

The Assembly met at 1:30 p.m.

Prayers

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, I stand today to present petitions on behalf of citizens of Saskatchewan who would like to see their fuel tax reduced by 10 cents a litre. And the prayer reads as follows, Mr. Speaker:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the federal and provincial governments to immediately reduce fuel tax by 10 cents a litre, cost shared by both levels of government.

And the signators on this petition, Mr. Speaker, are from the community of Kinistino.

I so present.

Mr. Gantfoer: — Thank you, Mr. Speaker. I too rise on behalf of citizens in their continued concern about the high price of fuel. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the federal and provincial governments to immediately reduce fuel taxes by 10 cents a litre, cost shared by both levels of government.

Signatures on this petition, Mr. Speaker, are from the communities of Yorkton, Melfort, Kinistino, Englefeld, and Tisdale.

I so present.

Mr. Peters: — Thank you, Mr. Speaker. I also have constituents that are unhappy with the price of fuel and the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the federal and provincial governments to immediately reduce fuel taxes by 10 cents a litre, cost shared by both levels of government.

And, Mr. Speaker, the petition is signed by folks from Kinistino and Birch Hills.

I so present.

Ms. Eagles: — Thank you, Mr. Speaker. Mr. Speaker, I stand today to present a petition on behalf of citizens concerned about the future of the Lanigan and Watrous hospitals. And the prayer reads as follows:

Wherefore your petitioners will ever pray that your Hon. Assembly may be pleased to cause the provincial government to take the necessary steps to ensure the Lanigan and Watrous hospitals remain open.

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

And this is signed by citizens of Lanigan and Drake.

I so present. Thank you.

Ms. Bakken: — Mr. Speaker, I too rise today to bring a petition on behalf of citizens who are concerned about the health care in this province. And the prayer reads:

Wherefore your petitioners will ever pray that your Hon. Assembly may be pleased to cause the provincial government to take the necessary steps to ensure the Lanigan and Watrous hospitals remain open.

And this is signed by constituents from Lanigan, Lockwood, and Guernsey.

I so present.

Mr. McMorris: — Thank you, Mr. Speaker. I too have a petition regarding the Lanigan, Watrous hospital. The prayer reads as follows:

Wherefore your petitioners will ever pray that your Hon. Assembly may be pleased to cause the provincial government to take the necessary steps to ensure the Lanigan and Watrous hospitals remain open.

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

And this petition is signed from the people in the Lanigan, Drake, and Viscount areas.

I so present.

Ms. Harpauer: — Mr. Speaker, I too have a petition with citizens concerned about hospital closures. The prayer reads:

Wherefore your petitioners will ever pray that your Hon. Assembly may be pleased to cause the provincial government to take the necessary steps to ensure the Lanigan and Watrous hospitals remain open.

The petitioners are from Lanigan, Drake, and Watrous.

I so present.

Mr. Wiberg: — Thank you, Mr. Speaker. Mr. Speaker, this afternoon to bring a petition from people who are opposed to enforced municipal amalgamation. Mr. Speaker, the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to halt any plans it has to proceed with enforced amalgamation of municipalities in Saskatchewan.

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

And, Mr. Speaker, this petition is signed by the good people from the rural municipality of Paddockwood No. 520.

I so present.

Mr. Hart: — Thank you, Mr. Speaker. I too have a petition to present today on behalf of citizens concerned about poor cellular telephone coverage. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to provide reliable cellular telephone service in the districts of Strasbourg, Duval, Govan, and Bulyea.

And the petitioners come from the communities of Govan and Strasbourg.

I do so present.

Mr. Allchurch: — Thank you, Mr. Speaker. Mr. Speaker, I rise today to bring forth a petition regarding the future of Lanigan and Watrous hospitals:

Wherefore your petitioners will ever pray that your Hon. Assembly may be pleased to cause the provincial government to take the necessary steps to ensure the Lanigan and Watrous hospitals remain open.

And the good people of Lanigan and Drake have signed this petition.

I so present.

Mr. Kwiatkowski: — Thank you, Mr. Speaker. I rise today to present a petition for improved cellular telephone coverage in the Strasbourg, Duval, Govan, and Bulyea districts. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to provide reliable cellular telephone service in the districts of Strasbourg, Duval, Govan, and Bulyea.

As is duty bound, your petitioners will ever pray.

This petition is signed by the good citizens of Strasbourg, Craven, and Southey, Mr. Speaker.

I so present.

READING AND RECEIVING PETITIONS

Clerk: — According to order the following petitions have been reviewed and pursuant to rule 12(7) they are hereby read and received.

Of citizens of the province petitioning the Assembly on the following matters:

To ensure the Lanigan and Watrous hospitals remain open;

To discontinue the use of public money for funding events that are pornographic in nature; and

To provide reliable cellular service in Prud'homme, Bruno, Vonda, and Cudworth.

NOTICES OF MOTIONS AND QUESTIONS

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, I give notice that I shall on day no. 54 ask the government the following question:

Regarding the report entitled *Children and Youth In Care Review: Listen to Their Voices*, were there any differences between the draft report which was reviewed by the Department of Social Services in March of this year and the final report which was reviewed and released by the Children's Advocate in April of this year; if so, what were those differences; also, did the Department of Social Services request and/or make changes to the draft report; what were those changes?

INTRODUCTION OF GUESTS

Hon. Mr. Romanow: — Thank you, Mr. Speaker. Mr. Speaker, I would like to introduce to you and the members of the Legislative Assembly, three very distinguished guests that we have sitting in your gallery who are present with us today in Saskatchewan and in Canada.

They come to Canada and to Saskatchewan from a far away place, and yet a very close place — South Africa. And in particular, they're elected and other officials with the province of Free State in South Africa.

I will ask them to stand as I introduce them. They are Premier Winkie Direko; Premier, Madam Premier. As well, Minister Sekhopi Malebo, who is the Minister of Highways and Infrastructure. It's Malebo actually is the correct pronunciation — excuse me, Mr. Minister. And the official, Mr. Khotso de Wee, who's the Director General or the cabinet secretary. Mr. Director General, please.

Mr. Speaker, these three people are here learning about the parliamentary processes in Saskatchewan. We had the distinct honour and pleasure of having them sit in on cabinet deliberations today with us. They are meeting with the civil servants and reviewing the structures of government as part of an ongoing exchange that takes place between Canada and South Africa.

Three or four years ago, members who were in the House at the time would recognize that we had with us Premier Patrick Lekota, also of Free State, taking part in the same exercise. Today Patrick is replaced by Madam Premier, and we had the similarly enjoyable experience meeting her, her minister, and her official in cabinet and in the next few days as they get to know the province and our systems better.

One final word in conclusion, with the permission of the House and you, sir. I think all of us are very proud of what we have seen in South Africa. Going through decades, centuries of terrible oppression based on race, the apartheid regime. And then coming through it and finding liberation in the graceful dignified manner in which — under the leadership of President Mandela — people like those in our gallery today have come through that fire, that torture that they have experienced, really is an inspiration I think to the entire world.

The Commission on Truth and Reconciliation is an example of justice in its highest, most elevated form.

And while there's much work yet to be done, as we were told by our visitors, in building that nation, I have no doubt whatsoever that given the principles of dignity and decency and commitment to democracy and markets and the development of the quality of life in their community that the people of Free State, the people of South Africa are well on their way to building one of the most generous egalitarian societies on earth.

And I want to welcome them to Saskatchewan and to Canada.

Hon. Members: Hear, hear!

Mr. Hermanson: — Thank you, Mr. Speaker. And I too want to rise on behalf of the official opposition and welcome our guests from South Africa: Premier Winkie Direko; Minister Malebo; Mr. Khotso de Wee; Ms. Rachel Sempe. We do welcome you to Saskatchewan. We welcome you to our province.

I would just take a minute to tell our guests in the Assembly that many years ago, before I entered the life of politics, I had the privilege of visiting their country of South Africa. And I can assure everyone here that it is a very beautiful country. The Premier was correct in suggesting that it has great potential.

Mr. Speaker, when I was there, not all of the reforms that have been accomplished were in place. And I too compliment the citizens of South Africa, the leadership in South Africa that has moved that country towards a more democratic country with respect for all people of all races and all backgrounds. It is certainly a step in the right direction.

So, Mr. Speaker, Saskatchewan — a landlocked province; I believe their province or state is also a landlocked province in a large country with an agriculture base and a lot of beautiful terrain. We think you'll feel quite at home here in Saskatchewan. We ask you to enjoy your stay here. I look forward to meeting you later in the day, and again welcome from the official opposition.

Hon. Members: Hear, hear!

Hon. Mr. Romanow: — Thank you, Mr. Speaker, and thank you, hon. member. I'm reminded by the Leader of the Opposition that I accidentally overlooked in also introducing Ms. Rachel Sempe.

The Leader of the Opposition has done so. On behalf of all of us, I just wanted to add our words of welcome to you as well. Thank you very much.

Hon. Members: Hear, hear!

Hon. Mr. Melnychuk: — Thank you, Mr. Speaker. I would like to join with the Premier and the Leader of the Opposition in welcoming Premier Direko and Minister Malebo, the Director General and the Chief Director to Saskatchewan and to this Assembly.

We had a very fruitful discussion yesterday talking about education and how education works in the province of

Saskatchewan. But also with regard to the functioning of the coalition government and how well the coalition government is working in the province of Saskatchewan.

I certainly understand that our visitors do have an intense schedule of activities today and this week. And I know that they are looking at our way of government and the linkages between the executive and the legislative arms of government.

And I would like to join with the Premier and the Leader of the Opposition and all members in welcoming them to our Assembly today.

Hon. Members: Hear, hear!

Ms. Harpauer: — I'd like to introduce to you and through you to the members of the Assembly, a class of 15 grade 6 students from Watson Elementary School. They are sitting in the east gallery and they are accompanied by their teacher — and pardon me if I don't pronounce this right — Bernice Gerspacher, and the chaperones Karen Eger, Kate Wickenhauser, Colleen Hausecker, Norah Mills, Cam MacLean, Dori Nordeck, Cathy Fetter, and Jackie Buhs.

Please join me in welcoming this class to our Assembly.

Hon. Members: Hear, hear!

Mr. Prebble: — Thank you very much, Mr. Speaker. Mr. Speaker, it's my pleasure to introduce to you and through you to all members of the Assembly, 58 grade 6 students in the west gallery. These students are from Greystone Heights School in my constituency, Mr. Speaker. And they are joined by their teachers Ms. Alicia Klópoushak and Ms. Chrisa Sikórski. And they're also joined by three chaperones, Mr. Speaker — Mr. Len Herrem, Ms. Christine Todd, and Dr. Carroll Chubb.

I'm looking forward to meeting with these students, their teachers, and their chaperones at 2 o'clock for pictures and a discussion of what they're going to be witnessing in the Chamber, Mr. Speaker. And I'd like to ask all members of the Assembly to join with me in welcoming these students, teachers, and chaperones from Greystone Heights School.

Hon. Members: Hear, hear!

Ms. Lorje: — Thank you very much, Mr. Speaker. I would like to join with our Premier, the Leader of the Liberal Party, and the Leader of the Opposition in introducing and welcoming to this Assembly our guests from South Africa.

We had very interesting and heart-rending discussions with them today, Mr. Speaker. And I would like to say that they touched my heart. And even though my Canadian-accented Dutch will be just a poor imitation of Afrikaans . . .

(The hon. member spoke for a time in Dutch.)

Hon. Members: Hear, hear!

Ms. Draude: — Thank you, Mr. Speaker. I'd like to join with . . . To you and through you, I'd like to welcome the people here from Watson. I know that's in the constituency of Watrous

but some of the people in the Assembly are also my constituents. So maybe I'll be able to join with the member later on and see what kind of treats she offers your group. So welcome to the Assembly.

Hon. Members: Hear, hear!

Hon. Mr. Osika: — Hon. members, by your leave, I also am thrilled to have in the Speaker's gallery 30 students from St. Henry School from the great city of Melville. And I want you to welcome them here as well as their teachers Cindy Krizmanic, and Fulvia Breda.

We had a little meeting just before the House assembled and they're very much looking forward to enjoying not only the beautiful building but the proceedings this afternoon. I ask you to kindly welcome them this afternoon.

Hon. Members: Hear, hear!

Hon. Mr. Goulet: — Yes, Mr. Speaker, you're probably wondering after the superb introduction to the students from St. Henry from Melville why I am standing. But, Mr. Speaker, amongst the class there is a person, a student by the name of Shantal Ecarnot. Now she is the daughter of Joe and Adele Ecarnot.

You might know, Mr. Speaker, that Adele worked for the Speaker's Office and she's also my chief of staff. So again please welcome Shantal and the students from Melville.

Hon. Members: Hear, hear!

STATEMENTS BY MEMBERS

Wood River By-election

Mr. Hermanson: — Thank you, Mr. Speaker. It's my pleasure to rise in the Assembly today in light of the Premier calling the by-election in the Wood River constituency. Mr. Speaker, the Saskatchewan Party is fortunate to have four outstanding candidates that are seeking the nomination to be the Saskatchewan Party MLA (Member of the Legislative Assembly) for Wood River.

Mr. Speaker, Yogi Huyghebaert, Murray Cheeseman, Stacy Dunham, and Wilf Lethbridge will be vying for the nomination over the course of the next week, culminating in a series of three nomination meetings in the communities of Shaunavon, Glentworth, and Assiniboia.

Mr. Speaker, I would like to assure all members of this House and the people of Wood River that the Saskatchewan Party candidate will be working very hard to represent the interests of the constituents of Wood River.

Mr. Speaker, this is also an excellent opportunity for the voters to express their opinion on the NDP (New Democratic Party)-Liberal coalition, a government which has since its formation raised taxes, expanded the PST (provincial sales tax), closed hospitals, and is forcing rural amalgamation.

Mr. Speaker, I would also like to say that while the Liberals and

the NDP argue amongst themselves as to whom would best represent the coalition government, the Saskatchewan Party candidate will represent the concerns of the people of Wood River.

Mr. Speaker, members on this side of the House are looking forward to the next few weeks and eagerly anticipate the election results on June 26. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Saskatoon Health Care Among Best in Nation

Ms. Lorje: — Mr. Speaker, I have more good news from one of the best cities in absolutely the best province in the best country in the whole wide world. The good news is this: Saskatoon's health care services are rated amongst the best in the country for the second year in a row.

The survey in this week's *MacLean's* magazine is based on statistics from the Canadian Institute for Health Information Data. Out of 50 Canadian cities, Saskatoon placed sixth. Out of 14 cities with medical schools, and this is very important, Saskatoon ranked third — not at the very top, but pretty close, and no where near the bottom. Cities were ranked according to 13 health indicators, including life expectancy and the number of hip and knee replacements performed.

Finishing in the top 12 per cent nationally would suggest that health care in this major centre is not in crisis, as some would say, but is a point of pride for all people in Saskatchewan.

Mr. Speaker, I am pleased but not surprised at this affirmation of our health care system, and I congratulate the professionals who achieved this recognition. Thank you.

Some Hon. Members: Hear, hear!

Congratulations to Post-Secondary Graduates

Mr. Hart: — Thank you, Mr. Speaker. It is my pleasure to rise in the Assembly today to congratulate all the students who have convoked from post-secondary institutes over the past couple of weeks.

Mr. Speaker, last week I had the opportunity to attend graduation ceremonies at both the University of Saskatchewan and the University of Regina and was very impressed with the number of students who have taken the initiative to further their education.

I would like to particularly thank the University of Saskatchewan who invited me to be a guest on their platform.

For many of these students this is a very exciting time as they will be embarking on new careers. Unfortunately, Mr. Speaker, many of these graduates will have to leave Saskatchewan due to the lack of job opportunities here.

Mr. Speaker, I feel that it is noteworthy to mention the high number of Aboriginal students who graduated from the College of Commerce at the University of Saskatchewan, and all those that received degrees in the field of science.

I would like to congratulate all the graduates of the new millennium, the class of 2000, and wish them the best of luck in all their future endeavours.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Grazing and Pasture Technology Program Receives Award

Mr. Prebble: — Thank you very much, Mr. Speaker. Mr. Speaker, I'm pleased to inform you that Saskatchewan's grazing and pasture technology program, which the Government of Saskatchewan is a partner in, has received an award from the International Society of Range Management.

The Society, which is composed of 4,000 members in 40 countries, recognizes contributions that advance the science and art of range management through their outstanding achievement award. The award was presented to the manager of the grazing and pasture technology program, Mr. Zoheir Abouguendia at an international conference recently held in Idaho.

Mr. Speaker, it's noteworthy that the award made to the grazing and pasture technology program represents the first time in its 53-year history that the Society of Range Management has presented an award to a team for their accomplishments made through co-operative effort.

