

April 22, 1993

EVENING SITTING

Hon. Mr. Lingenfelter: — By leave, Mr. Speaker, I move that we would move to special orders, adjourned debate, on the proposed motion by Ms. Simard dealing with Bill No. 3, second reading.

Leave granted.

SPECIAL ORDER

ADJOURNED DEBATES

SECOND READINGS

Bill No. 3

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

Mr. Martens: — Thank you, Mr. Speaker. I want to bring out some points that I did not do the last time I spoke on this, and I want to point out some of the things that I did address at the time when I did speak on it the last time. And that had to do with some of the background in my part of the province, which dealt with health region no. 1, and I pointed out to the Assembly some of the points that I figured were pertinent to the discussion.

I did note too, Mr. Speaker, that the observations were made by quite a few people who had watched that series of speeches from the Assembly, and they pointed out to me that they were glad that someone had taken the time to review the background in the first health district that was ever formed in Saskatchewan, and that was health region no. 1.

Since that time, Mr. Speaker, there have been a lot of things that have been done in the health care side and as it relates to this Bill. I have, Mr. Speaker, attended quite a few meetings in my part of the province, in my constituency and in neighbouring constituencies, as well as on the east side of the province. And there is a continuing lack of information being provided to the people of the province about what the mandate of some of the steering committees has been. There has been a lack of information provided to these groups.

For example, they get information at one time from one member of the Department of Health; then they get another piece of information from another member from the Department of Health. And then they get another piece of information from a minister and then they get another piece of information from the Minister of Health herself. There have been a whole lot of questions raised because of that, Mr. Speaker.

The way that it has been dealt with, Mr. Speaker, is that people from across the province have been asked to set up steering committees in relation to the kinds of

things that would be discussed in rationalizing health care. And, Mr. Speaker, there is a great deal of willingness to participate in rationalizing, streamlining, and putting together a health care system that would be here for the future.

What has been said over and over again by various groups and individuals across the province is that they needed far more time. They need time, Mr. Speaker, to integrate the use of all of the agencies that occur in Health. And that, Mr. Speaker, is the reason why we have asked this Assembly to defer this Bill. Defer the Bill and allow the people to discuss.

We have had a system evolve over the last 30 years . . . we've had a system evolve over the last 30 years that has had different boards, different aspects of the health care system controlled and regulated by various kinds of boards. And that, Mr. Speaker, has grown because of government involvement in one way or another. It hasn't been the direct result of any one single emphasis or focus. But what has happened, Mr. Speaker, is you have ambulance boards and hospital boards and home care boards and all of these kinds of agencies that deal with health care. And that, Mr. Speaker, has been a process of time that that has evolved.

And now in less than a year the Minister of Health has asked all of these people to bring all of that together. And I believe that, with all due respect, that the people of the province have seen a lot of problems in putting this all together. And the reasons they have is because they don't have any consistency in the direction being given by the members opposite or by the Department of Health. And that has raised a lot of questions in the minds of people.

The information that has been suggested has appeared in the paper a number of times and I want to point that out. In the community that I live near to, the city of Swift Current, a lot of the members of the steering committee resigned because they felt that the mandate that they had been given was not what was expected of them and therefore they quit. The people in the community have had a serious problem with understanding what the Department of Health wanted, what the government wanted.

In that respect, Mr. Speaker, they have had a lot of concerns raised about whether the government has a plan. Do they have a plan? Don't they have a plan? Will it produce a plan? And related to that also is the aspect of governance. How are these people going to get a global budget when they're going to be told that you have this acute care funding to cut back, you have that acute care funding to cut back? And then they get told that they won't be able to use the money.

In one of the meetings I was at earlier this week information was provided to us that they would not be able to use the funding in designated acute care for home care. If there was money in home care they would not be able to use it for acute care or special care homes. Those, Mr. Speaker, are some of the

concerns that the people in the communities have. And that's why yesterday's headline in the *Star-Phoenix*, or in their editorial page, is "What a farce!" That's the headline in the paper.

THE ISSUE: Announced closures of hospitals.

OUR POSITION: (Mr. Speaker, and coming from the editorial board of the *Star-Phoenix* is) Stop blather about local control.

That, Mr. Speaker, is the headline in relation to the focus that the Minister of Health has placed on the way that the steering committee and then the appointed committee and then the elected committee and appointed committee can respond to, and the *Star-Phoenix* has it right. People across the province are saying, stop blather about local control. And that, Mr. Speaker, is what the people and the province have said. That's what we said at the beginning. We didn't see where they would be going in any other way but what they have gone.

And, Mr. Speaker, we saw that in the amount of information that was provided. We saw that in the kinds of information provided, and as we go along we find out, Mr. Speaker, that the local bodies are going to have less and less control over what they're going to do. And that, Mr. Speaker, is what we were afraid of in the first place. And that is why we on this side of the House have said stop, hold the clock, let the people of the province determine it.

And I want to use some examples, Mr. Speaker, because these communities have worked hard. And I want to say that I commend the people for trying to pull together and rationalize the system, but it's very, very difficult. I want to use as an example, the area around the city of Swift Current.

They have been working since last November, Mr. Speaker, to put together a plan whereby they would be allowed to take the various services that they require and provide, and divide up that responsibility, give it some focus. And what has happened, Mr. Speaker, they have continually — and over and over and over again — continually been confronted with inconsistencies and frustration about what the plan would be. The plan changes, and from one time to the next, the areas change.

All of that is almost beyond the reasoning of the people who are doing the assessments on whether the steering committee should be involved with one board or another board, another area, or the area that they're in. And that, Mr. Speaker, is the reason why these people have a lot of concerns about it.

There are things that people would be prepared to do, Mr. Speaker. I have met with each one of the hospitals in my constituency. I have met with a number of those who would be in the area that has been applied for by the group, and they call it the Rolling Hills health district. And they've applied to the Minister of Health to have that district recognized as a service unit for a health district or a region. And that, Mr. Speaker, is

generally the area surrounding the city of Swift Current.

What has transpired since they formulated that health care group is that the majority of the hospitals in that group, which comprised at the time it was begun, seven different hospitals . . . at the time it was begun there was consideration being given to having three beds of acute care where there had been five before; two where there had been four; one and a half where there'd been three. Other locations have said, well maybe we can do with five or four instead of nine. And these scenarios have developed and they have said this over and over again.

What we had happen last week, Mr. Speaker, is rather significant to the whole process. And the process showed some very serious concerns that we had felt were going to be there anyway. And we believed that they were going to be there and they did surface.

One is that of those seven, only one had any acute care beds in that whole area. And if the people would understand this area, it is the area along the South Saskatchewan River that runs 75 to 100 miles across just south of the South Saskatchewan River and then runs all the way to the U.S. (United States) border.

Now that area, except for the city of Swift Current, has only five and a half hospitals . . . or five and a half beds with acute care possibilities. The rest were all cut in funding. Some of them . . . For example, Kincaid was cut. In six months they're going to be cut down to, as one health care director from one of the hospitals said, we're going to be cutting toenails. And the money we have received for funding for the last six months of the year will involve only keeping the heat on in the hospital. And that, Mr. Speaker, is the reason why we're concerned about it. It's why we have said to the members of this Assembly over and over again, that we want to have some reasoned approach to this whole wellness program that has been established.

And, Mr. Speaker, I want to point out to the Assembly, that's the reason why we have made available to the Assembly an opportunity to re-establish health care in these facilities by things that we have presented to the Assembly, like the Bills that we have prepared to recognize the importance of health care in all of these small communities.

Mr. Speaker, we have very, very serious concerns about things that we hear. I'll give you another example of that. One of the serious concerns expressed in a meeting I was at day before yesterday in Mankota was this: that the Lafleche hospital, which has got an integrated facility with level 4 care people and then also a hospital which is a part of the one unit, and in that they are going to have their funding cut back on that acute care side.

And what are they doing in the community just north of Lafleche, 12 or 13 miles north of Lafleche? They have already said on two meetings that members of my Rolling Hills health care district have heard people say on two occasions is that the town of Gravelbourg

is going to receive a \$10 million grant to construct a hospital.

(1915)

Now 13 miles away they close one down, and that is what these people are going to call a benefit to . . . a cost-saving measure? And to the Minister of Finance to recommend that they build a hospital when they've got one that is 13 miles away and another one that is 30 miles away. And, Mr. Speaker, if the province goes ahead, the government goes ahead with funding for health care in the city of Swift Current and you go straight south to the American border at Mankota, it is 125 miles-plus to get to a doctor. That is what is going to happen, Mr. Speaker, and these people are really concerned about it. Because the acute care beds have been cut out of Mankota. They've been cut out of Kincaid. They've been cut out of Pontoiac. They've been cut out of Vanguard. They've been cut out of Lafleche. They've been cut out of Climax. They've been cut out of Frontier. And, Mr. Speaker, it is a very serious concern to those people in that community. And that bottom part of my constituency is served by those hospitals. It's served by the people and the doctors that live there.

Another thing that has been brought to our attention and that is very, very serious, is that the doctors who depend on lab services for the provision of access to X-ray equipment, a technician that is capable of doing X-rays, an individual who is able to do lab work as it relates to blood testing and items related to diabetics and sampling various kinds of things . . . Those are the kinds of things, Mr. Speaker, that the doctor absolutely needs.

One physician told me, he said, it's this way, it would be just like a farmer who bought some land and had no equipment. Or it would be like a mechanic who opened up a business and didn't have any tools. That's exactly what would be represented in this kind of a function with a doctor not being able to have lab and diagnostic services provided to him in that location. And, Mr. Speaker, that is a very serious concern.

I want to point out also, Mr. Speaker, that in the meeting that was held in Mankota a week ago Friday, the doctor was late in coming to the meeting, and one of the reasons was, Mr. Speaker, that he had to sew up a person's arm that had been cut up and . . . cut in shreds almost, and 66 stitches were required to put that arm back together. Mr. Speaker, that is a very serious problem. If at any time that would have hit an artery, Mr. Speaker, that would have caused a very, very serious problem if that individual would have had to travel 100 miles to get any kind of health care service.

And we say, if the doctors are expected to deliver health care from an office 120 miles away, and if he's going to be driving back and forth to that community to provide that service once a week, it isn't going to provide any kind of a service on an emergency basis.

And if you have to take an ambulance and drive those

100 miles to get a patient and deliver him back to have an emergency service, then that, Mr. Speaker, is also going to create a problem, because that will be four hours of travel at least for that individual to have emergency service. And then, Mr. Speaker — I'm only telling you what people have told me — and then, Mr. Speaker, if people take it upon themselves to take that individual who needs emergency care and takes him to the hospital himself, he's still two hours away, and the majority of times that individual is in a panic situation himself.

And then he's going to take that individual and deliver him to a health care facility either in Assiniboia, which is a considerable distance away — more than an hour, could be a couple of hours — Assiniboia, Gravelbourg, or Swift Current. It is going to cause a serious problem to these people, and they are very concerned about it.

So I want to raise that from our perspective, that the individuals in government have not taken seriously the problems and the concerns that people really feel about the things that are going on. And we contend that there hasn't been any serious thought about the impact in rural Saskatchewan as it relates to the functions that they're going to provide.

And that's what it says in this article. It says, "What a farce!" Announced closures of hospitals is the issue. "Our position: stop blather about local control." And then it goes on to say:

If the wheels have not fallen off the Saskatchewan government's wellness model for health care, they have become wobbly at best.

Mr. Speaker, the people in the province of Saskatchewan have a very serious concern about what this health . . . wellness means. And if you take a look at one of the articles written in the *Leader-Post*, it pokes fun at a wellness clinic. If you're going to have a wellness clinic, that's for people who are well. It's not for people who are sick. If you're feeling good and want to become involved in a wellness clinic, go to one. And is that going to be like a fitness clinic? And that's what people in urban centres, in Saskatoon, are starting to say about this wellness of the health care program. "What a farce," it says. That is the most charitable thing that can be said about the way the government has gone after hospitals in small communities by cutting off acute care money.

Mr. Speaker, the people in my constituency, which represents the area of Cabri, Vanguard, and Herbert, three hospitals of the 10,000 people in my constituency, Mr. Speaker, they have five and a half beds. Under the program initiated by the government, they said one and a half beds per area. Well, Mr. Speaker, in that part of that area they don't have five and a half beds or one and a half beds per thousand. They have .39 beds per thousand. Why provide a serious hurt to the constituents in the south-west who are going to have a serious erosion of their health care requirements? And that, Mr. Speaker, is why people in

larger centres are going to have just as serious a concern.

At the meeting I was at in Herbert, and it was pointed out to me . . . to us, to all of us by the doctor, there was an individual there from the Department of Health who was standing at the front, and the doctor said to him: sir, if you had a heart attack today standing right there, he said, I would have to take you into the hospital here in Herbert and stabilize you for at least a week in order for me to get a bed for you to come to Regina.

He said: and the reason is because you cut back there so much that there's no people there who will provide it or there's a reduced volume of people to provide the service in dealing with heart conditions.

Mr. Speaker, then when that individual finally gets to go to Regina to get the help that he needs in an operation or whatever, then he's got to go back to recuperate in one of those hospitals. And what happens then, Mr. Speaker?

He first of all leaves Herbert, he goes to Regina to get his operation, he comes back, and he's got to recuperate. What's going to happen if they don't have any acute care beds, Mr. Speaker? And what's going to happen if they don't have diagnostic services? And what's going to happen if they don't have a doctor?

He won't go back to that wellness clinic in Herbert. He won't go back to that wellness clinic in Cabri or Gull Lake or Vanguard. He won't go back there because there's no doctor to help him.

So he will stay in one of the hospitals in Regina, either the General, the Pasqua, or the Plains, and then he will be taking a bed that will be there as a bed for the people of the city of Regina. And that's why the doctors in the city of Regina are concerned about what these people are doing with health care in this province.

