. Construction contracts were handed out as political rewards to their supporters. New Democrats are taking these measures because they are absolutely necessary to save medicare, Mr. Speaker.

The Liberal response to medicare is, and always have been, deterrent fees and health care premiums. These changes are not based on the ability to pay, and are actually a tax on the sick and the poor. As well, premiums would likely be between, somewhere between, 500 and \$1,000 per family. People will not, and I emphasize not, be put out onto the street by health care or hospital conversions.

In all of Saskatchewan, Mr. Speaker, only 83 people who are in the hospital right now in acute care beds will be affected; 83 people, and 52 of those 83 people, Mr. Speaker, currently live in communities that already have alternate facilities.

People tell us and myself all the time, Mr. Speaker, that health care needs to be reformed. The cuts made were not aimed at specific towns or districts. Costs per patients in small towns in 10 beds or less run the same as for large, high-tech hospitals in the city but with far fewer services. Health care, Mr. Speaker, in Saskatchewan needs to be reformed. The members

opposite are trying to create division by saying that rural people only get a small percentage of the health care funding. That simply is not true and is destructive.

While it is true that Regina and Saskatoon get 80 per cent of the hospitalization funding, it must be remembered that 45 per cent of the cities' patients are rural residents.

Mr. Speaker, people ask what wellness is all about. Wellness is about democracy, it's about rationalization, it's about preventative health care versus treatment or intensive care, it's about community, and it's about a holistic approach.

With respect to democracy, we took our plan, Mr. Speaker, out to the people of Saskatchewan and asked for their input. We asked them to form their districts. We asked them for their opinions and their ideas.

(1600)

With respect to rationalization, Mr. Speaker, I want to quote from the *Leader-Post*, Tuesday, May 12, 1992:

With about four per cent of the nation's population, the province has 10 per cent of its hospitals: 134 hospitals with 7,521 beds, one hospital for every 7,463 persons and a hospital bed for every 133. To maximize hospital use, every man, woman and child in Saskatchewan would be required to spend 2.7 days of every year in hospital. In fact, many of our rural hospitals are . . . nursing homes funded as hospitals. Many of the urban hospital beds simply do not get used.

Used or unused, hospital beds cost \$568,067,462 annually; an average of \$207 per bed per day. Reducing this expenditure by one-third will, of itself, result in an annual saving of \$189,355,821 — a far greater gain than revenues from premiums.

As well, Mr. Speaker, speaking from a national perspective, I quote from an article here, talking about rationalization: Rationing of health care or sickness care is already implicit. Patients are given priority in intensive care units. The badly burnt teenager gets in ahead of the 90-year-old with congestive heart failure. A new hip that will last for 30 years may not necessarily be given to an 80-year-old patient — she gets one that's good for only 10 years. Hospitals are establishing surgical quotas and providing . . . and provincial drug plans are eliminating selected pharmaceuticals from their subsidized plans, Mr. Speaker.

I want to tell you a story, Mr. Speaker, very briefly about something that affected my family, and it's with respect to my grandmother who in the 1930s . . . and some of the members opposite may remember some of the stories that took place in the 1930s, Mr. Speaker.

My grandmother had a ruptured appendicitis.

Appendicitis, for those who don't know, in the 1930s was very, very serious. They weren't sure what to do so they rushed her to the hospital. The doctor wouldn't take her in at the time because they didn't have any money, Mr. Speaker.

After lengthy consultation with the doctor, the doctor decided of his own free will that he would take my grandmother into the hospital, but they did have to provide guarantees that they could generate and raise funds. After the operation, and my grandmother spent many, many months in hospital, they mortgaged all of the land that they had and then over years and years, only then were they able to pay it back.

Mr. Speaker, I don't want to go back to that type of a health care system. I don't want to go back to a system that allows for privatization, that allows for the free enterprise to take over nursing homes and take over hospitals and take over our health care system. Mr. Speaker, I want a core health care system that provides universal care to all Saskatchewan people and to all Canadians.

My goal is to save medicare, Mr. Speaker, and I want to be part of a government that makes decisions that serve the needs of all Saskatchewan people, and that's what we're doing. We are correcting the mistakes of the past and in spite of the limited resources we are having, we are going to save medicare.

Mr. Speaker, I want to close with a quote from Poundmaker, and it goes like this:

It would be so much easier just to fold our hands and not make this fight . . . to say I, one man, can do nothing.

I grow afraid only when I see people thinking and acting like this.

We all know the story about the man who sat beside the trail too long, and then it grew over and he could never find his way again.

We can never forget what has happened, but we cannot go back nor can we just sit beside the trail.

Thank you very much, Mr. Speaker, and I speak in opposition to the amendment but will certainly support the motion as put forward by the member from Bengough-Milestone.

