

EVENING SITTING

PRIVATE MEMBERS' MOTIONS

**Motion No. 6 — Hospital Waiting-lists**

**Mr. Wall:** — Thank you, Mr. Deputy Speaker. I was rather interrupted in my presentation just before the recess, Mr. Deputy Speaker. So I think I have to repeat it so that some of the people over there will be able to understand it the second time around.

We often hear people talk about the amount of money which this government is spending on health care. Well our budget was 1.72 billion — not million but billion. That's a lot of money, and it forms about 40 per cent of the budget of this government. And so what we have with regards to it is that they cannot say that we do not put our emphasis on the health budget. We do, and we do care about health care.

Not like the federal Liberals who cut health services by \$7 billion — one, two, three, four, five, six, seven. I was hoping that you would be able to understand it. And what I'm asking the members opposite if they would just take some time to talk to their federal cousins and ask them to put some more money into the health care.

But will they? No. What they do is they go around the province spreading fear, misinformation, and ideas where nobody else could dream of them — but they can. Mr. Deputy Speaker, I am ashamed of what those people are doing as far as health care is concerned. Their senior Liberal guru, Kent, who was there when medicare was invented — the Liberals, do you believe that — he was there when medicare . . . and he soundly condemned the federal government for these drastic cuts which are occurring to medicare.

Mr. Deputy Speaker, the problem also exists then that other people . . . where they used to get 50 cents on the dollar for the health care in Canada, they now give Saskatchewan 13 cents on the dollar. Absolute shame.

And so what's going to happen with Tory governments in Alberta and in Ontario? They will give up on the medicare system, they will give up on universality, and they will ruin the medicare in Canada. And our friends over there do nothing except complain and try to break up the medicare system in Saskatchewan.

Well I have news for them, Mr. Deputy Speaker — that will never, never happen. We will not allow two-tier medicare to come into this province; we will not let private medicare come into this province.

A Liberal is a Liberal is a Liberal, as we found out when their so-called leader managed to get the top Liberal from Ottawa to come to Saskatchewan and reinforce that. Did you people ask them what was going on in the health care system? I bet you not one word was at issue, one question asked about the cuts, the drastic cuts that those people over there made to medicare. They supported it. And then they talk about the health system in Saskatchewan — the best system in the world.

Before, I also talked a little bit about the Liberal rallies which have been hailed around the province in the last four weeks. And they came up with some brilliant ideas why the Plains should stay open. Did they talk about care? No, they didn't. Did they talk about the emergency procedures? Did they talk about waiting-lists? They never talked about any of those things.

You know what they talked about? They talked about accessibility. It's so hard to find those two hospitals . . . it isn't. And then they had the gall to say that it took 20 minutes to go from the Plains hospital to the General Hospital. Well the hon. member from Estevan and myself went in our unit yesterday, we went and we travelled from the Plains to the General, and it took us all of five minutes to get there — five minutes. That's all.

**An Hon. Member:** — Not one . . .

**Mr. Wall:** — No. Two, three, four, five. So that the members opposite will understand what we mean by five minutes.

Mr. Deputy Speaker, another reason why the Plains should stay open is because it has parking facilities — parking! What part does parking play in the treatment of health? What does it play — what does the parking cost? What is involved in health that we have to worry about the parking?

Mr. Deputy Speaker, I do not understand why that is such a great problem. And when the General is completed and the places are all said and done, there will be ample parking at the General — more than ample parking, Mr. Speaker.

They say that the General Hospital is a . . . or the Plains hospital is a state-of-the-art building, and I will grant that to them. It's state-of-the-art, but it does have a few, just a few, shortcomings. Mr. Deputy Speaker, it has the problem of asbestos. At these rallies, we are told that the building could be filled with people and they could go in there with this new method and spray on the asbestos and nothing would occur. We have word from experts which state that this is impossible. Now where they get their information from is beyond me. Again, we have misinformation being spread all across this province to scare, especially, our seniors. That's what it is . . . (inaudible interjection) . . . You don't worry about my arm, the hon. member from Wood River, or wherever you're from.

They also claimed — they told us that there wouldn't be a cut in beds — and we agreed with them. And we agreed that after the Plains closes in October 1998 that there will be 675 beds in the Regina Health District — 675. How many, Mr. Deputy Speaker? See, Mr. Deputy Speaker, I realize they have a little difficulty going past five, but I'll try to get it through — 675 beds.

And what is the average use? What is the average daily use? Do you know what the average daily use is? Six hundred and eight. You can't stand it. Six hundred and eight. There are beds left over then, if they can understand this modern math: 675 minus 608 leaves us with a remainder. Of course there are going to be days when some of the sections will be pushed for space; there's no getting around it.

