

EVENING SITTING

SPECIAL ORDER

COMMITTEE OF THE WHOLE

Bill No. 3 — An Act respecting Health Districts

Clause 1

**Mr. Neudorf:** — Thank you, and good evening, Mr. Chairman, and to the Associate Minister of Health.

Just prior to supper break, we were engaging in a discussion revolving around some of the concerns that certain communities, certain municipalities in this province have with the implementation of your plan to close rural hospitals, Mr. Minister. And the particular concern that I was addressing to you was the RM (rural municipality) of Carmichael and the ratepayers' meeting that they had. And during the meeting they came up with two resolutions, which they have sent me copies of, and prior to supper I passed these over to you so that you would be in a position to respond to them.

Now to refresh your memory, Mr. Minister, I will take these resolutions one at a time. And the first resolution by the municipality of Carmichael stated:

WHEREAS the Government of Saskatchewan has announced a plan for severely reducing health services to rural Saskatchewan and further disadvantaging rural residents by limiting their access to acute health care facilities;

BE IT RESOLVED THAT this meeting move a motion of censure against the Minister of Health for abandoning the health care of rural residents;

AND BE IT FURTHER RESOLVED that we request the Government of Saskatchewan to reconsider the restriction of hospital care services to rural Saskatchewan and budget to retain existing acute health care facilities in Rural Saskatchewan.

And that, Mr. Minister, was carried by the residents of the RM of Carmichael and the ratepayers of Carmichael.

Now, Mr. Minister, I would suggest to you that a community, in any community in its totality should be and would be considered to be non-political, apolitical. This was done because the community was concerned for its welfare. And in order for an entire community to rally around a particular issue and to move a motion of censure — censure in this context means condemnation — a condemnation of the Minister of Health, and I suggest to you by expansion, the condemnation of your cabinet and indeed your entire government . . . needs to be addressed. So, Mr. Minister, I want to know from you, what are you going

to do to respond to the concerns of these citizens and how will I answer this letter?

**Hon. Mr. Calvert:** — Mr. Chairman, as the member has indicated, he was good enough to provide a copy of the motions and they will of course be responded directly by government. They were motions directed to government and they most certainly will receive a direct response from government.

Beyond that, Mr. Chair, I think the member opposite, reflecting concern that does exist in the Saskatchewan community, and in some communities in particular, suggests that what government is doing through the process of reform is — to quote the motion or the resolution — is that we are, quote, abandoning health care in rural Saskatchewan.

Mr. Chairman, nothing could be further from the truth. Nothing could be further from the truth. Mr. Chair, we are looking not just at today but the long term. And if we want to preserve health care, quality care, in all parts of our province in the long term, there is just no doubt about it that major reform and restructure is necessary. And, Mr. Chairman, that's what this is about. This is a major reform and restructure that is widely identified and it's necessary to not abandon health care in rural Saskatchewan or any other part of Saskatchewan but to restructure so that we might have a firm foundation to provide quality health care for the future. And that's what this is all about.

**Mr. Neudorf:** — Evidently, Mr. Minister, not so. Your Minister of Health, while she was out there at the rally in front of the legislative steps, was not able to convince the people that the case was otherwise. Any reports that we're hearing back from a result of that rally is very negative on your government and its insistence on going headlong on this approach that is anything but consultative. Anything but listening to the people.

So I'm sure that the residents of the RM of Carmichael are not going to take much solace in the response that you have just given. And hopefully by the time you get your officials to prepare a written response, you will be a little bit more accommodating to addressing the concerns of these people.

Resolution number 2, Mr. Minister:

WHEREAS the Government of Saskatchewan has announced that the proposed larger Health Care Boards for Rural Saskatchewan are to be composed of eight locally elected members and four members appointed by the Provincial Government;

AND WHEREAS it is our belief that locally elected board members will better reflect the interests of rural residents;

THEREFORE BE IT RESOLVED that we request the Province of Saskatchewan to reconsider and that local Health Boards be composed of

11 locally elected members and only one Provincially appointed member.

That also, Mr. Minister, was carried by the ratepayers of the RM of Carmichael during their meeting that was called.

Obviously, Mr. Minister, they have a great deal of concern about your appointees and the influence that they will have over these boards, which may well not be in the best interests of the residents within that health district.

So, Mr. Minister, this is not the only jurisdiction that has approached me with concern about the make up of these boards. They want to have true local input. Now I know you're going to get up and you're going to say that they have to be nominated within the district and so on, but, Mr. Minister, at the same time, who makes the final determination as to who those appointees are going to be?

Will you tell these people that it will be they that will make that decision? Or are you going to get up now and say that that will be done by OC (order in council), Lieutenant Governor in Council, meaning cabinet, meaning you? That is a concern that they have. For true input they want to have this final and ultimate say in the composition of these boards. Will you address that concern?

**Hon. Mr. Calvert:** — Mr. Chairman, the member will know that the legislation prescribes that in the case of all of those boards outside of the two major cities of Regina and Saskatoon, the board will be made up of 12 individuals. Eight of those individuals will be elected based on a ward system developed within each district.

Mr. Chairman, obviously the majority control on the boards will come from the elected members. Now in the process of discussion that went around behind this legislation and in the shaping of this legislation there was a debate within the province on the nature of these boards, whether they should be totally elected or totally appointed or some combination of them both.

We believe that this legislation presents that consensus that it's reached across the province. It doesn't satisfy everyone, but we believe it's the compromise and consensus of the province that the majority of the boards will be locally elected based on a ward system within the district boards and that a third of the boards — 4 out of 12 — will be appointed. They will be appointed based on nominations from those who are nominated by people who live within the district, and ultimately, yes, they will be appointed by order in council. The goal here is to ensure that interests that may not be elected to the board, but may have an appropriate vested place in health care decisions in a district, are in fact represented.

**Mr. Neudorf:** — Mr. Minister, twice now, in the afternoon and now again, you just reiterated that there were in your massive consultation that you

undertook, you're making the comment, that there are groups of people out there in the health field that said all members of these boards should be appointed. Who was this that told you that?

**Hon. Mr. Calvert:** — In my own case, Mr. Member, in a variety of public meetings that I attended, that proposal was put forth by individuals in those meetings. In writing, in a more formal sense, both the cities of Regina and Saskatoon indicated that their preference would be for totally appointed health boards.

**Mr. Neudorf:** — Could you table those documents that would support that?

**Hon. Mr. Calvert:** — The answer is yes.

**Mr. Neudorf:** — Could you table that before we finish the discussion tonight?

**Hon. Mr. Calvert:** — Because we will have opportunity tomorrow to continue in committee, would it be appropriate for the member if we can get them to you by tomorrow? It'll be difficult, given the time of day.

**Mr. Neudorf:** — That's understood and that's appreciated, Mr. Member. I don't think that should be a problem as long as we do get that information in time to react to it. Thank you.

You're talking about the new health districts and the organization of the new health districts. Do you perceive, Mr. Minister, all of the health districts, the remaining ones — as they will either be organized by the local people in the areas or by the minister after August 17 — do you see these health districts being modelled after the Regina model?

**Hon. Mr. Calvert:** — No, no, no. The member will know that there are now at least two rural health districts and at least one urban-rural health district in addition to the districts that now are in Regina, Saskatoon, and Prince Albert. Each district in some ways will be unique, reflecting its own communities and geography and characteristics, but the model I think that will be more general would be the model that we can now observe at work in the Midwest district.

So I think the answer to the member's question is no, the majority of districts will not be parallel to the Regina and Saskatoon situations which are unique because they represent our two largest urban centres.

**Mr. Neudorf:** — Well thank you, Mr. Member. I would ask you then to outline for the people who happen to be listening how you perceive the Midwest district to be organized? Could you give us a thumbnail sketch of the organizational . . . the org chart as it were, of how you perceive this health district functioning?

**Hon. Mr. Calvert:** — I may be a little unclear in the question and I'll ask the member if it wants further

clarity to re-ask. I'm not sure if the member's asking about sort of administration, the organization of administration within the district, or the organization of the district.

Let me try and address first of all the organization of the district. I think as the member knows, it was formed because this legislation is not yet in place. The Midwest district was formed under The Non-Profit Corporations Act, and that's its legislative umbrella. It was formed by the various committees . . . or communities represented in that district, each of whom geographically have representation then on the board.

Currently my understanding is that the Midwest district has not yet engaged a full-time or a permanent chief executive officer, and some of the organization work is yet to be done. When this legislation is passed, the Midwest district, as will all of the districts, will come under the umbrella of this legislation and take on the characteristics and an organization prescribed here in the Bill.

**Mr. Neudorf:** — Who is the CEO (chief executive officer) of the Midwest district?

**Hon. Mr. Calvert:** — I repeat: the Midwest district does not yet have a permanent CEO. We will endeavour to find out the name of the acting chief executive officer, and if it's all right with the member we'll provide that by tomorrow as well.

**Mr. Neudorf:** — Well I guess I'm curious, Mr. Minister. How do you deal with Midwest if you don't deal with the chief executive officer? What kind of . . . Don't you have any communications with him? How do you deal with somebody that you don't know who it is?

(1915)

**Hon. Mr. Calvert:** — Mr. Member, we will be dealing with the chairman of the district board, who is Lyle Leys. The gentleman's name is Lyle Leys.

**Mr. Neudorf:** — Thank you, Mr. Minister. I'm curious now what the cost is going to be, involved in running a district board like this. Is this part, number one, of the global funding that you're ascribing to these folks? Do they determine themselves what the CEO (chief executive officer) is going to be paid, what are the per diems of the individual board members, how many board members are there going to be? I want a complete description so I will know what the administrative cost of running a board of a health district is going to be.

**Hon. Mr. Calvert:** — To the member, we want to be very accurate in the information that we provide and we didn't expect through the clause by clause on the Bill to be dealing with specific financial questions. Again if I may beg the member's indulgence, I can report that the per diems for board members will be according to a fixed policy, and that is indeed in place and we will be glad to provide that to the member

again overnight so he can have it for committee tomorrow.

The chief executive officer of a district is and will be employed by the district, and that'll be part of their budgetary measures. And again, as with . . . there is a salary grid in existence for CEOs that is set currently through SHA (Saskatchewan Health-Care Association) work. And so we would expect our district boards to be using a grid system for the CEOs of the various districts.

And to the first question, yes, the administrative costs as they are now will be borne from the global funding. In the current circumstance, of course, the funding is provided to an institution. Out of that funding, the institution provides its administration and staff and so on. It will be the same in the district board case where, out of the global funding, the district board will make its budgetary decisions in regard to administration.

**Mr. Neudorf:** — First of all, Mr. Minister, we're not in clause-by-clause study; we're still on clause 1, which means that it's a general, open discussion, and anything is fair game. So let's not start talking about clause by clause yet.

The fixed policy, Mr. Member . . . I'm amazed that here we are dealing with the Committee of the Whole which is intended for extremely detailed questions. So when I ask you a question about how much who is going to get, you say you don't know. When I want to know what a CEO gets, you say, well there's some policy somewhere, but I'm not quite sure.

How do you know how this . . . how much money is going to have to be used in administration so that how much money of this district board and its global funding is going to have to have left over for the front-line services for what it is intended?

We have to pursue this a little bit, Mr. Minister. I want more decisive, definitive answers. What do you perceive the total funding for administration of a health district, (a) as in Regina to be per year; and (b) since there seems to be in your mind a difference between Regina and rural, then the Midwest district. What are the total administrative costs going to be in each case?

**Hon. Mr. Calvert:** — Point number one, Mr. Chairman, we have not yet reached the stage where the districts have submitted a global or unified budget. That occurs for the first time in the next budget year. We are today, in some ways, in many of our health care institutions, continuing under the former system.

Now, Mr. Chairman, the point that I think needs to be made and made very clearly here, that we expect and can now demonstrate that as a result of health care reform, district formation, and the restructuring of our governance of health care, we in fact will be saving significant dollars, saving significant dollars on administration.

For instance, I can point to the situation in Saskatoon

where from a situation of seven chief executive officers, we now have one chief executive officer. Our experience thus far with those districts that have been at work is that administrative costs have fallen generally 10 to 15 per cent. So what we know for sure is that there will be administrative savings under the new governance and structure.

**Mr. Neudorf:** — That's not good enough, Mr. Minister. I want you to tell me what your research has shown. I want to have a copy of your research which shows precisely what those savings are going to be, or is this just some kind of willy-nilly, pull a figure out of the air, that there will be significant savings.

All right, let's assume for a moment that there will be significant changes. Surely to goodness you're not doing this massive restructuring based on some gut reaction that there will be savings. I want to know what are the savings. What are the savings in Regina? What are the savings in Saskatoon, administratively speaking, and in the Midwest? What are they?

**Hon. Mr. Calvert:** — Mr. Chairman, I think, as the member knows, the Saskatoon board has released publicly — I expect the member has a copy of it; if not, we'll be more than happy to provide it to him — the Saskatoon board has tabled now publicly, has provided publicly, a report of their experience thus far. They demonstrate significant savings in administration.

Now, Mr. Chairman, we are at, in some ways, the beginning of the process where district boards are now forming. As those district boards form, they will make decisions within their district most suited to their district. It is our experience thus far, with the districts that have been functioning, that the savings are between 10 and 15 per cent in administrative costs.

**Mr. Neudorf:** — Mr. Minister, from your experience in Health — and your officials will be able to tell you — what percentage of a hospital budget is used for labour?