Mr. Speaker, the team involved with Saskatchewan's grazing and technology program includes individual stock growers across this province — the Saskatchewan Stock Growers' Association, the Saskatchewan Forage Council, the Prairie Farm Rehabilitation Administration and Saskatchewan Agriculture and Food.

This is a fine example of how industry and government can work together to help the province of Saskatchewan succeed in the livestock industry, and I want to extend congratulations to all involved. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Cross the Border Memorial Day Service

Mr. D'Autremont: — Thank you, Mr. Speaker. Yesterday I had the privilege and the honour to participate in a Memorial Day service in Sherwood, North Dakota. This was the 63rd cross-the-border memorial service between the American Legion and the Royal Canadian Legion. It's the only place in Canada or the US (United States), Mr. Speaker, along the border, where legionnaires from both sides of the border participate in a joint Memorial Day service.

The Canadian Legion members and the American Legion members join together at the border, exchange their flags of their respective countries, and march jointly across from Canada into the US to participate in this Memorial Day Service.

The guest speaker yesterday, Mr. Speaker, was Mr. Otto Helwig, who is the Dean of Architectural Engineering at North Dakota State University. He gave a very interesting discussion, Mr. Speaker, a presentation on his experiences in the US Navy

as the captain of an aircraft carrier.

Mr. Speaker, I think it's important that we honour those who served in our nations' armed forces on both sides of the border: for the duties they perform, for the sacrifices they suffered, and for all the accomplishments that they made on their return from the war and the benefits that we enjoy because of that, Mr. Speaker. Thank you very much.

Some Hon. Members: Hear, hear!

***Tunnels of Time* — Book about Moose Jaw's Incredible Tunnels**

Ms. Higgins: — Thank you, Mr. Speaker. Mr. Speaker, everyone in this province knows that one of the best and most interesting vacation spots in this province is Moose Jaw.

Three years ago, Mary Harelkin Bishop, a Saskatoon author, travelled to Moose Jaw for her Easter break. And we are lucky that she did, Mr. Speaker, because on her trip she became fascinated by the tunnels in Moose Jaw and decided to write a novella set in our famous tunnels.

The idea for the book, *Tunnels of Time*, came to her during one of her three tunnel tours she and her family took in her four-day holiday. *Tunnels of Time* introduces us to a young heroine who was forced to visit Moose Jaw for a wedding. While touring the tunnels, she bumps her head on a mirror and travels backwards in time.

Bishop, a teacher-librarian, read her novella to her two elementary student classes. The story was wildly successful with her students and she is already working on a sequel, also to be set in Moose Jaw.

I wish to congratulate Mary Harelkin Bishop on the publication of her book and to wish her luck with her next endeavour.

I would also like to thank Ms. Bishop for making Moose Jaw the setting of her stories. By doing this, she has preserved a part of Moose Jaw's heritage while stimulating the imagination and creativity of children who will read this book.

I thank her for making Moose Jaw's incredible tunnels part of this incredible book, and congratulations once again.

Some Hon. Members: Hear, hear!

Associated Entities Fund Grants

Mr. Trew: — Thank you, Mr. Speaker. You know, it's a great pleasure today to congratulate two special organizations, the Ehrlo Community Service's Sport Venture Library and the Regina Therapeutic Riding Association and their partner, the Council for Exceptional Children, for receiving grants, Mr. Speaker, from the Associated Entities Fund.

The Associated Entities Fund was created by the province to distribute a portion of casino profits for the benefit of Saskatchewan people. Since the beginning of 1997, more than \$6 million have been distributed throughout Saskatchewan for programs that support vulnerable children, youth, and families.

The fund receives a portion of its profits from Casino Regina, the Gold Eagle Casino in North Battleford, the Northern Lights Casino in Prince Albert, and the Painted Hand Casino in Yorkton.

Ehrlo Community Services will use its \$3,350 grant for its Sport Venture Library. This will be used to increase recreational opportunities for children, families, and communities who have been marginalized from sport.

The Regina Therapeutic Riding Association will use its \$4,490 to provide qualified instruction in horsemanship to children with disabilities.

Mr. Speaker, again I congratulate these organizations and ask all members to join me in applauding their efforts.

Some Hon. Members: Hear, hear!

ORAL QUESTIONS

Construction Industry Union Legislation

Mr. Hermanson: — Thank you, Mr. Speaker. Mr. Speaker, my question is for the Minister of Labour. Mr. Speaker, the minister keeps saying that her new labour legislation does not mean forced unionization. But of course nobody believes her. Everyone knows this is about forced unionization, including the unions.

Mr. Speaker, the carpenters' union has written to all its members explaining the new legislation, The Construction Industry Labour Relations Amendment Act, 2000. The letter says, and I quote:

Proposed amendments to the CILRA will allow us to force several of the large contractors to work totally union.

Proposed amendments will allow us to force contractors to work totally union. That's what the carpenters' union is telling its members.

Madam Minister, will you admit that this is nothing but a forced unionization policy?

Some Hon. Members: Hear, hear!

Hon. Ms. Crofford: — Well, Mr. Speaker, as usual the hon. member has put his spin on the quotation. The fact of the matter is in fact it would only . . . I think the intention was that it would only cause those employers who had been duly certified to live up to their obligations.

This is not about non-union companies. It's not about moms and pops. It's about companies who have been duly certified, living up to their obligations.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Mr. Speaker, I'm putting no spin on this whatsoever. I quoted right from the carpenters' union document.

But, Mr. Speaker, 80 per cent of construction workers in this province are non-union. Now, Mr. Speaker, they have the right to organize and they can do that right now. But they have chosen to work non-union.

So does the NDP respect their right to choose? No, not at all. You have to step in and force them into a union just to appease your union leader friends. This letter from the carpenters' union says it all. The union is giving advice to its members on how . . . not how to organize but how to force construction workers into a union against their will.

Madam Minister, why don't you respect the workers' right to choose? Why are you forcing them into a union against their will?

Some Hon. Members: Hear, hear!

Hon. Ms. Crofford: — Mr. Speaker, on the risk of boring everyone in the House by repeating this over again, this is the law; the same as that exists in Alberta, BC (British Columbia), Manitoba, New Brunswick, Newfoundland, Nova Scotia, Ontario, Prince Edward Island, Quebec, the Northwest Territories.

This law is the same everywhere, and the only thing it does is to ensure that a company cannot operate union and non-union simultaneously. If you're a union company, you're a union company; if you're a non-union company, you're a non-union company.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Mr. Speaker, Mr. Speaker, I challenge the minister to show me the legislation in other provinces that takes away the rights of employers like her legislation takes away from employers in the province of Saskatchewan. Show us that in the legislation of other provinces.

Mr. Speaker, the NDP doesn't believe in freedom in the workplace. Mr. Speaker, they don't believe in secret ballots and they don't believe in giving the workers the right to choose.

Of course, can you really blame them? They gave people a secret ballot in the election last September and most people chose somebody other than the NDP. Now we have a forced union between the NDP and the Liberals and we know how well that's working.

Madam Minister, why won't you commit to these basic freedoms in the workplace? Why are you trying to turn Saskatchewan into Cuba North, a labour dictatorship?

Some Hon. Members: Hear, hear!

Hon. Ms. Crofford: — Mr. Speaker, as much as I would like to do the member opposite's research for him, the fact of the matter is it would be a pleasure to increase the accuracy, but I'm afraid I just don't have time. But . . .

The Speaker: — Order.

Hon. Ms. Crofford: — I notice the members opposite

conveniently don't accuse us of being just like Alberta, although this legislation will make us that way. They don't accuse us of being just like Ontario, although the legislation will make us the same . . .

The Speaker: — Order.

Hon. Ms. Crofford: — And the fact of the matter is, in the instances they're discussing, the workers already did choose and it was only the ability of double breasting and spinning off that undermined that choice.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Thank you, Mr. Speaker. Mr. Speaker, I think the people of Saskatchewan would appreciate it if the minister would take a little time with them and actually tell them and talk to them and listen to them about legislation like this. The minister keeps saying that this legislation is exactly the same as in other provinces, but it simply is not true. That is not true. This legislation takes away rights from employers.

Mr. Speaker, Alberta does allow the same company to have a union and non-union wing in different sectors. They have that. She says they don't, but they do.

Of course the government would never want to follow Alberta's lead in economic development. They're only the fastest growing province in the whole country. The NDP would rather pay off their union leader friends who bankroll the NDP election campaign.

Madam Minister, the Saskatchewan Chamber of Commerce is asking you to draw up this Bill. The Saskatchewan Construction Association is asking you to draw up this Bill. Why are you going to force through legislation that neither business nor workers want?

Some Hon. Members: Hear, hear!

Hon. Ms. Crofford: — Well, Mr. Speaker, there were a lot of questions there and I'll try to systematically go through them.

Now the member says that there was no discussion. There was over a hundred meetings, two reports, and one labour mediator brought in to deal with this.

The second point I would make is everywhere in Canada, regardless of the government, regardless of the political stripe, workers have the right to certify or decertify their unions, exactly the same as in Saskatchewan and the same as in this Bill.

The other comment I might make is I'm not sure why these members are so adamant that Saskatchewan should have a different set of rules than everyone else. But the fact of the matter is, contractors have discussed this issue of two sectors for Saskatchewan. They have said that our construction sector's not large enough, and that's their own conclusion that they have drawn.

Some Hon. Members: Hear, hear!

Health District Budgets

Ms. Harpauer: — Thank you, Mr. Speaker. On May 23 the rural municipality of Wolverine wrote the Minister of Health. The RM (rural municipality) has participated in stakeholder meetings that the health district has held. They know the health district is being forced to accept major health facility and service cutbacks this year in order to reduce their budget deficit. It includes the conversion of the Lanigan Hospital into a health centre.

Despite the changes proposed, the taxpayers of the RM would still be expected to forward a debenture to the health district. Due to the uncertainty surrounding the status of the Lanigan Hospital, the RM has notified you in this letter that they will not be forwarding this debenture amount. They don't want to pay for health services that they may not receive.

Madam Minister, isn't this another reason for you to immediately release the provincial health district budgets to the public?

Some Hon. Members: Hear, hear!

Hon. Ms. Junor: — Thank you, Mr. Speaker. The health district plans are all now in and they're being reviewed in a provincial context by the department. The health system . . . the plans that we're looking at are being reviewed from a global or provincial perspective so that when we look at plans, we want to make sure that what one district proposes does not impact negatively on the rest of the province. So we've very carefully looking at all of them in that global context, and the results of that review will be in June.

Some Hon. Members: Hear, hear!

Ms. Harpauer: — Thank you, Mr. Speaker. The deputy minister of Health said that she will be looking at these budgets to approve them, and she said that there will be a wide public consultation after the fact. But what is the point of the public getting involved after the budget has already been set which will be halfway into the budget year?

She has ordered the health district boards not to be open with the public about their budget plans before now, yet stakeholders in the district who have held meetings know that hospital closures and service cutbacks are coming. Now you have stakeholders saying that they will not pay their debentures which in turn causes more uncertainty for these districts.

Madam Minister, will you immediately release the budget proposals so that the public and stakeholders across this province will know what their health system is facing and have a lookout for their input?

Some Hon. Members: Hear, hear!

Hon. Ms. Junor: — Thank you, Mr. Speaker. It's now the end of May. The health district plans are all in and being reviewed as was promised. And the results of that review will be released in June, which is in a few weeks.

And each district will be allowed then to go and to talk to their

public, as they have been all along, with the plan that has been approved or altered or suggested to be changed.

So that is what we have been promising all along. And the time is pretty much near for us to be doing that, as we promised. That's the process that we'll be following.

Some Hon. Members: Hear, hear!

Ms. Harpauer: — Thank you, Mr. Speaker. Once the budget's already been approved in Living Sky it's a little late for the people to have input on what they can have a say on in the budget.

The RM of Wolverine says, and I quote:

It is impossible to expect the taxpayers of this municipality to continue to pay this yearly debenture if the services provided by this hospital are drastically reduced.

Mr. Speaker, if the minister would be open and accountable to the public before, and if she would allow the health district boards to speak to the people that they represent, this RM and others like it might be able to contribute to the health care system in this province. But your cloak of secrecy surrounding the health budget isn't helping anything and it's not allowing for local input.

This RM has chosen to not submit their 2000 debenture payment of over \$1,400. More are likely to follow suit.

Madam Minister, why do you insist on promoting this uncertainty? And will you immediately release the health plans for the local people to see them?

Some Hon. Members: Hear, hear!

Hon. Ms. Junor: — I'll say again for the third time, that the health district plans are in now and being reviewed and they will be released as we promised in June.

Each district has their budget amounts. The provincial health budget has been increased by 113 million this year, which is over 6 per cent of an increase. And we continue to increase health spending.

We want to look at the health district plans in the provincial context so that we look at what impact the whole province's system has as a whole. We have promised to do that by the end of June and we will be doing that.

Some Hon. Members: Hear, hear!

Ms. Harpauer: — Mr. Speaker, another issue that will come to light when the minister finally has the courage to release the district budgets to the public is home care.

A few days ago I raised the issue in this House about a man in Living Sky Health District who was suddenly cut off his home care even though he was paying for his service and he required it because he was going blind.

Now there's a report out by the Health Services Utilization and

Research Commission that says this light housekeeping support is failing the people it is supposed to serve. But the commission also admits the study was limited and more comprehensive analysis is needed.

Madam Minister, are you planning to use this report as an excuse to remove home care services from our Saskatchewan seniors?

Some Hon. Members: Hear, hear!

Hon. Ms. Junor: — Thank you, Mr. Speaker. I really appreciate the opportunity to speak about the HSURC (Health Services Utilization and Research Commission) study on home care. The study is a second in a series of three. The first one examined acute care in relation to home care, and the second one is now about preventative home care services.

It's a very interesting study in that we're going to be considering it along with the other HSURC studies that have been done as we shape programs to help seniors. We don't expect a major change in policy with this study. It has raised some interesting points about social isolation and seniors' housing that we are going to be pursuing quite vigorously.

Some Hon. Members: Hear, hear!

Ms. Harpauer: — Mr. Speaker, the commission who conducted this study say that they are relying on very limited information. They say more study is needed to look at the effect of the preventative home care on quality of life, functional ability, and caregiver burden. And this will be useful information.

We should be looking at improving the present system and building on it for our aging population, not cutting it back like they've done in the Living Sky Health District. This study and the need for more research once again proves that a full and complete review of the health care system needs to be done in this province.

When will you face the fact that our system is crumbling around us? When will you announce a complete review of our health care system in this province?

Hon. Ms. Junor: — Thank you, Mr. Speaker. Interestingly in Living Sky they did a review of their utilization of home care and found out that they had the highest utilization rate in the province. They started to look at what . . . how they could assess people in home care for what they really needed.

The study from HSURC follows up on what Living Sky does and actually validates what they're doing. It suggests that more health services are not in themselves the best thing to be doing. It's not always the best answer just to keep adding more.

We're now going to have a look at how the services are provided and who should be getting them. The HSURC study suggests that the people with the highest need should be getting the home care services, and those are the things that we'll be looking at as we plan services for our home care and for seniors.

Some Hon. Members: Hear, hear!

Review of Personal Injury Protection Plan

Mr. Heppner: — Thank you, Mr. Speaker. I have a question for this open, accountable, and transparent government. This morning, this morning, Mr. Speaker, we learned there's been another resignation off of the NDP's botched-up no fault review committee. Dr. Stewart McMillan has joined Justice Thomas Wakeling in resigning from that committee.

Mr. Minister, this didn't just happen. It happened three weeks ago. Why didn't we hear about it until now? Why have you been covering up this resignation?

Some Hon. Members: Hear, hear!

Hon. Mr. Nilson: — Mr. Speaker, I can confirm that Dr. Stewart McMillan has resigned from this committee. There were some changes in his medical practice which meant that he could no longer devote the time to do this. He regretted that because he really had a keen interest in participating in this.

One of the reasons that this was not laid forward at the time that it happened is that we have been working very carefully with the law society and with the Canadian Bar Association to try to get a new Chair to replace Mr. Wakeling.

I received correspondence about two hours ago indicating that the person who was the . . . another choice of the law society and the Canadian Bar Association, Mr. Fred Zinkhan as Chair, has not been able to do this job because the Canadian bar and the law society do not want to participate in this. I'm extremely disappointed in that and I regret to have to make this announcement.

Some Hon. Members: Hear, hear!

Mr. Heppner: — Isn't this amazing, Mr. Speaker. They keep losing one person after another. When they start looking for people, they don't want to be part of it. We can understand that, we can understand that.

This is no longer a no fault insurance system. It happens to be a his fault insurance system — it doesn't work.