But if we were to finance so that every person who needed and wanted elective surgery on the spot, we could not afford it. Nobody could. You see? The member over there has no idea, nothing. So that there will be no shortage of beds, Mr. Deputy Speaker. Another issue . . .

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

**Mr. Trew:** — To request leave to introduce guests, Mr. Deputy Speaker.

Leave granted.

### INTRODUCTION OF GUESTS

**Mr. Trew:** — Thank you, Mr. Deputy Speaker. And I would like to thank the hon. member for Swift Current for generously yielding the floor, allowing me to introduce a very important group in the Speaker's gallery.

This is the St. Timothy's 49th Scouts. There are 19 people here today. The leaders are Jack Zess and Bev Smelt. And with them is Len Prokopetz and Judy Innis. It will be my pleasure to meet with this group and share a soft drink with them in about five minutes. I very much look forward to questions.

This group comes year after year. And I'm always astounded; they come up with fresh questions, and they take a keen interest in the whole parliamentary process. I ask all hon. members to join me in welcoming the St. Timothy's 49th.

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

**Mr. Wall:** — Thank you, Mr. Deputy Speaker. I'd like to personally welcome the Scouts and the Cubs . . . if it's Cubs? It's got to be Scouts.

**The Deputy Speaker:** — Order, order. Order. I remind the . . . Order. I remind the hon. member that if he wishes to introduce guests he needs leave also. So I would ask the member to resume debate on the motion.

### PRIVATE MEMBERS' MOTIONS

#### Motion No. 6 (continued)

**Mr. Wall:** — Thank you, Mr. Deputy Speaker. We've heard a little bit about what's going on in the Swift Current Health District. As I speak, even tonight, they're having a public meeting with regards to a needs assessment. Now this really makes sense. You know what they're doing with it is that they are asking the public, what do they think that they need in the health care system in Swift Current. Now that's a good plan.

They don't go and fearmonger. They don't give misinformation. They're asking the people, what do you think we should have? Should we do some improvements on the hospital? Should we hire more nurses? Should we get front-line help other than nurses? Should we look after the people who look after the maintenance and so forth? These are the things that they're discussing, and they're discussing it with the public.

And Swift Current is noted for the cooperation of the people. Earlier on this year, they had a meeting, a public meeting of . . . what can we do to attract doctors to this place? Well at that time there was a Tory member who was there for some reason or another, acting as the Health critic for the Tories. And three-quarters of the way through the meeting, he got up and he tried some scare tactics too. He says, what will happen if you don't attract these doctors? Well I'll tell you what will happen, he said. He said, you'll lose your hospital. Well the people didn't buy that, and they won't buy that. And they are working cooperatively to attract doctors to Swift Current.

Just the other day, my family doctor's clinic hired another one. He's full staffed again. Hooray! And, Mr. Deputy Speaker, the district hired — and I can never pronounce this word right — two . . . the people who give the anesthetic . . . anesthetists — two of them. Two of them! Two of them! And so they are looking after the needs of the Swift Current Health District.

And so what happened in the paper? They had a general meeting, and the hon. member from Wood River took it upon himself to suddenly say, beds will be cut. Beds will be cut to 80, and Swift Current will lose its status as a regional hospital.

Mr. Deputy Speaker, the next . . . no, the same edition, Drew Lockhart, CEO (chief executive officer) of the Swift Current Health District Health Board, and Esther Wall, — no relation, wish she was — chairman of the Swift Current District Health Board, stated that the information given by the member from Wood River was false and misleading. That was the words that they used: it was false — false and misleading. And they say they are not fearmongering; what is that except fearmongering?

**An Hon. Member:** — They are shameless.

**Mr. Wall:** — Exactly. No honour. Do the things what they will have to do and they will find out that they will be exactly where they should be — out in the pasture.

Mr. Deputy Speaker, the motion is with regards to waiting lists. Okay. Saskatchewan residents wait about the same amount for surgery as do other Canadians. That doesn't mean to say that it's right. It doesn't mean to say that we're better. It's just that we do.

And with regards to that, Saskatchewan Health monitors that very carefully. The number of surgical procedures has remained fairly stable since 1991 to '97. Day surgery though is used more and more. It's less invasive. The people don't have to stay in the hospital that long . . . and so that we can make better utilization of the equipment and the hospital beds that we do have.

Demand for some procedures has increased substantially in recent years. Just to give you some examples — cataracts. And we have a great doctor in Swift Current who performs these, but in the province it has increased by 81 per cent — 81 per cent. What if it would have stayed the same? What kind of a waiting-list would we have then? I don't think that the opposite members think about that. They just want to go out and say, there is a waiting-list which is so long and we are doing nothing about it. Nothing could be further from the truth. We are doing everything which we humanly can to make sure that the

waiting-list will be cut down, and if not cut down, it at least it won't expand.