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

**Mr. Devine:** — Thank you, Mr. Speaker. I will be supporting the motion and . . . or the amendment to the motion and voting against the major motion, rule 17.

Mr. Deputy Speaker, I have with me a file of newspaper clippings from across the province of Saskatchewan that are condemning the NDP administration on health care. People are in shock. People are angry. People have said those that

designed this must have had mud for brains. People are looking at their very communities folding up — first the hospital, then the school, then the church, and then the town.

And the NDP have a motion forward here bragging about what they're doing to people in Saskatchewan in terms to health care. It's unbelievable that they'd even put forward the motion, let alone have somebody second it and talk about it. What is there to be happy about when your town has been unilaterally told that they're going to close your hospital? There's nothing happy about that and nothing even positive.

And then you're told it's going to save \$5 million this year — \$5 million. The NDP administration has \$365 million in Cameco shares that they're just sitting and holding. They're just holding. They're shareholders in uranium, shareholders in uranium and they say: no, we're going to close 52 rural hospitals for \$5 million this year. And even if we put it all together, you're going to be in a position where you might save \$20 million, and that's 1.3 per cent of your health budget. And you've just gone out and said, I'll just axe these communities and hit them.

Look what the people are saying: shock and anger at the NDP. Shock and anger. This isn't about money. You're not saving enough money to make a difference. This is about the fact that you are not prepared to take it on the chin and say, I guess we're going to have to change our ways to create economic activity in the province of Saskatchewan and save health care. No, we're going to go out and we're going to axe rural health care.

Half the population of this province lives in rural Saskatchewan, and they are in shock and they're angry and hundreds . . . in fact 12 to 1,500 people will show up and boo the cabinet ministers.

And you have a resolution in here bragging about your new policy. This isn't about money. Hard to believe. You say, oh I've got to squeeze a few little pennies and dimes out of these rural people — seniors, farmers, young people, all kinds of rural people. You say, I'll just squeeze a few pennies out of them. It doesn't matter if their town goes. I'm going to get a few pennies.

And then ironically, do you know what . . . and despicably what we heard today is: they're going to cancel the children's dental program for all the ordinary people in the province of Saskatchewan. Certainly the rural people don't get it. They're going to close all our hospitals but they forgot to tell you, whoops, if you're an MLA, if you're on the government side and you're part of a little clique, then you get to keep your dental program. And in fact you can even have it propped up for your kids until they're 25 years old — not the ordinary people.

This new bunch of so-called socialists have people in shock and are angry . . .

**An Hon. Member:** — The decision's been made.

**Mr. Devine:** — And the members opposite say, the decision's made; they don't want to hear about it. That's why they want to rush through it. I'll tell you what's over. Your political career is over, young fellow. Your political career is dust.

You go to the meetings and you defend this when hundreds and thousands of people are going to be here tomorrow in shock and anger and saying no to the NDP. You didn't get elected on this. You didn't get elected on this. You didn't have the courage to campaign on this. You promised a \$400 million tax cut and more money for health and education; that's how you got elected. And now what happens?

**An Hon. Member:** — We dealt with reality.

**Mr. Devine:** — You dealt with reality? You didn't tell the people the truth. They wouldn't have voted for this. And they sit there and laugh at the people now. They laugh at them. They laugh at the people. And they laugh at people who would even stand up and speak on their behalf.

Well you get out on the steps tomorrow and you laugh. You get out and laugh tomorrow at anybody you like, and you see how it goes over. Okay? We'll tell them you laughed. People that are watching television know that the NDP are laughing at them.

**An Hon. Member:** — We're laughing at you.

**Mr. Devine:** — Yes, that's because I'm speaking on behalf of the people.

**An Hon. Member:** — No.

**Mr. Devine:** — You get out and lip off to the folks out there tomorrow on the steps of the legislature. You tell them how you're defending their towns and villages.

SUN (Saskatchewan Union of Nurses) is meeting and they are upset, and members of the Saskatchewan Union of Nurses are going to be out there on the steps of the legislature condemning the NDP administration.

Dental coverage is criticized, says the paper. Children of MLAs are insured and normal people aren't. How do you feel about that? It's not true? Have you cut off the public? Yes. Do you still have it? Yes. Well explain it. You didn't here in the House.

You cut off the public in the dental program. That's true. They're cut off. And yet you can still get it. So you have a two-tiered dental program: one for the ordinary people, particularly those that live in the country, and one for yourselves that live here in the city. And the people don't like it.

Look at Weyburn. The rumours of closure worry Weyburn people. They don't like it. If you go to Grenfell, if you go to Beechy, if you go to Leader, if you go to Mankota, you almost have to have an armed guard for the NDPers to get out of the room. They

don't like you and they're not going to vote for you, and why would you even run for this?

