

The Assembly met at 13:30.

Prayers

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Mr. Kwiatkowski: — Thank you, Mr. Speaker. Mr. Speaker, I rise to present a dozen or more petitions on behalf of citizens of Hudson Bay and surrounding area who are concerned about the lack of long-term care beds in the community of Hudson Bay. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to make the necessary changes that would allow for an expansion of at least five long-term care beds in the community of Hudson Bay to meet the needs of the citizens of Hudson Bay and the surrounding area.

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

And these petitions are all signed by citizens of Hudson Bay.

I so present.

Mr. Heppner: — Thank you, Mr. Speaker. I have some nine, ten pages of names from across the province, including out of province, up to Calgary. This petition was originated in the community of Hague and then covered the surrounding area and most of the towns in that particular area. And it is prefaced on a plebiscite that happened earlier on in Saskatchewan and I would like to read the prayer.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to commence immediate action to ensure that, in future, abortions are not to be considered a medically necessary procedure and therefore are to be removed from those procedures that are paid through the public purse.

On behalf of those citizens, I so present, Mr. Speaker.

Mr. Brkich: — Mr. Speaker, I have a petition here from constituents concerned about Saskatchewan Crop Insurance and what they've been doing.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary steps to have Saskatchewan Crop Insurance reassess the grasshopper spray penalty assessed to farmers in 2002; and further, that the government review the definition of viable farming practices as outlined in present Saskatchewan Crop Insurance policy.

As in duty bound, your petitioners will ever pray.

Signed by citizens from Davidson, Kenaston, Lloydminster, and Bladworth.

I so present.

Ms. Bakken: — Thank you, Mr. Speaker. I rise today to present more petitions from citizens who are concerned with the Kyoto accord. And the prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the provincial government to take the necessary actions to protect our province's economy by working to halt the federal government's intent to sign on to the Kyoto accord in its current form.

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

And the petitions are signed by residents of Weyburn, Halbrite, Lang, Arcola, Ceylon, Pangman, Big Beaver, Coronach, and more from Weyburn.

I so present.

Mr. Wall: — Thank you, Mr. Speaker. Well the petitions keep coming in for a new hospital for southwest Saskatchewan. The prayer of these petitioners today reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the provincial government to commit its share of funding for a new regional hospital in Swift Current.

Mr. Speaker, the petitioners today are from the southwest Saskatchewan communities of Abbey, Success, Admiral, McMahon, Cadillac, Val Marie, and the city of Swift Current.

I so present.

Mr. Huyghebaert: — Thank you, Mr. Speaker. Mr. Speaker, today I have a petition from rural residents who are very much concerned about the crop insurance premium hikes and coverage reductions. And the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the provincial government to halt its plan to take money out of the crop insurance program and hike farmers' crop insurance premium rates while reducing coverage in order to pay off the provincial government's debt to the federal government.

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

And, Mr. Speaker, this petition comes from the good folks at Kincaid and Aneroid.

I so present.

Mr. Weekes: — Thank you, Mr. Speaker. I continue to receive petitions from citizens concerned about the Kyoto accord. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the provincial government to take the necessary actions to protect our province's economy by working to halt the federal

government's intent to sign on to the Kyoto accord in its current form.

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

Signed by the citizens of Landis and Biggar.

Mr. Hart: — Thank you, Mr. Speaker. Mr. Speaker, I have a petition to present on behalf of constituents. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary action to ensure the best possible health care coverage for the communities of Govan, Duval, Strasbourg, and Bulyea by placing those communities in the Regina Regional Health Authority as opposed to the Saskatoon Regional Health Authority.

Signatures to this petition, Mr. Speaker, come from the communities of Bulyea, Strasbourg, and Glen Harbour.

I so present.

READING AND RECEIVING PETITIONS

Deputy Clerk: — According to order the following petitions have been reviewed and are hereby read and received as addendums to previously tabled petitions being sessional paper nos. 18, 32, 165, 169, 437, and 438.

INTRODUCTION OF GUESTS

The Speaker: — Members of the Assembly, today it's my pleasure to introduce, seated in the Speaker's gallery, Michele Howland, who has been working with us for several years.

Michele Howland, director of reference services at the library, has announced her retirement from library work effective December 17, 2002, after nearly 14 years of service with the Legislative Assembly. Michele first joined the library in December 1983 as a sessional cataloguer. Michele also worked for the Legislative Assembly Office as *Hansard* indexer from 1985 to 1988.

She returned to the Legislative Library in 1993 as acting members' services librarian. Since 1995, she has directed reference services for the library. It is Michele and her staff who respond so quickly and accurately to members' request for information, often under very short deadlines. Her team and her colleagues will miss her special contribution to the library service, as will, I'm sure, the members.

With her today also seated, her mother, Ruby Steele, and her husband, Gary.

Members, I ask you to join me in wishing Michele well as she returns to her family farm.

Hon. Members: Hear, hear!

Mr. Kwiatkowski: — Thank you, Mr. Speaker. Mr. Speaker, it's my pleasure to introduce to you and through you to all

members of the Assembly Sandra and David Pratt of Love, Saskatchewan. Sandra and David are seated in your gallery and will be here to observe the proceedings this afternoon, Mr. Speaker.

Sandra is here today as part of a delegation from SARC, the Saskatchewan Association of Rehabilitation Centres. She has been on that board of directors for five years and on the board of directors of her local organization, Handi-Works in Nipawin, for 10 years. David Pratt spent 35 years, Mr. Speaker, as a veterinarian in Nipawin.

I would ask Sandra and David to stand so that everyone can welcome them today.

Hon. Members: Hear, hear!

Mr. Van Mulligen: — Thank you, Mr. Speaker. I should like to draw your attention and that of the members to a group that are seated in your gallery. This is a group of grade 12 students from Balfour Collegiate and they're accompanied here today by their teacher, Karen Jackson.

Ms. Jackson always makes sure that her students come to the Legislative Assembly to view the proceedings and get an opportunity to put questions to their MLA (Member of the Legislative Assembly). I appreciate this and I know that members also appreciate that kind of attention. So I would ask all the members to join with me in extending a warm welcome to these students and to Ms. Jackson.

Hon. Members: Hear, hear!

Mr. Brkich: — Thank you, Mr. Speaker. I'd like to introduce a person seated in your gallery, Mr. Larry Spencer, the MP (Member of Parliament) for Regina Qu'Appelle. I'd like to welcome him here today — or Regina Lumsden; I'm sorry; I got the provincial and the federal mixed up. I'd like to welcome you here today, as all members will.

Hon. Members: Hear, hear!

STATEMENTS BY MEMBERS

Remarks by David Ahenakew

Mr. Hermanson: — Thank you, Mr. Speaker. I cannot find words to adequately describe how appalled and sickened I was when I first heard the vile, racist remarks made over the weekend by David Ahenakew.

By now I think everyone in Saskatchewan and probably everyone in Canada has heard Mr. Ahenakew's remarks regarding the slaughter of millions of innocent people. They are not worthy of repeating in this Assembly. What this Assembly must do, however, is send a clear message that Saskatchewan people condemn all forms of racism, Mr. Ahenakew's disgusting views in particular.

Immediately following question period I will call for an emergency debate calling for David Ahenakew to be removed as an officer of any organization which has a financial relationship with the Government of Saskatchewan, including

the Federation of Saskatchewan Indian Nations and the Saskatchewan Indian Federated College.

This motion will also call on the Government of Canada to remove Mr. Ahenakew as a Member of the Order of Canada. Canada is a nation of tolerance. It is absolutely unthinkable that a person who holds such disgusting racist views should hold our nation's highest honour. It is a particular affront to two groups of Canadians: those who survived the Holocaust and those who fought and died defending the world from the tyranny and genocide of Adolf Hitler.

This Assembly must send a strong message against Mr. Ahenakew. I urge all members of this Assembly to support the motion.

Some Hon. Members: Hear, hear!

Canadian Wheat Board Elections

Mr. Forbes: — I rise in the House today, Mr. Speaker, to make a statement on the results of the Canadian Wheat Board elections to the board of directors that was announced yesterday.

It has been long . . . it's been long this government and party's position that producers themselves must determine the role and type of marketing agency that they wish to have. The election results reconfirms the producers' support for the continuation of single-desk selling. Four of the five directors elected yesterday ran on the platform that they strongly supported the continuation of the Canadian Wheat Board monopoly for the sale of Prairie wheat and exported barley.

The results of the election should not come as a surprise to most. Independent studies have shown an annual benefit for producers in the Canadian Wheat Board as a single-desk seller to be in the hundreds of millions of dollars annually.

Foreign customers have demonstrated their continued willingness to pay a significant premium for consistent high-quality product, something that Prairie producers and their selling agency, the Canadian Wheat Board, is renowned for around the world.

Of the 10 elected board members, eight are strong supporters of single-desk selling. The elected Canadian Wheat Board directors are accountable to producers and are responsible for implementing the changes to the board in response to producers' concerns.

I would like to note, Mr. Speaker, that the Sask Party opposite does not support the Canadian Wheat Board and is actively promoting its destruction. This demonstrates once again how offside the Sask Party is in relation to the wishes of our province's farmers.

I wish the new board well as it continues to oversee the operations of the Canadian Wheat Board. Thank you very much, Mr. Speaker.

Some Hon. Members: Hear, hear!

Curling National to be Held in Humboldt

Ms. Julé: — Thank you, Mr. Speaker. Mr. Speaker, early in 2003 the city of Humboldt will be host to some of the finest curlers in the country, and even the world. The National, one of four events on the World Curling Tour's Grand Slam of Curling will be in our city with four days of superb curling from January 30 on through to February 2, 2003.

This event brings with it some of the finest curlers in the world, including Olympic silver medallist, Kevin Martin of Alberta; Manitoba's Jeff Stoughton; defending champ, Ontario's Glenn Howard; and Saskatchewan's own Bruce Korte. In total 18 teams will be competing for a prize worth \$100,000.

Mr. Speaker, this is a great event that Humboldt will be hosting and will require many volunteers, but that won't be a problem for the people of Humboldt who have always come through with their great spirit of hospitality.

So ladies and gentlemen, I ask you to mark your calendars and come and enjoy fine curling in Humboldt, January 30 through to February 2. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Bursaries for Health Professionals

Ms. Junor: — Thank you, Mr. Speaker. More than 250 Saskatchewan students from 53 different provincial communities have been awarded bursaries in exchange for their commitment to work in Saskatchewan. Our government is devoting \$3.8 million this year to support return service bursary programs in the health field and an additional 800,000 to bursary programs as part of our retention and recruitment strategy outlined in the action plan for Saskatchewan health care.

The bursaries range from 2,500 to 7,000 per year for nursing and health sciences students and provide 25,000 per year for medical students.

(13:45)

Keeping and attracting health care professionals are top priorities of our government. With this in mind, I am very pleased to recognize the students who have received bursaries to help them pursue careers as health professionals. We can all be proud of them for their commitment to health care in Saskatchewan.

Bursaries have been awarded to Saskatchewan students in registered nursing, registered psychiatric nursing, licensed practical nursing, and primary care nursing. More than 60 bursaries have been awarded to Saskatchewan students studying to be: nuclear medicine technologists; pharmacists; medical radiation and medical laboratory technologists; public health inspectors; clinical psychologists; physical, occupational, and respiratory therapists; speech language pathologists; and emergency medical technicians.

These bursaries are provided throughout the students' education program with a service commitment to work in the province's

publicly funded health system upon graduation. Mr. Speaker, this is a working plan to fulfill the need for more health professionals and provide a rewarding career for young people.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Legislative Library Staff Member Retires

Ms. Draude: — Thank you, Mr. Speaker. Mr. Speaker, as many of us know, one of the very dedicated Legislative Library staff is retiring today. After more than a decade here at the legislature, Michele Howland has decided to return to work with her husband and son on the family farm. We also understand, Mr. Speaker, that Michele's son is preparing to set up a market garden business and she's very excited about helping out on that project.

