

The Assembly met at 2 p.m.

Prayers

ROUTINE PROCEEDINGS

READING AND RECEIVING PETITIONS

The Clerk: — According to order, the following petitions have been reviewed, and pursuant to rule 11(7), they are hereby read and received:

Of citizens of the province praying that the Assembly may be pleased to defeat any legislation introduced to redefine the NewGrade Energy Incorporated corporate governance and financing arrangements.

INTRODUCTION OF GUESTS

Ms. Stanger: — Thank you, Mr. Speaker. I'd like to introduce to you and through you to the rest of the members of the Assembly somebody that's very important in my life. Sitting in your west gallery is my son-in-law, Duane Haave, here from Ottawa to do some business. And I was able to have lunch with him, and I hope that he is successful in all his deliberations. And I want you to welcome Duane to Regina.

Hon. Members: Hear, hear!

Ms. Bradley: — Thank you, Mr. Speaker. I am pleased to introduce to you and through you to the members of the Assembly, seven grades 3, 4, and 5 students from Viceroy School visiting our Chamber today. They're sitting in your gallery. And I look forward to meeting with them after question period for photos and a drink, and I'm sure some good questions.

I'd like all members to join . . . Sorry, yes. And I want to mention also the teachers that accompany. There's Donna Morris, and chaperon, Lori Klein that are here today with the students.

I'd like all members to join with me in a warm welcome for their visit here today.

Hon. Members: Hear, hear!

ORAL QUESTIONS

Compensation for Hemophiliacs

Mr. Toth: — Thank you, Mr. Speaker. Mr. Speaker, a question to the Premier. Mr. Premier, on Friday the Minister of Health stood in this House and told us that your government has no money to compensate the 24 Saskatchewan hemophiliacs who, through no fault of their own, have contracted the HIV (human immunodeficiency virus) virus.

Mr. Premier, what your government is basically saying, you have no money for 24 innocent people who have, because of somebody else's mistake, contracted a fatal disease. Now today we see the types of things that you actually do have money for.

Mr. Premier, it seems to me that you do have a lot of money to give to your ministerial assistants, people who are working for you. And it's not just . . . it didn't just happen today, it's happened over the past little while. We've already seen 24 of your political assistants get raises of 20 to 30 and 40 per cent this spring.

Now in OCs (order in council) raise this morning, Mr. Premier, we see that you've ponied up raises for nine more of your political aides. Mr. Premier, when will you explain, or how can you explain, why your political assistants deserve this kind of compensation while 24 HIV affected hemophiliacs deserve none?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Thank you, Mr. Speaker. To answer the member's question . . . and I'm really not sure how many questions were in there, there seemed to be a number of them. But let me suggest that if it weren't for the administration of the former government, the 10 years of waste and of throwing money around, that we wouldn't be in a position where we're spending \$840 million on interest, and we'd be able to afford programs that we would like to have put for the people of this province.

I want to say with respect to the hiring of ministerial assistants, the member should look at the record of the past administration. He should look at the fact that we have cut back dramatically in the number of ministerial assistants. We have put in a tiered and a structured stage, a process by which to pay these ministerial assistants, and I want to say we have saved a lot of money. And the people of Saskatchewan have benefited by shedding themselves of the administration that spent like drunken sailors.

Some Hon. Members: Hear, hear!

Mr. Toth: — Mr. Speaker, again to the Premier. And as we saw on Friday and we continue to see today, Mr. Speaker, is the fact that it doesn't matter which minister or which government member, government members will stand in here and will show that they don't have any compassion, any understanding of the individuals out there with the real need.

Mr. Premier, when Paul Faris asked you to raise his salary from 41 to \$50,000, it seems there was no problem finding the money; or for Gilda Treleaven going from 39 to 50, no problem in finding the money; or Allan Barss going from 31 to \$41,000 a year, again no problem in finding the additional money.

But when 24 Saskatchewan people who contracted a terminal, fatal disease through no fault of their own . . . no money, no help.

Mr. Premier, all they're asking for is \$30,000 a year just to help them with their medical problems. And yet you turn your back on them. Where are your priorities and where is your compassion? How do you justify

giving out raises of over \$10,000 a year to individuals when you have no money for these 24 people who really do need your help? How do you justify that, Mr. Premier?

Some Hon. Members: Hear, hear!

Hon. Ms. Simard: — Mr. Speaker, I want to answer this question because the member opposite is spreading misinformation with respect to the whole issue surrounding hemophiliacs, as usual, as they are known to do.

The member opposite knows full well that what I said in this Legislative Assembly is that the issue was under re-evaluation, that there would be a deputies' meeting later on this month, and that we were waiting to hear the results of that meeting. He knows that because that was said in this House and it was said to the press. So he is spreading false information today.

I also want to point out, Mr. Speaker, that it's his government that originally agreed not to compensate hemophiliacs when they were in government. I want to point that out. I also want to point out that it's his counterparts in Ottawa that failed to compensate hemophiliacs adequately under their responsibility and legal liability to monitor the blood supply.

Some Hon. Members: Hear, hear!

Mr. Toth: — Mr. Premier, and to the minister. It's interesting to listen to the Minister of Health and it's interesting to listen to any government member for that matter seeing as the Premier is not willing to get out from underneath his desk to talk to the people of Saskatchewan. And they all hide behind the same argument, the argument that it's always somebody else's fault.

And yet, Mr. Speaker, prior to the last election they were telling us that they would streamline government, they wouldn't bring a lot of ministerial assistants, they wouldn't increase the salaries. And yet what do we see today? What do we hear today? We hear last week the minister telling us no, we can't help the hemophiliacs. And yet they turn around and increase substantially the salaries of ministerial assistants. And I believe this is absolutely obscene.

Mr. Premier, you promised to freeze the salaries of political assistants. Will you make good on that promise today? Will you roll back the salaries of those ministerial assistants and indeed reach out and help those individuals who have contracted the HIV virus due to no fault of their own? Will you do that, Mr. Premier?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Thank you, Mr. Speaker. The member is jumping from issue to issue. It's hard to determine who he's addressing the question to.

But I want to say in response to the question from the member, if he would take a look at what's happened

since we took over government, the cost of MAs (ministerial assistant) in the offices is down an average of \$50,000 per office, per minister's office. We have 134 MAs as opposed to the 153 MAs that your administration had. And I want to say to the member opposite, we have decreased the cost of ministerial assistants in this government as opposed to raising it. What you see here is another example of misinformation and innuendo by the members opposite, not based on any fact at all.

I want to say, if he would look at what his federal counterparts are doing and look at what he did, have a look at the appointment of David Tkachuk to the Senate, one who had his snout in the public trough for 10 years under the leadership of the member from Estevan and now has it under the Prime Minister of this country, and if he would look inside his heart and try and determine if that isn't in fact the wrong way to go.

I want to say, Mr. Member, we have changed the way government operates. You may not like the way we're doing it, but we're saving the taxpayers of this province money, and we're going to continue and we don't need any advice from you, thank you very much.

Some Hon. Members: Hear, hear!

Mr. Toth: — Mr. Speaker, I find it interesting, as the government jumps from one minister to the other — and I can understand their frustration as they don't seem to know which NDP (New Democratic Party) tax money sweepstakes they're on at any different time — whether it's the Minister of Health or the minister of gaming.

Mr. Speaker, I believe Margaret Giannetta won herself an \$8,000 raise; Debbie Young, another \$8,000 raise; but lo and behold, Allan Barss the overall winner with a raise of over \$10,000. Mr. Premier must be feeling a little bit like Ed McMahon these days with the power to give away almost \$30,000 at the stroke of a pen. Thirty thousand dollars is what hemophiliacs are just asking for, a little bit of compassion to be shown by your government. So these three raises alone would be enough to compensate even one of these individuals.

Mr. Premier, could you please tell me, when an HIV-infected hemophiliac phones the minister's office to ask for help, which one of these three people gets on the phone and tells them that they have no money — which one?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Mr. Speaker, in response to the member's question, I want to indicate to him just how it works. We have three levels of ministerial assistants. And it would stand to reason that if someone enters a job at a third level and becomes more and more competent, that there may in fact be promotions. And I think you will know and you do understand that that's what's happened with respect to the boys that you speak of.

But I want to say to the member opposite: Mr. Speaker, any levels of increase that may have happened because of promotions, pale to the \$2 million that your cousins in Ottawa gave to David Tkachuk who has had his snout in the public trough in Saskatchewan . . .

The Speaker: — Order, order. Order. I want to remind the member that is certainly not a parliamentary word to use in this House and I ask him to avoid it. Order.

Mr. Toth: — Mr. Premier, when are you going to screw up your courage and let the people know exactly where your compassion lies? How can you stand in your place and say . . . or maybe just remain under your desk and say that you have no money for hemophiliacs when you routinely give out raises of 8, 10, and \$12,000 a year to your political hacks?

All these people are asking for is \$30,000 a year for something that they had no control over. If they worked in your office, Mr. Premier, in fact they'd receive more than \$30,000 a year. Mr. Premier, the compensation these people are asking for comes to about three-quarters of a million dollars a year — less than the increase you gave the Deputy Premier to do advertising and polling. So don't say you don't have any money. Where are your choices? What are your choices? You have the money; you don't have the compassion.

Mr. Premier, if you find the compassion, you can find the money. Mr. Premier, will you commit to us today that you will eliminate government waste and mismanagement, show some compassion, and assist these in our society who have a real need such as hemophiliacs?

Some Hon. Members: Hear, hear!

Hon. Mr. Lautermilch: — Well, Mr. Speaker, let me begin by saying that the people of Saskatchewan began to eliminate the waste and mismanagement on October of 1991 when we defeated the Devine administration.

I want to say to the member that he should put his mind to the magnitude of the problem that he created for the province of Saskatchewan — \$840 million in interest a year that we pay for your gross mismanagement, your incompetence, and your patronage — and to put that in context, Mr. Member, the former department of Natural Resources could have been funded 11 or 12 times with what we have to pay in interest because of the actions that your administration took in the 1980s.

Some Hon. Members: Hear, hear!

Size of Cabinet

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Speaker, my question is to the Premier. Mr. Premier, you brought before this Assembly legislation to redraw the political boundaries under the guise of deficit

reduction. Mr. Premier, you know full well that more money could be saved by reducing the number of cabinet colleagues that you have. Mr. Premier, will you make the commitment today that you will not appoint two more NDP MLAs (Member of the Legislative Assembly) to replace the two ministers that have resigned?

Some Hon. Members: Hear, hear!

Hon. Mr. Romanow: — Mr. Speaker, I find it interesting that the hon. members opposite are talking about deficit reduction while opposing seemingly the boundaries Bill which reduces the size of the MLAs in this House from 66 to 58. I think that's inconsistent, to put it mildly. And I just . . .

An Hon. Member: — Try 56.

Hon. Mr. Romanow: — Oh now we're in a bidding war — try 56 — new-found converts on the road to Damascus, as they opposed the Bill initially and now want to lower it. So all I say to the hon. members opposite, they haven't got their act quite coordinated or figured out the straight way.

With respect to the cabinet, I've indicated in the past what is important is that the government is run efficiently and effectively and that there are enough ministers to do that and enough ministers to consult together with the MLAs for the public. And we're very, very mindful of all of those factors in the question of appointments.

Mr. Boyd: — Thank you. Mr. Premier, I'm sure you will recall your solemn promise to keep your cabinet to 10 members until the province of Saskatchewan can afford more than 10. That was your promise, sir. I'm sure you remember that.

But those words ring very hollow in light of your cabinet you have today, Mr. Premier. You can save over half a million dollars every year, Mr. Speaker — or Mr. Premier — right now by reducing the budget for your cabinet.

Mr. Premier, if you're truly dedicated to deficit reduction, don't use it as an excuse to gerrymander the boundaries — use it as an incentive to reduce the size of your cabinet. Will you make that commitment today, Mr. Premier?

Some Hon. Members: Hear, hear!

Hon. Mr. Romanow: — Mr. Speaker, the hon. member from Kindersley being a — I say this affectionately of him — political rookie in this House, probably didn't live — well in fact didn't live — in the legislature as I did, over there at a time when there was 25 ministers right here, 25 ministers, 25 ministers.

An Hon. Member: — No, you weren't there. You weren't here. You weren't here.

Hon. Mr. Romanow: — The hon. member . . . Oh yes, I was here. And the hon. member, the Leader of the

Opposition, says I wasn't there. I even remember, Mr. Leader of the Opposition, when I was in opposition where absolutely every MLA on the PC (Progressive Conservative) side was either a minister, a Legislative Secretary, or some other paid officer of this legislature, except one — poor old Lorne . . .

An Hon. Member: — McLaren.

Hon. Mr. Romanow: — What's his name?

An Hon. Member: — Lorne McLaren.