**Hon. Mr. Calvert:** — Generally . . . I want to define just a little. This does not include the salaries or the benefits paid to medical doctors. But if we're speaking of nursing staff, support staff, cleaning staff, cooking staff, and so on, beyond administration, approximately 70 per cent of a hospital's total budget will be spent — 70 is the information that I have.

**Mr. Neudorf:** — All right. I thought it was 75 but we're basically in the same ballpark there, Mr. Minister. So if you're going to have savings of \$20 million a year on the hospital implementation, does that mean that \$15 million is going to be saved through loss of jobs?

**Hon. Mr. Calvert:** — Mr. Chairman, I want to be very clear for the member. It is 70 per cent or thereabouts will average the cost of front-line health providers in our institutions. The other 30 per cent spent there will include also capital costs, equipment, supplies, and administration. And so let's be clear that it's not 30 per

cent being spent on administration.

Now when we are taking monies out of health care generally, it is clear that those monies taken out of the system will have effect on people's employment. No one will deny that. It simply cannot be denied. And that is precisely why we as government, working with health care providers, their unions, their management, the health care organizations, are even as we speak tonight working to find ways to mitigate as best we can the effect on working people as a result of these budgetary reductions.

**Mr. Neudorf:** — Well thank you for all that information, Mr. Minister. Now just in a word, answer my question. Does that mean now that the \$20 million saved, 15 per cent of that saving will basically be coming out of wages? And I'm not talking about administration now.

**Hon. Mr. Calvert:** — Mr. Chairman, as the member is aware, there is . . . as we reduce and eliminate in some cases the funding for acute care beds, the member is aware that some of that money is being returned to the district for alternate services and transition services. Some employment will be lost in the acute care sector. But as some of that money is then brought back into the system for alternative services, it is our hope and expectation that employment opportunities will be created.

And so it's not as simple as the member would make out. If we just take the money out then there's that corresponding loss of employment, because some is going back and there will be alternate employment. And so we're looking for somewhat of a balance. And I can't be definitive, I think, with the kind of definitive answer that the member is trying to get here.

**Mr. Neudorf:** — I think we're going around in circles here, Mr. Minister. What type of alternate employment are you talking about? What portion of the amount of monies that is going to be redirected are we talking about? Or is this just another figure taken out of the air and say well, gee, we don't really know but it could be this.

**Hon. Mr. Calvert:** — Mr. Chairman, there certainly will be new and alternate services in the short run and in the longer run. We are looking at already with some budgetary increase in, for instance, home care where the budget has over the last two years gone up over 30 per cent. That already is creating new employment opportunities in home care. We'll be seeing, I know, over the next months and years, new opportunities for instance in physiotherapies that may be offered. There may be new roles for the nursing profession. And so we see a variety of alternate services and with those alternate services will come alternate employment.

**Mr. Neudorf:** — Mr. Minister, I know one of the things that you're hanging your hat on in terms of being able to save money is by the elimination of many of the multiple boards that we have in the province and so on.

But before you get up and answer that, let me remind you that most of these boards were through voluntary service. And a lot of the health inputs that we've had has been through voluntary service, voluntary donation. Like the VON (Victorian Order of Nurses) in Regina is a good example, where you're losing almost \$200,000 of voluntary money through the system, which the taxpayer of the province is going to have to pick up.

But, Mr. Minister, would you answer this question: what is the total cost of payments made to all hospital boards in the last fiscal year?

**Hon. Mr. Calvert:** — Mr. Chairman, I think that the member knows before he asks the question: to respond to that kind of question, with the specific detail that he wants, would take some hours, if not days, to sort out payments across the province in that regard.

And this of course isn't an appropriate kind of debate, or questioning, to be having in estimates. But the member asks the question. We will endeavour, we will endeavour to provide the answer. I cannot guarantee that answer by tomorrow.

But let me say this. The savings that can accrue from the district formation, the amalgamation of boards and so on, is not primarily from savings in payments to board members. In fact there will be little in that regard. Where the savings accrue is when a district board is in place and begins to integrate service, coordinate, and cooperate together.

(1930)

Now we can demonstrate from experience already, with the district boards that exist, that considerable savings can be achieved. Let me just use this one illustration, both from Regina and Saskatoon. Literally hundreds of thousands of dollars have been saved in the procurement of insurance when that procurement is being done by one administrative board as opposed to several. So the savings come. And the important savings come through this cooperation, coordination, that comes through the district-board model.

**Mr. Neudorf:** — It's becoming patently obvious to me, and I'm sure to all of our listeners who are trying to follow this debate, that, Mr. Minister, you have no answers. I've asked you many specific questions and you haven't given me one answer. You haven't done one thing to alleviate any of the concerns that I have that you really know what you're doing. Where are the cost savings? I've asked you that.

You give me these significant savings, these tremendous savings. Well put it down in hard numbers so we can follow it. That's what I'm asking you to do. You're not doing it.

Before, this afternoon, you were complaining that we weren't asking specific questions. You said let's get down into some detailed questions. That's what you said this afternoon. That's what I'm doing. That's

precisely what I'm doing.

I want some information that proves to me and to the people of Saskatchewan that indeed you do have a plan and indeed you know what you're doing. And so far I'm not convinced that you are. I'm not convinced at all that you know what you're doing.

You're saying that there are significant terms, thousands of dollars you said, savings through procurement. Well I know if you have a big operation you go in there, the economy of scale generally dictates that you're going to buy cheaper because you're buying volume. I understand that. But how much? Where?

Surely there's got to be something more than just some kind of wishy-washy gut feeling, that yes we're saving significant amounts but don't ask me how much and don't ask me how. That does not particularly give me a lot of confidence, Mr. Minister.

So again I ask you, can you be more specific and give us some hard facts. In fact, Mr. Minister, why don't you table right now a study that you have done before you implemented this program which proves there are going to be savings here and here and here and this is how much in each case. Surely you have a study like that, Mr. Minister.

**Hon. Mr. Calvert:** — Mr. Chairman, the member asks in this context, which is not the estimates, which is not the budget estimates and therefore we do not have the financial officials of Health here. He asks for specific numbers.

Now I want to point out to the member — and he knows this, if he would, if he would care to admit it, he knows this — that the Saskatoon board has publicly published a record of their significant cost savings that they have achieved. The Regina board has made public and published a record of significant cost savings through the press. The Prince Albert board . . . these three district boards which have been functioning now the longest period of time. They have identified very specifically the savings that they have achieved and it makes sense, Mr. Chairman. It just makes sense.

And he asks for a study. Well he knows that his own government spent a million eight on the Murray Commission, a study that recommends regionalization for some of these reasons and others.

I guess what it is, Mr. Chairman, I mean I trust — I have a great deal of trust in — Saskatchewan people. When asked to deal with a responsibility, they take that responsibility and they achieve, Mr. Chairman. And we've seen that, we've seen that already in the short history of the district boards that have been at work.

The information is available. Mr. Chairman, if the member would just care to access it, I am more than confident, if the member would wish to have a visit with the chair of the board either here in Regina or P.A. (Prince Albert) or Saskatoon, that that opportunity

would exist. A phone call could I'm sure bring to his attention many of the significant cost savings that they've already achieved.

**Mr. Neudorf:** — Well I'm sure there are a lot of people very disappointed in this debate so far, Mr. Minister. We're just getting nothing from you. You don't know what's going on. You're proving it time after time after time as I ask these questions.

You don't have a copy of the report from Saskatoon, obviously. You don't have a copy of the Regina board report. Aren't you interested? Don't you want to know what these savings are? I mean your Minister of Health and your Premier are going around saying this is budget driven. We have to save the province; we have to save money. You're doing this to save money. And all I'm doing here now tonight is simply asking you, how are you saving money and how much are you saving? Where is it being saved?

You can't answer one question. You say there are considerable, significant amounts being saved. I ask you, well where? How? Share this with the public. If you could give straightforward, honest answers that will prove your point, you're going to allay a lot of the fears of Saskatchewan. Because right now the people of Saskatchewan are saying, oh they're going to save \$5 million this year and devastate the health care system in rural Saskatchewan.

Is that worth it? I submit to you, Mr. Minister, no it isn't. And the people of Saskatchewan don't think it's worth it either.

You know why you're fudging? You know why you purposely left all this information out and didn't bring it in tonight? You say I can't ask these kinds of questions because it's more appropriate in Finance.

Well goodness sakes, Mr. Minister, we're talking about a fundamental restructuring of the health system in Saskatchewan, and by your own admission of the Premier and the Minister of Health, it's budgetary driven. The reason you're doing this is to save money.

And now when you have a massive Bill like this before the House, you're telling me I'm not supposed to ask you questions on it. Now does that make sense? Like one of your colleagues said, no, we're putting the horse before the . . . the cart before the horse. And I think you're right. That's exactly what you've done. That's why you don't have answers, or certainly you're not willing to share with them us. And I'll give you another reason why you're not willing to share them with us. We've been led to believe that you have done a study, that you have done a study as to the impact, the financial impact, of the restructuring of their health in Saskatchewan.

And your own study, Mr. Minister, is showing that there are no financial savings — none. Ultimately there will be no savings. That's what your own study shows, Mr. Minister. And you want to get out of this House. You want to get out of this session. You want to

do damage control, as your Minister of Health is doing today because she's afraid of coming in here and facing the situation, facing the people of the province, answering to them.

Your own study shows that you will not be saving money, and therefore you're not going to be releasing that study till the end of May. That's our information. And you look very quizzical as to what study are we talking about? But, Mr. Minister, I am suggesting to you that that's the dilemma that you're finding yourself in. That you're doing this ostensibly to save money, and you're finding out now that you may be saving money in certain areas, but it's costing you more in other areas where you're setting up a whole new bureaucracy to accommodate this new system.

And by your own admission, as you go from one town to another town, and the town is beseeching you . . . and your Minister of Health says, well if you have real problems, just come to us; you will be a special case. That's what the Minister of Health tells everybody that she meets. They're expressing their concerns and saying, oh my goodness, we're not going to have the proper kind of health; we won't have the timeliness. There won't be a wellness model in our town because there won't be anybody around because of the economic devastation. And she says, well come to us; you're going to be a special case. You will receive special consideration.

And, Mr. Minister, either that's not being honest and upright with the people that she's meeting, or if indeed you did that to every community that request — and I'm sure that everybody, community, considers themselves to be special — then where's the cost saving? Where's the cost saving? That's what we want to get at tonight, Mr. Minister.

So I ask you again about that report: are there and is there information to lead you to believe that indeed you were wrong?

**Hon. Mr. Calvert:** — Mr. Chairman, the member opposite of course can ask any question that he wishes to ask. There is no doubt about that, and he will ask any question that he wishes to ask. It is appropriate that we, in broad strokes because we're discussing the enabling legislation here, that we talk about some of the motivations that brings this legislation before the House.

One of those is our need as a province to be as careful as we can in the expenditures of what are very limited dollars, be it in health care and education or in any other endeavour of government. And so obviously financial considerations play an important role. We have to reduce health care spending. We do not have much choice in that regard. We must reduce health care spending. Health care spending in Saskatchewan in fact, as the member knows, has been reduced.

Now we can look. We can look at demonstrable success in accepting some of those health care expenditure reductions where the district model has been in place. We can look for instance at Saskatoon

where a year ago about \$10 million was saved from their expenditures in that district alone. Many of the savings were made through the district organization and governance. I indicated to the member earlier significant savings, hundreds of thousands of dollars savings, have been achieved simply in the procurement of insurance services when there is one board, one administration, doing that work.

We know there is savings when instead of a multitude for instance of finance departments — financial administration within institutions — that can be brought into one. We know there is savings when we can bring our personnel departments in institutions into one board. We know there is savings when institutions working together under the district model can engage in bulk purchasing. We know those savings exist, and they're being demonstrated in those districts where the board is now in place and governing.

**Mr. Neudorf:** — Mr. Minister, in continuing on in the theme that I've been after, could you give me the figure, the global figure, for hospital budgets in Regina and Saskatoon and your famous Midwest one. Give me those three figures.

**Hon. Mr. Calvert:** — Mr. Chairman, and it's a dangerous situation to start using numbers when we don't have the precise figures in front of us; and because it's not the budgetary estimates, these figures are not here.

And the member looks in disgust and makes all sorts of comment from his seat. We are here, Mr. Chairman, in my view, to discuss the content of this piece of legislation and not the finances of the Department of Health. Now if the member wants to use this opportunity to move into estimate discussions, then we will have the officials with the precise numbers here so that we can provide the precise information. So I think if he wants to use this time as estimates, then estimates it will be. If he wants to discuss the clause by clause of the Bill, then let's get at that. But please would the member make up his mind so we know the right material to have here to provide the specific answers in terms of financial numbers that the member seems to want.

(1945)

**Mr. Neudorf:** — What a disgusting development, Mr. Minister. You know what you just said? We're not supposed to ask you questions about the fundamental basis and premiss upon which your health restructuring is based on.

Your Premier and Minister of Finance and Minister of Health are going around the province saying it's to save money. Well, Mr. Minister, I'm asking you questions about money — the basis, the premiss upon which your health restructuring has been based. And you're chastising me for the audacity of asking you questions like this, and you say you don't have the information. All the more reason, Mr. Chairman, for us to take a recess until tomorrow so that you have that

information here. And then we'll begin again from tomorrow and add the 2 hours and 15 minutes time left to us tonight onto that period of time. Is that a good suggestion, Mr. Minister, to give you time to get prepared for the discussion in this Committee of the Whole, so you can get your act together?

**An Hon. Member:** — Point of order, Mr. Chairman.

**The Chair:** — What is the member's point of order?

**Mr. Swenson:** — The member from Regina Rosemont called the member from Rosthern a dork in the committee. I think that deserves some kind of a reply.