Mr. Speaker, Michele's dedication to the public sector, specifically her work in the Legislative Library department, is commendable. In fact her period of service with the Legislative Assembly spans more than 13 years. Since 1993 she has been reference service librarian, acting members' service librarian, and more recently director of reference services.

Mr. Speaker, I remember my first day here as an MLA and how Michele encouraged me and my colleagues to use the library to help us out in our duties. We all respect her dedication to the work we do for the people of this province. Michele's practical knowledge and expertise proved invaluable to members and staff throughout the years.

Michele says that she will not only miss the people here, Mr. Speaker, but she'll miss the symbolic and historic building that we are all privileged to work in. She believes we must never take the work we do for granted and I'm sure that there are those inside and outside the House today who couldn't agree more.

Michele, good luck and thanks for everything.

Some Hon. Members: Hear, hear!

Remarks by David Ahenakew

Ms. Jones: — Thank you, Mr. Speaker. Mr. Speaker, in words as plain and unambiguous as I can make them, I wanted to state my personal dismay and complete rejection of the statements made on the weekend by David Ahenakew. I speak with the support of all my colleagues on this side of the House and of the New Democratic Party of Saskatchewan. I also believe that all thinking people of every political and religious persuasion and of every race . . . our abhorrence at these remarks.

Mr. Speaker, this was not a slip of the tongue. David Ahenakew clarified his remarks less than he misunderstood. They were not the creation of the media. The responsibility for these beliefs lies solely with one person — the person who said them. The responsibility for repudiating them lies with all of us, especially those in position of public trust.

It is not enough to say that this is just one man's opinion or that

his rant was, quote, "nothing to do with me." No, Mr. Speaker. When race hatred appears against any group, propagated by any person, it is everyone's public duty to speak out plainly and unambiguously. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Thank You from the Peters Family

Mr. Weekes: — Thank you, Mr. Speaker.

On the weekend Mrs. Shirley Peters phoned me and asked me to pass on her many thanks and appreciation to all members of the Legislative Assembly, not only since Rudi's passing but also during Rudi's illness. Shirley wanted to remind us of how much Rudi appreciated caucus and staff's help in carrying out his duties and taking up any slack when he was unable to attend to his duties as a member of the Legislative Assembly.

Shirley and her family and, if I might add, the whole community of Rabbit Lake and district are deeply touched by the attendance of the Saskatchewan Party caucus and representatives of the NDP and Liberal caucus at Rudi's funeral.

The offering of roses at the funeral and the formation of the honour guard at the gravesite was a special moment for Shirley and the Peters family, and, as Shirley pointed out later, a gesture that Rudi would have been very proud of.

The Peters family will cherish forever the wonderful words spoke of Rudi made during the condolence motion on last Monday's proceedings. They would also like to thank the Legislative Assembly for the tape of the proceedings and the tributes made to Rudi, and also for the wonderful flower arrangement placed on Rudi's desk in the Assembly.

Shirley is blessed with a very close family and many wonderful friends. She will be spending Christmas with her family in Alberta.

Shirley would once again like to thank you for your kindness and wish you and your families a very merry Christmas and a happy new year. Please join me in wishing Shirley and the Peters family a merry Christmas and a happy new year.

Some Hon. Members: Hear, hear!

ORAL QUESTIONS

Medical and Nursing Education in Saskatchewan

Mr. Gantefoer: — Thank you, Mr. Speaker.

Mr. Speaker, my question is for the Minister of Health. Mr. Speaker, the College of Medicine at the University of Saskatchewan is in danger of losing its accreditation with the Association of Canadian Medical Colleges. The college has been placed on probation and given two years to make improvements to its staffing levels, its library, and curriculum.

Mr. Speaker, I spoke to several medical doctors and members of the college over the weekend who stressed that this situation

is very, very serious and that chronic underfunding of the college is to blame. In fact, one of the NDP's (New Democratic Party) own cabinet minister, the Minister of Learning, told CBC (Canadian Broadcasting Corporation) Radio that indeed the college has been underfunded for years.

Mr. Speaker, why has this NDP government underfunded Saskatchewan's College of Medicine to the point that it is failing to meet national accreditation standards?

Some Hon. Members: Hear, hear!

Hon. Mr. Melnychuk: — Mr. Speaker, I think that the recent accreditation review which was done in April of this year indicates that there were a number of deficiencies within the College of Medicine that needed to be rectified.

I've recently had conversations not only with my department officials but also with the president of the University of Saskatchewan and they have indicated to me that in January they will be prepared to provide recommendations to the government with regard to the College of Medicine. And as I've indicated to the president and to the public, we will be strongly supporting whatever initiatives are required to make sure we have a viable, sustainable College of Medicine in the province of Saskatchewan for years and years to come, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Gantfoer: — Well thank you, Mr. Speaker. Mr. Speaker, where has this government been for the last 10 years? Mr. Speaker, this didn't just happen out of the blue. This situation has just not developed in isolation. Mr. Speaker, the Department of Health and the Minister of Health should have known about this situation for the last number of years because this situation has not occurred since this accreditation review has been undertaken.

Mr. Speaker, it's interesting for the Minister of Learning to stand in this House and make the commitment that they're going to be willing to look at a proposal from the university.

Where have they been? Or is it constantly going to be the case that we have to wait for a crisis to develop before anything positive is going to happen by this government?

Mr. Speaker, I'm interested in what the Minister of Learning has to say, but where is the Minister of Health on this issue?

Some Hon. Members: Hear, hear!

Hon. Mr. Melnychuk: — Mr. Speaker, when we see from the member from Melfort the self-righteous, pompous attitude that he has, let me point . . . let me point out, Mr. Speaker, what this government has done.

We have just recently signed a university funding mechanism that has increased the dollars, increased the dollars to the College of Medicine. Every year since we have been in this coalition government we have added dollars to the university. We have added dollars to the . . .

The Speaker: — Order, please. Order, please. Order.

Hon. Mr. Melnychuk: — And, Mr. Speaker, when we look at the funding increases that we have provided from the Department of Learning and from the Department of Health the last three budgets, we have significantly increased our funding.

And I recognize that we have had Kerr-White, and we have had DesRosiers, and we have had Mr. Glynn, and we have had a number of reports all indicating that we needed to fund the College of Medicine better. And we have added additional dollars every year for the last three years, and if we have to do more we will do more, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Gantfoer: — Thank you, Mr. Speaker. Mr. Speaker, I don't really appreciate or need an attitude adjustment from the Minister of Learning, Mr. Speaker. Mr. Speaker, it's not only the College of Medicine that's being neglected by this government and by its attitude, Mr. Speaker. The College of Nursing is also in . . . facing great deal of difficulty because of this government's inaction in regard to the quality and quantity of nurses in this province.

Mr. Speaker, there's recently been released a nurses . . . a Canadian nurses advisory committee report that says that there has to be serious increases in the number of educational seats for the College of Nursing in this province. Mr. Speaker, it's not only chronic underfunding of the College of Medicine that is responsible . . . responsibility of the chronic shortage of health care professionals, it's also a failure of this government to recognize the dramatic need for an increase in the number of educational seats for the College of Nursing.

Will the government support the advisory committee's report to increase the number of educational seats for nursing?

Some Hon. Members: Hear, hear!

Hon. Mr. Melnychuk: — Mr. Speaker, the Minister of Health and I have recently met with the Association of Licensed Practical Nurses. We have also met with nursing stakeholders in the recent past.

We have increased the number of positions through the NEPS (Nursing Education Program of Saskatchewan) program in Saskatchewan. We have added additional nurses through our northern nursing program. We have also increased the number of positions available to licensed practical nurses, and we are considering actually looking at a core program in Saskatoon to add further spaces, Mr. Speaker.

So our commitment is to make sure that we do meet the training requirements. We have increased the number of nurses in Saskatchewan in the past two years and we look at increasing these positions even more in the future.

But I might add, Mr. Speaker, that when they froze funding to Education and Health it was a double whammy on training in this province and they should be ashamed of themselves, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Gantefer: — Mr. Speaker, this government and this minister obviously doesn't understand simple facts. We have 600 nursing positions unfilled in this province. Over the next 10 years we're going to lose, on average, 400 nurses due to retirement each and every year. And yet this government would try to tell us that 260 education seats is going to address that reality. You do the math, Mr. Speaker — it simply doesn't add up.

And this government pretends that it has an action plan. This government is going to get us into the worst health care crisis that has ever faced this province. They're already responsible for the longest strike in Saskatchewan's history. They're already responsible for the longest waiting lists in Saskatchewan and in Canada.

Mr. Speaker, when will they understand that they have to think forwardly instead of dealing with just crisis management?

Some Hon. Members: Hear, hear!

Hon. Mr. Melenchuk: — Mr. Speaker, again we see the posturing and slogans from the members opposite. This government concerns itself with action and we have a record that we're proud of.

We have increased nursing positions in the licensed practical nurses. We have increased nursing positions with regard to registered nurses. We have promised to look at expanding programs at both SIAST (Saskatchewan Institute of Applied Science and Technology) and the university in the near future, Mr. Speaker.

And I must remind the members opposite that when they laid out their platform, when they got their little heads together last time we had an election, Mr. Speaker, they said we were going to freeze funding in education, freeze funding in health, Mr. Speaker. And guess what that means? No new nursing positions, no new training positions — a dismal effort by the members opposite, Mr. Speaker.

Some Hon. Members: Hear, hear!

Funding for Education

Ms. Draude: — Mr. Speaker, my questions are also for the Minister of Education, slash Health. When the province signed a new three-year contract with teachers earlier this year, the government committed to fully compensate the school boards for the increased cost of the teachers' salary for the four-month period from September through December. However, school boards and school trustees are gravely concerned that this government has not yet committed to covering the increased salary costs for the period from January 1 to the end of the contract in 2004.

What the school boards don't want is a self-righteous and pompous reply from the minister. What they want is a commitment that the provincial government will cover the increased salary costs . . .

The Speaker: — Order, please. Order, please. Order. Order. Would the member repeat her last sentence, please, and

continue.

(14:00)

Ms. Draude: — School boards . . .

The Speaker: — Order, please. Would the members . . . Order. Order. Would the members allow her to continue.

Ms. Draude: — Mr. Speaker, what the school boards want is this minister to commit to covering the increased salary costs associated with the new teachers' contract right through to 2004. Will he do it?

Some Hon. Members: Hear, hear!

Hon. Mr. Melenchuk: — Well, Mr. Speaker, I do appreciate the lively question from the member opposite. I would like to indicate that I think this is day 84 of this current session, and the number of questions on education have been few and far between, Mr. Speaker.

When we look at our promise with regard to the most recent teachers' collective bargaining agreement — and I must say a successfully completed agreement, Mr. Speaker; the negotiations went very well — we did promise that we would cover the calendar year costs this year. And we have done that, Mr. Speaker.

We have also indicated that in future years, meaning this upcoming calendar year and the subsequent calendar year, that we would put that into the budget mix. And I'm sure, Mr. Speaker, that when we have had a good chance to analyze this as part of our budgetary process, that we will be meeting those demands, Mr. Speaker.

Ms. Draude: — Thank you, Mr. Speaker. What we really want is a commitment — a true commitment from this government. The NDP is playing Russian roulette with school divisions and property tax payers across this province. School boards need to know today whether the NDP government is going to honour its commitments.

The choice for school boards is simple: if the NDP doesn't cover the increased cost for the teachers' salaries, then the taxpayers of this province is going to have to pick up that bill.

