

The Assembly met at 10 a.m.

Prayers

PRIVILEGE

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

Hon. Mr. Shillington: — To raise a question of privilege, Mr. Speaker.

The Speaker: — The member may put his question of privilege.

Hon. Mr. Shillington: — Mr. Speaker, I rise on a matter of privilege, recognizing the provisions of rule 6(1). I rise today as a result of the comments made by the Leader of the Opposition, who called into question the ability of the Conflict of Interest Commissioner to appropriately conduct his duty.

The Leader of the Opposition said, and I'm quoting from *Hansard*:

... clearly Mr. McLeod, our Conflict Commissioner, is in conflict himself; that he is heavily involved in a company that may have donated funds to the New Democratic Party which governs this province.

Two things struck me when I heard the comment. One was that it seemed fairly clear that the charge was specious, that it was ludicrous. Secondly, it seemed equally clear that whether or not there was any substance to it, it was a breach of parliamentary privilege to impugn the integrity of a legislative officer.

Mr. Speaker, the comment demonstrates a contempt on the part of the member who raised it for a legislative officer. Scurrilous comments of this sort, made by the member from Melville, reflect badly on members of the Assembly who in the past and are now well served by officers of this Assembly.

I may say it was the government's hope that the Leader of the Opposition had misspoke himself in this line of questioning and would withdraw the comments in an unequivocal fashion without excuse. It does not appear to have happened; and, Mr. Speaker, we are therefore asking for a ruling to have the Leader of the Opposition rise immediately and unequivocally to withdraw his remarks and apologize to the House.

We await your ruling, Mr. Speaker.

The Speaker: — The Government House Leader has raised a question of privilege which normally, under rule 6(1), requires two hours notice prior to the regular daily opening of the Assembly. However, rule 6(2) provides for the Speaker to have the right to waive notice. Under the circumstances, with the hours of the Assembly sitting as it is, the Speaker is willing to waive notice required, as permitted under rule 6(2).

I will want to consider the remarks made by the Government House Leader and remarks made by any other members of the Assembly, if other members of the Assembly wish to have them

made before the Speaker considers the matter.

That there not being any members indicating a desire to do that, I will take notice of the question of privilege raised by the Government House Leader and will bring a ruling to the House.

GOVERNMENT ORDERS

ADJOURNED DEBATES

SECOND READINGS

Bill No. 76

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Cline that **Bill No. 76 — An Act to amend The Health Districts Act, to repeal The Union Hospital Act and The Lloydminster Hospital Act, 1948 and to make consequential amendments to other Acts** be now read a second time.

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, I'm pleased to have this opportunity to address one of the very important health Bills that is before us in this House today. I feel very strongly that all of the health Bills before us will have a drastic impact on the health care system in this province, and they need to be discussed at length.

The people of this province deserve a say in laws that affect them all to a great extent. Mr. Speaker, many of my constituents have been expressing grave concern over the quality of health care that is available to all people in rural Saskatchewan. It has become very clear that this government has very little concern for the people of rural Saskatchewan and it will do just about anything imaginable for the sole cause of saving money.

As we have said time and time again, this Bill deals only with the legal aspects of the district health boards that are in operation in Saskatchewan. No concern or mention is ever made with regards to the concerns of the real people of this province; the concerns of the people who rely on the health care that is provided to them; the concerns of the families of people who desperately need quality and accessible health care on a daily basis.

One of the major changes that will be implemented with the passage of this Bill will be adding new responsibilities to the Saskatchewan Municipal Board. Should the amendments tabled in this Bill become law, the Municipal Board will be responsible for the collection of outstanding debt of the former union hospitals boards. This gives the board the power to allocate these debts to municipalities that were once part of a union hospital board.

Due to the fact that a number of municipalities have refused to pay off these debts in the past, this amendment is nothing but a control mechanism being put in place by an overzealous and arrogant government that is assuming that it will be in power for ever.

Mr. Speaker, we have also received some comments from people from La Loche, who are very concerned over this piece of legislation. La Loche is not in the financial situation to be able to pay off old debts. La Loche is having a hard time keeping its modest hospital running on the meagre funds that are available to it, never mind being forced to pay an old debt.

So many communities, small communities, all over Saskatchewan simply do not have the economic base that is needed to raise funds in order to keep their health care facilities running properly. Each time that this government closes a rural health care centre, this problem is magnified tenfold. The care centre closes, forcing many people who once worked there to leave the community. The doctors leave; the nurses leave. Even the custodial staff no longer have a source of income.

So the health care centre, which at one time attracted people to a certain community, closes, forcing many people to leave, further reducing that town's tax base, causing more problems than ever. When will this government open its eyes and take a look at what is going on in rural and northern Saskatchewan?

As I stated earlier, this Bill deals mainly with the legal aspects of the functions of district health boards. For example, changes are made with regards to the election of board members. The nomination rules of these members, the terms of appointed members are being changed as well.

The problem is this: this government is not taking into account what the impacts of these seemingly small changes will be. This Bill, like so many others that have been presented by this government throughout this session, gives the minister the utmost power to make decisions. If agreements cannot be reached, the minister will have the power to step in and set up an agreement himself. Ministerial approval also tends to be the end all and be all of most legislation that has been passed through this House.

Mr. Speaker, we have done some extensive consultation with regards to the impacts, both legal and social, of all these health Bills. In particular, The Health Districts Amendment Act has had some pretty strong opposition.

Mr. Speaker, once again the people of La Loche have some grave concerns over the power of the minister. With regards to agreements between affiliates and the districts, the overwhelming power of the minister scares these people.

As Violet Le Maigre said so well, St. Martin's Hospital in La Loche is the only acute care centre in the proposed health district. If no agreement can be reached, it would close. Now where on earth will that leave the people of La Loche? I just don't see how this government sees this type of legislation as a positive move towards the 21st century. Many rural municipalities as well as those in the North are feeling threatened by this pending health legislation. They will no longer have a say in decision making as the minister has the last call in every situation.

Mr. Speaker, we have raised these issues with this government time and time again and each time to no avail. The protests in

Swift Current show that the people of this province feel ignored and left out in the cold by this government. The protest by nurses at the Weyburn hospital clearly show that health care professionals do not feel as though they have been consulted or listened to when it comes to the care that is needed in this province. What will it take for this government to listen to the concerns of people that it was elected to govern?

The people of this province have told us what they want. They have told us what they need, and we are looking forward to expressing these concerns to this government in more detail as this Bill moves through this House. I therefore move that this Bill be passed on to Committee of the Whole. I look forward to discussing these amendments in greater detail at that time. Thank you, Mr. Speaker.

Mr. D'Autremont: — Thank you, Mr. Speaker. I believe this is an important piece of legislation before the Assembly and rightfully deserves to have some comments made on it and some of the inconsistencies in the Bill be pointed out to the government to allow them the opportunity, before it does reach Committee of the Whole, to consider making some changes to the Bill to make this better serve the people of Saskatchewan and not just simply serve the Minister of Health.

I'd like to stand here today to reiterate some of the concerns that have been brought forward by my colleagues, the member from Cypress Hills and the member from Moosomin, when they brought forward some of their concerns as it relates to Bill 76.

This Bill, Mr. Speaker, is clearly an attack on local autonomy of the district health boards. Since 1993, our party has fought tooth and nail against this government's attempt to destroy health care in Saskatchewan. The government and the minister opposite keep telling us on the opposition side that we have to move into the next century. Unfortunately, Mr. Speaker, when you look at health care in this province, when you look at the infrastructure of this province, we are indeed moving into a new century, but the direction that this government is going, the new century is the 19th century, not the 21st century, Mr. Speaker.

Health care in this province was better at the turn of the century than it is today. Certainly we have a lot more technical, mechanical services available to health care, but the personal touch, the direct concern for patients, was much more evident at the turn of this century, Mr. Speaker, than it will be in Saskatchewan under the NDP (New Democratic Party) when we move into the 21st century.

(1015)

The sole mitigating factor in the government's reform is their vain promise to let people control how their local health dollars are spent. Mr. Speaker, local control has been the touchstone of the minister's defence of this radical surgery that he and his predecessors have carried out on health care in this province.

Likewise, Mr. Speaker, we fought against the NDP's attempt to thwart the parliamentary principle of ministerial responsibility. The whole basis, Mr. Speaker, for allowing elected health boards, was to allow the local board to direct their own dollars

and to assume the responsibility for that direction. But what the minister is trying to . . . has done . . . when his predecessor, the member from Regina Hillsdale while she sat in this Assembly, was to assume control of the process to appoint the health board members, allow them to take the responsibility for the minister's decisions, and the government's decisions, and the direction of health care that the Premier of this province wanted, demanded, and directed his ministers to fulfil.

At the end of the day, Mr. Speaker, the changes to health care rest directly on the shoulders of the Premier. He is the man who is ultimately in charge and makes the final decisions for cabinet and the final decision for the NDP government as they sit there opposite. And every member of the public should hold the Premier responsible.

The minister from Agriculture would like to share a little bit in that responsibility. But when it comes to the destruction of agriculture, he can take a good share of that blame, Mr. Speaker, but not when it comes to the destruction of health care. The current Minister of Health has to bear some of that responsibility. But his predecessors who set up the health district structure and the Premier have to bear the major part of that, Mr. Speaker.

In countless areas of this province the government has acted to set up outside agencies through which they can either hide their actions from the legislature or else use these agencies as scapegoats for the government's destructive policies. And that's exactly what the health district boards have become — simply the scapegoats for this government's current direction in health. They have the responsibilities, they take the blame, while the minister pulls the strings.

We have seen this particularly in the field of economic development, where the member from Regina Elphinstone has established a virtual fiefdom that is totally beyond the control of this Assembly. He is entitled to set up subsidiaries of various corporations. He's allowed to put out loans. All without, Mr. Speaker, bringing it before the scrutiny of this House, without bringing it before the floor of this Assembly.

He has set up a trade council so that we cannot question him on the performance of his trade missions. He has also set up a tourism board so that he cannot . . . shrug off responsibility for that sector of the province's economy.

But the Deputy Premier is not alone in these attempts. Beginning in 1993 the NDP tried to convince us that they don't control health care any more. They tried to make us believe, Mr. Speaker, that they were simply the facilitators; they provided the funding to the local health districts and the local health districts made those decisions. And yet we have seen, Mr. Speaker, time and time again when that decision-making process has been directly influenced by the number of dollars and the formulas for the spending of those dollars, Mr. Speaker.

And that is one of the most crucial areas, is that formula system, Mr. Speaker, that says you can only have so many acute care beds per thousand people. You can only have so many long-term care beds per thousand people. You can have all the

office space you want to have. You can have the best furniture in there, Mr. Speaker, it doesn't matter — because you can only spend so much money on beds.

And, Mr. Speaker, the people in the health districts don't care whether the chairman of the board sits in an overstuffed leather chair or he sits on an ordinary kitchen table, providing they have health services. And that's where the system is breaking down, Mr. Speaker. We have the overstuffed leather chairs but we don't have the health care system for the patients when they need it.

It's unconscionable, Mr. Speaker, that under this government people go home from the hospitals still attached to their intravenous bags. Mr. Speaker, that should not be allowed to happen. If you live a block from the hospital, maybe somebody can get over there to rescue you if your intravenous needle comes out and you start to bleed. But if you live 20 miles from town, Mr. Speaker, 20 miles from the hospital — and that is not an unusual distance in rural Saskatchewan — you're going to be in serious trouble. And it has happened, Mr. Speaker. It's happened in the hospitals here, so why would it not happen when you're at home — because it does, Mr. Speaker. And that's the kind of health care system that is being put in place in this province.

We look at the long-term care facilities, Mr. Speaker, across this province, and people can't get into them. Beds are being decreased, not increased.

If you look at the demographics of Canada, and this province in particular, we're an ageing population, Mr. Speaker. We will need more acute care . . . excuse me, not acute care beds, long-term care beds than fewer. And yet under the health plan of the Minister of Health and the Premier of this province we are decreasing the number of long-term care beds in most areas of this province. There is the odd location, Mr. Speaker, where they are increasing but that's a very, very rare circumstance when that happens.

It's because the minister and his department have a formula in place that will direct the entire province's health care system without regard to the needs of local people. The whole province will fit into his formula or else. And the "or else", Mr. Speaker, is you won't get funding unless you fit into the program. And that creates a great deal of hardship, Mr. Speaker, in a good many communities throughout this province.

Every member of the province . . . every member of this Assembly, I'm sure, receives letters from across this province with people who have very serious concerns as to what are they going to do with their loved ones in cases where age is a major factor or where some other physical ailment or mental ailment causes them to be in need of long-term care, and yet we see fewer and fewer of the beds being made available, Mr. Speaker.

And fact is we hear that there is going to be some changes occurring that it's going to decrease who can qualify for long-term care, Mr. Speaker; who is entitled for the 24-hour supervision that a good many people need, both seniors and people with physical ailments. Mr. Speaker, that's totally

unconscionable. Here we are, a province with significant resources, with significant opportunities, and yet we are turning the clock back on health care in this province, turning it back to the 19th century. Mr. Speaker, we're not moving ahead as we enter the next millennium, we're moving backwards.

Mr. Speaker, the government has tried to make the public believe that their local health boards are to blame for the deterioration of service that has been inflicted. They have given them the responsibilities without the decision-making process, and the minister stands in this House almost daily and says, it's not my fault; it's not my responsibility. It's your local health district that did it. It's the people that made the decision at that level that have caused your problems.

Unfortunately though, Mr. Speaker, the people of the district health boards are limited by what the minister will allow them to do. They're limited by their formulas and they're limited by the funding. And it's the minister who makes those decisions, not the local health board. The local health board simply has to fit their square peg into the round hole that he has allowed for them. And that creates a great deal of hardship.

Well, Mr. Speaker, the public is wiseing up to that. They understand, after they have had an opportunity to take a closer look at the health care system, that it's not the local boards that are creating the difficulties for them. It's not the local boards that isn't providing them with the acute care that they need. It isn't the local board that is denying them the long-term care; it's the Minister of Health. And the public is all too well aware of who is pulling these puppet strings and the purse-strings for the district health boards. They're very well aware that it's the Minister of Health.

And the Minister of Health and most of his colleagues, Mr. Speaker, are insulated. Insulated from the effects of the district health boards and the changes that Bill 76 will have on that very health system, because the vast majority of them reside in the major cities — be that Regina, Saskatoon, P.A. (Prince Albert), Moose Jaw, Estevan, Yorkton, North Battleford — areas of the province where their hospital is relatively secure. The member from Estevan shakes his head. Perhaps his hospital isn't secure. Perhaps the people in Estevan should be afraid of what the Minister of Health is going to do to health care in south-eastern Saskatchewan.

Because under the Minister of Health and his predecessor, the member from Regina Hillsdale, they eliminated a good, good many hospitals in south-east Saskatchewan. Gainsborough is gone; Oxbow is gone; Lampman is gone; Midale is gone, Mr. Speaker. All of these hospitals have ceased to exist as hospitals. Fillmore, Mr. Speaker, in the south-east district is not longer a hospital. Every hospital in the Southeast Health District has ceased to exist except for the one in Estevan. And now I hear that even that hospital is going to suffer more acute care bed cuts.

So, Mr. Speaker, there was more hospital beds proposed . . . I wouldn't want to say that they were actually there, because at the turn of the 19th century when it became the 20th century, there were not a lot of hospitals in south-east Saskatchewan, but

there was within a few years thereafter. And probably by 1920 we had more hospital beds in south-east Saskatchewan than we do today.

And I wouldn't want to say that we have more disease today, but I suspect that, Mr. Speaker, we have just as many accidents today if not more than we had in the 1920s.

So, Mr. Speaker, all of this goes back to what the Department of Health and the Minister of Health, what their direction is and what they're trying to do. It's as if, Mr. Speaker, if the public needed further proof of this sham that we call the district health system and health in this province, we now have this Bill before us with the pretext of the charade to yet a more unbelievable degree.

As we have stated before, Mr. Speaker, this Bill makes three distinct attacks on local autonomy. First, it further restricts the ability of the boards to acquire or dispose of property.

Second, it extends the minister's power to impose public administrators on health boards and their facilities. The boards will no longer even have the ability to choose whom they will employ to administer their facilities. The minister can assume that authority, and if the minister has the right to assume the authority, one would have to assume that he is going to exercise it or else why put it in the Bill at all. It's simply another means by which the Minister of Health can take over the decision-making process of the district health boards while leaving the district health boards to face the responsibilities, to face the impact of those decisions.

And finally, Mr. Speaker, most seriously, it forces health boards to adopt policies that the minister has laid out for them. Well that's nothing new, Mr. Speaker, because since the beginning, while it wasn't articulated and it wasn't written down, that is exactly what the Minister of Health has been doing with the health policy in this province, has been laying down to the health boards exactly what they will do, and there are financial consequences if the health boards fail to follow through on the minister's desires.

All of this from a minister who stands in this House day after day and claims to be the defender of local autonomy. Well he certainly puts all the blame on the local boards if not at least giving them the decision-making process.

Well as the member from Cumberland might say, Mr. Speaker, the jig is up. With the introduction of this legislation, the minister is going to have to admit once and for all that no, local autonomy is not a priority of this government. Finally he's going to have to admit that, Mr. Speaker, that local autonomy is not the priority of this government, which is what the member from Regina Hillsdale, while she was the minister of Health, was saying. It's certainly what the current Minister of Health has been saying. It's what the member from Moose Jaw, while he was the minister of Health, was saying. But this Bill, Mr. Speaker, makes it plain that the Minister of Health is going to take control of health in this province while dumping the responsibility or consequences off on the district health boards.

(1030)

Members will note that in my explanations of the amendments, I frequently used the words like further and extended. The truth of the matter is that The Health Districts Act already gives the minister vast powers over district boards. But that's something, Mr. Speaker, that the government would like the public to forget. And if that was their plan, Mr. Speaker, perhaps they shouldn't have added insult to injury by bringing in this Bill.

This Bill serves as a wake-up call to health consumers and the tax-paying public about just what a farce this government's policy of local autonomy are. Because they are a farce, Mr. Speaker. It's a black comedy however, when the minister makes the decisions and the people sitting on the local boards, some of them elected, some of them appointed, have to bear the consequences and accept the responsibility for the decisions that they did not have the right to make. The minister made the decisions, and they bear the consequences. Not only do the board members bear the consequences, Mr. Speaker, but the local consumers of health in each and every district across this province bear the consequences of those decisions.

How many further miles are people going to have to drive to find a hospital, to find acute care beds in this province. The health centres, Mr. Speaker, across this province are good. But in a lot of cases, Mr. Speaker, it's more than a band-aid station that's needed. We need more and better service, Mr. Speaker, closer to home than what this minister is prepared to provide.

Prior to the changes in health care, it was less than 10 miles that the average person travelled to a hospital in this province. That number has almost doubled, Mr. Speaker, almost doubled. And we now travel the furthest distance to a hospital of any province in this county. It used to be that in New Brunswick they had a greater distance to go, on average, to a hospital than we did. But that has turned around, Mr. Speaker. We now have the furthest distance to travel to get to a hospital. And while . . . as one person in Regina here told me, what's your problem? You know, the hospital's right here. The fact is there's three hospitals right here, although that will soon be reduced to two.

So within a few miles, within a few minutes, in Regina or Saskatoon, there's a hospital available. But if you live in rural Saskatchewan — and health care professionals talk about that golden hour that's needed, that golden hour from the time of an injury or onset of a disease attack, such as a heart attack, you have one hour, Mr. Speaker, to receive that critical treatment — in rural Saskatchewan too many people, Mr. Speaker, are outside of that golden hour.

In too many cases it takes a half an hour just to get the ambulance there. So half an hour there and half an hour back, you used up the hour and you may have to spend some time treating this individual at the scene where the heart attack or the accident occurred, whatever the case may be.

And we're outside that golden hour, Mr. Speaker, outside of the golden hour. And that's why the government didn't want to release the numbers on how many people died in ambulances on the way to hospitals before the changes were made to health

care. They released the numbers after. Yes, you can have a look at what happened in 1994. You can have a look when the numbers are available for 1995, but don't ask us what the numbers were in 1991 or 1992 before the changes were made.

I have to wonder why. Is there something to hide? Is there some reason why the Department of Health and the Minister of Health would not want the public to know how many people died en route in ambulances between the accident scene, the scene of the health attack, and the time they reached service, they reached treatment in a hospital. When you compare that to 1991-92 to '93-94, '94-95, why would the government not provide that information?

There must be some reason to it, Mr. Speaker. All we can say is that we're suspicious. We have no proof because the minister's department won't provide the numbers. But we're suspicious, Mr. Speaker, that there is a reason why those numbers are not available. And that reason being that the health care service in this province has not increased to the benefit of people, but rather, deteriorated.

Mr. Speaker, the choice that is facing the minister is a simple one. Either get off the backs of the district health boards and let them do their jobs as they were meant to do or, if he insists on imposing his will as a dictator over the health field, stand up, like the honourable man that he is, and let the public point the finger where the blame belongs. Let him shoulder the entire blame, or benefit, as the case may be, for the decisions being made in the health care system if he is going to assume the decision-making process within his own hands.

If you make the decisions, Mr. Speaker, you should also be prepared to accept the consequences and the responsibility. Unfortunately though, the minister has designed a system in which he makes the decisions and somebody else has to accept the consequences and the responsibility.

Mr. Speaker, the issues that surround this Bill go to the heart of the government's misguided approach to health care. We believe that all members should have time to consider fully where they stand. And therefore, Mr. Speaker, at this time I would move adjournment of this debate.

Debate adjourned.

Bill No. 77

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Cline that **Bill No. 77 — An Act to amend The Saskatchewan Medical Care Insurance Act** be now read a second time.

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

Bill No. 82

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Cline that **Bill No. 82 — An Act respecting Health Facilities** be now read a second time.

Mr. Bjornerud: — Thank you, Mr. Speaker. Mr. Speaker, several of my colleagues have spoken at length on this Bill, and they've raised what I believe are some very valid points.

I realize that this will be the last time our caucus can speak to this Bill, so I'd like to add a few comments before it is passed to Committee of the Whole. At that time we'll spend some time questioning the government about this Bill and about the impacts it will have on health care in Saskatchewan.

Mr. Speaker, one of the legal opinions we have about The Health Facilities Licensing Act calls this a particularly dangerous piece of legislation because at the outset it appears innocuous. However because it is so loosely drafted and gives the minister both a surprising level of discretion in granting licences, and so little discretion removing licences once granted, it is one that must be subjected to significant scrutiny and debate. We agree with this, Mr. Speaker, and that is why we were so concerned about discussing this Bill in the legislature.

Mr. Speaker, that same legal opinion goes on to say, effectively the government is trying to, by regulation, remove services that are presently now insured to a second-tier system. This certainly should not be done outside the context of the legislature, public debate, and accountability the members of the government would have to face from defining in the statute what health services will be de-insured for the purpose of this statute.

As the members opposite know, that is consistent with what we have been saying all along. This government needs to be accountable. To give them some credit, they know how to present a Bill that appears harmless or perhaps even beneficial to the people of this province. But this is deceptive, and the members opposite know it is deceptive. Instead of opening up the implications of this new legislation to the people they represent, they hide them behind broad philosophical statements. They start spouting off phrases like universal medical care and equality.

Well, Mr. Speaker, as my colleagues have already pointed out, this is a joke. There is no such thing as equal medical care in this province ever since the government decided to tear apart rural Saskatchewan. They sat in the cabinet offices and chose rural people as their victims. Then they started to methodically dismantle the entire health care infrastructure in the province.

This was in 1991, Mr. Speaker, and it is still going on. Maybe people thought after the initial cuts there would be no more pain, but the pain has continued. And rural people are staggering under the cuts the NDP government chose to make five years ago.

Mr. Speaker, I would like to go back to our legal analysis of this Bill. The lawyer's summary statement of this Bill says, notwithstanding my strong wording, this is not a direct de-insurance statute. All it would do would be to create an alternative for certain services outside of the hospitals.

The reality as demonstrated from the experiences in Alberta and

in Britain would be a two-tiered system where the hospital is clogged with those who are unable to afford to pay for the services themselves, while those who have the money can obtain services much more quickly than those who do not.

It certainly does not appear to be the type of framework envisioned by either Tommy Douglas and the CCF (Co-operative Commonwealth Federation) or by the royal commission on medicare.

Mr. Speaker, over and over again we hear how this government is supposedly so adamantly opposed to two-tiered systems. But the reality is they have continued to create a two-tiered system with their slash-and-burn reform of health care. There's one level for urban Saskatchewan and another for rural.

Mr. Speaker, don't get me wrong. I'm not saying the cities are getting off scot-free either. They are also struggling to deal with health cuts. But you will notice that Saskatoon and Regina, where so many of the cabinet ministers live, seem to be taking a lighter hit than the rural areas. The exception to this would be the Plains centre, but that facility was built to mainly serve rural people so it looks like another direct hit on rural residents.

Mr. Speaker, some may call this discrepancy between urban and rural cuts a coincidence but I call it a blatant abuse of power by the Premier and his ministers. Mr. Speaker, we are still trying to figure out why the government felt the need to introduce this Bill this session. As my colleagues have pointed out, the Premier himself admitted that this Bill addresses no immediate problem and that it was a statement of principle and philosophy.

What kind of government needs to legislate philosophy? Excuse me for being sceptical, Mr. Speaker, but shouldn't the laws of our province have some practical reason for existing? That's what I mean about this government hiding behind the feel-good, soft statements. They are trying to convince Saskatchewan people that this Bill would protect them from nasty, outside influences on our medical system. But the fact is that it's not the outside influence that is threatening the people of this province. It is the government's choice to decimate health care that we should be afraid of.

So when the Premier calls this Bill a statement of philosophy, he is misleading the people. It is their way of trying to hide the bad decisions this government is making. Mr. Speaker, I don't know how much more we can say on this Bill. We could talk for ever about this government, what this government is doing to health care, but when push comes to shove this government will do what it wants anyway.

I hope that when we discuss this Bill in Committee of the Whole we can come to some understanding of what this Bill will mean in the long run, because unlike the government, we are looking to the future and we do care what kind of health system we leave for our children and to future generations. Thank you, Mr. Speaker.

Mr. Goohsen: — Thank you, Mr. Speaker. It's time, Mr. Speaker, that we had a little bit of debate further on this Bill,

The Act respecting Health Facilities. The need for that debate arises of course from discussions that we have had with folks out in the province over the weekend. And it has come to our attention that an awful lot of folks out there really haven't got an in-depth understanding of what the health Bills in this session are going to be doing to their personal, individual lives.

So our caucus agrees with little about what the minister has said, or those things that he has proposed in relationship to this Bill. And that has come from our own thinking as we watched the Bill and listened to the debate.