Hip and knee replacements. Some of the older members over there maybe are in need of it. I know I am. I'm in need of a knee replacement — some time soon, I don't know, but I know that I can wait for it because I can still walk around and that is what they will look at. It is not urgent that I get my knee replaced, but I will when the time comes and they will do it.

Of course, other surgical procedures have seen a decline. For instance, tonsillectomies. Again there's a change in the health procedures and so forth — they've decreased by 44 per cent. And so we have all of this going on throughout this whole part . . .

Now the average waiting time for surgery in Regina is longer than it is in Saskatoon. And sometimes you'll hear this comparison. Well there are valid reasons for it. For one thing, Saskatoon has a high number of doctors compared to Regina. Okay, they have the salaried positions by the College of Medicine who operate through the University of Saskatchewan and so forth. And so that is one of the reasons why they have these. They have more specialists.

Changes in how the waiting-lists are reported — the doctors determine what the waiting-list is. If they don't submit the name of a patient who is waiting for a surgical procedure, it doesn't get recorded. It's as simple as that. If of course they enter the name on the waiting-list then it forms part and parcel of it.

But this is what happens. The lengthy waits, Mr. Deputy Speaker, for procedures are usually, are almost exclusively, for elective cases — elective. There are different ways of classifying surgical procedures. The emergency surgical procedures are life-saving measures and must be done as soon as possible. And the statistics show that this is done within 1 to 48 hours. That procedure is done. It's emergency; it's done. We don't have to scare the people out there by saying that, if you've got an emergency surgical procedure that is necessary, that you're going to wait two months. It's going to be done in time to save that life. Mr. Deputy Speaker. The other one is that urgent procedures are usually performed within a few days if possible. Okay, that's urgent — okay.

And then we come to the elective. Now there are long waits for electives. There's no getting around it. They are longer than I would like to see them. They are longer probably than most of the members on this side would like to see them. They are not quite as long as the other members would like to see them because if they were longer then they could really scream from their seats and do nothing about it.

And so this is what happens with regards to these. The department, in order to combat this — the long waiting-lists and so forth, Mr. Deputy Speaker — has established a waiting-list management committee which will develop common prioritization categories and various performance measures in order to strengthen the ability of the districts and the Department of Health to identify waiting-list components. And this is coming. This is being done.

Mr. Speaker, I've taken quite a bit of the time. I know that I do

not like the long waiting-lists any more than anybody else, and I'm sure also that the members opposite do not. What are we going to do about it? We are doing everything which we possibly can at this time. I just mentioned a couple of them, but again the hon. member from Arm River was in a fog somewhere and was not bothering to listen. I have repeated myself too many times already tonight and so I am going to sit down.

Thank you Mr. Deputy Speaker.

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

**Mr. Van Mulligen:** — She didn't hear you over the din, Mr. Speaker.

Mr. Speaker, I am pleased to be able to participate in this debate. I think that any time that health care is debated in this Assembly it is by definition a debate of the utmost gravity, a debate that demands the attention of all of the members of the Assembly, no matter what side they may choose for the motions that come before us.

Health care — because it is so important in the minds, in the affairs, and in the lives of the people of Saskatchewan — is always something that we need to treat with great seriousness so that when the Liberal party puts forward a motion, as they have done in this case, exhorting the government to make greater efforts to deal with a particular problem in the health care system, I think it behoves us to take these issues seriously. It is something that is of great interest to the people of Saskatchewan. It's a matter of life and death for some of the people of Saskatchewan, and understandably so.

The system of health care that we have in Saskatchewan is something that has evolved over the course of the last 30-some years, and has evolved into what I think is a first-class system of health care, and a system of health care that is the . . . that is the envy of many jurisdictions in the world. There are many places in the world that wish that they could have the kind of health care system that we have and the kind of support that it provides for our people, Mr. Speaker.

Mr. Speaker, in this vein, I was interested to read in the *Star-Phoenix* a few weeks ago an article that was entitled, "Canada's Identity Crisis." And the subhead was that Joe and Jane Citizen now place health care above all other unique aspects of the country.

And the article went on to explain that an elite group of federal bureaucrats which were instructed by the Privy Council office in Ottawa to study the forces driving economic and social change had, among other things, done some research into Canadians' attitudes to symbols that to them represented the country. And they found that Canadian society has become so fragmented that the country's medicare system and the rugged beauty of the land itself are now its most powerful national symbols. And their research showed that the Queen, the Mounties, and once central institutions such as the CBC (Canadian Broadcasting Corporation) no longer provide Canadians with a common sense of identity.