Mr. Minister, Dr. McMillan resigned three weeks ago and you said nothing. Less than two weeks ago I asked you about this botched review. I asked you about the \$87,000 that you had wasted and received nothing for it. And somehow you just forgot to mention that you had just lost another committee member.

Mr. Minister, you were supposed to have this committee up and running by May 1. It's nearly June 1 and all you're doing is losing members.

Mr. Minister, why don't you admit your no fault review is a complete failure and start over with a truly independent review?

Some Hon. Members: Hear, hear!

Hon. Mr. Nilson: — Mr. Speaker, the legislation that was passed in this House that set up this whole bit of . . . the personal injury protection plan in 1995 had built within it a

five-year review. We have appointed some very independent people to deal with this job and I strongly resent the allegations made across that the people who are going to do this job were in any way not independent.

The people who are continuing there, plus the new people that will be appointed, will do this review that will be of benefit to all of the taxpayers of Saskatchewan, all of the people who are part of this system.

The only way we can improve what we've got is to listen and understand what people have to say about it. I'm extremely disappointed and I regret to say that the lawyers do not want to participate. And all I'm saying, that at this point we're going to go ahead with our review and I invite them to come and be part of it.

Some Hon. Members: Hear, hear!

Mr. Heppner: — Thank you, Mr. Speaker. It's truly amazing when the law society doesn't want to get involved in something which involves their operation very much. And as I suggested, the minister over there knows very well why they don't want to be involved. It's because the whole system is so botched up, they want nothing whatsoever to do with it.

It's time, Mr. Minister, that you scrap that botched-up review. And, Mr. Minister, when we say scrap, that's exactly what we mean — is scrap it.

This review has cost you nearly \$100,000. It, Mr. Speaker, is absolutely useless — shades of the minister himself. You spent nearly \$100,000 and the only thing, Mr. Speaker, we've learned to date is a new definition of the word scrap.

Mr. Minister, why don't you admit this review is a complete failure, scrap it, and start over?

Some Hon. Members: Hear, hear!

Hon. Mr. Nilson: — Mr. Speaker, the process that we have in place, which is as is set out in the legislation, includes a review. Part of that is the public review — the discussion with the people who would come and present their cases. It also involves research and looking at information from other places. That kind of work has been started and will continue.

What we want to do is make sure that we have the best insurance program for our people in Saskatchewan, and that's what we're going to do.

Some Hon. Members: Hear, hear!

Consolidated Financial Statement

Mr. Krawetz: — Thank you very much, Mr. Speaker. Mr. Speaker, my question is for the Minister of Finance.

Mr. Minister, later this afternoon the spring report from the Acting Provincial Auditor will be tabled in the House. I'm sure it will be very interesting reading.

Mr. Speaker, in his provincial budget address, the minister

talked about accountability. He talked about developing a framework for accountability which will outline the goals and objectives of the government, its departments, and its agencies.

I would like to assume that part of that framework would include the movement toward a consolidated financial statement, something that was advocated by the former provincial auditor.

Mr. Minister, will you fulfill your promise of accountability to the Saskatchewan public and commit to the presentation of a consolidated financial statement in the next fiscal year?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Well, Mr. Speaker, let me say firstly that we always welcome the *Report of the Provincial Auditor* because the work of the Office of the Provincial Auditor helps us improve accountability in Saskatchewan.

And I want to say to the member opposite and to the House and to the public, Mr. Speaker, that we take accountability very seriously. And when he announced he was leaving for British Columbia, Mr. Speaker, this is what the outgoing provincial auditor, Mr. Strelieff, had to say.

He said, speaking of the tenure of this government: the trend line on those three things — the system of government, the state of finances, and public confidence in how government manages — has strengthened under our tenure, Mr. Speaker.

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — And, Mr. Speaker, we have appointed a public accountability review and we are going to continue going on the path that we're going on, which is greater public accountability, which is justified, Mr. Speaker, by the credit rating upgrades that we're receiving which satisfy the public that we are moving toward better accountability, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Krawetz: — Thank you very much, Mr. Speaker. Mr. Speaker, again the answer is not coming forth.

I asked the question about whether or not this government is moving with a consolidated report. Right now the NDP and their tagged-along Liberal friends hide 40 per cent of government revenues from public scrutiny.

Other provinces have brought in legislation requiring the presentation of a budget . . .

The Speaker: — Order, order. Hon. members, a member should not have to exert himself to ask a question.

Mr. Krawetz: — Thank you, Mr. Speaker. Mr. Speaker, other provinces have brought in legislation that asks for one set of books and one bottom line.

Mr. Speaker, this afternoon I will be introducing The Government Accountability Act. This legislation will require real transparency of financial reporting by the government,

including a consolidated financial statement showing expense and revenue summaries of the Crown corporations, agencies, government managed funds, and health boards.

Mr. Minister, if you are sincere, if you are sincere about accountability, will you support this legislation?

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — Mr. Speaker, there are many places where we can look for good advice on how to improve finances in government, but looking over there is not one of them.

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — And I have this to say to the member from the opposition, Mr. Speaker. We have in the last few weeks received a credit rating upgrade from Dominion Bond Rating Service which said, Mr. Speaker, that we have not only improved the fiscal performance of the province and the accountability of government and diversification in the economy, but that things are getting even stronger, Mr. Speaker.

And the only party in this province that said anything negative about the credit rating upgrade was the Leader of the Opposition, Mr. Speaker. And when we got the last credit rating upgrade, what did the Leader of the Opposition say, Mr. Speaker? It's on the record. He said we should be ashamed of ourselves, Mr. Speaker. That's what he said.

And I say, Mr. Speaker, that we're going to continue to improve public finance accountability as we . . .

The Speaker: — Order, order.

Some Hon. Members: Hear, hear!

MINISTERIAL STATEMENTS

Planning for Saskatchewan Centennial in 2005

Hon. Mr. Hillson: — Thank you, Mr. Speaker. I wish to make a ministerial statement on the subject of forward planning for the provincial centennial in the year 2005.

Last evening and again this evening, I'm attending public consultation meetings currently being held across our province to gather suggestions on how we the people of Saskatchewan would like to celebrate our centennial in 2005.

Mr. Speaker, we're living in one of the most promising and exciting periods of our history. We've just entered the 21st century which symbolizes a time of fresh horizon and fresh hope, and only a few short years away from celebrating our 100th birthday. One hundred years of shaping our destiny, of developing our unique character, and of carving out our place in the history of Canada.

I'm proud of my Saskatchewan roots, proud of being part of a province known throughout this world for its humanitarianism, its compassion, its work ethic, and its insightful solutions, its made-in-Saskatchewan solutions to meet the needs of our citizens.

Mr. Speaker, we want all of our citizens to be part of the forward planning for our 100th birthday. We want them to own and participate in these celebrations.

Last night I was in North Battleford, tonight I will be in Lloydminster, and I'm pleased that the MLAs for those two areas have also been in attendance. The individuals who attended the meeting at the North Battleford Western Development Museum shared their vision on how we should celebrate the first 100 years of our history — with spirit, with innovation, and with enthusiasm.

From what I'm hearing from meetings being held across the province, Saskatchewan citizens are joining together in a genuine and sincere desire to celebrate together. From grassroots community-level celebrations to landmark legacy projects, there is a sentiment throughout our province to embrace our centennial year as a once-in-a-lifetime opportunity.

The anniversary's secretariat within my Department of Intergovernmental and Aboriginal Affairs is busy preparing for this momentous year. Province-wide initiatives of this nature take considerable time to plan and we want to ensure that every man, woman, and child in Saskatchewan has an opportunity to contribute to the planning.

Awareness is building for the centennial year and I encourage every member of this House and every citizen of this province to embrace the potential of 2005 on a personal level and as elected representatives. This celebration, Mr. Speaker, gives us an opportunity to work together, to celebrate our love and respect and dreams for this province.

I would like to remind the Assembly that there are still several consultation meetings remaining. Regina residents will have an opportunity this Thursday evening, June 1, to brainstorm ideas with their neighbours at the south leisure centre. I urge everyone to take advantage of these opportunities to allow us to get in on the ground floor of planning a year of celebration, a year that will lift the spirit of this province high, a year that will let us show our pride in what we have accomplished, of what we will accomplish.

Celebrations of sufficient magnitude to spark the imagination of the entire province are rare. Saskatchewan's celebration of its centennial is one of those times when we can, with pride, chronicle our past and share our dreams for a great future. Let's take advantage of this opportunity.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Well, thank you, Mr. Speaker. Saskatchewan became a province in the early part of the 20th century in the year 1905. It was a time of great hope, a time of planning, a time of building, a time of progress. About the same time, Sir Wilfrid Laurier was the prime minister of Canada, and Sir Wilfrid Laurier predicted that the 20th century would be Canada's century.

Mr. Speaker, world wars, two world wars, a Great Depression — there were some things that dampened the enthusiasm of the people of this country and in fact the people of this province during the early part of the 20th century.

(1430)

But in spite of those setbacks the province moved forward. Population grew, and at one time, Mr. Speaker, Saskatchewan was the third most populated province in all of Canada.

Unfortunately, Mr. Speaker, the second half of the century — the 50 years of peace, the 50 years of economic stability — were not a period of time that Saskatchewan shared to its fullest potential. Mr. Speaker, Saskatchewan experienced less growth in the last half of the 20th century than it should have.

And so as we close this century, Mr. Speaker, there has been some uncertainty and there's been some reflection on what Saskatchewan needs to do to truly celebrate becoming 100 years old in the year 2005.

But, Mr. Speaker, the people of Saskatchewan are hard-working, industrious people. Mr. Speaker, the people of Saskatchewan built this province once; our parents, our grandparents were part of the construction crew that built this province.

Mr. Speaker, not only did we build Saskatchewan, but we sent tens of thousands, perhaps hundreds of thousands of people to Alberta to help them build their province as well. And we did a very good job in Alberta as well.

Mr. Speaker, I believe Saskatchewan people are preparing to celebrate 100 years as a province, and I certainly applaud the plan to do that. But, Mr. Speaker, I think they will also be planning to make changes, big changes, for the 20th . . . for the 21st century and for the second 100 years following our 100th anniversary in the year 2005.

Mr. Speaker, I expect them to elect a new government with vision and one that will re-instill hope for the people of Saskatchewan and give them reason to be very positive about the second 100 years that we would celebrate.

Mr. Speaker, Saskatchewan people will celebrate a hundred years of being a province in the year 2005. They will have reason to celebrate, and we in the Saskatchewan Party will join heartily in that celebration, not only of a hundred years, but of a new government as well that will change the future and change the direction of this province. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

INTRODUCTION OF BILLS

Bill No. 207 — The Balanced Budget Act, 2000

Mr. Krawetz: — Thank you, Mr. Speaker. Mr. Speaker, I move first reading of Bill No. 207, The Balanced Budget Act, 2000.

Motion agreed to, the Bill read a first time and ordered to be read a second time at the next sitting.

Bill No. 208 — The Government Accountability Act

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

move first reading of Bill No. 208, The Government Accountability Act.

Motion agreed to, the Bill read a first time and ordered to be read a second time at the next sitting.

**Bill No. 76 — The Research Council
Amendment Act, 2000**

Hon. Mr. Lautermilch: — Thank you, Mr. Speaker. Mr. Speaker, I move that Bill No. 76, the Saskatchewan Research Council amendment Act — or, I'm sorry — The Research Council Amendment Act, 2000 be now introduced and read the first time.

Motion agreed to, the Bill read a first time and ordered to be read a second time at the next sitting.

**Bill No. 77 — The Saskatchewan Human Rights Code
Amendment Act, 2000**

Hon. Mr. Axworthy: — Thank you, Mr. Speaker. I move that Bill No. 77, The Saskatchewan Human Rights Code Amendment Act, 2000 be now introduced and read the first time.

Motion agreed to, the Bill read a first time and ordered to be read a second time at the next sitting.

**Bill No. 78 — The Highway Traffic
Amendment Act, 2000 (No. 2)**

Hon. Mr. Nilson: — Mr. Speaker, I move that Bill No. 78, The Highway Traffic Amendment Act, 2000 be now introduced and read the first time.

Motion agreed to, the Bill read a first time and ordered to be read a second time at the next sitting.

TABLING OF REPORTS

The Speaker: — Hon. members, before orders of the day it is my duty to table a report from the Provincial Auditor. I do so now.

STATEMENT BY THE SPEAKER

Seventy-Five Minute Debate

The Speaker: — Also, hon. members, before orders of the day, I would just like to inform the House that I have reviewed our practice regarding the occurrence of the 75-minute debate when the House does not sit on intervening Tuesdays. And on most occasions only Tuesdays that were actually sitting days were considered in the decision regarding when the next 75-minute debate was to take place.

So in view of this practice, I wish to inform you that the 75-minute debate will be deferred until next Tuesday and it will remain as the government's turn next week.

ORDERS OF THE DAY

PRIVATE MEMBERS' MOTIONS

**Motion No. 8 — Moratorium on Hospital and Health
Centre Closures**

Ms. Bakken: — Mr. Speaker, I rise today to speak for all citizens of Saskatchewan who have lost all confidence in the health care system in this province and in an out-of-touch government.

At the end of my time speaking in the House today, I will be moving the following motion:

That this Assembly urges the provincial government to put a moratorium on any further hospital or health centre closures at least until the government's promised comprehensive review of health care in Saskatchewan is completed.

Mr. Speaker, in 1993 there were 133 hospitals in the province. Seven years later, we have less than 65 hospitals. The NDP's wellness model has forced closure on nearly half of our province's hospitals, and this number will no doubt continue to increase.

One example of what has happened in our health care system, and which is very near and dear to the people of southern Saskatchewan, is the closing of the Plains hospital. I'd like to quote from the Plains hospital brochure, a brochure about the Plains hospital, Mr. Speaker, that was put out by then MLA for Weyburn-Big Muddy, Judy Bradley. And part of it says, why is the Plains hospital closing. And I quote:

The fact is that the Plains hospital is moving, not closing. With the move a major south Saskatchewan medical centre will be created at the General Hospital. The move will mean that at last southern Saskatchewan will have access to greater specialized services, new medical technology, and we'll have a greater ability to attract and maintain medical specialists.

Further quoting from this brochure:

Between 1992 and 1996 the issue of changing two acute care hospitals in Regina and one rehabilitation hospital was debated across southern Saskatchewan. Several expensive reviews and studies were completed, leading to the decision to move the Plains hospital and to create two new major health centres.

On the basis of that decision, major investments have now been made to improve services for southern Saskatchewan. It is fortunate that some try to make political gains by seeking to create fear and reverse progress made.

Well, Mr. Speaker, it is not only the Saskatchewan Party who knows what an ill-thought-out idea this was, but all citizens of Saskatchewan see the complete folly in this move.

Mr. Speaker, I further quote from this pamphlet and I quote some of the promises that were made at this time. The promises were that:

All services will still be provided; no reduction in the number of beds; no disruption in services to facilitate the transfer; enhanced emergency and walk-in care services; and more parking at the General Hospital.

Well, Mr. Speaker, what the people of southern Saskatchewan actually received is they have seen disrupted services; they have seen huge costs overrun; they have seen a parking system that is totally unacceptable. And Mr. Speaker, I would remind the people of southern Saskatchewan and all of Saskatchewan, that the member from Saskatoon Northwest at that time said that he would chain himself to the hospital to keep the Plains hospital.

The people of Saskatchewan wonder where is his commitment today. And they wonder, is this government why the people of Saskatchewan do not trust this government?

Mr. Speaker, the wellness model was supposed to consolidate services and cut costs. In the words of then Health minister, Louise Simard, it was supposed to preserve medicare for future generations. Obviously this has not happened and we are now facing one of the worst health care crises this province has ever seen.

The province's 32 health districts, set up to be arm's-length from government, were put in place to serve the province's many communities. They were there to represent the people. Now we have 31 of these 32 districts that are running a deficit. Mr. Speaker, health district boards were put in place for administrative purposes. Elected and appointed members handle the operating plans, the budgets, other day-to-day operations. Again they were supposed to be autonomous.

The boards and the health districts that they represented came under the umbrella of SAHO, the Saskatchewan Association of Health Organizations. When we look at the situation that many health districts now find themselves in, we get a very clear picture of a lack of commitment from this government.

Decreased funding over the years has forced many health districts into deficit situations. Last year alone deficits totalled over \$50 million. The Regina Health District's debt was pegged at 30 million, Saskatoon's at 9 million. East Central was over 3 million. Accumulated debt stands in the tens of millions.

Mr. Speaker, the cost of providing services has risen dramatically over the years and yet health districts have not seen a related increase in funding. What has resulted is that boards have had to make some very tough decisions. There have been staff layoffs, cutting programs or services, and even hospital closures.