But now that we have further evidence from the general public that they want to know to know more about it, we feel that it is only prudent for us enter the debate a little further, to bring about the opportunity for the government, and specifically the minister, to know and understand the concerns of the general public so that he might consider possible amendments or changes to the Bill.

There was an element of his second reading speech — and I'm referring to the minister — that I must wholeheartedly agree with. And there are always of course those times, Mr. Speaker, when we find that there are things that the government is doing and saying that are right. And when we — in accordance to our stated position before this session of the Assembly began — when we see something that we agree with we are going to applaud that and we're going to support it; when we see those things that we don't agree with we are going to try as best we can to offer alternatives.

(1045)

Now the minister pointed out that this Bill goes to the heart of the differences in philosophy between our two parties. And this is absolutely true when it comes to other Bills of health care. We may suggest that the government has actually . . . or acted hypocritically, but on this one, they have been true to their own stated philosophy. Of course, we nonetheless believe that this philosophy is wrong even though we agree that it is there and we agree to disagree.

The members opposite have spent their lives convincing themselves and convincing the public that only one big government can solve the people's problems for them — big government — big government of course run by an NDP Premier and an NDP Party.

Our party has always said and will always rely on things that are somewhat different than that. This is an insult of course to the enterprising nature and the spirit of Saskatchewan people, to think that nobody can think for themselves, that nobody can understand anything, that the only thing that can be done is to throw up our hands and allow the Minister of Health and the Premier to do all of our thinking for us.

And our party has always said that people are far, far better than that in Saskatchewan. If in fact people can think for themselves in the rest of the world, then the people of Saskatchewan can probably do better than that every time.

The minister is quite proud to say in the press that this Bill prevents the emergence of a two-tiered health care system in the province.

Well, Mr. Speaker, we tend to disagree with that. His stated intention in this Bill is obviously self-defeating as we consider some of the reality of the world around us. As the young people like to say these days, he says that as though it were a bad thing. And, Mr. Speaker, we're all very well aware of the financial pressures that exist on the public health system in today's economic atmosphere.

Allowing private health services does not affect the ability of government to continue to provide good quality, public health care, and in fact it can be enhanced. And we think that we can show the minister ways in which the private health care system could probably complement the present system, and that in fact it would take some of the pressure off of the economic situation in our province as a whole, not only just in health care. If we allow the private sector to become involved to some extent, most certainly we will see a situation where people can of course go to the private clinic and pay their own way. That frees up an awful lot of the availability of doctors and nurses and machinery within the structured health care system for those other people that are standing in line.

And if we want to see some evidence of that, I think we need only to look at eye care. As you know, Mr. Speaker, a lot of people go over to Alberta to get their eyes fixed. These days there's quite a common operation that people are very much aware of, to fix cataracts. And of course, if you go over to Alberta and pay 2,500 or \$3,000 to the doctors in Calgary, they will remove your cataract and fix your eye. And in many, many cases people have improved their vision in a miraculous way. I think the success record on that type of operation is extremely high in percentages and people are very proud of that.

Now allowing that process to go on has proven that we have taken an awful lot of pressure off of the Saskatchewan health system, and what could be wrong with that? What could be wrong with allowing people to get their eyes fixed immediately when they want to, simply by walking in and saying, I can afford this; this is something I choose to do for myself; this is something that I want to do for my health.

Or it might even be that you might have a grandmother or a grandfather or some family member, and you might say, well for a birthday present, I'm going to pay that Bill for them and help them to restore their vision. I will take them to Alberta and buy them the right and the ability to be able to see once again clearly what is going on in the world. Although I suspect that in Saskatchewan it has been a necessary kind of thought pattern for the government to want people to see with clouded vision so as to not see through what socialism and the left-wing philosophy of the NDP has really done to our province over the last forty years.

But realistically, Mr. Speaker, the truth of the matter is that health care can be greatly benefited by allowing some diversion from the present plans. And to simply pass a law now that says everybody is going to have to remain the same and be the same,

that's not going to work because not everybody's needs are the same and not everybody's wants are the same. Some people may want to have a bypass, other people may choose to have some other operation to fix their heart. And we've all heard about the little balloons that they put up your veins and fix your veins up without having to go through an open-heart surgery. People may have the idea that it would be better for them if they could choose that.

Well if you had a little clinic that did just specifically that and those people that qualified because of their medical circumstance could pay for that and go and get that done, they might be able to pay a few dollars and put off the heart operation. That certainly would take an awful lot of pressure off the present system within our province. An awful lot of our doctors that do heart operations find themselves very busy. Obviously we can't afford to have extra doctors to the point where they sit around doing nothing, but at the same time to be overworked and to have these long waiting-lists must put an awful lot of pressure on them individually as persons. To think that you have a good work schedule — it's full, it's great — but if you have a schedule where all of a sudden you find one of your patients that's waiting succumbs and perhaps dies or becomes sicker, you must personally feel some responsibility and there must be an awful lot of stress involved in that for those doctors.

So if they knew that there was a private place that some of those patients could go to buy a few months extra time while the waiting-lists get worked down, I'm sure they'd be quite happy to refer those folks that would qualify the best to those circumstances.

So there are a lot of really good places where the two kinds of systems that we have in the world around us could complement one another. They don't need to be at loggerheads, we don't believe. We think that they should be allowed to work and coexist and that would bring about the best health care system I think for all of the people. You free up the system that is presently there, and you also allow those who have immediate needs to go on somewhere else to find a cure for their problems.

Now the members opposite, Mr. Speaker, will say, ah but no, you see we can't allow that to happen because we'll get this two-tiered health care system within our province. The rich will be able to buy an operation and the poor won't. Well that's not the way it works you see, because the rich are not here to start with. They've already left Saskatchewan a long time ago because they know they can't be rich if they stay here and pay the taxes and the utility bills and all of the things that are imposed by government on us. So most of the rich people have a base in Alberta or somewhere else in the world already, but the few that do have the potential to become better off already have seen the opportunities of better health care other places and they simply don't stay here and wait within the system anyway.

They go to Minot, North Dakota; or off to Rochester — well you name it, any place where you can buy a service that's for sale. And some I dare say would even go to Europe and get the kind of medical attention they need. I've heard of cases where

people have gone to Mexico. Now that struck me a little odd because I didn't think that Mexico had anything to offer in medicine that we don't have, but obviously I guess some people think they do so they go there, and I guess they have the right to do that and they do it.

So those that can afford it are now jumping the system anyway. So if you provide those services at home then you are actually being intelligent enough to capture some of those dollars that are disappearing into the world around us, once again keeping things at home by simply loosening up your regulations and allowing people to have those systems here.

Now take the eye thing, for example. We went through this a couple of years ago and I remember the great debate. And there were people that wanted to bring the eye services in private facilities into Saskatchewan similar to those in Alberta. Wouldn't it have been better if we could have had those operations done here even if the private sector were doing it and charging for it? Then those people in that private service would be based as companies working in our province and they no doubt then would pay taxes. They would pay utility bills; they would pay all of those things that go into government at all three levels, all three levels of government; and they would help to pay for the infrastructure within our province. They would be contributing financially so that our highways could have more dollars to fix them. It spins off to every segment of the government and every segment of society.

So, Mr. Speaker, this quite frankly is a Bill that will self-destruct because quite frankly you cannot legislate people to stay home in a free country and it's just not going to happen. And that's what is happening here. We have the minister, in a second reading speech, basically making false claims to things that are going to happen that are going to be great and wonderful. And they're just not going to happen because those folks that have freedom of movement in a country, as we have fortunately still . . . maybe this government would rather that we had restrictions so that we couldn't move, I don't know — but as it stands now we're not like Russia or some of those other countries where we are tied to our system and tied to our provinces. We don't have to have a passport to go to Alberta yet but we may need one to get to Quebec before long; although I don't know why we'd ever want to go there to begin with.

But the reality is that we have freedom of movement in this country. I can go down to the border crossing south of home . . . probably we go into the states simply by asking a few questions and being honest with the man there and telling him where I'm going and what I'm going to do. He of course has the option to search my vehicle, myself, and question me; but it never happens because we look him straight in the eye and tell him the truth and we're allowed to leave and go. And we can travel all over the United States to go and visit our children that are going to school down there or working over there at different things.

And we have total freedom of movement. Nobody asked me if I'm going to stop off at the hospital in Minot and have my eyes operated on or have my heart checked. And in fact if I get sick, even the medicare system here will provide some assistance for

me to get the health care that I need. Now there are restrictions on that, and I quite agree with the government making those restrictions in most areas because we can't simply have people running off to the states and then sending the bill back home. But if they're willing to pay for it themselves, they most certainly can and do. And there is nothing stopping them from doing that, and there shouldn't be.

So reality is that this Bill is destined to self-destruct because it's non-enforceable. People simply will go and leave the province to get the two-tiered health care that this minister is trying to stop. It's a reality of our world. You're out of tune with history; out of sync with the timing of the development of our nation. That's the problem.

This kind of a Bill was something that 25 years ago probably would have been passed and everybody would have said yes, most of us are going to have to do that because quite realistically most of us didn't have fast cars, most of us didn't have the ability to buy airplane tickets. Financially, we were a poorer province in those days. We all basically had the philosophy and the idea of thinking that we stayed more or less at home.

I can remember as a young man thinking, that farm down south of Gull Lake, a trip to Swift Current was a major excursion that we would probably venture out on once a year. Dad would fire up the old 1 ton truck, which wasn't probably really in today's terms fit to drive 10 miles down the road to the neighbour's, but we would jaunt on down at 40 fast miles an hour down that old rough road — and the Minister of Highways may want to pay attention to the fact that in those days the roads were even worse than they are now — and we once in awhile drove in the ditch just because it was smoother then too, just the same as we're doing now.

But the terms of reference that I want to make, Mr. Speaker, relating to this health Bill are simply this: that in those days we did stay at home more and we were content to be at home more and this kind of a Bill would have worked back in those days for most people because we simply didn't travel.

But now we have an affluent society that has learned how to get around. We have the technology of the computers and the Internet, I guess, is available showing people where you can get what fancy operation the best. And I suspect there'll probably be even some instructions on how you can do it yourself before very long. All you need is probably a scalpel and some painkiller and away you go.

But the reality being that that's the kind of world we're in — a technological, developed world where people know and understand what's available and what they can get around them, and they're not restricted to having to stay in Regina any more. They know what's available. They know that you can go to Alberta to get your eyes fixed. They know that you can go to Minot to get surgeries of different kinds, and some that are even the type that we would rather not mention are performed outside of our province.

But reality is that those things are there and we have to face

those realities, so no use burying our heads in the sand and saying that we can legislate our people to stay home. You can legislate morality and you can legislate immorality and you can do all of those things, but people will live their lives as they please in a free country. And so reality here is that this Bill is a self-destruct kind of a Bill.

So ensuring that everyone has access to exactly the same services, they are only ensuring that the services that everyone has are, at best, going to be mediocre. And another thought trend comes from that, Mr. Speaker, because that is true. When you try to serve everybody with exactly the same kind of medicine, then the whole system has to become mediocre because there is no room for the medical profession to sort of expand its horizons and to try new, experimental or better kinds of quality of stitching or kinds of operations that nowadays . . . They have gall-bladder operations, I understand, that will make my point the best.

And I can recall that 30 years ago, a person I knew well went in for a gallstone operation, and it was a long, painful, and terrible type of risky operation. And the gallstones were removed and the patient was sick for 10 days of flat on their backs for a week in the hospital and another three or four days of recuperating, learning almost how to walk again.

(1100)

These days they take a little incision no bigger than a dime and put in a little tube in there and it goes in and does the work and they watch it on monitors. And the next day the person is out walking around the streets with a little bit of pain and a little discomfort. But it's wonderful what people can do.

And if we hadn't allowed doctors to go ahead and use those kinds of things, to try it on one person while they were still using the old method on the other one, then we would never have developed this practice in our province. We might have heard about it in New York but never, ever had the will or the opportunity to go ahead and put these processes into place in our province.

So by saying that everybody has got to have the same, are we saying, well you all got to have your gallstones taken out with a scalpel? Or do we now say no, we're going to free up the system and we're going to allow the medical professions to use those technologies that are available. And start to say well, on this one we'll try a better approach or a different approach and see how it works.

And the truth of the matter is it's called, Mr. Speaker, the practice of medicine. It is not called the exact science of medicine; it's called the practice of medicine. And that very simply means that every patient, when they've come under the care of a doctor, every patient becomes a human guinea pig. Because it is the practice of medicine. Nobody knows that what you tried on the other person will absolutely, 100 per cent work on this one. Most of the time it does, but sometimes it doesn't.

So it is a practice. They practise on everybody. And you could carry that to an extreme, but the reality is that it is something

that they are practising. There's a little bit of experimentation with it because nobody knows how each metabolism will respond to different drugs or to different procedures that are done medically. And so if you're trying to put a system together where everybody is treated equally, the whole system will become mundane, mediocre, and very, very poor in quality. You're dragging people down to the lowest common denominator instead of pulling society up by its bootstraps collectively, together, into a more prosperous way of life.

And quite frankly, Mr. Speaker, I see an awful lot of this old philosophy starting to creep back into the legislation in this last session of the Assembly — the old idea where we go back to power mongering by the head of government. Unfortunately this has nothing to do with providing the best quality of services for the people that are involved.

So, Mr. Speaker, we talked to people over the weekend out in the communities of Regina and Saskatoon and in rural Saskatchewan as well. Fortunately we were able to get around; it was a nice weekend. We talked to folks about what's going on in their minds in terms of health care. "What do you think is happening?" sort of is the questions that I posed myself; "What is your impression of what is happening with the Bills that are coming into play that will affect your lives?"

Quite frankly, most people don't really understand what the legislation that we are passing is going to do to Saskatchewan and particularly to their individual lives. They don't understand it because they really haven't had it explained to them and they really haven't in most cases taken the time, quite frankly, to worry about it. They're busy doing their own thing. That's the independent nature of a free people that have the freedom and the right of choice of movement.

But it is our duty and our job as elected representatives to take up their cause for them because that's why they elect us. And they look at us, quite frankly, straight in the eye and say: well, Jack, I hope you're doing a good job down there. Well the truth of the matter is, Mr. Speaker, that if we are going to be doing our good job down here, we have to challenge this legislation.

Because the truth of the matter here again is that the folks out there have placed a faith and a trust in us, one which I think probably for the last few weeks we haven't been taking seriously enough because we thought people knew and understand what was happening to them in this legislation. And we kind of took the position that we felt that maybe the grass roots, the sort of the people out there in the rest of the province, should be writing letters to the Minister of Health or should be phoning him up and telling him look, we don't like this.

But reality is that folks just don't know about it. And that makes the responsibility fall on our shoulders very heavily now, as their representatives, to bring about debate so that we can present the opposite point of view — not only the opposite point of view but to deliver to the minister for consideration the concepts that are going to work and the ones that are going to fail and to try to propose some alternatives.

So quite frankly, Mr. Speaker, what we are doing today is

taking some time to talk to the Minister of Health through you and to you to the Assembly, but more particularly directly to the Minister of Health. We want to talk to him about his Bill and the need for him to make some changes — changes I think basically in this Bill, in the general philosophy of the government.

Now I know that's hard; it won't be easy. But in financial matters, this government has proven that they have been able to do a lot of that. There's no question that we can give the government credit for having done some good things in terms of finances.

Well if they can do good things in finances that are totally, completely against the fundamental philosophy of the left of the philosophical spectrum, if they can pull that up to the middle or even to the right of ideas in terms of how to finance and run a province, well we believe there's a possibility there for the government to be able to do that in health care as well.

Now we believe that universality in health care is a fundamental principle that this government will hang on to, and probably you should. But there's no reason why you can't allow that to bend and sway or to be manipulated a little bit here and there in order to experiment with some new ideas and some new concepts to make the system work better.

And that's what we're really all about here, Mr. Speaker. We want the system of health care to work better. We don't want necessarily just to destroy the government today, because they're going to be elected for another three or four years, whatever they choose to stay. So that's unrealistic; we're not going to make the government fall on this Bill. So our intent here has to be very clearly one thing. And that is to try to provide the government with some time to think about an alternative.

And I can see the Health minister has been scratching his head a little bit over there, and I believe that probably the reality of democratic debate, being what it is — a slow, painful process — does work. And we are getting through to him, I'm sure, as we stand here and discuss the reality that his Bill will not ever succeed to do anything that is good for him, and in fact it may even do some bad, but it will be circumvented and it simply will end up being a piece of paper filed in the archives.

So, Mr. Speaker, we encourage the Minister of Health to go along with our ideas, to rethink this position, to experiment with some private clinic types of operation. There are several kinds that we can make suggestions of. But of course it gets later in the morning, and because of that we want to allow the minister to do some more thinking and deliberating.

And I want him to take the time to phone some of the folks out in the country that are interested in health care things but are not necessarily tied to the system — some folks that are not on the health board, some folks that are not doctors and nurses necessarily, but some of the folks maybe that are in industry or business. The grocery store owner maybe down at Maple Creek, or perhaps the hardware man down at Estevan, or the guy that runs the machine shop over there — those people have

some ideas. And if they're told how the system is going to work and how it's going to be changed by this legislation, I'm sure they can offer you some reasonable suggestions of areas in health care that you could allow the private sector to work on, just to put it to the test to see that it will work.

And we believe that it will. It has worked in Alberta, and it's working well especially, as I've pointed out, in eye care. So why not give it a try here? Let's back off of this hard-nosed, philosophical idea that only Big Brother can think for us, only the government has the ability to do for us the things that we need to have done. Let's give people some of that opportunity to think for themselves — some of that opportunity to make some choices for their own lives and how they will live them. And let them even have the choice of where they're going to spend some of their money.

So, Mr. Speaker, because we believe that the minister needs to take that time and think about it, I therefore move that debate on this Bill be now adjourned.

Motion negatived.

The division bells rang from 11:10 a.m. until 11:16 a.m.

Motion agreed to on the following recorded division.

Yeas — 20

Van Mulligen	Mitchell	Lautermilch
Upshall	Kowalsky	Renaud
Koenker	Trew	Scott
Nilson	Cline	Serby
Stanger	Hamilton	Murray
Kasperski	Ward	Sonntag
Flavel	Thomson	

Nays — 7

Aldridge	Bjornerud	Krawetz
Gantfoer	Toth	Heppner
Goohsen		

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

Bill No. 114

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Cline that **Bill No. 114 — An Act respecting the Establishment of a Crown Foundation for District Health Boards and their Affiliates** be now read a second time.

Mr. Toth: — Thank you, Mr. Speaker. Mr. Speaker, I just want to add a few more comments regarding the Bill that is before us, Bill No. 114, I believe we're discussing, the health foundations Act, and just reiterate the fact that we have a number of serious concerns regarding this Bill. It seems to me, as I indicated the other day, that some of the concerns we have is the way the Bill is being brought forward to this Assembly,

and the fact that the Bill is . . . the minister is indicating that this is certainly a piece of legislation that is offering a real opportunity to the people of Saskatchewan to support their health facilities. And while that is true, Mr. Speaker, the problem we have with this piece of legislation is that it really doesn't give or do what the minister was telling us or what the minister is leading us to believe.

This piece of legislation, while it does give individuals the opportunity to indicate where they would like to send their funds — whether it's through a bequeath, through a will, or whether it's through a donation — where an individual would indicate that they would like those funds to go to specific service in their district or to a specific facility, yes they can do that, Mr. Speaker. The Bill also brings out the fact that the commission or the board of directors that will be installed to administer these funds do not have to follow the guidelines or the leading of those individuals. And that's where we have a real problem.

And as I indicated the other day, Mr. Speaker, the reason we have that problem is because people today, even under the present system, are questioning whether or not the funds or the donations they are making to a specific facility such as, for an example, the Kipling wellness clinic or the hospital in Kipling or the care home or the Moosomin facility . . . and those are just a few. Those are some in my constituency but we could go right across this province, Mr. Speaker, and we could point out time and time again where individuals have made donations directly to facilities because they have appreciated the work that that facility, and the individuals who work in those facilities, have done to serve the needs of the community.

And I just raise that. And as I recall, just the other day attending a funeral and the family had indicated that it was the desire of the deceased that, in lieu of flowers, donations be made to the facility that had provided for that person's needs.

And, Mr. Speaker, I also had a letter just sent to me from an individual who is sending donations. And the feeling was that her donations were not being used in the way that she had directed; that they were now being sent to the district and then those donations were being lost and being utilized in other areas of the district rather than addressing the specific need that was being represented by that donation.

And so, as I've indicated already, Mr. Speaker, the fact is that the individuals are quite concerned and feel that they should have the ability to direct their funds, that they should have the ability to direct how those funds are used and where they're being used, Mr. Speaker.

And therefore, Mr. Speaker, that's why I stand up and that's why I stand opposed to this piece of legislation. I can live with the legislation, our caucus can live with this piece of legislation, if indeed the Minister of Health does the honourable thing and indeed instructs his board of directors . . . although I would, number one, say forget about establishing another appointed board.

Allow the process to operate whereby people can make

donations to their specific health district right now, as we have it, and forget about putting in place another group of individuals where . . . a group of individuals that the government says it won't cost them anything because they're going to use the interest that is generated from the trust fund to pay their salaries.

The realities are, Mr. Speaker, that is not what individuals want. When they make a donation for a facility, they make the donation on the understanding that that may not be the total amount of money that is needed for a particular project or a particular . . . a specific piece of equipment. But that that fund will . . . those monies will be put together with other monies. They will be invested. And then when the monies have accumulated to meet the need and to whatever the cost of a specific piece of equipment for that hospital is, they will be used appropriately.

However if you're paying a board of directors out of those interests that you're making or the money that that trust is making, Mr. Speaker, that means that there's that much less to be put towards the actual services, in our province, of health care delivery. And that was one of the reasons we opposed the Bill No. 82 about . . . well I can see why the government is bringing it in. The fact is the government is bringing it in because they are reducing the funding to the point that individuals across this province are starting to look at alternatives to providing services.

And so it's . . . I think it's quite hypocritical of the government to tell us of how good our health care system is when people themselves are finding as I . . . even just before I came into the Assembly this morning, a call from the Swift Current area regarding their health facilities and the meeting that they're planning. We're seeing it all across this province, Mr. Speaker, where people are getting sick and tired of what the government has been doing, how the government has offloaded onto local people. And then while they've offloaded, they tell people but you can't do this or you can't do that or we're going to control how you spend the money.

And that's the problem we have with the health foundations Act. Mr. Speaker, the government can make this Act, if you will, an Act that is workable and an Act that the people of Saskatchewan could certainly accept by doing two things.

Number one, remove the appointment of a board of directors; allow the health districts to manage the funds that are designated within their district. And as well take out the word "not" and make sure that the directors, which would be the district boards, are bound by the directives of the individuals who would make that donation or make that bequest. And that's all we ask, Mr. Speaker. And then this Act would certainly meet with all the requirements of individuals who have a desire in their heart to put funding towards health services and health care in the province of Saskatchewan.

However, Mr. Speaker, I have a feeling that this government isn't going listen again. I have a feeling that this Minister of Health isn't going to listen. I'm offering these suggestions. And to give the Minister of Health the opportunity to review my

suggestions, review the suggestions of our caucus, I'm going to ask, Mr. Speaker, that the motion that we have before us:

be amended by deleting all the words after "That" and substituting the following therefor:

"Bill 114, An Act respecting the Establishment of a Crown Foundation for District Health Boards and their Affiliates, be now read a second time but that it be read a second time this day six months hence."

I so move, seconded by the member from Souris-Cannington.

The Speaker: — Not having seen the amendment before, the Chair would like to take just a moment to reflect on its admissibility.

I have reviewed the precise wording of the amendment moved by the hon. member from Moosomin, which I would like to bring to the attention of the Assembly, the wording, and then bring the Assembly a ruling.

The wording is that the motion:

be amended by deleting all the words after the word "That" and substituting the following therefor:

"Bill 114, An Act respecting the Establishment of a Crown Foundation for District Health Boards and their Affiliates, be now read a second time but that it be read a second time this day six months hence."

The amendment in effect calls for the motion to be read a second time now and then read again a second time six months hence. As this is not a workable motion, amendment, I must find it not in order.

(1130)

Mr. Heppner: — Thank you, Mr. Speaker. Dealing with this particular Bill, our caucus has a number of serious concerns about this Bill. We voiced concerns this morning and over the past number of weeks on some of the other directions that this government is going when we're talking about health. And I think this particular one is an area that really is going to slow down and it's going to make people wonder why in the world they should support voluntarily the many ventures that Saskatchewan people have supported in the past about our health care.

And I think it's one of the strong things that Saskatchewan people have always shown, is the sense of being volunteers — a sense of helping, a sense of giving, a sense of supporting. And our health care systems throughout Saskatchewan have had numerous organizations over the past, and do at the present time, that support health care.

I was at a meeting of recognition of health care supporters in my home town of Rosthern about three weeks ago where there were some 10, 15 people who have been long-time supporters of the hospital system who were recognized for the work that

they've done and the work that they are doing and the work that they plan on continuing to do.

And I have no doubt that some of these people, in their wills and in their financial planning, do have the hospitals in mind. And I think when we look at Bill 114, we're going to find that some of those plans may be changed substantially because of what this Bill does.

On the surface this Bill seems entirely positive. And there are many good aspects of it. I think what it says basically, dealing with contributing to health care systems, that's good. However there are some profound issues buried deep inside where probably the government had hoped we wouldn't look. We did look and we saw a few things that I think the public needs to be made aware of, and the people that I've talked to have some very definite concerns about this.

The government's sloppy and cruel approach to health reform has left our rural areas with a truly second-class health care system. And it's second class basically because of time. Many of our health care situations are emergency sorts of situations, and in those kinds of things, the closer you are to a hospital, the closer you are to all the best specialists in the country, the better health care system you get. And that is a particular aspect that rural Saskatchewan has lost.

As we look at this particular Bill, we need to look at why people might consider contributing to hospitals, and then when we get into the Bill itself, what is there that may actually change that.

People tend to give to organizations that they feel are productive and helpful organizations to their community and to the provinces. Health care is one of those. It's one of those things that hardly anyone goes through a lifetime without having some exposure to and being thankful for. And as we've been exposed to the health care system and as it has done us good service, we become sympathetic, we become supporters of it.

And so as we plan on what to do with our estates and where to leave the money, we obviously look at health care as one of those possibilities, because it has done something for us and we want to, in return, help it to do the same sorts of things for others. And that is what this Bill addresses.

Mr. Speaker, the Premier loves to talk about how we should avoid a two-tier health system, but we have already created one — the one that I mentioned, the urban areas, and another one for rural areas that are vastly, vastly inferior.