Their report argued that Canadians, once galvanized by dreams

of a national railway or a just society, have had their collective identity weakened in recent years. And they point to factors such as globalization, immigration, youth unemployment, the growing gap between rich and poor as all having played some role in widening the fault lines of Canadian society.

And they found that of all their polling, that only two of twenty-three national symbols resonated with all segments of the population — and that's medicare and our national environment. Not the Mountie, not the Queen, not bilingualism, not the flag, but it's medicare and a natural environment.

And I was interested to read that, Mr. Speaker. And I think it's an appropriate lesson that we learn from that about the importance that health care and the medicare system have to Canadians, and, as I stated earlier, it has to the people of Saskatchewan.

So I appreciate the . . . even if I don't appreciate the specific wording of the motion that's before us, I do appreciate the fact that the Liberal Party would put forward a motion that gives all of us, whether we're on the government side or on the opposition side, an opportunity to put our views on the record when it comes to the administration of health care in Saskatchewan and in Canada. I think it's always important for us to do that. People of Saskatchewan want their politicians, want their elected representatives, to be very clear about what it is that those people have to say about their health care system.

And I might say, Mr. Speaker, that people also want to hear more than simply criticisms about the health care system that we have. It's fine for the Liberals to put forward a motion which is critical of the government because supposedly the waiting-lists are too long, but I think the people of Saskatchewan also want to know more than that.

They also want to know what concrete actions the Liberal Party, or for that matter the Tory Party, would take if they were in a position to do something about it. That is to say, they don't simply want problems raised; they also want to know what kinds of solutions people bring forward so that they might be able to judge as to who it is that they want to administer their health care system. And I think that's an important question, Mr. Speaker, that we should pay a bit of attention to.

Again I'm not surprised that people of Saskatchewan or Canada would hold their medicare system or their health care system in such a high regard so as to be a unifying symbol of the country, and is to be so important that it takes precedence over everything else in this country.

When you look at the principles that support our system, when health care or our medicare system was put into place, we took the position that to have hospital care initially, later to have access to a doctor, should be a matter of a right and not a privilege; that all Canadians should enjoy that right and all people in Saskatchewan should enjoy that right; that it's not something reserved for any select group that was able to pay for it. And those concepts are found in the principles that form part of our medicare system.

And it's very important, I think, when we talk about our health care system to just do a review of what those principles are.

And it's helpful for the public and those at home to give some thought to those principles so that the next time that someone comes along and says look, there's a problem with our health care system and the government ought to do something . . .

And I might say that the government is always very sensitive about problems with the health care system. And the government takes its responsibility seriously in terms of wanting to make improvements to the health care system so that health care system will serve the needs of people in Saskatchewan.

But it's good for the public to be familiar with the principles of our health care system so that in addition to simply listening to the criticisms that people make of our system, the public also has some understanding of what kinds of questions it wants to ask those who make the criticism.

Where do you stand on the important principles that are part of the system that we have today? Because it's one thing to criticize; it's another to have a coherent, cohesive, understandable, and supportable stand when it comes to these principles of our health care system — principles such as universality, that it's available everywhere. I don't think there's any argument with that, but again there are different systems where universality may well be implicated.

And I think we saw some of that in a debate that we had in this Chamber back in the 1980s. It was in 1987 that the government of Grant Devine, the Tory government, moved to eliminate the children's dental program as we knew it. The government of Grant Devine fired some hundreds, I believe, of dental nurses who were employed by the Department of Health to provide dental care for people throughout Saskatchewan, especially for school children throughout Saskatchewan.

This was a wonderful program, especially for rural Saskatchewan, because it meant that rural children especially had access to a certain level of dental care that otherwise they would find difficulty in accessing. Dental services being what they are, it's difficult to find dental practices in many of our small towns — even though there were dental nurses available to examine children, to do some treatments for children, to provide the kind of dental education that children value and need, and also to do the appropriate referrals to dentists when and if required.

And the Devine government did away with those dental nurses. But in the process it didn't find anything to replace it. They said that they would replace it with dentists going out to these communities, and that the children who once had access to a dental nurse in the small communities that they lived in would now be able to gain access to dentists.

And I don't know if any of you remember it from those days. There was a great deal of debate about the provincial government, the Devine Tory administration, saying oh, help is on the way; we know there's a dentist headed for such and such a town. And weeks later no one had seen the dentists. And there was great sport in this Chamber if I remember it.

Did the dentist get lost? Did the dentist drive to the wrong town? Where was the dentist? I think the point being that in that

particular case and on that principle that Tory government — that Tory government — moved very decisively, very demonstrably to reduce accessibility for people in the system. So that universality was no longer as strong a principle now as it was then, Mr. Speaker.