Throughout this, health district boards have borne the brunt of public backlash. For health districts had a choice, balance the budget or cut services . . . excuse me, Mr. Speaker, balance budgets and cut services, or keep adequate services and run a deficit.

Amid the growing fear about health care's future in Saskatchewan, this government has done nothing to help ease the crisis that Saskatchewan is facing today and that the health districts are faced with. Instead of trying to find where the problems were occurring, instead of trying to find solutions,

instead of providing much needed funding, this government sat back and did nothing.

Time and time again, as MLAs and as individuals have brought forth concerns to this government, they have passed the buck. Go and ask your health district, is the common answer. Well the health districts' hands are tied and now they have also been gagged.

On one hand the minister says, ask your health board; and on the other hand she says, but the health board can't discuss any of the issues with you.

Health care funding is 40 per cent of this government's total budget, Mr. Speaker. Nearly \$2 billion spent annually on health care in Saskatchewan. There was only a 70 million increase in health care spending in this year's budget. For all intents and purposes, this is a freeze; \$17 million will not go very far in a health district or across the whole province.

No money was allocated to health districts' deficits or accumulated debt. In fact, the government showed no support for them at all in this budget.

Mr. Speaker, the people of Saskatchewan wonder what about the health transition fund. Other than it being used to pay down some health districts' deficits, we have no indication or commitment from this government as to how or where the money will be allocated. If there was an extra \$150 million to be used for health care, why wasn't this money distributed to individual health districts?

Health districts are very upset that money from the transition fund is being used to pay off deficits in other health districts. The health districts who actually balanced their budgets at great hardship to those they represent are now asking why — why did we bother to do this?

And, Mr. Speaker, I'd like to quote from my local paper, the *Weyburn Review*, from last week when they interviewed our local CEO (chief executive officer), Mr. Lee Spencer. And I quote:

The South Central Health District shouldn't be penalized for balancing their books by seeing money meant for improvements go to paying off the deficits of other districts, says district CEO Lee Spencer.

At a board meeting last week, Spencer said taking money out of the \$150 million Health Transition Fund — some of which was targeted for the SCHD — and using it to bail out other districts would be a betrayal.

The Health Transition Fund was portrayed as a one-time cash injection to improve services and support change within the districts. But it has been used to help out the Regina and Saskatoon Health Districts to the tune of \$26 million.

(1445)

The board was somewhat dismayed and frustrated in the minister's announcement that the money would be used to

pay down deficits. "We did not put in a deficit — we didn't play that game," Spencer told Saskatchewan Health representative Heather Balfour, who was present at the meeting.

Spencer said the board felt betrayed because they have handed down balanced budgets for the past five years, due to sacrifices and contributions made by SCHD staff over a long period of time, structural changes and operating efficiencies.

The district submitted another balanced budget for 2000 for Health Minister Pat Atkinson's approval on May 1, a deadline given by Sask Health.

But a balanced budget doesn't erase the fact that there's not enough money for new collective agreements and inflationary increases, Spencer said.

"We believe the department of health has given us inadequate funding, and we are being forced to curtail some other issues and not able to fund some other issues," he told Balfour.

Balfour congratulated the board for bringing in a balanced budget "which is extra important this year," she said.

"The minister has asked for a preliminary review of all budgets, so I've had a chance to look at yours. In your cover letter the issues were stated clearly. You've been very wise in the way transitional funding has been spelled out in this document. Regardless of what you've heard in the media, the direction of the transitional funding has not yet been determined," said Balfour.

Spencer said he hoped the budget would be approved prior to the SCHD public meeting (which is next week).

Mr. Speaker, people in Saskatchewan, and health boards in particular, are very upset. The day the budget was released, the Saskatchewan Party was very suspicious of this transitional fund and the government's intent. The residents of the province are very concerned also about this fund, and we have been given many indications that it will be used to close or convert hospitals.

At SAHO's annual convention in March, the Health minister told health districts that they would have to tighten their belts yet again. In effect the NDP was saying that there would be no extra money coming their way. And in what has become a typical NDP trademark, the finger of blame was pointed squarely at the federal government.

Mr. Speaker, this is the same old story. This government wants it every way, but at the end of the day they take absolutely no responsibility, blame everyone else, and meanwhile the people of Saskatchewan continue to pay the bills and to suffer and wait.

What they really want to know, Mr. Speaker, is where are their taxpayers' . . . hard-to-earn taxpayers' dollars going? Some people have paid money all their life expecting that when they grew old or needed health care that it would be available for

them, and now they find that it is not there when they need it.

Mr. Speaker, apparently the decrease in the health and social transfers is the sole cause of this health care crisis according to the NDP government. If you recall, Mr. Speaker, the federal government was to blame for the agriculture crisis as well. We didn't buy it then and we're not buying it now — neither are the people of this province.

The Health minister has even gone so far as to say what they will have to look at is whether health services will be covered and what will people be paying for. Is this two-tiered health care that we are now talking about in the province of Saskatchewan when you have to start deciding which services that we are going to have paid for, and which we are going to have to pay for ourselves?

The government opposite refuses to admit that we are into a two-tiered health system, yet the people of Saskatchewan understand full well that they are already in the middle of it.

Mr. Speaker, this government always talks about upholding the principles of the Canada Health Act. One of those principles, accessibility, is at stake here in the province. People are already travelling to other provinces and out of country for medical treatment.

We know that in fact SGI (Saskatchewan Government Insurance) and Workers' Comp are sending their claimants to places like Alberta for MRIs (magnetic resonance imaging) and CAT (computer axial tomography) scans, bypassing the lineups here in Saskatchewan. Why? Because SGI and Workers' Comp know that early intervention and treatment in an injury is crucial to recovery.

Our long waiting lists and lack of front-line staff make it impossible to have that kind of care here, yet this government makes no promises or provision for people caught in the waiting list game.

This government should be providing alternatives if the care cannot be provided in Saskatchewan in a timely matter. But no solutions are given. Again, the answer from the minister is, your doctor decides who gets surgery, who is first on the list. And also the doctors have several lists. They have a urgent list and they have an urgent urgent list, so it depends which list you end up getting on.

The members opposite don't want to listen to what we're talking about so I'd like to quote from Dr. Stan Oleksinski who is the former head of the Saskatchewan Medical Association. And I quote from an article in the Saskatoon *StarPhoenix* in May of this year. And I quote:

The ability of doctors in Saskatchewan to provide quality care for their patients is being compromised by unacceptable waiting times for beds and medical procedures, the president of SAMA said Friday. The lack of access to medical care also threatens doctors' professional integrity and morale, Dr. Stan Oleksinski told physicians attending an assembly in Regina. There continues to be unacceptable waiting times for surgery, diagnostic investigations such as MRI and CAT scans,

specialist consultations, hospital and long-term care beds, as well as many therapies.

Oleksinski added, patients regularly wait months for elective surgery and are being inappropriately discharged or not admitted to hospital. Despite efforts of the provincial health department, health districts, and other agencies, the health care system continues to suffer from insufficient and inadequate resources to meet an ever increasing demand for care.

Mr. Speaker, no extra funding, no support, no direction, no commitment, nothing, from this government. Thanks to the NDP's wellness model, we now have the longest waiting list in the country.

We have seen over 600 nurses laid off, and yet the NDP has known for several years that a nursing shortage was looming. Recruitment and retention for many health practitioners has become a major concern. Operating rooms and surgical units have been closed. Equipment has been shut down because of a lack of staff. People have literally died waiting for treatment.

And it is just about a year ago now, Mr. Speaker, that the nurses in this province went on strike. And what were they striking for? They were striking because they were working in a system that was not giving adequate care to the people that they serve daily.

And they went to this government asking for input into how patient care could be delivered better in this province and how people could have timely care. And what did this government do? They legislated them back to work — they treated them like criminals in their own province — and failed to listen to them.

Now where are we at today? Have things improved? Has it improved in the workplace? Regrettably not. We still have the same system that we had a year ago; we have nurses that are overworked, overstressed. What has changed? A commitment from this government that they were going to change things in the workplace? It has not happened. We fail to see any improvement in our health care system.

For the upcoming fiscal year health districts were told to submit their operating plans to the Minister of Health. They were also told that public consultation should not take place until the minister had a chance to either approve, reject, or revise the plans.

Mr. Speaker, if public talks did occur, board members risk being replaced by a publicly appointed administrator. According to the Minister of Health, they did not want to alarm residents if they knew of possible cuts. Well, Mr. Speaker, the truth must be hard to handle but people hate cover-ups.

More importantly, people have a right to know if their access to health care will be affected and to what extent. Mr. Speaker, a government-imposed gag order. It's what we've come to expect from this don't ask, don't tell government. Health districts were put in place to represent the public. They were there to locally administer health care to communities they served.

Given the lack of funding, Mr. Speaker, and the Minister of

Health's warning that more belt tightening was on its way, health districts should not have been placed in this situation. If services are to be cut, staff are to be laid off, or hospitals are to close, the public has a right to know how their health and their ability to access that care will be affected.

Mr. Speaker, letters from various health district board members . . . Even the president of the Saskatchewan Union of Nurses gave testament to how frustrated and concerned health districts were over this recent turn of events. A board member from Regina Health District even resigned over this.

The NDP have done a very good job of turning the public against the health districts — the very public that they are there to represent and serve. Even with the gag order in place, Mr. Speaker, the Minister of Health would not rule out hospital closures.

Many of the members on this side of the House have grave concerns about whether they will retain health care services in their areas, and many of them will be speaking on that today as well.

Just a couple of weeks ago the minister was quoted in the paper as saying that she would not know just how many hospitals will close until she sees the proposed budgets from all the health districts. She then goes on to say that she could not assure anyone that every hospital in this province was going to be in place at the end of their consultation.

Mr. Speaker, rural residents have seen their way of life eroded. Their local hospitals give them a sense of belonging. They have meaning in their communities. And they are very concerned about this, how it's taking away their opportunity to provide security, especially for their seniors, and to keep those people in their communities.

Why, Mr. Speaker, has this government left out rural residents. Conversions, regional health facilities, wellness centres, call them what you want. What it amounts to is no acute care, no extended stays, no access to other services or programs. This is now what dire circumstances this government is imposing on the people of rural Saskatchewan.

And, Mr. Speaker, I'd just like to speak for a moment about some of the concerns that are directly related to Weyburn-Big Muddy. Weyburn-Big Muddy has now one facility that actually offers acute care services and it is in the city of Weyburn. We now have around 45 beds, and that is the total number of beds that we have in the whole constituency. The other facilities were converted to health centres.

In Pangman there is grave concern because they would like to see more respite and palliative care provided. They have failed to be able to convince the health board and through to the government that this is a much needed service that they need for their community. They realize that they cannot provide full acute care, but they do realize that they have a place to play in their community and would like to be given the opportunity to do so.

In the town of Bengough we now have a concern about a retention of a doctor. And this is an ongoing concern. Last night

when I questioned the deputy minister of Health regarding this, she provided us with a long list of ways that doctors are maintained in rural Saskatchewan.

However, Mr. Deputy Speaker, it is an ongoing problem. And from the meetings that I've had with different areas, they inform me that they're basically on their own when it comes to recruiting a new doctor. And their concern now is that they are going to have to have their doctor sign into a three-year contract, Mr. Deputy Speaker, when what they really need and would like to see is a one-year contract so that they could retain the doctor they have and give him a chance to find out if he wants to stay in this country and practise.

So, Mr. Deputy Speaker, that is something that we would really like to see happen in this province — is that some concern be given to this concern.

Also in Radville we have a concern where there's more long-term care beds required to meet the needs of an ageing population. Mr. Deputy Speaker, the people that need these long-term care beds and their families are very much interested in being able to keep them in their community instead of them having to go elsewhere.

And so, Mr. Speaker, we need some kind of response from this government that will listen to the local people, give them an opportunity to have their say in what they really need — whether it's respite care, palliative care or long-term care — in their communities, and to give them a chance to bring those issues forward and to be listened to and responded to accordingly.

In Weyburn, Mr. Deputy Speaker, we have a concern about our local hospital. For some time now the local health board has been wanting to build a new facility. This is yet to be approved by this government, and there's growing concern in our community that we will lose our hospital and that Estevan will become the centre.

We are a community of 10,000 people and serve a large trading area, and we believe that this hospital should be maintained for all residents of the city of Weyburn and surrounding area.

And so, Mr. Speaker, the people of rural Saskatchewan have many concerns about their ongoing health care and what they can look forward into the future.

Mr. Speaker, for nearly two years the Saskatchewan Party has been calling for a complete, comprehensive, and independent review, including an audit, of the health care system in Saskatchewan. After much stalling, delays, and unusual lack of planning, it seems that the NDP are moving towards our recommendation. We have yet to see an actual announcement of this or a date set, Mr. Speaker, but we are hopeful that it will take place.

We can only hope that the review commissioned be independent, look at all aspects of health care, and that the government commits to implementing proposed recommendations.

(1500)

Mr. Speaker, in the meantime, the people of Saskatchewan need the assurance that there will be no more closures, and so we are calling for a moratorium on the closing of any further hospital or health centres in the province.

The people of Saskatchewan, Mr. Deputy Speaker, are fed up. They've paid with their wallets — some for many, many years — always with the promise they'd be looked after. This has become a myth.

Now over the last 10 years, they have paid an even heavier price, Mr. Speaker. Many of them have watched their loved ones or themselves suffer or even die because of a system that has failed them.

The NDP talk about medicare as if it is a sacred cow. I believe, Mr. Speaker, it is time for us to define what medicare is all about and how it is going to respond to the people of this province. Because what the people want, no matter what you call it, the name is not important, what we need is timely, affordable, accessible health care.

And they want a government, they want a government that is committed to finding a way to make that happen. This government clearly has no intent to do this. They have no intent of fixing the system.

The Saskatchewan Party would find a way to provide timely, affordable, accessible health care. Because in our party, Mr. Deputy Speaker, the people of Saskatchewan and their quality of life come first now and always will come first, Mr. Speaker.

I would like to move a motion at this time, Mr. Speaker. Moved by myself and seconded by the member from Melfort:

That this Assembly urges the provincial government to put a moratorium on any further hospital or health centre closures at least until the government's promised comprehensive review of health care in Saskatchewan is completed.

I so move.

Some Hon. Members: Hear, hear!

Mr. Gantfoer: — Thank you, Mr. Deputy Speaker. Mr. Deputy Speaker, it is with great pleasure that I rise to second the motion by my colleague, the member from Weyburn-Big Muddy.

Mr. Deputy Speaker, and members, it is difficult to follow an individual that has made a very thoughtful speech on a very broad range of topics that deal very comprehensively with the issues facing health care, and health care moving forward into the future in our province.

Mr. Deputy Speaker, right across this country — and across this world — in the early '90s, there was a recognition that the current methodology of delivering health care across the world really had to change in some fairly dramatic ways.

There was a move from a focus on hospital and institutional care to care that was moving towards a more preventative

model and a system that was going to anticipate the future in a more responsive way. And that was going to be able to provide people across the North American medical spectrum, if you like, more timely, effective, comprehensive, and accessible health care.

And, Mr. Speaker, right across this province those winds of change were also blowing in Saskatchewan. And the people of the province responded, I think, in a genuine desire to make a system that was not only better in the immediate term, but sustainable into the future.

And so the government of the day made some pretty dramatic changes and they affected a lot of communities in our province in a very significant way. For any of the communities that had one of the main health care facilities closed or converted, these were heart-wrenching, difficult issues to face. And through it all there was a lot of apprehension, there was lot of debate, there was a lot of discussion; there was even dissension. And there was a lot of hurt.

And through it all, the process was done in a way that said, if you as a community are willing to buy into this model of health care delivery, if you're willing to move from a facility that focused almost exclusively on acute care and disease treatment if you like, Mr. Deputy Speaker, to a model that was more comprehensive and a facility that would embrace that model and dealt with not only the issues of acute care and emergent care and things of that nature, but also dealt with the long-term care issues facing people who needed it — not only our seniors but people who have disabilities and people who require the support of a system — if you move to a model that attempts to put at least some money into a budget towards disease prevention, that we will then truly be building a model as what was happening across the world. We weren't unique, we weren't first, we weren't last, we were just part of it. We are going to move to a model that indeed you could call, I think quite appropriately, a wellness model.

Because prior to that, Mr. Deputy Speaker, the model really was a disease-treatment model, an acute care model that was centred around institutions and hospitals and emergencies, if you like. And for people outside of that need group, they lived their lives until they hit that opportunity where they needed acute care and then they expected it to be there for them. And by and large, it was.