**The Chair:** — Order. I heard the member for Rosemont use the word "pompous," and I didn't hear what he had to say after that. If the member for Rosemont in fact used the words alleged to have been used by the member for Thunder Creek, then I invite the member for Rosemont to stand up and retract the use of those words.

**Mr. Lyons:** — Mr. Speaker, yes, I'll retract the use of the word "dork" in referring to the minister . . .

**The Chair:** — Order. If the member used them, then I ask him to stand up and retract that, not reiterate, and to do so unequivocally and without further comment. I'll ask him to do that now.

**Mr. Lyons:** — It's retracted.

**Hon. Mr. Calvert:** — Mr. Chairman, the member knows full well how the process of this House functions. If he wants to get into a line-by-line discussion of the Department of Health's budget, and a line-by-line debate on the estimates in precise dollar amounts, he knows that that's the procedure we do in estimates. And he will have as much time . . . And I heard one of his members this afternoon say that we're going to be here for weeks on those estimates. Fair enough.

We're here to discuss the legislation. Now if he wants to turn this process into the estimates, that's his choice. It's my understanding that we come today to discuss legislation — the Bill that's before the House.

Now I have said, and will say again, in this province today, given the fiscal circumstances that we're in, all of the decisions that we take as government and that you object to as opposition in some ways are related to our fiscal condition. We simply must live within the means that we have.

The last 10 years of borrowing is over. We can't do it any more. This affects each and every decision that we take. This is true in Health; it's true in Education; it's true in Agriculture; it's true everywhere.

Now in terms of health care reform, when we're talking about the principle of reform, surely the member opposite can see that in the district board formation, in regionalization, there are cost savings to be had — be it in administration; be it in bulk

purchasing; be it in procurement of other services; be it in coordination of services.

Now if he wants some specific numbers, we know in this budget year we will find savings of \$20 million in our base and regional hospitals, and in this budget year we will find 5 million savings in our small hospitals. That's the budget plan for this year. We know that those savings will be easier to achieve given the district board formation where the decisions around procurement, administration, and all the things we've talked about, can be made.

Now if the member wants to go line by line, then I suggest that is the process of estimates and he knows it.

**Mr. Neudorf:** — Well, Mr. Minister, you're copping out again. It's a cover-up. You don't want to admit the fact that there are virtually no cost savings in the final analysis. And in your own words, you're talking . . . you just finished saying that the reason we're here is because of the fiscal reality of this province. That's what you just said. So I want to pursue that. You are saying now that your purpose, your motivation, is to save money because of the fiscal reality of the province. And you also just finished saying that in the current year, the balance, you're going to save 5 million, and that in each succeeding year you're going to save 20 million.

Now, Mr. Minister, get up and show me where you are going to save \$5 million. And don't prance around about talking about some global saving because of economy of scale. You've done a study. I want to see: where do you save that 5 million this year? Where are you saving 20 million next year? Let's give us an outline on that.

**Hon. Mr. Calvert:** — At point number one, Mr. Chairman, the member refers to a study. I believe what he is referring to is the health utilization commission due to report I believe at the end of May or thereabouts.

Now the health utilization report is not a report that's out there to study money. It is out there to study what is the appropriate health care services required for the people of Saskatchewan in 1993 and beyond. It's not a group to be out there doing the cost work.

Now we're asking our now-existing health boards and the now-forming district boards to deal with some budgetary realities which have in them reductions. And we know in this budget year — I repeat again — \$20 million of savings will be found in our large base and regional hospitals; \$5 million of savings will be found in our smaller hospitals.

**Mr. Neudorf:** — Would you table the document — your calculations that show where those 20 millions and those 5 millions dollars of savings come so we can see where those savings are coming from?

**Hon. Mr. Calvert:** — The reductions from the department — and these are part of the budgetary

estimates, as the member knows — base centres will have a reduction of funding of 3 per cent this year; regional centres, a reduction of 2 per cent; and all others, a reduction of 5.5. Those are widely known and publicized numbers.

Now I think what the member wants is for me in this House to describe precisely how, for instance, the Moose Jaw-Thunder Creek or the Midwest or any other existing hospital board will secure these savings. The member knows that that's the work of the local boards and their administrations and their workers and so on, working together to achieve those savings.

The argument I think more germane to the discussion tonight is can a district formation be more effective in absorbing savings or the existing circumstance? Now if it's the member's argument that the existing health care structure is better equipped to deal with limited health dollars, then he should put that argument. The argument we put through this legislation as one of the bases for this reform process is that in the district formation, communities working together are more able to find the kind of cost efficiencies than if they were standalone and working alone.

**Mr. Neudorf:** — In the year 1992, how many hospital administrators were there in the province?

**Hon. Mr. Calvert:** — The member's question, I believe, were how many administrators, how many hospital administrators specifically? Given that we have 132 hospitals, it is very likely that we had, unless there's a vacancy somewhere, 132 administrators, CEOs. Now there are of course in the neighbourhood of 400 other health care institutions and programs each that may have their own CEO or administrator.

**Mr. Neudorf:** — So would it be a fair assumption then, Mr. Minister, for me to say that there are now 52 fewer?

**Hon. Mr. Calvert:** — Well of course the answer is no and the member knows it. The budgetary decisions fall into two categories. The budgetary decisions that I believe he's referring to, which would be the reduction in funding for acute care beds, fall into two categories: one, a six-month category; and the other with the integrated facilities, an eight-month category.

And so today, as the member asks the question, the answer is obviously no. As the district boards form and begin to make their own decisions about administration, as about every other aspect of the provision of health care, then that number will evolve.

I expect there will be fewer. But today, as the member asks the question, the answer's no. There would be tonight the same number of administrators or CEOs as there were a week ago, a month ago, or maybe a year ago.

**Mr. Neudorf:** — So we have the same numbers of administrators in Saskatoon and Regina as there were prior.



**Hon. Mr. Calvert:** — No. Because the member asked specifically about 52 — the 52 affected by the acute care funding reductions.

**An Hon. Member:** — He asked you how many.

**Hon. Mr. Calvert:** — Well he asked . . . If the member from Thunder Creek wants to ask, he can stand up and ask. He moved his questioning from how many province-wide, then to a question which said, well do we have 52 fewer, referring to those 52 institutions.

Now I have said earlier in the discussion tonight that yes, in fact administration has been reduced in Saskatoon and Regina. In terms of the 52 institutions affected by the reductions in acute care funding, this is too early for those decisions to have been made by the district boards. We know those decisions will be coming.

**Mr. Neudorf:** — Mr. Minister, it says here, and I quote: Romanow said he didn't believe health care costs in the province are sky-rocketing. "The cost of medicare is well within the budget." *Prince Albert Daily Herald*, January 31, 1991.

Health care costs in the province are sky-rocketing; he doesn't believe that. "The cost of medicare is well within the budget". Do you agree with your Premier?

**Hon. Mr. Calvert:** — Mr. Member, I'll tell you what has sky-rocketed in this province. It's not health care costs. What has sky-rocketed in this province — and that is a good description for it — is what we're paying interest on the public debt. Interest on the public debt is what has sky-rocketed in this province.

I believe it's in the neighbourhood of \$840 million we'll pay this year, this year, to cover over the debt that you folks ran up — \$840 million, the third largest expenditure of government, soon to equate . . . soon to equal what we spend on education.

Now that, Mr. Member, is what has sky-rocketed. I have consistently and continue to make the argument that in the Canadian medicare, in provision of health care in Canada, we by . . .

**An Hon. Member:** — . . . serious look at the '70s. Look at the decisions he made in the '70s. Where did you borrow your money? What did you do? Spent it on potash mines, underfunded pension plans.

**Hon. Mr. Calvert:** — Well the member of Moosomin is hollering from his seat now. I invite members, if they have points to make, to get on their feet to make them.

**An Hon. Member:** — . . . how a lot of people were telling the truth around here.

**Hon. Mr. Calvert:** — Now the fact of the matter is that . . .

**The Chair:** — Order. The minister has the floor and the members should allow him the courtesy of his response.

**Hon. Mr. Calvert:** — Now the member from Moosomin from his seat wants . . .

**The Chair:** — Well I've just asked the members for their cooperation and the nattering continues from both sides. It's difficult for those who are recognized by the Chair to carry on with the business of the House if other members tend to want to natter and to carry on.

**Hon. Mr. Calvert:** — The member from Moosomin wants the truth of the matter. The truth of the matter in this budget year is that we will pay \$840 million in payments on the public debt. Now that's 840 million tax dollars taken from Saskatchewan to make payments on a public debt that you folks ran up.

Now wouldn't it be wonderful, wouldn't it be wonderful, Mr. Member from Moosomin, or member from Rosthern, wouldn't it be wonderful if tonight we were in this House debating how best to spend that \$840 million on providing services to the people of Saskatchewan. But we're not. No we're not. We're in this House, in this session, in this budget, debating how to provide services with a shrinking base of financial security here in this province.

(2000)

Now he wants to talk about what's sky-rocketed. Well I'll tell you what's sky-rocketed; it's the debt. And the interest on that debt now threatens to consume us, Mr. Chair. In terms of health care costs themselves I make the argument, and have consistently and continue to make, that our Canadian publicly funded, publicly administered medicare is, of options that we can see existing in the world, one of the most cost-effective. There is no doubt about that.

But the fact remains, we in this province and in some ways in Canada, are faced with limited dollars and we have to make the very best use of those dollars. And one of the ways to make the good use of those dollars is through the district formation, rationalization, regionalization, and coordination of spending.

**Mr. Neudorf:** — Thank you, Mr. Chairman. It's unfortunate that the minister, as soon as he gets a little bit under hot water, gets political and goes off with the old, traditional, political jargon and doesn't answer the question.

Now, Mr. Minister, I think what we're finding here is a proposal by you that you're prepared to do almost anything in order to have your way in so far as deficit reduction is concerned. And that comes from a government who got elected on the promise that you were going to bring back the dental plan, you were going to save the prescription drug plan, you were not going to do any of those things that the Tories before you did in so far as spending money on health, because we only gave a 3 per cent increase per year on health, and we were starving them for money.

Your Minister of Social Services is on the record — I

have the quote right here — saying that because we put 125 deductible on the prescription drug plan, that we had destroyed it; that families were going to have to make a decision between whether they were going to buy food or buy drugs.

And now you sit in your place and have a 1,700-and-some-odd dollar deductible in place. And you are the people over across the way who were elected by the people of this province because you said, we don't have to make those cut-backs — we'll spend more — full well knowing that you were largely responsible for the massive deficit that is in existence right now.

That's where the betrayal comes in, and that's why we had those angry people out on the steps. Many of them and most . . . a lot of them, as a matter of fact, most of them voted for you, or the member from Shaunavon wouldn't be here as a member. And these are the people now that feel so betrayed, that you're turning your back on them and doing exactly the opposite of what you always said you would do. And they trusted you, and they elected you.

And now while we have this massive restructuring here and I'm trying to get some information from you, you hide behind the Committee of Finance and say we're not going to give you any information. And yet at the same time you say, well ask questions, ask questions.

Well we're under closure here, and all you're doing all the time is looking at the time — when's 10 o'clock going to come — so that we get out of today and tomorrow and then I don't have to answer any questions. That is what's so frustrating here.

We know full well that when the time comes for estimates, your House Leader is not going to hesitate to put closure on that. That's exactly what's going to happen. We all know that. So the people of Saskatchewan are not going to have answers. They're not going to have answers because you refuse to give it to them. I still don't think that you're sitting there refusing to answer because you don't have the answers. It's because you don't want to give them.

Mr. Minister, one of the fundamental problems . . . or two of the fundamental problems that you are having here is the motivation for what you are doing, the health restructuring. And I come back to the offloading that you are doing, the offloading that you have done on numerous occasions here tonight where you say, well I can't answer that. The decision is not up to me. The decision is up to the district health board.

You're offloading responsibility. You're passing the buck. You're making them the hit men for you. These people that are in charge of the health boards are the ones that are facing their neighbours.

That's why Cliff Wright in Saskatoon said he wouldn't want that job of being full-time chairman. That's why Mayor Anderson from Kerrobert said he wouldn't

touch that job with a 10-foot pole because it's pitting neighbour against neighbour, community against community. That's what's happening here, Mr. Minister.

So you're offloading responsibility, passing the buck, and at the same time a concern that many people in Saskatchewan, taxpayers, have is that what you're going to be doing is offloading a funding as well. That's the motivation.

You complain about the federal government offloading. What have you been doing to the municipalities of this province? And that's exactly what's happening here.

You're having substantial cuts to these district health boards. You're giving the staff a substantial amount of money less to work with, and you full well know that they're going to have to cut services, that they're going to have to close hospitals. Your euphemism for it is that you're converting. Well, Mr. Minister, when you pull a doctor, when you pull an acute care bed out of a hospital, you're pulling the doctor out. And when you pull the doctor out, you pull the drugstore out, and it's a mushrooming effect that it's having on these communities. So you are offloading funding.

So these communities now have a choice. Oh yes, oh you bet. They have a choice. They can make local decisions, and the local decision is fundamentally going to be: are we going to close that hospital or are we going to tap the municipality on the shoulder and say, listen buddy, put on 10 more mills to cover the costs otherwise you have to close your hospital? That's the choices they have.

The Hospital Revenue Act is that avenue that you're counting on. Oh I know your Premier got up in SUMA. I was there; I listened to him. Oh yes, these health boards will not have taxation rights. Don't worry about it, folks; they won't be able to tax. And he got an ovation for it.