It may start off with something as simple as looking at what happens with the availability of the emergency vehicles to take you to the hospital — the ambulance services. There are parts of Saskatchewan where you will have to wait from 30 minutes to 45 minutes for an ambulance to arrive, and then to take you back. In many cases, that creates a situation where the time that has elapsed is so great that it may be too late to accomplish what the health care system could accomplish if they didn't have to go as far. So that's at the very beginning of the rural

health care system.

Then we've had in the past, we've seen many of the hospitals closing down, which means that the accessibility is further away. We add to that, with the decrease in the number of hospitals, what about the people that are working there? With the urban areas getting the facilities, getting the new hospitals, that's where the best of our care-givers will want to go. That's where our new care-givers coming out of our teaching facilities will be going as well. That has created a two-tier health system. It's created a two-tier health system without any talk of charging people for services. It's just done that by the way it's been organized.

We have now a situation not unlike the turn of the century where people's access to health care is dependent on the charity of others in their community to ensure those services are there since the government has clearly abandoned the needs of the people. And that is exactly what this particular Bill, Mr. Speaker, addresses, and that is the aspect of the charity of others in the community, because when money is given to a facility, given to hospitals, that indeed is an act of charity.

In spite of the many assaults by this government, the people of rural Saskatchewan have rallied behind their local health care services. And I just mentioned earlier the meeting that I had attended where there'd been recognition given of some of the volunteers in the health care systems. And that rallying behind our local health care services in rural Saskatchewan happens in every community. It happens in the way we take care specifically of our elderly.

And I think rural Saskatchewan there — as all of Saskatchewan, I must say — has a very strong history in that area. But when some of those services tend to be decreased and tend to be limited more in rural Saskatchewan, then the people have rallied behind that to try and make up and close the gap.

Therefore, Mr. Speaker, through bequests, donations, bake sales, fund-raisers of all kinds, the people of rural Saskatchewan have shown just how much they care about their health services. This is the kind of community spirit for which this province is justly famous, and I believe each one of us are justly proud. I think all of those people that over the past years and decades have moved from Saskatchewan to other parts of the world, that's one of the key things I believe they've carried with them as they've gone throughout the world, is this spirit of community, this spirit of sharing and caring.

However in this instance, as always, the NDP is clearly afraid of anything that resembles local independence. It's shown in how the health cares have been set up with the appointment at the start of all the board members. Then we had the election of some of the board members and still some appointments. Local independence just wasn't given in total. It was handed out on small, frail threads that were given to the communities, but not in total.

It is truly ironic to hear the Health minister say, either you believe in local decision making or you do not. Well I think local Saskatchewan people, as most people in Saskatchewan do,

believe in local decision making. But if we're going to believe in local decision making, then the power has to be there to do that, and that is not there with the way the system has been set up.

This government, Mr. Speaker, has never shown any belief in decision-making powers of local people. We saw it with the issue of health board elections. We've seen it with the government's control over grants to the districts. And we see it again in this Bill. And I think it's probably the most insidious in this Bill in any of the instances that we've talked about.

The other ones are obvious and clear. And the government has stated what its direction is and the control it intends to maintain of the whole health system, and to ensure that local independence doesn't take place. This one was such an effort through the back door to sneak in more government control. It was really quite amazing that it was ever dreamt up.

But I guess this is the NDP way. We need a big government and if we have a big government, we need to control everything. We see that they want a big bureaucracy. Well big bureaucracy needs a reason to justify its existence. And so what we've done here is create another way to justify the existence of the bureaucracy. Why have local people make their own decisions when you can have a raft of experts and political hacks making it for them?

And it's unfortunate that here, when people are talking with their own wishes, their own bequests, that the government again has to step in place and say, we are going to tell you, Mr. Speaker, we are going to tell you where the money's going to go. And the fact is we may even play with the money a little bit before we put it where we want it to go.

We see this philosophy coming out strongly in this Bill. A board, Mr. Speaker, another board. A new board, Mr. Speaker, entirely appointed by the provincial government. Not done at all by the local boards, who could have elected their own boards; could have appointed people from their own communities to handle that money as it was seen fit to be spent in that community, but a board appointed entirely by the provincial government, centralizing all charitable donations — these are not tax dollars; these are not certain allotments taken by government as government often needs to, but these are charitable donations to health districts — and distributing the money as they see fit.

"They" here, is the government, Mr. Speaker, not the people who earned the money, who worked for the money and who saw needs in their communities and wanted their money to meet those needs in their communities in the very special way, Mr. Speaker, that they had seen the needs arise and to take care of those.

It is clear just how mortally afraid this government is of letting people think for themselves, or worse yet, donate their money as they see fit. It is quite fine I believe, for the government to decide how they're going to handle the money they've taken in taxes, but when the government steps in and wants to control the money that is the bequest of individuals, I think we have a

problem.

Again there are no denying that there are some positive aspects to this Bill. One cannot argue with the reasoning that people who donate to health services should be entitled to tax credits — that is a good aspect of this Bill. We support that fully. This Bill will help do that. And so in that form and in that part of it, we support this Bill totally.

However, there is a significant difference between this Bill and university foundation Bills. Each of the universities has their own foundation. If, Mr. Speaker, people give to the University of Saskatchewan, they can feel confident that that money will go as they wish toward the projects at that institution and will not be diverted to pay down the debt of the U of R (University of Regina).

So for example, someone who's spent his life in education, as I have, Mr. Speaker, might want to go ahead and leave some money to the department of education at a university and I know full well that those dollars will be spent on education at that university. Someone involved in agriculture might decide to go ahead and fund a university agricultural program.

We have, Mr. Speaker, in Saskatchewan an excellent veterinarian college that combines the work from three different provinces, so that if someone from the cattle industry might want to bequeath money to that, all of those people, Mr. Speaker, know full well that those dollars are going to be spent fully on that particular area where they want that money spent. That, Mr. Speaker, is why they give, and that, Mr. Speaker, we support.

This Bill gives no such assurances to the people who donate to health services, and that's quite unique when we look at the fact that in almost every other area of our world where someone leaves the money, that's where the money goes.

In this particular situation, Mr. Speaker, all the money goes into one big pot and only Big Brother government can say where it will go. Now I know 1984 has been a while back, but I'm sure George Orwell must smile once in a while when he looks down from the battlements of heaven to see that, sure enough, his book was right on. And here in the province of Saskatchewan people who die cannot even leave their money where they want it to go but Big Brother gets his hand. The last move that's made on a passing person is for the Big Brother in Saskatchewan to put the hand into the wallet of the dying person and take the money and say, we will tell you where it's going to go.

I find that truly offensive — that this Bill would presume to take away the right of individuals to donate money to, and only to, health institutions of their choice.

That seems to be strange. It's been one of the things we've always, I think, as people in a free enterprise system, appreciated — that if there's some money left, we could leave it to those groups and organizations and people where we choose to. But no longer in Saskatchewan, Mr. Speaker, can we leave it to the health care system. Because Big Brother in Saskatchewan

is going to tell you where it's going to go after they've gone through playing with it.

Possibly the Minister of Health may even want to take it down to a local casino and see if he can make some more money for health. But knowing how the casinos work, I'm sure there'll be less money left over after he comes out of the casino than when he went in.

(1145)

Instead, this Bill states that the new board appointed by the minister, fully appointed by the minister, will take into consideration the wishes of the donor. So they'll listen to it, think about it, but they will not be bound by them. I find that completely unacceptable.

And, Mr. Speaker, I believe when the people of Saskatchewan hear about this and learn to understand that when they want to leave money to the hospitals in their communities, to possibly a prenatal unit in their hospital, because possibly a prenatal unit has done something very special for their family and they've always been thankful for it, that now suddenly when they want to leave that money to the prenatal unit, along comes the Minister of Health and says no, I'm going to take this dollar and I'm going to put it where I wish to put it when I wish to put it there, after I've tampered with it a little bit.

The minister has defended this, Mr. Speaker, by saying that sometimes people may make bequests that make no sense. Well isn't that a telling statement. Thank you, Mr. Minister, for doing our thinking for us. I'm sure they appreciate it. But I would think that if it's somebody's own money, they can do with it pretty well what they want. And if they wish to give it somewhere, they should be allowed to give it there without our government in Saskatchewan deciding whether they can really do that.

As my colleague, the hon. member from Moosomin, has pointed out, the easy and obvious and respectful solution to this is for the foundation to be referred to the executor of the estate on matters of confusion or dispute. We do that, Mr. Speaker, in all other areas of this sort of a situation. Why can we not do that in the area of health?

Likewise, if the donator is not deceased, it would be just common courtesy to consult with him or her about where their money should go. However, given the past performance of this government, I guess even common courtesy has to be written into the Bills.

Another point of contention, Mr. Speaker, is that of the pay for the board members. As I mentioned earlier, we've now created a brand-new board that has never existed. We haven't used a board at the provincial government level; we haven't used a board at the local level — appointed and elected as they are. We're now going to create a brand-new board and we're going to have to pay for them. So someone's going to have to pay for this.

Now marvel of marvels, this time it is not going to come out of

tax dollars. The minister was happy to tell reporters that this creating won't cost any government money. And I'm sure the taxpayers of Saskatchewan must have just applauded loudly, that here's a government program that isn't going to cost tax dollars. However, Mr. Speaker, what needs to be said is that these board members — these new board members, positions that didn't exist earlier on — will be paid out of interest gained in donations.

I don't think that's much to be proud of. So here people have given money to our health care system, as a result of some of that Saskatchewan spirit that we talk about and that we're proud of, and now we're going to take some of that money and we're going to pay for a government bureaucrat, is not what they had in mind I believe, Mr. Speaker. When people donate money to their local hospital, that means all the money, including the interest, should go straight to that facility, should go where they want it to go.

It is free money as far as the health care system is concerned, so they should be able to use it where the people want it used. It may not be exactly where the minister would like to see it used. He may have other places where the minister may see that there are needs. But this happened to be the dollar that was given by a person in Saskatchewan for a particular area and that's where it should go. The last place it should go is on paying unneeded and unnecessary bureaucrats, Mr. Speaker.

Mr. Minister, I would have no problem with this Bill if it set up separate district foundations or required the provincial foundations to respect the wishes of the donators, something similar to the situation that I've discussed earlier that exists with university foundations and bequests to universities.

As it stands, I repeat that I find this Bill offensive, and it seems to be a money grab, because the government has gone into places and into funds that they've never been in before. They've never taken money out of people's wills before. But now, Mr. Speaker, they're going to do that. As I mentioned earlier, George Orwell must smile and say, give me some more royalty on my money, on my books, because I was right again.

I urge the government to give the people what they want and need. I urge the government to enhance tax credits for those who are donating. And in that aspect this Bill deserves full support. That was an excellent move and that part of the Bill is good — not the other part. But get rid of the new board this Bill creates and get rid of not listening to people where they want their money to go.

Therefore, Mr. Speaker, barring any significant amendments to this Bill, I urge the Assembly to defeat this Bill and I would like to adjourn debate on this Bill.

The Speaker: — May I invite the member to move that motion, to formalize it.

Mr. Heppner: — I move adjournment of Bill 114.

The division bells rang from 11:51 a.m. until 11:53 a.m.

Motion negatived on the following recorded division.

Yeas — 4

D'Autremont	Toth	Heppner
Goohsen		

Nays — 25

Van Mulligen	Mitchell	Whitmore
Lautermilch	Upshall	Kowalsky
Crofford	Renaud	Koenker
Bradley	Scott	Cline
Serby	Stanger	Hamilton
Murray	Langford	Kasperski
Ward	Flavel	Thomson
Osika	Bjornerud	Krawetz
Gantfoer		

Mr. D'Autremont: — Thank you, Mr. Speaker. Well I can't say as I'm really pleased to rise today, but I'm glad that I do have the opportunity to point out some of the errors in this particular piece of legislation. I believe it would have been appropriate at this time to have adjourned and to allow the people of Saskatchewan to gain a little better knowledge and understanding of the true impact that this legislation will have.

Mr. Speaker, what we're dealing with today is we're under the circumstances of huge funding cut-backs to health facilities throughout this province. These facilities — those that remain in place, that still exist as acute care facilities or as long-term care facilities — are hurting because of those cut-backs, Mr. Speaker.

Make no mistake about it, everyone knows that our waiting-lists are getting even longer. Health services are disappearing, especially in the rural areas, Mr. Speaker, where 51 rural hospitals have been shut down. Senior care homes are closing even though there continues to be a growing need. The prescription drug plan deductible which used to be \$125, Mr. Speaker, and which the members opposite while they sat in opposition said that at \$125 deductible for drugs, seniors were having to choose — having to choose between food and drugs.

Well, Mr. Speaker . . .

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

Mr. Osika: — To address a question of privilege raised by the Government House Leader, Mr. Speaker.

The Speaker: — Is the member requesting leave?

Mr. Osika: — Yes, I am requesting leave to address that motion.

Leave granted.

PRIVILEGE

Mr. Osika: — Thank you, Mr. Speaker. Mr. Speaker, I

understand a point of privilege has been brought forward regarding statements that I made in this House on Friday last.

Mr. Speaker, in reviewing my comments, I agree I did go beyond the normal bounds of what is acceptable in this House. I should not have called into question the integrity of an officer of the legislature.

And for those comments, I unequivocally apologize to this House and the Conflict of Interest Commissioner and withdraw my remarks.

ADJOURNED DEBATES

SECOND READINGS

**Bill No. 114
(continued)**

Mr. D'Autremont: — Thank you, Mr. Speaker. Mr. Speaker, I'd like to go back to the point of the \$125. While the members opposite were sitting on this side of the House in opposition, again and again and again they brought forward their contention that \$125 deductible for the drug plan was totally unacceptable — totally unacceptable because people were being forced to choose between food on their tables or clothing for their children and \$125 for drugs. And that this was totally unacceptable. That's what the people opposite, Mr. Speaker, particularly the member from Regina Hillsdale while she was the Health minister . . . while she was the critic for Health in the opposition, kept saying. And she brought forward seniors who would confirm her statements that they had to choose between drugs on one hand and food on the other.

Well, Mr. Speaker, can you imagine, can you possibly imagine just how many people must be making those very same difficult choices today? Because the drug deductible is now \$1,750 brought in by the NDP government opposite. If people had to choose between food and drugs at \$125 deductible, can you imagine the sacrifices they must be forced to make, the deprivation that they must live in to meet the deductible put in place by the government opposite — \$1,750, Mr. Speaker. That's almost two months income for a lot of people on social services, Mr. Speaker.

It's terrible, Mr. Speaker, what they face. Indeed my colleague says that for some farmers that would almost be an entire year's net income. Mr. Speaker, this is the government that said they were the saviours of medicare — the only ones that could protect medicare, the only ones that believed in medicare. And yet, Mr. Speaker, \$125 was a despicable number for a deductible, and yet they raised it to 1,750. And they sit there smiling, Mr. Speaker, they sit there smiling about it.

The previous Bill . . . this Bill, Mr. Speaker, they wish to take money given by the generosity of the people of Saskatchewan, given to help health care while the members opposite sit there and smile while they take \$1,750 from the hands, from the pockets and from the mouths of the people in this province that are in desperate need.

It's not only the \$1,750, Mr. Speaker, that they have taken away from the people of this province. They've take away chiropractic and optometric services which have been de-insured. The government did away with the children's dental plan, at the same time providing the civil servants of this province with dental care for both themselves and their children, Mr. Speaker.

One rule — one rule, Mr. Speaker, if you work for the government; another rule, Mr. Speaker, if you're a taxpayer. And the taxpayer, Mr. Speaker, pays, no matter whether they pay directly themselves or whether they're paying for the benefits of the civil servants, and indeed, the MLAs (Member of the Legislative Assembly) of this province.

Mr. Speaker, they took away insulin and diabetic supplies. These were taken off of the prescription drug plan and much, much more, Mr. Speaker. Much more. We often hear and get phone calls and letters from people who say, I need a particular drug, to exist. Not to have a great quality of life, Mr. Speaker, just to exist. And what do the government opposite offer? Nothing. Mr. Speaker, Betaseron is a drug that helps MS (multiple sclerosis) patients. But can the patients of this province receive it under the prescription drug plan? No, Mr. Speaker, they cannot.

There's no assistance for Vicki Lissel, Mr. Speaker, and her hepatitis C. No. No prescription for that. She has to pay herself because the government has denied her that opportunity, Mr. Speaker. This particular government is very, very good at taking things away.

They were very good in opposition at pointing out all the things government should be giving to the people; very good at that. But when it comes to governing, Mr. Speaker, what they're good at is taking things away. They take your money in taxes, and they take away your benefits.

Mr. Speaker, the things that I have mentioned are just a partial list of the things that this government has taken away. And it's funny that government members talk often of protecting health care in their system, of not allowing a two-tiered health system, yet at the same time they have closed hospitals, closed nursing homes, cut funding to the point where nurses cannot do their job properly any more.

(1200)

Well, Mr. Speaker, when they talk about protecting health care in this province, I recall a by-election in 1987 in the Assiniboia constituency, where the members opposite went around the constituency telling the voters there, if you elect a member of the Grant Devine government, they would close every one of your hospitals. Every last one of your hospitals in the Assiniboia constituency will be closed.

Well, Mr. Speaker, the people of Assiniboia didn't believe them. They voted for Jack Wolfe and elected a PC (Progressive Conservative) member, a member of Grant Devine's government. And you know what? They didn't close a single hospital.

A general election in 1991. They elected a member of the NDP Party to represent that seat. Well, Mr. Speaker, they started off with I believe five hospitals in that constituency; I believe they're down to one now. Mr. Speaker, that's the record of this government's taking away.

Certainly our taxes have not decreased in this province, but our access to health care certainly has. It certainly has, Mr. Speaker. That is, if we can get to the hospital, the few remaining hospitals there, because the Minister of Highways finds it inappropriate to fix highways. He finds a great deal of difficulty in arguing with the member responsible for the Department of Finance in giving him any money to build up the roads so that the people of this province can get to the few remaining health care facilities.

The people in this province, Mr. Speaker, have always supported health — have always supported health, either directly through taxation or through donations to their health care facilities. I recall many, many fund-raising suppers, raffles, bake sales, lights for Christmas trees, any number of activities to raise money for the local health care facilities. And the people gave generously — very generously, Mr. Speaker, throughout my constituency to support their local health care facility.

Indeed, they gave so generously, Mr. Speaker, that a number of these health care facilities prior to the member from Regina Hillsdale, when she was the minister of Health, taking away their autonomy, had significant reserves in place to do capital construction. Those reserves, Mr. Speaker, were turned over to foundations. They created foundations for every one of those hospitals, Mr. Speaker, that were closing.

Those foundations still exist today. But the minister's Bill, the Crown foundations Act, is going to make a great deal of change to that. What was previously given voluntarily to the foundations received a small tax credit. The local community people who administered the trust funds, the foundations, used those monies to provide services, facilities, wheelchairs, ambulance . . . not ambulance, paramedic little vans, Mr. Speaker, to go around and pick up people around the community — all sorts of those things to aid in health care in the communities.

But under this current Act, any monies given to the Crown foundation will simply be swallowed by that larger pool, that province-wide pool administered by the government's own appointees.

How sensitive, Mr. Speaker, is the appointee from Saskatoon going to be to the needs of Redvers? How sensitive is the appointee from Prince Albert going to be to the needs of Climax? How sensitive is the appointee from Estevan going to be to the needs of Frenchman Butte?

Well, Mr. Speaker, I wonder. Will they even know where those communities are? Will they know any of the people in those communities? Will they know the real needs that that community has and the needs and the reasons why the money from Frenchman Butte, from Climax, or from Redvers, was

given to the foundation in the first place, and the reasons why that person wanted to support health care?

It may have been because they were born in the hospital, or because a parent had resided in the long-term care facility, or because they themselves had suffered a traumatic incident and had been saved by that facility. Those are the reasons why the money is given, Mr. Speaker, but will the board members know those reasons? Will the board members even be sympathetic to those reasons? And that's why, Mr. Speaker, this Bill needs some very serious reconsideration.

Mr. Speaker, I understand that the health care dollars are very scarce, and so do the residents of the areas across the province. And that's why it's a step in the right direction, Mr. Speaker, to allow larger tax credits to individuals for donating funds towards the health care facilities and towards services.

Under the current regime, Mr. Speaker, in health care, you can provide funding for facilities. You can provide community funding to buy a new hospital bed, but, Mr. Speaker, you can't provide funding for services such as acute care. You can provide the physical room for somebody to be in; you can provide the physical equipment — a bed, a monitor, whatever it might be to furnish that room. But you cannot provide the acute care service to any patients over and above the minister's miracle formula — the formula that every one of us have to fit into, Mr. Speaker. And that is what's wrong with the current system.

Mr. Speaker, after all, if the government can't continue to fund our essential services and maintain the quality of health care Saskatchewan families have enjoyed for so many years, he could at least allow for private money to help out.

Mr. Speaker, there's two ways that can be done. We have seen an attempt in this province to establish an eye clinic similar to what's known as the Gimbel eye clinic in Calgary where private funds would be allowed to come into the province, invest in a health care facility, invest in providing health care services and charge accordingly.

Mr. Speaker, if that service was allowed it wouldn't mean that the taxpayers of this province, the people in need of health care, would be directed by their physician to attend that clinic or take advantage of that service. It would mean they would have the option, Mr. Speaker, just as they have that option today.

But unfortunately the options they have today are not in this province. You have to leave the province. So the money leaves the province, Mr. Speaker, and the taxes that that service generates, the job opportunities that service generates, are not being generated in Saskatchewan. Rather they are being generated in Alberta; they're being generated in North Dakota; they're being generated in Minnesota; they're being generated elsewhere in this country, Mr. Speaker, but not in Saskatchewan.

And, Mr. Speaker, it's not a question of whether the work will be done, whether the eye surgery or whatever else it might be is going to be done. It's the question of where will it be done and

when will it be done. Under the current system you can receive cataract surgery in Saskatchewan if you're prepared to wait — if you're prepared to wait six months, a year, whatever it might be.

So let's say we have a hundred people on the waiting-list, Mr. Speaker, and it takes six months. What if service was available privately in Saskatchewan and 50 people of those 100 took advantage of that circumstance and you decreased the waiting list by 50 per cent? Then the person on the bottom of the list should only have to wait three months, Mr. Speaker. Unfortunately under the current system I suspect the minister may very well cut funding by half to that facility and you'd still end up waiting six months, only now you have half as many people on the list waiting that six months.

So, Mr. Speaker, to allow operations, to allow services such as the Gimbel eye clinic in this province would not diminish the health care of this province. In fact it would enhance it, Mr. Speaker, because it would take people out of the current system and allow those who remain in the system to move through it more quickly and more efficiently, Mr. Speaker.

Mr. Speaker, that's why this Bill is a step in the right direction, because it does allow for larger tax credits for individuals who wish to donate funds towards health care facilities and services. Unfortunately the minister continues to restrict what those services can provide. But, Mr. Speaker, there are a number of people, as I said earlier, who are more than prepared to contribute to health care in Saskatchewan. In fact, Mr. Speaker, if opportunities were right for them, if facility opportunities were right, they would be investing even more. They would be donating even more, Mr. Speaker, than they are today.

Their concern is, if I contribute today to a long-term care facility to provide more long-term care, will that facility be allowed to provide that service? And unfortunately, Mr. Speaker, they will not be allowed to provide that additional service. They can buy a new colour TV set, 52-inch screen, but heaven forbid that you should be allowed to put an extra bed in there, Mr. Speaker, so that some senior in your community who is in desperate need of getting into the facility would have that opportunity. And that's where the minister's Bill falls down, because it restricts what services are available.

Mr. Speaker, after all, if the government can't continue to fund our essential services and maintain the quality of health care Saskatchewan families have enjoyed for many years, he should at least allow private money to help. And I believe that, Mr. Speaker, very much.

(1215)

I think we should allow a lot more than that, Mr. Speaker, such as the private eye clinics like the Gimbel clinic from Calgary, Mr. Speaker. But I think we've had these discussions in this House before and I'm sure we will again, most appropriately; and hopefully at some point in time, the minister might reconsider.

He brought a Bill in, Mr. Speaker, but a Bill in which the public

system continues to be funded by taxpayers' dollars. Then the physicians, the nurses, get the fee as outlined by medical care insurance for those procedures. He said yes, private clinics can carry out the function in Saskatchewan, but we will only fund them, fund the physicians, fund the nurses at the same level that we're paying to the public system.

Unfortunately, Mr. Speaker, the public system isn't prepared to provide a facility for the private doctor and the private nurse to work in. The taxpayer provides the tax money to fund the public facility and then that physician and his expenses are paid through medical care insurance, but the private system can only be paid through medical care insurance. And therefore there is no one, Mr. Speaker, to fund the facilities, the clinics, the equipment that is needed.

In other words, Mr. Speaker, you can go ahead and do it but you're not going to get any money for it if you do.

Mr. Speaker, I believe it's imperative that some changes be made to this Act before it passes through this Assembly. I have no problem at all, Mr. Speaker, with the additional tax credits for donations. In fact, I applaud them. But there is one catch to these, Mr. Speaker, when you provide the additional tax credits to the Crown foundation donations.

Under the current system, current foundation, funds are allowed to provide a small tax credit — I believe it's 20 per cent, Mr. Speaker. And as I mentioned, there are a number of these foundations around the province. The people who are interested in contributing to these foundations know that the funds donated to, say, the Arcola trust foundation for health care — that money will stay in the Arcola system. Or if not in Arcola specifically, within the health district.

But when you contribute money to the Crown foundations, that money can be spent any place — not in Arcola, but perhaps up at Preeceville. I know that some of the members here have a fond recollection of Preeceville, and they do have some very nice health care facilities up there.

But the person who contributes a donation, Mr. Speaker, in Arcola believes that that money should be used in his area to provide for the needs within that area. And while the people in Preeceville may be very needy and need additional funding, it's up to the people then, Mr. Speaker, in the Preeceville area to contribute, to find it in their heart to provide that additional funding.

Because otherwise it becomes a case of triage, Mr. Speaker, triage being administered by political appointees. Whether you provide it, the funding, to Arcola, and meet the need that is there or you provide the funding some place else in the province, that determination is not made by the people making the contribution; rather, Mr. Speaker, it's being made by the political appointees of the Minister of Health. And that's wrong, Mr. Speaker.

That comes to one of my points, Mr. Speaker, that I have a great deal of concern with, and that is how the board is established. Because, Mr. Speaker, this is an appointed board.