Mr. Speaker, the NDP had no problem blowing \$88 million on our land titles system that didn't work. They had no problem losing \$28 million in the potato business. They had no problem spending \$80 to build a cellular phone service in Australia. But the NDP will not show the same sort of commitment to the children of this province.

Mr. Speaker, will the minister commit to fully funding the increase of salaries for the teachers in this province?

Some Hon. Members: Hear, hear!

Hon. Mr. Melenchuk: — Mr. Speaker, we've had bi-level bargaining in this province since the early 1970s and every year that we've had a negotiated teachers' contract, the government has considered, and in most circumstances — in fact, if not all

circumstances — they have helped cover the cost of those increased teachers' salaries, Mr. Speaker.

What I will say to the members opposite, Mr. Speaker, is that we have covered the cost for this calendar year. We are looking at covering the costs for subsequent years. That is part of the budget mix.

And I must indicate that this is the same message I gave to the school trustees during the last negotiation. And I must indicate also that in the last negotiation, not only did the trustees sign, the government signed — all members, all parties at the provincial table signed that agreement. We believe it is a very good agreement and we look . . . we are looking very carefully at covering those costs in the near future, Mr. Speaker.

Some Hon. Members: Hear, hear!

Ms. Draude: — Mr. Speaker, looking at this answer to the question isn't good enough. They have to commit to covering the costs. While the NDP is stalling on the commitment to fully fund the teachers' contract, the government is also hiding debt by moving it from the books of the province to the books of the school divisions.

According to the Saskatoon Public School Division, the NDP's latest Crown corporation, the Education Infrastructure Financing Corporation, results in more Enron-style accounting. This new Crown corporation shifts debt for the construction of new capital projects from the province's General Revenue Fund to the school divisions.

According to the Provincial Auditor, and I quote:

The net effect of the creation of this corporation on the 2002-2003 budget is to remove the budgetary expenditures relating to capital financing from the annual surplus or deficit.

Mr. Speaker, why is the NDP using what the Saskatoon Public School Division calls Enron-style accounting by funding K to 12 capital projects through the transfer of debt from the province to the school divisions?

Some Hon. Members: Hear, hear!

Hon. Mr. Melnychuk: — Mr. Speaker, I think if the public, Saskatoon public board of education has some concerns with how capital dollars are provided to school divisions in this province, they should probably take that up with their parent organization, the SSTA (Saskatchewan School Trustees Association).

Because we . . . when we budgeted for capital in this most recent budget, we actually talked to the SSTA, we talked to the universities, we talked to education stakeholders, and they all agreed with that process, Mr. Speaker. Now at the 11th hour we find that one board of education has a difference of opinion.

The reality of the day, Mr. Speaker, that with regards to the EIFC (Education Infrastructure Financing Corporation), we incorporated in last year's budgeting. We are reviewing that again for this upcoming budget and we'll decide at that point in

time whether we continue the EIFC program or not, Mr. Speaker.

But I must indicate that no matter how you look at it, we have provided additional dollars to school capital — 24 million to 40 million. And I know there would not have been one penny coming from the members opposite, Mr. Speaker.

Some Hon. Members: Hear, hear!

Ms. Draude: — Mr. Speaker, the school divisions are saying that the NDP's new approach to funding K to 12 capital projects will devastate school boards' financial positions and severely compromise the ability of the school divisions to borrow for capital projects.

According to the Saskatoon Public School Division, I quote:

"If Enron has taught us anything it's that boards must be vigilant in safeguarding the integrity of accounting and financial procedures . . . This new procedure allows the provincial government to download debt onto local school divisions."

The Saskatoon school board also says there needs to be a bright light shone on what they call the questionable financial procedures by this NDP government.

Mr. Speaker, why is the NDP government using questionable financial procedures that includes hiding government deficits while adding debts to school divisions?

Some Hon. Members: Hear, hear!

Hon. Mr. Melnychuk: — Mr. Speaker, when we discussed the estimates for the Department of Learning in the most recent budget, these questions were asked by the member opposite. They were asked by the critic for post-secondary. And we provided the answers.

And at that day of the budget speech, the Minister of Finance clearly indicated and also identified on what page the Education Infrastructure Financing Corporation would be located, Mr. Speaker.

And we are not hiding debt. In fact, we have laid it out in our estimates. We have indicated that we created the Education Infrastructure Financing Corporation so we could provide additional dollars for capital construction in this province. And we provided \$90 million for the sector this year, Mr. Speaker.

And not only that, when we agreed to fund . . . agreed to the funding of the EIFC, we indicated there would be a contract between division boards, the EIFC, and the Government of Saskatchewan. We will cover the principal and the interest, and we record this as debt on our books, Mr. Speaker.

Some Hon. Members: Hear, hear!

Government Participation in Potato Industry

Mr. Wall: — Thank you, Mr. Speaker. Mr. Speaker, we have some questions regarding the government's relationship

through SPUDCO (Saskatchewan Potato Utility Development Company) and a company called Microgro in Biggar, Saskatchewan.

And, Mr. Speaker, it's important to note that Microgro nor its former principals are involved in any pending or current lawsuits with the Government of Saskatchewan.

Mr. Speaker, among other things, this company Microgro is in the business of research and development in terms of greenhouse, specialty greenhouse projects, and also the development of nuclear potato seeds.

To a large extent at the encouragement of SPUDCO, Microgro developed a long-term relationship to supply SPUDCO with seed. As a part of that agreement, SPUDCO agreed to a rolling agreement over four years with Microgro and a schedule of payments from SPUDCO to Microgro — those payments totalling about \$400,000. But in the fall of '98, SPUDCO significantly slowed the payments to Microgro.

Mr. Speaker, will the minister tell the House why SPUDCO purposely slowed down its payments to Microgro?

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — Well, Mr. Speaker, I was on my feet last week and I appreciate getting back into the debate again, Mr. Speaker, because the members opposite last week talked a lot about how in fact the industry in that part of the province has not been growing.

And today the member from Swift Current talks about how in fact the seed potato industry is growing, Mr. Speaker. And absolutely, the seed potato industry, Mr. Speaker, is growing. And why is the seed potato industry growing in Saskatchewan, Mr. Speaker? Because on this side of the House, these members and this government invest, Mr. Speaker, in the growing of Saskatchewan. That's why it happened, Mr. Speaker.

And so as we're putting money into growing rural Saskatchewan and developing rural Saskatchewan, those members, Mr. Speaker, get together at a convention and what do they talk about? They talk about, Mr. Speaker, about how to play-act and they talk about drama classes, Mr. Speaker, and they talk about how they should be theatrical across the province. And so while they're busy, Mr. Speaker, enrolled in drama classes at their convention, we're busy talking about policy to grow rural Saskatchewan, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Wall: — Thank you, Mr. Speaker. Mr. Speaker, this matter . . . this matter is not before the courts. The government has an obligation and a responsibility to answer all of these questions and it can't hide behind the courts.

Mr. Speaker, the Saskatchewan Party has a confidential memo that came from the acting president of Sask Water to the board. The memo highlights a strategy for renegotiating its seed contract with Microgro. The strategy, according to the memo, was authorized directly by the minister responsible, the current minister for CIC (Crown Investments Corporation of

Saskatchewan) in September of 1998.

Mr. Speaker, the memo lays out a five-point strategy and here's the third point. Quote:

Create some financial expediency for Microgro through impacting their cash flow.

Mr. Speaker, the question is this. It appears that any objective reading of the NDP strategy would suggest that the minister authorized a plan to sabotage this company to free the government of its obligations to that company. To the minister: will he clarify for the House why he authorized SPUDCO to cause financial problems for Microgro?

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — Well, Mr. Speaker, on Friday the member from Swift Current stood on his feet and he said in a very quiet, soft fashion, in the way he practised over the convention, and he said, you know what, Mr. Speaker, this is a very, very serious debate. That's what he said, Mr. Speaker. This is a very serious debate.

And, Mr. Speaker, this is absolutely a very serious debate. This debate is about who is developing and growing and investing in Saskatchewan, Mr. Speaker. That's what this debate is about, Mr. Speaker.

And it talks about, Mr. Speaker, the Crown corporations of this province investing in Saskatchewan across the piece — whether it's in hog barns, Mr. Speaker, or whether it's in ethanol, Mr. Speaker, or whether in fact it's been in potatoes, Mr. Speaker. This government is about making a difference in Saskatchewan rural development and it's about making an investment in Saskatchewan people.

And when that member stands on his feet in a theatrical fashion and says that Saskatchewan people have in fact invested in a boondoggle, I say to the member opposite that you and . . .

The Speaker: — Order, order. I'd like the member to take note that I first cut off the mike on his last sentence the minute he started talking to the opposition directly and not through the Speaker.

Mr. Wall: — Mr. Speaker, this question is for the Premier. Mr. Speaker, last week we found out that in this Premier's cabinet you can't get fired for not telling the truth to your cabinet colleagues; you can't get fired for recommending that they pour more millions of dollars in to cover up the original fact that you didn't tell the truth; you can't get fired if you waste or lose 28 million taxpayers' dollars, Mr. Speaker; you can't get fired if you go around your government's own tendering policies, Mr. Speaker; you can't get fired if you try . . . if you set out to fool our international trading partners, Mr. Speaker.

The question for the Premier is this today. Will he commit that if his minister of Sask Water then, the current Minister of CIC, authorized a plan to financially harm another private Saskatchewan business as a way to get SPUDCO out of its long-term financial commitments to that company, if that is true, Mr. Speaker, will the Premier stand today and say that that

minister will be fired?

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — Mr. Speaker, I listened carefully to the member opposite over the last couple of days and again today, where he talks, Mr. Speaker, about how in fact this province has not been credible in the work that it's been doing for Saskatchewan people.

And I say to the member opposite, you need to demonstrate where your credibility is as an opposition. You need to talk . . .

The Speaker: — Order. I would invite the Minister of Agriculture to take all his remarks, make all his remarks through the Chair.

Hon. Mr. Serby: — Mr. Speaker, they need to talk about their credibility as an opposition because our plan about growing rural Saskatchewan and growing Saskatchewan, Mr. Speaker, is clear.

You just need to take a look at the investment that we've made in the royalty piece, Mr. Speaker, for the oil and gas industry in this province. Mr. Speaker, you just need to take a look at what's happened in the ethanol industry in Saskatchewan today, Mr. Speaker, in rural Saskatchewan. And you need to just take a look, Mr. Speaker, what's happening on the manufacturing and processing tax reductions that have occurred in this province, Mr. Speaker. And who's been providing the leadership for that, Mr. Speaker? The Premier and the minister responsible for economic development in this province, Mr. Speaker.

And Saskatchewan people on a daily basis congratulate the government for this work and don't know who the opposition in Saskatchewan are, Mr. Speaker — don't know who they are.

Some Hon. Members: Hear, hear!

(14:15)

Mr. Wall: — Thank you, Mr. Speaker. I would suggest, Mr. Speaker, through you to the Deputy Premier, that the people of this province know full well who the opposition is. It's the government in waiting because of answers like that, Mr. Speaker.

Mr. Speaker, this is the memo that we've been talking about, an internal government memo. Mr. Speaker, it says that:

A proposed negotiation strategy (with respect to Microgro) was presented to the (I'm quoting) to the Honourable Maynard Sonntag, Chairman and Minister Responsible on September 18th.

It was approved on September 21, 1998.

And what does that strategy say, Mr. Speaker, that . . . it recommends that the government, the NDP government create some financial expediency for Microgro through impacting the cash flow. We know from talking to the principals that right about this time SPUDCO stopped paying their bills to this company, or slowed them down.