Hospital cuts 1967 versus 1993 — you're going back to the Thatcher days. You got more cuts and more harm to rural communities than any political person in Saskatchewan's history. And you're sitting there with a motion that condones this? Why would you support it for \$5 million? You could save that kind of money if you just didn't take the dental plan. Don't use the dental plan . . . anybody over there, don't use it and keep your friends and say no, no, no, we won't do this.

Editorial's right. It's the end of social democracy. The CCF-NDP really don't care any more at all. Look at that. Your friend Conway says the socialists aren't really socialists any more. They don't like . . . You can look at the clock. I know, you've cut everybody off so they can only speak for a few minutes.

**An Hon. Member:** — It's rule 16.

**Mr. Devine:** — It's rule 16, Mr. Speaker, and they're still looking at the clock. They've got so habitual now in looking at the clock, maybe we can shut up the members of the opposition. Look to the clock. Well why don't you stare at the clock? I'll tell you, after the next election you'll have lots of time to stare at clocks. Okay? You can stare at the clock all day, all night.

You say, well I'll have to . . . won't have to have any limit on my time because you'll have lots of time on your hands. That's what they're going to say because of the hypocritical nature. You didn't campaign on it. And then it says, whoops. There's more and more taxes under the NDP, more taxes.

You campaigned on no new taxes, cutting the PST (provincial sales tax). What have you got? You've increased taxes from 7 to 9 per cent, and when you couldn't really balance the budget you put the tax on the back of the ratepayers, \$450 million over four years on RMs (rural municipalities) and urban ratepayers. And this is your claim to fame? And then you run around and you close rural hospitals.

Look at this: despite wellness model Eston is sick with anxiety. How's that? Why didn't you read that in your motion? Why didn't you read that in your motion? The people are sick with anxiety because the NDP administration . . . You didn't tell them the truth in '91, you're not telling them the truth now, and even when you make the cuts you save a little kitty for yourself and your children but not the public.

And they're saying they've never seen such political hypocrisy in their life. And you stand in here and have the gall to condone and clap with each other, and put a motion forward and say, aren't we doing really good.

What have you added to the deficit? The debt was 14 billion when you took office; now it's 15.6. You've added 1.6 billion to it . . . (inaudible interjection) . . . Yes and he says my interest payments.

Did you make any promises? In 1991 you promised 400 million in tax cuts, and you knew what the debt was. You got elected on the biggest political story in Saskatchewan's history. You said, we don't need the PST (provincial sales tax). And you knew it. And you knew it and you said: oh it's okay, we'll offer it any way.

**The Speaker:** — Order, order, order. The member's time has elapsed.

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

(1615)

**Mr. Serby:** — Thank you very much, Mr. Speaker. I'm very pleased today to rise in the Assembly, Mr. Speaker, and will be opposing the amendment and will certainly be supporting the amendment of the motion . . . supporting the motion, Mr. Speaker, that speaks to the fact of our government and the minister continuing her efforts in ensuring that Saskatchewan achieves the second generation of medicare and the second phase that will realize the goals of health reform, community-based health control health care services.

Mr. Speaker, today I'd like to attach myself closely to the health care reform particularly from the point of view that over the last several years have had a close working relationship with the health care department and health care services, particularly in the areas of home care, served on hospital boards, level 1 and 2 facilities, and had the opportunity of serving on a special committee reporting to the deputy minister, Mr. George Loewen, for a period of time under the Tory administration.

And as I listened to the debate in this legislature over the last few days as it pertained to the district Bill, the members opposite seem to associate themselves around two particular issues in my mind, one of those being that health care reform in this province is really not necessary, and the second being that they talked about the process in what we're using in terms of bringing health care reform in this province.

And it concerns me to a large degree, Mr. Speaker, that for two days nearly the members opposite don't participate, don't get involved in debate. Instead they ring the bells, obstruct the work of the House at a time when Saskatchewan people are saying that they want to see reform not only in health but reform, Mr. Speaker, in this particular Assembly. Public taxpayers' dollars wasted, speaking out the clock. Mr. Speaker, when we have major issues like health care reform that we're dealing with in this province, we have members opposite . . . work to do, members opposite refusing to participate in the debate.

It is well demonstrated in this province, Mr. Speaker, that per capita we have too many hospital beds, and the example particularly of acute care beds in this province. And this knowledge, Mr. Speaker, has been known to me for better than two years. And I

remember that vividly, Mr. Speaker, because the members opposite whose individuals were responsible for delivery of service through the Department of Health visited our health care facility in Yorkton, the hospital board. And they said to us that we have too many acute care beds in Saskatchewan, particularly in the regional hospitals. And they said to us that what we need to do is we need to reduce funding to the regional hospitals.