So people should be asking those who would criticize the public administration of our health care system as to where it is that they stand on important principles — important principles such as universality — do you believe that you can provide services throughout Saskatchewan?

I must admit that prior to recent years that there has been problems in providing some of the services that we would like to see in rural Saskatchewan; that we weren't able to provide a host of — it's called paraprofessional services — the chiropractic services, and other services, physical therapy services, to some small towns because it just didn't work for those kinds of services to be located there. But now with changes to and reform in our health care system, we are better positioned to be able to provide those services throughout rural Saskatchewan, and that way we've been able to improve universality.

Yet this is a measure and a step that has been criticized, and criticized thoroughly, by the members opposite. They take the approach, it's far more important to simply have buildings — whether they're utilized or not — hospital buildings in these towns, whether they provide services or not as being irrelevant. But we take the position that it's services that provide the universality, Mr. Speaker.

There is also questions about accessibility — can you afford it? New Democrats, the public will know, have always taken a position that again — and this is the fundamental principle underlying medicare; first hospitalization and then medicare — that money should not be a deterrent to utilization of the health care system. You should not have to depend on payment to some private medical system or your own payment to a doctor in order to be able to access the services.

That should be accessible to any and all people in Saskatchewan regardless of their economic circumstances. We are treated equally, we are seen as equal, we all have the same accessibility to health care services. That's the position that we take.

But it's probably a good thing for the public, before they become too caught up in criticisms of the health care system, to be asking those who make the criticisms as to where they stand on that particular fundamental principle of medicare. Where do they stand on that? And I see some of the members opposite, Mr. Speaker, being a little uncomfortable in their seats. But that is a very, very good question to be asking the members of the opposition, because as near as I can determine, they take a fundamentally different position to that principle of medicare.

They take the position and have stated this over time . . . and depending on the political circumstances of the minute, they might be willing to fudge a little bit on that, Mr. Speaker. But make no mistake about it, they take a fundamentally, and some of us would say a radically, different approach to the question of accessibility.

Because you see, Mr. Speaker, they take the position that if you have the money — if you have the money, that is to say, if you have more money than the next person — you should be entitled to better accessibility to the health care system. So in their belief for this system they would say that money matters.

Money should matter. It should matter that health care . . . that a certain level of services . . . to be enjoyed by all. Well that some people should be able to get better services because they have more money, that is their belief. That's their belief. That's the position they take when they say that we want private clinics; so that if you had the money . . . I think the member from Arm River stated in the House one day that, well if you've got money, then you should be able to get better health care services than anyone else.

You should be able to go to some private clinic that's set up to deal with certain surgical procedures, and you should be able to get that service much faster, much more efficiently than you could in the public system. That's their position. They take the position that if you've got the money you should be able to get faster, better, quicker service. That's the position they take.

That is not the position that we take. We take the position that no matter what your financial circumstances are, we're all entitled to the same access to the health care system — same access. No special considerations because you're rich, and most importantly, no special considerations because you're poor.

So that when members opposite criticize this government about the administration of health care, the public may be wanting to ask those parties where it is that they stand on that important aspect of health care, where they stand on that principle of health care.

And it may well be . . . and I would not be surprised if some of the public said, we like what it is that they have to advocate. But I'd be willing to wager that the great majority of the public doesn't see it your way and that they might be somewhat, I don't want to say hoodwinked, but in the absence of clear comments by yourselves — or when you do you try to hide behind equivocation — that the public might be somewhat confused.

And I invite the public that if they're concerned about the health care system and they listen to an opposition politician, to ask that opposition politician clearly where they stand on that important principle. Because I tell you from the comments that we've gotten in this Assembly and the comments that we see from their party literature, they seem to be taking a radically different approach, Mr. Speaker.

Mr. Speaker, we believe in a publicly funded and publicly administered health care system. We do not believe that there should be a public system and then an ancillary system — a so-called private system where if you have more money you are somehow able to get better services — and that there is a separate administration for that.

I might point out too, Mr. Speaker, that the system that we have, being publicly funded and publicly administered, is a far more efficient system, far more efficient system when it comes to delivery of this important service than a privately funded

system would be and a privately managed system would be. One doesn't need to go very far from Saskatchewan — in fact a few hundred kilometres south, to the United States — to gain an appreciation of that statement.

And now the Tory Party and their members can say whatever they want, whatever they want about competition, private enterprise, all those kinds of things, as being great and the thing that produces all the benefits for society. I tell you, when it comes to the delivery of health care services, competition has not proven to be a very effective way of reducing the costs of that system. It just hasn't been.