Now, Mr. Speaker, if it's true that the minister directed his officials to interfere in a private company by slowing down payments so the company would go bankrupt and they wouldn't have to pay them — if that's true, Mr. Speaker, will the Premier stand in his place today and say that that minister will be fired? Or will he leave it to the Saskatchewan people who most assuredly will fire all of the ministers over there?

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — Thank you very much, Mr. Speaker. The members on my House don't give me that kind of applause when I stand up. I appreciate that.

I want to say . . . I want to say, Mr. Speaker, to start with, this member and that group of men and women on that side of the House, Mr. Speaker, will be waiting a long time before they'll be a government in Saskatchewan . . .

Some Hon. Members: Hear, hear!

Hon. Mr. Serby: — And I say to the members opposite, Mr. Speaker, you say that you have a plan and that you have a public policy, Mr. Speaker, and what are they? When you ask them about what's your plan on education, they say, we're going to cut the tax. When you say to them, what's your plan on social services, they're going to say, we're going to cut the tax and take \$50 million out of the pool. When you say, what are you going to do about rural Saskatchewan, they're going to say, we're going to cut the tax. When you say to them, what are you going to do when it's time, Mr. Speaker, to build the roads, well we're going to cut the tax, Mr. Speaker.

This government and . . . this opposition party, Mr. Speaker, are a smorgasbord of non-thinkers from every party across Canada, Mr. Speaker, and they have no idea about what government will be and will be lucky if they get back as opposition members, Mr. Speaker.

Some Hon. Members: Hear, hear!

The Speaker: — Order, please. Order, please.

MINISTERIAL STATEMENTS

Changes in Personal Income Tax

Hon. Mr. Cline: — Thank you. Mr. Speaker, today I am happy to announce good news for Saskatchewan people.

Some Hon. Members: Hear, hear!

Hon. Mr. Cline: — In just over two weeks the fourth instalment of personal income tax reform will take effect. Mr. Speaker, tax rates will decrease and the tax brackets are being adjusted. Both of these measures will lower income tax for all Saskatchewan income tax payers.

Mr. Speaker, Saskatchewan is the only province with the universal child tax credit. On January 1 this credit will increase from \$2,000 to \$2,500, providing families with dependent children a further tax savings.

The value of our supplementary seniors credit will increase to \$1,000. All senior citizens who pay income tax will receive a benefit and pay lower taxes, Mr. Speaker.

These changes will save Saskatchewan people \$78 million in the 2003 calendar year alone. Mr. Speaker, on January 1, our government's commitment to reduce taxes for the average Saskatchewan people . . . family by \$1,000 will be fulfilled.

Over 50,000 low-income individuals will have been removed altogether from the provincial income tax rolls.

Our income tax system is now fairer, it is simpler, and it is more competitive than before. And the changes don't end this January 1, Mr. Speaker. Starting on January 1, 2004, all tax brackets and credits will be indexed to the rate of inflation for that year and into the future. Full indexation will ensure that our system remains fair and competitive in the years to come.

Income tax reform is one key component of our plan to make Saskatchewan a better place to live. The commitment was made and it has been kept, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Krawetz: — Thank you very much, Mr. Speaker. Mr. Speaker, it's a pleasure to respond to the ministerial statement on behalf of the official opposition, the Saskatchewan Party.

And I might add, Mr. Speaker, that the comments made by the minister today — and for all people in Saskatchewan to understand this — these were the exact same comments made in a document by the minister dated March 29, 2000. So he's repeating material that was contained in a document that he released on March 29, 2000 — no new ideas.

You know, Mr. Speaker, the Saskatchewan Party had a plan in 1999 to cut taxes. Personal income taxes had to be addressed. That government, that NDP Party, said that could not be done. Mr. Speaker, we continued to push for that and we were pleased by the Minister of Finance's three-year program to reduce taxes. We believe that tax reduction is essential.

And you know the surprising thing, Mr. Minister, is that back on November 15, 16, 17 at the NDP convention, it's my understanding that they debated the ability to not proceed with these tax reforms. So while I want to applaud the minister for sticking to his guns and ensuring that the party did not change his plan, it's important to note that his last words, "and it has been kept" because this government has not kept many, many promises to the people of Saskatchewan.

Some Hon. Members: Hear, hear!

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

Mr. Hillson: — By leave to respond.

Leave granted.

Mr. Hillson: — Thank you, Mr. Speaker, and thank you to my colleagues. As the opposition critic has referred, this was first

announced in the spring budget of 2000 and I am pleased that in fact the latest instalment of tax reform is to proceed. That is good news. We had feared that the tax reform would not proceed as scheduled. We all know that a competitive tax level is essential if we are going to attract investment and people, and I'm pleased that that is going to happen.

I was not as happy that the Minister of Finance did not give his commitment that this instalment in tax reform is not being accomplished through increased government debt. It has often been observed that government debt is delayed taxation. So while I am happy that the tax reform and the competitive income tax level is to proceed as announced three years ago, it would be an even better day for this province if the Minister of Finance would give his commitment that tax reform is not going to be at the expense of increasing public debt.

Safe Driver Recognition Program

Hon. Mr. Sonntag: — Thank you very much, Mr. Speaker. I am proud to rise today to talk about the success of SGI's (Saskatchewan Government Insurance) Safe Driver Recognition program.

The program was introduced in July of this year to reward safe drivers with a discount on their vehicle insurance while also ensuring drivers who display risky behaviour pay their fair share in financial penalties. Simply put, the safer you've driven, the more likely you will receive a discount.

And I'm also happy to tell you, Mr. Speaker, that the majority of Saskatchewan motorists are safe drivers. In fact, two out of three Saskatchewan vehicle owners are currently receiving some level of discount on their insurance under Safe Driver Recognition in 2003. That's about 350,000 people, Mr. Speaker, in Saskatchewan.

More incredible is that around 38 per cent of the vehicle owners in the province qualify for the maximum discount available. And, Mr. Speaker, effective January 1, 2003, SGI is increasing the maximum discount under Safe Driver Recognition from 7 to 8 per cent, Mr. Speaker.

Some Hon. Members: Hear, hear!

Hon. Mr. Sonntag: — In all, this means safe drivers will receive a total of about \$20 million in discounts in 2003. Mr. Speaker, that is something that we should all celebrate. Equally impressive, Mr. Speaker, is that while rates are dramatically increasing across the country, SGI has found a way to introduce Safe Driver Recognition with no general increase in 2001 and 2002 to its auto insurance premium. This is a testament to the strength and efficiency of this province's basic auto insurance provider. And that's why, Mr. Speaker, we have consistently had amongst the very lowest auto insurance premiums in the entire country.

When Safe Driver Recognition was first introduced, SGI committed to grow the maximum discount as it could afford to do so. Mr. Speaker, I would like to congratulate SGI for putting more money into the pockets of safe drivers in Saskatchewan. I'd like to also commend SGI for responding to its customers and rewarding the motorists who have kept our streets and

roadways safe.

Mr. Speaker, through a formal customer feedback campaign last year, SGI directly asked its customers how SGI could serve them better. The results were clear, Mr. Speaker. Customers told SGI their number one desire was for good drivers to receive discounts on their vehicle insurance premiums. SGI responded and continues to respond with the recent expansion of the program to vehicle co-owners. Beginning this December and retroactive to last July, individuals who co-own private or farm passenger vehicles are eligible to receive discounts on their vehicle insurance under the Safe Driver Recognition program.

To meet its commitment of including co-owners in the program, SGI manually reviewed each and every one of the 22,000 co-owner registrants. That process was completed earlier this fall and co-owners are now benefiting from discounts under the program.

And, Mr. Speaker, SGI is also spending . . . is also sending, I should say, pro-rated refunds to those customers who renewed their co-owner registration since the program was introduced on July 1, 2002. This is yet another example of SGI listening to its customers.

And I'm happy to report that SGI isn't resting on its laurels, Mr. Speaker. SGI is currently working on a program for the remaining 30 per cent . . . 30 per cent of vehicles, primarily commercial vehicles, and we plan to introduce that program some time in 2003.

Consistently offering Saskatchewan vehicle owners among the lowest auto insurance premiums in the country, SGI promises to keep its ear open to the needs and desires of Saskatchewan people.

Mr. Speaker, SGI's Safe Driver Recognition program is a huge success story that will continue to benefit the citizens of this province for years to come. Thank you.

Some Hon. Members: Hear, hear!

Mr. Wall: — Thank you, Mr. Speaker. It is a pleasure to respond on behalf of the official opposition to the ministerial statement by the minister responsible for SGI. And I think it's fair to say that we characterize this as a positive statement by the minister and a positive development for this program.

When it was first announced, I think the official opposition indicated that the principles at work here were certainly something that we would support. We also heard as the minister highlighted, several people, a number of groups in the province calling for some system that would reward and provide incentive for good drivers in the province.

That being said, when the program was outlined we also noted that there was some . . . several problems with the program that arguably could have been dealt with prior to the rollout. The minister has highlighted some of them. Specifically the co-owner issue was one we heard a lot about from people and we raised with the minister in terms of letters and raised directly with Mr. Fogg at the Crown Corporations Committee meeting

about three weeks ago here at the legislature.

And so we congratulate the government for acting on the concerns of Saskatchewan people and whatever role we were able to play in that . . . we certainly are hopeful that we did help in that regard.

And you know, there are some 30 per cent of drivers who still aren't covered. The minister's statement highlighted that as well and these are issues that again we've brought forward to the government in the context of both companies, commercial fleets, but also on a more practical level on the part of many Hutterite colonies who have the problem, Mr. Speaker, with many members of the colony driving the vehicles and how does the program work for them. And I understand from the minister's statement that the corporation continues to work for those kinds of situations, as well as the situation governing commercial fleets.

(14:30)

So overall, I think we would say that this is a positive step. We wish the government perhaps would have addressed more of these issues prior to rolling it out so they wouldn't have to be playing catch-up. But that being said, they are catching up and they are addressing these and we encourage them in that effort. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Hermanson: — Mr. Speaker, I stand under rule 46 to move a motion of urgent and pressing necessity.

The Speaker: — Would the member state the nature of the motion?

MOTION UNDER RULE 46

Remarks by David Ahenakew

Mr. Hermanson: — Thank you, Mr. Speaker. Over the weekend, a statement was made by a prominent Saskatchewan citizen that was racist in nature to a degree unprecedented in recent times and perhaps in our province's history. Thankfully this statement was only made by one individual, but the impact has been felt not only within the boundaries of Saskatchewan but across Canada and I understand even beyond our borders.

Mr. Speaker, I feel it is absolutely essential that this Assembly rise and state in the strongest terms that those types of racist comments are totally unacceptable and that this Assembly stand strongly in opposition and is prepared to be not only on the record, but prepared to take action to deal with this type of horrible . . . these horrible statements. Mr. Speaker, it is on this basis that I call for this motion to be accepted.

Leave granted.

Mr. Hermanson: — Thank you, Mr. Speaker. In 14 years or more of political involvement in Saskatchewan, I have never felt so sick to my stomach as I felt when I heard the statements of David Ahenakew with regards to the Holocaust, with regards to the actions of Adolf Hitler in Nazi Germany, with a defence

of some of the most reprehensible actions ever seen on the globe.

Mr. Speaker, we know that these are the comments of one man. And as I mentioned in my preliminary comments, thankfully only one person has espoused this horrible point of view, in fact acknowledging or trying to claim that the Holocaust was a justifiable action. All thinking, responsible people in Saskatchewan recognize that this is an atrocity, this statement is an atrocity, and it is in fact totally unacceptable to the people of this province and to the nation of Canada.

Mr. Ahenakew has held several leadership positions in Saskatchewan and nationally. He is a past chief of FSIN (Federation of Saskatchewan Indian Nations). He was the past chief of the Assembly of First Nations. And thankfully many spokespersons from these organizations have spoken out in clear terms against the comments made by David Ahenakew.