**An Hon. Member:** — Who said that?

**Mr. Serby:** — The Tories said that, the administration of the Tories. They said that we had too many hospital beds in Saskatchewan. And so what we did, Mr. Speaker, in April of 1991 we reduced the funding. We saw reductions of funding to hospital beds, acute hospital beds, to regional hospitals across Saskatchewan.

Mr. Speaker, it is well-known that institutional costs and the treating and convalescing people is far more expensive and less effective in community-based services. People recover, we know, and sustain themselves for much better and quicker if they're in their own homes or they're in their own communities, and not in institutions.

Accordingly, community-based treatment is being implemented not only in Saskatchewan, but all across North America, Mr. Speaker, today. And we see it happening in mental health services. We see apartment living programs. We see it happening through home care services.

In 1980, Mr. Speaker, the New Democratic government implemented a home care program which is a model today, not only in Saskatchewan, but across the country, leading the way in health care services, Mr. Speaker.

In the mid-'80s that supported, Mr. Speaker, throughout the 1990s . . . or throughout the 1980s by the Tory administration recognizing . . . them recognizing that home care services were essential and assisted in broadening some of those services, Mr. Speaker.

I want to bring to the attention of this House, Mr. Speaker, in the mid-'80s, the Tory administration closing the North Park Centre in Prince Albert, an institution for long-term care of mentally ill folks. And they proposed at that time, Mr. Speaker, to move those folks to the Valley View Centre and to a number of communities across the province. The rationale, Mr. Speaker, was that institutions were too expensive to operate. They were too costly, and the residents could do better if they were served in community — special care homes, family homes, and group homes across the province; Mr. Speaker, a Tory administration telling us that institutional care is too costly and we need to proceed with broadening the base and home-based services in this province.

Mr. Speaker, wellness, health care wellness and reform, is about facilitating a process that enables

people to remain independent in their own homes, in their own environments, providing services to the whole person, to the entire individual. Today we, our government, takes some major steps to work beyond the previous Tory administration and move health care into a new phase.

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

**Mr. Serby:** — A second point, Mr. Speaker, that I'd like to touch on very quickly is that the members opposite say that there was no consultation. Well I know that the Minister of Health has been around this province on two occasions. On two occasions the Minister of Health has been — on two occasions — around this province in every community, Mr. Speaker. And she's talked to health care professionals, to individual groups, to community leaders, and everyone interested in listening about health care reform. And the process, Mr. Speaker, goes on.

Mr. Speaker, health reform and wellness is designed to give communities responsibility for designing and prioritizing what they believe is in the best interests of the folks who live in their districts. That's what health care reform is about, because local communities know what's best for their communities; empowering communities to take responsibilities to make decisions because I believe that given the opportunity and information, local decision making and prioritization is what people want, understanding and trust. This is what our reform is about in this province, Mr. Speaker.

Consultation, Mr. Speaker, in our community, in our district . . . we have three hospital districts that have come together, who are saying that they are going to form a regional district — community-based model programs that can move appropriately, streamlined, integrated, and rationalizing the needs.

There is no one on my steering committee, Mr. Speaker, who doesn't believe that we need change in the way we deliver health care services. And the committee in Yorkton have all sorts of folks on it. We have Liberals and we have Tories and we have Reformers and we have New Democrats. And they say that we need to reform health care; we need to change it, and we need to work together. And that's happening, Mr. Speaker, in our district.

In Yorkton we happen to use the democratic process of selecting our steering committee. We had an election, Mr. Speaker, where we allowed individuals to get elected to the steering committee. And fortunately we had 25 people who put their names forward; the difficult task of choosing only eight. Truly community-based autonomy and decision making is what's happening — communities setting their priorities in the direction.

Mr. Speaker, in our district in Yorkton and across the province, we will be shifting in how we treat, prevent, and promote health care. And in each district there will be some differences in how we do that. It is true that my steering committee is made up of elected

representatives of the district . . . seeing duplication, overlap, and underutilization and are making recommendations on how the board can make some appropriate changes. They have consulted throughout the district. And in my constituency, Mr. Speaker, in the very near future you are going to see the coming together of a district board.

**The Speaker:** — Order, order. The member's time has elapsed.

**Mr. Goohsen:** — Thank you, Mr. Speaker. I can't believe that any government who has watched what has happened in rural Saskatchewan and in the cities of this province over the past two and three weeks would have the nerve to bring forward such a motion, a move to try to congratulate the Minister of Health for destroying medicare itself in rural Saskatchewan, that will eventually destroy medicare in the city of Regina and Saskatoon and all of this province.

The downloading of responsibilities and the cutting of the funding so that hospitals will be ensured and guaranteed to have to close only means, Mr. Speaker, that in our cities . . .

**The Speaker:** — Order. The 75-minute time limit on this debate has elapsed. And we will now turn to private members' motions.