Hon. Mr. Romanow: — Lorne McLaren from Yorkton. And to this day I haven't figured out what in the world did they have against Lorne McLaren. Maybe you should ask your leader, your Acting Leader of the Opposition, why it was they had everybody at the public trough. And then you ask the next question . . . next questions about reduction of the cabinet size.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Premier, it was you who made the commitment to a 10-member cabinet. Was that not you, sir? You stood in this Assembly and you said throughout all of Saskatchewan that you're going to put into place a war cabinet that was only going to be able to be for a while until the province of Saskatchewan could afford more than that. That was your promise, sir. That was your promise to the people of Saskatchewan. It wasn't anyone else's promise; it was yours, sir.

Mr. Premier, if you don't want to do it in the name of deficit reduction, I'm wondering if you could summon the courage to do it for the hemophiliacs of Saskatchewan who are asking for compensation as a result of the failure of your health care system.

Mr. Premier, the salaries and benefits and expenses of two NDP cabinet ministers would go a long ways to helping those innocent victims. Mr. Premier, if not for deficit reduction, would you consider compassion a good reason to reduce the size of your cabinet?

Some Hon. Members: Hear, hear!

Hon. Mr. Romanow: — Mr. Speaker, the hon. members opposite construct out of whole cloth supposed statements which they attribute to me. But there's no use me trying to respond to that because they make the statements and they keep on repeating it and the press dutifully reports it all over again.

But he asks me: why don't we reduce the cabinet? Well we did. I mean we came in from a cabinet of 10 to 18 and a cabinet currently of 16, and by no stretch of the imagination, even by your Tory mathematics, does it amount to 25, does it amount to 25 — none whatsoever.

Secondly, with respect to the question of hemophiliacs. I mean this gentleman's and this party's concern for them is as phoney as a \$3 bill, as phoney as a \$3 bill. In 1991 they agreed that there would be

no compensation to these people. In 1991, that's what they agreed to — as phoney as a \$3 bill.

Believe me, this government is working at a proper and fair and compassionate settlement for these people and others. We're looking at this. We're doing it in concert with the national approach which is what the Red Cross and others involved in this sorry, sorry situation are asking us to do. But please, don't give us those phoney crocodile tears on this issue, not from your caucus.

Some Hon. Members: Hear, hear!

Health Services Discussion Paper

Mr. Neudorf: — Thank you very much, Mr. Speaker. Mr. Premier, it is astounding how you and your members of your cabinet can get up in an afternoon, on a Monday afternoon with hypocrisy dripping and oozing from your lips consistently.

Now you are claiming, Mr. Premier, now you are claiming that you were misquoted. Now you are claiming that you never said that you would have a cabinet of 10 members until we could afford more. Mr. Premier, that is astounding. It's Monday in the legislature. It's Monday, June — what have we got today? — the 14th. This is your story today. What is it going to be tomorrow, Mr. Premier? It is astounding.

However, Mr. Speaker, my question is to the Minister of Health. Madam Minister, your latest example of the NDP shoot-first-and-ask-questions-later consultation process which you announced last week is another astounding event, Madam Minister. You, after forcing rural Saskatchewan into health care districts, locking the door, throwing away the key, now said it's time to talk about what these districts will be doing. Mr. Speaker, she's giving those people about a week to review her paper and respond in detail to her proposal. June 21, that's your deadline . . .

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

Mr. Neudorf: — My question is that, Madam Minister, is this NDP consultation at its finest? Do you think, Madam Minister, that one week is sufficient time in the consultative process for these people to respond adequately to your moratorium? Could you explain that one to us, Madam Minister?

Hon. Ms. Simard: — Mr. Speaker, the members opposite know that there's ongoing consultation with respect to the whole health reform area — ongoing consultation.

The core discussion paper that is being put forward at the rural health conference along with the paper on community health centres, along with discussion papers with respect to emergency services will be discussed at length at that conference. And he knows it. And there will be ongoing discussions on the entire topic. These are good documents that a lot of consultation has taken place already on these very

issues.

There is a rural health advisory committee that consists of health care professionals such as representatives from the Saskatchewan Medical Association, from the College of Physicians and Surgeons, from the SRNA (Saskatchewan Registered Nurses' Association), from public health, from home care, and from other health care stakeholders who have been working on these rural health alternatives and are helping the Department of Health to put these options forward and to discuss them at length.

It's clear, Mr. Speaker, that the members opposite, every inch of the way, are fighting the preservation of medicare which is what this government is doing through health reform.

Some Hon. Members: Hear, hear!

Mr. Neudorf: — Thank you, Mr. Speaker. Madam Minister, preservation of health care? The dismantling of health care! The unilaterally decided dismantling of health care, Madam Minister. That's what we're discussing about.

And your core paper that you came out with last week that people will have one week to discuss has essentially downloaded 32 of the core services to health care districts, Madam Minister — 32 core services. Virtually the entire function of the Department of Health is going to be downloaded. Everything from acute care, palliative care, mental health services, immunization, communicable disease control, all of these things.

But the one thing that your paper does not discuss, Madam Minister, is how are all of these core services going to be funded. There's no mention of funding other than we may somewhere in the future develop some kind of formula, Madam Minister. Not even a hint about how much money is going to be . . .

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

Mr. Neudorf: — Thank you, Mr. Speaker. As per usual, I do have a question. Madam Minister, don't you think it would be practical to inform these health care districts how much money they will be receiving before you discuss implementing these services? Wouldn't that, Madam Minister, be a reasonable thing to do?

Some Hon. Members: Hear, hear!

Hon. Ms. Simard: — You know it's not surprising, Mr. Speaker, that the members opposite don't understand what's happening in health care because they don't understand the health care system. And what the member opposite fails to recognize is that many of these services that are defined as services for which districts will be responsible are already managed by local boards. And what is happening, instead of having 400 boards, we'll end up with about 29 or 30 in the province. And 29 or 30 boards will be

delivering the services that some 400 boards are delivering now.

He calls it a downloading, Mr. Speaker. I call it empowerment of communities. And that's the difference between those members and this government. They do not believe in community control, in community input. They want everything in health care centralized in Regina and their question has repeatedly been around decentralizing services and why would we be doing this. We're doing it because we believe the health care system will be stronger if there's more input at communities, more input that's coordinated and integrated on a district basis. It will result in better quality health care services and more community-based services for our people.

Some Hon. Members: Hear, hear!

Mr. Neudorf: — Thank you, Mr. Speaker. Madam Minister, now we're into the buzz-words, eh — empowerment, empowerment, well my goodness. They will have local control, they will have the local decision-making process only in so far as they pay for it themselves and as far as that will be exactly in conjunction with what you have in mind, Madam Minister. That's your idea of empowerment.

Now, Madam Minister, my colleague has already pointed out your government's backward position when it comes to spending taxpayers' money — your hacks are getting the money. Again your Premier feels more for his political appointees than those who truly need and deserve attention and assistance, Madam Minister, another example of mixed-up priorities.

The consequences of your ill-conceived plan are going to be quite apparent and they are already. You will force these services onto these boards, give them inadequate funding, and then force them to make a choice. And this is the choice, Mr. Speaker. You will be forcing them to make a choice between . . .

The Speaker: — Order, order. Order, order. I want to remind the member that he took 1 minute and 53 seconds to ask his first question; he took 1 minute and 11 seconds to ask his second question; and he's now used a minute and he's not even at his question . . . (inaudible interjection) . . . Is the member from Maple Creek challenging the Chair? Well I will ask the member from Maple Creek not to respond from his seat when the Speaker is on his feet. I ask the member from Rosthern to please ask his question.

Mr. Neudorf: — Thank you very much for your admonishment, Mr. Speaker. Madam Minister, the choice that you will be making them make is between increasing municipal taxes or dropping the service from their area. My question simply is this, Madam Minister: is that what this whole thing boils down to — increased taxes or loss of services? Is that the bottom line, Madam Minister?

Some Hon. Members: Hear, hear!

Hon. Ms. Simard: — Mr. Speaker, the answer to that

question is neither. The members opposite have heard repeatedly in this legislature, they've heard repeatedly that district boards will not have the power to tax on the property tax base. They've heard that repeatedly, Mr. Speaker.

They also know that what the exercise here is to reorganize and coordinate services so that we provide a more efficient system and a higher quality of services to people. What will happen in our rural communities as we develop services is that there will be a broader range of community-based services available.

The members opposite don't understand that. Because when they were in power what they did was build facilities, new facilities throughout this province, at enormous capital expense to government and communities. And many of these facilities are not even used for acute care.

We could be using those health care dollars in times of very difficult financial circumstances for real, needed health care services, for real services that are needed by the communities. And we're asking them to do needs assessment and to tell us what their needs are, because we will target the health care dollars for needs and not for services that are not needed and fancy . . .

Some Hon. Members: Hear, hear!

Mr. Swenson: — Mr. Speaker, I would request leave before orders of the day to make a statement pertaining to certain events that occurred this weekend.

Leave granted.

ANNOUNCEMENTS

New Federal Conservative Leader

Mr. Swenson: — Thank you, Mr. Speaker, and thank you to members of the House for granting me leave.

As everyone is aware, Mr. Speaker, on the past weekend Conservatives from coast to coast gathered in our nation's capital to select a new leader. And I must say, Mr. Speaker, that I think all Canadians would agree that change in the political process is a necessity; that all political parties go through the change of leadership over a period of time.

And I think Canadians viewed the recent leadership contest with my party as one that exposed certain issues and ideas to the public; that it was the progression of change within the Conservative Party, but also change that all Canadians will have the opportunity to judge sometime in the future.

I am confident, Mr. Speaker, that the winner in my party's case will project competence and enthusiasm to Canadians. And it is the first time in the history of the country of Canada that a woman will become Prime Minister of Canada.

And I would say and ask, Mr. Speaker, in the spirit of cooperation and goodwill that all members of the Assembly join with me and my colleagues in extending our sincere congratulations and best wishes to Canada's Prime Minister designate, the Hon. Kim Campbell.

Some Hon. Members: Hear, hear!

Hon. Mr. Romanow: — Thank you very much, Mr. Speaker. Mr. Speaker, on behalf of the government side, I'd like to extend my congratulations to Ms. Kim Campbell on her victory as the Leader of the Progressive Conservative Party of Canada and now becoming the Prime Minister designate of Canada.

This is a singular accomplishment, an important accomplishment. It's an accomplishment any time that one succeeds the leadership of any political party, but particularly at the national level and a major party like the Progressive Conservatives, and it sets a number of firsts: the first woman Prime Minister, the first Prime Minister from British Columbia. And I think this is a matter which should be duly noted in a positive sense by all Canadians. From this side of the government, we extend to Ms. Campbell our heartiest congratulations and best wishes.

We hope that the election will indicate a new era of federal-provincial cooperation, an era in which the important outstanding issues, whether they pertain to agriculture matters or federal offloading issues, or the question of national unity or trade issues or taxation issues, that a new era in federal-provincial cooperation is about to unfold.

I suspect it'll probably take an election in order to sort that out — a new government, to get a mandate — but none the less with the change, there is a commitment on our part to do what is reasonable, to cooperate in the interests of the people of Saskatchewan and in the interests of all of Canada. So I too extend my congratulations to Ms. Campbell.

Some Hon. Members: Hear, hear!

Ms. Haverstock: — Thank you, Mr. Speaker. I would like to join with all of my colleagues in the House in congratulating the soon-to-be new Prime Minister Campbell as well.

I watched with interest this weekend and I found it most intriguing. I was interested because I'd had an opportunity to participate with Mr. Boyer, of the Canadian taxpayers' association. I found Garth Turner's words most interesting as well, as one who's very interested in reform. And Jim Edwards, Jean Charest, and Kim Campbell as the front runners, I thought did an extraordinary job. So I do wish to congratulate Ms. Campbell and all of the people who were in that very hard-fought battle.

Some Hon. Members: Hear, hear!

ORDERS OF THE DAY

GOVERNMENT MOTIONS

Code of Ethical Conduct

Hon. Mr. Shillington: — Thank you very much. Before beginning my comments on the code of ethical conduct, I just want to briefly associate myself with the others who went before me in congratulating our new Prime Minister elect.

Mr. Speaker, I rise today to move a motion which will provide for the adoption of a code of ethical conduct by this Legislative Assembly. The adoption of this code represents a significant step forward in accomplishing this government's agenda for democratic reform with the fulfilment of a major election commitment.

With the adoption of this code, provincial legislators in Saskatchewan for the first time will have set out in writing their obligations and responsibilities. These responsibilities go beyond a commitment not to use one's position to benefit financially. These responsibilities and obligations include a fundamental commitment by members of this Assembly to honesty and integrity in public life.

Given the innovative nature of this approach, it is appropriate at this time to briefly outline the assumptions and objectives of this exercise. This government believes — and I would hope all members agree — that service to the people of this province has always been the highest calling of a citizen.

And I would suggest that traditionally legislatures have attracted men and women — dedicated men and women — who have tried to serve their country, their province, their fellow citizens, with integrity and commitment.