Mr. Speaker, these are real, serious problems. In fact I believe that when all is said and done, when the people here in government side have done what they're going to do, it will likely cost more. It may not affect the coffers of the provincial government but from the farm gate or the mechanic's shop in Hodgeville, or Vanguard, or Climax, or Mankota, it will impact on that individual's cost.

Number one, Mr. Speaker, in reduced effectiveness of being able to recover from whatever happens, but also from the very fact that he will have to deliver that patient personally to that health care facility, which could be 100 miles away. And that, Mr. Speaker, is a very serious concern. So if you take it from the shop, the mechanic's shop gate in Kincaid, or Hazenmore, or Ponteix, and you take that and deliver that patient, it's going to cost that individual far more to have that happen, Mr. Speaker, than it would have today.

And that is the concern. And it's not only a monetary cost. Mr. Speaker, it is a serious health care cost. And

the seriousness comes in all of the things that can impact on people who take emergency care situations into hand and deliver that patient, at probably break-neck speeds that they're not supposed to be driving anyway.

And then I want to point out another thing that was pointed out to us. It was effectively told us in Mankota on Tuesday night about this young man who was in a car accident. And the ambulance driver missed the road by a mile, and he couldn't find the place where the accident had occurred. And the young man died because of that, because he didn't get attention immediately and by the time the ambulance got there, it was too late.

And so, Mr. Speaker, the cost in dollars, the cost in human tragedy, the cost in human tragedy, in people who have to carry this serious impact of this emergency treatment for the rest of their lives, to those people it is a serious cost. And it is a cost to our society. And, Mr. Speaker, I don't believe these people have recognized that. I honestly don't believe that they have taken that into consideration.

Mr. Speaker, this editorial board statement by the *Star-Phoenix* goes on to say:

Under the wellness model, it was not supposed to be this way. That there was a need for rejigging Saskatchewan's hospital system was not in dispute. Ways of going about it, however, were supposed to be decided by the affected communities.

Mr. Speaker, if the people from the Rolling Hills hospital district, which has six hospitals, would be allowed to decide that on the basis of the 14,000 people that live there that they had 21 beds for them to decide where the acute care would go, they would have the common sense to deliver those 21 beds into those communities where they were supposed to be.

That, Mr. Speaker, I heard over and over again. People are prepared to do the things that they have to do in order for us to maintain the health care system.

In the town of Cabri, for example, which is somewhat halfway between Leader and Swift Current, those people are along a border that is just as much a border as the U.S. border or the Alberta border is because they cannot cross that river at any time except in one or two locations. One is at Leader and one is at the Saskatchewan Landing, just north of Swift Current. They have to have access to health care or you have 100 miles there where there is absolutely no health care.

I want to point out another thing, Mr. Speaker. The people here say that oh, the health care will be delivered — health care will be delivered. And I want to point out to this Assembly, Mr. Speaker, that I have had members of my family work in health care in this province for a considerable amount of time.

In fact I want to say to you, Mr. Speaker, my sister was

hired by the former administration to work in northern Saskatchewan, and she served in the member for Cumberland's own home town, in the town of Cumberland, for four or five years working in a hospital, just exactly like these people want to put out in the rural part, in Mankota and in Ponteix and in Lafleche.

What happens, Mr. Speaker? There's no diagnostic services there. There's none. There is only a nurse trained to do emergency service, to stabilize the individual only to the point where he can move on, to make that individual comfortable. That's what the service was provided there.

Doctor comes once a week and does checks for children and does it like a nurse would check the children in a baby clinic. Dentist comes once a month. That's the kind of the thing that goes in one of these wellness clinics, Mr. Speaker.

And for the people in rural Saskatchewan in my part of the province, they need far more than that, Mr. Speaker. I believe that they deserve more than that. And that's why, Mr. Speaker, we have said stop to this government, stop in your tracks; evaluate what you're doing. You said, you said over and over and over again that you would allow the steering committees and the boards to do the planning and the rationalization.

How does this work in those communities? Well I want to point out an example of what it has done. In the area of Vanguard, Kincaid, and Mankota, Mr. Speaker, there was already a rationalization begun by the hospital boards themselves. They had decided that they were going to become a unit, and in that unit they would provide those kinds of services that was expected, I believe, by this government.

(1930)

But what happened to those four hospitals, Mr. Speaker, including Ponteix — I missed that one — what happened to them? They got absolutely no acute care beds, none. And that is an area that is significantly impacted by the need for those kinds of facilities, and that, Mr. Speaker, is one example.

I know that the people around Shaunavon, Frontier, and Climax, and Eastend, also had the same process in mind, and they had already begun to work that through. And now what have we got? The boards were overridden by the fact that they got this hospital cut and that hospital cut, and when the six months are over or the eight months are over, which some hospitals got, at the conclusion of that, what are they going to do? What's the doctor going to do? Is he going to stay if he has absolutely no services that are going to provide the lab and the technical services? Absolutely not. And they have said that over and over again, and they're not there to stir up the people, Mr. Speaker. They're there to try and rationalize a reasonable kind of health care program.

I want to point out also in this editorial that we have

from the *Star-Phoenix* yesterday. It says here:

Again and again, Health Minister Louise Simard said new district health boards would make their own decisions about health-care facilities.

Well, Mr. Speaker, that isn't the case. That isn't the case. "The district boards . . ." this goes on in the article to say:

The district boards would decide "what hospitals, if any" would close and "what, if anything" would replace them. No small hospitals were being singled out for closure. The district boards would decide. On and on it went.

That, Mr. Speaker, is exactly what we have said over and over. And finally we see it happening. It's so evident all across this province.

I have some letters here from the northern . . . I can talk about the northern part of the province too, Mr. Speaker. I have a bunch of letters here from Smeaton — Smeaton, Saskatchewan, which is up near . . . east of P.A. (Prince Albert), Mr. Speaker — and that is an area that is served by tourism and various kinds of things in summer. And these people say, no we can't understand what you're doing this for. In fact this lady writes in and says:

I am writing to you to express my dismay and, frankly, horror at the recent announcement of the closure of the Smeaton Union Hospital in northern Saskatchewan. I simply cannot believe that sufficient research into the question of whether the needs of this part of Saskatchewan can be met once this hospital is closed . . .

They have 40 miles to drive one way to a hospital and 50 another way to drive to a hospital.

"I do not believe that they can be." Closed that means, there's a reference to. Are you . . . And this is a question for the Minister of Health:

Are you aware that this is the only hospital serving this northern stretch of road? Without this hospital the lives of many of the area's residents, plus those of holiday-makers will be placed in jeopardy. There is a distance of 40 miles to the Nipawin hospital in one direction and a distance of 50 miles to P.A. (Prince Albert) in the other. Should an emergency arise that a person is critically injured and should not be moved without medical attention, it would be necessary for that person to wait 45 minutes to an hour before an ambulance would arrive from one of these hospitals and the same amount of time again before they can be delivered to a hospital.

Mr. Speaker, I don't say it's not impossible for every ambulance driver in the province of Saskatchewan in

his area to know every road. I am not saying that that is impossible, nor that modern communications facilities wouldn't make it possible for him to have an exact road map of where that is. Nor am I saying that 9-1-1 wouldn't be able to help serve that need.

But, Mr. Speaker, as sure as I stand here I know that, having been involved in some of these emergencies myself personally, that it is a very, very serious concern on the part of these people. And that, Mr. Speaker, is why we object to having this thing done the way it's done.

I'm going to go back to the town of Cabri because I believe that they run one of the most efficient hospitals in the province of Saskatchewan. As a matter of fact, their per bed cost is \$242 a bed per day. That's their own cost and that is almost half, that's almost half of what the Canadian average is.

I want to point out to the members of this Assembly also that they do have one board that regulates the ambulance. The same board runs the hospital. The same board runs the level 4 care facility there. The same board deals with the EMO (Emergency Measures Organization) offices that they have. Now the name's been changed to something else. The emergency measures people run out of the same facility. They all run out of the hospital. The people in low-cost housing who are seniors get their meals on wheels from the Cabri Union Hospital.

There probably isn't one single facility in Saskatchewan that hasn't done exactly the same thing as that, or in the process of doing that.

And that, Mr. Speaker, is the reason why these people have been doing what you've been saying. As a matter of fact, if you took all of the acute care beds in the region that is considered to be the Rolling Hills community — the health care district which has six hospitals — if you took the acute care beds there today, Mr. Speaker, you would find that they would be very, very close to one and a half and maybe up to two beds per thousand. But not five. Not four.

And that, Mr. Speaker, is clearly in my mind the way that individuals have rationalized within the component of health care. They have done that over and over again across this province. And that, Mr. Speaker, is why we on this side of the House say give those people time. Give those people time to do that so that they can set the pattern where they can get those acute care beds and the long-term care beds. Where do they need them?

In this area, Mr. Speaker, there are two hospitals that don't have acute care . . . or don't have level 4 care. In those two hospitals, one is in my constituency, and Vanguard was here yesterday in full force, Mr. Speaker. The reason is that if they lose that hospital they have absolutely no level 4 care in that community and they will have to drive 55 miles one way to get that to a community that has some facilities where there isn't a waiting-list that is 25 and 30 people long.

And today, Mr. Speaker, today as I speak they have 10 beds in that hospital and they have 11 patients in that hospital — 11. And they have had an average daily census of 10 for the last four years. That, Mr. Speaker, is why people were out here in full force. That's why the mayor had to say what she said yesterday. She's concerned about it. And she said it over and over again. And the people in the community said it over and over again. That, Mr. Speaker, if they would have the chance to determine some of the opportunities that they could have for themselves where they would decide, Vanguard would have a facility that would remain open. But now in six months it's going to be closed.

Mr. Speaker, I was called by the granddaughter of one of the residents in that hospital at Vanguard, and she said, I don't know what we're going to do with grandfather. He's 91. He's as alert today as he ever has been, but he can't move around. So what does he do? He rides around on a wheelchair. And, Mr. Speaker, he said: what is going to happen to me if I have to move. One of his children lives in Hodgeville, the other one lives in Calgary. So where are they going to move to? They can move to a community that would provide a residence for them. Right now they are 10, 15 miles away from their children . . . or he is. And if it happens to be that the hospital closes down, which is what these people want to have, he's going to have to either move to Calgary or he's going to have to move to a facility that is 50 and 60 miles away from where his children are.

Mr. Speaker, this is the part that I don't understand. That man and his wife built that community. They probably even worked on that hospital. And now this government is going to take it away on him.

And I say to the people in this Assembly, and to the people that are watching, that isn't fair to that man. That isn't fair in one way or another. And the people who are his family don't believe it's fair either.

It's no different than this bunch of letters here I have from Smeaton. They don't believe that what you're doing is proper. They want to have time to consider and evaluate.

I'm going to ask you this question. What have you got against letting those people decide where the acute care facilities should be? What have you got against that? Let them determine where those facilities should be. And what you're doing is you're just cutting across the board and you're saying, I'm going to take these out of there and I'm going to reduce the services so the doctor will be gone, and all of the facilities related to that health care are going to be gone. And that, Mr. Speaker, is happening over and over. I'm just using this as an example of what's happening across this province. And I think it's a shame.

This letter from Smeaton goes on to say:

This is totally unacceptable. Further, many tourists make frequent use of the Nipawin

Provincial Park for camping, fishing, hiking, etc. What if they become ill or injured while there? It would be a couple of hours before an ambulance could even reach them. What about a car accident on the Hanson Lake Road? The same unacceptable length of time before medical help could be tendered.

That's exactly what the problem is. It's no different in Smeaton; it's no different at Grenfell; it's no different at Whitewood; it's no different at Lafleche or Rockglen or Coronach or any of these places. And that, Mr. Speaker, is a fact.

And I say to you, that the opportunity for fixing the health care system should be left and you should have some patience. Have some patience to allow the people in the province to determine the role that they should have, the money that should be allocated. They have no problem with you allocating money to them. They don't have a problem with that. But when you say that you're not going to get any more acute care bed funding and you say this hospital will be closed and that hospital will be closed and that other . . . the acute care beds in that one will be shut down, then, Mr. Speaker, they have a very, very serious concern about that.

And I say to the members opposite, you are destroying, you are destroying something that was established over the last 50 years and more. The people in these communities have a right to be a part of this province just like the people in Regina do and just like the people in Saskatoon, or in Swift Current or in Yorkton. The opportunity needs to be made available for them for that emergency care and that it will not be hundreds of miles away.

This article in the *Star-Phoenix* goes on to say: "Fine words. As it turns out, they were only words." It's talking about the local boards having control over the global funding that was going to accrue to these regions.

Why are they sceptical, Mr. Speaker? They are sceptical for the reasons that in a community with 14,000 people, in that community, they have five and a half beds, and those five and a half beds are 220 miles away from that community. If you take the five and a half beds that are in Herbert and drive south all the way to the U.S. border, there isn't a hospital in between.

There are three of them on the road — on the road, Mr. Speaker — from Herbert through to Mankota, Saskatchewan. There's three hospitals on the road. And after the six months, and the eight months, there will be none, Mr. Speaker — none.

From the South Saskatchewan River . . . and if you went across the river and you had Beechy and Lucky Lake and Dinsmore and all of that area closed, you probably could go to almost the middle of the southern part of Saskatchewan and drive straight south to the American border and pass six or seven hospitals that have been closed.

And the people of the province say no, that isn't fair. That isn't right. Allow us the opportunity to determine.

And that's why this article says: "Fine words. As it turns out, they were only words." It goes on to say: "The provincial government has pulled the rug out from under the district boards."

That, Mr. Speaker, is an understatement. Some of them feel threatened. Some of them are hostile about it. Some of them are angry. Some of them are frustrated. Some of them are disappointed. Some of them are disillusioned. And all of them, Mr. Speaker, are concerned. Every one of them is concerned about the kinds of things that are going on in health care — very, very concerned.

Money with which to pay for acute care is being taken away from 52 small town institutions.