The Saskatchewan Party invites the government . . . and we have talked with the government about making a strong statement in opposition to racism in Saskatchewan. And for the benefit of not only the government, members on the government side, but all of the people of Saskatchewan, I'd like to read the motion and then just make a few more comments before introducing it.

And so we would be moving:

That this Assembly condemns all forms of racism in the form of words or images which promote racial hatred or in actions which threaten the safety and security of any single group; and

That this Assembly condemns the vile, racist remarks of David Ahenakew regarding the Holocaust; and

That this Assembly calls for the removal of David Ahenakew from any executive position with any organization with which the Government of Saskatchewan has a financial relationship, including the Federation of Saskatchewan Indian Nations and the Saskatchewan Indian Federated College; and

That this Assembly calls on the Government of Canada to remove David Ahenakew as a Member of the Order of Canada.

Mr. Speaker, it is my understanding that even while we have met in the legislature that the federation of . . . the Saskatchewan Indian Federated College has suspended Mr. Ahenakew from its board of governors. We applaud this move and we suggest by supporting this motion that that would be a permanent situation.

We want to very much express our appreciation to many First Nations leaders such as Gary Merasty, who has spoken out very clearly against the racist comments of David Ahenakew. Gary Merasty, the Prince Albert Grand Council chief, said this really . . . and I quote:

This really puts a black eye and leaks poison into the relations between all people in Saskatchewan.

We heartily concur with Gary Merasty's remarks.

Mr. Speaker, with regard to the . . . Mr. Ahenakew's position in the senate of FSIN, we understand that there is some movement afoot that he would be removed as Chair. But we believe that the Assembly needs to pass this motion to make it clear that any position within the FSIN is totally unacceptable in light of the horrible remarks made by Mr. David Ahenakew.

And finally, Mr. Speaker, with regard to the fact that Mr. Ahenakew is a Member of the Order of Canada, that we recognize that it goes beyond the jurisdiction of Saskatchewan to actually take the order away from Mr. Ahenakew, but we know that on a regular basis the Legislative Assembly of Saskatchewan gives advice — and very pointed advice — to the federal government. And again, I believe in light of the racist remarks made by David Ahenakew that it is incumbent upon this Assembly to make it clear in no uncertain terms to the Government of Canada that we support them taking the action of removing Mr. Ahenakew's name from that of many outstanding citizens of this country who certainly do deserve the Order of Canada.

We do not want to tread on the dignity of the hundreds of the people who have deservedly received the Order of Canada by allowing Mr. Ahenakew to remain a part of that esteemed group of Canadians.

Mr. Speaker, it breaks our hearts when we see any form of racism, and I've seen manifestations from different parts of the country over the years that I've been involved in public life. It always hurts us inside because we recognize the value and the importance of every person on this globe and certainly every citizen of Canada and every resident of Saskatchewan.

Mr. Speaker, we cannot abrogate our responsibility to speak out in the loudest terms and the strongest terms when we see any form of racism raise its ugly head. But as I've said, Mr. Speaker, this is the worst case that I ever remember ever hearing of in my entire lifetime, Mr. Speaker. Therefore I would move, seconded by the member from Rosthern:

That this Assembly condemns all forms of racism in the form of words or images which promote racial hatred or in actions which threaten the safety and security of any single group; and

That this Assembly condemns the vile, racist remarks of David Ahenakew regarding the Holocaust; and

That this Assembly calls for the removal of David Ahenakew from any executive position with any organization with which the Government of Saskatchewan has a financial relationship, including the Federation of Saskatchewan Indian Nations and the Saskatchewan Indian Federated College; and

That this Assembly calls on the Government of Canada to remove David Ahenakew as a Member of the Order of Canada.

I so move.

Some Hon. Members: Hear, hear!

Hon. Mr. Axworthy: — Thank you, Mr. Speaker. Mr. Speaker, I rise today to respond to the motion by the member opposite.

Just last week, Mr. Speaker, members of this Assembly joined together to celebrate Human Rights Day in Saskatchewan. We were reminded of the reasons the United Nations General Assembly adopted the Universal Declaration of Human Rights in 1948. We were reminded that the world stood stunned by the atrocities that occurred during the Second World War. People struggled to understand how such things could have happened and how future generations could be spared the devastation they had witnessed.

As individuals we have the power and the responsibility to create a world of tolerance and harmony, and our institutions must also reflect this ideal. Our province is remarkably diverse and becoming more so every day, and we must remain constantly thoughtful about the needs of all people. The irresponsible behaviour of those who would attempt to drive a wedge between groups of Saskatchewan people is not helpful in attaining the goal of tolerance.

Mr. Speaker, as I said earlier today outside the Assembly, I'm referring this matter to the RCMP (Royal Canadian Mounted Police) for further investigation of a possible offence under section 319 of the Criminal Code.

And I'll just remind members what that section says, Mr. Speaker. It creates two offences involving the inciting or promoting of hatred against an identifiable group. The first offence is committed as such hatred is incited by the communication, in a public place, of words likely to lead to a breach of the peace. Secondly, Mr. Speaker, there is an offence committed only by wilful promotion of hatred against an identifiable group through the communication of statements other than in private conversation.

Mr. Speaker, as I say, I've referred that matter to the RCMP for investigation as to whether or not it would be appropriate to lay a charge under section 319 of the Criminal Code.

Mr. Speaker, regardless of whether or not there's been criminal conduct, the remarks made by Mr. Ahenakew are obviously unacceptable. I know that these views are not the views of Aboriginal people in Saskatchewan and they are not the views of the Federation of Saskatchewan Indian Nations.

We have heard statements from the Federation of Saskatchewan Indian Nations denouncing these statements, and I hope Mr. Ahenakew will at least apologize for his comments.

Mr. Speaker, bearing in mind that this matter is now before the RCMP, that the RCMP will be investigating whether or not a charge is laid, I think it's inappropriate to contain . . . for the motion to contain the words that refer specifically to Mr. Ahenakew. And also it is appropriate for those organizations for which he works, and indeed, Mr. Speaker, for the Government of Canada, to take whatever actions it deems appropriate.

So, Mr. Speaker, this province, having the potential for a tremendous future that will only be achieved by all

Saskatchewan citizens working together in a spirit that embraces and celebrates diversity, urges me to move an amendment, Mr. Speaker, that would . . . seconded by the Premier, that would:

Delete all the words after "Holocaust" in the second paragraph.

Thank you, Mr. Speaker.

(14:45)

Hon. Mr. Calvert: — Thank you, Mr. Speaker. I simply want to make a very, very few comments, joining with the sentiment so ably expressed this afternoon in the House by the Leader of the Opposition and the Attorney General. A sentiment that is being expressed across Saskatchewan, from First Nations leaders to community leaders, a sentiment that is being expressed across Canada, and that is the unity of our view that the comments that have been reportedly made by Mr. Ahenakew are to all thinking Canadians offensive and unacceptable.

They are particularly offensive in the context of the great province of Saskatchewan where we have built a province and a community based on tolerance, based on inclusion. Mr. Speaker, the motto of the province of Saskatchewan is the motto which translated reads "from many peoples, strength." It has been and remains the great strength of Saskatchewan that we are a tolerant community.

Therefore the comments reportedly made by Mr. Ahenakew are totally offensive to Saskatchewan people and do not represent the views of Saskatchewan people. Nor, Mr. Speaker, it's clear do they represent the views of the First Nations people of Saskatchewan, of Métis people of Saskatchewan, of Aboriginal people of Saskatchewan, and in this regard they are offensive and unacceptable.

They are as well, Mr. Speaker, offensive and unacceptable . . . I share this entirely with the Leader of the Opposition. They must be offensive and unacceptable to that generation of men and women from our province and from across Canada and around the world who did battle in the years of the Second World War — that generation of veterans, some of whom gave their lives, many of whom gave their youth, that generation of people like my father who left his home to fight this evil embodied in Hitler and Nazism, typified by the Holocaust. It must therefore be offensive to the veterans of Saskatchewan and the veterans of Canada that this kind of comment has been made.

It is offensive. It is unacceptable. It does not represent the views of Saskatchewan people, or First Nations people or Métis or Aboriginal people in our province. And, Mr. Speaker, you've heard today the Attorney General of the province of Saskatchewan make his decision that this matter will be referred for investigation by the RCMP under section 319 of the Criminal Code, and I most clearly believe that is the appropriate action that has been taken by the Attorney General of Saskatchewan.

Mr. Speaker, there is no debate I think in this House. There will not be a member in this House who will support the kind of

sentiment that has been expressed by . . . or reported at least to have been expressed by Mr. Ahenakew and today we stand as one.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Hillson: — Yes, Mr. Speaker. It's a matter of personal sadness and shock to me that I actually met with Senator Ahenakew two weeks ago in North Battleford and at that time we were discussing the corrosive effects of racism on our society. So it's a shock to me that this same individual so heartily endorses racism and hatred against another group, namely the Jewish population and, frankly, by extension, all non-Aboriginals.

And while we are pleased that many First Nations leaders were quick to condemn the remarks, at least some of the responses have to be described as limp and inadequate.

Now we have a representative of a group that has too often been the victim of racism and so one would expect that a representative of that group would be the first to condemn racism in all its forms and all its manifestations and it is sad that that is not the case.

As for the amendment that has been introduced, the Minister of Justice in his remarks quite rightly conceded that the amendment is irrelevant. It is irrelevant in the sense that whether the words are technically criminal or not has nothing to do with whether they are repugnant, whether they are unacceptable, and whether this represents an opinion that should be elevated to the highest honour our nation can bestow, namely the Order of Canada.

So even if these remarks are found not to be criminal — and of course it's improper for me to express any opinion on that subject at all — but even if these remarks are not criminal, that does not in any way at all reflect on the issue as to whether our nation's highest honour should continue to be held by someone who represents not the best but, frankly, the worst that we have to offer.

We had this problem in North Battleford a few years ago and it is indeed a very embarrassing one. But the Order of Canada is a near sacred institution for those who have made signal contributions to our national life and represent the very best of Canadian values.

I would make, with all due respect, one suggestion to the Hon. Leader of the Opposition. My understanding is the Government of Canada is in no way involved in the granting of the Order of Canada. Honours come solely from Her Excellency the Governor General, and therefore that address should not be to the Government of Canada. It should be to the Governor General of Canada.

And I would invite the opposition to make that amendment — that we should not address this resolution and suggestion to the government but to the Governor General. The Prime Minister and the cabinet is not involved in the granting of honours is my understanding.

And so, I would move, Mr. Speaker:

That the words "Government of Canada" be deleted and in their place we insert the words "Governor General of Canada."

As a subamendment, and seconded by the hon. member for Wadena.

But I think that it is incumbent on all of us — and I would encourage First Nations leaders especially — to say that hatred, racism is unacceptable no matter who is the perpetrator and no matter who is the victim; that these principles do not change simply by changing the names of the groups we are choosing to demean and insult and degrade, and even to the ultimate of advocating genocide.

And I would also submit in moving this subamendment that this is affirming that the Order of Canada must be reserved to the very top of Canadian society, the Canadians whom all of us can unreservedly say represent the best of Canadian life and the best of Canadian values.

Some Hon. Members: Hear, hear!

The Speaker: — Order please. While I have not received the subamendment in writing, I would like to advise the member — just judging from the words that he mentioned — that his subamendment would be out of order because you can only . . . a subamendment can only be an amendment to the amendment itself before the Assembly. And the amendment before the Assembly is:

That all the words after "Holocaust" be deleted.

The motion therefore before the Assembly is the motion . . . pardon me, the questions before the Assembly are two questions: the motion moved by the member for Rosetown-Biggar and seconded by the member for Rosthern; and the amendment, moved by the member for Saskatoon Fairview, seconded by the member for Saskatoon Riversdale. We will first of all vote the amendment.