#### PRIVATE MEMBERS' MOTIONS

##### Resolution No. 6 — Publishing Fees and Charges by Government

**Mr. D'Autremont:** — Thank you, Mr. Speaker. At the end of my speech, I will be making the following motion, Mr. Speaker:

That this Assembly urges the government to improve accountability by publishing a complete list of all fees and charges made upon any member of the public by any part of the government and that this published list be updated when new fees and charges are established or existing ones changed.

I will move this, and it will be seconded by the member from Kindersley, Mr. Speaker.

The members opposite talk a good line about being open and being accountable. In fact that is one of the many promises that the NDP vowed to keep when they were given the chance to form government. Well we are here, Mr. Speaker, a year and a half later and the NDP have done little to become more accountable or more open.

In fact the Premier has said they will no longer release certain types of information so as not to upset the public. In fact the truth is so as not to make the public mad or angrier at the government.

Any openness is very, very limited, Mr. Speaker. Very small steps have been taken in this area, and I stress, Mr. Speaker, very small. Mr. Speaker, it's no secret

that the NDP, since forming government, have increased everything from marriage licences to speeding tickets. They are taking more of the share of city fines from our cities while chopping revenue sharing to municipalities at the same time. These fines, Mr. Speaker, have gone from the government taking a 7 per cent share to the provincial government taking a 25 per cent share.

There are so many hikes that it's hard to keep up with them all, Mr. Speaker. Utilities, vehicle insurance rates, appeals to the court, fees to start divorce proceedings, hearing fees at chambers, marriage licences, speeding tickets, licences to drill oil wells, register cattle brands, deposits on soft drinks, including tetrapacks, Mr. Speaker, on which there is no deposit return, fines for failing to keep camp-sites clean, hearing-aid add-on fees — and, Mr. Speaker, this is just to name a few. As you can see, Mr. Speaker, to keep up with the frequent changes in fees and licences is quite a job.

Articles with headlines like: nickel-and-dime fee hikes worth 15 million to the government. This was said on January 19, 1993 in the *Leader-Post*. Or "Invisible increases," January 18, 1993, the *Leader-Post*, shows just what this government is doing.

What this motion asks the government to do is to uphold the truth in their promises. It asks the members opposite to publish all of the fees, all of the increases, Mr. Speaker, all of the nickel and diming that has gone on under this government. Whenever there's a fee change, Mr. Speaker, this motion asks that the government publish it, that they prepare a list that is accessible to the general public, to the members, to the media, to whomever — that lists all of the categories of fees and what those charges will be, Mr. Speaker, and when changes are made to it, that these changes be also published.

Mr. Speaker, in considering that they promised openness and accountability on a number of occasions, I doubt that there will be any MLAs voting against this motion. Mr. Speaker, how could any MLA, any NDP MLA vote against this motion?

(1630)

They were the ones who ran an election campaign on open, honest, and accountable. Open and accountability have not been upheld by the members opposite, as the Provincial Auditor's report has shown. For instance, they have not upheld open and accountability . . . for instance, the auditor's document on page 49 says:

. . . Orders-in-Council and Ministers Orders did not specify pay and expenses for . . . 24 (boards and) agencies.

Those were held back and not released, Mr. Speaker. These are fees, licences, payments that are not being held open to the public scrutiny, Mr. Speaker. Mr. Speaker, the pay and expenses in question totalled

more than \$700,000. About \$50,000 of this amount went over to the member from Riversdale's former law partner, Mr. Ching of CIC (Crown Investments Corporation).

Another one: almost \$90,000 went to Crop Insurance, and over \$50,000 went to Economic Development. These payments should be accountable to the MLAs in this Assembly and surely, Mr. Speaker, to the taxpayers. And that's what the NDP promised before the election — before the election, Mr. Speaker.

The report goes on, Mr. Speaker, on page 64 to say that, and I quote:

. . . two-thirds of the 1991-92 annual reports did not improve their description of *what the department has done, where the department is now, or what the department plans to do.*

Two-thirds of the annual reports, Mr. Speaker, did not improve their openness, did not improve their accountability even though that's what the NDP government had promised.

Mr. Speaker, they had promised to be more open and accountable, and this motion asks that the government be more open and accountable in allowing access to all the fees and charges that are placed upon people in this province. And that whenever those changes are made, as this government has done on a very regular basis, that those also be published so people know what the changes are, rather than just happening to go down to the government agency one day and ask for a particular item and finding out, all of sudden, what was a \$5 fee is now a \$50 fee.

In fact, Mr. Speaker, Mr. Ching, the head of Crown Investment Corporation, argued with the Provincial Auditor because he did not want to become more accountable to the people. Does that sound like open and accountability? No, Mr. Speaker, it does not.