But people in health care, economists, and the leaders in the health care field across the world recognized that that model would not be sustainable into the future; that what was going to be needed is much more of an anticipation and prevention of disease and a focus on keeping the population well and thereby diminish the requirements and the pressure on the acute care — the disease-treatment model, if you like.

And, Mr. Speaker, right across the country, across North America, and certainly across this province, people began to understand that maybe there was some logic in this. This wasn't something that was unique to the government of the day. It was something that was a focus of change all around the world — in North America, the Scandinavian countries, in Europe, in Canada. This was happening everywhere in the developed world.

And, Mr. Speaker, I think when you look back at the record and you look back to the discussions that occurred in the early '90s, that these were wholesome discussions and they had to happen and they had to move forward. And communities began to understand that maybe there was going to be some hope that there was some vision. And I think, Mr. Speaker, initially there even was a great deal of courtesy going to be extended, and patience that was going to be extended by communities to allow this system to move into the future.

But an underlying pinning of this whole concept was the promise — the promise — that was made to all of our communities, rural and urban, small and large, major metropolitan centres like Saskatoon and Regina, who arguably are clearly . . . have primary and secondary and tertiary responsibilities, who are the two centres that the province relies on for the really significant research and medical treatments that it isn't logical to have in every community. Every community, large and small, bought into the commitment that their health care, when they needed it, was going to be there for them and that the system was going to not be less responsive but more responsive to their needs.

And so we've heard in the recent days and weeks as we moved into this current budget cycle, where communities have said district health boards have met with us and said, we went out, we bought into this plan, we bought into this model, and we believed we had a role and a responsibility to the communities that we were destined to serve.

To say to them if you'll agree with these changes, if you'll agree to move from the model of strictly disease prevention and acute care as the centre of health care delivery in your community to a model that is more comprehensive, that deals with the other issues that I outlined, Mr. Deputy Speaker, those facilities are going to be there for you. Trust us and believe in what we are saying. This is going to work; it's going to be sustainable in the future. If you will go along with them and if you'll accept and embrace these changes that are being articulated, the system will be there for you in the future.

Well, Mr. Deputy Speaker, the future is now. The future is really at a turning point at this present time. And so instead of providing leadership in this whole process that was going on across the world, this NDP government from 1993 has been stumbling and wandering around trying to figure out what was going on.

There was a commission done in the late 1980s, the Murray commission that did a lot of good work. I'm not suggesting for a moment that it was perfect. But I have to be one of the few people in this province that actually read the darn thing. And there was a lot of good work in that report.

I happened at the time in the late '80s to be involved on diocese and pastoral council for the diocese of Prince Albert. And Bishop Blais Morand, the bishop of Prince Albert diocese was one of the commission members on this Murray commission. And I remember at the time how many meetings he went to, how many public hearings, and how many briefs that were presented right across this province.

People genuinely understood that the winds of change were

happening, and were genuinely desirous to have their input in what the model for health care delivery was going to be. And they did a very comprehensive study, a very comprehensive review, a very thorough analysis of what health care there was in the province, and made some very significant recommendations as to where it should go.

The then Health critic of the day, Louise Simard, attended a great many of those meetings I recall, listened to the presentations, heard the briefs, understood what was being presented. And after elected in 1992 I guess, turned her back completely on those recommendations because it was organized and put in motion by a previous administration.

So obviously anything that possibly was constructed by a previous administration automatically had no merit, despite the fact that the people that were doing this were totally beyond and outside of the political realm. They were citizens like the bishop I served who weren't there because they were interested in politics, who were there because they were interested in serving the people of this province and the health care system that they are mandated to look into.

And from that day forward we've been wandering in all kinds of other philosophical directions, whatever was the flavour of the day, and trying to manage and interpret what was happening right across the world in health care delivery. And, Mr. Deputy Speaker, we come to today where all of a sudden again we're hitting the wall.

And last year we saw in the operating budgets of the 32 health districts that over 20 of them ran significant deficits, some very serious deficits totalling in the last fiscal year some \$50 million annually.

Well, Mr. Deputy Speaker, you don't have to be a rocket scientist to figure out that that isn't sustainable and it can't continue to happen. Because if it does, the system will finally eat itself way into such a problem that you'll never get out of it.

And so what's the response? The response is the government says: thou shalt get your house in order in this budget and you shall make a plan that eliminates your deficit; and then we are going to provide a transition fund to underwrite you while you're going to do that. It's as near as I can figure out what it is.

So right now the transition fund is a fund that's picking up deficits, because in the short term there is no way these health districts can balance their budget overnight. They can't snap their finger. We're already a third way into the fiscal year, and the budgets that have been prepared and presented, if they are implemented today, only three-quarters of the year is left. There's no way that it's physically possible for these district health boards, who have been coping with the fact the government has been wandering aimlessly, are going to be able to do this overnight.

So then what does the government do in its wisdom? It says, you shall keep your mouths shut, district health boards, about the plans. You can sit there and listen to whatever the people say, but you can't tell them what the plan is until Big Brother signs off on this thing. And so here we now have the district health boards' budgets sitting on the minister's desk while the

co-ministers try to figure out which way to head now.

And, Mr. Deputy Speaker, who's left holding the bag? You know who it is? It's those people who were promised when this whole process started by this government, the people that were told, trust us and we'll look after you, the people that said, if you embrace this change and you allow your hospital to be converted or lost and you have to go to the next community for services, those services will be there for you.

And now, Mr. Deputy Speaker, they're saying, keep your mouths shut because we don't think this is going to happen. And the members opposite will say, oh we're not saying there's going to be any closures.

(1515)

Well, Mr. Deputy Speaker, make no mistake. We know that it is impossible for a small health district to find savings in the magnitude of 900,000 to a million dollars by adjusting the paper clip budget. It can't be done. In order to meet the challenges and the demands that have been set by this administration, there has to be very difficult decisions made and it's going to result in the fact closures are going to happen.

But the district health boards are sitting there as this government's patsies, being told to keep their mouths shut while we review this and decide how it's going to happen. Well, Mr. Deputy Speaker, this is unacceptable.

And finally . . . finally, you know, at least someone over there seems to be listening. And I don't know if it's the Premier because he's looking for a new job or if it's the minister because she knows nowhere else to go, but finally someone over there actually listened to us when we said there has to be a comprehensive review of the system. We called it a health care audit.

But, Mr. Speaker, we have always said it's much more than an exercise by a bunch of bean-counters. What it is is an audit that has to be done independently. It has to be an audit that's beyond reproach.

It can't be a system like the Minister of Crown Corporations is trying to initiate on the review of the SGI no-fault system. It can't be something where people are dropping out of the system before they can even be appointed. It can't be something that is criticized and that people say, this is now something that the government lackeys are doing.

It has to be beyond reproach as it was when the Murray Commission was constituted a decade ago. And that's why we suggested that the person that in this province that is beyond assault, that is beyond reproach in this province, is the Office of the Provincial Auditor. So we asked if his office would head this up and that he would then make sure that all the required professionals, the professionals that were there to look at it, would see to it that it was done in a comprehensive way, Mr. Deputy Speaker.

Well, Mr. Deputy Speaker, it was a very good idea because the Premier and the Health minister have now taken that idea and suggested that a comprehensive review is indeed something not

only that we need in Saskatchewan, but we need across this country. And I happen to agree completely. It was our idea, why wouldn't I?

Mr. Deputy Speaker, I think it is true . . . today the Health minister I understand is in Quebec City with other Health ministers across this country saying that Ottawa has to step up to the plate if there's going to be a national health care system. And I think it's absolutely true. It's an absolute abomination what the federal Liberal government has done to off-load onto provinces on the road to building a huge fiscal surplus to make Paul Martin look good.

Now it doesn't matter for Paul Martin because Chrétien is undercutting him anyway. He might as well did the right thing and make sure departments were properly funded because the Prime Minister isn't going to give him a change to exercise the benefits of his fiscal tightwadness anyway.

Mr. Deputy Speaker, we are now in a situation that is absolutely unbelievable. We have a situation where finally the government is willing to do a complete review of the system, which is important. At the same time, district health boards are sitting there under the threat of censure if they open their mouths about their plans in order to cut back on the budget in order to balance the books. And physical facilities are again threatened in this province with no direction and no promise of where we're going. It's absolutely incomprehensible that anyone would consider supporting such an impossible situation.

Mr. Deputy Speaker, once again the Saskatchewan Party's suggestion is a practical, positive suggestion what needs to be done. We suggested and fully support a comprehensive review of the health care system. We fully do that.

Our only caveat at this time is to make sure that the terms of reference and the mandate is appropriate so it can be done comprehensively. And we're counting on the government and the Health minister to put that in place. We're taking her at her word when she says that it is going to be comprehensive and we support and agree with that. And we will be most desirous to see what this commission is going to function like and hopefully that it is independent, impartial, and has a comprehensive mandate. We support that, Mr. Deputy Speaker.

But at the same time, how in the world can we ask district health boards to plan the shutting down of facilities that this comprehensive review may or may not deem as a good move? How in the world can anyone on that side of the House agree to that?

So surely it is eminently sensible that in the interim — in the interim — first of all, that this review is done in a timely way and we get on with the task and the challenge, firstly. But in the interim, surely it's incumbent on the government to promise to communities that their facilities will not be closed until this review is completed. It is just sensible, Mr. Speaker, and I am at a loss to understand how members opposite cannot support that motion.

But I know what's likely to happen today. What's likely to happen, there's going to be some kind of a weird, convoluted amendment coming forward that somehow creates some wiggle

room that says this is all nonsense and everything is going wonderful. And of course it isn't. We know it isn't so that's one thing that could possibly happen.

Or this Liberal-NDP coalition majority could use their heavy-handed tactics to shut down and adjourn debate. We hope that neither things happen and that people will debate the merits of this very practical and logical motion that my colleague, the member from Weyburn-Big Muddy, has put forward.

And so, Mr. Deputy Speaker, this not only has impact . . . And I've tried to take my responsibilities as the Health critic to look at the big picture. But if I could, for a small moment, look at my own constituency.

Mr. Deputy Speaker, in Melfort-Tisdale they've come through very tremendous and trying changes as they've encompassed this whole health care reform. And, Mr. Speaker, those two health districts are working and struggling to provide the credibility and the service to the people that they serve. And I would like to take this opportunity to congratulate those boards and the members that serve on them for doing an outstanding job at trying to do what they believe is right in almost an impossible situation.

Mr. Deputy Speaker, health boards across this province are not the villains; the lack of direction of this government is the villain — and that's the truth.

Mr. Deputy Speaker, it's with great pleasure that I stand in this House to second the motion by the member from Weyburn-Big Muddy. Thank you very much.

Some Hon. Members: Hear, hear!

Ms. Jones: — Thank you, Mr. Deputy Speaker. I'm pleased to enter into the debate today on this important issue of health care. I'm particularly pleased because this issue, this particular issue defines the differences clearly between those on that side of the House and those on the government side — proud differences, profound differences, Mr. Speaker.

Take for example the grandstanding of late from the opposition benches. Yet a look at their election platform confirms their lack of commitment to the funding of health care. The Leader of the Opposition has urged Ottawa to not send any money to the provinces until a value-for-money audit is done.

Mr. Deputy Speaker, the question of the future of medicare is high on the list of concerns for the people of this country and of this province. The public money dedicated to health services is a major expenditure; one that continues to grow at an alarming rate.

Mr. Speaker, this is a serious matter, and serious issues require the attention of serious people, not fearmongers, not finger pointers, but serious, thoughtful, caring, compassionate people. People who in 1947 struck out on their own and implemented a modest hospitalization plan. People who in 1962 introduced a more broadly based medical care initiative that we now call medicare.

Based on that program we now have a national program, and it has become a symbol, a symbol of Canadian identity. A proud symbol.

But the program then was financed by 50/50 federal/provincial cost sharing. Compare that, Mr. Deputy Speaker — 50/50 — with today's ratio of 87 per cent provincial and 13 per cent federal. And the people wonder why there's a problem.

The opposition knows there's a problem. But do they have any answers? Do they have any solutions?

Well perhaps they do. We've had a small sniff of their . . . sniff of their solutions. We've had the sniff of their election platform. Or should I say smell. We've had the promise of zero increase in health funding, the urging to hold back federal money from the provinces, and the hints from across the way that we should look at Alberta's Bill 11 — hints that Saskatchewan should entertain a two-tier system.

Since the budget was announced in March, the opposition has spent an additional \$1.29 billion. In just over a week, from March 29 to April 6, the member from Kelvington-Wadena wished for \$380 million to be spent on K to 12 education; the member from Rosetown-Biggar said, give us \$40 million and we'll rollback the utility rates; the member from Saltcoats said \$50 million for municipal infrastructure; the member from Rosetown-Biggar said \$160 million is all it would take to revoke the PST expansion; the member from Swift Current said \$60 million would reduce the gas . . . or 5 cents a litre on gas; the member from Saskatchewan-Rivers said it'll only cost \$40 million to twin Highway No. 11.

The member from Swift Current, to his credit I guess, \$7.5 million for Swift Current capital expenditure for a regional hospital. Again, the member from Swift Current said \$14 million would immediately implement 200 police officers. The member from Rosetown-Biggar only wanted \$535 million for unspecified spending out of SLGA (Saskatchewan Liquor and Gaming Authority) revenues, which would go to agriculture, rollback increases in fishing licences, park, long-term care, etc.

Only \$1.29 billion dollars in a week. Barely a mention of spending on health care, Mr. Deputy Speaker, unless you count the seven and a half million proposed by the member from Swift Current. And that amount was proposed per capita — bricks and mortar, not services.

Now serious people do things. We don't just talk. Our government is on the front lines urging Ottawa to restore its portion of funding back to the previous levels; their leader is urging Ottawa to hold back money. Our government is urging a national debate on the future of medicare; their leader wants an audit. Our government remains totally committed to a single-payer system. The member from Weyburn was quoted yesterday as having said, why are we not looking at having privatized care in Saskatchewan?

Mr. Speaker, I want to review some of the spending laid out in the Department of Health budget. The 2000-2001 health budget totals 1.978 billion which is an increase of \$113 million, 5.9 per cent over the 1999-2000 budget. The dollar amount is 63 million more than last year when the budget included 50 million

for one-time funding for Y2K (Year 2000) security.

The increase provides for a base funding increase of 5.1 per cent to health districts, primarily to fund collective bargaining agreements, increased funding to strengthen cancer treatment programs, additional funds to cover rising use of physician services and the prescription drug plan. In addition to the 1.978 billion budget, there's a one-time health transition fund totalling 150 million.

Of the \$113 million increase, 63 million increase in base funding is provided to health districts; improves wages and benefits; continues regeneration of the province's four regional care centres; strengthens specialized acute care programs, for example, renal and cardiac catheterization; adds home care funding in response to rising needs for alternatives to hospital and nursing home beds; and strengthens community services including alcohol and drug and mental health programs.

(1530)

From the \$150 million transition fund, 26 million will be allocated immediately to address operating and capital equipment pressures in Regina, Saskatoon, and the cancer agency.

Now, Mr. Deputy Speaker, at 1.978 billion, our health budget is the largest amount ever invested by the provincial government in Saskatchewan's health system.

Some Hon. Members: Hear, hear!

Ms. Jones: — In 2000-2001, funding for home care and community-based services is \$83 million. Funding for hospitals is \$84 million. The number of MRI scans rose to approximately 9,000 in '99-2000, up 73 per cent over the previous year as two new MRI units were added in Regina and Saskatoon.

In 2000-2001 spending on the prescription drug plan will reach \$99 million.

An Hon. Member: — \$99 million.

Ms. Jones: — That's a lot of bucks, hey.

The health budget provides for a wide and growing range of health care services for Saskatchewan people including more than 92,000 surgeries every year; 9,200 nursing home beds; 800 air ambulance trips; 76,000 trips by road ambulance; 1,450,000 tests in the provincial lab; 400,000 immunizations for children and adults; support under the prescription drug plan for more than a hundred thousand families; and dozens of community-based programs to help maintain their health and avoid illness and injury.

Saskatchewan Health is aware of the devastating consequences of HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) and its effects on individuals, families, and communities. We are providing \$634,370 in funding for HIV/AIDS in community programs in '99-2000. Well you could compare that with funding that was received in Regina and Saskatoon AIDS from \$7,000 a year in 1991-92 to the current levels that I just read to you, and that's a lot of

rubles.

Saskatchewan Health continues to provide support and funding of over 13 million to initiatives related to the child action plan. Now most of these initiatives are community based and address a wide range of health-related issues through prevention, health promotion, early intervention, and treatment approaches in collaboration with other sectors.

In addition, in 2000-2001, the Saskatchewan government is committing \$20.7 million in total in new funding under the child action plan to strengthen early child development, address social/emotional behaviour challenges in children and youth, as well as social housing needs in the North.