Those in favour of the amendment? Is it the pleasure of the Assembly to adopt the amendment?

The division bells rang from 14:54 until 14:59.

Amendment agreed to on the following recorded division.

Yeas — 30

| | | |
|-----------|--------------|-----------|
| Calvert | Addley | Atkinson |
| Hagel | Lautermilch | Serby |
| Melenchuk | Cline | Sonntag |
| Osika | Lorje | Kasperski |
| Goulet | Van Mulligen | Prebble |
| Belanger | Crofford | Axworthy |
| Nilson | Junor | Hamilton |
| Harper | Forbes | Jones |
| Higgins | Trew | Wartman |
| Thomson | Yates | McCall |

Nays — 26

| | | |
|-----------|-------------|-------------|
| Hermanson | Kwiatkowski | Heppner |
| Julé | Krawetz | Draude |
| Gantefoer | Bjornerud | Toth |
| Wakefield | Stewart | Elhard |
| Eagles | McMorris | D'Autremont |
| Bakken | Wall | Huyghebaert |
| Dearborn | Brkich | Wiberg |
| Weekes | Harpauer | Hart |
| Allchurch | Hillson | |

(15:00)

The division bells rang from 15:03 until 15:04.

Motion as amended agreed to on the following recorded division.

Yeas — 56

| | | |
|-----------|--------------|-------------|
| Calvert | Addley | Atkinson |
| Hagel | Lautermilch | Serby |
| Melenchuk | Cline | Sonntag |
| Osika | Lorjé | Kasperski |
| Goulet | Van Mulligen | Prebble |
| Belanger | Crofford | Axworthy |
| Nilson | Junor | Hamilton |
| Harper | Forbes | Jones |
| Higgins | Trew | Wartman |
| Thomson | Yates | McCall |
| Hermanson | Kwiatkowski | Heppner |
| Julé | Krawetz | Draude |
| Gantefoer | Bjornerud | Toth |
| Wakefield | Stewart | Elhard |
| Eagles | McMorris | D'Autremont |
| Bakken | Wall | Huyghebaert |
| Dearborn | Brkich | Wiberg |
| Weekes | Harpauer | Hart |
| Allchurch | Hillson | |

Nays — nil

Hon. Mr. Lautermilch: — Mr. Speaker, leave to move a motion with respect of sitting hours.

Leave granted.

MOTIONS**Hours of Sitting**

Hon. Mr. Lautermilch: — Thank you, Mr. Speaker. I move, seconded by the member from Cannington:

That notwithstanding rule 3(1), on Wednesday, December 18, 2002, the Assembly shall meet at 10:00 a.m. and the Assembly shall adjourn at 1:00 p.m. subject to the provisions in rule 3(2) and rule 3(3), so far as they may be applicable.

I so move.

Motion agreed to.

Ms. Hamilton: — Thank you, Mr. Speaker. With leave to introduce a guest.

Leave granted.

INTRODUCTION OF GUESTS

Ms. Hamilton: — Thank you, Mr. Speaker. In looking up to your gallery, Mr. Speaker, I noticed Mr. Harold Just, a constituent of Regina Wascana Plains. Mr. Just is also a representative of Eli Lilly pharmaceuticals.

And I would urge all members to welcome him. I know in speaking with him, but in also persons who've approached him, that he's fairly often mistaken for the member of Regina Elphinstone or at very least a brother.

Some Hon. Members: Hear, hear!

Ms. Hamilton: — So with my compliments to both individuals . . . so, Mr. Speaker, with my compliments to both individuals, I would ask all members to join me in welcoming a constituent of my constituency, Mr. Harold Just.

Hon. Members: Hear, hear!

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

Mr. McCall: — With leave to introduce guests, Mr. Speaker.

Leave granted.

Mr. McCall: — Thank you, Mr. Speaker. And don't be confused. Harold's up there — oh pardon me, Mr. Speaker — and I'm down here. But it's true what the . . . with apologies to Harold, I just want to add very quickly to what the member from Wascana Plains has to say.

Shortly after the by-election took place in Elphinstone, Harold was at an event where he was congratulated on his election to the Legislative Assembly by one of my colleagues. And I'll leave it to you to figure out which one, Mr. Speaker.

But I too would like to add a voice of welcome to Harold at this day. Thank you very much.

Hon. Members: Hear, hear!

The Speaker: — Why is the member for Melfort-Tisdale on his feet?

Mr. Gantefoer: — With leave to welcome a guest.

Leave granted.

Mr. Gantefoer: — Mr. Speaker, we on this side who have come to know Harold very well and also know the member from Regina Elphinstone, have no confusion about the two at all.

Mr. Speaker, it's been a great pleasure to meet with Mr. Just on a number of occasions to talk about health care issues and

particularly those that involve the pharmaceutical industry. Mr. Just brings a great deal of experience and insight and passion for Saskatchewan and the health care system.

So it's a pleasure for all of us to welcome him here today.

Hon. Members: Hear, hear!

ORDERS OF THE DAY

WRITTEN QUESTIONS

Mr. Yates: — Thank you, Mr. Speaker. By leave, I'm very pleased today to stand on behalf of the government and respond to written questions 447 through 458 inclusive.

The Speaker: — Questions 447 to 458 have been tabled.

GOVERNMENT MOTIONS

Health Care

Hon. Mr. Nilson: — Thank you, Mr. Speaker. The future of health care in Saskatchewan and right across the country has generated a tremendous amount of public interest and discussions in recent weeks and months because of the profound effect it has on the lives of all citizens.

It is about the health of our communities and the care we receive when we're sick or injured. It affects us as taxpayers who want to know that our health dollars are being spent in the most effective way.

And it matters to us as Canadians who believe that a strong medicare system is a source of national pride and part of our Canadian identity.

At the end of my remarks I'll be making a motion to address three issues: the progress that we have made over the past year in implementing the Action Plan for Saskatchewan Health Care; the positive contribution of the Romanow Commission on the Future of Health Care in Canada; and the need for adequate, sustainable funding from Ottawa to make our health system sustainable in the long term.

I will speak to each of these issues individually, but I believe that when taken together they form a comprehensive response to the public's desire for better quality access and accountability in our health care system.

There is in Saskatchewan, and I believe right across the country, a common view that major changes are required to address the present and future challenges in our health care system. It's the reason our government commissioned a major review of health care in Saskatchewan and developed a comprehensive plan to guide health renewal in our province. People told us they support a publicly funded health care system and they want to maintain it, improve it, and strengthen it for the future. They also told us they wanted change, and as long as it's part of a sensible, clearly stated plan. Saskatchewan people spoke, and we listened.

Our action plan offers new, innovative approaches that will

make the health system more responsive to patients and more cost-effective. Our plan will improve the delivery of everyday health services in our communities and it supports good health for every resident of our province.

It focuses on attracting the doctors, nurses, and other health providers we need. It strives to reduce waiting times for surgery, and to improve the fairness and transparency of the surgical system. And our plan reduces administration in the health system and promotes province-wide planning and coordination to help ensure the most effective use of our dollars.

Over the past 12 months we've made solid progress on key initiatives in every area of the action plan. We have followed through on our commitment to support the retention, recruitment, and training of health providers. This last Friday we offered our congratulations to 250 students who have received bursaries in exchange for a commitment to work here in the province upon graduation. This year our government will spend \$3.8 million in total health care bursaries, an increase of \$800,000 over last year.

We are increasing the number of emergency medical technicians we train and expanding enrolment in a number of health disciplines. We made a commitment to increase the participation of Aboriginal and northern residents in the health professions, and this fall our government launched a new northern nursing program.

Mr. Speaker, skilled health providers are in great demand across Canada and around the world. Our province has a lot to offer for those who appreciate a low cost of living and an exceptional quality of life.

(15:15)

But we recognize the importance of providing competitive wages and benefits to attract and keep our doctors, nurses, pharmacists, therapists, technologists, and other valued health professionals. In the past year we have provided significant increases in wages and benefits to ensure our health providers receive fair and competitive compensation for the important work that they perform.

Mr. Speaker, our action plan also presented a strategy to ensure reasonable, predictable waiting times for patients awaiting surgery. Earlier this year, I announced the formation of the Saskatchewan Surgical Care Network to oversee the development of a province-wide surgical registry that is the first of its kind in Canada.

A few weeks ago, the Surgical Care Network offered a sneak preview of a new surgical care Web site that will be fully operational early in the new year. The Web site has a full range of wait time information, including average patient waits for non-emergent surgery performed in Regina and Saskatoon. This information will give patients who are waiting an idea of when they might expect to get their surgery. It will help patients and the public understand wait times and help patients explore options so that they receive their surgery sooner.

Another Canadian first that has received national recognition in

the health community and in the media is the formation of the Health Quality Council. Last month I had the honour of introducing the council's inaugural board, a collection of provincial, national, and international experts in the health field.

The November 23, 2002 editorial in *The Globe and Mail* describe the Health Quality Council as a model for the rest of the country, a body that will help ensure the public receives good value for its health dollars and makes all parts of the health system more accountable for their actions.

Another feature of the Saskatchewan Action Plan for Health Care is the strategy to reduce administration and improve province-wide planning by moving from 32 health districts to 12 regional health authorities. Our new health regions are better positioned to offer a wide range of services in each region. We have a greater ability to manage health provider retention and recruitment activities and they give us the structure we need to offer a seamless health care system built around the needs of parents.

Mr. Speaker, time does not allow for a detailed discussion about the progress we are making on all of our action plan commitments. But allow me to touch on a few others before I move on to discuss the Romanow report.

Our plan also calls for the creation of a toll-free, 24-hour telephone advice line that will answer health questions, assess symptoms, and advise callers where to go for help. We have developed the service guidelines for the advice line and followed a request for proposal process to assist in the selection of the advice line provider, and I expect to announce the vendor in the next several weeks. The telephone advice line is part of our strategy to improve everyday primary health care services in the province.

The other part of the strategy involves organizing doctors, nurses, therapists, and other front line providers into teams so that patients have better access to the most suitable health care providers.

I recently attended the launch of a new primary health care site at the Estevan Medical Clinic. It was the first site established under the action plan and the first site to be established in southeast Saskatchewan. The clinic has seven physicians and is in the process of hiring a nurse practitioner. These doctors are hoping to go further and work with the College of Medicine to open their doors to medical residents, allowing the next generation of doctors to experience primary health care in a small city setting.

Mr. Speaker, our plan recognizes that the most important influences on the health of our communities are factors like income, education, diet, housing, and support from family and friends. The action plan supports an increased focus on population health promotion and over the past year we have taken some important steps.

We've increased funding for diabetes prevention programs delivered by health authorities. We've announced a new cervical cancer screening program in partnership with the Saskatchewan Cancer Agency. We've launched the Kids First program to assess and address the needs of vulnerable children

and their families from the prenatal period to age five. And we have enacted our new tobacco control strategy that's aimed at preventing youth from smoking and reducing exposure to second-hand smoke.

Mr. Speaker, I'm proud of the progress we've made over the past year, but we still have a lot of work ahead of us as we move forward with our long-term vision for the health system. We recognize that public concerns about waiting lists, health provider shortages, and rising costs won't be resolved quickly. These are complex issues that extend beyond our borders and so the solutions must involve governments, health providers, and patients from coast to coast to coast.

Our government was among the first to call for a national examination of our health care system that would seek out Canadians' views about the future direction of our health system and assemble the most promising ideas and innovations that Canadians have to offer.

Over the past 18 months the Commission on the Future of Health Care, headed by former Saskatchewan premier, Roy Romanow, conducted extensive public consultations that included 591 separate presentations during 21 days of public hearings in 18 cities. The commission received another 640 formal presentations from individuals and organizations, received 7,000 letters, 3,600 phone calls, and 14,000 completed surveys.