Further, Mr. Speaker, the Department of Finance, the newly created provincial secretariat department and Executive Council did not prepare any annual reports. The auditor says, and I quote:

As a result, MLAs and the public may have difficulty at assessing the performance of these departments.

This is from page 51, .07. No kidding, Mr. Speaker, if there's no report it does create some difficulty in trying to access what the departments are doing, what they're spending the money on and why they're spending the money. The members opposite feel it is okay to create a new department, a department which has been established to carry out the political agenda of the NDP and then not be held accountable in any way to the taxpayers who are footing the bill. This does not sound like openness and accountability to me.

In fact it's just the opposite, Mr. Speaker. Mr. Speaker,

all that this motion is requesting is for the government to lay out all of their fees, all of their little rate increases, including those for Crown corporations, all of the things that add up to a heck of a lot of money to the average small business person, farmer, and family, Mr. Speaker.

It was somewhat ironic that this motion should come up today, Mr. Speaker. When you look at page 3 in the *Leader-Post* today, it talks about there's more than taxes, and it goes down and it lists various fee increases which took place within the last two years. How the Department of Highways drivers' licences have increased by 25 per cent this year, going up by \$5; how SaskEnergy increased by 4 per cent last year which cost the average family \$24; how it increased by 2 per cent this year and cost the average family \$13. SaskPower went up by 5.5 per cent for \$31 last year, and 4.9 per cent this year for \$29. All told, this article concludes that it cost the average family of four in Saskatchewan \$1,452 of tax increases, fee increases, licence increases and all the other kind of increases that this government has imposed on the people quietly.

The people heard about the tax increases. It's just like the liquor tax increase that occurred. In the budget, Mr. Speaker, the Minister of Finance did not include any alcohol increased taxation. And when asked outside of this Assembly why she did not do so, her reply was: well that's something that we can do at any time and perhaps we'll take a look at it this fall. Well it was surprising how fast we went through the spring and the summer and reached the fall, Mr. Speaker, because it was only about 10 days later that our liquor tax increase occurred. The minister was simply trying to avoid having more tax increases in her budget.

Mr. Speaker, this motion asks that all of these type of increases be included in a pamphlet, in a booklet that the general public of Saskatchewan can have a look at. And I can't imagine why any MLA would try to amend this motion in any way or in fact vote against it. And if an MLA does, Mr. Speaker, I'm sure that the people will be very interested to find out why.

So at this time, Mr. Speaker, I would like to move that motion.

**Mr. Boyd:** — Thank you, Mr. Speaker. I am very pleased to be able to rise in support of my colleague and his motion with respect to this important issue. And I believe, Mr. Speaker, that we shouldn't even be debating this. I think that the government should outright adopt this and the sooner the better. They should come clean and adopt it as quickly as possible because the people of Saskatchewan, I believe, want to know, they want to know specifically what kinds of fees and increases that have been placed upon them and they want to know for future reference what kinds of fees that they think will be imposed on them down the road.

The NDP claim, Mr. Speaker, that they were elected on a campaign of open and honest government. Well, Mr. Speaker, that was their claim but yet we see now



the types of things that are happening in this province, and the people of Saskatchewan I don't believe support them in their claim any longer.

The public has the right to see in published form the fees and charges levied by the government. The NDP government that came to power promising no more taxes is refusing to publish a list of hidden fees and charges that they have imposed on the public.

To mention a few, Mr. Speaker, they include the cost of a marriage licence and increased fee to start divorce proceedings. They imposed new user fees for cancer treatments. They've increased the breeder fees at bull stations around the province. They've increased the fee for initial registration of an animal brand, and they've increased the annual fee for a livestock dealer of over a hundred per cent. They are just a few examples, Mr. Speaker, of the fee increases that the people of the province have been forced to have imposed on them.

Tax and utility rate hikes are well publicized. The ones mentioned here today, Mr. Speaker, are ones that aren't publicized, and no one is aware of them unless you're put in a position where you have to pay them and the government is forcing that on people.

Mr. Speaker, one has to wonder whether, after looking at just a few examples . . . And I have before me page after page after page of fee increases that the government has imposed on the people of Saskatchewan without the people's knowledge, without consulting the people of the province. I say to the government, Mr. Speaker, that this is wrong, and I would certainly agree with my colleague that they should be published as soon as possible.

An NDP government had no problem creating a financial review commission, better known as the Gass Commission, to reveal dealings of the previous government. They couldn't wait, Mr. Speaker, to start this commission up, yet the Provincial Auditor receives no cooperation from them for his review of the NDP government.

Mr. Speaker, the NDP took great pleasure in creating the Gass Commission to open the books. The books were opened, and the Premier and his NDP friends were disappointed. They were disappointed because the commission didn't uncover any dirt or underhanded dealings. They couldn't because there wasn't any, Mr. Speaker.