(1945)

Mr. Speaker, these are institutions. These are places where individuals go. And I will use the town of Vanguard again. People go there and help their parents eat their dinner and supper. People from in the community go help their spouses who are in the same facilities, over and over and over again. And if they have to drive 50 miles one way to see them, are they going to go twice a day to visit them? No, Mr. Speaker. That's point number one.

Point number two is this: those people have retired to those communities. They have purchased houses in order to live in those communities, to have the security in their old age, to have a place to stay when they know they're going to become ill in older age. And they do that over and over across this province, Mr. Speaker.

And what has happened, in my mind, Mr. Speaker, is that this government has eroded all of the confidence of those people in those small communities. It has just gone poof, and it's gone. And the concern, Mr. Speaker, is registered clear across every one of those communities.

And then this article in the *Star-Phoenix* goes on to say: "So much for local people calling the shots."

Mr. Speaker, so much for the local people doing and feeling for what they have as a responsibility, not only to their community but to the taxpayers of this province. And that is a very, very serious concern.

Mr. Speaker, this article goes on to say, from the *Star-Phoenix*, and I quote:

In the wake of this announcement, Simard is still claiming local control means something. By taking away acute care money, the government is merely "asking" the hospitals and district boards to "consider a role change."

Well, Mr. Speaker, it's a role change all right — a very, very serious role change in the town of Cabri, in the town of Gull Lake, in the town of Ponteix, in the town of Kincaid, and in the town of Vanguard and in the town of Mankota and in the town of Lafleche or Rockglen or Coronach.

And, Mr. Speaker, it's really interesting that when you talk about the profile of a community, the profile of a community and wanting to draw business, and you have to put out this profile to draw a business into your community, and you say these are the things that I have in my community; will you come and invest a job-creation opportunity in Cabri, Saskatchewan, what will they say? What are your services? Yes, we have a school; yes, we have a rink; yes, we have recreation facilities. Do you have a health care facility? Well, we will till November. We will till November, Mr. Speaker. And what kind of a profile does that provide for that community to have an economic activity come to that community?

Mr. Speaker, there is nobody that will do that. So what have they effectively done, Mr. Speaker? They have effectively squelched any opportunity for an economic development in that community. And then they will ask, where is the closest one that we can get to? Well if you go from here to Swift Current, from Cabri to Swift Current is 40 miles, from here to Leader is another 60. Oh well, that leaves that community out for economic development.

What about the town of Mankota? What kind of economic commitment would come to a community like Mankota? Probably going south they haven't got a port of entry to go to a hospital across the American border. And to go north to a hospital — Swift Current, Gravelbourg, and Assiniboia — 80, 90, and 125 miles away. Take your pick. Take your pick, Mr. Speaker.

That's the community's profile of itself. It's got a school, it's got a senior citizens' complex, but the seniors aren't going to retire there. Why would they retire there if they haven't got a hospital that they can come to where there's an acute care service offered? Why would they go there?

And across this province, Mr. Speaker, we are slicing these kinds of opportunities from within the framework of people.

Well it goes on to say:

If the NDP government is convinced that 52 small town institutions have to get out of the acute care business, it should say so, in so many words. Any number of studies have shown that Saskatchewan has far more hospital beds than it needs. Until now, no government, Tory or NDP, has had the guts to do anything about it.

And that, Mr. Speaker, there is a reason why people haven't done it. And it will be proven by the Minister of Health's commission, when they finally have time to report — and if they haven't already — that this isn't going to save any money at all. And that's another

issue that we have raised. You have totally disregarded the boards in the decisions they have made. You have mandatorily made decisions about cutting acute care beds across the board, and we're not even sure you're done yet. Probably after the session is over, you'll do a whole bunch more. And that has every person irritated, frustrated, and there are a whole lot of adjectives that you can't use in here. But, Mr. Speaker, the people are frustrated beyond words.

Mr. Speaker, the local boards need to be given back the opportunity to make these decisions. And this *Star-Phoenix* editorial page says:

They would deserve much higher marks, however, if they would stop the blather about local control. Pious platitudes about "asking" district boards to "consider a role change" will ease no one's pain.

Mr. Speaker, today we had an announcement by the minister responsible for gaming. He's going to spend \$20 million on video lottery terminals. Well that's an economic opportunity. Let's just analyse this economic opportunity a little bit. Are they going to put it in the hotel in Cabri that is going to lose 25 or 30 jobs in the next year in a health care facility? Are they going to put it in Vanguard in the hotel? The only facility and opportunity for any kind of outside money coming into that community is the hospital. Are they going to put it into that hotel in Vanguard? No, because he's going to be shut down.

You go across the province in every one of those locations, and the majority of the impact will almost totally and exclusively close down those video lottery terminals. And what have we got? Oh yes, we're going to have an economic development opportunity. And what will it cause, Mr. Speaker? Those hoteliers will not even get an opportunity to open them up because they'll be shut down before you can even blink your eye. And that is exactly what is going to happen across this province, Mr. Speaker.

I'll just quote a paragraph from another letter that was written from Smeaton.

Consideration should be given to our location. Health-wise and community-wise, closing our hospital will be devastating. The inability of people to access reasonable health care will result in increased death among our rural population and the death of our rural communities.

That, Mr. Speaker, is exactly what we've been saying, exactly what this caucus has said over and over and over again to you. Allow those communities an opportunity to rationalize their health care services and they will do it. It is my fundamental belief that they will do it and they will do it in an honourable way and they will do it in a practical way.

And they will be even far more practical than you could ever be, because number one, they will be

innovative, Mr. Speaker. They will provide to that community an innovative health care that will supersede and outclass any of the opportunities that the people opposite have and would consider as ideas to make the health care system work. And, Mr. Speaker, on top of that, on top of that, the people there recognize that you need to save money. And they would be as frugal, and I believe more frugal, than the government opposite.

An Hon. Member: — No.

Mr. Martens: — And the member opposite says no. Well I believe they will. I believe, I will believe, Mr. Speaker, as sure as I stand here, that they have a far more sensitivity, far greater sensitivity to any of the things that relate to fiscal planning than many of the members here, and especially on the government side of the House.

I want to point out too, Mr. Speaker, that over and over again people have written us letters supporting an opportunity for having these local boards make the decision. This letter comes from Cabri. It's addressed to the Minister of Health as well as to myself.

While understanding the difficulty of your recent decisions to withdraw acute care funding to rural hospitals, I question the manner that you are going about it.

You proposed health care boards be formed and that these boards make the decision on what were priorities within these regions. You have now made monumental decisions for those boards, according to your agenda and not the people within the communities affected.

That, Mr. Speaker, is in a nutshell exactly what the people of the province have been saying over and over and over again. And, Mr. Speaker, I think — I believe this — economically you're making one of the most foolish mistakes you could ever make. And that is that you are denying an opportunity for the people in the province of Saskatchewan to be innovative — innovative in their health care. You think that you have the mandate on intelligence, and the people in the province of Saskatchewan, in these health care boards, have absolutely none.

That, Mr. Speaker, is the reason what irritates these people over and over and over again. And, Mr. Speaker, these people thrive on innovation. If you went to the town of Beechy, Mr. Speaker, you would find some very, very innovative men and women in rural communities, trying to survive on \$2 wheat. And that's a very tough thing to do.

And that innovation doesn't come from using the health care service. That innovation comes from being involved in painting and in all kinds of artwork. It's marketing the opportunity that those people take to deliver a community-based cultural kind of a focus. And these people market that. And now what you're doing is you're taking that opportunity for them to be innovative away.

The second thing that you're doing — not you, Mr. Speaker, the people in the government — the people in the government are taking the opportunity away for people to have volunteers come and help. Mr. Speaker, the voluntary work . . . I met a lady the other day. She said, are those people in Regina going to take the opportunity to look after my mother? They don't know her. They will help to some extent but they will not provide the same care as individuals in this community provide for my mother or my father, and they will not do that. Why? Because they don't even know that it's my mother that's in the hospital in Saskatoon or Regina or Moose Jaw or Yorkton or in Prince Albert.

So you've done two things already. You've taken away an opportunity to be innovative. You've taken the opportunity away to have volunteers do work that normally will accrue to health care givers in a salaried position.

And then, Mr. Speaker, I want to go on to another point that has concerned us. And I really am concerned about this one. And that is when you have the various agencies in a health care district, and I'll name some of them. You have an ambulance service. You have home care. You have acute care. You have special care homes with level 3 and 4 and then you have the senior citizens' home which are level 1 and 2, then you have the mental health groups, you have the physiotherapy. All of these things.

(2000)

Mr. Speaker, if you get a community that has a health care program that has a budget of \$50 million and that health care service is going to be provided for that \$50 million, how much are they going to pay a chief executive officer to manage that office so that these funds can be spent in the right location?

That individual will not come there for less than \$100,000. He will not, Mr. Speaker. And you won't find one that'll come and administer \$100 million in an area in as broad a base of perspective as this is going to be for less than \$100,000.

And then what you're going to have to have, Mr. Speaker, is chains of command. One person is going to be responsible for the acute care, one person will be responsible for diagnostic services, one person will be responsible for level 4 care, and all the way through. And how much, Mr. Speaker, are these people going to work for?

Well let's say it's half of what your chief executive officer would work for — and I think that that would be low. Let's say he's going to work for \$50,000 a year. And if you have five to ten of these kinds of . . . well you could call them vice-presidents of this health care district. If you have these kinds of people drawing these kinds of wages then you need a whole bunch of clerical staff that are going to do the phoning and the paperwork that is required to provide the necessary work to get the funding and provide the funding and

make sure the audits are done and all of those kinds of things.

Mr. Speaker, when the whole cost of this new health program is placed on the people of Saskatchewan, in my view, it is going to end up costing more. It is going to end up costing more because you know what? The majority of the work done by the steering committees, at least in my part of the province, has been done for nothing. It has been done for nothing.

And what I mean by that is the people didn't get any pay. They did it because they wanted to have an involvement in the communities and they wanted to have an involvement . . .

The Speaker: — Order, order. Why is the member on his feet?

Mr. Cline: — I'd like to beg leave to introduce a guest.

Leave granted.

INTRODUCTION OF GUESTS

Mr. Cline: — Thank you, Mr. Speaker. With thanks to the member for Morse, I see in your gallery is Mr. Mark Thompson who is a member of the council of the city of Saskatoon and has been for some years. And also, I believe is the chair of the Saskatchewan assessment management authority. And I'm sure that all members would like to join with me in welcoming Mr. Thompson to our proceeding here tonight.

Hon. Members: Hear, hear!

The Speaker: — Why is the member on her feet?

An Hon. Member: — Mr. Speaker, with leave I would also like to welcome Mr. Thompson here tonight. We've had . . .

Leave granted.

Hon. Ms. Carson: — Mr. Thompson is also chairman of the intercommunity cooperation task force and quality of life advisory committee for the minister. We've had meetings today. And I would also like the Assembly to welcome Mr. Thompson to the proceedings tonight.

Hon. Members: Hear, hear!

SPECIAL ORDER

ADJOURNED DEBATES

SECOND READINGS

Bill No. 3 (continued)

Mr. Martens: — Thank you, Mr. Speaker. Welcome here, Mark. I appreciate you coming. And I've met . . . in fact, I sat together with him one day at a basketball game in Saskatoon when we both had to open the

facility there and I remember that very well. I want to extend my welcome, too . . . (inaudible interjection) . . . Actually, the member opposite raised a point. It wasn't a health care facility, Mr. Member, it was a recreation facility. And it happened to be the Saskatchewan Place.

I want to point out to members here one other thing that is very important about fiscal management and the responsibilities that are here. I mentioned, Mr. Speaker, the innovative opportunity that is being avoided by this government saying — on a sweeping mandate — saying, poof, here it goes. We won't allow you to think about how you're going to regulate what's going on in your community.

It became evident to me, Mr. Speaker, in the small town of Cabri. There is a lady there who's the director of nursing and her name is Eileen Jackson. She's an English lady. She's a lady who has a lot of sparkle, a lot of imagination, a lot of creativity. And what they do, Mr. Speaker, in that hospital? They share the workload. When the nurses aren't doing things that relate to health care, they're washing the sheets. If they've got time off, they're washing the sheets. In what way and for what purpose, Mr. Speaker? It's so that their community has a way of saving money and delivering health care in that community that is worthwhile. And what they have done, Mr. Speaker, is they have lowered the cost of patient care in that community by a significant amount of money. And that, Mr. Speaker, that innovative attitude, you just kicked in the teeth. You men and women opposite have just thrown that in her face.

And she says to me, why did I do that? Why did I put my nurses into this position and say, you clean the floor and you mop the floor and you look after the laundry? And that's what their responsibility has been, and that's been like that for the last 10 years, Mr. Speaker. They have done that. Why? They have done that to lower the costs in that hospital. And if you would go across the rural part of this province, you would even see people come into that facility and do it on a voluntary basis.

But have you ever taken the time to have any creative thought in your head about how that is going to impact in rural Saskatchewan, what you're doing to these people? And why they were so angry here yesterday is because you threw this in their face. Their volunteerism and their attitude of giving to their community, you threw it in their face. And, Mr. Speaker, these people will not forget that. They will not forget that.

And as I walked up the steps here I asked these young men and women who were standing on the steps here, I asked them, are you going to ever forget this day? And they said, no. What you have done to the spirit of Saskatchewan is you have thrown this in their face and they will not forget it. They will not forget it, Mr. Speaker, and that's why the editorial in the *Star-Phoenix* was exactly right — "what a farce". "Stop blather about local control".

You have totally destroyed initiative in their hospitals, innovative initiative that could have made an opportunity for you to take a hold of this health care problem in an economic way and said, have you got a solution? Have you got a way to address this? And they would have said in spades, yes we do. In fact they did.