This extensive dialogue with Canadians is reflected in a final report entitled *Building on Values*, and I believe that this report does represent an accurate portrayal of Canadian values and their collective vision for renewing the medicare system. Canadians sent a clear message that they support the core value of a single payer, universal medicare system. They want governments to tackle the problems in health care but they don't want them to sacrifice the fairness and equity of our public system. They want a health care system that's based on need, not a person's wealth.

I should point out though, Mr. Speaker, that the Romanow report did not base its recommendations solely on what Canadians wanted to hear. The recommendations were also rooted in evidence and the conclusions of 40 independent research papers. And what the commission concluded is that public hospitals are the most cost-effective, with lower administrative costs and better health outcomes.

The report cites a recent study that concluded for-profit hospitals in the United States had a significantly higher risk of death and tended to employ less highly skilled individuals than non-profit facilities.

This national review also provided confirmation that a single payer public health care system is good for business. The big three auto makers and the Canadian Auto Workers union presented a joint submission to the commission in which they pointed out Canadian businesses enjoy a major advantage over their US (United States) counterparts because their employees are healthier and their labour costs are lower. The CAW (Canadian Auto Workers) compared hourly labour costs between factories in Canada and the US and concluded that lower health costs saved Canadian employers \$4 an hour per

employee.

Mr. Speaker, I'm not suggesting that the health care system is working perfectly or that we should maintain the status quo. I don't know of anyone in Canada who is.

Indeed the Romanow report calls for major improvements in the way health care is funded and delivered in Canada. It calls for transformative change in a number of key areas including home care, pharmacare, primary health care, diagnostic equipment, and rural and remote services. Investment in these key areas would help to ensure that Canadians receive similar access to a common basket of quality health services, regardless of where they live. These are the priorities of Canadians and these are the priorities of our government.

Mr. Speaker, some might suggest that national undertakings of this kind are an intrusion on the province's jurisdiction in the area of health care. Our government believes that while there must be flexibility in the way in which these programs are designed, there must be an opportunity for national initiatives that ensure high quality, accessible health care for all Canadians.

The Romanow report has recommended a substantial increase in the federal government's contribution to health care. By the 2005-06 budget year, federal spending would increase by \$6.5 billion. The report also calls for a funding escalator that would make the federal contribution more predictable and help ensure the system remains sustainable in the long term.

Our government fully accepts its responsibility to be accountable to the public for health care spending and we would welcome changes that will make the system more accountable to citizens. I would encourage this legislature to send a strong message to Ottawa about the need for adequate, predictable, sustainable funding for health care.

Mr. Speaker, our government is moving forward with an ambitious change agenda. Our action plan has been very well received by the public and the health community but our ability to move forward is limited by the need for increased financial support from the federal government.

I want to thank everyone who has assisted in moving forward with our health action plan. And I especially want to thank the people of Saskatchewan for their enduring belief in a quality, accessible public medicare system.

And therefore, Mr. Speaker, I move, seconded by the member for Saskatoon Eastview:

That this Assembly acknowledges the substantial progress that the provincial government has made in the past year to implement the Action Plan for Saskatchewan Health Care; and

That this Assembly endorses the positive vision for renewing universally accessible, publicly funded health care as presented in the final report of the Romanow Commission, which addresses the need for national approaches to home care, Aboriginal health, pharmacare, primary health care, and diagnostic services; and which

complements the efforts of the Government of Saskatchewan to improve health quality, reduce waiting times, and address health provider shortages; and

That this Assembly calls upon the federal government to immediately increase its share of health spending to ensure adequate, sustainable funding for the future.

I so move.

Some Hon. Members: Hear, hear!

Ms. Junor: — Thank you, Mr. Speaker.

I'm very happy to second the motion made by my colleague, the Minister of Health. I've been involved in the health system for over 35 years, first as a registered nurse, then as a union leader, a politician, and as the associate minister of Health. In-between the hands-on work of those different roles I've been a patient myself several times and been with members of my family as they too have accessed the health services.

During all my years in the health field, in whatever role I was in, there were always changes. Technology has exploded since my graduation from nursing school many years ago. I assume that I will continue to see dramatic changes in drug therapies, diagnostic equipment, surgical procedures, medical treatments, and information technology for the rest of my life.

Mr. Speaker, some of the changes in the health system have been as dramatic as the technology changes but not as welcome. Changes to the roles and responsibilities of the various health providers have come at quite a personal cost to many of us. Jobs have been lost, moved, or changed in description. It has been hard to keep up with the changes as they have so fundamentally impacted our daily lives. But lifelong learning is a prerequisite to job satisfaction in a world that values and rewards knowledge. Stagnation does not equal gratification.

The role of a nurse has changed over the years. For example we now have nurse practitioners who can do many things that we only thought a doctor could do — such things as basic physical exams, diagnosis of minor ailments like ear infections, ordering certain tests, prescribing certain drugs, suturing wounds, and delivering babies, to name a few of the expanded responsibilities of a nurse practitioner or advanced clinical nurse as we call them in Saskatchewan. We are seeing nurse clinicians in gerontology, cardiology, and pediatrics. There can be nurse anaesthetists and nurse first assists in the operating rooms.

Other providers are seeing their roles change as well. We're making better use of our pharmacists in teaching patients and following up on drug therapies. Licensed practical nurses are giving medications and doing more complex tasks than previously seen.

Many of these changes reflect the full utilization of training that is done and expertise that is present in the various health professions. As new roles emerge for nurses and others, doctors can focus on more complex issues facing their patients. Using the skills and abilities of each professional to the maximum will better serve the patient, client, resident, or consumer.

Mr. Speaker, there's a concept in health care delivery that we call the wheel of services. The various health services are arranged in a wheel-like manner, in a circle around a centre hub. The services are the spokes. In the centre of the circle, in the hub is the client, patient, resident, or consumer — whatever we're calling them.

And as a nurse I always thought of myself as being in the centre of the circle with the patient, as nurses are with the patient 24 hours, 7 days a week. There was some disagreement with doctors as they thought that they should be in the centre of the circle with the client.

(15:30)

I was recently telling someone about this particular difference of opinions between doctors and nurses, and the person quite wisely pointed out to me that while the doctors and nurses were debating who was in the centre of the circle with the patient, the patient was running around the outside of the circle trying to figure out how to get in to access the services. This was a real stunning reminder to me, as it should be to all providers, that what we do is for the patient.

I really do not think we as providers do this that well and certainly not all the time. It's quite easy to get involved in how health services should be delivered and where and by whom and forget who we do all this for.

During my most recent experience with a family member having a major health crisis this past summer, what was very clear to me is that we do not always have someone designated and recognizable who coordinates the care and advocates for the patient and their family. What really disturbed me is that I know the system and the way it works and who makes it work. If I was having trouble, I can only imagine how someone with certainly less knowledge than me manages to navigate the system.

We need to do better for the patient. Mr. Speaker, one of the ways I think this can be done is to have teams working together. Not only should we work together, we should share some common training so that we all have an appreciation of what the other person does and their intrinsic value to the delivery of the right care at the right time by the right person. This involves a change in educating health professionals and a change in our attitude to our work and our colleagues. What each of us contributes is valuable to the well-being of our patient.

Health care delivery should not be about which provider does what better or who is more important. Health care delivery should be about what the patient needs, and then who is the most appropriate provider to meet that need. This is not about competition. It's about service. We did not train to compete. We trained to serve. Sometimes we lose sight of that.

Mr. Speaker, change is constant and indeed persistent. The changes I have seen over the last decade have been catalyst in making a better health system. The emphasis on change in the Commission on the Future of Health Care report is timely and welcome.

The connection of new federal money to demonstrated change

is extremely wise. If there is no incentive to change, we really will not see a much different health system. It's hard to change and most people don't want to change. We're comfortable as we are. Unfortunately the same system that we have today will not be sustainable without the changes that Mr. Romanow recommends.

Mr. Romanow's report sets out some very realistic goals. He also attaches conditions and he's quite directive in what he thinks we need to do. That was what he was tasked to do by the Prime Minister: tell us what the Canadian people think of our system and then tell us how we can all work together to refine it and redefine it for the future.

By doing this we can save what most Canadians agree is one of our unique aspects as Canadians, medicare — a comprehensive, publicly funded, publicly administered, universal, and portable health care system.

Mr. Speaker, many of the recommendations in the report are already in the works or have been done in Saskatchewan as my colleague has already pointed out. There are 23 primary health care sites in such innovative areas as a senior citizens high-rise and on a university campus, targeting seniors and students respectively.

There is unique opportunity to address women's health needs using a primary health care model where there would be a focus on such issues as menopause and osteoporosis. The Quality Council that was just recently announced is the first of its kind in Canada. Our home care system is integrated with our acute and long-term care facilities so we have a seamless transition from home to hospital and back again.

Our new approach to the waiting list issue is exciting, with online access to your information and a central surgical booking process in our major surgical centres. Both these and upcoming initiatives are designed to improve our access to surgical services. We are working together with the other Western provinces to come up with common definitions and evidence-based criteria for being put on a waiting list to begin with.

Mr. Speaker, our human resource strategies are the envy of many other provinces. We have a principal nursing officer in the Department of Health to coordinate efforts to retain and recruit nursing personnel. She also works with the professions on a variety of projects to improve the working life of nurses. We have the same type of commitment to our doctors and work constantly with them to improve the recruitment and retention of doctors.

Other health providers are equally important in the delivery of high quality health services. Many incentives are in place to ensure that we have adequate numbers of respiratory technicians, occupational therapists, physical therapists, speech language pathologists, laboratory technicians, medical imaging technicians, pharmacists, dieticians, nutritionists, and all the other various professionals and support staff that make the health system so complex and so efficient.

I've seen the warts, and I've seen the wonders. Health care is dynamic. And if you think you have it figured out, something

new will come up and you'll have to adjust.

We sure don't do everything right yet and I'm not convinced that anyone ever can. But we can do and what we have done so well is to integrate our health services. People like you and me can get our complex health needs met quicker and more efficiently than ever before. We can get our more basic needs met closer to home and with a wide variety of health providers in the same location. That's called primary health care.

This approach to providing services puts the patient first and vastly improves their experience with the system. We have not put the primary health care model in enough places but we are doing a very good job of adding locations as fast as the communities and the various providers are ready to accept and assume the new roles.

I was very happy to see the emphasis in Commissioner Romanow's report on the primary health care model of health delivery.

Mr. Speaker, it's been almost 10 years since I was elected president of the Saskatchewan Union of Nurses. It's just about been that long since I've been talking about primary health care.

According to the commission report, the primary health care model is:

... about fundamental change across the entire health care system. It is about transforming the way the health care system works today — taking away the almost overwhelming focus on hospitals and medical treatments, breaking down the barriers that too frequently exist between health care providers, and putting the focus on consistent efforts to prevent illness and injury, and improve health. In fact, no other initiative holds as much potential for improving health and sustaining our health care system.

This concept is integral to how we move forward.

Mr. Speaker, many of the health problems that have put such a strain on the resources of the health system are within our control to influence. Obesity, smoking, alcohol use during pregnancy, are just a few that come to mind that we have the power to make choices about and that could have a major impact on decreasing diabetes, heart disease, some cancers, and fetal alcohol syndrome.

In many cases it isn't the system that is out of control; it's our personal control over choices that adversely affect our health that is at fault.

The cost to us as individuals in decreased quality of life and to the health system in costly treatments and surgeries is undesirable and is a major factor in the unsustainability of the current system. We need to take control of and responsibility for our own health.

I was very happy to see the emphasis in the commission report on the benefits of disease prevention and health education.