It also hasn't been a very effective way of making sure that there's universality in the system, that the system is provided everywhere. It's also not a very good way of ensuring accessibility; that is to say, no matter what your economic circumstances are, you have access to the system.

Mr. Speaker, they will take a radically different approach than we will on that. We stand behind our support for a publicly funded and publicly administered system.

We also believe that medicare and health care should be comprehensive; that is to say, that all of the services that we can provide should be provided through this public system. And I acknowledge that there are some services that aren't seen to be an integral part of the system. Perhaps they're an ancillary service to the system, that aren't fully funded by the system. I think chiropractic care is one, for example.

Sometimes there are services that are outside the system that are brought into the system, such as the latest example being the chelation therapy, which was outside the system and now is part of the system, although I understand it's not fully funded. But it may be a matter of time before it proves itself and it is brought into the system.

Drugs, prescription drugs, were at one time very much a part of the system. But I think because of financial considerations and the government able to target support effectively for those that need prescription drugs but can't afford it, we've seen less comprehensiveness in that area. I think it's fair to say that and I admit that.

But oh no, Mr. Speaker, we have I think an enviable system, one of the best systems in the world. And I'm pleased to see that on a daily basis the Liberals and the Tories exhorting us on to have an even better system. And we try to respond to that.

I think that once you get beyond the harangues of question period, I think that people will see and understand that we have over time moved to improve the system and that we will continue to do that. Because we see that as our responsibility, that we have a public system, and we are the public managers of that very public system. And when there are problems with that system, we see it as our brief, we see it as our responsibility to improve that and to make for a better, stronger system, Mr. Speaker.

And I know that there are members opposite who don't like to hear this and who are talking from their seats about, you know, that it's almost like some wishful thinking that if only things

never change, that somehow we'd have a better system; that if we could all just kind of go back into the past.

Well I tell you, Mr. Speaker, frankly I think we have a better health care system now than we had yesterday. And I don't think the members quite understand that or appreciate that — that health care is a better system now than it has been.

Mr. Speaker, I think the rightness and the . . . well the support that Canadians show for our health care system and a publicly funded, publicly administered medicare system, that Canadians are right to feel that way because they know — even what statistics they don't know — but they know that they have a better system than the major comparison point we have, which is the United States, our neighbour to the south.

But Canadians know this — we have a better health care system than they do in the United States. That whatever advantages the United States provides for many of its citizens — and it's a very wealthy country with many resources and it provides very many advantages — that whatever advantages the United States provides for its citizens, a health care system is not one of them in comparison to Canada; it simply is not one of them.

Canadians know this — that whatever troubles we've had with our system, whatever problems there might be with our system, we are still better to have the system we have than the system that they have in the United States. And I think that there're all kinds of statistics that will bear this out — statistics about infant mortality rates being higher in the United States than they are in Canada — and the infant mortality is seen as a reflection of better access to the health care system for pregnant mothers, expectant mothers, and therefore being able to get the right kind of care.

Well the member for Shellbrook Torch River says don't look at him when I'm talking about expectant mothers. And I really wasn't, Mr. Speaker, but studies show that infant mortality rates are higher in the United States and that one of the reasons may well be the lack of timely services being available or seem to be available for expectant families, Mr. Speaker.

Less emphasis on public health in some of the American states, therefore less effort by the community at large to aggressively contact expectant mothers in the hopes that if they're not aware of services and, you know, many preventative services, that they will avail themselves of it. We do a far better job of that in Canada.

And there's other comparison statistics as well such as longevity — how long it is that people live. We find that those statistics indicate that Canadians live on the average somewhat longer than their neighbours in the United States, and you wonder how it could be, given the tough winters we have up here, Mr. Speaker compared to what they have down in Florida or California, but apparently we live longer than our neighbours in the United States.

And some attribute that to our health care system, that our health care system encourages people to gain access to the system in a more timely fashion, to treat problems in a more timely way, and therefore not allow health problems to become critical medical problems. And that's why we have better

longevity rates.

But the other telling statistic about the American/Canadian approach is that although ours is a publicly funded system and publicly administered system, and theirs is a privately paid, essentially privately paid and privately administered system, it's far more expensive in the United States — far more expensive.

I know that members opposite always take the approach in, you know, oh if we had private medicare and people could pay whatever they wanted for the services they wanted, and therefore we could reduce our tax dollars, and so on. But when you take the money that people pay into taxes to support the health care system, and compare it to what Americans pay, not in taxes, but pay as premiums for their privately funded health care systems, we find that on average Americans are paying far more than Canadians for health care services.

And I would submit that by and large the health care services are better in Canada than they are in the United States — far better.