And now what you've done, Mr. Speaker, what they have done is they have thrown it in their face. And that, Mr. Speaker, is why this side of the House has such a deep-felt resentment for what the government is doing in relation to this Bill. You are deciding the fate, you are deciding the fate of hospitals that people laboured for. As a matter of fact, Mr. Speaker, and every community will be exactly like the communities in my constituency. And I'll use Cabri as an example again. The people two years ago decided . . . or three years ago, decided they were going to build a hospital. Why? Because the hospital that they had there was crumbling and falling down and going to pieces. So they decided to build a hospital, Mr. Speaker.

And in 1988 there was probably not a drier place in the whole province of Saskatchewan than Cabri or those communities west of Cabri. And yet the farming public and the public there decided, we will make an investment in this hospital to deliver health care. And, Mr. Speaker, they put over a million dollars of their own money into that hospital. The municipalities, the towns, collected the money and put the money into that hospital. And now you're slapping them in the face with it.

They said, give us an opportunity and we'll take it. The measurement was a million-plus from that community that went into it. And now, Mr. Speaker, this government is throwing it in their face, throwing it in their face, Mr. Speaker. And I want to say to the members opposite, they will not forget.

And that, Mr. Speaker, is the reason why this side of the House has continuously objected to the kinds of measures that they've been taking on that side. And that is why, Mr. Speaker, on this side of the House we have said over and over again, give us time, give us time, give us time. But no, they can't. In fact the hurrier they go the behinder they get.

And that, Mr. Speaker, is the reason why this opposition says, stop, be patient, allow the people who have worked on the health care facilities for the last 30 years establish an opportunity to be innovative and reconstruct the opportunity in a health care system that will deal with what they have to do with in the next 30 years.

And, Mr. Speaker, this is a very, very emotional focus for me personally, and for my family, and for the people in my constituency. People have worked tirelessly to have a health care system they could be proud of. People have worked tirelessly to provide a health care service that would meet the needs of the people. In fact I'm going to relate this story to this Assembly, and I'm sure this man wouldn't mind. And I will conclude with that, Mr. Speaker.

Now this gentleman is very, very seriously ill. He's had a heart condition for a long time. His family, or he personally, has served on the school division in the Swift Current rural school division for at least 20 years. He gave of himself all that he could. And this Mr. Williams has written articles in the *Grainews*, on matters from the left.

And he has, over and over and over again, said health care is more important than anything else but we have to be reasonable, rational. In fact when he was on the school board he closed his own school to save money for the school division. And you know what? He was re-elected in that school division. He was re-elected because he had concern for his economics, he had concern for the welfare in his community.

But I want to tell the members opposite what his reaction to this is, Mr. Speaker. I want to tell you what his reaction to this is. He moved into the town of Cabri so he could be close to the hospital. He bought a house in Cabri so he could be close to the hospital. His wife has worked for this provincial government for many, many, many years; in fact was the president of home care for the whole of the province, and understands health care. She got up at the meeting on Monday night in Cabri and she said, this is one of the worst decisions this government has ever made. This is the worst decision any government has made. And, Mr. Speaker, the peace of mind I had by the fact that I had my husband a block away from the hospital is the reason why we moved to this community and now what's going to happen? They're going to be uprooted again and they have to move to another community.

And, Mr. Speaker, he votes for those people over there. And that, Mr. Speaker, is the reason why this is not right. This is why this is an emotional experience in my constituency, because these people have built these opportunities. They have worked hard to preserve them and now you're taking it away. And I believe, Mr. Speaker, that is an example of the kinds of things that people in the province will remember for generations to come, about how you took away their health care opportunities.

(2015)

And that, Mr. Speaker, I will defend that as long as I possibly can, the opportunity for people to have the right to access to health care. And therefore, Mr. Speaker, I will vigorously and adamantly oppose any of the things that they do in relation to this, in any way, shape, or form because I don't believe it's driven by money. I believe it's driven by power and a hunger for power in more ways than one.

And I resent that. And I think it's wrong, Mr. Speaker, and it's wrong for these people to have blamed the deficit for it because you're not cutting expenses and you won't be cutting expenses. Therefore, Mr. Speaker, I will be voting against this.

Ms. Haverstock: — Thank you, Mr. Speaker. I appreciate the opportunity to join my legislative colleagues in addressing Bill 3, An Act respecting

Health Districts.

Earlier this year, Mr. Speaker, I travelled to the south-west part of the province to hear the concerns of people in communities like Gull Lake, Shaunavon, Eastend, Maple Creek, and Climax. Across that area several issues arose in discussions as a common concern. One of those issues was health care. The residents of that area, many of whom offer hundreds of hours to their community on health care and hospital boards, were quite concerned with the government's failure to introduce a Bill to allow for the creation of health districts.

These people were worried that they would be left without clear rules, and confusion would reign. The government finally fulfilled its promise to provide clear rules, they state, through this Bill. The government fulfilled its promise but in doing so broke many, many others. Mr. Speaker, while I support the idea of a more regionalized and effective health system, I do not support the hard-nosed, uncaring, and Draconian tactics used to put this Bill through. I do not support the uncaring means used to push time lines on communities. I do not support the government's, it's my way right away, or no way, approach to health care and to governing.

Last year, in her White Paper on health, the minister constantly argued that she wanted to create health districts that would allow greater community involvement. I emphasize "greater community involvement", Mr. Speaker. After analysing the Bill, I fail to see how this government is cooperative. I fail to see how the government is concerned about communities. Within this Bill the minister is asking for the power to create boards arbitrarily so that her regional vision of health care can become a reality. Where's the community involvement in having a minister in her Regina marble palace telling the people from the top that they will have a board?

Mr. Speaker, the minister clearly states when asking for those powers that local people can have it one of two ways: they can have a board appointed by her or they can have one appointed by themselves that won't have a great deal of say anyway. It won't have a great deal of say because the minister has already set the targets, already determined the funding, already made the important decisions that affect health care.

Local people can choose to create their own boards or they can let her appoint the faithful to serve for them. Either way, local people are not going to get the input, the control, or the influence that they deserve. They're not going to get the input, the control, or the influence envisaged by the Murray Commission on health care. They are not going to get the community involvement, the true community involvement that they believe the minister was promising them when she released her White Paper last year. So much for community-based system of health care, Mr. Speaker.

As I pointed out earlier this week, the minister and the members opposite throw principles like cooperation out of the window as soon as it suits them. The rest of

the time, they preach them, Mr. Speaker. I fail to see the political integrity in that.

While I have no problem with districts boards in principle, some great problems remain. This Bill creates districts by force. It does not guarantee that those district boards will be given adequate responsibility. Boards may be even be elected. That doesn't, however, guarantee that they will be able to be responsive. It doesn't guarantee they'll be responsive because while this government wants to set boards up to take the flak, they don't want to give them the responsibility to make the big decisions that they, as local representatives, feel they need to make.

What sort of community-based health system is that, Mr. Speaker? It appears that the minister only focuses on community when it serves her purposes. Communities are useful to take the political heat, but they are not important enough to be trusted to make the responsible decisions. Sadly, Mr. Speaker, this is but one more example of how Big Brother still thinks he knows best.

An indication of how the minister's community-based health system has its limits is found in the powers granted to the minister through this Bill. Like other pieces of legislation put forward by this government, this Bill allows for measures which appear heavy-handed.

Clause 3 of this Bill, in particular, sets out the powers which the government will be allowed to use in setting up a district health board. That power appears to be only limited by what is laid out in clause 4. Without delving too much into particular clause numbers, Mr. Speaker, these clauses allow the government the power to create boards by order in council.

Before issuing an order in council this Bill compels the minister to consult. It doesn't leave me feeling particularly secure, Mr. Speaker. Well that seems to be a very laudable concept. This Bill, like so many others, allows the minister to openly interpret what is, and I quote: reasonable amount of consultation.

There are one too many examples of how this particular government avoids consulting. Last year, Mr. Speaker, despite promising to consult before putting forward any tax increases, this government went on one of the largest tax grabs ever without consulting. It came as a surprise to many that they would no longer be eligible for the Saskatchewan Pension Plan. It came as a surprise to many that they would not receive coverage under the drug plan or be able to rely on programs like FeedGAP (feed grain adjustment program).

Mr. Speaker, as bad as that record is, this government's greatest failure to consult is what we've been observing over the last many, many weeks, and that is on health care.

In a letter to her fellow NDP (New Democratic Party) members, the Minister of Health writes, and I quote:

The changes coming in health will be implemented with extreme care and concern for the patients, the employees, and the communities most directly affected.

Mr. Speaker, the minister showed so much care for the communities affected that she decided to tell 52 of them that they would not have acute care funding after October 1 before boards were ever given a chance to finish their own needs assessments.

The NDP say they want community involvement, that they care for communities, and yet they go ahead and change the shape of the playing-field and the rules without notice, without consultation. That is not cooperation, that is not caring about communities.

Now our rural communities are telling us that they want more time. They want more time to finish their own needs assessments. But the minister introduced her bed targets right away, without notice, before many of the boards she is proposing were ever beyond the planning stages. Mr. Speaker, this is not consultation and that certainly is not showing that they care, let alone, and I quote again: "extreme care."

Mr. Speaker, how can anyone believe the Minister of Health will, and I quote again: "reasonably consult"? How can we believe that she will show extreme care for communities and the employees?

Just last week I received a letter from nurses saying that they wanted to see the government's plans, plans embodied in this Bill today, placed on hold — placed on hold until some reasonable plan was in place to decide how lay-offs will be handled within districts, as to how job losses could be reduced.

Mr. Speaker, how can the minister claim to be showing care and concern, let alone extreme care and concern for people, when she is putting in place a plan that will result in approximately 700 lay-offs province wide, when there is not reasonable substantive job creation or retraining strategy to retain these people in communities or even in our province? No job creation or retraining strategy that could keep people in rural areas; keep that second income in families that is the difference between losing the farm or not.

Just yesterday I met with one woman who told me that her son's university education is dependent upon whether or not she's able to keep her nursing job. If she loses it her son will not be able to return to school next year. And even if he could this family would have to deal with a youth unemployment rate that is twice the norm and student loan and job-creation programs that this government's slashed into an endless pit.

A young person wrote to me yesterday and said, I quote:

My mom works at the Vanguard Union Hospital. Because of the closing of rural

hospitals she has lost her job as of September 30, 1993. Without mom's hospital income, we will only have the farm income. And as you know, this is impossible for a family of five to live on.

She continues to tell the Minister of Health, Mr. Speaker, and I quote:

I really hope you (referring to the Minister of Health) will rethink your plans to better suit the people of rural Saskatchewan.

And she ends by saying that the Minister of Health's plans will, and I quote again: "... finish off most of our small communities."

Well, Mr. Speaker, I fail to see how the minister consulted on this one. She didn't tell this family that they would lose some income. She didn't tell them that they would be losing services. She didn't tell the nurses' unions they and other health care-givers would lose jobs, up to 700 of them.

What is the hurry, I ask. What is the hurry in all of this? And while I find it regrettable that the previous administration did run up debt and often considered irresponsibly, in many cases did use hospitals as a political plum, this government is showing that it is absolutely no better, and in some instances worse. With a self-righteous kind of attitude about being the people to carry the banner of medicare, this is just almost too much to attempt to swallow. Why should the government be in such a hurry — such a hurry when it hasn't even laid out a good, solid plan to alleviate job loss from these changes, to help families like the ones who have written to me.

Mr. Speaker, it's as if someone has come up to me and told me that they're going to take my car away but oh, don't worry about it, we'll guarantee you that you'll make it to work every day. They'll take away my vehicle without telling me exactly how they are going to be getting me to work. Well, Mr. Speaker, I'll give up my ride to work through a dubious proposal like that about as quickly as the people in rural communities are about willing to give up their rural services. They don't want to give them up until they know the alternatives, and they deserve to know the alternatives.

I raised in this House the other day, Mr. Speaker, the fact that a very laudable thing happened with institutionalized care in this province in North Battleford and in Weyburn many years ago. With a swipe of the pen, the New Democratic Party of Saskatchewan deinstitutionalized people who had been, in many cases, there for more than 30 years. But what they did not do, and what people will tell you even today, they did not put in place the kind of community-based services these people required in order to be able to cope. Very few people disagreed with the concept of deinstitutionalization. Most people supported it wholeheartedly. What they did not agree with was turning people out into never-never land.

This is precisely what's happening tonight. It's precisely what's happening in our province now with the changes to health care. There are not things that are being put in place to give people the sense of security, and people are not being involved in the process, Mr. Speaker.

The minister keeps telling everyone: trust me; trust my government; you'll get the health care you need. And given their total record to date in fulfilling their promise to consult people, it is understandable why people wouldn't be willing to give up their hospitals until they know what's going to replace them.

Earlier, Mr. Speaker, I referred to the minister's letter to her fellow New Democrats on her health care plan which is embodied much in part in this Bill that we see tonight. In her letter the minister tells everyone that small rural hospitals will close and will be replaced or converted to, and I quote, "health centres". Mr. Speaker, the minister claims, and I quote directly from her letter:

Health centres can provide a wide range of services, including physician services, either full-time or visiting, therapy or other visiting services, 24-hour on-call nursing or health response lines, access to ambulance or other emergency services, needed social services, self-help groups, counselling, and health education.

(2030)

In her comments, Mr. Speaker, the Minister of Health states that health centres can provide — she says "can", Mr. Speaker. People in towns like Birch Hills and Mankota, Eston, Bengough, and others, they don't want to know what wellness centres or health centres can provide — they need to know what they will provide and nothing short of it.

Today the minister is asking this House to make major changes. She's asking people to give up hospitals in favour of wellness centres without telling them what services these health centres will provide.

Why should people accept this? Why should they? Why should they accept until they know? Why should they accept a wellness centre when there is no model as to how one will work in a rural area? Why should Saskatchewan people accept the idea of a district, being forced into one by August 17, without knowing how they will work?

These people want to be part of the process of change. The minister appears to want time to lay out her plans because she certainly hasn't done so yet. People are telling me that if the minister wants to take her time telling everyone what the wellness centre and health district era is all about, then they deserve just as much time to come to terms with it, to decide on a local level just what services they wish to offer.