All the while . . . (inaudible interjection) . . . not that far. It wasn't a standing ovation, but it was an ovation because the people believed your Premier. They believed him, but now they know the truth. They know that it's just another back-door method of doing something indirectly that they were afraid of doing directly.

So the communities have caught on. The rural communities have caught on; the urban communities have caught on. The urban communities have caught on, and so they are saying, listen; if The Hospital Revenue Act which gives them that taxation power is not going to be used by you . . . And there's no real function for that to be in existence; it can be done in different ways. If there's no real function for that and if that is a threat perceived by SARM (Saskatchewan Association of Rural Municipalities) and SUMA (Saskatchewan Urban Municipalities Association) as a back-door way for you to offload your funding onto the local tax base, then why, Mr. Minister, why will you not do what SUMA asks you to do?

Here is a press release of March 4, 1993 where it said that president Ted Cholod of SUMA reacted cautiously to the province's new Health Districts Act. And he had some praise for you; he said SUMA is pleased that the new health district boards will not be funded out of the property tax base. That's what they thought. And assurance we received from the Premier at our recent convention. And I quote again, Mr. Chairman: Premier Romanow made a commitment to remove health care funding from the property tax base, Cholod said. That being the case, SUMA is calling on the province to announce a date for the repeal of The Hospital Revenue Act which will result in the removal of possible levies from the property tax base and so that the hospital boards would not be forced to come to the communities, to the municipalities, to get the shortfall in funding made up.

Now I have a whole bunch of correspondence, because after that news release came out, your minister of Community Services, the member from Melfort, got very irate and sent a letter to alderman Ted Cholod threatening, threatening government's heavy-handed fist would come down on funding for municipalities if he didn't cease and desist with that kind of talk against the government and that he should retract those words, that your remarks display an apparent lack of good faith on your part to continue this partnership. One can only assume that this was done for political purposes, he writes to Ted Cholod. And he continues with this threat: in order to achieve any further progress in alternate financing methods, I strongly urge that you issue a clear, unequivocal retraction immediately or else you won't get funded. And I also have his response to that threat.

Mr. Minister, given that, that SARM supports the request for retraction, for the repeal of that Hospital Revenue Act; given that I have a private members' Bill before the House that asks — Bill 10 — that asks for that very same thing; given that SARM also requests that . . . Those two organizations themselves, SARM and SUMA, to my way of thinking, represent 100 per cent of the people of Saskatchewan. I don't know of anybody in Saskatchewan that doesn't live within the parameters of one of those two organizations. They're both asking you: get rid of that Act.

Mr. Minister, I ask you: will you do that? Will you show, will you give the people of Saskatchewan, some faith that indeed your whole determination here is not to put it on the shoulders of the taxpayers of this province alone?

**Hon. Mr. Calvert:** — Mr. Chairman, I want to reflect a little on some of the things that the member has said at some length.

I guess we have here in some ways a philosophical difference in our view of how Saskatchewan people can work together. It is the conviction of this government that better decisions can be made by people working on a more local arrangement. It is the view of this government — and I believe the view of Saskatchewan people that was expressed throughout

hearings during the Murray Commission, was expressed during the consultative process that went on in the first year we were in government — that communities are asking to be empowered to make their own decisions in regard to health care.

Now the member opposite says we're downloading decision making. Mr. Chairman, what we are doing is empowering local communities to make their health care decisions. We believe that is the way the better decisions will be made.

Now he turns then to the question of financing. And he is correct. The Premier of this province has made it very clear, and it is emphasized and re-emphasized in the legislation before the House now, that the new district boards will not have direct access to the property tax base. Again, that position was the clear consensus and will of the people of Saskatchewan represented through SARM and SUMA.

He is saying tonight we ought to repeal The Hospital Revenue Act. I want to remind the member that through all of the other sources of revenues to health care in this province, beyond direct funding from the province, those being the revenues made from The Hospital Revenue Act, the revenues raised through the union hospital levy, and the revenues raised through The Public Health Act, contribute about \$23 million — \$23 million to the funding of health care in this province. A large amount of money, but when put in the context of health care spending of \$1.5 billion, a very small percentage of health care funding is coming directly from the property tax base.

Now that 2 per cent levy, when the union hospital districts disappear and with them that union hospital, the levy will be applied across the board. Now it has been clearly indicated from the beginning that this is an interim measure, until such time as the discussions can occur to decide between SARM, SUMA, and the province how best we can replace that source of funding to health care in the province. Those discussions, the member will know, are ongoing.

(2015)

As early as just late last week, the Minister of Health met with representatives of SARM and SUMA and again discussed this whole matter. And until such time as we know where those revenues can be replaced, The Hospital Revenue Act will stay in place.

**Mr. Neudorf:** — So your commitment then, Mr. Minister — just let's make sure we know where you're coming from — is that if SARM and SUMA continue to insist that this Act that is before us can be used as an alternate means of passing the buck off to the taxpayers of this province, to the property taxpayers of this province, that you will endeavour to find alternate means for the revenues created by the revenue hospital Act now, and that indeed at that point and that juncture, you will repeal that Act. Is that correct?

**Hon. Mr. Calvert:** — Mr. Chairman, that is the process that is now under way. The discussions are going on

with SARM and SUMA and with others across the province on how best we can replace that source of revenue. While not a large percentage of the health care budget, the health care spending in the province, it is neither an insignificant amount of money. And it would simply not be wise in any case to take that kind of money, in addition to the kind of budgetary reductions we already face, out of the system right now. Until those discussions are complete, the revenue Act will stay in place.

**Mr. Neudorf:** — Well, Mr. Minister, I may be an amateur at this, but it would seem to me that there is a very simple solution that wouldn't require an awful lot of machinations on your part, and that is simply commit yourself that the funds that these folks are now raising through The Hospital Revenue Act are still going to be applicable and that The Hospital Revenue Act is not going to be applicable for anything else, that there will be no additions that are permissible under this Act. Remove the Act, pass something else that will still allow them to come up with the funds that they're accessing now through that.

But their fear is that you're going to be using that as a back door. Remove that fear, and then you've solved the problem.

**Hon. Mr. Calvert:** — I think it seems to be relatively simple. District boards will not have direct access to the property tax base. The district board will not have the power of taxation.

With The Hospital Revenue Act of 2 mills province-wide . . . That's a provincial Act, and it won't be changed until such time as we, through negotiation and discussion, have found a way appropriately to replace that source of funding.

**Mr. Swenson:** — Thank you, Mr. Chairman. Mr. Minister, I want to go back to some of the questions that were raised earlier by my colleague from Rosthern, and I think it's incumbent upon you, in discussing this Bill in Committee of the Whole, to be able to prove to Saskatchewan taxpayers the words that your Minister of Health and your Premier have spoken so often to taxpayers around this province — that you are going to save money.

Now I'm going to ask you some very simple questions, Mr. Minister, and I would like you to answer them, and I'm sure your deputy minister has those answers.

Mr. Minister, what is the hospital budget for the city of Regina? What is the hospital budget for the city of Saskatoon? What are the hospital budgets outside, for the rest of the province, outside the cities of Regina, Saskatoon, Moose Jaw, and Prince Albert?

Those three questions, Mr. Minister — they should be fairly easy for your deputy minister.

**Hon. Mr. Calvert:** — To the member from Thunder Creek, we've talked about those numbers in broad terms. To get the very specific, accurate information, because we don't want to be in a situation where

we're not . . . and we're not here with all the budgetary documents of the Department of Health. We will provide for the member, for the members opposite before discussion in committee tomorrow, the exact numbers to the question he asks. Now he will also know that we have a written question on the subject we've agreed to answer, and those numbers will be available in a very specific way for discussion in committee tomorrow.

**Mr. Swenson:** — Mr. Minister, I'm not asking for specific numbers. Let's put it to the nearest million, okay? Most taxpayers, I think, who'd be watching tonight, realize that you don't have the kind of numbers down to dollars and cents, to the nearest hundred, the nearest thousand, the nearest ten thousand. I'm not asking that. Let's have the nearest million.

You said to my colleague from Rosthern, why don't you talk to some of the boards? Well we've done that. For instance, the Regina board tells me they have a \$92.6 million capital budget over the next five years. And they expect to break their situation out even after 10 years. You would have that kind of information, Mr. Minister, so why don't you just give me to the nearest million, okay? Just ballpark it.

What the hospital budget, city of Regina, city of Saskatoon, and the rest of the province outside of Moose Jaw, Prince Albert, Regina, and Saskatoon — nearest million will do just nice, thank you.

**Hon. Mr. Calvert:** — Mr. Chairman, the member from Thunder Creek says, and I heard him say it, that he'd been in contact with the Regina board, that he indicates here in the House tonight that the Regina board has a commitment of 96 or \$98 million for capital expenditures. Now that's simply not the case, simply not the case.

The Regina board, like any other health care board, will make projections and planning for capital expenditures over a number of years. They lay out those plans.

But I would think the member opposite would know from his own personal experience, that until those plans are submitted and approved, money is not committed. So what is committed for capital to the Regina board now would be something in the neighbourhood of 5 to \$6 million for the purposes of planning and developing their projects. So the fact of the matter is, there is no 96 or \$98 million capital commitment in this budget.

Now when he wants to talk about the budgets for Regina and Saskatoon, I can tell him now — and again I repeat we will have all of the specific numbers for the members opposite — I can tell him now that between Regina and Saskatoon the total board expenditures for both boards will be in this budget year about \$390 million. And that is to provide the health care services — total — in those two districts. Now because the board structure is in place in Regina and Saskatoon, the boards then will make some choices about how

that funding is most appropriately spent in their districts.

**Mr. Swenson:** — Well, Mr. Minister, in an hour-long discussion with the Regina board, they didn't seem to have any problem with coming up with numbers at all. They talked about the rejuvenation of the Pasqua and the rejuvenation of the General, and they had numbers attached to it, and they had numbers attached to closing down the Plains in yearly savings and where they were going to . . . they were going to require \$92.6 million. They were very specific on what it was going to cost all in. And they were going to break it out even after 10 years time. Now why you wouldn't have these numbers . . .

You stand up here and quote Saskatoon all the time and about the savings that are being achieved. You seem to know those numbers fairly in-depth when it suits your own purposes. They've got detailed plans of how they're going to rejig the General Hospital, what departments are going to move here and what departments are going to move there. They have all that; they provided it. It's not appropriate for you to stand in this legislature and tell me that you don't have that stuff, that it's only 5 or \$6 million. That's sheer garbage.

Now, Mr. Minister, any year prior to this I would be able to ask the Health minister, or in your case the Associate Health Minister with your deputy beside you, what the hospital budgets were in the city of Saskatoon, city of Regina — not the health care budgets — the hospital budget. It is a large, global number. You used to globally fund them. And I can't believe that you won't stand in this legislature and tell us what those numbers are. Because, Mr. Minister, your Premier and your Finance minister and your Minister of Health have said this is all about saving money. So we just want to add the numbers up here.

If I'm told that there's a \$20 million saving annualized over the next four years, each year, is what your Minister of Health says, and I take the entire Health budget of the province, 20 million over 1.5 billion, I come up with 1.33 per cent.

Let's start there, Mr. Minister. Is my arithmetic wrong? Is that the percentage that I should be at? Or is it different? You tell me.

**Hon. Mr. Calvert:** — Mr. Chairman, I have here in my hand the document, the vision document distributed by the Regina Health Board, publicly, widely distributed. Now the member from Thunder Creek would like to, I think, have this legislature believe that this is a fixed plan, approved and in place. He knows that's not the case. He knows, if he's read the document that has all of the specific numbers that he refers to — they're all here — he knows if he's read the document that what we have here is a proposal, a proposal from the Regina Health Board, a vision document for, to quote: the consolidation of clinical services in Regina. This is the proposal.

If the member would like me to quote: This proposal is

given to the community and members of the community, that they may, quote, please take time to consider the proposal and we look forward to your comment.

And the member will know that the Regina Health Board, because this is a proposal, has scheduled a large number of public meetings, beginning this week across Regina and across southern Saskatchewan, to entertain comment in consideration of their proposal for clinical services here in Regina. A part of that proposal is proposed capital expenditures.

These are not approved expenditures. This is a proposal that is now being laid before the community and will eventually be laid, I think — with community support if that's found — will eventually find its way into the government and the Department of Health where then the appropriate decisions are made on expenditures and funding.

What we have here, as the member well knows, is the Regina district proposal. That's what's under discussion, and that's what's under debate in the community here.

**Mr. Swenson:** — Mr. Minister, they don't have any choice in a bunch of that unless you're commitment that was made in this House to shut the Plains hospital down is pure hogwash. The Regina board told us that they have no option. They have no option but to take the ICU (intensive care unit) unit out of the Plains hospital. And they have to move it in its entirety, and they have to design a special facility to house it, that the walls have to have certain things inside it, that there are certain fixed costs associated with moving the components out of the Plains hospital. And those fixed costs have to be included in that document, so you can say, well it's approved or it's not approved.

(2030)

But if they're going to move that stuff that's currently in the Plains hospital, if they're going to move it into these other structures after they've built rooms and stuff for it, there are fixed costs. And they've identified those costs, and there's no way around it unless you're willing to stand in this legislature tonight and say that the Plains hospital is going down without any of that stuff being moved. Those costs have to be built into it, and you know it. You know it, so don't tell me that you aren't going to approve it.

If you aren't going to approve it, then you should stand up and tell people that you aren't going to approve it because there's costs associated with that, Mr. Minister.