Now that's not to say that in the United States, being the system that they have, that if you have money and you're a millionaire that you can get probably better services than you can in Canada. But the reality is too that there are many tens of millions of Americans who cannot afford privileged access to their health care system, and for them Canada would provide vastly, vastly improved health care services than they get in their own country, Mr. Speaker.

So when it comes to money, the Americans pay far more and get far less than we do in Canada, Mr. Speaker.

Speaking of Canada, it's been our history that in Canada the right-wing parties, the Tory Parties — now the Saskatchewan Tory Party, from time to time the Liberal Party . . . In Saskatchewan it's been the provincial Liberals, at odds seemingly with some of their federal cousins, but now the federal cousins are also acting consistently with the position of the provincial Liberals. Then in Canada the New Democratic Party — before the CCF (Co-operative Commonwealth Federation) — championed a publicly funded, publicly administered health care system, whereas the other two parties have opposed that.

And in Saskatchewan there probably are still people watching who will remember the introduction of medicare in the early '60s, extending the concept of accessibility to include access to doctors — let us say that you didn't have to pay a doctor for a visit; the public would pay for that visit. That was opposed at that time by the Tories and by the Liberal Party.

They fought it very strongly, very avidly. These were political parties that were tied up hand in glove with the, I think it was Keep Our Doctors committee — the alliance that was formed to oppose medicare and to maintain the status quo in Saskatchewan, and knows that was an alliance that included in its membership and amongst organizers, prominent Tories, prominent Liberals.

And who can ever forget Ross Thatcher's actions at the Legislative Assembly in the wake of one KOD (Keep Our

Doctors committee) rally and Thatcher being a prominent Liberal. Who can forget the role of Staff Barootes, who went on to become a very well-known Tory Senator, and his organizing efforts to maintain the status quo which was a private health care in Saskatchewan. I don't think that we can ever forget those things, or at least those of us that can remember it, that will ever forget.

But that's the history of Saskatchewan, that's the history of health care politics in Saskatchewan. That where we stand — for a publicly funded, publicly administered system; they do not. And they have made it clear at times that they do not.

And today when we tried to improve our health care system and to enhance services for the people of Saskatchewan, and in this case southern Saskatchewan, that they would take actions to maintain the status quo — not through a Keep Our Doctors committee, but now through an STP (Save the Plains) committee. Their commitment being more to having a building and having the bricks as opposed to seeing how it is that services can be improved for people in southern Saskatchewan. They are more interested in saving the building, Mr. Speaker, as to improving the system itself.

Mr. Speaker, there are many challenges ahead in our health care system in Saskatchewan and in Canada. I have to recognize that financing will always be a problem, will always be a challenge in a publicly funded health care system because the funds for health and the funds that go to maintain the hospitals and pay for the nurses and to pay for doctors' visits and the pay for the operations and to pay for all of those services that we get through the health care systems, those funds have to compete with other funds that are dedicated for highways and dedicated for social services, dedicated for education.

So there is always this competition, if you like, for funding of the system with dollars going to other places. Also, reduction in the number of dollars because we think it's important to give people relief through reducing their taxes, Mr. Speaker.

But that will always be an issue for us. I might say that it's an issue that is not being helped by what is a less than an honest approach by the Tory party, where they continue to make references . . . or criticize us for what they see as shortcomings in the system, but never once mentioning that the major constraint that we have in terms of allocating the public dollars towards health care is something called the public debt of Saskatchewan, where we're still paying out — what is it? — \$725 million this year.

And we're spending about \$1.7 billion on health care, and we're spending \$725 million on servicing the public debt — that is to say interest on the public debt that was in the main rung up by the Tory administration during their period of profligacy in the 1980s, Mr. Speaker. And I guess some honesty on their part, that we are presented with this particular challenge in Saskatchewan, would be helpful when it comes to an honest and informed public debate about health care and how it should be administered and where it is that the dollars are to come from to pay for improvements to that system.

Similarly, Mr. Speaker, the Liberal Party, I think, is being less than forthcoming. They refused to acknowledge that even

though the Saskatchewan government in its competition for scarce resources has seen it as important to continue to fund the health care system, that we have increased the number of dollars going towards the health care system as opposed to education, highways, tax cuts, or any of the priorities that we have . . . That we've increased that, they fail to acknowledge and simply will not publicly admit that the federal Liberal government has cut funding for health care in a massive way.

At one time, one-half of all health care expenditures in Saskatchewan in all the provinces of Canada were paid for by the federal government. That was one of the ways to ensure that the health care system was a universal system, that there was some common elements to that system throughout the country. And that has now been reduced from 50 cents to 13 cents on the dollar, Mr. Speaker.