In Eston last week, Mr. Speaker, the people made an important comment to the Minister of Health. I took a

four-hour detour from the legislature that night and landed in Eston to listen to what people had to say.

She was told, like so many other people have told her, but she has not heard. The people mentioned that even though the minister promises to upgrade ambulance and emergency services before the hospital closes, this won't be possible. That's what they told her. It won't be possible because there's not enough time. There aren't enough paramedics. They can't train the emergency medical technicians fast enough. And worst of all, Mr. Speaker, the government hasn't given them any idea what upgraded ambulance and emergency services they will be able to afford under these new districts.

Without knowing these things, people are afraid. They are afraid and with good reason. Without knowing these things, that people affected by this particular Bill have a right to ask for time. Without letting people know what is going to happen to them, how can the members opposite, the Minister of Health, sit back and dare to claim, and I quote again the Minister of Health "... is going to change the health care system with great care and great sensitivity."

Mr. Speaker, when I was attending that meeting in Eston last week, there were 1,500 people present. And one gentleman arose and he said, Madam Minister, we have over a million dollars that we were making a decision about investing in improvements to our Bible college. We've been thinking about this for some time. Should we go to Alberta? Should we stay here and invest this in Eston? Two hundred young people going to the Bible college, more than \$1 million being invested in improving this particular Bible college.

And that gentleman rose and he asked the Minister of Health, what do we now tell all of the families of these 200 young people from all across the country who are going to come to this Bible college. Do we now write them and say, oops, we don't have a hospital any more, we don't know what kind of care we can provide your children in terms of health care services? He wanted to know, and they had a right to know this when they were making those kinds of decisions about investment and in terms of the best interests of those young people.

Mr. Speaker, I do not believe that there is evidence of good consultation. We have to ask what kind of consultation has gone on. What kind of record is there really of cooperation? What sort of compassion has there truly been in this kind of decision making? I would say very poor. It leads me to seriously doubt whether the minister will use the powers in this particular Bill wisely and prudently. Will she consult with communities adequately so that they can have the arrangements that they require?

After reading further through this Bill, I notice that the government gave the minister the power to automatically force union hospitals and ambulance boards into agreements within 120 days. Well I understand the government wants to encourage these different groups to make agreements before entering

into a board. Where was 190 days arrived at, a mere 120-day deadline, and how do we know that that is enough?

The Bill allows for elections. It also allows the minister to appoint board members. Even when boards are elected, the minister is asking for the power to appoint an administrator to oversee the operation of the health district. The minister is not only asking this Assembly for the power to arbitrarily appoint an administrator, or what could be by some considered a temporary dictator, but the power to add board members.

This raises a question, Mr. Speaker, of whether the government intends to appoint additional members to boards whenever it simply can't get its way. Is that the cooperation and community control that the Minister of Health boasts is in the wellness plan? If the wellness plan is so cooperative and so community oriented, why would the minister need such pervasive powers to appoint members?

Del Robertson, the president of the Saskatchewan Chamber of Commerce, raised an excellent point on the minister's health reforms. Mr. Robertson states, and I quote:

Biting the bullet on rural hospital funding may have been made . . . easier had the government granted rural areas more autonomy so they could play out their own futures . . . we've got a cost structure dictated in Regina and a delivery system dictated in Regina.

Mr. Speaker, the president of the Saskatchewan chamber raises a good point. And the member from Regina Elphinstone talks about the amount of time we've spent in this legislature trying to discuss this, Mr. Speaker. I find that rather curious given that the member is probably the person who should be given the award for ways of being able to use tactics in this legislature, when he was in opposition, for delaying.

And as well, I think that it should be pointed out that almost 19 months have gone by since this government was elected. If it were so interested in being able to bring in health care reform and allow people time to adjust they should have started sooner and truly had people participate.

Mr. Speaker, the president of the Saskatchewan chamber says that he wants what we all want — more value for our health dollar and good quality care for all.

He believes the province should have set standards and let the communities decide what they need, not the government. What they need. In his remarks he questions this government's commitment to cooperation, and he does so with good reason. The president of the chamber, Mr. Robertson, goes even further.

He states, and I quote that we should "have a summit to say what we can do for rural Saskatchewan . . ."

And the reporter summarized by saying, "he calls it a crime that nothing along those lines is in the works".

A crime, Mr. Speaker. We are talking about the lives of people who have worked their whole life, intergenerationally, to determine their ends; to determine the kind of communities they wish to live in.

And now we have dictating from above, complete changes to their way of life. It is one thing for government to ignore the principle of cooperation, of community, of consultation, that they preach on this issue endlessly, but they must not forget just how much this decision affects real people.

It appeared last year that the government had abandoned rural people when it gutted the GRIP (gross revenue insurance program) program without consultation and cut the Agriculture budget so significantly it was a greater chunk than any other part of the budget.

This year they added to that, with an \$80 million cut to the Department of Agriculture and Food. And now they want to save \$20 million by closing or converting hospitals and setting up health districts.

Mr. Speaker, this government may have an agenda and a vision for Saskatchewan, but it does not appear to include rural Saskatchewan. They say they're living up to the wishes of boards who now want clear directions. They might be doing that but they are hurting one group of people significantly — rural people who are not presently in the midst of a crisis, but have been fighting crisis after crisis after crisis for the last 10 years in this province. These people are strong, they are caring, and if one gives them a chance, they will beat the odds again by bringing about their own change. Rural people want to reform their health system. They want to as much as anyone else, but they want assurances based on evidence that they will have quality of care.

They want and they deserve these kinds of guarantees. They want guarantees that their communities and their families can look forward to jobs, just like all of us want — a good quality of life. And they want what the rest of us want as well in terms of a future for their children. And they want those opportunities to be near or in their homes.

Above all, Mr. Speaker, these people, and many urban people like them, want time. They want and deserve time to discuss the changes, to control them in their favour, and to influence them as much as they can. They want to be empowered people, Mr. Speaker. They want the time to make certain that loved ones are not forced to move away to get the care that they need. They want time to ensure that in the event of an emergency, they will receive the care that they require. And that is not too much to ask — that is not too much to ask.

Mr. Speaker, while the process and the means used to get this Bill and the health care plan it embodies in

place troubles me, so too do some of its details. I'm very concerned about the regulatory powers laid out under this Bill. I find it unusual that the government would choose to lay out the means for how the new health districts will be elected through regulation.

All too often governments are turning to regulation to get done what they want done. I find it unusual that the government would choose to use regulations to lay out how elections should be held, and just as importantly, who should pay for them. I wonder if the members opposite would feel so comfortable if the provincial election rules with which they deal to get themselves into office were subject to the whims of regulatory change.

Mr. Speaker, apart from the powers which the minister asks under this Bill, there are some other fundamental problems which arise, fundamental questions. Mr. Speaker, after hearing the minister comment many times in this House, I remain concerned about most of the details. I'm concerned that local health boards have no idea how capital funding will be taken care of in the future. Five to six years ago, capital funding was based upon depreciation, and after that it was converted to grants.

Now that grants are gone, how will districts be given money for capital funding? And who, Mr. Speaker, will determine which districts get that funding? These are matters that are essential to the operation of any health care district, but those in place have no idea what's going to happen.

Mr. Speaker, there are some questions about how districts will deal with debts for capital projects. When boards are created in areas where acute care hospitals must be converted to other facilities, who'll decide how debts from capital projects are settled? What if, Mr. Speaker, there are two communities owing money for capital projects but one of the capital projects for which money is owed is closed as an acute care facility? Should the community whose hospital is closed still be obliged to pay for the cost of the debenture, even if the hospital they pay for is either closed or converted for some other use?

Like, why don't these people who are making these decisions for people provide some answers? Why don't they do something to alleviate the concerns and the questions that people have, that are very, very valid?

Mr. Speaker, the members to my right have raised the issue of funding. And it is indeed an important issue in this Bill.

I want to say however, that given the comments that have been coming forward, not only in the program on W5 the other night, but in other ways, they too should have been concerned about funding many years ago and perhaps we may not have so little to go around today.

(2045)

None the less, Mr. Speaker, the minister has not clarified the funding issue properly in this Bill. I'm worried about it and its effects on the equality of service between districts. This Bill allows district boards to enter into voluntary funding arrangements with municipalities falling within their boundaries.

In the past, municipalities had no choice but to levy taxes. Now they can voluntarily provide monies to boards. When boards covered one, maybe even two municipalities, that wasn't a problem. The new board in Moose Jaw, for example, has boundaries that cover one city, 25 towns and villages and up to 18 rural municipalities. Arranging voluntary financing under this situation would be difficult to impossible, Mr. Speaker.

It goes without mentioning that the property tax base in municipalities is already one of the most saturated around. It's incapable of supporting any more activity.

The idea of voluntary funding creates yet another problem. We all know, Mr. Speaker, that some areas are more affluent than others. That inevitably means some districts in this province will be far better off because they can get voluntary funding while those in poorer rural areas will be left out in the cold.

People in those areas will receive a lower standard of care as a result. Is that what we want for our province? A two-tiered health system where less affluent rural areas receive health services that are at times worse than those in their urban counterparts.

Mr. Speaker, those are just some of my concerns, some of the concerns of the people from across this province that have written and spoken to me on this issue. And just so the member from Elphinstone knows, I have actually received more letters on this topic than anything else that I've received in four years of being Leader of the Liberal Party in Saskatchewan. And the stack is growing — the stack is growing.

These are not people who are simply from one political affiliation, these are the people of Saskatchewan who actually care about what's happening to their lives. And as people jest in this room and this Assembly, I think that people should keep that under consideration; really, I do.

Well these issues need to be addressed. The problem we have, Mr. Speaker, is that this government and the minister responsible don't want to budge. They want to get their way even if it means gagging the opposition, as they have, and in turn gagging the people of this province. Even if it means that they complained about the same things they complained about endlessly when they were sitting on the opposition benches.

I think one of the things to keep in mind is that we're talking about people here, Mr. Speaker, who are now in government in this province who like to rewrite history. They like to talk about medicare as something that just happened. That in 1962 it just happened to occur, Mr. Speaker. What they don't talk about are all

the precursors to medicare in our province. The fact that health regions were set up beforehand. The fact that hospital insurance was established beforehand. That time was taken to ensure that this could be generalized across the province of Saskatchewan.

Unfortunately, what happens when people are members of one particular political party, they're brainwashed so much they don't want to get the real version. They like to write their own version. It's an unfortunate thing because a lot of what people state . . . and in fact the Premier of this province, Mr. Speaker, talked about how I would implement deterrent fees.

That's a very, very interesting thing, Mr. Speaker, given that in the Saskatoon *Star-Phoenix* during the election campaign, the only person on record for saying that she would not implement deterrent fees was me. And each member of the New Democratic Party, who was interviewed by the same *Star-Phoenix* interviewer — by the same *Star-Phoenix* interviewer — Mr. Speaker, everyone of them was too gutless to even be quoted. So that part of the column stayed empty, for the New Democratic members, Mr. Speaker. Isn't that courageous?

At least I looked into health care, Mr. Speaker, and I'm on record for saying that the research shows that deterrent fees are not valuable. Premiums are a different consideration and should be used as a last resort.

But I'll tell you, Mr. Speaker, I have never stated — nor will I ever state — that we would bring in deterrent fees. Unlike the way that the Premier has indicated falsely that the Liberal Party would.

It is a very, very interesting thing, Mr. Speaker . . . well the member from Regina Elphinstone raises the issue of Ross Thatcher. Very curious thing. A gentleman who was able to balance the books in seven solid years of recession, which it would have taken a moron not to be able to balance the books in the '70s when we had all the money from gas and oil and potash. Oh, yes. And you had all sorts of monies, that you complain about the megaprojects of the administration of the Conservatives, sir . . .

The Speaker: — Order, order. I would like to just remind the member from Saskatoon Greystone not to get into a debate with a member from the floor. Direct your questions to the Speaker. And I also would like to ask the Government House Leader not to interrupt.

Ms. Haverstock: — Thank you, Mr. Speaker I did indeed, I did require that reminder, Mr. Speaker. I was truly getting on a roll.

Mr. Speaker, I would like to remind you of Mr. Thatcher's words. I would like to remind you of Mr. Thatcher's words some 20 years ago — just over 20 years ago — when he said that it was the New Democratic Party who was teaching the people of this province that health care was free, that it cost people nothing. And if something was not done, in 20 years medicare would be threatened. And we stand here in

this province today, and in this Assembly today, Mr. Speaker, and they tell us that medicare is threatened. So I would suggest perhaps if they'd listened a little more carefully to Mr. Thatcher we wouldn't be in this bind today.

The people of this province deserve a lot better than what they're getting, Mr. Speaker. Saskatchewan people from one corner of this province to the other, they're strong, they're caring, they're intelligent, and they're committed people, and they deserve answers.

They deserve the assurances they ask for based on evidence. They deserve the right to be heard. This government has not bothered to listen. They have not bothered to listen to people, listen so that they can hear not only the words but the feelings of the people of this province on this issue.

It has thrown many valued principles like cooperation, like community, like consultation, out the window, because they simply want to get their way. And all people are asking for is time. Saskatchewan people are willing to change but they want time and they want the responsibility to make decisions for themselves rather than have them made by big sister. That's what they want.

And it's interesting, Mr. Speaker, that people in this Assembly raise the issue about closing hospitals. During the campaign there was one time that CBC (Canadian Broadcasting Corporation) radio misquoted me and they came back on the air and they corrected it, Mr. Speaker.

At no time did I say that I would close hospitals. At no time did I say it and it is not on record, but of course the members of the opposition at that time, government members, took out one page ads in rural newspapers all across the province, even though that one thing was corrected.

And it's a very, very interesting thing, Mr. Speaker, that one of the things I did talk about, which I can say that the Liberal Party had the courage to do, was that we required health care reform and that we would not simply build hospitals where people said they wanted one, and hospitals and health care was not going to be used as a form of economic development and merely job creation.