This year the new total cumulative government funding for the plan will rise to \$69.9 million.

The government is committed to working with district health boards, other agencies and sectors to enhance the health and well-being of older persons and to provide comprehensive effective health services. And I think it's noteworthy, Mr. Deputy Speaker, that approximately 45 per cent of the provincial health budget goes to services for our senior citizens aged 65 or older.

As I said, our government is committed to improving health services in rural Saskatchewan. Given the rural nature of Saskatchewan, there is a need to provide residents with reasonable access to quality acute services. The future of small rural hospitals is part of a broader discussion, a discussion on how we can best deliver services across the province in rural areas, in regional centres, and in our large urban centres.

We need to ensure that limited resources are going to where they're most needed, to where people are going for care. The lack of funding for health care in the recent federal government budget will impact the provincial health budget and health district funding. There may be changes, however, they won't occur until district planning process is complete.

The department has worked closely and will continue to work closely with rural residents and health districts to ensure that rural residents have the services they need, the opportunity to be involved, and information about the effectiveness of health services.

And I sincerely hope this isn't too convoluted for my friend across the way, but I move, I move the following amendment seconded by the member from Saskatoon Sutherland:

Delete all the words after "Assembly" and replace with the following therefor:

"urges the provincial government to examine district proposals for hospital or health centre conversions to ensure that adequate services are maintained and that the communities have a chance to provide input into plans."

Some Hon. Members: Hear, hear!

Mr. Addley: — Thank you, Mr. Deputy Speaker. I'm very pleased today to rise and join in the debate on the future of

health care in Saskatchewan, in effect that's what it's about.

Before I begin I'd like to talk a little bit about a brief history of Canada's health care system. In 1947 the Saskatchewan government, led by Tommy Douglas, introduces the first provincial hospital insurance program in Canada.

Usually the member from Kindersley waits at least a few minutes before he starts heckling but I guess he's all primed today . . . (inaudible interjection) . . . I appreciate that. Well we've got the black cats and the white cats. We've got the stray cats on the other side of the House, so . . .

The Deputy Speaker: — Order, order. Order.

Mr. Addley: — Thank you, Mr. Deputy Speaker. Perhaps I should begin again about a brief history of medicare in Saskatchewan.

Tommy Douglas won the election in 1944 representing the CCF (Co-operative Commonwealth Federation). And in that election he won it in part because he had a vision for the health care system, accessible on the basis of need, not income.

It was a vision that the people of Saskatchewan embraced. And today it's a vision that the vast majority of people of Canada passionately share. In fact it's the defining difference between Canada and the United States.

Unfortunately, Mr. Douglas could not implement his vision of medicare as quickly as he would like or as completely as he'd like. The first problem was money as usual. I spoke earlier in the year of fiscal responsibility and social responsibility. And Mr. Douglas also had that view I'm sure.

The Great Depression hit Saskatchewan harder than any other province. And it took a while before we got out of that and were able to afford that. As a result, Saskatchewan was forced to go it alone in 1947 with a modest hospitalization plan. It was popular enough, however, to be copied in Alberta, Newfoundland, and British Columbia. And ten years after the adoption in Saskatchewan, hospitalization was extended throughout Canada by the federal government, using the incentive of cost-shared financing.

In 1962 Saskatchewan's NDP government introduces the first health care program.

Members opposite should be careful because otherwise we'll start quoting Woodrow Lloyd to them.

In 1965 a royal commission, headed up by Emmett Hall, calls for a universal and comprehensive national health insurance program. And in 1966 Parliament creates a national medicare program with Ottawa paying 50 per cent of the provincial health costs — 50 per cent. In 1977 Pierre Trudeau retreated from the 50-50 cost sharing and replaced it with block funding.

In 1984 the Canada Health Act passed unanimously by Parliament and extra billing was banned, and the five principles of the Canada Health Act — affordability, accessibility, universality, portability, and publicly funded — was enacted in Parliament.

Paul Martin, Jr. introduces the Canada Health and Social Transfer, causing massive cuts in transfer payments to health and social programs. As the member for Meewasin indicated, it moved from 50-50 cost shared from provincial funding of 87 per cent and federal 13 per cent.

And the members opposite raise concerns about the level of health care funding in Saskatchewan. However, Saskatchewan backfilled every dollar that the federal government took out of health care and I'm proud to be a part of government that does that.

This year, Ralph Klein introduced legislation to allow private hospitals and the federal budget offers only two cents for health care for every dollar of tax cuts, ignoring pleas of Canadians for medicare.

That's a brief history of the health care system in Canada. And I could go on and on if the members opposite wish. Just to contrast the situation in Saskatchewan and now in Canada, based on the leadership of Tommy Douglas, I'd like to contrast that with a few facts of the US health care experience — the for-profit health care system.

The US experience demonstrates that private sector involvement in health care delivery is neither more effective nor more efficient because customers — known in Canada as patients — are charged for each and every cost item. The typical US hospital employs 50 billing personnel; a Canadian hospital employs only three or four on average.

And we all hear about the horror stories of a \$50 aspirin, or washcloths or different extra pillows and added cost for that. In fact we hear about bills that are sent to patients that are more than three or four or five feet long.

To use the words of University of British Columbia health economist, Robert Evans, quote:

The US health care system scores relatively badly on every dimension and from every perspective: public satisfaction, measured health outcomes, overall cost, efficiency, coverage, equity of access (and) equity of finance.

The US experience of privatized health care continues to provide Canadians with the best reasons for defending and strengthening our own cherished public system.

Some more facts about the US health care system. It consumes more resources — 14 per cent of the economy compared to only 9 per cent in Canada. It allocates resources less efficiently — 44 million Americans lack coverage, while millions . . .

An Hon. Member: — How many?

Mr. Addley: — Forty-four million lack coverage while millions of beds lie idle — private American health care system.

It is vastly more efficient in terms of its administrative costs. Per capita billing costs in 1995 were \$361 in the US and only 119 in Canada.

We all hear horror stories in the news and I remember watching

one article . . . one news story — oh, a few years ago — about this woman that was stricken with cancer and unfortunately she didn't have fully insurance in the States. She had to have a discussion with her doctor as to what level of care she could afford and how much money the treatment would cost — sort of whether you can afford a hamburger or whether you could have a steak and lobster.

Fortunately in Saskatchewan and in Canada we don't have that kind of a discussion. And she knew that the very best treatment . . .

The Deputy Speaker: — Order.

Mr. Addley: — And this woman that was stricken with cancer in the United States, Mr. Deputy Speaker, knew that the very best treatment care was more expensive than she can afford. And she had talked to her banker how she could sell her house, how she could liquidate her assets, and it just didn't cut it. It wasn't enough money to have the very best treatment . . . to afford her the best treatment that was available.

She had to have the hamburger; she couldn't super size it. She couldn't go for steak. She couldn't get lobster. She had to go with basically an incomplete meal on the health care system.

That's what would happen, Mr. Deputy Speaker, if we moved from the patient care system, the publicly-funded, the single payer, public-administrated system to go to the customer oriented, the privatized for-profit system. We want never to go down that route.

(1545)

The American system — but I interrupted myself — the American system provides . . . (inaudible interjection) . . . There you go, I've got to stop heckling myself.

More facts concerning the . . . more facts concerning the American health care system. It provides a lower quality of care in order to maximize profits — a lower quality of care to maximize profits. As soon as you bring in the profit motive in health care then you lose the quality of that health care.

And you've . . . members in this House have heard me speak about how important business is and how important the profit margin is and how pro-business I am. However, in the health care system, I believe that it should be publicly funded and it should not be for profit.

The American system again. It produces poorer results in terms of a nation's health indicators including life expectancy, infant mortality, and social inequalities. The US has the highest infant mortality rate among OECD (Organization for Economic Co-operation and Development) countries — the highest infant mortality rate.

Here's a few facts, Mr. Deputy Speaker, about the American system . . . (inaudible interjection) . . . thank you, member from Kindersley. People with no health insurance in the United States — 44 million. People who are underinsured — 71 million. People with income of less than \$20,000 — 59 per cent, almost 60 per cent of people with less than \$20,000

income are either without insurance or underinsured.

Contrast that with people with an income of greater than \$60,000, it's only 8 per cent. That's a huge disparity between the haves and the have-nots within that country.

Hispanic people with no coverage — 50 per cent. Black people with no coverage — 37 per cent. White people with no coverage — 25 per cent.

And this is the really hard, difficult one is children with no coverage — 33 per cent. One-third of children in the United States of America have no or inadequate health care insurance. That's made in the USA, Mr. Speaker; fortunately it's not a made in Canada solution.

Some more facts, Mr. Speaker, about the American system. The US Department of Health estimates that fraud costs taxpayers \$27 billion every year — \$27 billion.

Member from Rosthern talks about fraud. He's an expert in that area; he knows more about it than I do so I'd be willing to listen to him on a later date.

There's little incentive for fraud in Canada's public health insurance system because corporate profits are not a factor. US health care corporations consider medicare a potential gold mine. Sun Healthcare Group, Inc., one of the largest private health companies in the United States, had this to say, quote:

Essentially we're interested in the transition in the Canadian health marketplace from public sector to the private sector and think we can use some of the things we've learned in the American marketplace.

So based on the facts that I've just quoted, they want to bring that American-style health care system to Saskatchewan.

Another one — as health care costs rise, employers minimize their cost by increasing employee rates and limiting health services available.

The New England Journal of Medicine calls the US health care system, quote, "the most expensive and most inadequate in the developed world". Let me read that again, Mr. Deputy Speaker, so every member in this House can hear it. *The New England Journal of Medicine* calls the US health care system, quote, "the most expensive and most inadequate in the developed world". And the members opposite want to take us to that world and go down that road of American-style health care.

Citizens over age 65 with incomes below the poverty level, who qualify for medicare, typically spend 35 per cent of their income on health care. Those who don't qualify spend half of their income on health care. One-third of all US children have no health care insurance at some portion of the year . . .

The Deputy Speaker: — Order, order.

Mr. Addley: — I'll go back to my point that, before all the things got interrupted, *The New England Journal of Medicine* calls the US health care system, quote, "the most expensive and most inadequate in the developed world".

Citizens over the age of 65 with incomes below the poverty level, who qualify for medicare, typically spend 35 per cent of their income on health care. Those who don't qualify spend half their income on care. And as I said previously, a third of all US children have no health insurance for some portion of the year.

In 1999 a landmark study done for the US Department of Housing and Urban Development found that lack of access to universal health care coverage is driving hundreds of thousands of Americans into homelessness. We don't want that style of health care in Canada, and thankfully we haven't gone down that road.

Now what have we done in Saskatchewan? I've talked a little bit about the history of health care; I've talked about what's been done in another country, United States; a little bit about what's gone on in Canada. What have we done and what has this government, coalition Liberal-NDP government, done and what are we prepared to do?

The 2000 Health budget totals \$1.978 billion, which is an increase of 113 million, 6 per cent, over the '99-2000 budget. The dollar amount is \$63 million more than last year when the budget included the 50 million one-time funding for Y2K security. A base funding increase of 5.1 per cent to health districts, primarily to fund collective bargaining agreements; increased funding to strengthen cancer treatment programs; additional funds to cover rising use of physician services and the prescription drug plan.

In addition to the \$1.978 billion, there's a one-time Health Transition Fund totalling \$150 million. This fund has been established to support innovation to make Saskatchewan health care system sustainable into the future.

As well, the federal government's input into health care wasn't as much as we had hoped. And they're planning, or have talked about having a national review, and I believe have withheld some money so that that review will take place and that when they put health care dollars back into the system, it will go to health care and not to tax cuts vis-à-vis Ontario.

Of the total \$113 million increase, \$60 million dollar increase in base funding is provided to health districts, which will improve wages and benefits for health workers, for collective agreements; continuous regeneration of the province's four regional care centres; strengthens specialized acute care programs; adds home care funding in response to rising needs for alternatives to hospital and nursing home beds; strengthens community services, including alcohol, drug, and mental health programs.

This is a one-time fund to prepare for and support changes necessary to ensure the future sustainability of health care services. The balance of the fund will be used as a strategic reserve to help create a more sustainable health care system.

Some other initiatives that were announced in the budget, Mr. Deputy Speaker: 21 million in additional funding to cover increased costs in the prescription drug program; over 5 million to continue the Saskatchewan Health Information Network; 8 million for the Canadian Blood Services; and \$1.2 million for new cancer drugs and treatments.

At \$1.978 billion, Health's 2000-2001 budget is the largest amount ever invested by the provincial government in Saskatchewan's health care system. The increase follows an increase of over 11 per cent last year. Funding, in this budget, funding for home care and community-based services is 83 million. This is a 76 per cent increase over '91-92.

Funding for home-based services alone has increased by 146 per cent since '91-92. This has allowed another 9,000 people to receive home care. The average cost of providing home care to one person for one year is about \$2,500.

In 2001, spending for hospitals is 14 per cent higher than in '91-92. This reflects the growing volume and cost of services being provided. For example, the number of MRI scans rose to approximately 9,000 — up 73 per cent. Doctors in Saskatchewan performed some 92,000 surgeries — up 19 per cent over 10 years ago.

Growth in some high demand surgeries has been even higher. Volumes of cataract surgeries more than tripled over the past decade.

Two-thirds of Saskatchewan's Health budget goes to the salary, benefits, and physician payments for Saskatchewan doctors, nurses, and health care providers. In 2000-2001, spending on the drug plan will reach 99 million — up 27 per cent from last year's budget. Rising numbers of prescriptions and the introduction of newer, more expensive drugs are behind the rapidly growing costs.

But the member from Weyburn-Big Muddy indicates that there should be a moratorium on hospital closures. And I just want to indicate what is being done in rural Saskatchewan . . . (inaudible) . . . health care: emergency services, by the purchase in '96-97 of a replacement air ambulance, trained first responders, improved communications through fleet net technology, implementation of other indications, 911 for medical assistance.

Ambulance costs through the senior citizens ambulance assistance program, which limits the costs of road ambulance trips to \$250 for seniors 65 years and older. And the air ambulance program which limits in-province air ambulance trips, with the exception of northern residents, to \$350.

Emergency room coverage in rural areas by compensating physicians providing emergency room coverage and designated sites. Timely transfer of payments . . . pardon me, timely transfer of patients between districts, 24 hours a day, by established . . . an inter-district patient transfer steering committee responsible to develop a province-wide admission discharge system.

Training of emergency workers and assisting districts with emergency preparedness disaster management. There's three in particular, ones that apply specifically to rural Saskatchewan and I'll be covering those. Cancer services by expansion of cancer outreach treatment programs; access to health services through four Telehealth pilot projects; renal dialysis through new and expanded renal satellites. As well, easier access to diagnostic services through a new CT (computerized tomography), a second MRI in Saskatoon, new bone mineral

density testing program, and expansion of surgical services.

Home care services by additional funding, and new initiatives include a home-based assessment tool. Community primary health services by the establishment of the advanced clinical nursing program. It supports the mental health care services through additional funding. And health promotion prevention, community-based rehabilitation due to acquired brain injuries by increasing the number of ABI (acquired brain injury) community coordinators.

As well, the development and implementation of prevention, help, and promotion programs in co-operation with other sectors, including education, the municipalities, and social services. Also contracted with Nikki Gerrard, Dr. Nikki Gerrard, a specialist in farm stress issues to assist Saskatchewan Health, health districts, and our partner organizations to work together on the issue of farm stress.

But again, I wanted to talk a little bit about the three areas that are of particular interest to rural Saskatchewan. First one is the acute care and cancer services. Funding for acute care and cancer services has increased by approximately \$44 million, the benefits which include expansion of cancer outreach treatment programs which enable rural residents to receive treatment and support in or close to their home community. To date 17 districts, 22 communities are now involved in the outreach program.

Four Telehealth pilot projects will improve access to health services. The northern Telehealth network formerly known as the remote consultation and training initiatives is providing rural and remote residents with access to specialists, family physicians, and other health providers located in larger centres. It is providing remote health providers with access to colleagues, special expertise, and continuing education.

(1600)

Sites in P.A. (Prince Albert), North Battleford, Saskatoon, Meadow Lake, La Ronge, Ile-a-la-Crosse, and two northern nursing stations — Beauval and Pinehouse Lake — are linked to this initiative. Representatives of the NTN (Northern Telehealth Network) are working with representatives of the First Nations Telehealth research project to link their planned Telehealth site in Southend with the NTN.

Southwest rural physicians support initiative involves linking physicians from physician clinics in health care facilities in Climax, Eastend, Shaunavon, Leader, and Maple Creek in the Southwest District. This initiative has been encompassed by SHIN (Saskatchewan Health Information Network).