Mr. Speaker, I recognize that there will be many changes in the health care system: technology, pharmacology. It's interesting to note that even though the Liberals maintain that the Plains hospital should be kept open, never do they mention that, for example, in the 1970s that there were 1,254 hospital beds in Regina to serve southern Saskatchewan and that by the end of the 1980s, into the early '90s, the number of hospital beds had been reduced to — I think it was — 966 beds. Now those hospital beds are 675. And so there's been a sharp reduction in the number of hospital beds, but that's attributable to changes in technology and changes in pharmacology.

I think I've made the point before in this Assembly that, for example, that I think it's cataracts where 15 years ago that if you went for cataract surgery, because of the nature of the operation, you had to check in the night before the surgery for pre-op and you had your operation, and after the operation you would have to be in a hospital bed for about a week and have to be I think sandbagged or otherwise restrained so that you couldn't have any head movement so as to not disturb the effects of the surgery.

Now they do cataracts on the same day. It's on an out-patient basis. You go in in the morning, you have your cataract surgery and you come home.

Well all those kinds of technological changes, plus pharmacological changes — that's say drugs being used to treat symptoms and being used to treat problems in a way that we were never able to do before — has meant that you don't need hospital beds to the same extent as you did in the 1970s to serve the same population or to even serve more of a population.

And this is at a time that the number of surgeries, because the technique is so much more efficient that you don't need six hours for some sort of heart surgery that can now be done in a couple of hours, that you can also have far more surgeries being done in Saskatchewan than you did in the past. But again there's fewer beds and that's something that they don't talk about in their comments that we have seen a sharp drop.

And then at some point you have to ask yourself the question that if you had 1,200 hospital beds one day and now you have roughly half that number of hospital beds to meet the needs of the public, and in fact do it even more effectively than you've ever done in the past because you're doing far more operations

. . . And we might quibble about whether 675 is enough for Regina or whether it should be 685.

But given this very clear trend, it really begs the question how they can stand on their position that we need to retain the three hospitals to accommodate the 675 beds where once we had three facilities to look after 1,200-some beds; that we still need to have three facilities to look after 675 beds.

(2000)

Now I know that the public is conditioned, because of the profligacy of the Tories during the '80s, to take the position that governments are always wasteful, Mr. Speaker, but I could never be that wasteful, never be that wasteful about health care dollars; that I saw it as an important priority to put dollars into maintaining buildings as opposed to taking those dollars to improve services, Mr. Speaker.

There will be many challenges for us in the future and I look forward to the constructive criticisms and the constructive proposals from the parties opposite. But I dare say we won't hear much of that. We'll hear a lot of criticisms, but we won't hear much about where it is that they stand or where it is that they propose to take the health care system.

I have a pretty good idea but I'm in a privileged position because I'm here to listen to them on a daily basis. And we're here to read the nuances of what it is that they publish in their party reports. We're here to peruse very carefully what it is that their members say in party conventions. We're here to pay particular attention to what it is their leaders are saying by way of explanation of their stands on important issues such as health care, Mr. Speaker.

And I just wanted to let the public know that when it comes to this important matter of health care — and again I thank the Liberals for putting this motion forward because it gives all of us an opportunity to make our positions clear — that on this important matter the people of Saskatchewan will find that the NDP, their government, stands firmly for a publicly funded, publicly administered health care system, and that when problems are identified with that system, we will act to improve that system and to deal with those problems — as we have been doing, Mr. Speaker, now for many years.

That we accept as our responsibility. That we see as our job. If there are problems with the system, we should improve it.

It should be no surprise to anyone that Judy Junor, who has been a critic of our system — or not of our system but a critic of some of the speed with which we move, and some of the consequences of what it is that we've done — that she as a critic would nevertheless take the position that, I might criticize them because I might have some disagreements about how quickly they should have moved in this area or what they might've done in this area, nevertheless I support that party. And I support their approach because they, like I, stand for a publicly funded, publicly administered health care system — unlike, unlike those other two political parties.

Because that is not always so clear in the one case — with the Liberals. And it's very, very clear — and not acceptable to her



and not acceptable to the majority of the people of Saskatchewan — when it comes to the Saskatchewan Tory Party, Mr. Speaker.

Now, I want to let the public know on this motion that the issue isn't that the government shouldn't respond. If you're saying that there's a problem with waiting-lists, I think that you will find that the government will respond. Why will we respond? Not because it's a political issue, because we see it as our responsibility to ensure that a publicly funded, publicly administered system deals appropriately with the health care needs of the people in Saskatchewan. We can and will take our responsibility seriously, Mr. Speaker.

Mr. Speaker, I could go on in this vein for some time, but I see that the hour is getting on, and at this point, Mr. Speaker, I beg leave to adjourn debate.

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

Debate adjourned.

The Assembly adjourned at 8:06 p.m.

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