Now I want to know from you, sir — because you should be able to give me this number — outside of Regina and Saskatoon and Moose Jaw and Prince Albert, what, within the nearest million, is the hospital budget for the rest of the province of Saskatchewan, to the nearest million?

**Hon. Mr. Calvert:** — In regard to the discussion about

the Regina Health Board's proposal, Vision for Change, I guess the question is here, is the member opposite suggesting that the Regina Health Board is off in what it's doing here? Is this the wrong process or have they come to the wrong conclusions? I don't know what his point is.

The situation is that this is a proposal, that I think admirably they're taking to the community of southern Saskatchewan to get comment and reflection on. When the proposal . . . and this is what they believe is the most appropriate amalgamation and alignment of clinical services here in Regina. When their process is through, they will refine — I am convinced they will refine — their proposal and planning, and ultimately it will come to the department. And when capital resources are needed, those requests will come as budget requests to the department. I think, Mr. Chairman, that that's a very appropriate route for this Regina board to follow, and they will continue to do their work.

Now we've said earlier to the member, with all of the specific financial kinds of information that would be more likely to be asked in estimates, we will have those numbers, specific numbers, for him and for the purposes of this committee tomorrow.

**Mr. Swenson:** — Mr. Minister, I don't think it's inappropriate at all what the Regina Health Board is doing. They're laying out the costs as they best see them. They're saying to the taxpayers of this province, this is what we think it's going to take to implement the plan that the government has foisted upon us. I'm just telling you that they're being honest, above-board, and open.

They're saying there are certain millions of dollars attached to doing this. They're saying I cannot move the ICU unit out of the Plains Hospital without it costing X because that unit has some very special requirements attached to it, that you just simply don't piecemeal it out of there, that it requires specific capital construction to move it. And the other components that are in that hospital, which you say is going to be closed, have specific costs attached to them.

They are being totally above-board and open with the process. All we're asking you to do is be the same open process that they are. If you're not comfortable with talking about the taxpayers' money in dollars, maybe you could just give me a percentage. I'm sure that your officials must have some percentages on the top of their mind. Give me the percentage of the hospital budget outside of Regina, Saskatoon, Prince Albert, and Moose Jaw, and I'll do the arithmetic for you. Just give me the percentage, Mr. Minister.

**Hon. Mr. Calvert:** — The member will recognize, I hope, that we're talking here in broad, broad numbers and statistics. And we're getting the specific information that the members and members opposite want.

If we're talking about funding to institutions in the two

large cities and in the regional centres, we are talking approximately — and I underline the word approximately — 60 per cent of the spending. Forty per cent therefore spent outside of the large urban centres and the regionals. But the member opposite will also know, or should know, that much of the health care that is provided — the institutional health care provided in the large urban centres and in the regional centres — is provided to residents of rural Saskatchewan.

So that my information is that for instance in the two large urban centres, 44 per cent of the hospital beds at any given time on average will be occupied by people who do not live in the large urban centres. So while 60 per cent of the health budget, institutional health budget, is spent in these centres, they serve the whole of Saskatchewan.

**Mr. Swenson:** — Mr. Minister, so we get this straight. Out of the 130, 31, whatever institutions that were classified as hospitals or integrated facilities in the province of Saskatchewan at present, you're saying besides the seven base hospitals, Regina and Saskatoon, the four hospitals in Prince Albert, Moose Jaw, that outside of those 11 institutions, you're saying there is 40 per cent.

So that's 131 or 130 take away 11. That's 118, 119 facilities, either straight acute care or integrated, that have 40 per cent of the budget. Is that what you're telling me?

**Hon. Mr. Calvert:** — I want to underline again for the member that these are approximations — very approximations — and we will have specific numbers. And I want to re-emphasize again that we're here now talking about institutions we know as hospitals, not long-term care institutions. We're talking specifically about hospital funding.

Approximately 40 per cent will be spent outside of the base hospitals and the regional hospitals, outside of Moose Jaw, P.A., Regina, and Saskatoon.

But it's also important to underline that these facilities that exist in Moose Jaw, Prince Albert, Regina, or Saskatoon serve not just the populations of those communities, but in fact the entire provincial population. And I'm sure the member understands that and would want it to be so, that we concentrate some of our specialist services, expensive medical technologies, the teaching role in medicine and so on, in our base hospitals and that they do exist to serve the need of all Saskatchewan people.

But again I want to emphasize these are approximate numbers. We are here not with the budget documentation in front of us. We can provide that and will provide it but I just want to re-emphasize these are approximations.

**Mr. Swenson:** — Mr. Minister, does any one qualify as a regional centre outside of Moose Jaw and Prince Albert?

**Hon. Mr. Calvert:** — We describe our regional centres as we listed: P.A.; Moose Jaw; Swift Current; Yorkton; and North Battleford — five.

**Mr. Swenson:** — When you're saying that 40 per cent of the institutional budget then resides in that portion of Saskatchewan excluding those five regionals plus Regina and Saskatoon . . . is that what you're saying?

**Hon. Mr. Calvert:** — To be clear, I believe when we started the discussion the member was asking for the approximations of funding outside of Regina, Saskatoon, P.A., and Moose Jaw, and so when we were talking about that 40 per cent we were using those four. So to be clear, the 40 per cent figure — and I again underline approximately, approximately — is that funding for everything other than Saskatoon, Regina, Moose Jaw, P.A.

**Mr. Swenson:** — Okay, Mr. Minister, let's throw the other three in the hopper and would you give me an approximate percentage of what that hospital institutional funding is outside of those five regional centres plus Regina . . . well, Mr. Minister, don't shake your head. You gave me 40 per cent for four of them; I mean just add the other three on. I'm sure somebody there knows what the globals were before, so let's just give me a percentage now approximating what we are outside of those seven.

**Hon. Mr. Calvert:** — Mr. Chairman, the member is asking for the specific, detailed, financial information that we do not have here tonight. I've said over and over again we'll be more than willing to provide it for a discussion in committee tomorrow. If again he wants to do an estimates process here, we can do that, but let us have the . . . I want to provide correct and specific information in this House to the member. And therefore we're just getting into a line-by-line discussion of the budget of the Department of Health. We will provide that information for the member and we can have the discussion tomorrow.

**Mr. Swenson:** — Mr. Chairman, I'm not doing that at all. I've said to the minister that he can use numbers to the nearest million. If that's line by line then we're in a bad state of affairs here with their line items. He has volunteered that 60 per cent of the institutional budget resides in Regina, Saskatoon, Moose Jaw, and Prince Albert. I've simply asked what Yorkton, North Battleford, and Swift Current, in a percentage term, add to that total.

I've said ballpark it for the purpose of the discussion tonight. There's nothing specific about that at all. Is it . . . instead of 40 per cent, does it drop down to 37 or is it 36 or 35? I mean the minister has all sorts of latitude here. I'm not asking for specific numbers at all.

**Hon. Mr. Calvert:** — I say again, Mr. Chairman, repeat to the member that with the kind of questioning that the member wants to engage in, and it's fair enough, but he will understand there is no point in having a discussion where we're talking about just ballpark numbers and so on when the information is available and we can have it here, when we can have

it here tomorrow. And we will do that.

(2045)

Now, Mr. Chairman, the point, in my view, of committee on a Bill, is to be looking at the Bill in a clause-by-clause fashion. And I would assume there are many, many questions that the members will want to do and deal with in terms of this Bill in its implications and so on. I think we were having some of those discussions when we were talking about board make-up, ownership of facilities, and so on. These are important questions that arise from the Bill.

In addition, through the discussion of clause by clause, I know we would be having discussion about the principles and the reasoning and the point of the Bill. Now if the members opposite want to engage in estimates as we're going through this committee process, well I guess that's their prerogative. But surely they would agree, I think, that in terms of the kind of responses they would wish, they would want those responses to be accurate. So we're not talking in ballpark figures when it comes to the very significant questions of financing our health care institutions.

Therefore, Mr. Chair, I say again that we will have the specific information available for the members tomorrow in committee. And I would suggest that we get back to looking at the Bill itself.

**Mr. Swenson:** — Well, Mr. Minister, you can suggest whatever you want. The very fact that there is closure on this Bill . . . and then in a short few hours no one in the province of Saskatchewan will be able to ask you or your government anything. You will have rammed this through this legislature, regardless of the wishes of anybody else in this province. You will have done that, sir.

I don't know why you don't screw up your courage and give some of those answers that I know you've had. You don't need to discuss with the member from Elphinstone the correct political response here. You don't need his help. You are the Associate Minister of Health. You are responsible for the health care delivery to a million Saskatchewan people and being honest and truthful about that and not getting your direction from the minister from Elphinstone as to how you should handle yourself.

You know darn well what those percentages are. I haven't asked you for anything specific in here in the way of numbers at all. And you know that. You can give me percentages and you can be plus or minus 1 or 2 with them; I don't care. But you know them. And I think it's appropriate for this discussion when your Minister of Finance, your Minister of Health, and your Premier have said this is all about saving money in the province of Saskatchewan.

Now, Mr. Minister, I ask you again. Outside of Regina, Saskatoon, Moose Jaw, Prince Albert, North Battleford, Swift Current, and Yorkton, what percentage of the hospital institutional budget does the rest of the province get? You have told me 40 per

cent is the number without Yorkton, North Battleford, and Swift Current. With those three in, what percentage approximately, Mr. Minister, are we at?

**Hon. Mr. Calvert:** — Now, Mr. Chairman, I occupied a seat on the other side of the House and had my turn at participating in these kinds of debates and asking questions of ministers and so on. And I recall a time, not so long ago in this province and in this legislature, where ministers on this side of the House stood up and just numbers flew every which way. We know how that kind of responding and that kind of accounting of the taxpayers' dollars, we know where that's got us in this province, Mr. Chairman.

As a minister in this government, I want to be able to provide to the members opposite very concrete and very specific information. I have said over and over again tonight that that kind of information will be available to the members for tomorrow. It's the kind of information that is traditionally requested in the estimates process.

And the member, I think, from Arm River earlier today said the estimate process they'll run for as long as it takes. Well fair enough. We'll be answering the questions at that time. But because the members opposite, for whatever reason, wish to get into a discussion of specific budgetary line items in the Department of Health, we'll get that information and we'll have it to them in specific number tomorrow.

**Mr. Swenson:** — Well let's try this a different way. In a response earlier to the member from Rosthern, you said approximately 70 per cent of a hospital, of an institutional budget is made up in wages, and that excludes administration.

Mr. Minister, most of the institutions affected by your closure order have said that the transition fees allocated to them on a per bed basis, on a per bed basis, on their acute care beds in order to transform themselves to another system, that those transition fees in a lot of cases won't even cover the severance that they are obligated to pay to employees as per provincially bargained agreements, whether that be SUN (Saskatchewan Union of Nurses), CUPE (Canadian Union of Public Employees), or others.

Now, Mr. Minister, what is going to happen in those institutions if they don't have that kind of money left over to do their conversion? Do you have some provisions under your Act in order beef that up.

**Hon. Mr. Calvert:** — It's clear at this point that there will be some job loss in the health care sector with the budget reductions. I think that's clear. What is very unclear at this point is the numbers of those who will be affected by these budgetary discussions.

Now we know from experience last year where, for instance, I'm told in Saskatoon approximately 150 lay-off notices were given, but — when through the various processes of bumping and attrition and so on have worked their way through — the number, number of actually affected people has reached

something like 12. Therefore we know there will be effect on jobs, but today we do not know the extent, and therefore we do not know the extent of the severance costs.

Now there is in the collective agreements, as the member identifies, some severance provisions. We know on the various bargaining tables some of those issues are now being bargained. We are meeting today and throughout this week and over the course of the next month with all of those involved in these issues to endeavour to minimize the job loss and to look at all of the various provisions that can minimize job loss — all the way from severance, retraining, and so on. That will demand some funding, and we as government will be prepared to look at some funding for that purpose. It will be then part of the funding to the various districts and health care institutions.

**Mr. Swenson:** — Mr. Minister, that doesn't wash. That's not the question I asked you. I talked about the 52 institutions that got their death order last week.

Now what they're saying out there is that the money for transition which you have allocated on a per bed basis as per October won't even cover their collective bargaining unit.

Mr. Minister, it's one thing to say that bumping and all of these things work well in the city of Saskatoon where you've got three of your large-based hospitals, where you've probably got 25 per cent of your entire institutional budget for the province, but we're talking about . . . is the folks out there that had a very, very small percentage.

You can't redefine the role of someone who has bargained in the basis of a SUN contract or bargained on the basis of a CUPE contract, you can redefine the role of their institution all you want, unless you're telling me that you're going to break those union agreements. What the administrators are saying is the severance requirements ate up all of the money which you've allocated for transition. So you can define that wellness centre however you want, but once the acute care bed is gone and the 24-hour nursing requirement that goes with the acute care bed is gone, that means that you have a SUN person who has to be redeployed in a community that doesn't have another place for her to work in — unless you're saying to that nurse who belongs to SUN, or you're saying to that CUPE person who belongs to CUPE, get out of the union and we'll find some other way of employing you in this new centre. If that's what you're saying, then stand up and say so.

**Hon. Mr. Calvert:** — Mr. Chairman, I think we're back to the question that the member put earlier. Now I'll just run through what is happening. Those institutions which have been affected have been asked, in the context of their district planning committee and in cooperation and coordination with the district planning committee, to work on management plans to outline how the expenditure reductions will be achieved. That will involve, number one, staffing levels; and number two, the



financial plan. Now when these plans are worked on and worked through and then worked with, in terms of the province and the department, we will begin then to have a much better sense of the actual impact on employment.