The people, the health districts, the donors, don't have a choice, Mr. Speaker, on who will make those contributions . . . not the contributions, excuse me, who will make the decisions on the contributions being made to them. Where will that money go to? What services will it provide? Will it go to provide long-term care, additional long-term care services in Moose Jaw, or will it go for additional long-term care in Esterhazy?

It has to . . . Mr. Speaker, we have to take a very serious look at that, because there is a large number of people, mainly from urban Saskatchewan, represented in the government benches. When it comes to naming the people on the board, will they name people from rural Saskatchewan or will they name people from urban Saskatchewan?

As I said earlier in the debate, when it comes to appointing people, what kind of concerns will the people from Regina and Saskatoon and P.A. and Moose Jaw and Swift Current and Yorkton have for the people in the very small communities, Mr. Speaker. We have seen what it has already meant when it comes to closing health care facilities across this province. It has meant that the larger the urban centre, the more likely you are not to be affected by the changes in health care.

Again I go back to the Southeast Health District, which every hospital in the district closed except for the hospital in Estevan. And there are a number of those examples across this province, Mr. Speaker, a large number of those examples.

Mr. Speaker, I'm concerned about the boards, as I said, that this Bill will establish, not that other entities such as this that don't have boards overseeing them when the money comes in. In fact as the minister has talked of, using the U of R and the U of S (University of Saskatchewan) as examples of similar foundations, and as my colleague from Rosthern has pointed out, there are only two universities in this province. And indeed each one of those two universities has its own foundation. So the money given to the foundation can be directed to the use of that particular entity.

There's no reason why the Minister of Health in this particular Bill couldn't have done the same thing, Mr. Speaker. He could have created district health foundations. He could have even created individual facility foundations had he so desired.

But let's say he stayed with the district health foundations. Then a contribution to the district health foundation would have at least stayed within the health district that the person was donating it to and the local people would have been much more concerned, much more sensitive, to the direction being given by those providing the donation.

But, Mr. Speaker, as my colleague says, the members opposite seem very intent on getting their hands into dead men's pockets. And I believe that's a wrong, a very sad, way of looking at it, Mr. Speaker — that they would want to reach into dead men's pockets simply to fund the health care system in Saskatchewan that they as government members are not prepared to do as a government.

Mr. Speaker, the members opposite seem to be disbelieving the

things that I'm saying. They don't seem to understand that the people opposite . . . that the people of the province don't agree with the government members on this, that the people across Saskatchewan understand this issue much better than the people opposite do . . . (inaudible interjection) . . . and, Mr. Speaker, I'm trying to use as small of words as I can so that the members opposite can understand it.

Mr. Speaker, there are fundamental differences. As we have said, that there are only two universities in this province; that the university foundations have been created and they're . . . let's use an example, Mr. Speaker. The University of Brandon provides a great deal of service down into the south-east corner of the province. A great many of the students from south-east Saskatchewan attend Brandon University.

So we have the university Crown foundations. What if the university Crown foundation was to contribute to programing, to development, to facility construction, at the university of Brandon? How happy, Mr. Speaker, would the alumni of the University of Regina or the alumni of the University of Saskatchewan be to know that their donations, their contributions to a foundation, to a trust, for the development . . . that they gave for the development of their universities are going to the university of Brandon? The university of Brandon is a very nice university, does a good job, but the people who contributed the money to the Crown foundations for universities did not intend that money to go to the university of Brandon; they meant for it to be used within this jurisdiction, within their own area, within their own local.

But if the same rules were applied to the university foundations as the Minister of Health wishes to apply to the health foundations, then the money, if the board so desired, would go to the university of Brandon.

Well let's carry it a little further, Mr. Speaker. What if the Saskatchewan universities' foundations, the appointees to those boards, came from Manitoba, Alberta, British Columbia, and Ontario, and Saskatchewan had one appointee out of a number, and the money was distributed to Alberta, or was distributed to Manitoba — the teachers are starting to get involved here, Mr. Speaker — if the money was spread around the other provinces and not to Saskatchewan, there would be a great deal of acrimony, Mr. Speaker, by those people who donated the money for the province of Saskatchewan.

Now the students in my area would certainly benefit if Saskatchewan's university foundations were to contribute money to the university at Brandon. After all we're taxpayers here, Mr. Speaker, why shouldn't some of that money go to Brandon University where our students are involved and take an advantage of the educational opportunities there. But the people, Mr. Speaker, who donated the money, who donated the funds to the foundations for the U of R or the U of S, that wasn't their intention. No, Mr. Speaker, they were allowed to designate what university they were giving their money to, and it wasn't the university of Brandon.

But because the health boards, the health foundations, Mr. Speaker, are going to have a province-wide board appointed by

the minister, they are not going to be able to designate where the money goes to. The board will make that determination. And when you say, I would like to contribute \$10,000 for, Mr. Speaker, to the health foundations, he can't say, I want this to go to foundation X or program Y. It simply goes into the large black hole and the board distributes it to wherever they wish it to go.

And, Mr. Speaker, that's a major flaw, a major flaw in this Bill, because it's wrong that the board should have the power to redirect the money to wherever it sees fit. And there is no need for this whatsoever except that the provincial government wishes to exercise its muscles and dictate from the top down which districts will receive what funding.

Now when we brought this up previously, the minister said the money will go where the donor wants it to go. Well if that's the case, Mr. Speaker, why even include section 14 in this particular Bill?

Mr. Speaker, section 14 makes it very clear that the board created does not have to follow the directions of the donor. They can make their own choices. And those choices, Mr. Speaker, do not include directing what the donater wanted. They may, they may if they wish to, follow the direction that the donor may wish, but they don't have to if they don't want to. So if someone left a hefty sum of money to the Oxbow health centre, the Galloway centre, but if the board thinks that the health district has already received more than its share of money, the board, the foundation board can then redirect the money elsewhere.

I know the minister's excuse is that sometimes people donate to a facility that isn't in existence any more, or it's an impossible request. Well, Mr. Speaker, under the current Act if someone was to donate money to let's say the Gainsborough hospital, well that particular facility no longer exists, but the district health board would simply take possession of that money and use it within their district, Mr. Speaker. It would be used locally, not spread throughout the province for the use outside of the area which was outside of the direction given by the donor. And if its an impossible request then, Mr. Speaker, I believe that there are other avenues available to dealing with such requests.

I would just have to ask how many times has a person donated to a facility that no longer exists or made an impossible request? I mean, just how many times does someone donate to a facility that doesn't exist any more? Most people understand that if a facility's doors are closed, that there's no point in giving them money any more. You're never going to resurrect them.

In any event, Mr. Speaker, I find it difficult to buy the argument that this is one of the reasons why a provincial board is needed. After all, what happens right now if someone dies and wills money to a facility that doesn't exist? I would imagine, Mr. Speaker, what would happen is that the executor would redirect the funds to another local facility or would seek redirection from family members before the money is sent anywhere. I mean, that is the job of a responsible executor to ensure that as

close as possible the requests by the deceased are honoured.
That's the duty of the executor, to fulfil the legal mandates . . .

The Speaker: — Order. It now being 12:30 p.m., the House stands recessed until 1:30 p.m.

The Assembly recessed until 1:30 p.m.

The Assembly met at 1:30 p.m.

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Mr. Bjornerud: — Thank you, Mr. Speaker. I rise today to present petitions of names from throughout Saskatchewan regarding closure of the Plains Health Centre. The prayer reads:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

The people that have signed the petition, Mr. Speaker, are mostly from the town of Alameda.

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, I rise today to present petitions of names from throughout Saskatchewan regarding the Plains Health Centre. The prayer reads as follows, Mr. Speaker:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

The names on the petition, Mr. Speaker, are from Maryfield, Saskatchewan; from Moosomin, from Regina, and from Grand Coulee, Sask. There are other centres represented on this petition also. I so present.

Mr. Krawetz: — Thank you, Mr. Speaker. I also rise to present petitions of names from people in Saskatchewan regarding the Plains Health Centre. The prayer reads as follows:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

The people that have signed this petition, Mr. Speaker, are from the city of Regina, from Moose Jaw, from Milestone, and from Lang. I so present.

Mr. Gantefoer: — Thank you, Mr. Speaker. I rise as well on behalf of citizens concerned about the impending closure of the Plains Health Centre. The prayer reads as follows:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

The signatures on these petitions, Mr. Speaker, are mostly from the city of Regina, but also from communities in the South.

Ms. Draude: — Thank you, Mr. Speaker. I also rise today to present petitions of names from people throughout Saskatchewan regarding the Plains Health Centre. The prayer reads as follows:

Wherefore your petitioner humbly prays that your Hon.

Assembly may be pleased to reconsider closure of the Plains Health Centre.

The people that have signed these petitions are from Regina, Sedley, Richardson, and Weyburn.

Mr. McLane: — Thank you, Mr. Speaker. I rise again today to present a petition on behalf of concerned citizens throughout southern Saskatchewan regarding the Plains Health Centre. The prayer reads as follows:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider the decision to close the Plains Health Centre.

Mr. Speaker, this petition has been signed by many concerned citizens from the communities of Elbow, Strongfield, Loreburn, Outlook, Tugaska, Pense, Central Butte, and Moose Jaw.

Mr. Aldridge: — Thank you, Mr. Speaker. I too rise to present petitions of names of Saskatchewan people with respect to the Plains Health Centre. And the prayer reads as follows, Mr. Speaker:

Wherefore your petitioner humbly prays that your Hon. Assembly may be pleased to reconsider closure of the Plains Health Centre.

And those who have signed this petition, Mr. Speaker, are from the communities of Lestock, Craven, and then the vast majority of people being from the city of Regina.

Mr. Goohsen: — Thank you, Mr. Speaker. Mr. Speaker, today we present a new initiative to an old problem, and I will read the prayer on behalf of the people of Saskatchewan:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to allocate adequate funding dedicated towards the double-laning of Highway No. 1; and further, that the Government of Saskatchewan direct any monies available from the federal infrastructure programs towards double-laning Highway No. 1, rather than allocating these funds towards capital construction projects in the province.

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

These are from mostly the Shaunavon, Vanguard, Simmie area of the province, and I'm happy to present them today, Mr. Speaker.

Mr. Heppner: — Thank you. I too would like to present a petition on a similar behalf, and I read the prayer:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to allocate adequate funding dedicated toward the double-laning of Highway No. 1; and further, that the Government of Saskatchewan direct any monies available from the federal infrastructure program toward double-laning Highway No. 1, rather than

allocating these funds toward capital construction projects in the province.

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

And these come from Shaunavon, Eastend, Frontier, Admiral, of Saskatchewan. Thank you.

Mr. Toth: — Thank you, Mr. Speaker. Mr. Speaker, I too have petitions to present to this Assembly. And I'd like to read the prayer:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to allocate adequate funding dedicated toward the double-laning of Highway No. 1; and further, that the Government of Saskatchewan direct any monies available from the federal infrastructure program toward double-laning Highway No. 1, rather than allocating these funds toward capital construction projects in the province of Saskatchewan.

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

Mr. Speaker, these petitions I have are signed by individuals from the Ponteix, Shaunavon, Consul, Climax, areas of the province; Gull Lake, and also Saskatoon. I so present.

READING AND RECEIVING PETITIONS

Clerk: — According to order, petitions respecting the closure of the Plains Health Centre have been reviewed, and pursuant to rule 12(7) they are hereby read and received.

INTRODUCTION OF GUESTS

Hon. Mr. Nilson: — Yes, Mr. Speaker. It's my pleasure today to introduce to you and through you to the legislature, my wife's parents, Stan Lee and Betty Hatlen Lee, who are in the west gallery. They're visiting here from Everett, Washington which is just north of Seattle, Washington. It's a very famous place in our family since my wife grew up there, but it's also probably well known to members of the Assembly as the place where Boeing 747 jets are made. Let's have a big welcome for the Lees from Everett.

Hon. Members: Hear, hear!

STATEMENTS BY MEMBERS

Congratulations to Graduates

Mr. Krawetz: — Thank you, Mr. Speaker. Mr. Speaker, this is a momentous time for grade 12 students across the province. After spending the majority of their young lives in school, they have finally reached a very important milestone.

Mr. Speaker, graduation signifies accomplishment and opportunity. Not only have these young people developed a broad base of knowledge, they have learned to become independent adults who will contribute to society.

But before they can don their caps and gowns, there's one obstacle they still have to face — final exams. In the next two weeks you'll see students trying to cram one year's worth of studies into a few days of studying. But as we all know, it can be done and these students will soon have their diplomas under their belts.

Mr. Speaker, I ask the members of this House to join with me in wishing them the best of luck on their finals, and in congratulating all of the graduates throughout Saskatchewan. I wish them safe celebrations and the best of luck as they move ahead. Thank you.

Some Hon. Members: Hear, hear!

Sale of Gas and Oil Rights

Ms. Stanger: — Thank you, Mr. Speaker. Mr. Speaker, I have some good economic news from my constituency, and also from the rest of the province.

The most recent sale of Crown petroleum and natural gas rights resulted in 18.9 million in revenue for the province. It is the highest revenue from a single sale since December of '94. The previous sale held in April realized 13.4 million. A total of 510 parcels were sold in June, compared to 289 in April.

In addition to the sale of parcels, two special exploratory permits were awarded on the basis of work commitment bids. Rockwell Resources was the successful bidder on one parcel with a work commitment of \$2.9 million, and Windfall Resources was the successful bidder on the other, with a work commitment of \$2.8 million.

Mr. Speaker, both of these dispositions are located south-west of Moose Jaw in the Thunder Creek constituency. They can be added to the list of good economic news for that region mentioned by the member of Regina Wascana Plains on Friday.

The Weyburn-Estevan area received the most bonus bid activity with 11.4 million. The Kindersley-Kerrobert area was second with 5.3; and the Swift Current and Lloydminster areas followed with 1.7 million and 600,000 respectively.

Mr. Speaker, this demonstrates that many areas of the province, including the Lloydminster area, are benefiting from this activity.

Some Hon. Members: Hear, hear!

Gord Kluzak Inducted into Sports Hall of Fame

Mr. Bjornerud: — Thank you, Mr. Speaker. Mr. Speaker, the Saskatchewan Sports Hall of Fame held its annual induction ceremony over the weekend. A number of people were recognized both for their athletic accomplishments and as builders. One of those honoured was Gord Kluzak who was born in Climax and played all of his minor hockey in south-west Saskatchewan before moving on to star with Billings of the Western Hockey League.

From there Gord moved on to the national junior program where he was instrumental with Canada in winning the 1982 World Junior Hockey Championship. Later that year he was selected first overall by the Boston Bruins. In spite of the fact that Gord's NHL (National Hockey League) career was cut short because of a chronic knee problem, he played eight seasons with the Bruins.

Mr. Speaker, one of the most positive aspects of seeing someone like Gord inducted into the Saskatchewan Sports Hall of Fame is the fact that he does not forget where he came from. He speaks openly and honestly about how much his family and his friends in this province mean to him.

I would like members of the Assembly to join with me in congratulating Gord Kluzak on his induction into the Saskatchewan Sports Hall of Fame.

Some Hon. Members: Hear, hear!

Saskatchewan Sports Hall of Fame Induction Awards

Mr. Kasperski: — Thank you, Mr. Speaker. On the weekend I also was in attendance at the 30th annual induction dinner held by the Saskatchewan Sports Hall of Fame as the government representative.

To the four athletes, Gordon Kluzak, Irene Lacy, Joanne McTaggart, and Richard Schell; the four builders, Eugene Hearn, Diane Lemon, Lloyd Saunders, and Don Steponchev; and the two teams honoured, the Sundown Optimist Buffalo Gals and the Gary Thode curling rink, I would ask that we all extend our congratulations on their outstanding accomplishments and thanks for their dedication and their contributions to their home towns and to the people of Saskatchewan.

Mr. Speaker, congratulations are also in order to Hall of Fame president, Don McDonald, and the board of directors and the staff of the museum, and to this year's dinner chairman, Bernie Goplen, all who made the dinner a very memorable event.

Finally, Mr. Speaker, thanks should go to all those in attendance for their ongoing support of the Saskatchewan Sports Hall of Fame Museum and the annual induction dinner.

Some Hon. Members: Hear, hear!

Seager Wheeler Farm Site Opening

Mr. Heppner: — Thank you, Mr. Speaker. This weekend I had the privilege of attending the opening of the Seager Wheeler farm site at Rosthern. It was a rather exciting time because it features a very prominent person in Saskatchewan agriculture, a very innovative person, an individual that took Saskatchewan in its tough times and said we can fight our way through that.

And I think it's that spirit of Saskatchewan as typified by that particular farm, and it was good to see the turnout that was there; the directions and innovations that have taken place there as well as the seeding demonstration. So I wish them well in

their future endeavours.

Clearwater Forest Products Partnership Agreement

Mr. Langford: — Mr. Speaker, a recent partnership agreement between the province and Clearwater Forest Products will benefit my constituency and areas of northern Saskatchewan. This agreement will allow the company to reduce log trucking costs by using more efficient, overweight vehicles. As a result, Clearwater is using the first nine-axle B-train to haul logs to northern Saskatchewan. This vehicle has technology that gives it excellent safety characteristics, while at the same time minimize road damage.

The agreement also means that it is more economically viable for Clearwater Forest Products to haul burnt logs to its sawmill in Meadow Lake. The trailers that are being used are being manufactured by BeeLine Welding in my constituency. BeeLine Welding produces a quality product and provides excellent services, and the agreement could lead to additional sales for the company. Under the term of the 10-year agreement, Clearwater will pay half of the savings to Saskatchewan Highways and Transportation for northern road improvement projects.

I would like to congratulate all the partners in this agreement, which is good for our northern roads and for all our companies involved. Thank you.

Some Hon. Members: Hear, hear!

Alameda Agricultural Society Fair

Mr. D'Autremont: — Thank you, Mr. Speaker. I would like to inform the members of an event that occurred in my constituency over the weekend — the annual Alameda Agricultural Society fair. This is a very well-attended fair and it features mainly 4-H people.

Mr. Speaker, there was a 4-H cattle show and sale where the 4-H animals were sold by open auction. And I have to report that I'm sure all of the farmers in the province wished they received the prices that these cattle received. I saw animals go for a price of as high as \$125 a hundredweight.

Mr. Speaker, they also had horses as part of this fair, which included dressage events, and that was very interesting to watch, Mr. Speaker. But I think it's important that we not forget that there was also sheep and lambs that were demonstrated, shown by the 4-H, and the lambs were auctioned off.

But I think the *pièce de résistance*, Mr. Speaker, was the annual goat-milking contest which yours truly had the opportunity to participate. There was eight contestants in the goat milking, Mr. Speaker, and I have to report that I improved my standings from last year. I moved up to second.

Some Hon. Members: Hear, hear!

Mr. D'Autremont: — They keep bringing in a ringer every year, Mr. Speaker. But the goat milking raised over \$900 for

the ag society, and I would like to congratulate the entire committee for the work they did in organizing the agriculture ag society fair.

Some Hon. Members: Hear, hear!

The Fringe and Comedy Festivals

Hon. Ms. Atkinson: — Mr. Speaker, festivals run in Saskatoon all summer long, and festivals happen in the constituency of Saskatoon Nutana. And the Fringe has been a special part of the festival scene for seven years this summer.

This year it will be back on Broadway from August 2 to 11. The Fringe spent two years downtown, but in the end decided to move back home to Broadway where it was born. The Fringe is a wonderful, funky alternative to traditional theatre. It's also lively, always innovative, and always a lot of fun.

There must be something in the air along Broadway because it's also home to the comedy festival which happened this past weekend and it was a lively, entertaining, and definitely rib-tickling event. The headliners were Nancy White and John Byner, but there was also an improv venue, a belly-laugh and blues venue, ventriloquists, and a female comedy venue. There were buskers in the streets and music everywhere.

These special events, Mr. Speaker, depend on community support. Thousands of people come to enjoy the entertainment, but it's the hundreds of volunteers who contribute time, energy, and enthusiasm that makes them such a success. The merchants on Broadway, Mr. Speaker, are long-time supporters of the arts in Saskatoon, as are the residents of Saskatoon Nutana and Broadway who have enthusiastically supported the arts.

These are just two examples, Mr. Speaker, of what makes Saskatoon Nutana such a great place to live and a great place to visit. So come this summer to the Fringe. The merchants will welcome you and so will the people that live there.

Some Hon. Members: Hear, hear!

ORAL QUESTIONS

Agreement With Rural Health Coalition

Mr. McLane: — Thank you, Mr. Speaker. Mr. Speaker, when 52 communities signed the Rural Health Coalition Agreement in 1994, they did so in good faith. St. Walburg was among these communities which sought assurances that 24-hour acute care and emergency services would be maintained and was guaranteed that this government, and I quote: "commits to sustain the funding for 24-hour emergency services after April 1, 1994 and beyond through budget amounts provided to the district boards".

Mr. Speaker, we have learned that the hours of operation for hospital services in St. Walburg are being reduced to 9 a.m. to 5 p.m., another victim of this government's two-bit health care reform. Does the minister deny that his government is in clear violation of the Rural Health Coalition Agreement?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Mr. Speaker, I believe that the intent and the spirit of the Rural Health Coalition Agreement is being met by the Department of Health and by the Twin Rivers Health District. This agreement, Mr. Speaker, was intended to ensure collaboration and cooperation in a process that promotes effective discussion, problem solving, and consensus building. It is not about adversarial relationships, Mr. Speaker. It is not about political tactics. It is not about negotiation tactics. It is about ensuring the health needs of Saskatchewan people. I believe, Mr. Speaker, that the Twin Rivers Health District is meeting with municipalities in the district to discuss tentative plans for health service delivery in the area, and I have every confidence that those plans, once arrived at, will comply with the agreement.

Some Hon. Members: Hear, hear!

Mr. McLane: — I surely hope those people in those communities only get sick between 9 and 5 because that's the services that you're providing up there, Mr. Minister.

Mr. Speaker, as I mentioned earlier, when rural communities signed an agreement with this government they fully expected that the NDP (New Democratic Party) would live up to its end of the deal. They expected that a government above all else would demonstrate some honour in its dealings with those they are supposed to represent.

Well, Mr. Speaker, it has become very obvious that this government has very little honour and this issue serves as yet one more example. What makes this matter all the more disturbing is the fact that the people who suffer as a result are the sick and the elderly, the most vulnerable people in our society, Mr. Speaker.

As a result of this government's actions, a number of communities are considering legal action to try and bring the minister and his government back on track. Will the minister explain, Mr. Speaker, if this is what it will take, another legal battle? We've had three or more; we've had GRIP (gross revenue insurance program); we've had many others; we're going to see more. Here's another one. Is this what it's going to take, Mr. Speaker, to bring this government back on track — legal action?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Well, Mr. Speaker, I don't believe that any of those legal actions that the member refers to have found the government to be in the wrong or have resulted in anything good for the communities. I think that what people have to do is sit down and talk about things, Mr. Speaker, and come up with solutions that work best for communities.

And I also think, Mr. Speaker, that the tactics of the Liberal Party that we hear today are the same tactics that they always pursue, and that is fearmongering. Every time there's change in the health care system, the Liberal Party says you're not going to be able to get care, the doctors are going to leave the

province, and so on and so on. They've been doing it for 30 years, Mr. Speaker. They started out when medicare was introduced by this party in this province and, Mr. Speaker, I'm sorry to say that they're using the same old tactics today that they've used for 30 years.

People in St. Walburg are going to have access to health services. People all over the province are going to have proper access, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. McLane: — Mr. Speaker, this government's devastating attack on the rural health care system does not end in St. Walburg. In fact a public meeting will be held this evening in Big River where residents will attempt to prevent the possible closure of their hospital.

Mr. Speaker, the local board is proposing to close the hospital and then convert a nursing home, adding nine hospital beds and eliminating nine long-term care beds. Will the minister explain how this will in any way result in better health care for the sick and the elderly in the Big River area?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Mr. Speaker, I have every confidence that the district health board will make an appropriate decision with respect to the configuration of long-term care beds, nursing home beds, and hospital beds.

The fact is, Mr. Speaker, that despite all the moaning and groaning by the members of the Liberal Party, Saskatchewan has a higher number of nursing home beds per capita for seniors, Mr. Speaker, than most provinces do, and we have an above-average number of hospital beds than most provinces.

What they want to do, Mr. Speaker, is they want to frighten people by saying that nursing home beds are not going to be available and hospital beds are not going to be available. And I say, Mr. Speaker, that nothing could be further from the truth and we're going to do in this province what we've always done. We're going to have the appropriate number of nursing home beds and we're going to have the appropriate number of hospital beds — no thanks to the Liberal Party, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. McLane: — Mr. Speaker, the possible loss of nine long-term care beds signals another in the long line of short-sighted decisions forced on local boards because of funding cuts by this government. And who are the people who suffer? Again it's the sick and the elderly. If left with only 21 long-term care beds, 9 current residents of this facility will be forced to find a home elsewhere. Where? Who knows. And what about the more than 400 people in the region who are more than 65 years of age or older? Will the minister explain where these people should turn to when they require long-term care in the future?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Mr. Speaker, if the Liberal Party is returning to their old tactic of saying that seniors are going to be thrown out on the street, then I return to my statement, which is, that means the Liberal Party has no argument. Because if that's the only argument they have, Mr. Speaker, that this government is going to throw people on the street, they have no argument because they know that's not true, Mr. Speaker.

But I say to the Liberal Party and the Conservative Party that another vision is possible when it comes to meeting long-term care needs. One vision is that when everybody gets old and they need a bit of care, you put them into a nursing home; you warehouse them in a nursing home. The other vision is you have nursing home beds available for people when they really need them, Mr. Speaker, and until that time you try to keep people healthy, independent in their own homes. That's the other vision.

And what we're doing, Mr. Speaker, is not to shut down all the nursing home beds. What we're doing is right-sizing the system and providing more care in the community and that's a system that can work. But it's progressive, Mr. Speaker, and that's why the Liberals are opposed to it.

Some Hon. Members: Hear, hear!

Mr. McLane: — Mr. Speaker, the one thing that makes what is going on in St. Walburg, Big River, and so many other communities so frightening is the fact that this is merely the beginning — merely the beginning, Mr. Speaker. As much as Saskatchewan residents would like to believe that their health care system has endured as many cuts as it can sustain, more is yet to come.

Last year, rural boards were forced to make major cuts because of funding cuts by this government. This year, we're seeing more of the same as rural districts attempt to cope with a further reduction of \$5 million. On top of that, district boards have yet to try and absorb wage increases for health sector employees.