Recently there has been a regrettable erosion of public confidence and trust in politicians. This erosion of public confidence has at the same time contributed to a decrease in respect for the very democratic institutions which we serve. While no one reason accounts for this emerging trend, a significant factor has undoubtedly been disillusionment about ethical behaviour in government.

Mr. Speaker, there is without doubt valid reason for public concern and vigilance. We are faced with the simple fact that unethical conduct occurs occasionally at all levels of government in this country. But the impetus for the adoption of this ethical conduct is not an unprecedented number of cases of unethical conduct involving elected officials. Rather this code is a response to the strong public demand that governments, and specifically elected officials, devise measures by which unethical conduct may be prevented in the future.

Saskatchewan has no lack of laws, rules, regulations governing the conduct of public officials. Saskatchewan politicians, for example, are regulated by the Criminal Code, the Charter of Rights and

Freedoms, the Canadian Human Rights Act, the Saskatchewan Human Rights Code, The Financial Administration Act, The Legislative Assembly and Executive Council Act, and the election Act, to name but a few.

Additionally this government has introduced new conflict of interest legislation modelled on the recommendations of the federal special joint committee on conflicts of interest.

Mr. Speaker, it is noteworthy that the federal government has been attempting to deal with the issue of the conduct of members and conflict of interest for almost nine years, in fact for its entire mandate. In contrast, this government has brought forward reasonable, balanced conflict of interest legislation within 18 months of taking office.

But as we are aware, laws do not stop criminal behaviour nor do they prevent conflicts of interest. Those who are determined to abuse their positions, those who are determined to act dishonestly or get themselves into a position in which there's a conflict of interest, will do so with or without codes of conduct or legislation.

Mr. Speaker, this government believes that the great majority of elected officials are fundamentally honest and will not knowingly breach public trust. For these politicians, a code of ethical conduct will serve as a constant reminder of what the public trust requires in terms of members' obligations to colleagues, to constituents, and to all Saskatchewan people.

The public places blind confidence in the hands of elected members and expects them to operate with high ethical standards. Elected public office puts a new onus of responsibility on individuals.

Recognizing that all the members' actions will be under public scrutiny, elected officials must act different than private citizens. Members of the Assembly must first and foremost ensure that public interest takes precedence. Our first step in this direction is for politicians to demonstrate their collective commitment to high ethical standards.

I would like to quote very briefly from a report comment by Roy Bonisteel which I believe touches on the fundamental problem which results from this general public cynicism. Mr. Bonisteel said:

Being a politician is likely the most unpopular profession in our country these days. Public opinion polls show them to be only a few notches above cat burglars in garnering our trust and respect. To serve our country in the political arena should be one of life's finer pursuits; instead, for idealistic Canadians it has become a one-way street to ridicule, disillusionment and shattered dreams.

Mr. Justice Hughes, Mr. Ted Hughes, has suggested that one reason for this cynicism and the unpopular profile of politicians lies in the use of position by some

to create privilege for themselves. In a similar vein, others have suggested that this cynicism is the result of a widely held belief that, regardless of political stripe, politicians are not capable of pushing themselves back from the public trough.

The code of ethical conduct will serve as a constant reminder that elected public servants are individually responsible for restoring meaning to the term, honourable member. The government believes — and I am confident that all members will share this belief — that elected public servants must once again be seen as an honourable profession.

The adoption of this code will demonstrate to all Saskatchewan people that members of this legislature are sincere in their efforts to ensure that integrity, honesty, and accountability and accessibility are the fundamental components of our collective commitment to the people of this province.

Mr. Speaker, the public has a right to expect that elected officials will not use their positions for personal advantage and that decisions of public importance will not be influenced by private considerations. In the many recent studies and investigations regarding conflict of interest, criticism has focused on the restrictive impact that such rules and guidelines have on the ability of political parties to recruit candidates from all walks of life with a wide diversity of different experiences and interests.

This government is very conscious of the need to draw elected officials from a broad spectrum of lifestyles and backgrounds. Neither the code presented here today nor the conflict of legislation which appears on the ... conflict of interest legislation which appears on the order paper will unduly restrict or deter any individual from participating in the political process. These initiatives will, however, provide reasonable assurances to the public that private interests will not override the paramount public interest.

(1445)

Regrettably, especially from today's vantage point, the Culliton report of 1986 rejected the need for a detailed, formal code of ethical conduct and instead recommended only minor amendments to The Legislative Assembly and Executive Council Act and to the current members' conflict of interest Act. Unfortunately, the previous administration chose not to enact even the limited recommendations of the Culliton report.

Mr. Speaker, in our democratic reform proposals released in January of 1991, the New Democratic Party caucus called for a comprehensive code of ethical conduct dictating a clear statement of the broad general principles and expressing the moral commitment of Saskatchewan politicians. This proposed code of ethical conduct provides both the moral commitment and the statement of principles. As such, it should be regarded as a source of inspiration and vision for politicians who often face negative perceptions on the part of the public.

Mr. Speaker, the adoption of this comprehensive code of ethical conduct is not limited solely to conflict of interest or financial matters; it makes significant contribution to our efforts to raise the profile of ethics in government.

Mr. Speaker, this code is not intended to be cast in stone for all time. It is not an end in itself. Rather it should, and must, continue to be a reflection of the developing awareness of ethical decision making for politicians. This code should be seen as a starting point for our collective efforts to translate society's concerns for better government into higher ethical standards for legislators.

This code under consideration today is based on the assumption that although it is possible to develop a lengthy list of thou shalt and thou shalt nots, ultimate responsibility for applying ethical standards falls upon the individual legislator. The thrust cannot be simply directed toward catching people engaged in unacceptable behaviour, although clearly that's an important component. The basic goal of our efforts must be to facilitate and enhance the development of integrity in a public light.

Notwithstanding the fact that this code is intended to achieve these higher ethical standards, first and foremost by sensitizing members to the necessity of ethical decision making of politics, it must be recognized that there will be consequences for those who violate the code. The code will be enforceable by members of this Assembly pursuant to section 32 of the members' conflict of interest Act currently before the legislature.

Section 32 of the above-mentioned Bill permits the Assembly, by resolution, to request the commissioner to give an opinion on any matter that relates to the conduct of a member and that is in addition to the compliance of the member with the provisions of the actual legislation. In conducting any such investigation, the commissioner has all the powers conferred on a commissioner pursuant to The Public Inquiries Act.

Mr. Speaker, this represents a practical, reasonable mechanism for dealing with unacceptable behaviour. Furthermore, it is consistent with our collective commitment that all members have some responsibility for ensuring that the public interest is served.

Mr. Speaker, in concluding, I believe that time will judge this measure as a positive, as an innovative, sincere effort to protect public trust, thereby enhancing public confidence in the integrity of those elected to serve and ultimately in the institutions of parliamentary government.

Mr. Speaker, I move, seconded by the member from Regina Elphinstone:

That this Assembly adopt the following Code of Ethical Conduct:

Code of Ethical Conduct

For Members of the Legislative Assembly

Preamble

As Members of the Legislative Assembly we recognize that our actions have a profound impact on the lives of all Saskatchewan people. Fulfilling our obligations and discharging our duties responsibly requires a commitment to the highest ethical standards.

Statement of Commitment

To the people of this province, we owe the responsible execution of our official duties, in order to promote human and environmental welfare.

To our constituents, we owe honesty, accessibility, accountability, courtesy and understanding.

To our colleagues in this Assembly, we owe loyalty to shared principles, respect for differences, and fairness in political dealings.

We believe that the fundamental objective of public office is to serve our fellow citizens with integrity in order to improve the economic and social conditions of all Saskatchewan people.

We reject political corruption and will refuse to participate in unethical political practices which tend to undermine the democratic traditions of our province and its institutions.

Declaration of Principles

Members of this Assembly must carry out their official duties and arrange their private financial affairs in a manner that protects the public interest and enhances public confidence and trust in government and in high standards of ethical conduct in public office.

Members of this Assembly must act not only lawfully but also in a manner that will withstand the closest public scrutiny; neither the law nor this code is designed to be exhaustive, and there will be occasions on which Members will find it necessary to adopt more stringent norms of conduct in order to protect the public interest and to enhance public confidence and trust.

Every Member is individually responsible for preventing potential and actual conflicts of interest, and must arrange private financial affairs in a manner that prevents such conflicts from arising.

Members of the Assembly must carry out their official duties objectively and without

consideration of personal or financial interests.

Members of the Assembly must not accept gifts, benefits or favours except for incidental gifts or customary hospitality of nominal value as provided for in legislation.

Members of the Assembly must not take personal advantage of or private benefit from information that is obtained in the course of or as a result of their official duties or positions and that is not in the public domain.

Members of the Assembly must not engage in personal conduct that exploits for private reasons their positions or authorities or that would tend to bring discredit to their offices.

Members of the Assembly must not use, or allow the use of, public property or services for personal gain.

Members of the Assembly, when leaving public office and when they have left public office, must not take improper advantage of their former office.

And that, following the adoption of this motion, the Code of Ethical Conduct be included in the *Appendices to The Rules and Procedures of the Legislative Assembly* and in *The Legislative Assembly of Saskatchewan Members' Handbook*.

I so move.

Some Hon. Members: Hear, hear!

Mr. Toth: — Thank you, Mr. Speaker. Mr. Speaker, as I listened to the minister in presenting his second-reading speech, the minister brought out a number of points that I think, in general, the public have been talking about for the past number of years. And having been an elected representative in this House since 1986, certainly the need for a code and a statement regarding ethical conduct for members is necessary.

However, Mr. Speaker, I would also suggest that I do not believe that there are any members or have been any members over the past number of years — be they involved at the provincial scene or the local scene, municipal politics, or in the educational format, on the SSTA (Saskatchewan School Trustees Association) or wherever, Mr. Speaker — I do not believe that any individual who decides to get involved and takes on the role of putting their name forward for a position of responsibility does so lightly and does so with the idea that they're going to do it simply for their own political or personal motives and goals.

However, Mr. Speaker, we have seen over the past number of years that certainly there have been things that have taken place that have brought to question the integrity of individuals in the political sphere. And it's because of that that the debate has been wide

ranging, very broad. There's been an involvement in debate of a code of ethical conduct for a number of years.

And for that reason, Mr. Speaker, even when it was discussed in the late '80s by the former government, that the reason we do not have a Bill before the Assembly or haven't had one to date is to allow for a broader debate and more information to come forward, more involvement by people in general so that at the end of the day the piece of legislation and the code would be something that the public in general, we trust, will agree with.

Now I have a fear, Mr. Speaker, that there are still many in the public who may think and may not feel that they were really involved and may still wonder whether or not the code addresses all of the concerns that are out there. I'm reminded of the debate that took place around the Charlottetown accord. And we look at the number of individuals and groups that were involved and got into the debate and in the end stood up and supported the Charlottetown accord and yet the public in general rejected that accord, Mr. Speaker.

And they rejected it because they still felt, even though there was an avenue for input, that they really didn't have a direct involvement or a direct access or a direct say in the accord and in the terms of the accord. And I'm afraid that even in this process, Mr. Speaker, we may find that the public at large will continue to ask, well did the politicians really listen to us?

And I know that there's been involvement. There's been input from a number of people and organizations, and I guess that's something that we're going to have to work with over the years as this code of ethical conduct is developed; that indeed we do take note of the concerns that are out there, that in setting aside stringent rules and guidelines we don't make the process so restrictive that in general, Mr. Speaker, that there are many well-qualified and able-bodied men and women in our province, even in fact across our nation, who are going to look at the political sphere and say no, I don't really have time for that; I've got a business to run; my business is doing well and I'm not quite prepared to sacrifice my family and my business to get involved in an area of government or being involved at a governmental level at a provincial or a federal level, giving up all the comforts of home to work for the general public because of the fact that the public in general continues to scrutinize politicians very carefully and very closely.

So even though I believe that the legislation is necessary, and it's necessary to set out the parameters if you will so that people in general can . . . the public in general can look at this code and realize that individuals from all walks of life, when they enter political life, are accountable to the rules, the guidelines, and the ethical code that we're bringing forward today.

And hopefully at the end of the day people will begin

to look at politicians and say, yes there are a lot of politicians that have given very unselfishly of themselves to represent their constituents. They've been available, and they've represented their constituents to the best of their ability. They've worked their hearts out. They've given of family time, of their personal time. They've given that time to work to represent the broader constituency base that they are working for.

So I would say, Mr. Speaker, that I trust that when everything is said and done, that the public at large will realize that most people in political life, if not all, are genuinely interested in representing their constituents, in giving of their best, and that the legislation before us, this code of ethical conduct, is a way of trying to map out what most politicians, if not all, today are trying to achieve.

And we trust that at the end of the day people in general will admit that yes, most people . . . we maybe give politicians the wrong . . . we may give the wrong impression. We may leave people with the general feeling that politicians are dishonest.

Quite frankly, Mr. Speaker, I don't think most people really agree with that. I think most people really feel that men and women in public life really do their best. In fact if anything, I have more people indicate to me that they feel that I should spend a little more time with my family, and I've got a young family. And politicians, people from all walks of life, certainly give a lot of their time and a lot of their efforts. I think we need to commend the men and women over the years who have worked to represent their constituents.