Now we have, at the bargaining table, certain monies on the table for severance provisions. We have a group, transition . . . health transition committee, at work. This committee is bringing together all of the various health sector unions, various management bodies, SHA, home care, SASCH (Saskatchewan Association of Special Care Homes), reps of the existing district boards and reps of people who are not organized but who work in the health care system. They are working on strategies that will include severance. At the end of these processes, we will have an idea — much clearer idea — of the kind of resources that will need to be made available to meet those severance needs.

Now I think what the member is doing over here is assuming that there will be a certain number of people eliminated from their positions simply because of the budgetary measures, and therefore the cost of severance will be so-and-so. What we are not aware of today and only through the process will we become more aware of, will be the actual impact on actual people. When that process has been worked through and we know that more specifically, then of course we will then have to deal with the more specific numbers in terms of severance costs.

**Mr. Swenson:** — Mr. Minister, you've told me that outside of your base centres and your regional centres there's a 5.5 per cent cut to these institutions, 52 of which you have said will no longer have acute care as we know it today as part of their facility, and you're going to redefine this and these regional boards are going to redefine this for you.

Well they've got a 5.5 per cent cut to start with, okay? You're cutting back the funding on their acute care beds so that means that you're cutting back on some of the provincially required requirements in there. And you've got standards. You've said that in here many times. You've got provincial standards that have to be met if certain services are provided.

So these boards aren't going to have any choice, Mr. Minister. Number one, they're going to have to lay off people because they can't afford them any more. Number two, they're going to have to cut back services because they can't afford them any more. And if they are going to try and provide acute care services, as per provincially bargained agreements, they will have to pay at a certain rate.

That's why, Mr. Minister, we would like this utilization report which you people have, this utilization committee, why that should be tabled in this legislature as part of this discussion because the conclusion people are coming to out there is, there is no cost savings here. There is simply mayhem and destruction in rural Saskatchewan for what reason we can't quite fathom.

Now you've given the example of insurance in the city of Saskatoon, where the three hospitals could go to a single insurer and get a better deal I presume, maybe through a tender process but knowing your government, probably not. What you had with these 52 and every other institution around the province is they usually bought their insurance from somebody in the town.

So what you're saying to the Midwest health region now is, we're going to buy all our insurance in one town. Is it going to be the guy in Rosetown? Is it going to be the guy in Outlook? Which town is going to have the insurance agency which handles the single buy?

(2100)

Mr. Minister, I'm saying to you, if that's the rationale for saving the medicare system in Saskatchewan, that because somebody in Kyle or somebody in Rosetown or somebody in Dinsmore underwrites an insurance policy through SGI general, which is common all over the province of Saskatchewan and that's going to save the medicare system, then I suspect we've got the same planning process here in Health that we had in GRIP (gross revenue insurance program) last year. We simply torpedoed it, and then let everybody fall to the wind. So you simply torpedoed GRIP last year, and now you've got every farmer in the province with \$5,000 of net income.

So you go out and you torpedo a bunch of rural hospitals, and at the end of the day we'll have a bunch of rural people with no health care because you aren't seeing the savings in the entire system that you should be because it isn't insurance.

Mr. Minister, the vast percentages of the cost in this province sit in a very few large institutions. Now I want you to tell me, I want you to tell me that provincially bargained agreements with health care workers in the province of Saskatchewan relating to those 52 institutions, relating to those 52 institutions that this Bill torpedoed, that those bargained agreements aren't going to negate almost all the cost savings which you envision out of there.

**Hon. Mr. Calvert:** — Mr. Chairman, the rhetoric gets more exaggerated as the hours go by in this House. Now we've got mayhem. Now we've got torpedoed. I mean some of us, Mr. Chairman, would like to come into this House and have a reasonable discussion about a piece of legislation that's very significant to the people of Saskatchewan, but what we get from the opposition is just this rhetoric, on and on, over and over — mayhem, torpedoed, and so on.

Now if the members . . . Let's just think about this argument for a while. I guess what the members are saying opposite, that reform is not necessary, that we simply carry on the way we've carried on for the last 10 and 20 and 30 years. Now if that's the argument from members opposite, that we don't need to be changed and we don't need to reform, then I guess we have very little to discuss.

I really don't think that is their argument. I think they would say, well yes we need to reform, but . . . but not this fast or not this way. Well fair enough, and that's fair point of debate. If members opposite want to stand in their place and suggest — even though they had 10 years to do it and didn't do a thing about it — if they now have seen the light and they understand the need for reform and want to stand in their place and describe an alternate view, and we can have a healthy debate about that. I've not heard them do that on this day or any other day in this House.

Now what I fear is that members opposite are suggesting that we ought to go the way of our neighbours in Alberta. And it's becoming more and more apparent how reform is working itself out in Tory Alberta. This is the . . . an advertisement, Mr. Chairman, that appeared in the *Moose Jaw Times Herald*. It appeared in other daily papers around this province not so many days ago, an announcement, and I'll just quote from this ad: Announcement: The Western Canada MRI Centre is now open. Where is this centre located? It's located in Calgary, Alberta. Is this a publicly owned or publicly funded health care institution? No. Mr. Chair, this is opened by a group of private individuals who have opened this private MRI clinic. Now to get this MRI test in Alberta, if you've got 900 to \$1,100, you can get quick access to the test.

And that's the kind of reform that's happening in Alberta. And I guess that's the route — because it's happening in Tory Alberta — that's the route that — the privatization of health care, the two-tiered health care system — that the members opposite would support, have supported in the past, and I guess would support today.

Now the fact of the matter is, Mr. Chairman, we are endeavouring, living with the fiscal constraints that are upon us, to maintain publicly funded, publicly administered, and accessible health care — accessible, quality health care — across Saskatchewan, for every resident of our province no matter where we live, whether it be in the North, whether it be in the far South, whether it be in rural Saskatchewan or whether it be in urban Saskatchewan, to maintain publicly funded, publicly accessible, quality health care for all of the people of our province.

Now, Mr. Chairman, we have set forward in legislation and in vision documents, our vision and our goals. They're fair for debate. But I think we would all be better advised to spare ourselves the exaggerated kind of rhetoric that seems to have entered this debate tonight and through the discussion on this Bill.

Now as I said earlier, today began a process of discussion between the various trades, trade unions that are representing health care workers in our province, between SHA, SASCH, home care, various departments of government. The kind of issues that the member raises here tonight are the very issues that they are discussing. These are the people with the

expertise, the hands-on knowledge, and these are the people who can find reasonable and appropriate solutions to some of the problems that we know exist when there is significant budget reduction.

**Mr. Swenson:** — Well, Mr. Chairman, this little lecture from the member from Moose Jaw Wakamow who stood in this House a short time ago, I believe it was 1989, and said that he couldn't sit with a government or a bunch of people that brought closure down in this House and took democracy away. And I just now get a little lecture from the Associate Minister of Health on how I should behave in here and on rhetoric.

If the member would like, I could read him about four pages of *Hansard* that was just full of rhetoric that obviously he didn't believe in; obviously that he had no feeling for. It was just political rhetoric; that's all it was. He didn't mean a word that he said. He said, I couldn't sit with people that would bring down closure and cut off the democratic rights of people.

That's the member from Wakamow who was standing here representing his constituency so bravely those days such a short time ago. And now he stands up and lectures us on health care.

Well, Mr. Chairman, he chastised us earlier about the Murray Commission, how we spent 1.6 or \$1.8 million of the public's money on a commission that we didn't use. And every time something was mentioned in this House or outside about doing anything with the Murray Commission, the New Democrats all stood up and just howled that that was tearing down the medicare system.

You . . . (inaudible) . . . make a move. We're going to go out and promise Saskatchewan people that we'll spend more, that we'll do better, that we don't have to tear anything down. That's what they did any time anyone mentioned modernization of the health care system. You always got to spend more. The rate of inflation wasn't enough. Lecture after lecture from the New Democrats.

They went around this province, the election campaign, and always promised more for health care. Didn't matter what the budget numbers was. Always more. And then they stand in here and lecture us with closure — closure a matter of hours from its termination. Closure shoved down the throats of Saskatchewan people.

A thousand people on the steps of the legislature — that doesn't matter. We don't have to answer any of your questions. The member from Wakamow, the minister now who stands and lectures and who never believed a word of what he said four years ago, is asked some simple questions about how people are being treated in this province and if they're being treated fairly.

A lot of rural people are saying, we don't think we are being treated fairly. That the health care system that we have and we deliver on behalf of the taxpayers of

this province is fairly cost effective and efficient.

And I've simply asked the minister tonight for some numbers, some percentages to confirm his own beliefs, and he won't give them. He says I'm asking detailed questions, that I want line items from the budget, that I want line items from estimates. Mr. Chairman, that's simply not true.

I have simply asked questions on behalf of hospital administrators who say the 40-some-thousand dollars allocated to my institution as a transition fee from an acute care facility to something they don't know about will be used up mostly in severance because they have to deal with provincially bargained bargaining units. And the minister says, well there'll be some job dislocation and we're not sure and we've got a committee together to study it.

The deadline is August, Mr. Chairman — August the 17th, I believe. And then the minister is going to impose after that, and in October the funding runs out. The funding runs out, and you either do it his way or the doorway. I think these are legitimate questions, Mr. Chairman. I don't know why this Associate Minister of Health is so reluctant to answer them.

If they truly believe what they're saying, then he would be happy to stand up and say, well of the \$20 million going to be saved, X is here, Y is over here, and this is the plan into the future. But they refuse to do that. Why is that?

The suspicion, Mr. Chairman, is the reason that they won't do that, why they use closure, why they shut down debate in this legislature, is that it doesn't, number one, save any money, and two, it screws up the political agenda of the government. That seems to be the only reason we can come to, Mr. Chairman, after hours in here of asking questions with the Minister of Health, with his deputy beside him . . . would be able to answer out of course on any platform or stage in the province of Saskatchewan.

I bet if the minister was standing in Moose Jaw Wakamow somewhere, maybe in the Sportsman's Centre or maybe in any other stage, he'd be proud to stand up. He'd be rattling those figures off just left, right, and centre. Or down at the co-op hall on Sunday afternoon when the New Democrats have their forum, my guess is he'd be rattling those figures off just like you wouldn't believe, to that nice little crowd of New Democrats that would be in the co-op hall on a Sunday afternoon. But in this legislature, with closure hanging over the heads of 52 rural communities and hundreds of others, this minister doesn't give us anything. Instead he stands and he preaches. He preaches to us about how we shouldn't be asking these questions.

Mr. Chairman, you can appreciate some of the frustration. We are into the committee stage of a Bill that diametrically changes the face of health care in the province of Saskatchewan. And you know what, Mr. Chairman? If we're wrong — if the opposition is wrong — then the government can simply go out there

and say, the Tories were wrong; vote for us next time. But, Mr. Chairman, if the opposition is right — once that institution is closed, once that town is closed, once the health care is gone, and then somebody dies, Mr. Chairman — then the government is responsible for that whole sequence of events.

If I'm wrong, Mr. Chairman, maybe I lose a seat or maybe I don't gain one next time. If the government is wrong, the destruction of a community and potentially lives is wrong. And that's why that minister, instead of standing and lecturing, should stand in his place and give the numbers, and the figures, and the percentages that he has and his minister . . . his deputy minister have, instead of this charade that he's been running in this legislature tonight.

Mr. Minister, I ask you once again. Hospital administrators in this province say that the funding available to them will not cover the cost of transition to they don't know what. And what I asked you tonight was — given that you know how many members of SUN, how many members of CUPE, how many members of other provincially bargain units work in those institutions — what is the government going to do to negate that process before, during, and after the implementation of this Bill which your majority is going to ram through this legislature with closure?

(2115)

**Hon. Mr. Calvert:** — Well, Mr. Chairman, I sit and I listen to the member go on and on and on. And I wonder what he says. What does he say? One of my colleagues answers, nothing.

Mr. Chairman, the member, I believe, and other members opposite, would have a little more credibility in this House — in this province, in the community that I call home, everywhere — they would have a tad more credibility in their arguments if just for once, if just for once they would indicate to the people of Saskatchewan the kind of mistakes that were made in the 1980s that have put us into the situation we're in as a province today — if just for once they would stand up in their place and admit their role in where we are today and then go beyond that and say, but here's some positive thought about where we could be or should be going. No, what we have in fact is this situation where the members just get up, as we've just witnessed the member from Thunder Creek one more time, ranting and raving, if I may say it, fearmongering, if I may say it, sharing with the people of Saskatchewan the kind of misinformation that is promoted by those folks everywhere they go in the province these days.

Again I hear the member opposite talking about the closure, the closure of hospitals when he knows full well that the rural hospitals, the small hospitals, the eight-bed-and-less facilities who are seeing their acute care funding being reduced or taken, will be receiving replacement funding for transition purposes, that those centres may in fact become health and wellness centres in many of those

communities, Mr. Chairman. There is not closure in that scenario, and he knows it.

But they continue to, from their seats and from their speeches, talk about hospital closures when they know, when they know . . . (inaudible interjection) . . . And now the member from Estevan comes on from his seat, when he knows that the very study that he commissioned, the Schwartz study, he knows what the conclusion of the Schwartz study is. He knows what the conclusion of the Murray Commission is. He knows what conversations in this province have said over the years, that, number one, the way to move in terms of health care reform is toward district board regionalization and so on; that in terms of our smaller institutions, it has been the observation and the conclusion for many in our province that better health care service will be provided from a change of role in some of our smaller, many of our smaller institutions; that we will have, Mr. Chairman, as a result of this reform process, better health care — I repeat, better health care — for the people of our province in the years to come.