The Gass Commission did however make a number of recommendations. The government has given itself top marks for following these recommendations, Mr. Speaker, but they don't mention the list of recommendations that they ignore. For example, the government does not recognize the province's \$3 billion unfunded pension obligations as a liability on its books. The NDP government has rejected a recommendation aimed at making the Crowns more accountable. The NDP ignored Gass's recommendation that cabinet ministers should not sit as chairman of Crown corporations. The government

ignored the recommendation that legislation should not be passed concerning the amount of money that can be committed to a project.

Mr. Speaker, the NDP government wanted to be truly open and honest. If they wanted to be truly open and honest, they would adopt all of Mr. Gass's recommendations. But they dare not, particularly the one respecting Crown corporations. They dare not reveal what is really going on in Crown corporations because then the people would see just how badly they're being gouged by this government.

Mr. Speaker, the people would like to see the NDP for what they really are, and are now beginning to realize what they really are — masters, Mr. Speaker, of deception.

If the true financial situation of this province were revealed, people would see how the NDP bloated the budget. Mr. Speaker, the NDP should come clean. They should adopt the remainder of Mr. Gass's recommendation. They should adopt the principle outlined in this motion. They should come forward and give the people of this province an opportunity to find out exactly what kind of fees have been imposed on them over the last few months in this province.

And the list is extensive, Mr. Speaker. The initial registration of an animal brand has gone up from \$20 to 25. Renewal of a registered brand, \$20 to 25 — \$5 increase. Livestock dealers' fees used to be about \$45; now they're a hundred dollars. A certificate of incorporation, so if someone in the province is interested in incorporating a company to do business, the fee used to be \$50; now it's 75. A search, a registered search in Saskatchewan, it's a new schedule that they've set out, wasn't even in existence before. The certificate for an alternate name of a company, a new fee of \$50.

There's just list after list after list, Mr. Speaker, of changes, increased fees that are being hoisted upon the people of this province. New fees — fees on things that people didn't even know about before, Mr. Speaker, the people of Saskatchewan are now being asked to pay.

The list is extensive, Mr. Speaker. There's other people that are interested in debating this. I'd like to give them that opportunity now.

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

**Ms. Stanger:** — Thank you, Mr. Speaker. I wish to speak to the motion presented by the member from Souris-Cannington, and I will be making an amendment at the end of my remarks. When the members opposite spoke about accountability it is a joke. When the member from Estevan was premier, the Treasury Board did not meet the last 18 months that the PCs were in government.

My question is: who made the decisions about how the people's tax dollars were spent? How much did the former government rack up? One billion for every

year that they were in power. Each individual Saskatchewan citizen — man, woman, child, and infant — owes \$14,000. Each Saskatchewan family of four are faced with repaying \$64,000; each taxpayer in the province owes \$31,111.

(1645)

Mr. Speaker, where did the money go? Where did the money go? Here are some examples: \$15,035.25 worth of booze was delivered from the Saskatchewan Liquor Board warehouse to the legislative office of the PC minister responsible for the Liquor Board. One hundred sixty-eight passes worth 10,000 to the Big Valley Jamboree purchased by the Liquor Board for distribution by the minister to his friends and colleagues. Sixty thousand paid in 1989 to a consultant for advice concerning potash matters in India. The PCs estimated that the government's share of the Rafferty-Alameda dam project would cost \$42.5 million. This figure sky-rocketed to 155 million by the 1991 election. Slightly overestimated, I would say, or underestimated, I mean.

Where did the money go? Here are some other examples. The GigaText translation services systems failure, \$3.5 million lost; the Supercart International failure, almost 8 million lost in only nine months; the Joytec failure, over 5.2 million lost; the High R Door manufacturing failure, half a million lost.

And the member from Kindersley says there were no . . . the Gass Commission couldn't find any problems with the former government . . . (inaudible interjection) . . . The Austrak Machinery Corp. failure, \$700,000 lost; the Pro-Star Mills failure, \$490,000 lost. And I could go on and on.

What about the secret organizations that they set up by four Tory cabinet ministers, the Saskatchewan Diversification Corporation, a secret organization. Don't believe me: here is a quote from the Saskatoon *Star-Phoenix*, October 11, 1991. It says:

The head of Saskatchewan's Taxpayers' Association was "amazed" Thursday to hear four cabinet ministers have invested \$4.1 million of taxpayers' money in 19 small businesses through a government-owned corporation set up last year.

Kevin Avram doesn't like the arrangement and considers it improper.

"If they (the government) can't tell taxpayers what they're doing with their money, maybe it's a deal (that) shouldn't (have been taken) . . . in the first place," he said.

For instance:

Grant Schmidt, minister responsible for the Saskatchewan Diversification Corporation, has refused to identify more than two of the 19 companies the government has invested in over the past year . . .