(1500)

But as the minister has indicated, certainly people are looking for guidelines. They're looking for something that's basically black and white. And whether it's set down in the printed form and is in the black and white form, Mr. Speaker, unfortunately there may be some, one or two individuals, may find a way around it.

I don't think you'll find a way in which we can set out all the guidelines whereby individuals will not knowingly find a way around them, but some may fall through the cracks. And we've seen it even in our own rules and procedures in this Assembly, where we've attempted to be as open as we can and very forthright, and yet when rules are laid out there, rules are open for interpretation.

So I think it's very imperative, Mr. Speaker, that we all work together to develop a code, to develop some terms of conduct so that down the road anyone entering public life will know that there are some basic rules to follow, that there are guidelines they're going to be working under and that the electorate out there, when they elect them, know that they're sending this individual to represent them based on a code of conduct that they can follow.

And in discussing this with my colleagues, Mr. Speaker, we're in favour of it. We're in favour of the

general consensus of and the guidelines of the code, and certainly we will not be putting very many, if any, major hindrances in the way of the passage of this Bill.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Ms. Haverstock: — Thank you, Mr. Speaker. The government is to be commended for introducing this code of ethical conduct, and it is a step in the right direction. It is time that we, the representatives of the people who have been given the public trust to provide effective leadership, examine the standards by which we are to implement that leadership trust. And this document deserves an extensive review, for it attempts to define these basic standards.

It is a beginning to our discussion, I believe. It provides a framework against which we might be able to measure our performance. It begins to provide a definition of what the people can expect when they place their trust in us through the electoral process. And this document is key because it begins to define a new approach to governing which can be called principled leadership, or what I also call principle-centred leadership.

Governing, Mr. Speaker, is a very complex process. In our democratic society we should recognize clearly, as is stated in the preamble to this document, that — and I quote directly from it — “our actions have a profound impact on the lives of all Saskatchewan people.”

Our decisions here indeed affect the lives of the present residents of Saskatchewan. Our decisions affect the way that they do business. Our decisions affect the way they interact with people in the rest of Canada and across the world. Our decisions may even affect who is successful and who is not. Our decisions affect the future of the residents of this province as well.

This has become very evident in the past few years that we have attempted to wrestle with the problems of government debt. Is it really ethical or moral to create major levels of debt and expect future generations of Saskatchewan residents to pay for our extravagance? Our decisions today affect what success our children and grandchildren may achieve. Are we leaving them a foundation on which to build, or a swamp in which to wallow? These are ethical questions which we must constantly consider as we govern.

Now there are three basic types of governing. These styles may be characterized as, first, dictating; second, managing; and third, leading.

A dictator decides what is best for their own personal welfare and the welfare of their friends, and then issues orders to others that will promote that personal welfare. The process of governing is directed to serve those who govern. Decisions are based . . . and the style of governing ends up resulting in resistance and

dependence among those who are governed. It builds resistance because people resent being excluded from the privilege accorded to the more favoured. It breeds dependence because the only way to success that many people see is to succumb to seeking the favour of those who govern.

This style of governing breeds corruption at all levels. From time to time we see evidence of this style of government when see individuals and parties make decisions on the use of government resources on the basis of personal benefit or on the basis of benefit to one's friends. When politicians make decisions for the best interests of the party and not in the best interests of the people, they come close to this dictatorial style of governing.

Now the second style of governing is that of managing. And a manager treats the decision process as if there were a set of resources and the task of a manager is to maximize the efficiency of the use of these resources. People become one of the resources to be managed. In the course of managing these resources a set of rules are developed which guide the manager's decisions. The approach is fair in the sense that the rules are generally applicable to everyone no matter what their circumstance. Often the result is that the rules become more important than the people. And rigid application of outmoded rules creates inequities and hardship.

Governments are just beginning to realize what many major corporations have already learned, that in our rapidly changing environment rules are not an adequate basis for decisions; rules change far too quickly. We are still making decisions on the basis of rules that no longer have a foundation in reality. The rules governing education no longer provide us with a standard and type of education necessary to compete in today's rapidly changing labour market. Rules that govern the boundaries between occupations no longer apply because of rapid changes in technology. And other examples are readily evident.

Our past tradition of governing through rules and regulations then, we can see, is likely becoming obsolete.

What many corporations have learned, that governments can also emulate, is that our rapidly changing world, governing must be done on the basis of general principles, that those who would lead must incorporate these principles within their own framework, their framework of values, and that as conditions change or specific problems arise, solutions can be created in innovative ways within the boundaries set by these basic principles. This principle-based leadership, Mr. Speaker, is the direction in which all governments must move. This is why I'm supporting the general concept of this code of ethical conduct.

Although I am supporting this code of ethical conduct, I do have some concerns and reservations that I wish to raise. One of my first concerns is that we in this House recognize the limitations of this code and that

we not mislead the public about its scope and impact. This code is basically a guideline, a guideline that allows us to measure our own behaviour and our own conduct.

It is not designed to allow the public access . . . to access, pardon me, our conduct, or it would have within it measures that would inform the public about our conduct. It is not designed to protect the public, or it would have within it a watchdog mechanism and a mechanism to enforce adherence to the code.

Since it is a standard against which we can measure our own conduct, it is only as effective as we are in incorporating these standards within our own set of values. It is only as effective as our own personal integrity. Since it is only as effective as our own individual integrity, I fear that some of us will develop or maintain the attitude exhibited by some of the applicants for the job of driver of a stagecoach in a mountainous section of the Old West.

The owner of the stagecoach line was conducting the interview himself, and his main question of the applicants went something like this, and I quote: while we are very concerned about the safety of our passengers, our coaches, horses, and freight, since much of this route lies through mountains where there's often a dangerous precipice on one side of the road, how close can you drive to the edge of the road with the horses at full gallop and not go off the road, the interviewer asked. The first applicant responded that he could drive within a foot of the edge with no difficulty. The second applicant said he could drive within six inches of the edge with confidence. The third applicant said that he could not answer the question. He was always so concerned about maintaining a safe margin that he always slowed down and stayed as far from the edge as he could. Needless to say, the owner of the stage line hired the third applicant.

Now that this code has been introduced and it begins to define more clearly what I call the edge of the road, how many of us will spend our time seeing how close we can get to the edge without going over? It really depends upon our own personal integrity.

The second limitation that is of concern to me is that the code only discusses the issue of using government office to gain personal benefit. The code says nothing about the use of government office to benefit friends or to benefit a certain segment or group of Saskatchewan people at the expense of other segments or groups. We must be aware of these limitations and aware of them ourselves, and we must ensure that knowledge of this limitation is available to the people of Saskatchewan.

We should not lead the people to believe that this code does things that it does not do. That would violate the commitment of the honesty and accessibility that is owed to our constituents as outlined in the code.

I'm also concerned about the small inconsistencies

within the code itself. The statement of commitment talks about promoting, and I quote, "human and environmental welfare" as the basic standard against which to measure ethical conduct while the statement of principles talks about protecting the public interest and enhancing public confidence and trust.

I think there is an inconsistency here, and I spent considerable time speaking with the Minister of Justice about this. The commitment statement is a positive, outward-looking approach, while the principle statement is inward and defensive. Perhaps the concepts and language could be harmonized somewhat.

The first paragraph of the declaration of principles contains a dual objective of protecting the public interest and enhancing public confidence. The latter, public confidence, is redundant, Mr. Speaker, because it is the result of effectively implementing the former. If the public sees the government and sees it consistently protecting the public interest, then confidence in the institutions of government and the people who are governing automatically increases.

If the public interest is not promoted or protected, then confidence in both the institutions and the people governing decreases. The problem with including the latter statement in the code is that it can be used by people who have the close-to-the-edge-of-the-road attitude to justify making a decision that may be in the public interest but not necessarily in the interest of promoting public confidence and trust in government.

There's one other issue I wish to raise in connection with this code of ethical conduct, Mr. Speaker. If it is really to be effective, then the rules and traditions under which we operate in this House must also begin to change so that we can more closely adhere to the principles we are purporting to adopt.

One example of change that must occur if we are to adhere to the spirit of the code is the way that we behave in this very Assembly. We often behave as if it were the role of the opposition to embarrass the government. This practice may be promoting the welfare of a particular political party, but it is certainly not promoting what is termed in this code "human and environmental welfare" of the people of the province. It is the role of the opposition to expose weakness and wrongdoing, but that in itself does not promote the welfare of the province. We must find more cooperative ways of carrying out the business of this Assembly so that the talents and skills of all of its members are used more effectively.

The issue raised previously about the ethical validity of leaving high levels of debt to the next government and the next generations of residents to deal with is also an issue that must be addressed as we move forward to implement this code of ethical conduct. In fact this may require some form of balanced-budget legislation as proposed in the Liberal platform of 1991. I really am proud to stand here as the leader of the only party that required of its candidates to sign a

code of ethics in the last election. We also ran on the use of free-standing votes. We also ran on revising the conflict of interest on anti-corruption legislation that would hold people accountable even after they've left office, on a taxpayers' protection Act and — yes — deficit elimination legislation.

(1515)

And just to make one final comment, what we're talking about today is only one prong of a three-pronged approach. The code of ethics is one prong; conflict of interest legislation is the second, but the third is anti-corruption legislation — the way in which we can hold people accountable even after they have left office.

Now there are many other areas which will require changes. The level of commitment to this code of ethical conduct by all members of this Assembly will not be measured only by the conduct of individual members, but also by the changes made to the operation of this our Assembly and to government as a whole to make the entire process of governing consistent with the statement of commitment and the declaration of principles outlined in the code of ethical conduct.

So although I would like to see some minor adjustments to the text of this code, Mr. Speaker, I will be supporting it and I'll look forward to changes necessary in the operation of this Assembly and to government that will demonstrate our joint commitment to the spirit and the intent of the new code of ethical conduct.

Motion agreed to.

GOVERNMENT ORDERS

ADJOURNED DEBATES

SECOND READINGS

Bill No. 1

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Mitchell that **Bill No. 1 — An Act respecting the Conduct of Members of the Legislative Assembly and Members of the Executive Council, respecting Conflicts of Interest and to enact Consequential Amendments resulting from the enactment of this Act** be now read a second time.

Mr. Toth: — Thank you, Mr. Speaker. Mr. Speaker, I'd like to add a few more comments to this Bill before we allow it to move to committee as well. As my colleagues before me have mentioned, and as the minister indicated and in the speech made just a few minutes ago regarding the Bill just before the Assembly, Mr. Speaker, what we have here is a Bill that is laying out some guidelines whereby members can disclose their equity and their holdings as they get involved in politics in order to be as open and free before the public of Saskatchewan.

And again, Mr. Speaker, the reason that came before the Assembly is because of the lack of public confidence in their elected representatives. And as I indicated earlier, it's unfortunate that a few if not . . . I guess you would say just a few of the members of the public or a few people in general would like to dwell on the negative aspects of one or two individuals if any, Mr. Speaker, who may through in fact no fault of their own, have become involved in a government operation or in government contracts that have certainly thrown a sour note in people's minds regarding the intentions of elected representatives.

Mr. Speaker, what I would like to also mention is the fact that this Bill has received a lot of scrutiny in this Assembly. It's been before the Assembly. It was discussed prior to the election of 1991, and back in 1989 and '90. In fact there was significant discussion taking place at that time regarding the conflict of interest and the code of ethical conduct.

And I'm pleased to say that the initiation and . . . the initiative, pardon me, took place and was involved in . . . or the initiative began under the previous administration. And I also want to commend the government and the Minister of Justice for again looking at the process and bringing it forward.

Mr. Speaker, since we had second reading of the Bill back in March, on March 11, 1993, a fair bit of discussion has taken place. And as the minister indicated at that time, the government was certainly looking for input from other sources and certainly looking for input from the opposition. And I'm pleased that we were able to sit down with the minister and with the minister's officials and that the government in fact listened to and took note of some of the amendments in some of the areas we felt amendments should be brought forward in.

Unfortunately the government chose not to accept all of our amendments. But I'm pleased that the government took a number of the official opposition's suggestions and recommendations and that these recommendations will be moved as amendments to the conflict of interest guidelines.

However, as I indicated, I regret that some of the suggestions were not accepted by the government. And among those that were rejected were the conflict of interest guidelines applied to candidates for election, and that they be required to file disclosure papers along with their nomination papers. And this was rejected by the government.

We also proposed that the conflict guidelines dealing with government jobs and contracts apply to defeated candidates. As well, here again the government rejected the suggestion.

We proposed that the definition of family be expanded. Currently it does not apply to adult children. We continue to see patronage appointments because this suggestion was ignored. And, Mr. Speaker, government members and ministers and the

Premier can continue to hire their adult children throughout government and it will not contradict this piece of legislation. And I find that appalling.