Now many years ago, in my lifetime in any event, many years ago, we went through a massive health care reform and restructure and debate in this province in 1962. We talk about those days when medicare was born in Saskatchewan and we know at that time, at that time, at that time we know that members of the political party represented opposite fought that with the kind of arguments that go — the kind of arguments that we're hearing today — oh it's a good idea but you're going too fast. It's a good idea but don't go so fast. Slow it down; slow it down.

Mr. Chairman, that is akin to saying stop. That's what they really want. They really want to stop health care reform in this province. Well this health care reform is underway because the people of Saskatchewan are behind it, understand the need for it, and will work with us to see it provide better health care for all of our people in the years to come.

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

**Mr. Swenson:** — Well, Mr. Chairman, the next thing you know the member from Wakamow is going to be telling us he was down here in his kiddie car when the mass demonstration was on in '62, riding around on the pavement out front. I mean it gets better with time doesn't it, Mr. Minister from Wakamow. The stories, they grow and they grow and they grow. You've been listening to some of the older types around here a little bit too much. You aren't old enough and neither was I to have any kind of opinion on that process at all.

What we're into here is 1993. What we're into here is 1993, Mr. Minister. You're bringing a Bill under closure through this House to take away the rights of Saskatchewan people to have access to health care. Now if you honestly believe, if you honestly believe that process . . . And it's really nice now to hear you talk about Schwartz and other studies that have been done in here that were universally condemned by you people in opposition. I mean Schwartz, Murray, it

didn't matter what came up. Both people were simply tearing down the health care system. Now you hold them up as icons, Mr. Minister.

If you really, really believe what you say, then you would have said, Saskatchewan people, go out and form yourselves into health districts. Elect yourselves some boards — not appointed — elect yourselves some boards. And then allow them to have their existing global funding and say, we as Saskatchewan taxpayers have a mission to reform our health care system. Here are some guidelines; go out and give it a try.

But that's not what we get from you, Mr. Minister. It's arbitrary all the way through. You cut their budgets. You appoint people to the boards. You don't believe in allowing local people to design the health care system that's best for their community. You simply say we'll impose it from above and we'll make sure, we'll make sure that our larger centres do all right. I don't think that's acceptable, Mr. Minister. You can't say one thing such a short time ago and then expect people in this province to believe you when you do diametrically the opposite down the road.

Mr. Minister, how in the world can they change those facilities to something else that still offers acute care services without being adherents to provincially bargained agreements with health care professionals. Would you please tell me how they're going to switch after October to a unit that provides acute care services with all the provincial standards that are tied to acute care service without being subject to provincially bargained agreements with health care professionals? How can they do that?

**Hon. Mr. Calvert:** — Mr. Chairman, reflecting back on some of the comments made by the member from Thunder Creek. He talks about who or who may not have been here on the steps of the legislature in 1962. He is absolutely right. I was not here on the steps of the legislature in 1962. I nor none of my family were part of the KOD (Keep Our Doctors) and the Tories that came to the steps of the legislature in 1962.

Now, Mr. Chairman, the member talks about the situation in a community and a district where institutions will, through the process of conversion, become wellness centres or health care centres offering a variety of other services to the community. This will be in the context, again I say, of the district that will be responsible for the provision of all health care services in the district.

He recognizes there are difficulties. There are challenges to be met in working through the various agreements signed with the various health sector unions. These are not simple issues to deal with. That is precisely why this day began the work of the health transition committee. One of their mandates and a particular part of their work will be to consider the prospect of transfer and merger agreements in the context of district formation.

Now we know there have been some transition

agreements signed in Regina and Saskatoon and P.A. These may serve as some model. This group of people will be working diligently over the next month in this regard as well as in regard to the other issues we've talked about earlier tonight. These are not simple solutions and we know we've put together a very effective . . . and a group that I hope can work well together, to begin to deal and to deal with transfer and merger agreements in the district context.

**Mr. Devine:** — Thank you, Mr. Chairman. Mr. Chairman, I want to address some comments and some questions to the member from Moose Jaw Wakamow, the associate minister.

Mr. Minister, at the outset what I'd like to say is that an awful lot of people in Saskatchewan don't believe that you are going to save any substantial amount of money with your so-called plan. Number two, is that they know that it's high risk for them for their own health reasons, and secondly, high risk for the communities. They know that there are serious consequences in the event that your plan doesn't work.

In other words, what if your so-called idea doesn't pan out? What if people aren't taken care of in terms of emergencies? What if there isn't the support to maintain the acute care or the integrated facility?

What if you end up in a situation where after you've taken away the drug plan, after you've taken away support for seniors, after you've taken away funding for schools, after you've taken away and shut down hospitals, after you have removed farm safety nets, after you have abandoned roads, and after you take away jobs — and as you know, Mr. Minister, they're saying, and imagine how you'll feel once you then take away the population base — then, Mr. Minister, is part of your plan, or at least they don't know how it would be any other way that you then take away the riding.

And one of the members chirped up, well that's a novel idea, and then they laugh, they laugh. Well, Mr. Minister, what I'm saying to you is people don't believe that your plan is foolproof at all. They haven't heard anything that would give them confidence that they aren't going to lose their hospital. And I'm going to read you lots of supporting documentation here, that if they lose their hospital and if they lose then consequently their school and they lose therefore consequently more population base and rural jobs and they start to lose not only the younger people but the seniors won't retire there because there isn't medical attention, so you lose your nursing homes, you know, Mr. Minister what happens — you don't have the support staff in agriculture and the support programs because you've taken them away — then the population seriously looks at declining.

And you'll say, well I guess the plan didn't work very well. Really what we have here is centralization and control over a wide area that we have seen. I guess the population isn't going to be there. We might as well make sure that . . . have to address that in terms of

political concerns; we'll take away the riding.

The member from Prince Albert says that I shouldn't be saying these things. I should sit down because the people of Saskatchewan believe in this model. Of course they don't believe in it. They have no confidence at all.

Mr. Chairman, I want the minister, the associate minister, to be able to give us any serious guarantees or examples of how his so-called plan will actually work to help people. He wouldn't respond to my colleague, saying here's the cost savings; here's how we will make sure that these facilities aren't closed; here's how we'll deal with emergencies; here's how a community like Estevan with 10,000 people . . . I mean, we're going to be down to where you've got one and a half acute care beds for a thousand people. You're looking at 15 beds in an area with massive technology from the oil patch, coalminers, agriculture, a great deal of transportation. They have no confidence that your plan at all is going to guarantee them adequate health care or services.

And so the minister knows that he's . . . from what I'm speaking from has some credibility. Here's how various places across Saskatchewan have reacted to your void of a plan: "52 hospitals lose gov't funding" is the headline. And underneath: "If hospital is shut, can the school be far behind?" That's the Saskatoon *Star-Phoenix* on April 15.

The *Star-Phoenix* is saying, if you're going to close the hospital and you take out the jobs and you take out the funding, then I suppose then people might not live there, means you'll probably then say, well for centralization and control which is a nice socialist plan, we'll have to close some schools. And if we close the schools then the seniors won't retire there; we'll eventually close the nursing homes. And we've taken away the agriculture support programs so therefore we'll have fewer farmers. And that's what these papers are saying. This is your plan. Your plan has nothing to do with efficiency in health care. It's called centralization and control of the people.

Here's another one: NDP losing credibility on health care. Mr. Minister, that's what the headline says. The NDP (New Democratic Party) . . .

(2130)

**An Hon. Member:** — No.

**Mr. Devine:** — And they say no. Well that's what they're saying. The NDP are losing credibility on health care. Bashful approach backfiring. You are bashing the people, trying to use intimidation, browbeating them, and you have no plan that can guarantee that you won't take away not only the drug plan, not only the farm programs, not only the hospitals, but then the schools, then the nursing homes, finally they close the church, and finally people say, I guess that's it.

What happens if your plan doesn't work? What if it

ends up just as we have described in these articles are saying? What if it isn't any good? The consequences on health care are severe. The social consequences on people's lives are significant. And the members opposite laugh. They say, well rural communities don't matter; cities like Estevan, Weyburn, North Battleford don't matter.

Look at this, Mr. Associate Minister. This is what it says about your health care: what a farce. That's what it says in the *Star-Phoenix*. Your wellness model, they say, what a farce. Stop telling people in the country or in local level that you're giving them control. Tell them the truth, it says. It says you're not telling them the truth. Your whole wellness model is a farce because you don't plan to give local people control. It's called centralization and control at the top and the centre, the oldest socialist trick in the book.

You go to old Russia today, the old-timers there, they say, socialist control, centralization and control; we can't let the people have any say. And that's what you're about because there's no money saved in this. You don't save the communities. You don't make the seniors happy. You don't support the agricultural people. You don't support the local co-ops that live out there. You don't support the local church there.

You are taking away their very livelihood with this so-called plan, and you have no answers for us. You don't tell us what the cost savings will be. You don't tell us about the revitalization of health care. And so the headlines say: what a farce. The NDP wellness plan called a farce, by the Saskatoon *Star-Phoenix*.

They don't believe it's anything to do with local control. Well he says . . . the NDP are . . . say yes, they do. Of course you do. You'd like this socialist control and centralization. Isn't that what it's all about? And they laugh and giggle. I must have struck a nerve.

**An Hon. Member:** — Well that is the most ridiculous statement I've ever heard.

**Mr. Devine:** — Well then tell us some . . . tell us what the money is you're going to save . . . (inaudible interjection) . . . No, no, no. You're going to listen to this because you didn't answer one question, not one — not one. And when people call your plan a farce, then you deserve to hear it. And you can laugh and snicker all you like, but you deserve to hear the facts.

"Despite wellness model, Eston's sick with anxiety." The people are sick with anxiety, and you're standing in here laughing from your seats, thinking you've done a wonderful job to save health care . . . (inaudible interjection) . . . Well if it was that easy, why don't you just give us the information? What will it save? And it won't help you to look at the clock. You can vote closure, so we can't even read these to you. Cowards, political cowards, social cowards, economic cowards.

Hospital closures exact a heavy price on people, and you're the socialist party, the party of caring?

Here's another one. It says: shock and anger. That's how people feel, in shock and anger. Closure upsets staff; it upsets the staff and the patients both. So the town's angry, the patients are angry, the nurses are angry, the doctors are angry, and you're sitting here, chirping from your seats as if you've got a plan, and you don't tell anybody about the plan. They're not involved in the plan. You won't answer any questions in here. You won't respond.

We just say, how much will you save by closing the hospitals? If there's money for transition, tell us how it's going to work. How will you get . . . work through the transition itself given the bargaining unit? And you won't answer any of that. Why should the people believe you?

"Rural rage explodes against NDP's health care reform". Mr. Minister, look at that — rage. Your program is called a farce, and there's rage and anger and anxiety. And you won't, in the face of that and with a thousand people on the steps here, even answer questions. You won't even respond to the public.

Take the senior citizens, anybody over 65 in Moose Jaw — why don't you, for television's sake, stand in your place and say, these are the savings for all your rural relatives and friends across Saskatchewan; here's what it will do for the towns and communities. Couldn't you tell them that? Nope. You all say, well we'll have a better idea when we get it worked out.

Imagine their very lives and their town's at stake and you're saying you'll have a better idea when you work through this.

That's enough to make anybody upset. What a weak, weak response. We'll have a better idea when we kind of work through it. You have no idea what the cost saving is. You have no idea what it'll do to rural communities. You have no idea what kind of pressure it'll put on urban communities. And you kind of wade along and say we'll have a better idea when we get it all done. Pathetic.

It's awful how you treat people. Absolutely awful. They had no idea you were going to do this. And you don't have to say it's because, what we didn't know, there was something like a \$14 billion deficit. You campaigned against it. You said, oh, we'll fix it up. We'll have more money for health care, more for farmers, and we will not raise taxes. That's what you said. And this is what you're doing. And it's called a farce.

And a huge impact on people's lives. Absolutely huge impact . . . (inaudible interjection) . . . Well I guess. You're saying that this is the right thing to do. If you would've campaigned on this, people would've said, this is awful. Unfair.

Look, you can point all you like. Point all you like. It's pathetic what you're doing. Absolutely pathetic. You betcha. And re-elected to help rural people and health. Not do what you're doing. You said that you

would provide more money for health. You said that. And you would provide protection for prescription drugs. And you did not tell the truth. You . . .

**An Hon. Member:** — Give me a break.

**Mr. Devine:** — Give you a break! You did not tell the truth; neither did your ministers. And you got elected on a farce and a falsehood. That's how you did. Because you wouldn't have got elected doing this, and you know it. You would not have got elected doing this.

"Wellness given a rocky ride". I guess it's going to be given a rocky ride. Minister should heed her own words. When she was in opposition she said she would never do this. That's why people are calling you hypocrites, absolute hypocrites, because you won't even talk about the cost savings. If you'd stand in your place and defend it, but you won't. That's why you deserve to be dressed down. You're so weakly and cowardly and hiding. There's no numbers, no plan, no numbers.

Look at this one. And the minister says we're making it up. Rural Saskatchewan scared sick — scared sick. And you're sitting there laughing and smirking: oh we don't have to provide numbers to the public. We don't have to tell you about this Bill. We'll just shut the House down. We'll limit debate. We'll put closure on closure and we've got a plan for you folks.

How will you feel when we cut away your social programs? How will you feel when we take away your hospitals? And how will you feel when we finally take away the schools? Then we take away the nursing homes, we take away the jobs, and then we take away your ridings. Centralization and control; that's the old NDP plan. I mean everybody can see it now because you have no other defence.