And in fact, there's something very fitting about the fact that this New Democratic Party should have to try to resolve some of this problem. It's not just the hospitals that were built in the last nine and a half years that are the problem. It's the fact that no economic development strategies were put in place in rural Saskatchewan when they were in power.

What they did instead was to build Crown corporations. What they did instead was to build a mushrooming bureaucracy. What they did instead was to build hospitals instead of having economic development in rural Saskatchewan.

In closing, Mr. Speaker, I urge the members opposite

to reconsider the pace of change. Take the time and iron out the wrinkles. Try a test project. What's happening in Saskatoon and Regina — these are self-contained units; there are ways in which people can far more readily accommodate change, both in opportunities for other kinds of jobs as well as access to health care services.

But in rural Saskatchewan and in the North, people need an opportunity to see evidence of what is going to happen, and they want to be participants in that change. Let the people be heard. Empower people instead of always seeking power for yourselves.

Thank you, Mr. Speaker. Bill No. 3, I will be rejecting.

Some Hon. Members: Hear, hear!

Mr. Harper: — Thank you, Mr. Speaker. It gives me a great deal of pleasure, Mr. Speaker, to enter into this debate right after the leader of the third party, who is attempting to paint herself and her party as the patron saint of health care for the people of Saskatchewan.

Well, Mr. Speaker, the people of Saskatchewan know a lot better than that because the people of Saskatchewan have examined the history of the third party when they were in opposition in the 1960s when medicare was brought in. Mr. Speaker, the Liberal Party of the day was in opposition and the opposition lobbied in the House and argued at length against the Bill that brought in medicare to this province. Mr. Speaker, the Liberal opposition opposed extending the sitting hours to allow for the legislation to pass to bring medicare into this province.

Mr. Speaker, during that period of time the Liberal opposition criticized the then premier, Tommy Douglas, and the CCF (Co-operative Commonwealth Federation) party for taking 18 years to fulfil their commitment to the people of Saskatchewan of bringing forth a medicare program. But then when they did introduce that legislation, the opposition Liberal Party of the day wanted more time to study it further.

Mr. Speaker, I'd like to take this opportunity to quote from *Hansard* on October 24, 1961: I think this will possibly go down in the history of this province as one of the most undying and everlasting shames. That, Mr. Speaker, was spoke by the then Liberal member for Pelly, J.R. Barrie — Mr. Speaker, the last Liberal member for Pelly.

Mr. Speaker, I am entering into this debate to support the Bill. This Bill, Mr. Speaker, is a Bill designed to preserve and protect our medicare system. Mr. Speaker, I know that the opposition oppose that and resist it. And it comes as no great surprise to me, Mr. Speaker, that the opposition would oppose maintaining and preserving a medicare system, for, Mr. Speaker, they have never ever been in favour of a publicly funded, a publicly administrated health care system. Mr. Speaker, their overall objective is to destroy medicare, destroy it in a way that will open the doors to privatized medicine. Mr. Speaker, that is

something that we stand totally opposed to.

Mr. Speaker, there are a number of ways to approach the destruction of medicare. One is simply to allow it to reach a certain level where the public purse can no longer afford it and then allow privatization to sneak in the back door, very similar to what is going on in Alberta today.

Mr. Speaker, because of our commitment and our longstanding commitment to maintaining a publicly funded, a publicly administrated health care system, we are taking the leadership role in reforming the delivery of health care and health care services in this province to ensure its longevity. Mr. Speaker, we're not alone in that. The vast majority of the people all across this province certainly support it. And I'd like to quote to you now, Mr. Speaker, a couple of quotes from the *Leader-Post*.

(2100)

Mr. Leys, a farmer from Elrose, Saskatchewan, is quoted in the *Leader-Post* on April 13, 1993 as saying:

"Health care has moved beyond (the) small rural hospitals . . ."

Another quote, Mr. Speaker, from the *Leader-Post* of April 13, 1993:

. . . rural hospitals: while they're a good first stop in an emergency, they can't provide much medical care for patients unless they aren't very sick.

Dinsmore's acute care beds aren't used very often for people who are critically ill, said Ann Rankin, the centre's director of nursing.

Mr. Speaker, those are just a few quotes, a few quotes from the people across this province.

And I have been in my constituency, Mr. Speaker, last weekend and I had the opportunity of chatting with a long-time acquaintance of mine, a Mr. Johnson, who farms just south of Norquay. Mr. Johnson is 75 years of age, Mr. Speaker, and he has admitted to me on several occasions that he is not of the same political stripe as myself. But, Mr. Speaker, he said I always support good policy.

Some Hon. Members: Hear, hear!

Mr. Harper: — And he said, Mr. Speaker, and I support what you and your government are doing to health care. The reform of health care is something we need.

Some Hon. Members: Hear, hear!

Mr. Harper: — So we in many cases have taken our health care and our medicare for granted too long. That was just last Sunday, Mr. Speaker.

And he brought to my attention, Mr. Speaker, an event

that took place in his family this winter. They are our local snowbirds, Mr. Speaker, and they spend 60 to 90 days every winter down in Arizona enjoying the sunshine. And while there this winter, Mr. Speaker, his wife of 34 years of age was walking down a set of stairs, misjudged the bottom stair, slipped and fell down and broke her right arm. Well, Mr. Speaker, they took her to the hospital there, she had her arm set and the cast put on it. And as he was leaving the hospital, he stopped to pay the bill, and the bill, Mr. Speaker, for setting an arm and putting a cast on it in Arizona was \$1,400.

He said to me, Mr. Speaker, he said, although I am not of your political stripe, I must admire your party for their commitment, their long-term commitment to the health care of the people of Saskatchewan.

He said, I had the pleasure of being an adult in 1947 when your previous party, the CCF Party, introduced hospitalization. He said, I remember very well those days when the opposition party and those in league with them would go around the province suggesting that hospitalization was a terrible thing. For if hospitalization came into effect, there would be no hospitals in Saskatchewan. And yet today, Mr. Speaker, we have more hospital beds per capita in Saskatchewan than any other province.

He said, Mr. Speaker, I remember that and I support that good policy. He said then I also remember it was your party, the CCF Party, in 1962 that introduced medicare. And even I, Mr. Speaker, at my young age remember those times.

I remember, Mr. Speaker, the rallies that took place in front of the legislature. I remember the thousands of people that gathered in opposition to medicare. I remember the KOD (Keep Our Doctors) meetings across this province that was organized by the Liberal Party. I remember, Mr. Speaker, people suggesting that the doctors would leave this province. I remember, Mr. Speaker, the doctors even going on strike and pulling their services for 40 days.

Well, Mr. Speaker, two years or three years after medicare was in place you couldn't find anybody in Saskatchewan that didn't like it. In fact, Mr. Speaker, the opposition who has the history of opposing all health care in this province, even today say they like medicare.

Now, Mr. Speaker, they are . . . when the opposition who had a history of well over 50 years of opposing any type of publicly funded, publicly administrated health care system, suggest that they're caring about it, suggest that they are going to look after it, Mr. Speaker, suggests to me that that is a little like Colonel Sanders in charge of the chicken coop.

Mr. Speaker, medicare was introduced in this province in two phases. And I'll quote from the father of medicare, Tommy Douglas, when he said: when we began to plan medicare, we pointed out that it would be in two phases. The first phase would be in removing the financial barrier between those giving

services and those receiving it.

The second phase, Mr. Speaker — and that's the new generation of medicare; that's the phase we've started now — the second phase would be the reorganization and the revamping of the whole delivery system. And that of course is the big item. The big item that we have started now, Mr. Speaker, and that is a direct quote from Tommy Douglas.

Mr. Speaker, the medicare system, the medical system, the health care system, and the delivery of health care in this province, that has served us extremely well over the last 30 years, is something that we should all be very proud of. But, Mr. Speaker, like any vehicle that's 30 years of age, it needs to be updated; it needs to be repaired. In fact, Mr. Speaker, in some cases it needs to be overhauled. Well, Mr. Speaker, that is what we're about and that's what this Bill is all about. This Bill is going to bring into line the needs of the 1990s and the health care system that we have here today. Why, Mr. Speaker? Because of our commitment to the people of Saskatchewan to deliver to them the best possible health care services anywhere in this world.

Some Hon. Members: Hear, hear!

Mr. Harper: — But, Mr. Speaker, the official opposition says, oh but we're concerned about the future of medicare. And they will go on and ramble on with all their quote, unquote, reasons. But let's look at a Conservative policy for medicare, Mr. Speaker. Let's look at the federal government's Conservative policy of offloading its responsibility for funding health care in this province and all the provinces across Canada.

Mr. Speaker, the federal government's offloading has cost Saskatchewan taxpayers \$500 million this year and then their country cousins try to pretend that they're concerned about medicare. Mr. Speaker, once again when the Conservatives suggested they're concerned about medicare, it reminds me of, once again, Colonel Sanders in charge of the chicken coop.

Mr. Speaker, we have examples of how the Liberals would look after medicare. We've seen their record in this province. Many of them remember how they were so concerned about medicare in the '60s that the leader of the Liberal Party at that time was trying to kick down the doors to get it in or out.

Well, Mr. Speaker, we have some modern, modern examples of what Liberal governments do. In New Brunswick the Liberal government there simply introduced legislation that basically expropriated that province's 51 hospitals from their local communities, from their churches, and then began about to shut them down with no health districts, no local input, and no community needs assessment. That, Mr. Speaker, is known as Liberal compassion.

Oh you can say, Mr. Speaker, and maybe the Liberals would say that that's only one example. Well let's just look at what's going on in Alberta, Mr. Speaker. Mr. Speaker, there the government of the day — which

happens to be a Tory government — has decided not to reform health care, but simply to leave it the way it is and allow it to deteriorate, so it allows private sector health services can creep in the back door.

Mr. Speaker, you can get an MRI (magnetic resonance imaging) scan, for example, in Calgary without much of a waiting-list. But, Mr. Speaker, you need \$900 up front first.

And the Liberal leader in Alberta, Mr. Speaker, Mr. Decore, has said that he wants private profit hospitals and other medicare, private medicare services in that province — the privatization of health care, Mr. Speaker.

Well, Mr. Speaker, those are the things that we are opposed to. Those are the things, Mr. Speaker, that we are addressing and insuring will not happen in this province. We are assuring, Mr. Speaker, that we will continue to be able to provide to the people of this great province the best in health care available because that's what the people of Saskatchewan deserve.

Mr. Speaker, in some ways it is a shame, it is a shame that we have to concentrate so much of our efforts and our time on a delivery of that health care. And that's come about because of the reckless spending of the former government for nine and a half years, with absolute disregard for the future of this province, disregard for the future of the citizens of this province. But what's more despicable, Mr. Speaker, absolutely disregard for the children of this province.

Mr. Speaker, I'm very proud of our government. I'm very proud of the direction our government has taken in health care. And the people of this province are going to be and are very proud of this, of the direction, simply because they know that by putting health care in the community-based wellness program will ensure the survival and improve the delivery and improve the quality of health care in this province. Not only for us, Mr. Speaker, but for my children and my grandchildren.

Mr. Speaker, we are embarking on a brand-new health care generation that will stand in history to rank shoulder to shoulder with the medicare that was brought in here in 1962, that led the way not only in Canada but all over North America. Mr. Speaker, our new generation of medicare will be leading the way not only in Canada, not only in North America, but all over the world. Mr. Speaker, it gives me a great deal of pleasure to speak in support of this Bill. Thank you very much.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Thank you, Mr. Speaker . . . Mr. Deputy Speaker. Mr. Deputy Speaker, we've heard lots in the last number of days about health care reform in the province of Saskatchewan and the NDP's style of health care reform. But, Mr. Deputy Speaker, all over this province people realize exactly what health care reform is going to mean to them. They realize exactly

what health care reform is going to mean to communities like Eston and Dodsland, Climax, Frontier, communities like that.

Fifty-two communities around this province, Mr. Speaker, are going to lose their health care services. And they say that they're not going to lose them; they're going to be converted. Converted to what, is what everyone's asking. Converted to health centres. And no one — no one — Mr. Speaker, has been able to determine what these health centres are going to be. In a public meeting in Kerrobert, Saskatchewan, that I attended and over 600 people were there to voice their concerns about your plans for health care, the Minister of Social Services was asked that exact question.

What is this wellness centre going to be? What is it going to be? And she responded, it can be whatever you want it to be. That's her response. And the people at that public meeting that night, Mr. Deputy Speaker, were absolutely aghast at that answer. It can be whatever you want it to be. And so one gentleman stood up and said, we want it to be exactly what it is today; that's what we want it to be. And she stood up and said, no, it can't be that, but it can be whatever else you want it to be.

(2115)

And John Borody, the representative of the Department of Health, was also there that evening. And he stood up and he said, it can be whatever you want it to be, but it's a little bit like going to McDonald's; it can only be for \$1.49. That's what he said. You can do whatever you want, but you're only going to be able to do it for a budget of \$1.49.

And the people again that evening were aghast at those kind of responses from the ministers. How dare they insult the intelligence of the people of rural Saskatchewan when they suggest those kinds of things?

Mr. Deputy Speaker, it's no wonder, it's no wonder there are health care meetings all over this province and the NDP is scurrying around the province trying to protect themselves and hold up these lofty principles. It's no wonder all over this province that that's happening, Mr. Speaker.

And if any one of them had the courage of their convictions, Mr. Speaker, I would say to them they would resign their seat, force a by-election and find out whether their constituents support them. Because I don't think they do. I bet, Mr. Speaker, in constituencies all over this province, particularly rural constituencies all over this province, they would reject your plan just as they showed on the steps of the legislature yesterday.

They reject your plan. They do not support you. And even though you did a masterful job at trying to get out there and work the crowd, as one member said yesterday, who had suffered a little bit too much suntan yesterday, he said, I was roasted in more ways

than one out there yesterday. And he recognized, he recognized how bad he was getting beat up on the issue.