Mr. Speaker, will the Minister of Health explain how boards can possibly meet this added financial burden, and will he guarantee funding for these wage increases that his government has offered?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Mr. Speaker, as the member well knows, the only government that has cut health care spending in this province in this budget year is the federal Liberal government in Ottawa. It has cut health care spending, Mr. Speaker, by close to \$50 million, which this government replaced that money dollar for dollar, Mr. Speaker. And next year, as of April 1, 1997, the federal Liberal cut to health care will be \$100 million over and above what they funded health care last year. And that money will have to be put in dollar for dollar by the people of this province, Mr. Speaker.

So when the member talks about commitment to health care, I suggest that that member join with us in saying to the federal

Liberals that they ought not to gut the health care system by taking more and more money out of it, Mr. Speaker. And while the Liberals do that, while they take money out of the health care system, Mr. Speaker, the rest of us in this government and communities and health boards are doing the very best we can to maintain a very good health care system.

Some Hon. Members: Hear, hear!

Crown Construction Tendering Agreement

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Speaker, my questions this afternoon are for the minister responsible for CIC (Crown Investments Corporation of Saskatchewan) or his designate.

Mr. Minister, this morning talks broke off between the Saskatchewan Construction Association and the building trades. The unions have absolutely no interest in changing the CCTA (Crown Construction Tendering Agreement) hiring sequence which guarantees 75 per cent of the Crown construction sites to unionized workers even though there are only about 20 per cent of construction workers in this province are unionized.

Mr. Minister, the Saskatchewan Construction Association is now calling on the elected officials to show some leadership and to fix this thing. That means you and your government, Mr. Minister.

Mr. Minister, now that the talks have fallen apart, what are you going to do next? What are you going to do to show some leadership and fix this badly broken policy?

Some Hon. Members: Hear, hear!

Hon. Mr. Anguish: — I find it very interesting that the members opposite, Mr. Speaker, would ask questions about things being broken, because where this actually broke was in the days of the Devine administration when they refused, when they refused to let unionized companies do any work in Saskatchewan. They're the ones who messed up the apple cart. We're trying to straighten it out by putting good public policy into place so that unionized firms and non-unionized firms have an equal chance at access to work by the Crown corporations within Saskatchewan.

We don't abide by the scorched-earth policy of the former Devine administration and those that are left to try and chastise our government when in reality our government is trying to correct the position in Saskatchewan so all construction companies have equal access to work in this province, so that men and women in this province have a chance at good-paying jobs in good communities for good projects within Saskatchewan.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Mr. Minister, your union tendering policy isn't working, and you know it and so does everyone else. It's costing taxpayers millions of dollars. It's preventing

non-unionized contractors from bidding on Crown projects. And worst of all, it's discriminating against non-unionized workers and prevents them from getting jobs.

Mr. Minister, this policy is a disaster and you know it. And since the unions have no intention of agreeing to any changes at all, it's up to you and your government to step in and fix it.

Mr. Minister, why don't you just scrap the current policy and start over so this time the construction association is on a level playing-field with everyone else? Will you give that commitment today, Mr. Minister?

Hon. Mr. Anguish: — Mr. Speaker, I find it very interesting, what's coming out of the members opposite. They would have done that. They would have scrapped the policy where you have three different parties in agreement with it. We're not the only party to the agreement. And they're calling on us to scrap an agreement that has been signed by at least three parties and five or six commercial Crowns in Saskatchewan.

We as a government have no intention of unilaterally scrapping anything when we do believe that the outlandish protests made by the members of the Conservative Party are a complete exaggeration of the reality in this situation.

The Crown Construction Tendering Agreement is what we're talking about. There's not a union policy involved. There's a Crown Construction Tendering Agreement that we think corrects the situation that the members opposite destroyed with the construction labour relations Act, when they changed section 18 to allow companies to be union, to be non-union, to float all over the place, so they could have the largesse of the government of that day.

We're stopping that and we're putting into place good public policy to serve the people of this province.

Some Hon. Members: Hear, hear!

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Minister, when you talk about unilaterally scrapping things, you scrapped GRIP without any problem for the farmers of this province and it didn't bother you one little bit.

Your entire strategy this session has been to just stall this thing until the session is over so that anyone can no longer question you about your policy.

The Speaker: — Order, order. Order, order. Order! Now the Speaker is finding it increasingly difficult to hear the answers being put . . . the questions being put and the answers being provided. And I will ask for the cooperation of all members including those from the same caucus as the ones who were asking the questions and providing the answers. Order, order.

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Minister, your review of this policy was completed last December. It was originally supposed to be released in March. Then it was supposed to be released by the end of May. Then you said you were going to release it while . . . not until negotiations were

completed by the two sides because they were ongoing.

Mr. Minister, these negotiations have now broken down and so you really have no more excuses. Will you release the results of your review today, Mr. Minister? And will you give us a commitment that before . . . making changes to your union preference policy before the session ends, so that we can continue to question you about it?

Some Hon. Members: Hear, hear!

Hon. Mr. Anguish: — Well, Mr. Speaker, what most of the public are saying is scrap the Tories, not to scrap the Crown Construction Tendering Agreement. That's what they're saying.

There has been a review. The intent of the review was to look at how well the Crown Construction Tendering Agreement had worked.

I personally think the Crown Construction Tendering Agreement has worked quite well, thank you. It certainly worked better, Mr. Speaker, than the job that was done by the former administration in this province . . .

The Speaker: — Order. Now the Speaker has . . . Order. The Speaker is having just as difficult a time hearing the answer being put as he was hearing the question being put just a moment ago. I'll ask for the cooperation of all members to allow the minister to put his . . . to provide his answer.

Hon. Mr. Anguish: — Well I had such a good answer developing, Mr. Speaker, I wish they would just be quiet and listen to it because it really is a good answer.

But we don't intend to take unilateral action on anything without the broadest of consultation. We're not about going back into the days of the scorched-earth policy where the former administration of Grant Devine and his Tory band across the way scorched the province of Saskatchewan. We're trying to rebuild that province, to prepare for the 21st century. That's what we're doing; that's what we'll continue to do, so people in Saskatchewan have good public policy for everyone in the province not just the select few that that party represents.

Some Hon. Members: Hear, hear!

Occupational Health and Safety Regulations

Mr. Goohsen: — Thank you, Mr. Speaker. Mr. Speaker, my questions today are to the outgoing Minister of Labour as well.

Mr. Minister, we have now received a copy of the KPMG report on your new occupational health and safety regulations. These regulations are going to cost nearly \$10 million in the first year. And a lot of this money is going to be spent on areas that will probably do nothing to improve workers' safety.

For example, we have money going to 25 new areas where consultation with the occupation health and safety committee is required. At least a cost of \$3.1 million is indicated for these consultation processes. There are going to be 11 new

bookkeeping requirements at a cost of \$715,000.

Mr. Minister, do you really think that additional meetings, bookkeeping, and red tape are going to help the safety of workers in our province? Be realistic; answer the question.

Hon. Mr. Anguish: — Mr. Speaker, does it ever end — does it ever end that Tories attack the working men and women in this province, the Conservatives attack the working men and women in this province? Do I think that the new regulations for occupational health and safety are going to help make safer workplaces? Yes, they will.

Some Hon. Members: Hear, hear!

Hon. Mr. Anguish: — It won't only make it better for the working men and women in this province, Mr. Speaker, by having safer workplaces where people will not get injured as often, where fatalities will not occur — and we should not rest until there is not one fatality in the workplace in Saskatchewan.

Some Hon. Members: Hear, hear!

Hon. Mr. Anguish: — Mr. Speaker, it's also a benefit to the businesses in Saskatchewan because if the labour critic opposite would have taken the time to read the KPMG report, it shows that the social benefit in there many times exceeds the initial cost. It saves it in the well-skilled and trained employees who are still on the job. It saves it in workers' compensation costs, it saves it in a number of regards, and it's a net benefit is what the KPMG report says, not the indications the members give opposite.

Some Hon. Members: Hear, hear!

Mr. Goohsen: — Well, Mr. Speaker, I have a supplemental to the same minister who obviously had too much sun over the weekend. Because, Mr. Minister, you talk about all kinds of rhetoric and political antidotes but . . .

The Speaker: — Order. Order. Order. Now the Speaker is entirely unable — order — entirely unable to hear the question being put by the hon. member from Cypress Hills and I'll ask all hon. members, I'll ask all hon. members to allow the hon. member from Cypress Hills to put his question.

Mr. Goohsen: — Thank you, Mr. Speaker. My question for the minister . . . is for the Minister of Labour. The KPMG, Mr. Minister, talks about the social benefits that will be achieved if the workplace facilities and injuries are reduced. Certainly this is a very worthwhile goal. But there is nothing in this report that explains exactly how these regulations will reduce the workplace accidents.

Mr. Minister, your government has committed to a sunset clause on all new government regulations. How long will it be until the sunset clause on this policy takes effect? When will we see a review of these new regulations so we can see whether or not they actually did reduce the number of workplace injuries or not, Mr. Minister?

Hon. Mr. Anguish: — Well, Mr. Speaker, no matter where you go, there you are. We should expect, we should expect the members opposite to take that kind of approach.

The workers and the businesses of this province for years have reviewed the occupational health and safety regulations. And do you know when the review will happen? It will always happen because workers and businesses and governments in Saskatchewan will continue to review safe workplaces.

I mean it's necessary to do that. We've seen, when Ross Thatcher was here, the most anti-worker government in the history of the province. But then what happened? Grant Devine came along and we saw even the . . . (inaudible) . . . worst anti-labour, anti-worker premier in the province.

Now in direct relationship to the member's question, how will this help — better training in the workplace, education of workers, workers and management working together to care about safer workers — because it's to the social benefit and the economic benefit of both, Mr. Speaker.

Some Hon. Members: Hear, hear!

Highway No. 5

Ms. Draude: — Thank you, Mr. Speaker. Mr. Speaker . . .

The Speaker: — Order, order, order. Order. I'm going to ask again for the cooperation of all members of the House and I'm asking for the cooperation of the members of the government caucus and the caucus of the third party to allow the hon. member for Kelvington-Wadena to be heard in putting her question. Order. And the members of the official opposition caucus as well.

Ms. Draude: — Thank you, Mr. Speaker. Mr. Speaker, my question is for the Minister of Highways. Mr. Minister, all weekend long I was answering phone calls from constituents who are furious about the condition of Highway No. 5 between Wadena and Clair. I drove this highway myself, and I counted 69 flagged potholes in a 12-mile stretch. These orange flag signs not only represent danger, but they also represent the colours of your party. And you can take ownership of the potholes.

The people of this area deserve much better and tourists who come into the area deserve much better. Mr. Minister, why is the public paying so much money for services it doesn't receive? And where exactly is the money going?

Some Hon. Members: Hear, hear!

Hon. Mr. Renaud: — Well thank you very much for that question, Mr. Speaker, and certainly we have some problems on our roads this spring. It's normal spring in Saskatchewan and highways break up and we go and fix them. And the crews are on the job and they're doing a very good job, Mr. Speaker.

But the hon. member says, where is the money going? I wonder if she told the people that phoned her that the federal

government indeed took some money away from the province this year in transition funding. I wonder if she said that they took \$50 million away from the province in health care. Did she tell them that they took a lot of money away from the province in the social programs? Or did she tell the people that phoned her that they in fact, the federal Liberals, took more money away from the province, from education, and that the province had to back-fill those offloads from the federal government. And it in fact it affects Highways as well as other departments. So I'm wondering, Mr. Speaker, if she was real honest with the people that phoned her and told her exactly where the money went.

Some Hon. Members: Hear, hear!

Resignation of Minister of Labour

Ms. Draude: — Thank you, Mr. Speaker. My question is for the Premier. Mr. Premier, last week the Minister of Labour announced he would be resigning his cabinet post. This gives you the perfect opportunity to cut the cabinet size and to save taxpayers' dollars. Even more importantly, it gives the Deputy Premier the opportunity to unite the camps of business and employees.

Mr. Premier, business is people, and they need each other. Having two different departments leads to the perception that we are poised one against the other. Mr. Premier, will you take the opportunity to join the departments of Economic Development and the Department of Labour and make economic growth a priority by encouraging people to work together in this province?

Some Hon. Members: Hear, hear!

Hon. Mr. Anguish: — Well I know that the . . . yes, I know the members opposite find it very surprising I'm Acting Premier today, but he's gone so I'll answer the question. There's a very different role between the two departments. And I just want to explain to the members opposite that it's been always very important — since the early 1900s — of having a Department of Labour in Saskatchewan with the Department of Labour and the Department of Economic Development having separate portfolios.

I do not think it's in the best interests to combine the two portfolios. I think it's worked very well. The ministers should work closely together, as the Minister of Economic Development and myself do, very closely. We don't always agree in every situation. We sometimes have disagreements. But most often, we can work out a resolve that's good for public policy and the province of Saskatchewan. We should be building for the 21st century, not breaking down.

Some Hon. Members: Hear, hear!

MOTION UNDER RULE 46

Crown Construction Tendering Agreement Talks Break Down

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Speaker, I rise pursuant to rule 46 to move a motion of urgent and pressing necessity.

The Speaker: — The hon. member has requested leave to introduce a motion under rule 46. I'll ask the Leader of the Third Party to briefly describe why he wishes to have it considered as an order, as a priority of debate, and to advise the Assembly of the motion he wishes to introduce.

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Speaker, earlier today talks between the Saskatchewan Construction Association and unionized contractors and construction workers broke off. These talks were aimed at making some much needed changes to the government's flawed union tendering policy.

For several weeks now the government has said that these negotiations would be the solution to the problem. However it is now clear that these negotiations have failed because the unions refuse to budge on the issue of union hiring quotas. It's now up to the government to show some leadership on this issue. The government has also used these talks as an excuse not to release the CIC internal review of the union preference policy. This policy is no longer valid.

Mr. Minister, Mr. Speaker, the government has dragged its feet for far too long. This matter must be resolved before the end of this session. Therefore I move, seconded by the member for Cypress Hills:

That this Assembly demand that the minister responsible for Crown Investments Corporation release the CIC internal review of the union preference tendering policy immediately, and further that the minister responsible for CIC immediately commit to implementing meaningful changes to this flawed policy before the end of this current legislative session.

Some Hon. Members: Hear, hear!

Leave not granted.

ORDERS OF THE DAY

GOVERNMENT ORDERS

The Speaker: — Order, order. Order. Order. All hon. members . . . Order, order. Now the Speaker was unable to hear the order of business being called by the Clerk, and I will ask for the cooperation of all members of the House. Order.

ADJOURNED DEBATES

SECOND READINGS

Bill No. 114

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Cline that **Bill No. 114 — An Act respecting the Establishment of a Crown Foundation for**

District Health Boards and their Affiliates be now read a second time.

Mr. D'Autremont: — Thank you, Mr. Speaker. Mr. Speaker, as I was saying earlier, we do have a number of problems with this particular Bill and indeed, Mr. Speaker, this Bill deals with the health boards and the establishment of Crown foundations. Actually my notes are on the floor right back here beside me. I wasn't expecting it to come up quite so soon. So it's probably good that I don't have my notes because, Mr. Speaker, we could go on for a fair piece of time with the notes . . . and these aren't the right ones.

So, Mr. Speaker, I believe that as I said before dinner that there was a number of problems with this particular Bill dealing with the establishment of the Crown foundations and the means by which it's going to happen.

The boards will be developed, Mr. Speaker, by appointments by the minister from across the entire province to distribute the monies that are donated by people to the Crown foundations. These donations, Mr. Speaker, should be used within the areas in which they're donated, but they're not going to be used that way. They're going to be distributed throughout the province, Mr. Speaker. And so we have some concerns with it.

Now as I pointed out earlier, with the possibility of . . . using the Brandon university as an example. We have used already the example of the university Crown foundations, Mr. Speaker, because those individual ones are designated, whereas this Crown foundation policy is not in that manner. It's spread out throughout the province. This doesn't allow for the individual needs to be met in each and every community where the funds are being donated from.

I look at people in my area, Mr. Speaker, such as Mr. Orville Block, who donates a considerable amount of money, Mr. Speaker, for health care in the communities. He has donated in the past, I am sure, to the foundations down there. I know that he has contributed directly to the hospital in Gainsborough when it was there. He contributed \$15,000 I believe to purchase a neonatal monitor, I believe it was, Mr. Speaker.

Those kind of donations now, Mr. Speaker, would not serve that community. They would go into a larger sum, larger pool. If the board in charge of the Crown foundations believed that Gainsborough should have such a monitor, then perhaps they would buy it for them. But if they believed, for some other purpose, that someone else should receive this, then Gainsborough loses to somebody else's gain.

One of the things that I believe that is a great problem with this particular piece of legislation, Mr. Minister, is because the board will be appointed by the minister it allows the board the opportunity to play politics. Because these are patronage appointments, Mr. Speaker; they owe their appointments to the minister.

Now let's say we're into an election campaign, Mr. Speaker, and it's a tight race some place. And health care I'm sure, Mr. Speaker, is always an issue in Saskatchewan and will be an

issue in the next election. It's a tight race some place. The people in the area believe that their health care is not being serviced properly. If all of a sudden the Crown foundations was to push some money into that area, into those communities, and provide some service, the local government candidate could say, well see, look, this is what the government has done for you. We have provided a mechanism which will provide extra money into your area, into your communities, into your constituency. My government did that. I have the opportunity to influence them to make sure that this money continues.

And, Mr. Speaker, in tight races, those kind of donations could potentially influence enough votes to buy the election. And I believe that's absolutely wrong, Mr. Speaker. And that's why the appointments should not be — should not be — made by the government; that the donations should be directed as per the wishes of the donor. If the donor says, I want it to go into that constituency to buy a fetal heart monitor, well then that's what it should be used for.

But when it's the board's decision to do something like that, to put it into a community when perhaps there is an election on, I think we verge, Mr. Speaker, at the edge of stepping over the precipice and influencing the election through the use of government money, or through money that the government controls. And that's absolutely wrong, Mr. Speaker.

The monies that are donated should be going to the use of health care within the province. Under the minister's proposal, he says no money will be used out of the health care budgets to pay for these appointees. And he's correct. Unfortunately, monies in the foundation, the interest off of that money will be used to pay for these patronage appointees.

So what it does is it diminishes the amount of money that is available to health care in this province; it diminishes the amount of money that the donations will contribute to health care in this province. After all, the longer you leave money in a program, it builds up interest and the larger your capital pool is.

But there's no limits set on what the board members can be paid. They can set their own rates perhaps. Or the minister can set the rate for whatever he wants for his own appointees. And I believe that is open to significant abuse, Mr. Speaker.

And we should minimize that abuse where we can by not allowing the minister to make the appointments, and indeed, Mr. Speaker, by not allowing the Crown foundation Bill to proceed as it is. But rather change it, amend it, so that as the money is directed by the donors, by the contributors, it will be used in the funds. The interest accumulating from that should be used in a similar fashion, Mr. Speaker.

While I'm prepared to say that there should be perhaps more flexibility in the terms of interest, if the board members that are the trustees of the foundation are properly dealing with the wishes of the donor, then that money should flow through fairly quickly. If Orville Block says I want to contribute \$20,000 and I want it go to the health centre or the long-term care facility in Gainsborough to purchase two new beds, well then that's what it should be used for, Mr. Speaker.

And so it should flow through fairly quickly through the foundation and service the people. This would also allow . . . (inaudible interjection) . . . Well if Orville wants to contribute money so that the people in Maple Creek can have a new stove in their long-term care centre, then that would be appropriate.

But I would think perhaps the member from Cypress Hills could find someone in his constituency who also has cattle, who would be prepared to make a sizeable donation to purchase a new stove for that long-term care facility. And they should have that right, Mr. Speaker, to indeed do so. And that money that is contributed to buy the stove at Maple Creek doesn't have to go, Mr. Speaker, or indeed shouldn't go to buy a new stove at the nursing home in Sturgis. Mr. Speaker, the people in Sturgis should be the ones who look after buying the stove at Sturgis.

And that's where, Mr. Speaker, where the problem lies in some of this, is when it can be directed by the minister to other purposes, other than that which the original donor intended.

I asked the question earlier, Mr. Speaker, how many people had contributed to facilities which no longer existed. Now I didn't hear any . . . well we have one minister who sticks his hand up and says that he's prepared to donate to a facility that no longer exists. Now I'm not sure what the facility is. Perhaps it's his bank account. If it's after seeding this year, we all have minus bank accounts, Mr. Speaker. So, Mr. Speaker, I believe that not many people would do that. Very few in fact.

So it's a question of really what is the need within this Bill to correct or to legislate against that possibility, Mr. Speaker. And I suspect that that possibility rarely ever exists.

Mr. Speaker, when that would happen, the executor of the estate would deal with it in a proper manner by asking the family members how they would like to redirect this, or failing that, he would make the . . . the executor, he/she would make that decision and direct it in a proper manner, Mr. Speaker. And I don't believe we need an entire provincial board to administer that.

In fact, Mr. Speaker, I think it's wrong that the board that the NDP opposite might appoint would ignore the wishes of the donors. So I think that section 14 should be done away with, Mr. Speaker.

There are other concerns too, Mr. Speaker. Mr. Speaker, we have discussed time and time again how health care dollars are scarce; how we would have to be extremely careful on how they're spent; and at the time, this Bill sets another level of bureaucracy. And we've seen that already happen, Mr. Speaker, in the entire health care reforms that this government has brought forward.

(1430)

Initially, Mr. Speaker, we had the Minister of Health, we had the department, and then we had the local union hospital boards who had one administrator. And those union hospital boards, Mr. Speaker, represented the communities within which they

served. They represented the town council. They represented the RM (rural municipality) councils. And those people served free or gratis, Mr. Speaker, as far as expenses or costs were concerned to the union hospital board. While they may have received a small remuneration from their own town council or their own RM council, it was very minimal, Mr. Speaker.

Now with this change, we have gone to administrators at the local facility. We have administrators now at the district level which is an entirely new position, Mr. Speaker. And instead of just one administrator at the district level, we have three or four dealing with the various sectors such as home care and ambulance, Mr. Speaker. Then again we have the CEO (chief executive officer) above that again, Mr. Speaker, because well when you get a bureaucracy, the only way a bureaucracy survives is by growing.

And they continue to build one level, one layer on top of another until we reach the district board level, Mr. Speaker, at which point the board members are remunerated at a sizeable fund, Mr. Speaker — approximately, I believe \$150 a day, \$250 a day for the chairman of the board.

And I don't begrudge the board members their pay, Mr. Speaker, because they work hard to earn that. Unfortunately under the previous system, that cost didn't exist. There were no such comparable positions, no such comparable costs, and the little bit of cost that was there was borne by the town or the RM in paying their own members whatever they would normally pay them to attend a meeting. Not the health districts, Mr. Speaker, not the health districts.

Now we still have, Mr. Speaker, the Department of Health is in there and the minister is still there. The member from Estevan is saying that no, no, no, town council didn't pay him. Well perhaps when he sat on town council, the town council didn't give them any remuneration for going to a union hospital meeting. But in that particular case, Mr. Speaker, in his community, the hospital was run by the Catholic nuns so perhaps there was no representatives from town council, I don't know — St. Joseph's Hospital in Estevan.

So, Mr. Speaker, but I know that in my areas the town council or the RM paid a small remuneration to the board members when they attended a union hospital meeting. But it was very, very minimal, Mr. Speaker. Now when we look at the cost for administration for the boards, it is a substantial amount of money. In fact, as I believe, the chairmans of the board last year received in some areas a \$5,000 bonus for the work they had done, Mr. Speaker, just because they were the chairman — not because they had attended a whole bunch of meetings, because the other board members had attended the meetings also.

So, Mr. Speaker, when it comes to how the money is being spent on health care, we have a great deal of concern when the government proposes a Bill such as 114 that would put another board in place to again deal with the money that people wish to donate to build health care in this province and then turn around, that same board take as wages the interest that the donations would accrue, Mr. Speaker.

I think, Mr. Speaker, I think that the minister should be ashamed of that fact that he would be prepared to take money out of the health care donations to pay for his partisan political board. But he's pushing this through a Bill that would allow the boards of directors to ignore the wishes of the donors when the donors, Mr. Speaker, as it turns out, are actually going to be the people who are paying the board. The minister appoints them. The people who donate the money pay the board, but the board doesn't listen to them.

Now can you imagine that happening, Mr. Speaker, with let's say CIC or SaskPower or any of the Crown entities, if the board of directors didn't listen to the people that were paying their salaries? I think you would quickly see a change. Very quickly, Mr. Speaker, you'd see a change in the board.

Well in this particular case the people who are paying the bills get no part of the decision-making process, and in fact the board of directors don't even have to listen to the people paying the bills. Mr. Speaker, it's unethical; it's unreasonable to expect people to donate money when they're not sure where the money is going to go or if they want it to go there. There are no assurances, Mr. Speaker, in Bill 114 that this will indeed not happen.

Mr. Speaker, we need to provide further tax credits to those who have extra money to donate to help fund important health care services, but we don't need the NDP to run and to control those funds. We don't need an extra level of bureaucracy. We don't need to take interest from the fund for another patronage board appointed by the government members opposite. Mr. Speaker, it's simply not fair, it's not needed, and it's not acceptable.

We have spoken to health care facilities who welcome the tax credits available under Bill 114 but who fear the rest, Mr. Speaker — who greatly fear the impact that this will have on their own foundations that are currently in place. They fear that the money will dry up, that the donations will no longer be available from people who wish to contribute to health care within the communities because obviously 100 per cent tax credit has significantly more value than a 20 per cent tax credit. Or a contribution of \$20 here for a ticket or \$20 there or a sponsorship, whatever it may be, Mr. Speaker, that adds up to 1, 2, 3, or \$400 over the course of a year. People are going to look at that and say yes, I will contribute. I may even give \$500 a year but I want to access the tax credit.

If they access the tax credit, Mr. Speaker, their local communities lose control, lose the ability to direct where that fund will be spent, where the money will be used in their local areas. And it will simply disappear into that large black hole for use around the province, sort of like the Consolidated Fund that our tax money goes into, never to be seen again, Mr. Speaker.

So, Mr. Speaker, it seems to be the case with everyone we speak to about this legislation, and I don't believe it's time to allow . . . time has allowed us to properly examine Bill 114. Mr. Speaker, it is because of these concerns that I move the following motion. I would like to move, seconded by the member from Moosomin . . . the member from Cypress Hills,

sorry, the member from Cypress Hills:

That the motion be amended by deleting all the words after the word "That" and substituting the following therefore:

"Bill 114, An Act respecting the Establishment of a Crown Foundation for District Health Boards and their Affiliates, be not read a second time but that it be read a second time this day six months hence."

I so move.

The division bells rang from 2:40 p.m. until 2:47 p.m.

Amendment negated on the following recorded division.