This is a concern because it is currently happening, and we've brought up . . . a number of individuals' names have been brought before the Assembly. For example, Mr. Speaker, the Minister of Justice whose daughter is presently hired by the government. Perhaps that is why the government has rejected this suggestion as well.

And aside from the examples I've listed, I would like to recognize that the government did engage in consultation in preparing this legislation, and I commend them on this. However as I indicated earlier, Mr. Speaker, in the . . . when we look at the guidelines, certainly they're guidelines. And we trust that all members will look at them and treat them with respect because, Mr. Speaker, it's very apparent that we need to work on building a better working relationship with the public and gaining the respect of the general public at large.

I realize that this legislation is far from perfect, but it's a start, and I believe it should be seen as a reasonable compromise. And we trust again that at the end of the day that the piece of legislation will not be a Bill or the type of legislation that will restrict or even discourage individuals, well thought-of and well-qualified individuals, from seeking public office.

But, Mr. Speaker, in general we agree with the guidelines. We agree with the route that the proposed legislation has put before us. And having had a chance to discuss the piece of legislation, discuss the amendments with the minister, even though we're not totally happy that the minister has not looked favourably upon many of the amendments, we are pleased that the minister at least took some of our amendments into question and has applied them to the Bill.

And therefore, Mr. Speaker, as an opposition, we do not have a lot that we would like to stand . . . and any major hindrances in the moving forward of this Bill, and therefore I'm just going to take my place and allow the Bill to move into committee.

Motion agreed to, the Bill read a second time and referred to a Committee of the Whole at the next sitting.

COMMITTEE OF FINANCE

General Revenue Fund Health Vote 32

Item 1

Mr. Martens: — Thank you, Mr. Chairman. Madam Minister, I want to ask a few specific questions about the area around the south-west, dealing with a number of facilities — namely Cabri, Gull Lake, Kincaid, Vanguard, Ponteix, and Mankota, and

Herbert — and what their relationship will be with Swift Current.

I'm told that the Rolling Hills, as they have described it in the name, has been not approved by your department. And I guess I'd need to ask you what it's going to be, what other resolutions that have been brought forward to solve some of the problems in relation to that, and what you're suggesting to those people there who have planned and worked this through their planning and steering committees, and what kind of a plan have you got for them so that they know that they can start to deal with the problems that they have in addressing what the city of Swift Current will do in relation to all of those area hospitals.

(1530)

Hon. Ms. Simard: — Thank you. I thank the member opposite for his question. What has happened in Rolling Hills and Swift Current is that the two planning groups have met. They have agreed to a joint administration for the two districts — separate boards but a joint administration.

And the outstanding problem is that they have still to negotiate with some RMs (rural municipality) to come into the Rolling Hills district in order that you can have a continuous land mass. Right now the district is separated because there are some RMs — I think it's a couple RMs . . . (inaudible interjection) . . . One? — one RM that is not within the district and this divides it so you don't have a continuous land mass as required by the legislation.

So they are in the process of negotiating with those RMs for at least part of that RM to come into the district so that we can have a continuous land mass and meet the requirements of the legislation.

But it is my understanding that there's been agreement between Swift Current planning group and Rolling Hills that they would work together through a joint administration but they would retain separate boards. And they would have people from Rolling Hills district board, when it's formed, will be on Swift Current board, and Swift Current people will be on Rolling Hills board. So that that sort of cross-reference and cooperation is there.

Mr. Martens: — Which RM is it? Is it Lac Pelletier RM?

Hon. Ms. Simard: — We'll get that back. It's near the south end. I'm not sure whether that's Lac Pelletier or not.

Mr. Martens: — Madam Minister, it could be where the Kincaid Hospital is, too. It could be because they were in discussions in going east to Gravelbourg.

An Hon. Member: — It's not.

Mr. Martens: — It's not? Okay, I will assume, Madam Minister, that it's not. Is Kincaid going to be placed in the Rolling Hills or are they going to be in the Gravelbourg district?

Hon. Ms. Simard: — We expect they'll be going to Gravelbourg.

Mr. Martens: — One of the concerns that the hospitals around the city of Swift Current have is that the city of Swift Current, in order to meet its population quota, is going to have to reduce its beds even on a two to three — even at a three — beds per thousand on a regional basis. They will have to increase . . . or decrease their beds in that Swift Current Union Hospital.

That has raised a great deal of concern in Gull Lake, Cabri, Vanguard, and Ponteix and Mankota as well, Madam Minister. And the concern that they have is that the city will eat up all of the hospital beds. And if they take and blend . . . or just take the city of Swift Current with the union hospital district that they have there, which I think is three and a half municipalities with that, those three and a half municipalities will have roughly 20,000 people — could be something less than that — but at 20,000 that's still 60 beds at three times. And you have . . . Or three beds per thousand. That's still 60 beds. You've got I think 18 beds short. And they're going to have to shut those beds down.

And I know that there were very serious concerns because constituents of mine whose parents were in that hospital had to sleep in the hallway, Madam Minister. And that concerned me a lot. And I can even give you the name of the lady, had to stay in the hallway as she was stabilized in . . . She's a diabetic and she had to be stabilized. And in that process, she had to stay in the hall because there was no room for them in the wards in the hospital. So that's the worry that people have there and the concern.

Now I want you to address that if you don't mind, because there is a strong rural feeling that we don't want to have the urban pull us and take away our services. Because Mankota is 120 miles away from Swift Current, 80 miles away from Gravelbourg, and 90 miles away from Assiniboia. And then you go with . . . There is no hospital then, other than Cabri, between Swift Current and Leader, which is another 100 miles distant. And so there is a great deal of concern in those areas.

And what has happened through the years, the Gull Lake hospital has served a lot of people in accident . . . accident victims along the No. 1 Highway, and that has been a very substantial benefit to the people who are injured on the highway and along the No. 1. That's been significantly reduced because there's a four-lane highway there now. But there's still a lot of people, and I don't know why but they do have a lot of accidents along that No. 1 Highway.

And so we have a concern about how the city of Swift Current will eat up the population base and then not have rural hospitals with doctors there that can handle those emergency services. And so I'd like you to respond to that because we need to work that through the system.

Hon. Ms. Simard: — I would like to make this point to the member, and that is that first of all we're talking about two districts here. One will be Rolling Hills and one will be Swift Current. And what is really important on these district boards is your voting ballots to make sure that rural Saskatchewan has an adequate vote. And in some areas it's actually shaping up so that rural communities have a greater say on the board than the urban community with which they are amalgamated.

However, in this situation you don't see that amalgamation. You have a separate rural district. Rolling Hills will be a separate district. What they are doing is going to join administration to create more efficiencies, and also because they will then be able to share expertise and share some services.

So now as to whether or not what beds Swift Current is going to have and what beds will be available in the Rolling Hills district isn't going to be Swift Current overriding Rolling Hills. This will be done through an analysis and appropriate care will be provided as close to home as possible for people, taking into consideration the bed targets, which I want to point out once again are flexible and are not going to be implemented immediately. They will be implemented over a period of time as we do needs assessment and determine what the requirements of the communities are.

So it's important that people have access to acute care in a place where the medical staff can handle the service and we have the facilities to be able to provide that. That sort of assessment will have to be done on a district basis — Swift Current being one district, Rolling Hills being another district.

So it isn't as simple as saying, well Swift Current's going to take all the beds. Because they are two separate districts, number one. Number two, I do, however, anticipate some cooperation amongst the districts as to what beds they're going to use and which ones they feel will be better in the Rolling Hills district, for example.

So I want to say then in conclusion that we have two separate districts. Rolling Hills will be voting with respect to its own district, on the acute care situation. You will not see a circumstance arise where Swift Current starts telling Rolling Hills what they can do because they're two separate boards, if we move in that general direction, which is what we're aiming for.

We also want to make the point that the bed targets are flexible. It is transition.

And with respect to places like Mankota, which is an integrated facility — and the long-term care will be kept open in Mankota — there will be replacement services such as emergency services and other replacement services available to rural communities.

Now what are those replacement services? Well it will depend on the location, but obviously emergency services is a requirement and a must. It could be much broader than that depending on what the needs are

and what the communities work out with their district board.

So with respect to Mankota, there will be replacement services to meet their needs, that will provide the sort of emergency service that is required if someone should have a cardiac arrest, for example, or meet with a farm accident.

And as to in-patient services, if they require surgery or something, they're going to go to . . . probably go to the city in any case. So as long as we have emergency services and we can get them into the city, their acute care needs will be looked after. And the long-term facility will remain open of course.

Mr. Martens: — Okay. I will make one other observation, and that is that the area Gull Lake, Cabri, Vanguard, Ponteix, Mankota, and Herbert were left only five beds in the scheme of things for funding. And those five beds were at Herbert, which is at the one end of the area or the health care district.

And so the concern was . . . I know that Herbert has a senior citizens' home and a nursing home as well as the hospital, but the other communities are so far away. Is there going to be an opportunity for the health care board to take about one and a half acute care beds and spread them out in that Rolling Hills health district? Because that will give them about 16 to 18 beds that they can use in those hospitals and that would be an extreme advantage to them to solve some of the problems that they have.

In fact, prior to the budget coming — your budget description to the hospitals — they had almost formulated that level to meet that requirement, at least from what I had talked to them. And that is what they have as a concern.

And I know that the board has, each one of those units . . . I know that Herbert will protect theirs, their five, and legitimately they maybe should have them. But equally, Mankota, I think, had nine acute care beds and they were prepared to, I think, live with five as well. Maybe four is the right number; maybe four and a half.

But some of them need to have a realignment. And one and a half . . . I think there's about 12,000 people in that district and so they should have about 16 to 18 acute care beds. And are they going to be allowed the freedom to determine which places they will go to?

(1545)

Hon. Ms. Simard: — What will have to happen is that the district board is going to have to do a review of where the people are going for their services. In other words, right now what is happening is most of those people are going to Swift Current for their acute care services. So acute care is being sought in Swift Current.

So what the district board will have to do is an assessment of where people are accessing acute care

services. And the government isn't going to fund for acute care services that are not being accessed within a district. In other words they won't fund for their beds in Swift Current and beds within another community as well.

So I think it's important that . . . it becomes very difficult for me at this time to tell you what that breakdown is going to be until we make a determination, the board makes a determination as to where people are accessing acute care services.

It is very difficult to provide a significant acute care service where you are only funding one or two or three beds. It becomes very difficult. In fact we know that many of the beds that have been kept open and funded were not used for acute care services. And that's what the Health Services Utilization Commission report indicated.

So then what we will be doing is asking the board of Swift Current and the board of Rolling Hills to do an analysis of where people are using acute care services, where they want to use acute care services, and these are the beds that the government will fund.

Mr. Martens: — Well there's always transition in these kinds of conditions. There's always illness and then stabilization, and then perhaps an operation or a recovery period, and all of that takes time.

Now if you're going to utilize that acute care bed in the city of Swift Current and not utilize the bed in the country, then the people in the city are going to have a problem getting admissions to the hospital. And so there has to be a blend between the stabilizing and recovery cycle of the patients' care in those areas outside. Now I don't know what you call them. I call those acute care beds. Now maybe you have a different name for them. But that's the function that has to happen in order for these patients to get back out of the health care system.

Then you have the terminally ill people. And those are very . . . well they get more acute as they go along on a terminal illness. And that is also a part of where this acute care has to fit in. So I'm not sure how you classify all these people, but there is a definite need for those kinds of beds in that rural community. And if you call them acute or transitional or replacement services, fine. Then I don't think a lot of the people will have a problem with them.

But as long as they, by definition, will allow for stabilizing the patient when he's there, they haven't got that much worries about operating on people. But in an emergency situation they need lab services, they need the doctor there, they need emergency service care from the nurse's point of view, and that's to stabilize them; and then to move them into a place where they will be starting on the road to recovery, and then to recuperate. They don't have to be in a high-paid bed in the city of Swift Current or in any place.

And I've been through that, Madam Minister. I spent

nine weeks in City Hospital in Saskatoon when I could have been in the Swift Current hospital just as well, because all they had on me was traction. And I could have easily done that in the community that I lived in. And that's the kind of thing that we need more of; we don't need less of. But we need to have a bed that that individual can go back to. And if there isn't a doctor there and lab services, then there is a serious problem.

So defining and identifying what you call an acute care, if it's those items that I mentioned, then people will feel comfortable with it. But if it's not, then they won't have very much comfort with it.

Hon. Ms. Simard: — Thank you. There seems to be some concern here about the potential lack of acute care, and I want to make this point. When you talk about stabilization, that service will be available. That is the transition that we're talking about.

Community health centres will be able to provide the service of stabilizing a person. They may even have an observation bed for a period of time to make sure that the person is adequately stabilized. They'll have access to X-ray and diagnostic services within the community health centre in order to do the emergency stabilization service. That service will still be available in communities, and this is what we're working and consulting on at this point in time.

With respect to operations, clearly they are done for the most part in city hospitals or large or regional hospitals; that's primarily where our operations are being performed in the province.