And that is why, Mr. Deputy Speaker, they're having to force this thing through as quickly as possible. They realize the political damage that they're suffering out in rural Saskatchewan. They realize what kind of political damage and fallout that's happening to the party, the NDP Party, right now in rural Saskatchewan and they have to get this over as quickly as possible. Get this out of the way.

You only got two more years until you're going to have to go to another . . . before you have to go before the electorate. And they're holding up their hands and saying, three. Well three will come just a little bit later on, all right. It'll be a very short time before you have to face the wrath of the electorate in rural Saskatchewan.

And I predict that member after member after member of your party will fall, and particularly, Mr. Speaker, and particularly the members who voted against towns in their constituencies when forced to vote in this legislature — and, Mr. Deputy Speaker, when forced to vote against their constituencies about their communities in their constituencies in this legislature. We intend to bring forward a Bill to restore health care in each and every one of those communities that have lost it — 52 of them — and we're going to force you to vote on those. And then the people of your constituency will know exactly whether you respect or respond to the wishes of their constituents. They will know for sure where you stand once and for all on health care reform.

An Hon. Member: — No mandate.

Mr. Boyd: — No mandate. Exactly. Your party doesn't have a mandate to do this. You know it doesn't have a mandate to do this. You didn't campaign on this. You couldn't have got elected on this and you know it. You couldn't have got elected on this without any changes. You know very well that that's true.

Mr. Deputy Speaker, the only party that campaigned on closures of hospitals in Saskatchewan was the Liberal Party. That was the only one. In the last election, the Liberal leader promised that, if elected, she would rationalize health care in Saskatchewan and close out hospitals. She promised that. She said in interviews around this province, and candidates that represented her party around this province, said that it was a plum, a political plum to have a hospital built in their constituency. Well I reject that notion, madam.

I reject that notion and so do the people of Eatonia, who your candidate in the election campaign, about a few days, just a few days prior to the election, Mr. Deputy Speaker, when she thought she might have a chance, just might have a chance — all she had to do is get another couple of hundred votes out of the town of Kindersley — she decided to go for it and take the chance. And she stood in her place in Kindersley where she thought it would have the biggest impact,

and said the hospital in Eatonia should never have been built. And the people of Kindersley saw through that. They realized exactly what she was trying to do. She was trying to pit community against community within her own constituency. And the people in Eatonia recognized it for what it was. She didn't think that the people of Eatonia would find out in such short time before the election. But they did. They found out and they rejected her out of hand.

And they realized that the Liberal leader was the one that was in favour of closing hospitals. She said she would close the hospital in Beechy even though ever since that day she's regretted that remark and she's tried to correct it time and time again. But the people of this province know, Mr. Deputy Speaker, that she said it. And she meant it, and afterwards realized it was a mistake and tried her best and still continues to this day to try and retract that statement, even though she knows it was incorrect.

Mr. Speaker, she also said that the hospital in Lafleche shouldn't be . . . should never have been built. She also says that the hospital in Beechy should never have been updated. And she knows very well that that's true. But, Mr. Speaker, at least she campaigned on closing of rural hospitals. The NDP did not. And she knows that, and the NDP know that, Mr. Speaker.

Communities in my constituency, Mr. Deputy Speaker, have had public meetings, and lots of them. And in the health care region that's being proposed in my area, there's been meetings now in Eston, where 1,600 people turned out. That was the climax of all of the meetings in that area. The largest meeting, the largest public meeting ever held in that community — 1,600 people turned out. And that's, Mr. Deputy Speaker, in a community of only 1,300. Every man, woman, and child turned out at that meeting, and 300 rural residents surrounding that community and other communities from around the immediate area turned out in support of that community, because they realized how desperately important it is to that . . . the hospital to that town. Desperately important.

There's been a hospital in operation in that town for 77 years in one form or another. The first one was built by the pioneers in the early 1900s, and it burned to the ground in, I believe it was '55. And the people of that community, realizing how important it was, turned a community hall into a temporary hospital, Mr. Speaker. And during that time, they performed emergency surgeries, delivered babies. All kinds of things happened in that community hall and it has quite a history. The people of that community can relate that kind of thing to you, Mr. Speaker, if you'd take the time to listen to them.

And then they built a brand-new hospital in '56 in Eston, Mr. Deputy Speaker, 1956 they built a brand-new hospital there. And it still stands today. It is an extremely good facility. It's not a crumbled-down facility by any means — brand-new facility at that time, excellent facility today.

And just two, I believe it's two years ago now, the

community decided that the one part of the health care services in that community that needed some upgrading was the clinic where the people go in to visit their doctor. So they decided that the thing to do was build a new clinic, and they raised the money through the local tax base — some \$800,000 — and built a new clinic onto their hospital, adjoining their hospital.

Beautiful facility, absolutely beautiful facility. It allowed for, it allowed for, Mr. Speaker, for the first time in a number of years, about 15 I believe, for a dentist to be located in that local area.

Now we have not only the services within that town of a doctor — two doctors, pardon me — we also have the return of dental service to that area, something that hasn't been in place for some 15 years. So not only are the people of that town using medical services, they are expanding medical services in that town currently.

And the member from Saskatoon Greystone was correct, that at that public meeting in Eston, the chairman of the board of the Full Gospel Bible Institute of Eston, Saskatchewan, stood up and said that they are in the process right this very moment of planning an extremely large, major expansion — \$1 million, possibly up to \$2 million. I spoke to them prior to the meeting earlier in the afternoon. Up to \$2 million of money could be built . . . or spent, pardon me, expanding the Full Gospel Bible Institute facilities in that community.

And it attracts, it attracts young men and women from literally the world to that facility to learn about Bible studies. From all over the world they attend that, primarily from western Canada, but nevertheless they've had students from all parts of the world attend that facility.

And, Mr. Speaker, that minister that night, Rodger Halvorsen — I don't think he'd mind me mentioning his name in the Assembly — he said to the people of that meeting, that one of the very first things, one of the very first things that applicants ask when they are considering coming to that community for Bible study classes is — and their families are very concerned about it also — is there adequate health care services, is there a hospital in this town?

And they've always been there, always up until now, been able to proudly say, we have fine, fine facilities in this community. But no longer. That whole project may be put in jeopardy, Mr. Deputy Speaker, that whole project, 1 to \$2 million expansion, may be put in jeopardy by the changes in the plans of this government. And it's an economic development strategy and plan that is extremely, extremely important to that community.

About eight years ago now, that Bible college expanded once prior to that; built a tremendously beautiful and large church in that area, Mr. Speaker. One of the best and finest churches, I would say, probably in all of Saskatchewan — state-of-the-art-type church, Mr. Speaker, beautiful

facility. And that's just an example of the kind of commitment that people have to that community.

And the people that are on the board of directors of that Full Gospel Bible Institute . . . It's an interprovincial board, Mr. Deputy Speaker. There are people from all three prairie provinces that are represented on that board.

And now they had an emergency meeting already to discuss the future of that very facility, not just the expansion plans but the future of the entire facility. They're looking at it, and they're giving very serious consideration, in light of the changes that the government is proposing, to wrapping the whole thing up and moving it to Calgary.

And that's exactly, Mr. Speaker, the reason why there is such concern there at that meeting. That is exactly the reason why there is that kind of concern. And the members opposite say, we could have told them not to worry.

But they worry, they fear, they fear for these changes. And the reason they fear for these changes is because of the unknown, the types of things that that Minister of Health had the opportunity to straighten out that evening but did not do it.

The doctor in that community, Dr. Holmes, Dr. Stewart Holmes, has served that community for some 30 years and his father before him had served that community for 41 years. The combined service of the two families — there was some overlapping time — but the combined service of that family of doctors to that community is 71 years; 71 years that that family has provided medical services to that community — 71 years.

And when I mentioned that at that public meeting, there was such a tremendous round of applause and gratitude exhibited to that family that he broke down and cried at that meeting because of the amount of gratitude that the people expressed, the people expressed that night to him and his family, Mr. Deputy Speaker.

And the members opposite can make all of the snide little remarks they like about the Holmes family, but the fact of the matter is they have supported that community. They have provided service to that community for 71 years. And you people want to sit in your chairs and laugh, and laugh at that kind of dedication and service. Well I say to you, shame on you, sir, for that kind of attitude. Shame on you for that kind of reaction to a testimony about the people of that. Shame on you for saying that those kinds of things are wrong. In rural Saskatchewan that kind of story happens all over the place.

(2130)

And if you took the time to go to rural Saskatchewan you'd realize that. If you took the time to go to rural Saskatchewan you would realize the kind of dedication and commitment people have to their

communities . . . (inaudible interjection) . . . A good imagination, the member says. Well I invite you to that community. I invite you to that community and I'll take you and I'll introduce you to that gentleman, Dr. Stewart Holmes. I'll introduce you to him and his family. His wife and his daughter are currently nurses employed at that hospital as well. And they have worked in that facility for years and years and years, Mr. Deputy Speaker, and these members laugh at them.

Well the people of Eston, I'll tell you, the people of Eston, there were 1,600 people there that night and they weren't laughing. They weren't laughing at you, sir, they weren't laughing . . .

An Hon. Member: — Tell the truth.

Mr. Boyd: — Tell the truth, he says. Well what am I not telling the truth about? What am I not telling the truth about?

The Speaker: — Order, order. Order. I do want to remind the member from Kindersley that he has already spoken in this debate and really should try and keep to the amendment if he could — number one. And number two, I have asked members earlier this evening to please direct their comments through the Chair and not to other people in the Assembly.

Is the member finished speaking?

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Speaker, I was saying that that family has served that community for 71 years, and if anyone doesn't believe me, they can check the record. Go out there and ask them, Mr. Speaker. The people of that community know that that's true. The people of that community, no one disputed that fact that evening. The people of that community know of what I'm saying is the truth, and that's why, that's why there is such concern in that community. And that's why there is such concern in that community, Mr. Speaker; they realize the importance of health care in that community. That's why there's been such fine health care in that community for this long time — 77 years.

And other communities in my constituency that are being affected by these profound changes are communities like Dodsland. Dodsland, Saskatchewan, a small, little community, nice little community, lots of good, fine folks there, located up in the north-east part of my constituency. They're being affected by this too.

They believe and they realize now that their entire facility is going to be closed and they know that. Emergency services in that area are extremely important to them. There's only one way into that community, Mr. Speaker, one way into that community. It's a relatively poor highway leading in from the East, extends on further out to the West to a road north of Kindersley, and it's an extremely . . . not that great, it's not that great of a road, and everyone in that area has always been concerned about that. You can't go south in wintertime from Dodsland,

Saskatchewan, in any kind of uncertain weather at all. You simply can't do it. You either go to Rosetown to the east or Kindersley to the south-west of Dodsland. And the people of that area recognize that if the hospital in their area is closed out, they are some 45 miles to health care services in the winter or in any kind of inclement weather conditions.

They realize the extreme importance of health care services in that area. And they realize that if those services are taken from their area, how profoundly it will effect them and their community. That community, Mr. Speaker, is not a large community. And they realize that if that hospital closes it will mean the end of their community.

We're talking about, Mr. Speaker, the very foundations, the very foundations of communities in rural Saskatchewan. The hospital, the school, the church, a few businesses, you've got a community. That's what it takes in rural Saskatchewan. We don't ask a lot in rural Saskatchewan. We don't ask for magnificent facilities like the Centre of the Arts or other types of facilities in rural Saskatchewan. We ask for the basic requirements of a community and that's it. That's all we ask for in rural Saskatchewan — 1.7 per cent of the health care budget.

And rural Saskatchewan, we are being told by this government, isn't worth it. One point seven per cent of the health care budget of this province and you people are going to close down 52 hospitals and say that you don't deserve that kind of service in rural Saskatchewan any longer. Well I say to you, rural Saskatchewan is worth 1.7 per cent of the health care budget of rural . . . in Saskatchewan, Mr. Speaker. They are worth that. They profoundly believe that you are wrong. And that is why there are health care meetings all over this province right now. They're taking place daily. They're taking place daily, and the people of this province are turning out at those meetings.

I've attended one in Leader, Saskatchewan. Some 5 to 600 people turned out at that. Not a very large community. Something in that order to begin with — 800, 900 people maybe. I attended one in Eatonia in my constituency. There was 500 people turned out at that meeting; no government representatives, although we invited them both to the meeting in Leader and to the meeting in Eatonia. That was a little bit before . . . that was just prior to the government realizing what kind of brush fires were breaking out all over rural Saskatchewan, and the political damage that they were suffering.

And then they started . . . they realized they'd better get out and try, try and defend their actions, Mr. Speaker. But it wasn't working all that well. From there, there were other communities in that area started realizing the impact. And the members that attended them — when they finally started attending them — like the Minister of Community Services, the member from Melfort stood in her place in Kerrobert . . . or pardon me, in Kindersley and suggested that all of the answers are available, all of the answers are

available. There's big packages, she said, of information that's been sent to every MLA (Member of the Legislative Assembly), and everybody knows about it. The health care boards have all been sent all this kind of information.

And it was a funny thing — the reeve of one of the municipalities in the area, he stood up and said, we were not sent any big package of information; the only information we get is what we can pry out of John Borody at our meetings. That's the only kind of information that they've been able to get. There was no big package of information arrived at my office, either here or in Kindersley, from the Department of Health explaining all of this wellness.

And there was at the meeting in Kerrobert, for example, the chairman of the health board in Doddsland, Mr. Bob Joyce, stood up and said that what's going on in this province with the wellness plan, the people of rural Saskatchewan will never be able to recover from it for a hundred years of wellness. And again, Mr. Speaker, members opposite laugh. Members opposite laugh and they say, tell the truth.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Well the member from . . . the Minister of Social Services was there that night. She knows exactly that that was said. She can testify in front of all of us that she knows exactly that that was what was said that night. Mr. Bob Joyce stood up and said that this will ruin his community. It will close down everything in the community of Doddsland. And all of these folks, Mr. Speaker, they laugh at the community of Doddsland. Well I don't laugh at the people of Doddsland.