Yeas — 10

McLane	Draude	Bjornerud
Julé	Krawetz	Gantefoer
Boyd	D'Autremont	Toth
Heppner		

Nays — 27

Van Mulligen	Mitchell	Shillington
Tchorzewski	Whitmore	Lautermilch
Kowalsky	Crofford	Renaud
Calvert	Koenker	Trew
Bradley	Lorje	Scott
Teichrob	Nilson	Cline
Serby	Stanger	Hamilton
Murray	Kasperski	Ward
Sonntag	Flavel	Thomson

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Speaker, I'm pleased to enter the debate with respect to Bill No. 114. It certainly is a piece of legislation that we believe is headed in the wrong direction, that there are a number of changes that need to be made, Mr. Speaker.

As I understand it, this Bill will result in another appointed board in this province, in Saskatchewan, being presented by the government to the people of this province. We don't think that that is a very appropriate thing at all in a free and democratic society, democratic as the government always likes to present itself as. These boards should be appointed . . . not be appointed but should be elected if they're going to be in place at all, Mr. Speaker.

I'm not quite sure I understand what the government's intention is here, Mr. Speaker. What is wrong with the way it has always worked? Or when someone decides that they want to leave something to a hospital or a special care facility, a home care facility, something of that nature, Mr. Speaker, that they aren't allowed to just donate it to that facility.

You often see if you go into hospitals all across Saskatchewan, you walk into a ward and you'll see this certain thing been donated, a bed been donated by a family, or a television, or a number of the appliances, things of that nature that are donated

to that hospital. And, Mr. Speaker, what it really amounts to is it's a small thank-you from the person or from their family for the care that they were given while they were in hospital. It's their way of showing appreciation for the care that they were given rather just through their tax dollars, as has been the case.

Health care facilities are pleased to hear about tax credits, but not about another board. And I'm not surprised, Mr. Speaker, because this whole health care debate has opened up as a result of the wellness plan that the government came forward with a couple of years ago. What it resulted in, Mr. Speaker, was a promise from the government at the time to bring in health care boards, elected boards.

It took probably — I don't recall — something in the magnitude of about two years, year and a half, of real strong opposition and strong pressure from the Conservative opposition of the day to finally get this government to committing to elections. They were right from the outset . . . as a carrot in all of this health care wellness plan, was the thought that they would bring in elected boards. We think, Mr. Speaker, that they should have did that right from the very outset.

You know, Mr. Speaker, the people that are planning on donating to this type of operation really have no assurances as to where the money will go that they may be donating. And I think that that is the critical point in all of this argument, is that you want the assurance that the dollars that you are giving — in some cases, Mr. Speaker, bequeathing to the facility — will go directly to the benefit of the people in your immediate area. And I really see nothing wrong with that, Mr. Speaker. What is wrong with someone in their final days of their life just determining that they want to give a little bit of what they've built up in an estate for the health care facility in their community?

I think that sometimes I am of the opinion that the members from the cities here in Saskatchewan don't really understand that as well as a lot of the rural members of Saskatchewan understand that. Because it's a normal occurrence, Mr. Speaker, when someone passes on in a rural community, to give to their hospital facility, the long-term care facility, or other facilities within the community.

And I don't think — I don't think it is their intention to hand over those monies to an appointed board and then have it be spent in another community, or maybe not even spent for a period of time. Because as I understand it, there's no restriction or no requirement on the government-appointed board to provide any direction as to when this money has to be used, Mr. Speaker. And I think that that's a very serious concern that has to be looked at in this piece of legislation as well.

You can envision all kinds of scenarios developing, Mr. Speaker, where we see people in the community giving, donating to the board from their . . . We see that the problem develops where the people do not have any assurance from that non-elected board, that appointed board, that the money is going to be spent in their community.

And I think the net result of it all will be, is that people may not

give, Mr. Speaker, the way they have in the past. And that would be a, I think, a tragedy in Saskatchewan to see that type of thing happening. Because this has always been a charitable type of thing, Mr. Speaker; this has not been something that they felt was a tax or anything of that nature. This has been a charitable thing that they have done to provide some support for their community.

And in rural Saskatchewan it's very important when we see the continued pressure on health care boards in Saskatchewan, the continued reduction in services, the continued reduction in home care, home care for people, special care facilities, and most certainly hospitals, Mr. Speaker.

I recall, thinking back now on the health care debate when it was all started, the wellness plan. If you recall at the time, Mr. Speaker, there was huge rallies around the province of Saskatchewan. And my community where I'm from in Eston, they held a very large one. There was something in the magnitude of . . . well, I don't recall, 1,000 to 1,500 people, I think, was reported at the time were at that meeting. And the former minister of Health and the member from Rosetown-Elrose were in attendance on behalf of the government at the time, Mr. Speaker.

And I recall, Mr. Speaker, what happened just prior to the meeting. It was proposed by someone that the people in that community get together and try with their own resources, with their own dollars, after-tax dollars, Mr. Speaker, to try and save the hospital in that community. And they raised in the course of that evening — which was really only a few hours, Mr. Speaker, from about 7 o'clock until 10 o'clock — they raised something in the magnitude of about \$30,000 just out of people's . . . the generosity of their heart, Mr. Speaker, over the course of a few hours.

I think that indicates the level of concern. I think it indicates the level of commitment that they have to health care facilities in their community, Mr. Speaker. And I don't think that that . . . and I fear, Mr. Speaker, that that commitment may not be there any longer if they know that the money that they are going to be donating, or leaving from their estate to an appointed board, may go to another community.

After all, Mr. Speaker, in Saskatchewan, in small town Saskatchewan, people are very, very committed, very, very supportive of their communities, and as they see them continue to erode, Mr. Speaker, I think that commitment gets even stronger. They want to work even harder to ensure that their community stays alive, stays in place, stays there for their families. Because after all, Mr. Speaker, often it is the case where the people have friends, family, granddaughters, grandsons, sons, and daughters, all of those kinds of things, in rural communities, and they want those facilities to stay in place for them.

I remember, Mr. Speaker, thinking back on one of the . . . in the election, the last election, as we were travelling the province and we heard from many people about health care in this province and how important it was to them. I can't help but think back about the people that we met in the small rural

hospitals that were closed or were in the process of closing down. We were in Bengough, I remember, Mr. Speaker, one day, very hot day in June during the election campaign, and I'll never forget it. No one's ever really been able to explain it to me, but I'm hoping some day the member that represents that constituency will tell us what the reason for this was.

But, Mr. Speaker, they had a special . . . I believe it was a special care facility, and then they had . . . It was a relatively new facility, something I would guess was built in the '80s, somewhere around in there. And then they had a hospital, and it was probably built in the '40s or '50s, something like that, although it was in very good repair.

And, Mr. Speaker, something, as I say, that I don't understand to this day, but while we were visiting that facility, they were also at the time saying — the government of the day — the NDP government was saying that they were going to close that hospital in Bengough and they were going to transfer the facilities, the acute care facilities and special emergency facilities, into that home care . . . or into that special care facility. And no one really understood in that community what the reasons for that were. I don't think to this day they understand what the reasons for that were.

Because they had a special care facility, fine, yes. They also had a hospital, and it was less than 100 yards between the two buildings. And no one understood why you would want to close the building and add onto that special care facility, exactly what you had 100 yards away. And I don't know why the government would want to do that, Mr. Speaker, but that is exactly what the plan is in that community.

And while we were there, the most fascinating thing happened, Mr. Speaker. They were talking . . . they had a big sign out front of the Bengough special care facility, and on that sign it said that they were adding onto this facility to provide acute care and emergency services in that community.

And while we were there speaking about the reasons why this was not necessary, the Health people there must have instructed someone to go out and nail a piece of plywood up over that sign out front so that no one from the media would realize what was going on. Because it was a little bit difficult to understand or appreciate unless you were right there.

(1500)

And that member knows that it is true. I saw it with my own eyes. The CBC (Canadian Broadcasting Corporation) reporters that were there — I think it was Art Jones from the CBC was with us — they recorded it for everyone to see. And I would bet, Mr. Speaker, that the member knows exactly what I'm talking about. And I'd bet that the member also is aware that that happened out there.

But no one really has been able to explain it. I hope the member would care to enter the debate here and explain why that was happening that day. I haven't been able to understand it and I don't think the media understood it that day. But it seemed like quite a coincidence, Mr. Speaker, that there would be plywood

being nailed up on the sign out front of that facility at the same time one of the political leaders of the province was in town talking about health care and the problems associated with health care.

I think what it points to, Mr. Speaker, is the sensitive nature that this government has with respect to health care here in this province — the concern that they have, the concern that they have that they are losing touch with the average person out there when it comes to health care and the provision of health care in this province.

They don't believe, Mr. Speaker, that this government has that commitment that they've always so proudly announced at every election or every time that they stood in this legislature. And I always . . . you just have to sit here and listen to the debates every once in awhile in question period when the minister responsible for Health or the Premier will get up and defend health care to the limit, Mr. Speaker. And at the same time, all across Saskatchewan, closing facilities, doing all kinds of things that will hurt the delivery of health care services in this province.

And I think, Mr. Speaker, it shows the degree of arrogance that this government has developed in such a very short period of time.

Further arrogance is evidenced, Mr. Speaker, by the NDP's interest . . . in noting that the interest from donors of money to these types of boards will be paid to board members. And I think that that's something that is not right, Mr. Speaker.

If you think back on health care in this province, always what happened in Saskatchewan was people had given of their time, in most cases, given of their time to provide health care facilities in this province, Mr. Speaker. They've given of their time to be on health care boards. I can think of people in my community, and I'm sure people all over this Assembly can do the same, when they look at health care facilities in Saskatchewan. They know members that gave freely of their time for 10, and 15, 20, 30 years in some cases, to be on health care boards.

And I remember talking to a fellow in our constituency who had been on the board for something like 32 years or something of that magnitude, Mr. Speaker, had never taken a dime of compensation other than expenses for his whole period of time that he had served that board. And I asked him, I said, you must have a tremendous commitment to health care in this constituency and this area. He said, yes, he certainly does, but he views it as his public responsibility.

And I think that's what a lot of people in Saskatchewan do — a public responsibility to provide health care, not only for themselves and for their families, but the whole community. And that's being lost I think, Mr. Speaker, in legislation like this.

This legislation removes that local control that the minister often talks about in this legislature. He talks about health care boards and allowing them the power to make the decisions in

that community and in that immediate area, in that health board, Mr. Speaker. And that is being lost when we set up another board, a province-wide board in this case, Mr. Speaker, to administer the donations — the donations of people all across Saskatchewan that they would like to see go to health care facilities in this province.

And I think that that is something that this government has lost, this government has lost in terms of its commitment to health care. And I'm surprised that rural members on the government side don't recognize that, Mr. Speaker. As I said, I know in the cities, where people are a little seemingly indifferent to each other, Mr. Speaker, it may not be as serious an issue. But it certainly is in a lot of places in Saskatchewan, Mr. Speaker.

But of course this government, Mr. Speaker, is so used to taking taxpayers' money and doing with it whatever they choose, that I suppose this doesn't make any difference to them at all. I suppose they simply don't care. They view it as just their sort of God-given right to govern in this province.

They believe, Mr. Speaker, that money earmarked for a certain facility doesn't necessarily have to go to that facility, that they have this sort of higher authority, the higher moral authority, to decide for people how their money is going to be spent. And that has been always the concern I think, with the socialist government in this province — that they are all-knowing, all-caring; no one has responsibility for doing anything in Saskatchewan except the NDP. They have this high moral plane that they believe that they sit on that no one else does, Mr. Speaker . . . (inaudible interjection) . . . even higher than that, yes, Mr. Speaker.

They believe that they sit on this moral plane, singularly occupying it, Mr. Speaker, where no one has the right in Saskatchewan to question what this government or what the NDP do in Saskatchewan.

But I think what's happening, Mr. Speaker, is, is that moral authority that they seem to claim is being chipped away gradually more and more all the time. And I think it's beginning to crumble, Mr. Speaker, because people don't believe that the NDP has that commitment to health care any longer in Saskatchewan.

I recall during the election campaign going around this province — that was the single biggest issue, Mr. Speaker, the concern that people had about the erosion of health care facilities in this province. And you just had to drive into communities, Mr. Speaker . . . Mr. Speaker, you just had to drive into communities, Mr. Speaker, where they had lost their facilities and count the number of NDP signs around. People were ashamed to admit that they supported this government over the years in those communities.

I recall talking to people and they were saying they supported the NDP/CCF (Co-operative Commonwealth Federation) since its inception and they'd never do it again, Mr. Speaker, because of that one single betrayal of this government — amongst many mind you — but that one single betrayal stood out in their mind, that they would not support the NDP ever again.

Mr. Speaker, make no mistake about it. Everyone knows that waiting-lists in this province are getting longer. Health care services are continuing to disappear, especially in rural communities — 52 hospitals closed, senior care facilities closing down, even though there is a need and we all know that in Saskatchewan the population is ageing even more all of the time, Mr. Speaker.

In one of the municipalities, Mr. Speaker, I'd like you to know, in the municipality to the west of where I'm from, on the west side of my constituency, the RM (rural municipality) of Chesterfield, the RM administrator told me not too long ago, about six months ago or more, that the average age in that constituency now, the average age in that area, I mean that municipality, is 71 — 71 years of age, Mr. Speaker. I think that is an incredible testament to the need for special care, long-term care facilities in places like that, Mr. Speaker.

And yet they see the continual erosion of things like the prescription drug plan, which used to be a deductible of \$125 per year. The members opposite have raised it to \$1,700. When that prescription drug deductible was first introduced I remember all the members when they were on the opposition benches at the time, screaming, Mr. Speaker, about how people would have to choose between groceries and drugs. But when it gets to be \$1,700 deductible, what are they choosing between? Housing and health care facilities? Are they choosing between housing and health care facilities now, Mr. Speaker?

Chiropractic and optometric services have been de-insured. The government did away with the children's dental plan, took insulin and diabetic supplies off the prescription drug plan, and much, much more. And this are the same people . . . these are the same people that like to stand on the platforms around this province and say they are the only protectors of medicare in Saskatchewan. It isn't true, Mr. Speaker. It isn't true. And everyone in this province, I think, is beginning to understand that.

It isn't funny any more that these government members talk about protecting health care in this province and of not allowing a two-tiered health care system, yet at the same time it closes hospitals, closes nursing facilities, cuts funding to the point where nurses cannot properly do their jobs, and more.

Mr. Speaker, I understand that health care dollars are scarce and some residents do not have equal access across this province. But that is not justification for what is going on here. That's why it's a step in the right direction to allow for a larger tax credit for individuals donating funds towards health care services and facilities here in Saskatchewan.

Mr. Speaker, that's why this government can't continue to fund our essential services and maintain the quality of health care for Saskatchewan families and not allow for private money to help out. I think they should allow for a lot more than that, Mr. Speaker, such as private eye clinics like the Gimbel clinic in Calgary which is basically a whole other topic. There is a Gimbel clinic in Saskatoon, but I understand that they don't provide the same kinds of services that are available in Alberta, Mr. Speaker, in terms of optometric care.

It's imperative that some changes be made in this Act before it is passed in this Assembly, Mr. Speaker. I have no problem with the additional tax credit for donators. In fact, Mr. Speaker, we applaud them. There are, however, a few other points of this legislation that concern us a great deal more. The board is one, Mr. Speaker, that the Bill establishes.

Not that other entities don't have boards overseeing them. In fact, Mr. Minister, the U of R (University of Regina) and the U of S (University of Saskatchewan) are examples of similar foundations. There are fundamental differences, however. And all of my colleagues have outlined them.

In the case of people donating to their local hospital, health care facility, there's no need for a board to review that kind of transaction. In addition, Mr. Speaker, I believe it is not . . . fundamentally wrong for the board to have the power to redirect money to wherever they see fit. There's no need for this whatsoever, except for the provincial government to exercise its muscles and dictate from the top down which districts receive funding.

And I think that that's the concern, Mr. Speaker. As we continue to see the erosion of health care facilities in this province, people don't believe it's being done fairly or equitably, Mr. Speaker. And that's the concern. You go into the rural communities that have lost their health care facilities, Mr. Speaker, and they don't believe that this has been done fairly at all. They believe that they have been singled out in their communities for the reductions in health care services.

Now when we brought this up previously, the minister said the money will go where the donator wants the money to go. If that's the case, why even include section 14 in this Bill at all. Mr. Speaker, section 14 makes it very clear that the board created does not have to follow the direction of the people who donate to the board. So if someone can donate a hefty sum to a facility in Kindersley, Saskatchewan, but the board thinks that the health district has already received enough money to fund health care services in that area, the board can simply redirect that money elsewhere, Mr. Speaker. And that's why, Mr. Speaker, I have a very serious concern and fear, Mr. Speaker, that people under those circumstances will just simply look at it and say, I'm not donating, period. If it's not going to go to the health care facility where I've spent my final days, I'm not donating, period.

I know the minister's excuse is that sometimes people donate to a facility that isn't in existence or is an impossible request, but I don't think that that's very realistic, Mr. Speaker. And I think at that time you could probably ask family members to step in and make a decision about where that money would be better spent. I would just have to ask how many times that other type of scenario would even really happen. How many times does someone donate to a facility that doesn't exist any more and the minister's argument I think is very weak in that area. I imagine that certainly that that issue can be dealt with anyway. An executor would redirect the money, family members would become involved in the decision. I think it's possible to easily deal with that.

I think it's wrong, Mr. Speaker, as well that the board is being appointed by the NDP, and is able to ignore the wishes of people who donate to it. I think section 14 should be done away with for good, Mr. Speaker.

There are other concerns too. Mr. Speaker, we have discussed time and time again how health care dollars are scarce, how we have to be extremely careful where they're spent. But at the same time, this Bill sets up another level of senseless bureaucracy. The Health minister was proud to say that this new board won't be paid out of health care dollars because they are going to be paid through the interest earned on the money donated.

So in other words, Mr. Speaker, this money's going to be put into a bank account, draw interest on it, who knows how long this money will sit in these accounts before the boards determine that the money is going to be spent on any kind of health care facility at all, or where it's going to be spent.

Well I should say that drawing interest on money set aside for the health care facility or nursing home should be not touched by government. If there's any interest to be earned, it should go to the recipient of the money . . . where the money was supposed to go in the first place.

I think the minister should be basically ashamed of suggesting such a thing. He's pushing through a Bill that would allow a board of directors to ignore the wishes of a donater when donaters are the people who are actually paying the board. I think that's pretty ironic, Mr. Speaker.

(1515)

Mr. Speaker, it's unethical and it's unreasonable to expect people to donate money when they aren't sure what it's going to be used for, or where it's going to be spent. And there are no such assurances in this piece of legislation that that will not indeed happen.

Mr. Minister, Mr. Speaker, we need to provide further tax credits so that those who have extra money to donate, to help fund important health care services can do it, and can do it for the benefit of their community. We don't need any kind of . . . more bureaucracy or any kind of another level of bureaucracy set up in this province. We don't need to take the interest to fund another patronage board appointed by this government. It's simply not fair, it's not needed, and it's unacceptable.

Mr. Speaker, we have spoken to people in health care facilities who welcome the tax credit portion of Bill 114, but fear the rest. That seems to be the case with everyone we speak to about this legislation, and I believe that it's time we allow for proper examination of Bill 114.

Mr. Speaker, it's for those reasons that I believe that we need to have more time to consult with people across this province, and for that reason I move adjournment on this piece of legislation.

The division bells rang from 3:17 p.m. until 3:27 p.m.

Motion negated on the following recorded division.

Yeas — 4

Boyd	D'Autremont	Hepner
Goohsen		

Nays — 30

Van Mulligen	Mitchell	Lingenfelter
Shillington	Whitmore	Lautermilch
Kowalsky	Crofford	Calvert
Koenker	Trew	Bradley
Lorje	Scott	Teichrob
Nilson	Cline	Serby
Stanger	Hamilton	Murray
Langford	Ward	Sonntag
Flavel	Thomson	McLane
Bjornerud	Krawetz	Gantefoer

Mr. Boyd: — Thank you, Mr. Speaker. Mr. Speaker, I don't understand the government's reluctance to allow people to have time to consult with people across this province with regard to this piece of legislation. The people that we've talked to in Saskatchewan do not agree that this legislation is necessary, and all the provisions within.

They support the idea of certain aspects of it, Mr. Speaker. The tax credit portion of it; they support that part of it. But most other parts of the legislation, the part dealing with setting up of this new board, this super-board, to oversee the donations and where they go across this province, they don't support that, Mr. Speaker.

And they certainly don't support the view that the donaters' money goes into a single pool of money to be meted out by this government-appointed board to wherever and whenever they decide that they want that to be done, Mr. Speaker. And they certainly, I do believe, Mr. Speaker, do not agree with the interest that would be earned on these monies collected being used to pay the board members.

(1530)

I think it's very clear, Mr. Speaker, that the people of this province believe that health care is important — very, very important, Mr. Speaker. But they also believe that they want to have some sort of local autonomy, local decision making, with respect to all of these kinds of things, Mr. Speaker.

And, Mr. Speaker, when we look at this piece of legislation, basically speaking, it isn't that bad a legislation. But I don't understand the government and the minister's reluctance to look at these kinds of changes.

I think, Mr. Speaker, if he consulted with health boards from across this province, he would find that there is some serious concern about this type of legislation, Mr. Speaker, that they don't believe that the government is headed in the right direction by creating another board. And I wonder at some point whether the minister would look at some changes with

respect to it, or amendments to deal with those types of the . . . those concerns within the legislation, Mr. Speaker.

And that's why, Mr. Speaker, it is our firm belief that this legislation needs further time to be debated. It needs further time to be looked at. It needs further consultation with health care providers and health care people across this province, as well as the general population of Saskatchewan, to determine whether or not they're headed in the right direction.

And that's why, Mr. Speaker, I move, seconded by the member for Cypress:

That Bill 114 be not now read a second time, and that the subject matter be referred to a special committee on Health to be established by this legislature.

I so move.

Some Hon. Members: Hear, hear!

Mr. Heppner: — Thank you, Mr. Speaker. I'd like to take some time to discuss this particular motion and some of the reasons why I think it's a very valid motion, why we need to consider it and support it to its fullest intent, and why we need this opportunity to get full public opinion and feedback from the public on that to make sure that as we check with the will and the view of the residents of Saskatchewan, that we know what they want and that we carry out the wishes of the people. Because in the bottom line, Mr. Speaker, that's what we're here for and that's what we're all about.

One of the concerns that I have . . . and I think the public input into this would help clear this up and would also make sure we get the information back from the public that we feel from our research and our checking with the public and the people on the street, the feeling that it is there. What we are doing with this particular piece of legislation, we would be creating another level of bureaucracy. And I don't think at this time in the history of probably the world, in the history of democracy for sure, is there a need and a desire by the public for another level of bureaucracy.

There is always a need for some bureaucracy, but I think it needs to be limited as much as possible. It tends to get out of hand, it tends to get out of control, and it tends to cost a lot of money. And so when we looked at that particular piece of legislation it does create another brand-new level of bureaucracy. It does not use the bureaucrats that are there. It does not use any of the things that have been put in place, to work through those. And I think that that should have been able to have been accomplished without this new thing being put in place.

And I guess the other thing that is there is, when we look at the make-up of this new board, this new level of bureaucracy, there is nothing there to sort of ensure that the make-up is a make-up that is representative of all of Saskatchewan and a cross-section of Saskatchewan, representing its people from various walks of life, from various vocations, from various locations.

Those are things that need to be looked at carefully when we're going to put something into place that is in fact going to take donated money and decide where it's going to go, in those situations where something else needs to be done or the situation may not be clear enough and this board needs to make those decisions.

We have to be very sure and be very comfortable, and the people of Saskatchewan have to be very confident that the make-up of this board is such that any decisions that they would make are decisions that carry out to the best of all possible intents, the wishes of those people making the donations.

And then secondly, that as they carry out those wishes, it's done to the best benefit of the health users of this particular province. In order to do that, Mr. Speaker, I think we would have to ensure in one way or another in some shape or form, that this particular board does have that cross-section. We need to be ensured that the working person on the street is represented. We need to be ensured that the elderly are represented. We need to be ensured that communities of all sizes are represented.

Communities that have health facilities that may be very adequate; communities that have health facilities that may not be anywhere near as adequate — all those need to be there and that is what a good board should do. Bill 114 does not, Mr. Speaker, allow for that. There are no safeguards in that particular piece of legislation to guarantee that the make-up of that board is such as to ensure that the monies are going to go where we wish them to go.

And probably continuing with that concept of another level of bureaucracy and another board, I don't think that that is anything that we need at this particular point, especially when these boards are government appointed. The last thing this province needs is another board that's appointed by a particular political party, Mr. Speaker. And the way the legislation presently stands, it would be very much, and in fact it will be totally, a politically appointed board.

We have boards without end in this province that are politically appointed. Whether we've got the top ranks in education and whether we happen to talk about the health situation, I think that's one that we've seen this happen very much and because this is in the same area, probably similar things will happen — where the earliest of health boards that were set up under the new plan of this particular government had a make-up that was totally government appointed.

And so the people that would be appointed would obviously be those, Mr. Speaker, that have the wishes and desires and the philosophy of this government. And, Mr. Speaker, if we look very closely at the last election, we realize that less than 50 per cent of the people of Saskatchewan voted for this particular government.

So if we're going to take and appoint a board that has that particular bias, it is not representative, Mr. Speaker, of the political directions and philosophies of the majority of

Saskatchewan people. That is abundantly clear, and so the last thing we need is another appointed board by this particular political body. We don't need it, we don't want it, and the people out there don't want it.

And I think while we're on that board, the issue of remuneration comes up. This is basically another bureaucratic body, Mr. Speaker. And bureaucratic bodies, as we know, do not work for free. They're going to have to travel; they'll be paid mileage; they'll be paid per diems; they'll be paid lunches — and probably so they should because they're doing some public work. But on the other hand, these are expenses. This money comes directly — according to the plan that the government has put in place — it comes directly out of donations.

And I think if we go back in time, probably five, ten years, we remember a whole, major kerfuffle throughout North America where we looked at charitable donations and what percentage of the dollars given to various groups were actually spent on the uses for which they were intended, and how many dollars were spent on bureaucracy, on management, on just the work of the day.

And in many cases the amount of dollars spent in those ways became astronomical. It became more than 50 per cent of all dollars given were going to fund just the ongoing business of it. And very few dollars ever ended up, Mr. Speaker, helping those people who actually were supposed to be the recipients of those acts of charity.

Now, Mr. Speaker, we look at this situation that's in front of us today.

An Hon. Member: — Same kind of a thing will unfold here.

Mr. Heppner: — And as the member from Cypress Hills says, it's exactly the same kind of thing. We are going, Mr. Speaker, in an identical direction. We're building a bureaucracy. A bureaucracy, as I've just explained in detail, has a political philosophy, is made up of the political friends of the government of this particular time.