District Internet application has supported the Saskatoon Health District in the creation of a web site that delivers health information and provides information to the public and to health professionals on health and medical services. Saskatoon's web site is www.sdh.sk.ca. A how to get started manual has been shared with other districts and is posted on the web site as well.

The satellite initiative is a real-time video conferring system linking Nipawin and Cumberland House using a communication satellite. All equipment has been installed and training will be completed by March 2000.

New and expanded renal satellites. In June '99, the Pasquia Health District doubled its renal dialysis capacity at the Tisdale Hospital by operating six days per week rather than three days per week. The initial renal services were operational in April '98. The services in the southeast part of the province, located in Yorkton, also adds an additional station and expanded in November to a six day per week operation.

A new satellite in Swift Current will be in operation April 2000, and their staff is being trained in Regina Health District and in the Swift Current Hospital.

New CT, MRI, and other specialized services. Saskatchewan residents and specialists have access to the following diagnostic services.

Some Hon. Members: Hear, hear!

Mr. Addley: — In January, '98, the Prince Albert Health District became the first outside Regina to provide CT services. And that's been expanded.

A second MRI in the Saskatoon Health District started to operate in July to make a total of three MRIs in the province.

Expansion of itinerant, surgical services such as establishment of cataract surgery in a number of districts.

Rural and northern residents further benefit from strengthening service — specialized and . . . (inaudible) . . . services and from an approved ability to recruit and retain physicians throughout the province, including an adequate supply of specialists in the . . . (inaudible) . . . mid-size centres.

Home care services — funding for home care has increased 146 per cent between '91 and '99. Home care clients has increased by 47 per cent. Units of home care service in rural Saskatchewan have increased by 58 per cent. And the caseload of home care has increased to an . . . (inaudible) . . . over this period.

New initiatives in home care include the home-based assessment tool, increased collaboration between housing authorities and health districts in creating housing options, the establishment of a steering committee to assist districts in dealing with clients and behaviour management programs.

So in conclusion, concerning the rural health initiatives . . .

An Hon. Member: — Oh don't conclude yet. We're hanging on your every breath.

Mr. Addley: — Oh there's lots to go.

The Deputy Speaker: — Order, order. Order. Order.

Mr. Addley: — Thank you, Mr. Deputy Speaker. I didn't see you standing there so I'm not sure when you started. So I think I should start at the beginning of my speech. The US health . . .

Some Hon. Members: Hear, hear!

Mr. Addley: — Okay, again. I'll start over at the rural health

initiatives.

In '97-98 the Saskatchewan government provided an incremental 1.7 million for rural health initiatives to encourage innovation, home-based services, emergency services, and illness prevention programs. And we just can't take more good news. Older persons are major beneficiaries of several of those programs.

In addition, during '96 to 2000, the government allocated 5.2 million in one-time expenditures for districts in northern Saskatchewan. A district benefit of this funding — increased, and is improved, access to quality, emergency health services particularly for residents of rural and northern Saskatchewan.

As well, we'll spend \$5 million for senior citizens ambulance assistance program and the air ambulance program.

Other rural initiatives that benefit older persons include expansions of itinerant surgical services such as the establishment of cataract surgery and the expansion of renal dialysis services in Tisdale, Yorkton, Swift Current health districts.

I was just concluding the part on what we've done in rural.

Now to get to the main part of my speech concerning hospital closures. The member from Weyburn-Big Muddy was quite concerned about the hospital closures.

Mr. Deputy Speaker, there's two sides of this House. One side is talking about hospital closures in rural Saskatchewan and one side isn't. Members on this side have never said rural hospitals will close. The future of small rural hospitals is part of a broader discussion on communities, districts. And health care providers are and will be part of this discussion.

The Minister of Health has said that on several occasions in this House. And this government has stood behind that. The Minister of Health will work with districts and communities to make sure that services are available within a reasonable distance and we can have acceptable emergency response times.

Mr. Deputy Speaker, I was born and raised in rural Saskatchewan, six hours from this place, over 600 kilometres from where I'm standing. In the hospital that I was born in, there was 350 people in that community. And when I heard that that hospital was closing in the '90s, I was very concerned. I thought, they're closing my hospital, my hospital that I was born in.

Well I did a little bit of research, Mr. Deputy Speaker, and the hospital wasn't closed. It was converted to a health centre. It was basically the funding for that health centre was a reflection on how the people in that community were using that.

I come from rural Saskatchewan. I know that if I need an emergency need, I'll go to the hospital, to the health centre, and get looked after. But if I have a planned surgery that I know . . . Half of my life I've lived in Saskatchewan, half of my life. More than half of my life I've lived in rural Saskatchewan. Born and raised, Mr. Deputy Speaker.

So anyway, what I was saying concerning the health care system or the hospital in my hometown. The concern was, as people on that side of the House know, if there's a planned surgery or a planned purchase that you want specialization, you don't get it done in your local community. You want the very best person doing the most on that area so that you have the best chance of survival.

For example, I was reading recently that if you want to ensure the best kind of health care services, you pick a place, you pick a physician, you pick a surgeon that has experience in that. You don't want someone that basically is doing that surgery once or twice a year on an emergent basis. You want to get the specialized care.

Even babies being delivered, and when I was born in that hospital that's where people went for getting their babies . . . for having babies being born. And I know it's news to some members on that side but there really wasn't a stork that brought them; it was actually another matter altogether. We can talk about that later.

So what I'm saying, the part I'm getting at is that we have to reflect what the rural hospital is servicing and ensure that's an integral part of the health care system. But we don't need, we don't need bricks and mortar, the 1980s Devine tactic of building the hospitals all over things. The usual thing of: if it moves, subsidize it; if it doesn't, pave it; well if they don't want it, build a hospital. That's Grant Devine's style.

Question: will there be hospitals closed in rural Saskatchewan? As I've talked . . . as I spoke, hospitals weren't closed — they were converted and there's a huge difference. We need to ensure that limited resources are going to where they are most needed, to where people are going for care.

As I indicated, if you needed your appendix out and it was an emergency basis, the local doctor can do that in the community. But if it's a planned event, you're not going to get it done in your town of 350. You're going to want to go to where they're being done on a daily, weekly basis continually. And the member knows that on the opposite side.

Saskatchewan's acute care system has experienced significant restructuring in the last seven years. Fifty-one small hospitals were converted to health care systems and that's a recognition of what the service was being provided.

Well all right, I'd like to move along a little bit to the Alberta style, the American style of health care which is the kind of style that the members opposite want to talk about. During my speech quite a while ago, I was talking about — and I failed to introduce this — it was early in April and it was about the two-tier health care plan that many people in Alberta believe that we already have.

It indicates an individual who had difficulty fully opening her jaw. And she was recently told she needed a magnetic . . . an MRI, magnetic resonance imaging scan. She called the clinic only to find that the waiting list for the publicly-funded MRI was nine months, but that she could be seen the following day if she wanted to pay the \$600 fee herself. That's the American style, the UK (United Kingdom) style, and that's the Sask Party

style of health care.

And that's what the members opposite are talking about. This necessary procedure that's not covered, or if there was a waiting list, has left them convinced there's already a two-tiered health care system in Alberta. They're also convinced the system will only get worse under the government's private clinic plan. That's from *The Globe and Mail*, Monday, April 3.

One of the most controversial efforts recently involves Alberta's Bill 11. This legislation is designed to regulate the activities of private companies that wish to deliver hospital and other treatment services in Alberta. And the members opposite say that well it's the same plan, it's the same legislation that Saskatchewan has. There's a huge difference, Mr. Deputy Speaker.

Saskatchewan legislation that was passed a few years ago has been defended . . . was to defend publicly funded, a single-payer, public-administered system. And all the speeches surrounded by the then minister of Health and by the Premier indicated, and in their speeches said, that this is a way to protect a single-payer, public-administered system.

The Alberta legislation is aimed at encouraging the establishment of for-profit health organizations. And as I spoke briefly earlier on, on the American style when they introduced profit, one-third of children have inadequate health insurance. That's what happens when you bring in profit in the health system.

Our goal in Saskatchewan was to protect and preserve the public aspect of our system by explicitly preventing a parallel for-profit, private system from emerging. Throughout Saskatchewan there's a deeply held belief that access to health services must be based on the need, not the ability, to pay.

The problem with for-profit hospitals and health cares is they're run to make a profit. It's basic; it's very simple — period — they want to make money. The goal is to make money; it's not to provide health care. You have to provide health care because that's the service that the customers want. But they have to make money — there's a profit area that they need to make.

You either decrease the level of service, you cut back on what's provided, or else you increase the cost, but basically the profit margin's there.

Improving population health as well as the efficiency of health care delivery may turn out to be profitable. We must continue to build a publicly funded and publicly administered health system whose primary mandate is to improve the health of the entire population.

(1615)

While the current system works very well for the majority of Canadians, they nonetheless feel anxious about medicare today. In fact there's been surveys said that when individuals . . . they're concerned about health care; they believe there's a crisis. However, when anyone's had any kind of contact with the health care system, they rate it very, very high. In fact in Alberta they rate it 85 per cent as good or very good. In

Saskatchewan it's approaching 90 per cent.

So why are Canadians, the majority of Canadians feeling anxious about medicare today and the future of medicare? Because they are in the midst of making some critical choices about the future of our health care system.

As was previously said, there's three choices available to Canadians in the health care area. The first is the US style which I've outlined a little bit. Insurance must be purchased directly by individuals or indirectly through employment plans. The system leaves about 40 million people uninsured and another 50 million people underinsured — over one-third of the total population, Mr. Deputy Speaker.

Again, administrative costs are among the highest, helping to make American health care costs as a per cent of GDP (gross domestic product) the largest in the world.

As I've also said, the American system is the most costly of the OECD countries . . . They usually wait before I finish the speech before they ask me to confirm something. Maybe this is getting long.

The American system is the most costly of OECD countries, yet major health indicator comparisons show that the overall health of Americans in some categories is among the poorest in OECD countries, ranking 21st in the infant mortality and 17th in male life expectancy at birth.

A second choice is a private system that runs parallel to the public system. I believe this is the system that the Sask Party is advocating, having both a public system as well as a private for-profit system.

And if the member from Saltcoats would listen, he would understand why this is a concern.

A second choice, the two-tier model in operation in the UK . . . Two-tier means that individuals with the financial ability can access services privately, but everyone else accesses publicly.

We do not eliminate waiting lists in a system where a surgeon can work in a public plan in the morning and the private system in the afternoon. The members opposite need to understand that.

And the reason for that is the incentive of those same surgeons to allow public waiting lists to grow, thereby encouraging patients to move to the private system.

Mr. Deputy Speaker, I have a quote here, as Professor Raisa Deber of the University of Toronto observed recently, quote — and if the members opposite would listen up this would indicate why they should not go down the road of a two-tier system — quote:

A viable private tier depends on the erosion of the publicly funded system to create a market for privately funded (health) care. Unless medicare is (adequately — pardon me) inadequate or perceived to be inadequate, there would be no reason for the consumers to pay extra for care.

Two tier also encourages citizens who have opted into the

private system to revolt against continuing to pay taxes to support a public system.

For all these reasons, the third option, which is the preferred option, which is the option that Tommy Douglas envisioned early on, is that of the single-payer public administrated system.

There are some challenges facing Canadian health care, but we are not in crisis. We are indeed needing some important changes.

Mr. Speaker, I've gone on about the health care system that needs to be done in Saskatchewan. And that is the emphasis on improved health by taking actions on deterrents, health and socio-economic activities, physical environment, biology, genetic endowment, etc.

And I could go on and on, but I'd like to conclude with a couple of quotes, Mr. Deputy Speaker. One is by Woodrow Lloyd, in his speech October 20, 1961 during the second reading of The Saskatchewan Medical Care Insurance Act. And this is a quote:

Mr. Speaker, it is obvious of course to everybody that a Bill of this kind with the programs such as envisioned is one that doesn't just happen. It is in fact a part of the inevitable and inexorable development of the public conscience. It is a kind of activity which is rooted in the legitimate hopes and aspirations of great numbers of people that essential services will be fully and adequately available to all people. It is of course . . . too, that developments of this kind have never come about without varying degrees of opposition.

It is obvious too, Mr. Speaker, that in a Bill of this kind in a program such as is contemplated here, governments and legislatures and people of today are the beneficiaries of the actions of governments, legislators, and people of other days. It seems fitting that we should, at a point when such a decisive further step is being taken, pay a tribute to all those people in organizations who over a great many years in the province have done the things that make possible this further step towards the great maturity today.

In fact the development of these services, Mr. Speaker, is a measure of the extent of public responsibility. This in turn is a measure of the extent of sensitivity which have developed to the rights and to the needs of others.

I sincerely submit that the extent of our sensitivity to the rights and needs of others is a very excellent measurement of the maturity of the social society in which we live.

Some Hon. Members: Hear, hear!

Mr. Addley: — And in final conclusion, Mr. Speaker, I would like to end this speech with a final quote about our illustrious Premier today.

The Acting Speaker (Mr. Prebble): — Order. Members of the Assembly, I'm having difficulty hearing the member for Saskatoon Sutherland. And I think there is too much interruption coming from both sides of the House. And I just want to encourage all members to give the . . . Order, order. I

would . . . Order. I'd like to urge all members to give the member for Saskatoon Sutherland the opportunity to make himself heard in the Assembly.

Mr. Addley: — Thank you, Mr. Deputy Speaker. That was just my introduction, but as the hour is getting late I'll wrap up within the next 90 seconds with a quote from our illustrious Premier today. And I quote:

This discussion also requires the participation of the general public in a profound way, not only because of the impact of health care policy on all of us but because medicare has become such an important part of our Canadian identity during the last 40 years. It has become the key symbol for our self-definition as a compassionate and caring society. It is one of the most important touchstones of our citizenship — all governments in this country, federal and provincial, to exercise the leadership that our citizens have a right to expect of them.

And in final conclusion, Mr. Deputy Speaker, this dialogue should not be a lengthy or costly process. We know basically what we want as Canadians. We know from previous studies the things we need to change to make medicare even more effective for the 21st century. Let's get on with the task — the country is waiting.

I'm very pleased to second the amendment and vote opposed to the motion put forward by the member from Weyburn-Big Muddy. Thank you.

Some Hon. Members: Hear, hear!

Ms. Julé: — Thank you, Mr. Deputy Chair. Mr. Deputy Chair, I unequivocally do not support the amendment put forward by that member. The motion's amendment, as it reads, says:

urges the provincial government to examine district proposals for hospital or health centre conversion to ensure that adequate services are maintained and that communities have a chance to provide input into plans.

Well the fact of the matter, Mr. Deputy Speaker, is that this very amendment infers very clearly that the NDP government has full intentions of conversion of hospitals into health centres or certainly to downgrade services in existing hospitals. How could one possibly want to support this kind of amendment? It's an admission of what they're going to do here.

Some Hon. Members: Hear, hear!

Ms. Julé: — Mr. Deputy Speaker, I am more than pleased though to support the motion put forward by the member from Weyburn-Big Muddy that would put a moratorium on any further hospital or health centre closures, at least until the government's promised comprehensive review of health care in Saskatchewan is completed.

Mr. Deputy Speaker, there is no more room in this promise for any more movement, for any more action or inaction or lack of action by the NDP government. Lack of meaningful action is what I'm talking about, Mr. Deputy Speaker.

In as far as them even touching our health care system, they have been a dismal failure. There has been destruction and there has been bleeding of health care system under this government. They have bludgeoned the health care system completely to death.

Some Hon. Members: Hear, hear!

Ms. Julé: — Mr. Deputy Speaker, there isn't a person in this province that trusts this government in any way or form any more. And certainly not with their precious health care system.

Mr. Deputy Speaker, way back in 1993 there were reports by the media that were telling the people of this province exactly what this NDP government was doing to their health care system. And those reports did very clearly make people aware of what they could expect.

I want to read an excerpt from an April 2, 1993 press release that was put forward by Mr. Randy Burton of *The StarPhoenix*. He said — listen to this, this is what is happening in Saskatchewan, this is how people are feeling.

A tide of fear and resentment is growing (across the) against the provincial government's plans for rural health care and the future of small town hospitals.

People have responded to that kind of an article that they've seen in the paper by phoning their MLAs, by calling into the Health minister. They have seen clearly what is happening. And they did see what happened — 53 hospitals closed without any rhyme or reason.

In the last few years, Mr. Deputy Speaker, in my constituency we have seen the Cudworth hospital close. Now that hospital closed in spite of a very reasonable, common sense, financially sound proposal put forward by the people in that district to keep that hospital open. A proposal that would have seen the district and the government save money. But no, the government had to send their hacks in there and ensure that that hospital was closed down.