Now with respect to recovery. This week is Home Care Week, and home care people will tell you that they can do anything in the home except intensive care and surgery, and we know that there are other places in Canada and in the world that have very extensive home care programs where people recover in their homes with adequate backup home care. They don't need to take an acute care, in-patient bed for the purposes of recovery after an operation. The other point that you . . . And so we are developing that service in rural Saskatchewan, the home care component that will provide services for people who may be recovering in addition to services for seniors who wish to stay in their home, for example.

We don't need in-patient, acute care beds to provide those sort of services, and that's really what the Health Services Utilization Commission report was referring to. They were saying we are using a tremendous amount of beds in Saskatchewan that we don't need to use, but it doesn't mean these people don't need a service. They need a service in many cases. It may be long-term care in some cases, and it may be home care in other cases. And so that program is being developed, and there's been a tremendous amount of work done in that area already, and it's ongoing of course.

The other thing you referred to was terminally ill people. And my suggestion is, is to get a hold of the palliative care association and talk to them because

they have a whole different perspective on how we deal with terminally ill people, and it is very important that we improve our palliative care services throughout the province. In fact, terminally ill people in many, many cases, if they have proper palliative care, are better off in their own homes as opposed to being in an acute care bed in an institution.

That service, as the Department of Health is now working with the palliative care association . . . we've talked to them about having representatives or working advisory groups on health district boards. And that whole network of palliative care, and that service is in the process of being developed in the province. It's already in effect in some places, but there's so much that can be done through palliative care.

You said that you did not need to be, when you were in traction, in a high-paid bed in Swift Current. Well you do not need to be, in many cases, in any acute care bed. And in many situations this can be looked after through another form of service, a more community-based service. And that's what we're generally moving towards.

The beds in Swift Current, I should add, on average are not much more expensive — I'm not even sure that they are more expensive — than a bed in a hospital with less than 10 average daily census. So you may call it a high-paid bed, but the fact is that many of the smaller hospital beds are just as costly.

So I take your point. Your point is well made that we need emergency services and lab services, and there needs to be some service for the terminally ill people, and there should be some service for people who may be recovering from an operation. They shouldn't have to recover in a hospital bed.

That's what health reform is doing. It is saying, that's correct; now let's get on with providing alternate services, which has been taking place for almost a year and a half now in the province and will continue very actively in the months to come.

We've had some 33 or 36 per cent increase for home care. And that money has been targeted, for the member's information, to communities where there has been a conversion of the hospital from acute care to a community health centre, where we're moving in that direction. Some of those home care districts are getting very substantial increases, just in one year, to develop these alternate services.

And I really believe that when we have completed this process, that we will be able to provide a much broader range of services to people in rural Saskatchewan. We will be able to meet their acute care needs as effectively as they were met in the past. We will be able to stabilize them and provide them with help at home and other services as well, of a community-based nature, as we get the boards to do their needs assessment.

Mr. Martens: — In that Rolling Hills area, I believe

there are three church organizations that have health care facilities. One is a level 1 and 2 and the other two, I believe, are 3 and 4 level care. How are the board . . . is the board being instructed in a certain way from the Department of Health how to handle those facilities? How are they going to be dealt with in relation to the assets that are owned and run by the board of directors of these facilities and rather than the union hospital aspect or the municipal aspect, and could you describe that for me?

And then the last question I have is, could you tell me whether Herbert, Gull Lake, Cabri, Vanguard, Ponteix, Mankota, are going to be in that Rolling Hills, if that's the number of people or the hospitals that health care areas that are going to be in that district? And if it's more than that or less than that, would you describe that for me.

(1600)

Hon. Ms. Simard: — First of all, on the denominational health issue, what is going to occur is that denominational facilities are going to be treated differently than a union hospital for example. And that's in order to . . . because they are privately funded in part and because of their denominational nature and the desire on the part of the government to respect any sort of denominational facility.

The denominational facilities will enter into contracts with district boards. The district board will ask for a contract of service, and the denominational facility will be funded in accordance with that contract and will provide the services that the district board requires under the contract. That's what we have done in the districts that are already in existence. There's a contract between the district board and the denominational facility. In many cases the denominational facility may chose to use the management of the district board, to continue it, rather than have a separate management although that doesn't have to be the case. It will depend on each area and what they agree to and what the best arrangement is.

Where they have chosen to use sort of a common management and to use a common governing board — in other words the district board to govern it — they usually want to maintain some sort of control over the mission and values aspect of delivering services. And that has been respected wherever there have been district boards in Saskatchewan. So it will be a service contract. There will be no transfer of assets to the district board from the denominational facility.

With respect to levels 2, as you know over a period of time that level will be phased out, and people will be looked after where it's possible in the community. Many of the people in those facilities today may be reclassified as level 3; it will depend when we get to that point what stage they are at, in which case they will then be funded as a level 3 person. Those people who are presently in facilities and are level 2 will be maintained in a facility, or if they want to go to some other form of care that's fine too.

Now even though we are going to be phasing out level 2, we are not phasing out of caring for level 2 people. We will continue to care for people, who may otherwise have been classified as level 2, in the community through home care and other programs, through respite care in our long-term care facilities, and the other community-based services that I've been talking about. So there will still be care for people but a different kind of care.

So just to summarize then with respect to denominational facilities, there'll be a service contract; there'll be no transfer of assets. And with respect to level 2 care, there will be other services in the community and people in those facilities will continue to be looked after either in a facility or reclassified and moved to a level 3 or a level 4 facility, if that's what they require.

I'm sorry, there's one more aspect to that answer, and that is you wanted to know who is in the Rolling Hills district. The communities that we now know of and believe will go into the Rolling Hills district — although this hasn't been finalized — are Herbert, Cabri, Ponteix, Mankota, Gull Lake, and Vanguard.

Mr. Toth: — Thank you, Mr. Chairman. Madam Minister, just a couple of questions regarding SADAC (Saskatchewan Alcohol and Drug Abuse Commission), and it actually comes out of a personal request that came to your office going back to December of 1992.

A request came in from Dr. Barry Davidson regarding a Mr. Doug Bayne who had been in the hospital in Estevan, had finally admitted himself, with his wife's support and family support, because of alcoholism addiction. And in this case, what happened was the gentleman was discharged on the Friday evening and the letter that went back to the . . . from the Associate Minister of Finance, said there's — or Health, pardon me — there's a process to follow.

Well Dr. Davidson did follow the process, called the numbers, but there was no one available because it was already late Friday afternoon and everything was closed. And they were looking for a way — there was no readmission policy in place — to address the individual having been released. And what they were trying to get was the individual readmitted to the hospital because they couldn't do that, and they took this individual down to Mandan, North Dakota.

And now they're trying to get some funds for . . . recover some of the funds from MCIC but they're told that because they didn't have . . . weren't referred prior to him going to Mandan, that they couldn't recover the money or any of the funds for the cost of the rehabilitation program. And yet, Madam Minister, it just didn't seem there was a program or a policy in place whereby there was the ability to have a consultation to address the need and address the concern.

And I guess two questions arise: number one, why the

hospital wasn't allowed or the hospital themselves — I'm not exactly sure of the details — why they wouldn't have held the gentleman in question till Monday, at his request, until they could have contacted the department whether or not further services were needed to overcome this addiction to alcohol.

So that's the question we're asking, Madam Minister. Is there another . . . I guess it looks like we're falling between the cracks. Is there a policy in place that can address these situations that arise, where a person's discharged and really shouldn't be on a weekend when there isn't personnel available? And if other corrective measures are in place, what process can be followed to address the cost of the services in applying to MCIC (Medical Care Insurance Commission)?

Hon. Ms. Simard: — First of all I want to say that I cannot comment on an individual case because, as you know, it's against the law to raise the name and comment on an individual, for you and for me, publicly unless you have that person's permission. So I can't comment on that case.

And I want to say this generally, however, that with respect to referral out of province or out of country, you need prior approval before the funding is in place. So I just feel that if you want to raise a very specific case, that we can look at it for you in more detail, but I certainly cannot discuss it publicly. And unless you have that person's individual permission, you should not be either.

Mr. Toth: — Well, Madam Minister, let me remind you of the number of individuals you dragged into this House and before the House on occasions. Fine. And that's fine.

And I've got the letter from the doctor and I've talked to the individual, and the major question that comes up here is what's the policy? A person comes seeking help, and because of his discharge on the weekend and the offices aren't open and the hospital isn't open, and the person is actually seeking help, regardless of who that individual is, what is the policy?

Is there a policy that addresses the concerns out there so that a person, individuals, or families, are not forced to use other alternatives and then have to come to MCIC looking for funding to help in the overcoming . . . or covering the cost and expenses of overcoming the circumstances — the cost of gaining the treatment that's needed, Madam Minister? That's what we're looking for. And that's the question.

Hon. Ms. Simard: — I want to point out to the member again that I cannot get into the details of the specific situation. I can't get into the details of the specific situation.

I do want to say generally, however, that there are emergency services available in Saskatchewan. And there are detox programs in the province, for example, and hospitals do provide emergency services. And I can't get into the details, but if in one area there's

problems, a physician can access emergency services in the province at some point.

However in order to get prior approval for out-of-province services, it takes an extensive review and there has to be approval given for out-of-province services. It isn't just done on a physician saying this person's got to go out of province. And the emergency services are available in the province, that would provide for an emergency situation and allow for the review to take place which would then lead to an approval for out-of-province services if indeed that was necessary.

Now with respect to the particular situation you raise, I'm going to ask the Department of Health to speak with you and take a closer look at what happened there and whether there is anything that could be corrected or anything put in place.

But generally speaking, prior approval has to be obtained for out-of-province services. It means a very extensive review of the situation, and there are emergency services available in the province.

Mr. Toth: — Mr. Chairman, thank you, Madam Minister. Madam Minister, I would like to have a bit of a breakdown of what the emergency process is. And certainly I will be more than pleased to send another letter over with the request that has come regarding this particular circumstance, and ask the office to review it again and get back to us. Thank you, Madam Minister.

(1615)

Hon. Ms. Simard: — The process with respect to emergency services is generally as follows: if an individual is identified as requiring hospitalization by a physician, obviously, or family member, they will be hospitalized. If an individual, however, is identified as requiring detox services — this can be done through a family physician, through family members or through workers associated with SADAC or alcohol and addiction counselling — if they're identified as requiring detox services then they would have to contact a detox centre and they would be admitted to that centre.

So it's either hospitalization, if they require hospitalization, or detox services if they require detox services. And it's very simple to get admission to the hospital or to the detox service centre if that need is identified by a family member or a physician. In some cases it may even be the individual themselves submitting themselves for some help.

Mr. Boyd: — Thank you, Mr. Chairman. Madam Minister, I just have a few things I wanted to discuss with you this afternoon about specific hospitals in my constituency. I think we've probably registered our opposition to the health care changes that you are implementing.

I just want to deal specifically though with the hospital at Dodsland to begin with. And I wonder if you can

provide some assurance to the people of that community and that surrounding area that the health care, emergency care needs of that community as well as the long-term care needs of that community will be met?

Hon. Ms. Simard: — Thank you. The question was, is will we provide long-term care needs for Dodsland and emergency services? And of course, the short answer to that is yes, there will be emergency services available and long-term care needs will be met throughout the province.

Now what will happen and what we're encouraging communities to do in conjunction with their district board is to convert the hospital to a special care home . . . to a health care centre, rather, and in that health care centre to provide services such as emergency services if that is the most appropriate way to do it.

Now I don't know specifically what discussions Dodsland is saying. I do know that most communities are looking at that option. Some, however, are looking at other options such as using another facility in their community because they feel it's more appropriate, or it's closer to the special care home and they want to be able to look at being closer to the special care home.

Now I can't give you the specifics with respect to discussions that Dodsland is having, but I can assure that there will be emergency services to stabilize people if they have a cardiac arrest, for example, or a farm accident, in order to get them to a hospital where they can perform surgery or do whatever has to be done in order to look after this person and provide them with appropriate acute care.

The health centre may have other options to it as well as emergency services. And that of course is being discussed at this point, I'm sure, by the board at Dodsland in conjunction with the planning group and the district board. And at this point in time I can't tell you exactly what that will look like.

Mr. Boyd: — Well, Madam Minister, that's pretty cold comfort for the people of Dodsland. They've asked that I on behalf of them, ask them about some of these things, Madam Minister. They had a public meeting in Dodsland that I'm sure you're aware of, and the whole community turned out to the public meeting.

And I don't know . . . I attended the public meeting, Madam Minister, and it seemed to me there was a fairly strong consensus there that evening. In fact I would almost venture to say it was a unanimous consensus, Madam Minister, that the plans that you have or lack thereof for the Dodsland hospital and long-term care facility, are of great concern to them.

They don't want to be part of an experiment with their health care system in that immediate area and the community of Dodsland. So they're wondering things like, is there going to be emergency care available within their converted hospital, as you like to refer to it. Is it going to be available on a 24-hour basis? Will we see a number of job lay-offs in the community, and

where do you anticipate the people that are being laid off from that facility will be going? If there are lay-offs in the health care facilities there, I don't think there's that many opportunities for them in Dodsland to go elsewhere, Madam Minister.