Now as that bureaucracy grows and becomes entrenched and decides it wants to do more work, those works will have to be paid for, Mr. Speaker. And so that money keeps coming out of those donations. And if that keeps rolling . . . we've seen it happen in the past. We've seen it happen in the past, Mr. Speaker, where over 50 per cent of monies to some charities end up going just to the activities of the bureaucrats running it. We have no checks or balances in place here to limit those dollars. We have no checks and balances, none whatsoever. We need to have some. They aren't there.

So as I started off saying, the boards themselves are not necessary. The appointment of the board and the way they'll be set up are very political. And now we've opened up a funding problem — and this is the third situation — where these boards get a funding. How much they're going to get — there are no limits placed on that. And so, Mr. Speaker, I think we really have a bit of a Pandora's box over here not knowing . . .

The Speaker: — Order, order. Order. I want to remind the hon. member for Rosthern that his remarks must be directed to a very narrow subject matter, and the narrow subject matter is the amendment.

The hon. member . . . Order. The hon. member for Rosthern has previously addressed, in principle, the second reading debate of Bill 114. And having previously participated in that debate, and with the rules of the Assembly not allowing him to speak twice to the same question, he must now confine himself very strictly to the subject of the amendment which is before us. Order.

And I have been listening for some time and listening rather carefully, including to the member's own summary of his remarks to date, and I am not hearing debate which is relevant to the amendment before us. I will ask the hon. member for Rosthern to direct his remarks to the amendment which is before us.

Mr. Heppner: — Thank you, Mr. Speaker. The amendment basically, Mr. Speaker, related to the concept of going back to the public to make sure that the information that we need in order to continue with this bit of legislation is there. And so we need to go back to the public, and the public are those individuals that will give us the information, because, as the servants of the people, we need to know what they want us to do. That hasn't happened.

And so as we do that, we need to look at those particular groups. And in specifics I go back to my home area, where we have numerous groups that are happening there, that do get bequests.

I called the administrator last week, from one of the Mennonite care homes in my own constituency, and asked him how this would affect that. And he told me very definitely the effect that this would have on his particular enterprise that he's in charge of. Because especially those groups that have religious ties tend to receive a lot of money from bequests, and we need to know exactly what effect that will have on them; what amounts of cut-backs there will be. And so we need to obtain that sort of public input on this in order to get the legislation in place and get it modified in such a way that will meet the needs of the public.

Now as we continue with this, we need to look at the donors themselves. We've talked a little bit about the recipients, and I mentioned the home that I'd phoned to and the administrator and the concerns that he'd had and the opinion that he voiced very definitely to me on this.

(1545)

All of our constituents are possible donors because they're all going to die. They all will have an estate and . . . (inaudible) . . . we have to know exactly what they're going to do with that money. And so they give it to some group. They need to know exactly what's going to be happening.

And each one of us as MLAs (Member of the Legislative Assembly) I'm sure would love some opportunity — and this

amendment allows for that, gives us that opportunity — to go back to our constituents and say okay, as you're planning your will, as you're planning your estates, as you're choosing your executors, where exactly are you going to give your money? And do you know — is a question that'll have to come up when we deal with this issue — that the monies that you're giving are going to go exactly and in total — and the interest — to where you want them to go?

And for that reason we need to pass this particular amendment, Mr. Speaker, so that we can get that particular input. We can hold those public hearings, as we wish, as MLAs, and our constituents. We can meet with the various boards and, as I mentioned earlier, we can meet with those particular individuals.

And I think we have to do that, because the arrogance of this government has shown that they want to take this piece of legislation and put it through. I really do not think that anyone in my constituency has been contacted by this government, unless they were contacted by myself, to find out exactly what they're thinking on that.

And we need that time. This amendment, as I said, Mr. Speaker, is an amendment that gives us that opportunity to go ahead and get that information that we need. And if we set that up correctly, it will not be perceived as a political committee. If I go back there on my own, they'll say well okay, here's our MLA, he has a political stripe, and so he's trying to defeat the government on an issue. But if we have an all-party committee and we come in with members from all parties, they're going to say, here's the information and they're going to put that together and as legislators they're going to work this through.

I mentioned earlier on in members' statements that I'd been at the Seager Wheeler opening, and our Deputy Premier was there and gave a very eloquent address, Mr. Speaker, at the Seager Wheeler centre. And in that address that he gave — and as I said, he did that quite eloquently — he mentioned the cooperation that takes place within the House. And that the little question period blurb people see on TV is in no means indicative of what actually happens in this House — fortunately they don't always see all of it — and that there was a lot of cooperation there. And I think after having heard those words from our Deputy Premier, my constituents would be very receptive to seeing an all-party committee coming in, showing that cooperation that the Deputy Premier mentioned when he was at the Seager Wheeler opening.

And so we need to, Mr. Speaker, deal with this amendment. We need to go ahead and pass this amendment so we can have those kinds of hearings. Because this sort of arrogance, this sort of saying we know what's best for the province, as this government has been doing, cannot continue.

This government is probably so used to taking taxpayers' money they think that some more is probably the same as the last they took. Well one dollar is not the same as another dollar. For a lot of these people it's their bequest — it is in fact their last dollar. So this NDP government may have taken the first dollar and the middle dollar and the fortieth dollar but they now

want to take, Mr. Speaker, the last dollar from every citizen in Saskatchewan. They want to get their hands in . . . as the member from Cannington said, they want to put their hands in a dead man's pocket and take the last dollar that's there.

And I can see there's a member across the floor that has a toonie and I'm sure it may be a lot bigger than a loonie but the government would be glad to have that too. So we need to make sure that full value for every donation that is given goes to those particular directions that it's given. And so this amendment, Mr. Speaker, give us the opportunity to be the kinds of governing people that we're expected to be, the kinds of governing people that we go home and tell our constituency we are.

And from time to time, as I mentioned, the Deputy Premier came to my constituency and said, we all are. And so here's our opportunity, Mr. Speaker, to deal with this amendment and to go ahead and ensure that that is what takes place. This money, Mr. Speaker, is earmarked for a particular facility and it should go to that facility. It should go there, interest and all. Interest is earned by the money and so the whole thing belongs in the same pot, the same pot that it was given to, not the provincial pot, Mr. Speaker, as is presently being planned by this particular administration.

This Bill should not proceed. Therefore, Mr. Speaker, I would like to move adjournment on the debate on this particular amendment.

Debate adjourned.

Bill No. 120

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Anguish that **Bill No. 120 — An Act respecting the Reorganization of Labour Relations between Health Sector Employers and Employees** be now read a second time.

Mr. Toth: — Thank you, Mr. Speaker. Mr. Speaker, I'd like to just reiterate a few of the points that I raised the other day regarding this piece of legislation that is before us. And I note . . . I believe the other day I called this legislation somewhat Draconian, and I get a feeling that even in this Assembly, there are many other people that may feel the same way only they may be looking at it in a different view than I am.

But, Mr. Speaker, I certainly have taken the time to talk to individuals involved in the health care field, and I haven't had a chance to get as broad a representation as I would like to have had, but certainly talked to board members in my constituency, talked to a few of the local individuals who happen to work in the health care field. And what I found from these individuals unfortunately, Mr. Speaker, while we hear that there's been a broad consultation, it seems to me that most individuals or most people, whether they're employees or union members or even board members, are not totally aware of the piece of legislation that is before us.

The reasons for the legislation I think have been given to them

somewhat broadly, but as I found out today in sitting down with representatives from SAHO (Saskatchewan Association of Health Organizations), the fact is they recognize as well that in the last few days that things have proceeded quite rapidly, which has resulted in this piece of legislation being brought to the floor of the Assembly when we were given assurances about three weeks to a month ago that there really wouldn't be any more heavy pieces of legislation to be brought forward. And especially as we're getting to the dying days of this legislative sitting.

And so therefore, Mr. Speaker, as I was talking to the director and the president of the SAHO, they had certainly indicated that they really haven't had the opportunity as well to relay all the aspects of this piece of legislation to their membership as it has really moved along, and they're certainly in the process of doing it. But they have in general tried to keep their membership up to date with what's been going on and the reasons why we would have this piece of legislation here.

And as I indicated in the Assembly on Friday, I can understand where SAHO is coming from; I can understand where the government's coming from; and in some cases I can understand where some of the union members are coming from. Although quite frankly it surprises me that we would see any kind of agreement to even have, if you will, as this legislation does . . . appoint a commissioner to set up the guidelines as to how this particular Bill — Bill 120 — will be enacted, and how it is going to work. When you look at the fact that in this province, we have I believe five or six different unions operating within the health care field and we even have some facilities and organizations in the health care field that are non-unionized. And so those are some of the concerns we've been raising.

And I guess, as I indicated the other day, the concern that the fact that this may become a kind of a provincial bargaining process whereby union membership in the city of Regina, if you will, would find that if a position ceased to exist and they were out of a job and there was no room to move within the Regina Health District, that they could then move out and say to the Pipestones or to the Moose Mountains or the Cypress Hills or any of the other health districts in this province . . .

And I'm assured that that isn't what the intent of the Bill. But it certainly remains a question that we will want to bring up with the Minister of Health to make sure that indeed that is the understanding.

As I understand from SAHO, the understanding and the feel they have now is that what it does is brings together, amalgamates together, if you will, the unions in the province, but in the districts so that the negotiations take place at the district level and the employees are only affected at the district level. So you may have a . . . communities within a district, but you're not looking at all . . . the whole province. Like someone from Lloydminster coming to the south-east, or south-east going up to Yorkton or what have you.

In that regard, Mr. Speaker, based on the area I represent and the concern that many people have in the health facilities already and the health services that we have available such as

home care and our acute and heavy level cares in the constituency of Moosomin, the feeling has been and there continues to be a feeling of uncertainty because of the downsizing, if you will, of services, whether it's through funding cuts to acute care beds, which means a number of our facilities are going to be losing positions, or in heavy care beds or even in home care services.

And as we've seen in the past four years, Mr. Speaker, we've seen where, because of the changes, we've seen nurses have been moved out of acute care facilities. They have taken over jobs that individuals who had gone through the home care program and received the education to become a home care-giver . . . now find they're on the outside looking in because of staff coming out of heavy care and acute care facilities to serve and being offered positions even if it's part time.

And so that uncertainty remains. And that is one thing we want to make sure, that we don't add to that uncertainty through this piece of legislation. And I'm assured, Mr. Speaker, that this piece of legislation doesn't do that, and that indeed most of the, if not all, of the aspects of this legislation basically fall where there isn't a definition of the employee. It's our understanding the definition of the employee is the same as it is under The Trade Union Act.

Those are areas, Mr. Speaker, that we want to make sure that we have a better understanding of, and that's why I moved adjournment of debate the other day in order to ask some of these questions, in order to get some input from people who would be directly affected.

It's I think very easy for me to stand up . . . or easy for the Minister of Health or the government to bring in a piece of legislation that's going to drastically affect people's lives when we're sitting here and while our jobs are dependent upon the desire of the electorate approximately every four years to re-elect us. The fact is we do have a job today, but somebody out in our communities may not have a job. And that should concern us and that should concern . . . I'm sure it should concern the Premier; it should concern certainly the Minister of Health.

And I suppose if I were I would be . . . probably I would be surprised if there aren't some back-bench MLAs that may not have some concerns with regards to this legislation. As I look at the legislation and, Mr. Speaker, as I indicated earlier, in view of the fact that we still have so many different unions working together, maybe that's why we've come to the point where this piece of legislation talks about a commissioner being appointed to oversee and come up with a recommendation.

Now if there's anything, Mr. Speaker, that we've been talking about or that right through this whole session . . . that point that we would certainly recommend again in this piece of legislation, is the fact that the government heed what it's been telling us. Where it talks about consultation, we see them right now — we see the Minister of Education holding meetings across the province to supposedly get the input of the taxpayers of this province as to how education and the delivery of

educational services will be in the next year and certainly into the year 2000 in this province.

We also have the minister responsible for CIC holding public meetings to get public input as to whether or not there should be privatization in the Crown sector, what areas of the Crown sector should continue to operate in the public domain, and what areas should be allowed to work in the private domain.

(1600)

And the unfortunate part, as I view what's taken place to date in the meetings so far, I see a deliberate attempt by the unions to manipulate the meetings and not really . . . as I noted in one of the papers, or actually not just one, a couple of the papers, bringing out the fact that some of the information the unions are giving is not really factual. That the public in general, they would look at some of the numbers with regards to the unions suggesting that the Crowns have injected so many millions of dollars into the public trust or to the general revenue pool. The fact is on an ongoing basis it's very minimal, and yet we see what the private sector has done.

And I think if I can recall in one figure, this year was the first year, and there's only been about two or if not three out of the last five, where the Crown sector has actually injected and put money into a general revenue pool. And this year I believe it was around 50 million. But the fact is the areas that were turned private put \$220 million into general revenue through taxation.

So what I'm saying here, Mr. Speaker, coming back to the piece of legislation in front of us, is that we trust that in the debate going on, that all the information related to even this specific Bill . . . and I'm sure that the directors of SAHO would agree with that, that they've got everything out so their members understand what they've been discussing and how they've been discussing and the reasons for the implementation of such a Bill.

And we would trust as well that the unions would even bring all their membership in, into the debate, that they would indeed include them and be all-inclusive so that their membership is aware of what's going on. Because at the end of the day, Mr. Speaker, while the SAHO directors over here and the union leadership sitting over here . . . there's a level of people, an enormous level of people down below, that are going to be affected. And their livelihood, Mr. Speaker, is totally dependent on the decisions made by the commissioner as to the implementation of this piece of legislation.

So, Mr. Speaker, as I've been indicating, we have some concerns. And some of these concerns, Mr. Speaker, I believe we'll be able to even enter into and maybe get some questions. Hopefully we can have a debate when we get into committee on this piece of this legislation that just clarifies even a little more too, in our minds and in our caucus's minds, some of the concerns we've got.

While we've raised them with the unions and with people that we rub shoulders with on a daily basis, while we've raised them with SAHO and . . . (inaudible interjection) . . . and I believe I

heard one of the members talk about shoulders, and rubbing shoulders and kind of scoffing at the idea. Well I do rub shoulders with union people out in my constituency — not the Barb Byers's of this world; I'm not sure she'd really want to rub shoulders with me, quite frankly, Mr. Speaker — but I do talk to union membership in my area that in many cases, while they're union members, they can see a lot of the points and they certainly agree with a lot of the stands I've taken and they've given me input. And that's why I feel that they need to be represented and their voice needs to be heard as well.

So, Mr. Speaker, I think it's . . . I believe I've raised a number of the concerns. I believe I've brought to the fore the issues that I feel quite strongly about, issues that I feel that I've already just through the weekend been able to get some input on, these issues and how we address them. And I think it's only imperative that I give other colleagues in the Assembly the opportunity to speak to this piece of this legislation as well before we allow it into committee, so that we indeed, if there's something that I haven't seen . . . someone else can bring up some of the areas or the questions or the concerns they may have.

And therefore at this time, Mr. Speaker, I'm more than willing to allow anyone else who would like to address this Bill, before it is moved to committee, to raise the questions they may have. Thank you.

Mr. Goohsen: — Thank you, Mr. Speaker. We had thought that seeing as how this is a fairly recent Bill and one that has just been introduced, that the official opposition would want to go first. But as they prepare their statistical material and get ready for the debate, I would like to bring up a few of the things that I find that I feel are wrong about this particular legislation.

Now we recognize though that there are again some things in this Bill that people have probably been looking for. There's probably . . . as with all things, there are two sides to every story. And as the member will note, in this situation the health boards apparently would find themselves in an advantage to have the vehicle portrayed in this Bill placed in their hands under legislation. And normally in the past we found that legislation generally has benefited the philosophy and direction of the government.

In this case we find the government simply saying, well we're going to facilitate something for the health boards that they seem to want. That seems to be the argument. And yet on the other hand, when we look a little deeper, we see that in reality this is a philosophical direction that the government wants to go on in other Bills, and so they're really doing it for themselves again. And that is, of course, to centralize power and control. And the power and control that is being centralized here is the ability to negotiate wages with larger groups of people rather than with small units of people.

And then that brings me to the question of wondering who these groups are. And I began to do a little investigating and checked into it. And I find that the folks that know what's going on in these matters tell me that we have several unions that now represent different people in the health area

throughout the province — several unions representing different people in different work categories and different groups in different locations.

And so then my question became, why would these people want to have legislation passed that, as I understand it, will relinquish their power over their membership, that in fact will in time promote the organization of one super union taking over all of the union activities in the health care field?

And I'm wondering then, I wonder if these smaller unions know about this. So as the critic for Labour for our party, I'm thinking, well maybe it's time to reverse my role. Maybe it's time to start to defend some of the things that the union people should have. Because it's easy enough to criticize them in the past when they appeared to be trying to take too much power.

In this situation we have exactly the opposite thing happening. We have the potential for one super union to take over control of all the little unions and to basically take over all of their membership, to basically take over all of their responsibilities. In other words, this appears to be a union battle within the unions and within the ranks of the different union structures. And as the critic for Labour, I think somebody has to stand up and reveal what is really going to happen so that the people in the union movement have time to consider this and think about it.

I do believe that the masters of the super union who believe they will take over, probably drafted this legislation and asked the Minister of Labour to throw it in as a last minute thing before he escapes from the province, to help them out one more time. Help them out one more time of course to consolidate and take over all of the smaller unions in the province and all of the smaller unions that represent the health care boards throughout the jurisdiction within our health care system.

Well I wonder then in my mind, is that what those folks really would want. And I can't see it. I just can't see where they would want to be taken over and probably basically eliminated. Now that just doesn't make sense to me that all of the smaller unions would want to be taken out of the process and be now represented by this super union that would negotiate with the government. And so who would it benefit? Obviously it would benefit the government because they can then dictate what the conditions will be throughout the entire health system. They can also dictate the prices, and pass on the cost because now we've got a situation where the health boards, Mr. Speaker, are responsible, according to the government, for the costs involved in our health care system.

The government has more or less divorced itself from that process by saying we've set up these health boards; they're responsible; it's their fault. We've heard it every day, question after question, day after day. The Minister of Health stands up and says the health boards are taking care of it. It's their fault. It's not my responsibility any more. I've found now that the minister in fact is listening to the debate again, and I'm glad that he wants to contribute and I'm hoping that he will get into this debate and assure us later on that the problems that I see here are going to be resolved.

Because as you know, Mr. Minister of Health, the situation is such that the smaller unions will no longer, once this is passed, have control over their jurisdictions. They will eventually be drummed out of business. They will be without any kind of a portfolio or obligation or a membership. It will all end up consolidated into the hands of one super union. Who will that be? Which union will triumph?

An Hon. Member: — SGEU (Saskatchewan Government Employees' Union).

Mr. Goohsen: — The SGEU, Saskatchewan Government Employees' Union — well perhaps. I hardly think that the unions involved in health care would be pleased about that. After all, aren't there different kinds of unions like CUPE (Canadian Union of Public Employees). Well there you go. Now we've got CUPE, and don't you think they would like to have a say?

An Hon. Member: — Barb Byers is organizing it all.

Mr. Goohsen: — Well if Barb Byers is happy with all this, I suppose we should consider it even more because obviously then there must be something wrong with it. Well, Mr. Speaker, we truly do want to bring to the attention of the people of Saskatchewan that are concerned. And basically in this situation it will be the smaller unions that will be eliminated in time. They must have some concern.

And I would be really surprised if some of the back-benchers over there haven't been receiving some calls about this. I'd really be surprised if some of them don't represent seats where the unions actually supported them as their candidates in the last election. If so, are they happy with you? I think it's time that those back-benchers stood up and took a stand in this Assembly, and spoke on this Bill and represent the people that probably helped to get them elected. And they should represent them in such a way as to preserve themselves.

I am standing here defending some of the union's rights that are being ignored by this government. And this may be a special day in the history of this province, but nevertheless, we are elected to defend the underdogs and the people who are singled out as minorities and who are unable to be represented here today because of the gag order that the government will have put on the back-benchers that should be defending this union position of some reconsideration and renegotiation.

Because certainly, Mr. Speaker, there's no question that this Bill will eventually bring about some hardship for some of the union movements. And those people have got their jobs basically because they were elected by the workers. The workers have decided in this province that they wanted to be represented, and so they elected unions and they had to run through the process of organizing themselves.

I've never agreed that they need to do that in most cases. But the fact that they have is now a fact of life and a reality. And so dealing with reality rather than with fiction or things that we might have been, we'll deal with the reality that those unions are in place because the memberships wanted them there.

Should we not be going back to those memberships and saying to them, do you want your small union to be eliminated from the process? Why are we not going back to the rank and file in the union membership, saying to them, here's a Bill that could eliminate the spokesman that you have democratically elected. And that spokesman will be eliminated from the process of bargaining on your behalf.

And there is nothing wrong with bargaining on behalf of the people that you represent. The collective bargaining process is one that we have supported. We don't support some of the ways that this government goes about administrating those matters but we do support the concept and the principle.

And the principle here will be violated because the people who elected their representatives will now no longer have those representatives necessarily being the ones that will be chosen by the process of elimination in the final analysis to be the ones that are going to negotiate the collective bargaining process for the entire province under this Bill.

So if we're not making any sense, I'll stay here until we do. But the truth of the matter is that for this day, Mr. Speaker, we have to defend the little people, the smaller unions that are being drummed out of business. And this is not necessarily a role that we would choose for ourselves, but it is imposed upon us by a dictatorial government that has taken its lead from some place like Cuba, I'm sure. There's no other explanation but that the arrogance of this government has driven it to the point where it no longer cares about the very folks that elected it and supported it.

The back-benchers are too quiet today. I can see their concern. They have come to understand that they themselves are not representing their people properly. And they know very well that my point is well taken when I say that they are being gagged by their leadership into not speaking out on this very issue — an issue that should be bothering them more than it bothers me.

And yet I have to stand here and defend for them. Something is wrong in this picture. Something is wrong with a government that becomes so arrogant and so power hungry that it muzzles its back-benchers from defending the very people that would have elected them.

Well, Mr. Speaker, there are also some other points in this legislation that are extremely bad. Going past the point of who should be representing who, we now should get back to the Bill itself and take a look at some of the things that are not in it, some of the things that should be in it.

For example, on page 1, and I'm not going to review the entire Bill because that's not the process for this part of the debate, but there are some things that are left out here. For example, under the interpretations, we have a whole list of things that are interpreted. Every Bill has that. Everybody's familiar with that process.

(1615)

What is painfully clear here though, Mr. Speaker, is that the word employee is not here. It is not defined. And as the member from Cannington has pointed out to me earlier, people might say, well maybe you shouldn't have to worry about that because maybe it's covered under The Trade Union Act which of course is alluded to in this Act. And that argument might be made.

But if you look, you will find a definition for the word minister, and the word minister I know very well is defined under The Trade Union Act. So if the things that are in The Trade Union Act are being defined in one area, why not then in all areas? Why not have employee in there? That sends a red flag to us immediately that there's something wrong. Why would they deliberately miss the word employee? Is the employee no longer important? Is only the employer's interest important here? Perhaps. Ordinarily this government doesn't defend employers, but they do when they are the employer.

You see, we're talking about the government being the employer. So now the employer's position is totally and completely taken care of. And the employee, the workers of this province, aren't even mentioned in the definition. Why? Why would that be? What is that red flag signalling?

Well, Mr. Speaker, it's a good possibility that what it is signalling is that this new board that is set up then would have the discretionary power to establish who an employee is. Perhaps that is a non-union worker right now. Would that be fair? Of course not. So maybe this is not such a simple thing as an error or amiss of one of the things that should be in here.

So, Mr. Speaker, we are very concerned not only by what is implied and printed in this Bill, but what is excluded. And the very simple thing like a word, employee, can mean so very, very much when you're dealing with a New Democratic government whose principles are basically to be against employers. And in this case, suddenly they come out writing a Bill that is totally in favour of the employer's position. And the employer, of course, is identified as the government. And that tells us the whole story.

Why would they suddenly write a Bill that helps the employer to do everything that all other employers in the province would never ever hope to be able to get under legislation. But yet, when the government is the employer, they'll write their own Bill, write their own ticket, make their own law, give themselves their own authority to do whatever they please even to the point of deliberately eliminating some of the necessary definitions so that they can interpret the Bill whatever they want for their own best interests as time goes by some place down the road.

So this Bill was, of course, by no means an accident. It is by no means an accident that it is brought in in the dying days of the Assembly. It's no accident that it is brought in by a lame-duck minister who is fleeing from the province because he will no longer be able to find a job here.

It is no accident because it is known very clearly, very well, that this is a place where a minister can quickly bring in a very

objectionable piece of legislation and not have to remain to live with the repercussions of what this legislation will do to the province. He can leave. And then the government can say, well it wasn't our fault; he did it. It was his fault. He left though, so we're sorry but you just have to live with it.

Well, Mr. Speaker, that's not good enough. As you know, we had a member in this Assembly, I think from north Moose Jaw, who once said, the jig is up. Well that jig is up this time again. We caught them red-handed. They're trying to do under the table what they're not allowed to do out in the open. And the jig is certainly up because we're going to once again reveal to the people of this province what this government is up to.

In spite of all of their tactics of the trickery of bringing in this piece of legislation by a lame-duck minister in the dying days of this Assembly, we are identifying and taking the time from our holidays to stay here and tell the people of this province what is wrong with this legislation and what needs to be done about this piece of legislation.

First of all the smaller unions need to be contacted. I don't believe their representatives are telling them what's going on. Someone's got to take the time to do that. I guess if that has to be me, I'll do it. I don't really play that kind of a role and I wish I weren't having to do it, but it seems like that's what I'm going to get paid for this week, so that's what we'll have to do.

So we're going to call on the smaller unions. Some of those folks are probably watching the debate. We're going to tell them straight out front today, if you don't take a look real quick, your union is probably going to be eliminated. You're probably going to be dust, history. Elected or not, somebody else is going to take you over. So wake up, smell the coffee, phone your member, contact the Premier, contact the minister, contact somebody, do something. Because if you don't wake up pretty soon, this legislation will be passed. We're in the dying days of the Assembly; lot's of people want to go on holidays. But we've got to tell you, if you don't do it pretty quick it's going to be gone.

And then you're going to be gone and lost for ever and you're going to cry out and wonder why you have no longer got a smaller union, a union that's working for your benefits as a worker. So perhaps the workers out there will themselves want to say, why is my small union not going to be the one that's going to be involved in the collective bargain process to establish our wages and our rights and our processes in the future?