You're not saving the money you said you were. And \$5 million . . . Imagine. That's what it is — 5 million. For heaven sakes, you spend that every 10 minutes. And you've added 1.6 billion to the deficit. And you complained about our deficit; 800 million and another 5, 600 million and now another 300 million and your credit rating's gone to BBB and you've added 1.6 billion to the deficit. You're no closer to balancing the budget than you are to the man in the moon.

And you're doing all this to people and no numbers to say it's going to be worth it. I mean at least you could justify what you're doing. Give them something to believe in. "Simard defends hospital cuts; angry rural residents rally at legislature". And they leave disappointed because the minister runs and hides. She has to run in here to question period.

**An Hon. Member:** — And answer questions.

**Mr. Devine:** — Yes? She has to.

**An Hon. Member:** — Stupid questions that the Tories were asking.

**Mr. Devine:** — Stupid! Stupid! You are calling the people who live out in Saskatchewan stupid then. That's what you do, and I'm defending people who are going to lose their hospitals, losing their . . . and the NDP saying, stupid people. Stupid people.

Mr. Chairman, can you believe this? And the minister comes and runs and hides in the legislature when a thousand people are out on the steps. She can spend some time out there. She comes in here, and then she's here for a few minutes, and then she even hides from here.

For heaven's sakes if the minister . . . if the Premier of the province and the Finance minister can spend five days in New York — and no question period here — you think that the Minister of Health could spend a few more minutes with people that have driven since 5 o'clock in the morning because they're worried about their town — the entire community of Vanguard shut down — to talk to the minister, to talk to the Premier.

The Premier wasn't here. The Minister of Finance wasn't here, and the Minister of Health runs and hides in the House and then hides in her office. Big . . . and now no answers. She's not here to answer, and the associate puppet minister won't give any answers. No cost savings, no it doesn't matter. He says we'll have a better feel for it when we work it all out. Well what if it doesn't work? You're going to run the risk of tearing these communities apart because you might get a better feel for it later on? And that's a plan? Jeez. Beds and jobs cut. Hospitals cuts revealed. Rural health cuts are not wellness.

What's that got to do with wellness? At least if you would explain it in here, it would be worth listening to . . . (inaudible interjection) . . . Some answers. Well that's true, and it must be difficult to sit there and say, well honestly, we don't have any answers; we're going to work our way through this and we'll just have to hope that closure will get the opposition and the public quiet. We'll get it done and maybe we'll muddle our way through.

And then what if the economy isn't going to do what you're going to do? What if, through question period today as we found out, that what you're saying in New York and the Premier's saying in New York isn't at all what's going on here? What if he's making that up too? Oh stop, he yells. Well did he say it or not?

I read it from the newspaper and he said farm income was going to go up . . . (inaudible interjection) . . . Are you saying he didn't say what's in the newspaper? Did he say what's in the newspaper? Yes or no. Did he say what's in the newspaper? Because he was quoted. Did he say what's in the newspaper? Is he saying the paper lied? Is he saying the paper lied?

You must be touchy about this, Mr. Attorney General, because what he said in New York is diametrically opposed to what's going on here. And if he said farm income's going up to bluff his way through there, and actually it's fell in half here, it's just like he's treating

the rest of the people — falsely, falsely. He got elected on a falsehood and he's still living on a falsehood. And he didn't tell the people he was going to do this.

**An Hon. Member:** — What a cry-baby.

**Mr. Devine:** — Cry-baby. I'll tell you there's a lot more people than the thousand who were on the steps who think you are absolutely pathetic, the way you're treating people. And you won't give them the answers. At least if you'd stand in here and say, this is how it would work; here is the money we will save; here's how we'll make the transition. But you don't. That's why you deserve to be dressed down. And you bet you; we can do it. And you can laugh about all the people that you're going to really help from Nipawin. What about the people? What about the people?

**An Hon. Member:** — Cry-baby.

**Mr. Devine:** — All they can do is sit over there and say, cry-baby, cry-baby. Well I'll tell you, the people, the people are crying. That's your smart-alec answer. And they sit over there, and they smile, and they laugh at people going through this anxiety . . . (inaudible interjection) . . . Well then why won't you give us the answers then? All right, where's the answer . . . (inaudible interjection) . . . He hasn't answered for two or three hours. He deserves to hear some of this so when he gets on his feet, at least people can watch television, realize he doesn't have any answers. And if he did have it, he won't give any answers. And it's a cowardly approach.

(2145)

And then they get into closures invoked in the health care debate because they're afraid we might talk about it. I'll tell you, there's people . . . this House has years and years and years of political and democratic integrity in terms of debate. And imagine closing people's communities, and you will not allow us to debate longer than a few days, even to discuss it.

And the changes of roles — Look at this: doctors are saying you've been changing the role of the hospitals in urban centres. Will they be able to cope? People are saying, I don't think you can even begin to think about closing the Plains hospital because if you close all these other hospitals people are going to have to have beds. Have you figured that out, or is it just sort of a window-dressing? We'll talk about closing the Plains to show you. We'll have a little bit of political hurt here in the cities as we're devastating rural Saskatchewan and then whoops, oh I guess we'll have to keep the Plains open.

Is that part of the plan . . . (inaudible interjection) . . . No? Well then how are you going to handle all these people, and all these seniors, and all these emergencies, and all these long-term care if you close all these communities? Because you certainly don't have the money out there. You haven't said anywhere you're going to be able to do this. And they say here, restructuring's okay, but it's not the method, because you haven't laid out any kind of a plan except

centralization and control so you can have political control.

So what I'm saying to the members opposite, if they care to listen, and to the associate minister, is that when the public ask you, will you please tell us how this will save us money and how this will work to save our health care system, can't you do better than, well we'll have a better idea sometime in the future. Couldn't you be just a little bit more specific, to say here's what this will do in terms of . . . even terms of 52 closures. How much money? Is that going to save \$5 million this year? How much money are you going to have in transition and how will you use that money? And how will you look at the staff that has to go and compensate them? And then what kind of money will be there for the long-term care? And then how will we be able to plan the long-term care after that? What kind of financial consequences?

You've taken so much of your total budget and put it on the backs of these rural people in terms of municipal taxes. It's \$450 million over the next four years. They say, how will we live with that if you're going to cut our health care, cut our schools, cut our prescription drugs, cut our safety nets and then abandon us like this. How will it work? And you've got to give some answers. Because they can't afford to raise the taxes enough to sustain themselves.

So we're asking, is this just for \$5 million this year; is this only \$20 million from then on? That's 1.3 per cent of your budget; 1.5 billion Health budget and you're saving \$20 million a year with these 52 hospitals being cut. That's 1.3 per cent. Is that it? That's the best you got and the town's life is at stake, and other people's lives will be at stake?

So, Mr. Minister, you'd think that you could begin to address some of these questions, some of those questions that would say, here are the savings we plan from restructuring. Close 52 hospitals; here it is, \$5 million. Is the 5 million accurate? Will it be 20 million next year? What per cent of the total budget is that? How will we fund this transition? Where will people get the money if we've quadrupled the municipal tax rate? Where will they get the money if we've cut out their other support programs?

And obviously we've charged them a great deal for their drugs now. Where will they get the money to sustain their health capacity in those communities? Could the minister please give them some of those answers so that they could have something to hang some hope onto as we go through this closure where we're going to have this forced down the throats of Saskatchewan people — not the legislature, the people of Saskatchewan. Could he begin to address some of the questions that my colleague asked earlier.

**Hon. Mr. Calvert:** — Mr. Chairman, the member from Estevan — not in a fashion that we're unaccustomed to in this House — has spent, I think, about 25 minutes or thereabouts to ask one question. I'm not even sure if it was a well-defined question at the end of all of that. It is apparent, I think, Mr. Chairman, to members of



this House in any event, and to the people of Saskatchewan, that the member from Estevan for some reason or other has not yet understood that the election is over, that the election of 1991 is over, and the people of this province rejected he as premier and the policies and practices of his party while in office. And yet consistently in this House, the member from Estevan, whenever he gets on his feet, we start reliving and refighting the election.

Now I'm not sure what this was all about tonight, Mr. Chairman. Perhaps the member is poising to run for a nomination somewhere in the province or perhaps he's still not . . . he's still unhappy that he hasn't received a Senate appointment. I'm not sure what this is all about. But I want to address some of the issues that he raised tonight, and then we will talk about health care reform.

He, tonight again, raises questions about the current Premier's very recent trip to New York and speeches made in New York. There is no doubt about it in Saskatchewan, his visit — the member from Estevan's visit to New York city some years ago — is remembered, when he went to that city and said, and said, Saskatchewan has so much going for it, you can afford to mismanage it and still break even.

Now we know in the course of the 10 years or thereabouts, the 9 years, that the member for Estevan and his party while in power certainly brought one half of that prediction to fruition. They sure showed us how to mismanage a province, but it sure didn't break even.

And, Mr. Chairman, without doubt the consequence of that 10 years of mismanagement, misspending, profligate waste, is coming due now. The bills are coming due.

Now the member from Estevan talks about the need for specific numbers in this House. This is the same man who, while when in office, refused to bring into this House a budget, a budget in his last year of government. He wants numbers. He refused to bring to the people of Saskatchewan an entire budget. And when they did bring numbers to the people of this province, what were those numbers like?

Mr. Chairman, I ask you, I ask members present: what were those numbers like when they were bringing numbers to the people of Saskatchewan? I mean I remember the 1986 scenario when we were told that the deficit in that year would be \$400 million, that they had everything under control in the province and the deficit would be \$400 million.

What did it turn out to be after the election? \$1.2 billion — \$800 million out. And then former . . . the then minister of Finance when asked, well how do you explain a situation like that, he said, well we're politicians; what do you expect? What he should have said is that we're Tory politicians; what do you expect?

Now the fact of the matter is, Mr. Chairman, under this

government, when we're talking budgetary issues and budgetary numbers, we intend to be accurate in those numbers that we're presenting to this legislature and to this House. In terms of those very specific numbers that have been requested by the members tonight, those numbers will be provided and in an accurate form for the members tomorrow — tomorrow in this House.

And the member from Moosomin says, we'll wait and see. You're right; you'll wait and see. And you will see accurate numbers and that's something I know that the member from Moosomin and his colleagues are not very familiar with in this province.

Now the member from Estevan, before his departure from the Chamber here tonight . . .

**The Chair:** — What is your point of order?

**Mr. Neudorf:** — What is my point of order, Mr. Chairman, is simply that when the member specifically mentions the absence of members of this Assembly, is contrary to the rules. I would like you to rule him out of order.

**The Chair:** — What is the member's . . . Do you want to speak to the point of order?

**Hon. Mr. Lingenfelter:** — I think the Minister of Health obviously, in listening to the 25 minute-question, might expect the member asking the . . .

**The Chair:** — Order. If the Associate Minister of Health did in fact draw attention to the absence of a member, then I would suggest that's inappropriate. And if he did so, to retract that and to proceed with his comments.

**Hon. Mr. Calvert:** — Mr. Chair, in fact I did. And I will retract that comment.

What I did note, what I did note in the member for Estevan's diatribe there, it was mostly based on a number of headlines that he was quoting from, from a variety of newspaper articles and so on. What I note, what I note, Mr. Chairman, is the member from Estevan did not bother to quote, for instance, the article that appeared very, very recently in the Saskatoon *Sun*, the Saskatoon *Sunday Sun*, April 25, 1993, an article written by someone who's well known in Saskatoon and area, Mr. Roy Norris, and there are some parts of his observation and opinions that I wouldn't agree with or share. But I tell you what I do agree with; that's what Mr. Roy Norris says in the Saskatoon *Sunday Sun*, and I quote: the 10 tired Tory MLAs who are posturing daily in the Saskatchewan legislature may believe the nonsense they are spouting, but few other people do.

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

**Hon. Mr. Calvert:** — Now that's a comment of an experienced journalist in our province who pays particular attention and not one who is aligned or

described to be supportive of any particular party in this province, but an experienced journalist who watches attentively the proceedings of this House. That's his conclusion: the 10 tired Tory MLAs are posturing daily in the Saskatchewan legislature.

Now, Mr. Chairman, we could go on at length tonight with quotes from newspapers as the former premier did, but here is one that I find particularly helpful, particularly helpful when the members opposite suggest that this health care reform will, in their words, wreak mayhem on rural Saskatchewan.

I note these observations of Pam Smith, which are reported in the April 24 version of the *Leader-Post*. She talks about the need for leadership, the need for leadership in all parts of Saskatchewan, the need for leadership in rural Saskatchewan. And she says:

“The ability of (the leadership) to figure out where the community is going and develop a sound economic plan” was essential to the community's future . . .

Now I just wish, Mr. Chair, that members opposite would understand some of the role that they should undertake as members of the opposition but as leaders in their own community. Instead of going out to the communities and spreading the kind of misinformation that we know they've been doing, instead of coming into this House with all of their exaggerated rhetoric, we might be better served and their communities would be better served if they showed some leadership, some positive leadership.

And that's what I note, Mr. Chairman, in the 25 minutes of remarks we've just been subjected to from the member from Estevan. Did we hear one positive suggestion? Did we have one creative idea for reform? Not a one. Now I tell you, Mr. Chairman, that's precisely why we're in part of the mess we're in today. Because in 10 years — in 10 years — that man, as premier of our province, did not bring creative, powerful, new reform to health care as is being brought today under the leadership of this Premier and this government.

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

The committee reported progress.

The Assembly adjourned at 10:01 p.m.