So right now, for example, the ambulance service is done by a group of volunteers basically, coordinated by the hospital. So they're concerned about that type of thing. If they lose the ability to have someone to coordinate all of that, they think the whole system's going to break down and the ambulance care, ambulance services that are available at the moment won't be available in the future.

So, Madam Minister, I think that in that particular area of the constituency of Kindersley, they don't agree with you on it, Madam Minister. They think that their situation is such that their needs were being met pretty well prior to the proposed changes.

So I just, you know, want to ask you about a couple of those specifics. Are there going to be . . . is there going to be emergency care available from that facility on a 24-hour basis?

Hon. Ms. Simard: — I have said repeatedly there'll be emergency care available on 24-hour call. It doesn't mean there'll be someone in the facility for 24 hours, but there'll be someone who will have access — quick access, sufficient access — to that facility so that they'll be on 24-hour call. And I have said that will take place in these facilities. I've said it a thousand times throughout this province and in this legislature.

Now with respect to Dodsland being an experiment, Dodsland is not an experiment. There are community health centres where this takes place right across Saskatchewan. It exists in other provinces right across Canada. Community health centres with emergency services on 24-hour call, this is not an experiment. I mean this exists right across Canada. In fact nowhere in Canada are there more hospital beds than in this province on a per capita basis — nowhere in Canada. So it isn't an experiment.

Will the ambulance service be there? Of course the ambulance service will still be there. The ambulance service isn't being dismantled. The member opposite, I think, knows that because we've said that repeatedly. And I'll say it again. Emergency services will be available. The ambulance service will be maintained.

Over a period of time we intend to enhance emergency services through a number of different measures in communities such as Dodsland and other communities throughout the province. And the Department of Health is working on a package to enhance emergency services. And that will take place over a period of time.

So yes, people in Dodsland do not have to be concerned about access to emergency services. They will have access to emergency services. They don't have to be concerned about their ambulance service

being dismantled. In most of these communities that are going through this transition, the people in the health care area know full well that these services are going to be available, and they actually see opportunities within the change to deliver services of a broader range to their citizens.

With respect to people being laid off, as I indicated in this House, there are discussions going on with respect to labour adjustment and labour transition, and I believe my colleague is going to be making an announcement very soon, if he hasn't already done so, with respect to labour adjustment and the transition for some people. Now there will be some jobs available in . . .

An Hon. Member: — Tell me, if you're saving 5 million a year and you're spending 3.6 . . .

Hon. Ms. Simard: — Do you want to ask a question? Do you want to ask a question or are you going to sit there and talk from your seat? There will be services, other jobs available. There will be other jobs available in community-based services, for example, for some people who move from the institutional sector and are no longer working in the institutional sector. So some of that will be taking place.

But I must say that in times of fiscal restraint when we're trying to pay off a \$15 billion debt, we have to take our health care dollars and target them to real health care needs — real health care needs. We cannot be using health care dollars as economic development. It has to be targeted to real needs and we have to make sure that health care needs are met in the province.

That means taking money from the institutional sector and putting it into more community-based services, because we can deliver just as effectively, and in many cases more effectively, quality health care services through community-based services. And through the delivery of community-based services, we also deliver services at a cheaper cost to the citizens of Saskatchewan, which means a more effective use of health care dollars at an expense that is affordable for taxpayers. And that is one of the aspects of health reform that I feel is very positive.

So I know people are going to be laid off and I understand what that means to them and their communities. We are hoping that we can put some of them into community-based services, as they've done in Saskatoon. There's been a lot of work done in that regard. Some of them may continue to work in the institutional sector. There will be some collaboration amongst districts as well and within a district as to where some of these people can be placed.

And essentially what we have to do in these times is to make sure we use health care dollars effectively for real health care needs.

Mr. Boyd: — And, Madam Minister, I think that's exactly the concern that most everyone has. The feeling is though is that that isn't what you are

implementing. The feeling is that the health care needs of their community are not going to be met any longer, Madam Minister.

They're concerned about the emergency care situation. They're concerned about the distances they're going to have to travel to reach adequate health care services. Those were all of the kinds of concerns that came up at the public meetings that I attended, Madam Minister.

And I think they were very heartfelt types of concerns when you have an ambulance operator who has been on the job for a number of years, Madam Minister, and he stands up in a public forum before all his friends and neighbours and says to the people of his community, that he has had the gut-wrenching experience of watching someone die in his ambulance. And he can only feel as a result of the changes that you are implementing that he's going to be faced with having that feeling a whole lot more often.

(1630)

And that's, Madam Minister, the type of comment that was made at those public meetings. And that came from health care professionals. It didn't come from anybody else. It came from the people who work in those facilities who run ambulances, who do all of those kinds of things, Madam Minister. So I don't think that the people of that community support you on this, Madam Minister.

The Eston hospital is in a similar circumstance, Madam Minister. It's a community of some 1,400 residents in the community and surrounding area; maybe even a little higher than that. Madam Minister, they had a public meeting as well which you attended yourself, and I think you saw the kind of genuine concern that the people of that community had when the entire community turns out. In fact when people come from some distance to attend a meeting of that nature, I think it shows quite clearly to you and your government that they don't support your initiatives either, Madam Minister.

And we saw an example, Madam Minister, that evening that I think shows that there needs to be some degree of flexibility in all of this.

If you recall, there was a gentleman there expressing a concern on behalf of the Eston Full Gospel Bible Institute, and the situation was really quite simple. There's a large Christian school in Eston. They are considering expanding their facilities, expanding the services that are available, and expanding the college there. They're looking at an approximate \$1 million expansion to the facilities that they have and will be attracting a whole lot, be able to house and host a whole great number more students than they have been in the past.

But one of the concerns that they have is when they go out and actively look for students to come to their college or when students apply to their college, to the

Gospel Institute, one of the first concerns that students as well as their parents have is, is there adequate health care services, full services available to a community. And they said, as a result of the changes that you are talking about, that they can't in any good conscience go ahead with that investment into that community any longer.

And, Madam Minister, that's what they told me there that evening, and that's what they told you there that evening. And they wanted some kind of flexibility built into this thing to take into account those kinds of situations, Madam Minister. They don't think that having some kind of glorified nursing station is going to be adequate to deal with the kind of concern that the parents and the students have for their community hospital. And that extends not only to those students, but it extends far beyond that to the whole community. We will see, Madam Minister, a community that has something in the order of 14, 1,500 residents in the town and immediate area without the kind of services that they have had and enjoyed in the past.

And, Madam Minister, I don't think that they feel it's acceptable. There was a great deal of frustration expressed at that meeting. There was a great deal of concern, anger about your proposals. They feel that you are pulling the rug out from their community; that's exactly the way they feel, Madam Minister.

So I wonder, Madam Minister, if you would just care to comment to this point on their concern at the Full Gospel Bible Institute.

Hon. Ms. Simard: — I want to say to the member opposite that I have personally not spoken in any detail with these individuals, and so I therefore hate to comment on their concern through you, not having spoken to them personally in any sort of detail.

I do think it's important to note however there are other communities in this province that do not have hospitals. There are other communities that do not have hospitals, and they receive adequate health care. There are communities such as Caronport and Wilcox, as the member knows, that do not have hospitals, and they also have Bible students in their communities. And they receive adequate health care.

The people from Eston, when they are in a serious emergency where they require an operation or some surgery or something, if they have a farm accident or if they go into cardiac arrest, what generally happens is that they go to the hospital, they're stabilized, and the ambulance takes them into the city. And in this case they go to Kindersley or to Saskatoon from Eston. And how many of those patients go to Kindersley and Saskatoon? If you looked at the charts in Eston, you saw that evening that there has been an increasing trend where most of those people, if there's any sort of an emergency, go into Kindersley and Saskatoon. And in some instances under the old system where there was a hospital, people died in the ambulance, as you indicated.

But the point is they didn't leave them in the Eston hospital for that treatment. They stabilized them and they moved them on. And that service isn't going to change. That service is going to be there, where people will be stabilized and moved on when they need to be moved on. The individual who passed away in that ambulance, with a hospital in place in Eston, will be looked after in the same kind of way. A case like that will be looked after, and they'll be stabilized and sent into the city. That's a reality of rural Saskatchewan.

That's why you find when you examine the statistics, that there's very little acute care that takes place in these facilities, acute in-patient care, because they make the determination that they're better looked after in a city facility where there's an anesthetist and specialists and so on. And so they move them on. That's what happens today and that will continue to happen.

So there is absolutely no need whatsoever for the residents of these communities to suggest that somehow their emergency services are going to be negated and they're going to be dying in ambulances now. Like that is just . . . it's not accurate, because the same service is going to be there. The only difference is there will not be in-patient acute care in the facility where they can stay for two or three or four days.

But there may be an observation bed, if they have to remain in an observation bed for a few hours in order to be stabilized. It will depend on . . . (inaudible interjection) . . . Well it will depend on . . . the member opposite says maybe. It will depend on what the people in that community feel they need.

But the difference here that is happening is that rather than having in-patient acute care where they stay in the bed for two or three days, they're moved on to a city facility, which is Kindersley and Saskatoon. That's who the Eston people access — Kindersley and Saskatoon, and primarily Saskatoon, is my recollection from that meeting, in most cases.

So what the government is doing is it's going to improve services to the people of Eston, because it's working on enhanced emergency services and improving those services that are there. So when the people of Eston are met with a situation as referred to by the ambulance person in that area, we will have improved services to look after that person.

And what happens, again, is they're brought in, they're stabilized, they're sent into the city. And we are hoping that through a number of different measures that we can improve the emergency services within our communities, and those are being worked on with planning groups and the Department of Health. And as we move through health reform in this transition, a number of those things will be in place over a period of time.

So the hope is and the plan is, is to enhance those services to the people of Eston and other areas. And

the Department of Health is working very hard on that and will be providing . . .

The other hope is, is that community health centres, some of the funding that went to funding acute care beds for people who may not be really acute care patients . . . in other words they don't have to be looked after in a hospital but through some other form of care. By rechannelling some of this funding, we are hoping to expand the services in the communities by putting more counselling, more prevention services, foot care maybe for seniors, and other services for rural Saskatchewan residents, so that we can actually improve the quality of services to many of our smaller communities. That's the end result of this health care reform.

Mr. Boyd: — Thank you, Madam Minister. The people of Eston don't agree with you either. The people of Eatonville don't agree with you. The people of Kindersley don't agree with you. The people of all of the communities in my constituency that had public meetings don't agree with you, Madam Minister. They don't agree with what you are telling them.

They believe that they know the interests of their community better than you know the interests of their community. They don't think that having these kinds of wellness centres are going to be adequate, Madam Minister. They feel that you are abandoning them. You are dismantling the health care system in their community and they don't like it, Madam Minister. They, I believe, feel that a hospital is one of the very cornerstones of a community.

And so I guess we can only go on record as registering our strongest protest on behalf of all of these communities, Madam Minister. I believe that you will have a real time trying to convince the people of rural Saskatchewan that you're doing anything different than abandoning them.

So, Madam Minister, I would invite you to take the opportunity, Madam Minister, I would invite you to take the opportunity to contact the good folks of the Full Gospel Bible Institute, because I believe you got a letter. I have a copy of a letter that explains the situation in detail. It explains the situation in detail about their concern for the hospital. And as I say, I would invite you to take the opportunity to call them and visit with them a little bit about it. Because I don't think that they agree that having a wellness centre is going to be the type of thing that is adequate for them to reconsider their plans to expand the Full Gospel Bible Institute in Eston.

So I guess, Madam Minister, we'll leave her at that, but I don't think they support it in my constituency and they want me to register the strongest protest we possibly can.

Hon. Ms. Simard: — I will ask the Department of Health to check and see if there has been a letter from them received, and if there has been we'll follow up on it.

Mr. Goohsen: — Thank you, Mr. Chairman. Madam Minister, I want to ask a couple of direct questions about my constituency and the way things are going to shake out there. I understand from the member from Morse that you already dealt with the positioning of Gull Lake in a health district and I have that information from him.

What I do want to know is though . . . my understanding of what's happening in Gull Lake over the past week is that — or two — is that pink slips have been handed out to everyone in the hospital except for two people. I may be wrong on the numbers exactly, but I think that's what I was told and I'm pretty sure my source is correct. But I want you to confirm that.

And if in fact it is true that those pink slips have been handed out, what are your observations of the potential survival of the hospital in Gull Lake and at what kind of level will it be, what kind of service will they be able to provide? I'm told that they have \$119,000 with which to pay more than 200-and-some thousand dollars worth of severance pay alone in the allocations of monies for this coming . . . rest of this year. Those numbers just don't add up.

How will those things work out? Can they get extra money for the severance so the people that would be laid off . . . Who pays for that? Or is this just a rumour that can be put to rest? And can we find some other solution to the problems there?