In fact, Mr. Speaker, they're having a public meeting this Monday, this coming Monday, April 26, in Doddsland, a public meeting. They realize the fact that this government's probably going to be able to ram it through, crush all opposition in the next few days. But they realize how important it is for the people of that area — the Doddsland area — to have a meeting to discuss the concern that they have in their community, and discuss the kind of impact . . .

Mr. Hagel: — Point of order.

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

Mr. Hagel: — Mr. Speaker, I rise on the point of order. You have just not long ago, to this member, directed him to direct his comments specifically to the amendment and the amendment only as he has previously spoken on the Bill before us in second reading. I quite appreciate, Mr. Speaker, that in second reading it's normal for debate to be wide-ranging. But when a member is rising who has already spoken to second reading to address the amendment only, and this amendment deals merely with . . . it calls for the Bill to be not read a second time and on the grounds that the claim is made, the fundamental principles . . . that the Bill is contrary to

the fundamental principles of medicare and the delivery of fair and just treatment to all citizens of the province.

Mr. Speaker, this is a very specific focus. And I have heard the member make no reference whatsoever to the fundamental principles of medicare or to the delivery of fair and just treatment to all citizens of the province. And I would ask you, Mr. Speaker, to require the member to address those and those only, as he has already spoken at quite length, I would remind the Assembly, on the second reading.

Mr. Martens: — Thank you, Mr. Speaker. I have been very patient in listening to the debate that's been going on, and I recognize, Mr. Speaker, that many of the principles of medicare have been discussed by the member from Kindersley. And the fair delivery of fair and just treatment to all citizens, I think he was right in his assessment of the communities that he is familiar with. And I know that he is interested in maintaining his track on the principles of the amendment. And I believe, Mr. Speaker, that he was doing that in a fair and reasonable way.

The Speaker: — Let me, first of all . . . the amendment is a wide-ranging amendment, but I was checking here because many of the things that the member was speaking about, about packages that were to be available by the member, sounded very familiar to me. And I've been trying to find it in the member's speech from the other day, and it . . . Yes, I think I will find it.

Also the member is speaking about Kerrobert and I just noticed the other day he spoke about Kerrobert also and he spoke about Doddsland . . . (inaudible interjection) . . . No, but the same things are being repeated today as the member spoke on the main motion.

And there's nothing wrong in making your arguments again by referring back to arguments that you made the other day, but you can't repeat the same arguments again when you're speaking to the amendment. And I ask the member to . . . the amendment is wide enough that the member can speak about the principles of medicare and relate his speech to that tonight.

So the member's point of order is well taken.

Mr. Boyd: — Thank you, Mr. Speaker. Well, Mr. Speaker, I don't believe the principles of delivery of fair and just treatment to the constituents of my area are being upheld by this government. I don't believe that the principles of medicare are being upheld. And I don't believe the people of Kerrobert think that they are.

I believe, Mr. Speaker, that they think and agree with the members of the opposition in this legislature that the principles of fairness are not being exhibited by this government. They do not believe what is happening in rural Saskatchewan is fair. They don't believe that the treatment that they are getting at the

hands of this government is fair.

And the reason they don't believe that is because they see community after community all over this province going to lose their health care services. That's why they don't believe, Mr. Speaker, that they are being treated in a fair and just manner.

They're being asked, Mr. Speaker, for example, to set up health boards all over rural Saskatchewan right now. And I'll tell you, right from the outset there was a great deal of support for it at the outset, Mr. Speaker. There was a lot of acceptance of health care reform in our area.

And, Mr. Speaker, we are not against health care reform. We are not opposed to health care reform. We've said that right from the very outset. But what we are opposed to is the kind of heavy-handedness that this government is exhibiting with respect to health care reform. And that's why the people don't believe it's fair.

What's happening, Mr. Speaker, is . . . and for example, for example, Mr. Speaker, the health boards in that area were meeting on a regular basis and holding the type of meeting to try and bring together a unit. And what was happening, what was happening, Mr. Speaker, was that a number of those communities were meeting and they were saying, yes, we can rationalize in this area; we can look at overlapping jurisdictions of boards; we can look at cutting down of duplication of services and that type of thing.

(2145)

But they do not now support the kinds of things that this government is asking them to do. The administrator of the hospital in Eston, for example, Mr. Gary Johnson, stood up in the public meeting in Eston and said, Mr. Speaker, he doesn't believe this is fair. He doesn't believe in this any longer. And the reason is simple. He said: we worked and supported this and believed that what we were doing was right and then the government came along and dropped a bombshell on them and said, here are the targets for acute care bed funding in your area.

And now after seeing another phase of the so-called wellness plan, they realized that what was being asked of them was not right. They realized that what was being asked of them is not fair, Mr. Speaker. They realized that what was being asked of them . . . And he went on to say that all of the work — all of the work — that we have put into this plan up till now has been for nothing. That's what he said that night. It's all been for nothing. It's all thrown out the window; there's nothing in this for us any longer. We realize exactly what the government's agenda is now. We realize that they want to take away health care services to our area and they don't agree with you any longer. That's what he said.

And that night, as well, they talked about fairness with respect to ambulance services. And they talked about fairness with respect to long-term care in that area.

And they talked about fairness with respect to home care in that area. And the representatives of all of those areas had an opportunity to speak at those meetings and they said, initially we supported this but we don't any longer because we know now what this government's agenda is. It's just simply to, it's just simply to make us try and believe that this is going to be good for us when we know it isn't.

And an example of that, Mr. Speaker, was a worker, an ambulance driver at the meeting in Kindersley. He got up and said he knows the kind of gut-wrenching feeling it is to have someone pass away, to have someone die in his ambulance. He knows that feeling because he's seen it, he's had it happen to him. He knows that kind of feeling and he said, I can only think that these kind of changes will mean to me, they will mean that I will have that gut-wrenching type of feeling more frequently.

Is that fair? Is that fair to rural Saskatchewan? Is it fair to place that kind of burden on rural Saskatchewan? Is it fair to ask those people to accept this kind of change when you know full well that what he is saying is correct? When you know full well that what he is saying is right and you are wrong.

And the people realize that all over rural Saskatchewan and that's why . . . And I found it interesting, Mr. Speaker, when we talked about fairness and how yesterday there was a meeting and somewhere in the range of 800 to 1,000 people attended it out front on the steps of the legislature.

And I don't think people of the media or people in the cities realize how hard it is for people in rural Saskatchewan to take a day out of their busy schedules, particularly at this time of the year with seeding approaching, to come, to come to Regina and talk about these types of things and plead their case before the minister.

And what happened, Mr. Speaker? Another example of how they felt they weren't being treated fair by this government. The minister had an opportunity to speak, the other party leaders had an opportunity to speak, and then there was a question period. And the minister answered two questions — two questions — and then said, I have to go into the legislature right now; I'm busy.

And the people again realized how unfairly they were being treated, and how the principles of medicare and fair and just treatment were not being exhibited by this government.

They wanted to ask that Minister of Health question after question after question and get some answers from her on the steps of the legislature yesterday. But she was too busy. She wanted to come into the sanctity of the Chamber here because she knew that in this Chamber she could give all of the kind rhetoric that she normally gives. And she knew that there would be a band of back-bench support for her, clapping on cue, like they always do in here for her.

She knew that that kind of support was not on the steps of the legislature yesterday, Mr. Speaker. She knew that they were not there. She knew that the support wasn't there. She was roundly booed by the people on the steps of the legislature yesterday. She realizes that she had to get out of that type of situation. She realized that she didn't have the answers to their questions. She realized that the people from Vanguard and communities like that, that turned out en masse yesterday, wanted to save their hospital and that was the reason they came there.

They didn't come to hear about the kinds of things that the minister talked about, about debt or about any other types of things. They came to protect and to hold on to their hospital with every amount of being they have. That's why they came here. They didn't come here to talk about anything else. They came here to get some answers from the minister and plead their case to save their hospital. That's why they came.

But the minister was busy. And unfortunately they didn't get much of an opportunity to plead their case, and they realized how unfair that was. They realize how unfair that was to them and their community. And they also, a few of them, a number of them, when they took the opportunity to come into the Chamber here and sit in the galleries, Mr. Speaker, they realized how unfair it was that a government with a massive majority is steamrolling this legislation through.

They realize that in opposition, a small opposition with only 10 members, doesn't have much of an opportunity to stop this, and that's why they thought public pressure might finally, finally bring this government to its senses. But they realized that that wasn't going to happen.

They realized that their community is not going to be protected. They realize that communities all over this province are not going to be protected or supported. And that's why they are saying, this is unfair. This process is grossly unfair. It does not serve the needs of our area. It does not serve the needs of rural Saskatchewan, and that's why they won't support this, Mr. Speaker.

And that's why this government has to ram this through. That's why it has to happen as quickly as possible. That's why they will not allow opposition members to speak as long as we'd like to speak on this, Mr. Speaker, and that's why it's not fair.

And on CBC the other night, there was a clip about a family in my constituency, and I just want to relate the story a little bit, Mr. Speaker, because it's so grossly unfair to that family and they recognize it.

They have a daughter that's in the hospital in Eston and she has suffered severe brain damage. She's in that hospital right now. She's only, I believe it's something like 18, 19 years old. Very unfortunate circumstances surround it, but nevertheless she's there, she's one block away from their family home. That's where they live, just happen to live down the street from that hospital facility.

And they wake up every morning and they thank God because she is so close to them. She is so close to them, they can walk down the street, a short distance, walk down the street and go into that hospital and see their daughter.

And not only that, but the people of the community, the people of that community are helping them right now, volunteer help, going into the hospital on a daily basis — and there's a whole number of people doing it — going into the hospital on a daily basis to provide therapy for their daughter. And they realize . . .

And the gentleman was on the newscasts the other night and he said, we sure hope that this government sees fit to keep our facility open because we're really concerned where our daughter will have to go if this hospital is converted to something other than what it is today, or closed. He's saying, what are we going to do? We have no idea what we're going to do with our daughter. Will she have to go to Swift Current to the rehab centre there, or will she have to go into Saskatoon or Regina or whatever? What will happen to her and what will happen to her family?

And that's why they're concerned about it. And I think it's a legitimate concern. And they don't believe that anybody's raising any fear about anything out there. They have their own fears, they have their own suspicions, they have their own reasons for doubting the sincerity of this government.

And they know, they know that what's likely to happen isn't going to be to their benefit. They realize that their daughter is likely going to have to be moved to another facility, some . . . Who knows how far? The type of services that she requires is not going to be met in just any hospital. It's going to have to be met in a facility that has physiotherapy and all of those kinds of things to try and provide her with some quality of life.

And it'll be met, incidentally, by people in another setting that are going to be paid. And they realize what's happening right now is volunteers are going in there, doing it out of their own goodwill towards that family and helping them. And they're being supported by the community. And they realize that's likely not going to happen any longer. And they are saying, and that man said that night, he doesn't believe that this is fair.

He doesn't believe that what's happening to him and his family right now, being put into this kind of unfortunate circumstance that they find themselves in, is fair. And they don't believe the principles of medicare are being supported by this government any longer, Mr. Speaker. And that's just one — one of the gut-wrenching, heartfelt stories that is happening in rural Saskatchewan right now.

Those kinds of stories could be put before the people of this legislature on a daily basis because that's the kinds of things that are happening. That's the kinds of things that you see in rural Saskatchewan right now. And unless members of the legislature are, I guess, are

ever put into those kinds of circumstances personally, maybe you would never realize the kind of profound fear that this family has. And there's others as well, Mr. Speaker.

One of the other members talked at great length about the privatization in the health care system and how unfair that would be, and how that would be against all of the principles of medicare, Mr. Speaker. But I would have to ask that member and other members of this legislature, are the kinds of things that are being done now not privatizing health care? Is the changes in the prescription drug plan just not one step towards the privatization of the health care system? Is that not what that's all about? Are optometric services that are now de-insured not a step towards private health care in this province? Are the changes in the chiropractic services not a step towards private health care in this province? Are the changes in the school-based dental plan not a step towards private health care?

Within days, within days of these changes that were set out in the budget, I noticed that already one private health care company in this province was already advertising on television, already advertising that they were going to allow people of this province the opportunity, Mr. Speaker, to be able to buy insurance. And that's private medicare, is it not, private health care services?

And you lecture us, Mr. Speaker, members of this legislature stand up and say that we are the ones that are driving this towards private medicare, private health care insurance in this province. Well the kinds of things that you are doing is exactly . . . the kinds of things that you are doing, this government right now, are forcing those onto the people of Saskatchewan. Those kinds of things, those four examples — the prescription drug plan, optometric services, chiropractic services, and the school-based dental plan — are all moving this province in the direction of health care by private companies. And you know it. And the people of Saskatchewan know it. They know that that is exactly what's happening. They know that it's not fair and it doesn't uphold any principles of medicare, even though member after member of the government stand in their place and say it does, does that, Mr. Speaker.

And this . . . I'd like to quote a few passages from this editorial that came out in the *Star-Phoenix* a few days ago . . . April 22, just today, Mr. Speaker. And it's from a gentleman in the Eatonia area, an area that's being targeted by this government. And he doesn't consider it fair.

Rural Saskatchewan has finally had the last nail firmly driven into its coffin. (Well I don't think he thinks it's very fair, what's happening to him in his community.) The planned obsolescence of the rural hospital and downsizing of long-term institutional care in rural centres have sucked the last breath from rural areas.

Well, Mr. Speaker, this is a spokesman for that area. A well-known gentleman that writes on an occasional

basis, editorials in the *Star-Phoenix* in this province, and he doesn't believe it's fair. No . . .

The Speaker: — Order. It now being 10 p.m., this House stands adjourned until tomorrow at 10 a.m.

The Assembly adjourned at 10 p.m.