What did the people find after the conversion to a health centre happened? They found that they were now in deeper debt than they could have ever expected.

So, no don't listen to the people — the people that have put forward a financially responsible proposal to keep their hospital open, to keep their nursing home open — but instead have government come in and determine what it is that they think should happen in this province.

Mr. Deputy Speaker, they think they know what's best, but they don't know what's best. The people out in the health districts know what's best for their particular areas.

Mr. Deputy Speaker, we have had a continual destruction of every aspect of our health care. This government said that we were going to have a wellness model, that it was going to be based on prevention and intervention as a way to ensure that health costs were brought down and that people would remain healthier. We have found anything but.

People in the prevention area have been coming to us and saying, here is some very good ideas for prevention, but the government is not funding this. We have heard that home care is going to be cutting costs. It's going to be able to enable people to be able to stay at home and get the services they need. And now what do we have? Home care services are being cut. The number of days that people are getting home care services, the number of hours are being cut.

(1630)

Elderly people are placed in their homes with just about no consideration for the continuum of care that they need. They are scrambling out there, in rural Saskatchewan especially, Mr. Deputy Speaker, to be able to find the kind of care that they need. Many, many family members are more than concerned about their seniors that are staying alone in their homes, and now we see housekeeping services being cut throughout the province. There is no more ability for people that are seniors trying to live together in their own home to even be able to access care for housekeeping services.

So, Mr. Deputy Speaker, this government has not only instituted a wellness model where they have had no decent plan in place, but now the government is interfering in the business of health districts, constantly interfering. The government has no business doing that. No one is asking for that.

The health districts have asked for autonomy. They've asked to be trusted, to be respected in their decision making. And they certainly do not appreciate having government send in their members from the Department of Health to end up telling people what they can do.

And one way that we all know that the government has succeeded in having their way which is basically to centralize — that's what they want in the end — is to cut funding, Mr. Deputy Speaker, to cut funding for acute care first of all. Then to say that they're giving more home care funding, but no, there's not a heck of a lot more home care funding.

What they have done also with long-term care is a shame; it's an absolute shame. We have seniors in our province who have become accustomed to being able to be able to get into a seniors' home, to be able to have the care that they need. And now these people are being told to get into private care homes, to pay their own, completely on their own, for all of the kind of services they need.

And so we have members opposite telling us that there is no private, privatized system. What do you call that, Mr. Deputy Speaker? What do the members opposite call that? If that is not privatization, I'd like to know what is?

Mr. Deputy Speaker, we have people throughout the province also who are concerned about emergency services. This government said we will be able to just cut back some services in your health districts, you may have to go hundreds of miles for acute care but we will have ambulances in place to take you.

What do we find in rural Saskatchewan? Well here's what we find every day. Members on this side of the House stand up and they raise petitions on behalf of citizens in our area talking

about the need for proper and reliable cellular service. We don't have adequate tower systems in rural Saskatchewan. There is no way that emergency measures people can possibly get a message across.

So where is the promise that the NDP has made to ensure that there would be adequate services for emergency care? On top of that we have a highway system where the ambulance drivers are just completely exasperated with the ratty roads that are causing their patients more distress, that slow down ambulances as they make their way to a hospital 100 kilometres away.

This government, Mr. Deputy Speaker, has completely failed the people of this province. It has completely failed health care. It has completely failed in every way and form. Mr. Deputy Speaker, we need not even debate this issue too much further.

The Associate Minister of Health has mentioned and is on record for saying that we will no longer see hospitals as they are now. She has also mentioned that there was going to be a closure of some hospitals in this province. Even though she retracted those words after the media got a hold of her, the fact is she did make those statements and we are going to most likely see more hospital closures.

What I would ask the Minister of Health is, please honour and please respect the districts as they put forward their budget proposals. If in fact they have seen ways that they could have the money at hand, if they've been managing well, then please allow those proposals to come through so that those services that people need in their district that will be specific to the needs of that district are able to come forward and . . . (inaudible) . . . that still have some health services in the province, and comprehensive health services will be able to in fact continue with that, that . . . that that they have determined is necessary for them.

Thank you very much, Mr. Deputy Speaker.

Some Hon. Members: Hear, hear!

Mr. Hart: — Thank you, Mr. Deputy Speaker. It is . . . Indeed I welcome this opportunity to discuss this issue. It is a very important issue, and particularly in my constituency there are a number of health centres and health service centres that are facing a somewhat uncertain future. And I won't go and reiterate on many of the comments that many of my colleagues have said about the larger picture or the provincial picture.

I will simply . . . I will say that the plans that this government put in place back in 1993 that were supposed to cure all the problems we had with health care certainly aren't bearing fruit. In fact they are . . . We have more problems today than we had back then when the so-called reform was supposed to provide more efficient and more effective and better health care services to our residents.

Some of the . . . Two of the communities in my constituency that are really wondering what the future of health care service in their communities are, are Cupar and Wynyard. We suspect — we don't know because of the gag order placed on health district boards. The people are wondering what is going to happen in the case of Cupar to the wellness centre, and in the

case of Wynyard to their hospital. They would like to have input if there are changes coming down the road and they have no . . . there is no mechanism or no vehicle for them to have input into these changes. And they are very concerned, and rightly so, Mr. Deputy Speaker.

I thought I might just give a brief history of health services in these two communities so that all members and the public can better understand the reason for the concerns that residents of these two communities have.

In the case of Cupar, the hospital in Cupar, a 12-bed acute care hospital, was closed as part of the 1993 round of hospital closures that this government put in place at that time. The people of the community and area reluctantly, I would say, accepted the closure of that hospital.

They felt that if indeed this plan was a plan for better and more effective health care and more affordable health care, that they would reluctantly do their part. And so they reluctantly accepted the closure of the hospital, particularly when the government gave the residents of the community assurances that there would always be health care services in the community.

They said okay, we'll trade that off because we have hospitals in Regina; there are hospitals in Fort Qu'Appelle. We realize that it's certainly not near as convenient if our children are sick that they would have to go to Regina or Fort Qu'Appelle, but we will do our part for the overall good of all residents of the province, for the long-term betterment of health services throughout the whole province.

But since the closure of the hospital, the building has been operated as a wellness centre. And at the time of the closure the residents of the community were told that not only would we have physician services and some lab services, but there would be services from numerous health care providers and there would be a number of programs brought to the community that would be preventative in nature and would help to prevent illness and therefore make health care more efficient. And we have seen this take place to a very limited nature.

There is on a sporadic basis services — foot care services and chiropractic services — nothing of any particular longevity that people can plan for. So people have gone to other centres to receive their health care on a more scheduled basis, and that sort of thing.

But, nonetheless, we still have to this point in time some health care services in the community in the building that was formerly the hospital — as I mentioned — a 12-bed hospital. A fairly large building that is now being used for limited health care services which many people had to question at the time.

They said, well okay, it'll make sense if we have some additional services in the building to use this large building. But if those additional services aren't coming, just the mere cost of maintaining the building, heating the building . . . there's a caretaker employed to look after this large building and those sorts of things. They could see that if the building was . . . if the services weren't going to be provided that they were told would be there, then perhaps we could look at somewhat of a scaling

down of the physical facility. But that didn't happen.

Back in 1995 there was an offer from an individual to purchase the building to turn it into a level 1 and level 2 private care home. It was envisioned at that time that that facility would then be fully utilized. It would provide some very necessary services to the community, and it would also . . . a portion of the building would be used to house a clinic and thereby make efficient use of the building and the space.

But what did this government do? When that proposal was put to them, they said no, we're not selling the building. We're going to maintain it under and operate it under the present circumstances. Well what do we find today? Now we hear from the Regina Health District that it's far too expensive to operate that building for the services that are being provided.

So we had an opportunity to make good, efficient use of the building, as I'd indicated, provide services, provide additional jobs, and what, as I said, what did the government say? No. They had no vision. They had no plan. It seemed like they were operating from one crisis to the next and here we arrive at a situation where we hear today that there is some very good indications that we may in fact lose all health services in our community.

This stems from the Boyd report that was tabled earlier this winter, where in his report Mr. Boyd stated that the Regina Health District should take a serious look at the services being provided in the community of Cupar and in the community of Imperial.

Now since that time we have seen resignations from the Regina Health District, the members saying that we cannot go along with some of the plans that the district would be bringing forward. Other members have run for cover. They don't want to talk to the public because they've been told that if they do talk to the public, there would be some very serious ramifications coming from that.

So what's happened is that the community is in limbo. They are waiting for this decree from on high to determine what type of services that there will be in the community. And this is in a community that we have one other health care facility — if you call a long-term care home a health care facility. It doesn't provide, as we all know, any doctor services to other members . . . other than the residents of the community. And the fear is in the community that if we lose physician services that's just the first brick in the dismantling of our long-term care home.

And this is a care home that was worked . . . that many members of the community and surrounding communities and RMs worked long and hard to secure for our area so that our seniors would have a place to go in the twilight of their years, so that they could be treated with dignity, so they'd be close to their families. And as I said, there's many people throughout the area worked long and hard, donated tirelessly from as far as volunteer hours, cash, and those sorts of things.

And when this whole health care restructuring took place, I must give them, the members of the board at that time, credit; they didn't trust this government. And so therefore they said we will only associate with the Regina Health District . . . we will

not become . . . we will not put our facility as part of the Regina Health Care District. And, Mr. Deputy Speaker, in retrospect that was a very wise move.

(1645)

This long-term care home or Shalom as it is known in the area is often held up by members in the . . . by officials in the health care field as a shining example of how a long-term care home should be run. It is efficient. It looks after its clients and its residents with the utmost of care. And we've had many instances where people of the area had parents in other care homes and brought them to this particular home and have been amazed at the improvement in their condition.

And it would be an absolute shame and a disaster if that home some time down the road because of lack of physician services in the community were to be closed. And this is the real fear of the community — not only losing physician services, but eventually losing perhaps their long-term care home.

And this certainly is not acceptable, and the residents will certainly do everything within their power to make sure that that does not happen.

Now, Mr. Deputy Speaker, I would like to turn to the community of Wynyard, another town in my constituency who is these days very worried about the health services in their area. Wynyard happens to be in the Living Sky Health District. And we have heard on numerous occasions in the Assembly the problems of the Living Sky Health District.

We are hearing via the grapevine — I guess is probably the best way to put it — that there is a possibility of the hospital in Wynyard being closed. And now if you . . . Let's look at what that would mean to the town of Wynyard.

Wynyard is a town located on the Yellowhead highway. It's a town of about 2,000 or more people. It's got a number of thriving businesses. It's got a . . . It's a town with a future, Mr. Deputy Speaker. And for it not to have acute care services would be a retrogressive step. It would be a disaster. It would be a step backward. It would be a slap in the face to that whole area of the province. And it is something that is . . . I can't . . . I guess I can't express the importance of or how important it would be . . . it is to have an acute care facility in that area.

So I might mention at this time, Mr. Deputy Speaker, that there was quite often . . . Some other things that are happening in the town of Wynyard is a number of years ago the residents of the community realized that there was a need for a new long-term care facility in their community. They had one but it was built many years ago. It was in need of major repair. It didn't meet a lot of the codes that are now in place.

So there was a number of towns and municipalities banded together, they made a presentation to the Department of Health, and about a year or two ago they got the approval for a new long-term care facility which is now . . . construction started during the winter. And that long-term care facility is being built as an addition to the hospital. So what that meant, Mr. Deputy Speaker, is that there were some fairly major renovations needed to the admittance area, the emergency entrance, and

those sorts of things, to the hospital.

And so, Mr. Deputy Speaker, at one time . . . or in the very near future the Living Sky Health District and the people of the area decided that they would go for this long-term care facility in conjunction with the hospital, and now what are we hearing from that same health district? That they may close the hospital.

It seems to me this is a typical case of one left hand not knowing what the other left hand is doing, Mr. Deputy Speaker. It shows the disarray that this government's health policy is in, and it certainly does not show any forward planning, Mr. Deputy Speaker.

So with that, Mr. Deputy Speaker, I would say that I would be voting against the amendment but voting for the original motion. Thank you, Mr. Deputy Speaker.

Some Hon. Members: Hear, hear!

Mr. Thomson: — Thank you, Mr. Deputy Speaker. I tell you, it's a tough set of acts to follow today. These are some very passionate and thoughtful speeches, and it is a real pleasure to follow the members on this side who have spoken in defence of medicare today.

Really that is what we're talking about today, is the defence of medicare. We're talking very specifically about its future. And I found it distressing to listen to the mover of the original motion say that medicare itself is not important — not important. I think we were all quite surprised to hear these words come forth.

Because in fact medicare is important. It's relevant. And it is something that we must, as a Saskatchewan Assembly of legislators, concern ourselves with. Not how to dismantle it. Not how to split it up into organizations and ship it off and sell it off. We're not talking about how to sell shares in it.

What we have to talk about is how do we build back confidence. How do we build back a system that people turn to and they say that that's exactly what they believe in. Because they certainly don't believe in what the members opposite are putting forward.

Some Hon. Members: Hear, hear!

Mr. Thomson: — What the members opposite advocate, the cure they advocate is worse than the illness. Much, much worse.

But what concerns me, Mr. Deputy Speaker, is the parochial nature of this debate. What we are listening to is a debate saying, my constituency doesn't have this; my district doesn't have that.

This is not a what can you do for me strategy. That is not what medicare was ever about. Medicare was what can we do for others?

The Acting Speaker (Mr. Prebble): — Order, order. Members of the Assembly, the noise level in the Assembly is just making it very difficult for the member for Regina South to be heard by the Assembly. I'd ask all members to respect the rights of the

member for Regina South to put forward his views.

Mr. Thomson: — Thank you very much, Mr. Deputy Speaker. What I was saying is that we need to move this debate beyond its parochial nature.

We can't simply sit here and talk about, what are we doing for my constituency or for my community. And we are long past this idea that there has to be a centre, a health care centre in every town. It never was designed that way. And I think it's time that we take into account where medicare is at, where medicine is at, and what the province's resources are.

I look at my own city of Regina. We have very good health care here. But we are part of a community of a million people. We need to make sure that the people who live in Shellbrook, Saskatchewan have health care — that they understand their next level of care is in Prince Albert; that the next level of care is in Saskatoon.

Frankly we need to do that as well. We can't simply look at everything and say, just because Royal University has it, Regina General has to have it too.

Saskatchewan has a million people living in it — a million people. And we need to make sure that we provide the services for that million people fairly. That doesn't mean that we're going to have every hospital with an MRI in it. It doesn't mean we're going to have a bone density machine in every major centre.

What it means is that we are going to have the best health care in Canada here in Saskatchewan, and every Saskatchewan people will be able to enjoy it.

Some Hon. Members: Hear, hear!

Mr. Thomson: — That's what medicare was all about. I appreciated the comments from my colleague from Saskatoon Sutherland who gave a very thoughtful dissertation on how medicare had started. And I think that it's important we look back to that and understand that that is where we came from.

We have to make sure that we remain our brother's keeper. We have to make sure that we continue to provide services, not just for those of us who can afford it but for everybody who needs it. That's what the CCF-NDP (Co-operative Commonwealth Federation-New Democratic Party) and what the federal Liberals believed in and what today our coalition government continues to fight for.

This is not about for-profit medicine. This is not about I can afford it, I get to jump to the front of the line. This is not about what are you doing for my town? This is about how do we make sure medicare, the principles of medicare, and everyone receives the medical care that they deserve.

Mr. Speaker, I know that the time is running on, but I do want to address very specifically the comments made by the member for Weyburn. In particular the comments . . . and I'm reading here from the *Weyburn Review*, Weyburn, Saskatchewan, October 20, 1999. The headline says, and I quote: "MLA Bakken given critic duties in shadow cabinet." The duties they

refer to of course is her duties in her role as deputy Health critic.

I'm going to adjourn debate after this but I want to really give the last word, the last word to the member for Weyburn. Because I think that she sums it up in this very, very clearly — the difference between what our two parties believe in.

And she says, and I quote, I quote:

Why are we not looking at having privatized care in Saskatchewan?

Why are we not looking at having privatized care in Saskatchewan?

Mr. Speaker, I can tell you that we could come back here tonight at 7 o'clock and I could spend from 7 until 11 o'clock giving her the reasons. But I say that what she should do tonight is go home to her constituency and ask them why they don't want privatized care, because her constituents will tell her.

Why are we not looking at having privatized care in Saskatchewan? That's what the member for Weyburn believes; that's what the members of the Saskatchewan Party believe. That's not what the members on this side believe. That's not what the people of Saskatchewan believe. And those words will be a political epitaph for that party and that member.

And with that I move that we adjourn this debate.

Some Hon. Members: Hear, hear!

Debate adjourned.

The Assembly adjourned at 4:56 p.m.