After all, maybe a nurse wants her union to be the one to take care of these things that concern her. Maybe there is someone else out in the world of health care. Perhaps the care workers have different kinds of problems. They might want to have a union that just specifically talks about their problems, handling their issues.

Because everybody knows that when things sometimes get too big then we all sort of, as individuals, get lost in the shuffle. And that can happen. And I see this happening here very likely, Mr. Speaker, that the ordinary workers in this province are

going to lose their pipeline to the top of their own negotiating and bargaining units. They are no longer going to have the people that they voted in, the people that they asked to represent them, doing that representing. And their interests might not be the same as the interests of those people that belong to the bigger union that in the end might take over the control of all of the negotiations for everybody in the health field.

So some of the little people down there won't ever have their ideas expressed at the table of bargaining. And that to me is not a fair way to allow the process to work. So the process that we have in effect has to be stopped. We've got to put this on hold. We've got to get some input from these people.

I think this Bill has some merit. Certainly it is a lot easier to bargain with one unit than 45 or 50 different small units. Obviously that makes some sense. If you can negotiate with one, make all your arguments at the table, settle things all up in a collective bargaining process at one big table, and when you're done, you're sort of done — you're not doing it 40 times over with all the other people. That makes some sense.

And the school boards will tell you time and time again, yes we use that process and it has some merit. It does have some good qualities. It also has of course the negative side which I fear is bigger in this sense for the little people, the workers in health care, than it is for the school system, because teachers are more or less teachers. They have a lot in common no matter if they teach in Shaunavon or Prince Albert or Moose Jaw.

Teachers teach basically the same curriculum; they basically have the same kind of problems. Kids are kids. Some are good; most of them are better. Some are a little bad; but mostly in general they're just all right. They're kids, and so they don't change a whole bunch. Well, Mr. Speaker, that makes teachers of course a unique group that they sort of have a lot in common.

But take health care workers for example. How many people working in a special care home really have the same kind of problems that a nurse who works with an operating doctor might have? Day and night difference. They may have gone to the same school to learn the fundamentals, but once they've started their profession, they are totally different in the concept of what they have to do. And their needs and their wants will be different. And they can't be represented perhaps by one super union as well as by their own individual groups.

And so we're saying quite frankly, Mr. Speaker, that today we are standing here to defend the rights of the little people, to have the unions of their choice represent them in the bargaining process and not to be squeezed out, just in case that's what this legislation ends up doing. And we really believe that that is what the intent of the Bill is, is to force one large main bargaining unit to be forged out of all the small ones.

Now given time, perhaps 15 or 20 unions get together — I don't even know how many there are, but there's a whole lot of them out there — perhaps they all get down and they collectively bargain and decide that they want to form one big union body that will elect members to be represented from

every area. Nothing wrong with that, if that is their choice and they democratically go back to the people they represent and they are all given a democratic right to vote on this process being changed, because that's not the process now. This would be a major deviation from the policies set out in the union organizing strategies that have gone on in the past.

But if they did collectively get together and put it through the democratic process, everybody votes on it, I guess we'd have to accept that and live by it too. But supposing that they haven't had that opportunity. Supposing they haven't had a chance to see this legislation or even hear about it. And that's what we suspect. We suspect they've never had the chance to sit down and do this.

So, Mr. Speaker, what we're saying here is, we've got to put this thing on hold a little while, inform those folks, give them the chance to play out that democratic process. What would be so terrible about this piece of legislation not being passed today or tomorrow and waiting until January? Would that be so horrendously, terrifically bad that we would wait six months or eight to have a process of negotiations and debate go on throughout the country on the Bill, with the people that it really affects? The government knows it's better for them. They've figured that out. They've had all year to think about it.

But what about the people who are affected by it the most — the workers in the health care system of Saskatchewan. Have they had any input? I haven't heard about it. Nobody told me. I see some heads bobbing the wrong way here because I haven't heard this. I don't think those folks out there have had a chance to vote on it.

So now, Mr. Speaker, here is the test. If these democrats believe in democracy, then they should also believe in the right for the people to be informed and give them a chance to vote. And if they vote against you, then you either haven't got a good plan or you haven't sold it well.

So you've got your challenge ahead of you. Spend the rest of the summer talking to these folks. It's not that much fun golfing anyway. You could just as well be talking to the folks and let them have a chance to debate this issue. And even if you wanted to take a few holidays, I'm sure the people would understand if you took till fall to talk about this.

And realistically we need something to do next year too. We don't want to do all the work this year or we'll find ourselves out of work next year. So why not send this thing back to the drawing board, ask the folks out there to have a democratic input into this, a little round table discussion, out front, open, above board, at the table, talking it over. Sounds good to me. I mean, shucks, what else could be better for the province of Saskatchewan than to have the good people talking about how their lives will unfold in the future.

So, Mr. Speaker, I see things that are wrong in here especially when we talk about The Trade Union Act. Right away I figure we're probably into trouble. and we have . . . it's quite a lengthy piece of legislation, this one, as I've gone through it. I realize now that it also has towards the end, one other item —

not to want to pick it apart bit by bit — but there is one other item that is in the legislation that demands debate. It demands conversation about the way that this Bill is going to affect people.

And that of course goes to the end and just before the Act prevails. It's the powers of the board. Believe it or not, Mr. Speaker, here once again we have got one of these Cuban kind of attitudes towards legislation. It's the dictatorial approach.

And I have to say it; I've got it underlined here. The words, very clearly underlined say: "no appeal." No appeal — no appeal. Can you imagine that? And, "not reviewable by any court of law". Those are very powerful words to be putting into legislation.

There is no appeal from any order or decision of the board pursuant to this Act . . .

That's an almighty kind of an approach to take towards giving power to a board. Absolutely no appeal to this board's findings or actions.

. . . and the proceedings, orders and decisions of the board are not reviewable by any court of law . . .

In a democracy such as ours where we have staked our right to freedom on the ability of people to be able, in the final analysis, to challenge even the government, by taking their concerns to a court of law to hear and have heard by their peers, in the court system that we have established, to have their concerns heard in a court of law by their peers so that they can determine whether or not there has been wrongdoing, that principle is fundamental to our democracy. And in this piece of legislation we have, in two and a half lines stroked out the entire meaning of the democratic process — the entire meaning of the right of people to go to the court as a final appeal against a government that becomes so dictatorial, so arrogant, so conceited about its job that it simply will legislate Draconian legislation that would take all of the powers away from all of the people all of the way across the board.

Even when we're talking about unions, Mr. Speaker, we cannot in this opposition stand by and allow this to happen. We cannot allow that to happen. As much as we have talked about the wrongdoings of the unions in the past and as much as we have said that they do things that are not great, we cannot stand by and watch their democratic principles and rights destroyed by this arrogant government that would stand in its place today and become the dictators of our province.

It is not fair and it is not right and we will stand in our place today to defend the rights of the little people, the workers of this province. Thank you, Mr. Speaker.

(1630)

Mr. D'Autremont: — Thank you, Mr. Speaker. I have to join with my colleague, the member from Cypress, in saying a few words about this particular Bill. This was a Bill that was brought in, as my colleague said, in the waning days of the

session. I think the members opposite expected we would be out shortly. I know that the official opposition had it in their mind that we would be done here today or tomorrow. Their agenda for the province had been fulfilled, or at least they felt that it was an appropriate time to leave before the sky did indeed finish falling on them, Mr. Speaker.

Mr. Speaker, I believe that this Bill should have been brought in earlier in the session if it was to be brought forward. Obviously the problems that this Bill is trying to solve didn't just occur overnight. It's been an ongoing process that has been in place ever since the member from Regina Hillsdale, when she was the Health minister, joined all the union hospitals together into forming the health districts. That was the start of the problems that this Bill supposedly tries to address, Mr. Speaker.

Since that joining together, that forced amalgamation took place in 1993, Mr. Speaker, surely within the three years since that point in time, the government would have realized that there was a solution needed to the problems that they perceive or that SAHO perceives, or that the unions perceive to be in place when it comes to the bargaining process for the health care employees and the health care employers, Mr. Speaker.

So I find it surprising . . . no I shouldn't say that, Mr. Speaker, I don't find it surprising that this government would try to slip this kind of legislation through at the end of a session. At a time when MLAs are working from 10 in the morning until 10:30 at night; when there's a heavy workload on them; when there's not a lot of time to consult with the stakeholders.

And, Mr. Speaker, it's more than just SAHO or just one or two unions that are stakeholders in this. Every union bargaining unit is a stakeholder in what this legislation brings forward. Every health district, Mr. Speaker, is a stakeholder in what this legislation proposes. And those stakeholders, Mr. Speaker, need an opportunity, deserve an opportunity, and indeed, Mr. Speaker, have the right to have the opportunity to make their wishes and their opinions known on this particular piece of legislation, Mr. Speaker.

Unfortunately, by bringing this Bill in at such a late date, at such . . . in the waning hours of a session, Mr. Speaker, it does not give all of those stakeholders the opportunity to present to the government, Mr. Speaker, their concerns, their opinions, and any changes they might desire on this particular piece of legislation.

And I believe that is certainly a fault of the Minister of Labour when he brought this forward. No one had heard — outside perhaps of the unions involved in the discussion, the government, and perhaps SAHO — very little about this particular piece of legislation.

The board members that I have talked to around my corner of the province, Mr. Speaker, had heard in vague terms what this particular piece of legislation was proposing to solve. Yet only on vague terms. They didn't know the nuts and bolts. They didn't know the words that would be used, Mr. Speaker.

And we all know what kind of meanings, what kind of actions, can be couched in words, particularly words that have more than one meaning, and in particular, Mr. Speaker, when we come to parts of this Bill that allow the Lieutenant Governor in Council to define the meaning of the words within this Act.

I mean we may have an Oxford dictionary that tells you the definition of black, but if the Lieutenant Governor in Council wants to say that the colour of black is actually white in this particular piece of legislation, Mr. Speaker, they have that opportunity. Because it clearly says:

The Lieutenant Governor in Council may make regulations:

. . . defining, enlarging or restricting the meaning of any word or phrase used in this Act but not defined in this Act;

So there are about five or six different items, Mr. Speaker, that are defined in this Act but everything else is up for interpretation by the Lieutenant Governor in Council.

Now for those who don't know who the Lieutenant Governor in Council are, that's the Premier and his cabinet ministers. They get to, you might say, rewrite the definitions of the English language that aren't clearly defined in this particular piece of legislation.

And what things are defined? Because, you know, perhaps most things are defined. Well for the public's edification, the things that are defined in this particular Bill, Mr. Speaker, are board, board order, collective bargaining agreement, commissioner, health sector employer, and minister. And as my colleague pointed out, no place in this Act does it define the term employee. And that's who we're talking about in this Bill, Mr. Speaker. That's who the minister is aiming this at; it's at the employees in the health care sector. But in no place in here does it define who the employees in the health care sector are.

Because, Mr. Speaker, not all employees in the health care sector are unionized. I'm told about 20 per cent of them are not. Well if that's the case, Mr. Speaker, can that 20 per cent be rolled in under this particular piece of legislation if the Lieutenant Governor in Council says, by the term employee we mean everybody employed in the health care sector, whether that be the ambulance driver, whether it's the janitor, whether it's the nurse, whether it's the receptionist, or whether it's the doctor.

Each and every person working in the health care field could fall under this particular piece of legislation, Mr. Speaker, could fall under The Trade Union Act if that is the definition applied by the Lieutenant Governor, by the Premier and his cabinet. I believe, Mr. Speaker, that in that particular area this Bill certainly does need to be tightened up. The word employee needs to be included in the legislation; needs to be defined.

There are a number of other areas in this piece of legislation, Mr. Speaker, that need to be worked on.

The powers of the board I think, Mr. Speaker, are very

Draconian, very, very Draconian. The member from Cypress mentioned the fact that there is no appeal allowed to any decision made by the commissioner.

Again, Mr. Speaker, very few pieces of legislation — I can only think of a couple that this government has brought forward since I've been elected in 1991 — that comes close to this. GRIP, Mr. Speaker — the GRIP debate is a clear example of how this government is prepared to use its legislative hammer to beat down any opposition where they deemed an event to have happened, and denied the farmers who held GRIP contracts the right to go to court.

Well, Mr. Speaker, here's another example where people hold contracts. Unions have contracts with their employers, a commissioner is going to come forward, is going to make decisions. Those unions and union members have no right to appeal. They have no right to a court action. They have no right even further than that, Mr. Speaker, because it says reviewable by any court or . . . I'm not even going to try to say that word, Mr. Speaker, but mandamus, prohibition, injunction or any other proceeding.

So, Mr. Speaker, I . . . they've covered off the bases here pretty well. There is very few, if any, legal actions available to anyone who wishes to contest an order made by the commissioner. Now the representatives from SAHO that we have talked to said, well that's true, but you can appeal if it is patently an unreasonable decision.

Well I guess the question has to come down, Mr. Speaker, as to who makes the determination what's patently unreasonable? Well I guess the only way you can do that in our system is in court. And yet the Bill says you can't go to court. So we have a catch-22 position here, Mr. Speaker. To get a determination on what is patently unreasonable you have to go to court, and the Bill says you can't go to court to determine whether it's patently unreasonable.

So, Mr. Speaker, I believe they've written a piece of legislation here which will serve the NDP very well, but which will not serve the health care employees very well and indeed may not even serve the health district boards very well.

If you look around the province, Mr. Speaker, not every health district board is finding themselves in a financially secure position. If you enter into arrangements where you have provincial bargaining with all of the unions which would now be amalgamated into one or two, into a situation somewhat similar to the employee bargaining circumstances of the SSTA (Saskatchewan School Trustees Association) where the province sits down with a group of representatives from the people who pay a significant portion of the bills, the board members from the local school divisions, the Saskatchewan School Trustees Association, to bargain with the Saskatchewan Teachers' Federation with the government holding the majority hand in this particular case, the people who pay the bills, school boards, have to be responsible for the decisions made by the government.

In the case of this piece of legislation, Mr. Speaker, the district

health boards will be faced with the cost of paying the bills made by this bargaining group that would be put together, the commissioner and the board, in dealing with province-wide negotiations. Some boards, Mr. Speaker, are financially in the position to be able to afford to pay perhaps somewhat larger salaries. Other boards are already in a deficit position. For them it's either a question of cutting back on services or failing to meet the requirements that the commissioner and board may place on them to pay their employees.

This would cause a very severe impact, Mr. Speaker, on health care within those districts. It may very well mean that they would have to close facilities. It could very well mean that they have to cut back on the number of acute care or long-term care beds that they have available at each and every one of their facilities. And all of this, Mr. Speaker, because in some of the larger areas they may have the financial wherewithal to meet their commitments.

And part of this, Mr. Speaker, may roll back into the previous Bill that we were discussing, Bill 114, where some of the foundation monies could be used to help pay some of the costs associated with these union agreements that would come forward, would be forced by the commissioner to support some of the health districts.

But I would have to suspect, Mr. Speaker, that not enough money would be available through those foundations to support every district. So it could run into a situation there where some are allowed to pay and others bear the brunt and have to cut back on their services, which if they had to cut back on the services may very well fit into the Minister of Health's formula for health care in Saskatchewan, but would not serve the needs of the people of Saskatchewan, Mr. Speaker.

Those are a couple of the areas that I would like to address. One of the other areas, Mr. Speaker, deals with home care. And I note in the paper on Friday that home care workers have just struck an agreement with the Saskatchewan . . . with SAHO, with the health districts. But it only represents 22 health districts, Mr. Speaker, and I believe there's 30 or 32 or so in the province.

Under this piece of legislation that we're dealing with, Bill No. 120, would it impact on all the home care workers in the province? How would this Bill deal with all of them? After all, they're all employees of the health care system, Mr. Speaker. Some of them are unionized, some of them are not.

Now if the settlement is made by the commissioner for the people who are under the trade union agreement, are the others then going to be brought in to that same agreement? Because obviously according to this Act, the commissioner is bargaining for all the health districts. So are they going to have to provide the same pay scales, the same benefits, the same call-outs, all of these things, Mr. Speaker?

Talking to one of my district board members, Mr. Speaker, over the weekend, the indication was that in many cases home care workers are called out perhaps for an hour to deal with one particular person once a day. And because they happen to be

resident right in the neighbourhood, whereas the regular home care worker may live 10, 15 miles away or even more in some of these districts, Mr. Speaker, it would be significantly greater cost for that person to drive the distance back and forth and pay them mileage, etc. So they have one person hired as a home care worker to go in for an hour perhaps to visit a neighbour.

But under the union agreement, Mr. Speaker, you can't do that. You have to pay them three hours work. So, Mr. Speaker, in a health care district which is financially strapped as it already is, if you were to add that burden on for the one hour per day that that home care worker may work, you would add a significant impact if there was a number of those circumstances happening throughout the health district. And there are, Mr. Speaker. So those would be added costs, costs that the health districts could not afford, and yet costs which could be imposed on them by this particular piece of legislation, Mr. Speaker.

(1645)

Another concern that we have with this particular piece of legislation, Mr. Speaker, is what happens when a facility is downsized. Obviously if it's downsized you are going to have more employees in place than are required further on.

Within the union structure you have bumping rights. Does that mean, Mr. Speaker, when the Plains hospital closes, if it ever closes . . . but which the government says they are going to close much to the regret of people across southern Saskatchewan and in particular to the regret of people in Regina.

In fact the member from Regina South spoke in favour of keeping it open, at one point in time. And yet once he's in the House here sitting as a government back-bencher with high aspirations and ambition of moving up a little closer to the front than the very far back corner, he has changed his tune, Mr. Speaker.

But when the Plains hospital closes, now with the acquiescence of the member from Regina South, what happens to the nurses there? Well obviously some of them are in a more senior position than others. Is that going to put them into a more senior position than a nurse at Redvers, once they are all under a single bargaining unit? Is the nurse at the Plains hospital going to be able to bump a junior nurse in Redvers?

Unfortunately, Mr. Speaker, that's not a very good system. It happens now within the districts, but those are separate districts. And I haven't heard of any nurses yet trying to bump across the districts.

So, Mr. Speaker, again that's a problem that needs to be dealt with, that needs some resolution to it. And I'm sure that the nurses in most of the smaller communities are apprehensive when we see a facility the size of the Plains hospital proposed for closure.

It's also a concern when we see a number of long-term care facilities being proposed for closure. We see the potential, Mr. Speaker, for some adjustments in the classifications of

long-term care residents that may disqualify them, Mr. Speaker, from residency and long-term care facilities, and things that we would normally consider to be level 3. Some of those may be . . . those patients, Mr. Speaker, may be downgraded to a level 2 and told that they no longer meet the requirements for institution care and therefore it be recommended that they be returned home to their own homes or their family's homes or to some other private facility where they can be looked after at their own expense.

If that happens, Mr. Speaker, again we have the situation similar to the one in Swift Current where a 72-bed facility, I believe it is, is being closed. Half of the people have found accommodations within other institutions in the community, but approximately 38 of them have not found any accommodations.

When that facility closes, what happens to the staff there? How far — if they're unionized — can they bump other union employees? I think that's going to cause a great deal of concern, Mr. Speaker, across this province when that type of bumping starts occurring. So if the nurse from Regina bumps the nurse in Redvers, and the nurse in Redvers bumps the nurse from Swift Current, how far does it go, Mr. Speaker, and where does it stop? I believe there needs to be some form of restriction on that. And because the bargaining units today are smaller, their bumping rights are within a smaller area, Mr. Speaker, and that impact is not felt quite so widely. The jobs are still then within a relatively short distance within their own communities, Mr. Speaker.

Mr. Speaker, this whole Bill, I think, needs to be given some very serious consideration, particularly on the language being used in it. I've already talked about the minister being able to define words; we've talked about the appeal process — all of these things, Mr. Speaker, need some very, very serious consideration, need the opportunity for the public to have a better look at them.

I think the public and the unions, as my colleague from Cypress pointed out, need to take some various long looks at this, and some very hard considerations as to what the minister is proposing to do.

As I mentioned earlier, talking with a number of people on the different health districts, they have some concerns about this particular Bill, Mr. Speaker. They would like to get some definitions, such as the definition of the word employee, and how it's going to affect their particular workers.

How is it going to impact them? Are they going to be forced into a union shop when they don't want to be? Are they going to have a choice on the matter? Under this particular piece of legislation, it would certainly look like they're not going to have a choice on that matter. And I believe there again, Mr. Speaker, as my colleague from Cypress Hills said, we are rolling back democracy.

Hopefully this particular government is not going to roll it back as far as the Magna Carta. But it certainly in a few areas, Mr. Speaker, they have certainly attempted to roll back our opportunities to deal with the third level of government, the

judiciary. I mentioned the GRIP situation, Mr. Speaker. They also . . . the judges . . . the government broke the rules and then changed the legislation, Mr. Speaker, at that particular time.

Mr. Speaker, this wasn't even the start; they had done that previously with other government employees when they first formed government in 1991 — rolled back a number of different issues, Mr. Speaker. Even the secretaries in some of the offices had their contracts broken and changed, Mr. Speaker.

And the fact is I was told by one employee that the government refused to make a settlement with them, that they were told that it would take a period of time, while this particular employee had no work. Because if the settlement took time, the employee went and found a job some place, well then not near as much severance and settlement would have to be paid to that particular employee, Mr. Speaker.

So this is not a new scenario, Mr. Speaker, that this government would try to deny the people of Saskatchewan its rights, would try to deny the people of Saskatchewan its opportunity to be heard before its peers. Mr. Speaker, this is actually very much a growing trend by the members opposite and their government to use arbitrary measures; to use power of the minister to override the rights and the opportunities of the people of Saskatchewan.

So, Mr. Speaker, I believe that some of these issues need to be debated; these issues need to be talked about; these issues need clarification when we get to Committee of the Whole sometime next week.

So, Mr. Speaker, I believe that when that happens I hope that the minister has been listening to the comments made by members on this side of the House, and that he will have his answers prepared, that he will have his definitions ready, and that he will have — as the member from Canora-Pelly has said — that he will have the proper amendments ready to deal with this particular piece of legislation, with the concerns that not only we have expressed but also that the health district board members have expressed.

And once my colleague from Cypress Hills contacts the various unions that may be representative, that the amendments that the unions may be seeking in this particular piece of legislation can be represented before this Assembly and that their opinions would be given due consideration and weighed in the balance, Mr. Speaker, to come up with a solution to this particular piece of legislation that would suit the needs of everyone.

Therefore, Mr. Speaker, I believe that we can allow this particular Bill to move forward at this point in time, so that the minister will be given enough opportunity to study and bring forward his amendments in Committee of the Whole.

Mr. McLane: — Thank you, Mr. Speaker. Earlier on in the debate, Mr. Speaker, I heard the member from the south-west part of the province talking about hoping the opposition would get up and lead, as we usually do. In this particular case, we thought we would feel out the third party and we did, and found

that, as usual, they were unprepared once again.

Had the members been present all through the session on a regular basis, they could've gathered a lot of the information that has been discussed about the different Bills that we've looked at, and would've been a little better informed of what this government opposite is trying to do with many pieces of its legislation.

I'm also a bit surprised, Mr. Speaker, in hearing that the members of the third party are sticking up for the big unions — once again, as we suspected, had their own agenda as well.

However I think they missed the point, Mr. Speaker. And the people that we should be concerned about when we're looking at pieces of legislation like Bill 120 are the people of Saskatchewan, and what this Bill will do for the health and the well-being of these people as it pertains to their health care needs.

One thing that should be noted. As I look at this Bill, Mr. Speaker, I see June 13, 1996, 11:58 a.m. stamped on this Bill. The reason that this Bill has come to us at this point in time is because of the lack of courage that the government opposite had, back when they did health reform, to address the issue that we're concerned with today, and that is of unions and how the workers flow across the system.

At that point in time, when health reform came about, Mr. Speaker, the government opposite was very reluctant to deal with the situation at that time because of the lack of support they had for the health reform process. And consequently they didn't want to have to have the unions involved at that time, Mr. Speaker, and create further division within the system and for their health reform.

And so now we're dealing with it now at this late hour in this session. Bill 120 speaks for itself, with the 120 being stamped on it, and lots of legislation, and this one in particular, brought forward at this late date.

We talked about the health reform and when it was initiated, Mr. Speaker, and the reasons why this government didn't want to deal with the issues of the unions, and the workers crossing the sectors and crossing union lines is a very good point. The problem that they had with that is that . . . and you can look into the south-west part of the province at Eastend where there was a major labour dispute some four years ago. And that was one of the reasons why the government was looking to deal with it at that point in time.

One of the other problems that we have, Mr. Speaker, is of course SAHO, who represents basically all the health agencies in the province and particularly the 30 health districts . . . For information for the members of the third party, there are 30 districts. And SAHO does represent those and does have representation on the board from the health districts.

However, I'm not sure when this Bill was tabled that the health districts at that point in time had a chance to look at it yet in its entirety amongst themselves. Therefore I think that the districts

will have some things to say about this and will want to have some questioning. And many of them will be contacting us, and particularly myself directly, with many of their concerns about the Bill and the things that they do like about it.

Hopefully as well, that given the association with the members opposite and the unions in this province, that I'm sure that all small unions will have made their representation to the government as well, whether they've listened to it or not.

So, Mr. Speaker, in looking at the hour and the agenda that we have before us, and the stall tactics of the third party, there are many concerns that we have certainly with this legislation. We want to ensure that the people of the province and their health care needs are looked after and that this doesn't infringe on it. We want to make sure that seniority doesn't take precedence over the capability of many of the health workers; and unfortunately that's what happens many times, is that those with seniority, in particular union, do have precedence in the jobs. And consequently we do lose a good number of our workers.

Therefore, Mr. Speaker, I do believe that once we get to Committee of the Whole with this Bill, there will be many more questions that will come to light, and we will be asking the government through the minister to rectify.

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

COMMITTEE OF THE WHOLE

The Assembly recessed until 7 p.m.

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Bill No. 76 — An Act to amend The Health Districts Act, to repeal The Union Hospital Act and The Lloydminster Hospital Act, 1948 and to make consequential amendments to other Acts	
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Julé	2665
D'Autremont	2666
Bill No. 77 — An Act to amend The Saskatchewan Medical Care Insurance Act	2669
Bill No. 82 — An Act respecting Health Facilities	
Bjornerud	2670
Goohsen	2670
Recorded division	2675
Bill No. 114 — An Act respecting the Establishment of a Crown Foundation for District Health Boards and their Affiliates	
Toth	2675
Heppner	2676, 2703
Recorded divisions	2680, 2698, 2702
D'Autremont	2680, 2695
Boyd	2698
Bill No. 120 — An Act respecting the Reorganization of Labour Relations between Health Sector Employers and Employees	
Toth	2705
Goohsen	2707
D'Autremont	2711
McLane	2715