And here's another from October 11, again: "Schmidt won't reveal SDC (Saskatchewan diversification) expenditures."

The government has spent \$4.1 million over the past year, taking equity positions in various business enterprises with no public disclosure.

. . . Schmidt and three other cabinet ministers — George McLeod, Jack Klein and Lorne Hepworth — serving as directors.

Among the expenditures SDC has made is a \$400,000 investment in a 40-per-cent equity in the Melville phone company Trinitel International, established through a community bond.

And we know who the member from Melville was, don't we?

And here's an editorial from the Saskatoon *Star-Phoenix*: "Business given priority over public."

The sheer audacity and ethical bankruptcy demonstrated by Grant Schmidt's explanation of why the government hid the Saskatchewan Diversification Corporation (SDC) from the taxpayers is astounding.

Remember, this is not the words from any NDP publication; it is from the paper, the Saskatoon *Star-Phoenix*.

No acknowledgement of the fact the public has the right to know how money is spent.

So this is the former government and their discussion about accountability. Here's another quote:

The establishment of SDC was not general knowledge, Schmidt said . . .

Like one of the members asked, why didn't they tell about these secret organizations? Here it tells. Here's Mr. Schmidt's explanation:

The establishment of SDC was not general knowledge, Schmidt said, because he didn't want every community bond corporation thinking the government would take an equity position in it. As the old anti-drug slogan goes, the government could "just say no."

By hiding the existence of SDC, the government made the money available only to a select few. Those few included a shaky telephone manufacturing company in Schmidt's riding and an Alberta firm which had been turned down for government loans (by the province of Alberta).

**An Hon. Member:** — I wonder if there's any kickbacks?

**Ms. Stanger:** — I don't know. I don't know if there were any kickbacks.

When we were elected, we appointed the Gass Commission to review and make recommendations about our financial situation. Since the report, the recommendations of Gass have been implemented, and I refer to a quote from the *Report of the Provincial Auditor*, chapter 1, page 1:

During the last year, I observed the Government making steady progress in improving our system of public accountability. Although many areas still need strengthening, I do believe, on the whole, our system of public accountability is improving.

And that's from the auditor.

Let me assure the members of the Assembly that our government is accountable and will continue to be accountable.

I wish to move an amendment:

By removing all the words after "Assembly" and replacing with the following: recognize the timeliness and the necessity of the government's determination to follow the recommendations of the Gass Commission, the success of which is recognized by the Provincial Auditor in his annual report and the continuation of which will restore accountability, openness, and clarity to the province's financial picture.

I make that motion, Mr. Speaker, and end my remarks. Thank you.

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

**The Speaker:** — Order. I have looked at the amendment and I find the amendment out of order. The amendment really does not relate to the motion that is before us, and therefore I find it out of order and the debate will continue on the motion that is before us.

**Mr. Kowalsky:** — Mr. Speaker, in the few minutes that are remaining I would like to make just a couple of remarks with respect to this motion. And I want to follow in the footsteps of the member from Cut Knife-Lloyd who very ably and very clearly set out the government position with respect to accountability and how markedly it differed from the record of the government previous.

And the member who spoke before us, the member from Cut Knife-Lloyd, pointed out what a contrast it was with the members speaking now through one side of their mouths with what the Conservatives did just one year previous when they secretly hid the Saskatchewan Diversification Corporation spending millions of dollars in secret behind closed doors. It wasn't until close to the election that it was pointed out.

And I want to mention also, Mr. Speaker, and repeat what the auditor has said about this government's performance and what the auditor has mentioned in just . . . in a report which ends March 31, '92 and which was tabled in this legislature just this week. And right on chapter 1, Mr. Speaker, the auditor mentions that this year the government has made tremendous progress in improving the system of public accountability.

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

**Mr. Kowalsky:** — Let me quote from the auditor's report, Mr. Speaker. It says here:

During the last year, I observed the Government making steady progress in improving our system of public accountability.

Later on, he says:

I do believe, on the whole, our system of public accountability is improving.

The first time we've ever seen that in an auditor's report for 10 years.

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

**Mr. Kowalsky:** — And the auditor also says:

The Government issued, for the first time, an audited summary financial statement showing the financial conditions and results of the Government as a whole.

Mr. Speaker, this book speaks for itself and it speaks for the government and the way the government is being run right now. And it's quite hypocritical for the members opposite to try to claim or to seek or to ask or to promote accountability based on their particular record, Mr. Speaker.

Mr. Speaker, because the time is getting closer to 5 o'clock and I would have a few more things I'd like to say on this — it will take more time — I would now ask . . . I move adjournment of debate on this motion.

Debate adjourned.

The Assembly adjourned at 4:58 p.m.