(1645)

Hon. Ms. Simard: — I can't comment specifically on whether Dodsland has made lay-offs . . . Gull Lake, pardon me, has laid off any people. Because we don't get involved on a case-by-case basis and get informed prior to any lay-offs being made.

I do know that there have been reports of lay-offs in that general area. And it's my understanding that the SHA, Saskatchewan Health-Care Association, is working with them on lay-offs and is working with them to prepare a management plan which should be submitted very soon.

I'm also advised by the Department of Health that there are some \$423 in reserves . . . \$423,000 in reserves in this particular hospital . . . (inaudible interjection) . . . Well in Gull Lake hospital as of March 1992. And obviously this funding and some transitional funding may be used with respect to severance. And as well the SHA is looking at each individual case to see what they can do in terms of transferring people from this particular facility to another facility, for example, which may also affect the severance that is being paid in the process.

So there is no general fund. The government is not saying, here's a package of money for severance. It will have to be reviewed in each individual case. In many cases hospitals have very substantial reserves. And in some cases it may mean that the person moves to another facility, for example, or to another service and then severance is . . . It will depend on their

particular agreement and what the terms are.

So it's my understanding that the SHA is working very closely with hospitals on these issues. And I don't have the specifics with respect to Gull Lake other than the information I've just given you.

Mr. Goohsen: — Well thank you, Madam Minister. I understand that there are also debentures out on that hospital, and I believe that those are in about that same range as the reserves. Would they not have to be paid off to the people down there if the hospital is going to basically be closed down?

And while I'm on my feet, I want to ask you, where do Leader and Maple Creek hospitals fit in? Are they in the same health district proposed or do they have one that's agreed on, or are they on their own for now? Or what's happening up there?

Hon. Ms. Simard: — I don't have the amount of debentures that are owing by that particular hospital. However, it is my understanding . . . I mean, I can get that. I just don't have it here right now.

The Saskatchewan Municipal Board is going to take a look at the liabilities that a hospital has, such as debentures, and may use the reserves to pay off some or all of the debentures, depending on the circumstances in each particular case. That's the general sort of principle that will be happening throughout the province.

With respect to the range of communities involved in the Maple Creek district, the ones that are having discussions and looking at forming what they are calling the south-west district are Climax, Eastend, Shaunavon, Maple Creek, and Leader. So they're looking at forming a district of their own.

I don't have any more specific information in that regard at this point as to how close they are to it, but I would imagine they've have considerable amount of discussions already on that issue and should soon be coming together as a district.

Mr. Swenson: — Thank you, Mr. Chairman. One brief question to Madam Minister, and I don't expect her to have the information today but I would like her to provide it to us. Could you give us a comparison of the difference in cost of, say, what my local union hospital would have spent on remuneration for board members and board-related expenses compared to what the remuneration, for instance, of the new Thunder Creek health care unit would be for the board of directors and board-related expenses. And I understand that the difference in size between the union hospital board in Moose Jaw and the Thunder Creek health unit will be bigger.

But I'm wondering, Madam Minister, as the boards are formed — because they will be setting budgets and your department will have to access those budgets — I would like you to make available to us the comparisons between all of the union hospitals boards and what they spent and what the new, larger

boards of directors and their related board expenses will be as that happens.

And I understand that isn't available today, and some of them won't be available for some time, but would you make the commitment to allow the opposition to have those numbers?

Hon. Ms. Simard: — Yes, we can get that information for you, but there are two or three things I have to point out.

First of all, the remuneration that will be paid will . . . that is being set is a maximum at this point, and boards will be able to pay themselves up to that maximum and may choose something else within the range. For example, in Saskatoon, Mr. Wright has forgone a substantial amount of the remuneration that was available to him. So until we know where they pay themselves within the range and until we know how frequently they meet, it will be impossible for us to determine just exactly what that pay will be.

Another point — but we'll get you the information as we can compile it — the other important thing to note is that when you compare a hospital board remuneration to the board of a district, you're comparing oranges with apples. And the reason for that is, these district boards will be providing a much broader range of services. They will be providing home care services, public health services eventually, special care home services, hospital board services, and so on. So it's a much broader range of services that will be provided by these boards than a hospital board.

So to compare hospital remuneration . . . for example, if you're administering one hospital, it's a lot different than administering two or three hospitals, or a hospital and two other facilities, plus home care, plus public health, plus addictions counselling, plus mental health counselling, and so on. So you're really comparing oranges to apples.

Mr. Swenson: — I realize that. You just spit them out and we'll sort them, and then we'll make our own conclusions, okay? You just provide the information and we'll get along fine.

Mr. Neudorf: — Madam Minister, I've been paying very close attention over the last while to the questions that my colleagues have been raising and there seems to be a discrepancy between the feedback that we are getting as opposition members and what you seem to be conceding in this House, in terms of what people's impression is of your health reform.

Now we as an opposition have always agreed that yes, indeed there has to be reform; there has to be some sort of rationalization of the health services. But, Madam Minister, the choices that you are making are the ones the people do not seem to agree with — the majority of the people of Saskatchewan — not only the choices you are making, but the manner in which you are going about it with your consultative process.

You're fond of getting up and saying, we are consulting as never before. But, Madam Minister, there is a huge difference between consulting and then what you do with the information that the people are giving back to you. And that is where the great deal of dissatisfaction within the province is developing. Because you don't seem to be listening to what they're saying.

Yes, you're consulting, and yes, people have an opportunity to speak. But first of all there's a jammed time line because somehow August 17 has a magic ring to it for you. And that is wrong too, Madam Minister. You're not giving the people enough time, as I did in question period. I raised the one week in which they have time to respond to your core development program that you've got out. And that's not enough time for these folks.

And they are discouraged and they are, quite frankly, mad, as we discussed on Friday. And I still have that article here with me, that the frustrations are still there; the anger is still there. It may not be as prevalent or as public, but it is smouldering, Madam Minister.

Now we have examples upon examples upon examples. I have here a folder of more petitions that, Mr. Chairman, I'm going to lay on the Table at this time — petitions dealing with diabetics. Madam Minister, these are petitions that we have received over the course of the spring and summer now. Just because there's not a public hue and cry does not mean that the problem is not there and that it is simmering under the surface.

Now there are literally hundreds of names of people who are concerned about diabetics. I lay those on the Table. Then I have another folder here, Madam Minister, of not only hundreds, but I wonder if it doesn't go into the thousands, of level 2 special care — people who are concerned about your withdrawal of funding for these kinds of people.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately reverse the decision to discontinue this funding, and instead support keeping these vital level 1 and 2 health facilities viable.

Again, literally . . . well you can see for yourself. Each one of these has about 25 names of it. More than that — much more than that. People are concerned, Madam Minister.

Then we have further petitions here on the health districts where the people are essentially saying:

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

(1700)

Madam Minister, you can take a look at the numbers of petitions that are being handed in along this line. These are in addition to the chiropractic petitions, the optometric petitions that have been handed in, and indeed may I say, the publicly funded issue of the abortion issue.

So quite literally there have been thousands and thousands of petitions that have come in, Madam Minister, that are objecting to the direction and the unilateral decision with which your government is making many of these decisions.

Even as late as today, your colleague, the Associate Minister of Health, had a news release, a wonderful news release where you're going to be spending \$3.6 million trying to accommodate the dislocation of people who have been fired, lost their jobs — 800, I understand, is what the associate minister said in his scrum. And so you're going to be presenting the \$3.6 million to help them.

But also during that same time, I noticed in his news release — and I don't have it with me now — but I recall that there was a great deal of talk about retraining, relocating. But all the talk, three or four paragraphs, dealt with unionized workers, unionized workers, unionized workers. Now although some of that training money may be going to non-union . . . retraining will be used for the non-union workers, they seem to be as an afterthought.

Madam Minister, I have a letter here. And this letter comes from the west central district no. 21 home care. And this was dated November 25. And it's sent to the Hon. Lorne Calvert, Associate Minister of Health. It says, and the first paragraph indicates:

As we all know, health reform is well on its way in the province of Saskatchewan. At the special ministerial forum held during the SHA's annual meeting and conference in October, we did not receive any firm answers regarding labour relations. All of the discussions seem to centre around unionized workers.

Now this is a concern that the west central district no. 21 home care has. And you like to spout off all the time about what a wonderful job and what a wonderful cooperative effort you have with the home care people. And of course that's important, and I acknowledge that to a degree. But here are some of the questions that they were asking you:

Is there a possibility that unionized staff will be able to bump non-union staff? What happens when the quality of care provided to our clients is put in jeopardy when qualified and experienced staff are displaced by non-experienced staff? Do we advise our staff to unionize for better job security?

And it goes on and on and on. These are questions that

the people are answering. And quite literally for public consumption, Madam Minister, what I'm going to do now is table just a small portion of the copies of letters that we are getting, of letters that people and concerned citizens of this province are addressing to you as Minister of Health, to the Premier, and to the Associate Minister of Health.

Madam Minister, the variety and the array of concerns that people in this province have must be disconcerting to you as you go about on your unilateral approach to this whole problem.

And I say that considerably when I say your unilateral approach, Madam Minister, because you take great stock in the consultative process, and yet quite frankly you've done very little to assure people of the province that indeed that you are on the right track, on the track that they want to concur with. Because while you consult, you do not listen.

And you do not listen. You heard the member from Kindersley. You heard the member from Maple Creek. You've heard other members representing the concerns of the people of this province as you embark upon your revised and revamped health strategy.

Now, Madam Minister, I would suggest to you that if indeed it was a consultative approach, you would listen to people. You would listen to the Bill 10, for example, that I was basically forced to bring into this legislature which indeed does what SARM (Saskatchewan Association of Rural Municipalities) and what SUMA (Saskatchewan Urban Municipalities Association) are requesting, namely the repeal of The Hospital Revenue Act. Even in question period you said, these folks will not have the right to tax.

But, Madam Minister, your offloading, your downloading is precisely how you expect to get out of that binge, that tight squeeze that you're under right now, and these folks recognize that. And they're saying that if you're not going to use The Hospital Revenue Act for that, then get rid of it.

Now I know in times past it was utilized, and it was a useful purpose for it. But they are saying, we don't trust you. You're offloading responsibility. I can't ask you questions right now about the boards because you say you don't have all the knowledge about what the board is doing.

On Friday you accepted the fact that there's going to be a billion dollars spent through these hospital district boards. And yet the audit trail, the audit trail and the accountability is suspect right now. Because you say to me, I have no right to ask you detailed questions about what happens or how the money is being spent. That's the conclusion that we arrived at on Friday, Madam Minister.

So while I say that something has to be done in the health care system, and we've always said it — the opposition supports changes; it supports rationalization — what we don't support is your arbitrary decisions to unilaterally say August 17,

there's the deadline, folks, line up now or we'll do it for you. That is not consultation, Madam Minister. That's threats; that's intimidation.

So we are asking you now and I'll ask you once more, will you just whoa up a little bit, will you slow this process down so that there can be meaningful input by the people of Saskatchewan so that you will be working in concert with them as opposed to leading them or prodding them on, perhaps would be a better demonstration or a better way of putting the situation? The analogy could be put that way.

So that's the question that I have for you, Madam Minister. Will you please slow this thing up so that meaningful input by the people of Saskatchewan will be able to direct and channel your efforts as you go forward in this whole process of the revitalization of the health care system? Will you do that, Madam Minister?

Item 1 agreed to.

Items 2 to 9 inclusive agreed to.

Vote 32 agreed to.

**Supplementary Estimates 1992-93
Consolidated Fund
Budgetary Expenditure
Health
Vote 32**

Items 1 and 2 agreed to.

Vote 32 agreed to.

Hon. Ms. Simard: — Thank you, Mr. Chair. I would like to take this opportunity to thank my officials for the tremendous amount of work that they have done in preparing for these estimates and getting the information together for me and for the opposition.

And I also want to once again take this opportunity to thank my officials for the incredible amount of work that they have been doing in getting health reform under way and in going out and talking to communities. Just this week they're going to be having another conference on rural health alternatives. And this kind of effort that has gone into putting together these conferences, putting together the discussion papers, talking with people, has been quite incredible.

There are many people over at the Department of Health that are literally working seven days a week and are on call 24 hours a day, and I want to commend them for that effort and for that loyalty to the people of Saskatchewan.

Mr. Neudorf: — Thank you, Mr. Chairman. I want to concur with some of the remarks that the minister has just made about the dedication and the hard work of the officials. I don't think at any time during these estimates or during question period or during the discussion on any of the Bills that have come forward

from the Department of Health, has the loyalty and the hard working and dedication of the officials ever come into question whatsoever. It's just that the minister and I a long time ago have agreed to disagree on many of the issues, and that is wherein some of the difficulties arise.

And I want to thank the minister for her forthrightness as well in some of the issues, and I wish her well as she continues on on a very, very big job. And I say that sincerely. And you can always count on the opposition to help you whenever possible.

The Assembly recessed until 7 p.m.