I too have a strong commitment to the reality of the social determinants of health. Our education, our social supports, our

environment, our job — even as I've said before whether we have joy in our lives — these things are a major factor in determining how healthy we are.

Mr. Speaker, this cannot be said enough — health care does not equal health. Health care does not equal health. So much more contributes to a healthy person. Our health system is only one part of our health.

We need to have a distribution of our resources that allow for adequate funding of education, social services, safe communities, safe drinking water, and all the other programs and supports that contribute to a healthy person.

Mr. Speaker, we talk about appropriate usage of personnel. We know we need more than a doctor to make or keep us healthy. We also have to talk about the best use of our buildings and our hospital and long-term care beds. We spent a lot of time and money on buildings in the health sector. We know we have to have enough beds to meet the surgical and medical treatment needs but we must balance this need with the need for other programs that contribute so much to recovery and wellness, such as outreach programs for new moms, for mental health programs, for services for eating disorders and various addictions.

Mr. Speaker, a good example of this concept is that we must have places where a person can get diagnosed with diabetes, taught about the disease, and then be plugged in to a system that calls them back for follow-up visits. There must also be community resources for supporting people in their own management of the disease such as access to dietitians and podiatrists.

Hospitals only meet a small part of our health care needs. It's a narrow view of the health care system if all we value is the hospital. Our new facilities being built in places like La Loche, Ile-a-la-Crosse, Stony Rapids, Fort Qu'Appelle, and Meadow Lake, to name a few, are health centres. They are designed to deliver a broader range of services than a traditional hospital ever did. We are recognizing that we need more than a hospital bed to make or keep us healthy, just as we need more than a doctor to make or keep us healthy.

Mr. Speaker, there's a whole aspect of the health care system that has not been adequately funded or explored across Canada. That's information technology.

Each province is trying to move toward an electronic health record. This will enable providers such as doctors, nurses, emergency medical personnel, and a host of other providers that we visit or that have a part in our diagnosis, treatment, and recovery to readily access pertinent information about us when we need health services.

It will eliminate duplication of tests and of questions about family history and past medical history. It will also enable good information to be collected about trends in disease, usage of the system, and enable us to track how what we do actually makes or keeps us healthy.

We need both of these benefits of information technology to make appropriate use of our health dollars and to make treating

patients more effective and efficient — a report card, if you will, to the public on how health dollars are spent and what do we get for our money.

I'm proud to say that when my colleague, the member from Nutana, and myself were in the Health portfolio, we played a major role in making this reporting a national commitment. The first report has come out this fall in each province and will be regularly updated for the Canadian public.

Mr. Speaker, all the changes in public awareness about our health needs have led to a more educated, demanding, and involved patient, client, resident, consumer, or user of health services. This is a very positive sign for the future of the health care system. We as consumers demand that we have the best available technology, the best providers, the best variety of health services. And so since we are so educated, we recognize the value and the wisdom of the recommendations of the commission's report and we expect no less than full implementation of those recommendations.

Mr. Speaker, Canadians have told the commissioner in a multitude of forums over the last 18 months that we want medicare preserved and enhanced, and we will accept no less. Mr. Speaker, the commissioner's recommendations are supported by documented research. We no longer have to rely on coffee row anecdotes, talk show opinions, and scare tactics to make the necessary decisions to ensure that medicare is sustainable and enduring in Canada.

Canadians have said they are tired of the squabbling between governments about who did what to harm the system, or who should do what to fix the system. We will hold our elected representatives, both provincially and federally, to the commitment to fix the system. We need no more now than the political will to move forward. All that being said, Mr. Speaker, I can still speak for another 20 minutes or a couple of days probably, but I know my colleague from Cumberland in particular will need some time to address Aboriginal issues. And with that, I will stop here. Thank you.

Some Hon. Members: Hear, hear!

Mr. Gantefoer: — Thank you very much, Mr. Speaker. It's with pleasure that I join in this debate about a very important topic, a topic very near and dear to many of us, and certainly for some of us a topic that is very, very precious — and that is the topic of the delivery and sustainability of the health care system in our province.

Mr. Speaker, in the motion the government puts forward, they talk about the progress that they've made in their own initiative and recognizes . . . there's sort of three components to their motion: first of all recognizing what they've accomplished; second of all endorsing the Romanow Commission report; and thirdly, supporting the principle that the federal government has to play an increased role in terms of the funding.

And I would like to speak to really all three of those issues, not necessarily in that order. Mr. Speaker, one of the things the health care system has had over the last number of years and since I've sort of become interested in the provincial political scene and public service . . . I go back to the Murray

Commission as a matter of fact, as a very major initiative by the province of Saskatchewan at the time, and a very significant effort on behalf of the commission of that day and the commissioners to come up with a vision and recommendations and future blueprint of Saskatchewan health care delivery. And in many ways that that could be maybe transposed on to the national scene.

And we've had in more recent times the Fyke report in terms of looking at Saskatchewan particularly, and on the national scene we have had not only the Romanow report but we've had the Senator Kirby Senate report, and in Alberta we've had the Mazankowski report. So there hasn't been any shortage of reports and recommendations in regard to the health care system in Saskatchewan and Canada. We have had magnitudes of volumes of these reports, and every one of them, I think would be agreed by everyone, have some significant and important insights into the health care system, and some important recommendations.

(15:45)

The question is really, is not so much how many reports we've had — and we've had minor ones in the provincial scene on waiting lists, surgical waiting lists, that have come and gone. And we've had new people do new reports on the College of Medicine, on the nursing shortages right now. All of these things are all well and good.

The fundamental question that we have to ask ourselves in all of these reports are, where are the succinct and doable decisions that have to be made so that we can move forward the health care agenda to actually cope with the realities we are not only facing today, but that we're going to face in increasing numbers into tomorrow?

And, Mr. Speaker, one of . . . there's a few of those realities that I want to touch on. The first one is the basic demographic reality that we have in Saskatchewan and in Canada. You know, Mr. Foot, in his paper looking at I think *Boom, Bust & Echo*, talked about the demographics of our country, and what the impacts of these demographics are going to be not only on health care, but on many other issues of society. He talked about the fact that after World War II, the baby boom was created. And many of us are the living reality of that baby boom. And there is going to be increasingly more and more of us that are going to reach our senior years and are going to require more and more services from the health care system. This is a number reality, a demographic reality, in Saskatchewan and in Canada, that we simply have to face.

So all of the issues we've been facing so far are going to be even greater challenges in the very near future. And instead of looking at how we're going to be able to cope with the people and the numbers that we're currently coping with, we actually have to accept the reality that there's going to be more of us that are going to be requiring health care.

And so the challenge is not just to cope with what reality we face today, but also face the reality of the future. And, Mr. Speaker, I think that that is a real challenge for us.

When I looked at the various reports . . . And I have to say that

Mr. Romanow's report was rather disappointing. And maybe it was because my expectations were much greater than they might have otherwise been, because I thought Mr. Romanow was in a very unique position to build on all these other reports and really come out with a very clear blueprint that was not only visionary but practical and pragmatic in terms of its implementation and meeting the challenges that I've outlined, particularly of the demographic shifts.

And so, Mr. Speaker, one of the realities is, is that Mr. Romanow was not nearly in my opinion as direct and as visionary as Senator Kirby was. I thought that his report had a great deal of insight as well and a great deal of pragmatic suggestions as to how we can move forward into the future.

Mr. Speaker, one of the things that was outlined by the member from Saskatoon Eastview . . . and I agreed with very much of what she said in terms of the general directions and the philosophical attitudes and the challenge that we all face as people who are advocates or leaders in the health care system. The points that she made are points well taken in terms of where we need to go.

But one of the things that I think is absolutely fundamental, that Mr. Kirby recognized and devoted an entire chapter to, where Mr. Romanow only discussed obliquely, was the whole issue about the numbers of health care professionals that we are going to need today and into the future to deal with the challenges that the health care system is currently facing and is going to face in the future.

Mr. Speaker, I think that that is a fundamental challenge because we can talk about surgical waiting times, we can talk about primary health care teams, we can talk about the need to have more research in pharmacological products and things of that nature, we can talk about roles and responsibilities and relationships between various levels and categories of health care professionals. All of that is very true and is very interesting and is very important, but unless we have health care professionals, unless we are preparing and educating and providing enough health care professionals for the health system, it's going to be a very academic discussion that's going to ultimately lead to a great deal of disappointment because we're not going to be able to achieve the lofty ideals that we talk about.

And so, Mr. Speaker, Senator Kirby talked very much about the fact that there has to be first of all an evaluation of where we are in terms of our educational training in all of the various categories and particularly those that are identified in short supply, and one of the fundamental primary initiatives that have to occur is to address that whole issue. Because I think quite rightly he recognized that there is a huge delay and a timeline that's going to occur in order to realize that potential.

On one hand, we have the reality of an aging baby boom population and expanding numbers who are going to demand increased services. And that isn't some time in the very distant future; it's virtually at our doorsteps. On one hand, we're going to have that increasing demand that's going to be necessary because of the demographics and on the other hand, we've got some very real concerns about the ability to cope with the situation as we have it now — never mind reach the future —

and there's going to be a delay.

Mr. Speaker, we heard over the weekend that we have some real problems in the College of Medicine in Saskatchewan. And I think those are very real problems and they underline the fact that we have not properly dealt with the whole issue of providing medical professionals in this province. We've got the numerics, but I mean when we look at the statistics, almost half of the graduates from the College of Medicine are lost to the province. Not quite, but I mean it is a concern. So we are not going to even maintain 100 per cent of the graduates from the College.

In the College of Nursing, I understand that the numbers are better and the statistics, of the fact that we have 260 seats that could be potential graduates and we are actually retaining over 80 per cent of them. And that is very encouraging in terms of having a much higher retention rate in the province for nurses practising their profession within the province. But even if it is in the high 80s, it means that we are only retaining something over 200, between 200 and 250 nurse graduates in this province. And the study that was recently done has indicated that over the next 10 years, 4,000 of our 9,000 registered nurses are going to be eligible for retirement.

And quite frankly, Mr. Speaker, of the time that I've spent observing what's going on in the health care system I believe that the vast majority of these nurses, when they are eligible for retirement, are going to take their retirement because quite frankly they're working extremely hard and they are tired and they're at the risk of burning out. So the likelihood of us having people defer their decision to retire is highly unlikely.

So when you do the math, Mr. Speaker, we're likely to lose 400 nurses a year — that I think has been demonstrated — and at best we are educating and providing for Saskatchewan maybe 225 nurses a year. It's really easy to do the math, that this is an impossible situation with registered nurses.

They not only are being asked to provide increasing services in the advanced clinical and the nurse practitioner roles — and I support that wholeheartedly as part of primary health care teams — they're the heart and soul. They are indeed the centre of the circle that the member talked about in terms of health care delivery. And we are going to create a very critical shortage about this issue and the government doesn't seem willing to really significantly and in an important way address this issue.

And even if they saw the light today, it's likely going to take four to five to six years before we would actually achieve any substantial increase in the number of graduates from a program because there is such a deficiency in facilities and professors at the nursing level, not only in Saskatchewan but in Canada, that this is going to be very difficult.

So, Mr. Speaker, we can talk about all of these issues and we can agree philosophically and we can say the nice words about what all should be done in regard to the health care system in Saskatchewan and Canada. And Mr. Romanow or Mr. Kirby or the members opposite can stand in the House as I can and say this should be done and that should be done, but unless we deal with the very fundamental issue of who's going to do these

things, who are we going to have in the workforce to deal with these issues, we are all going to be disappointed as to the outcomes and our ability to deliver the services that we say are so critically important to our population.

Mr. Speaker, the government has a responsibility to not only deal with the crisis and the problems of today, which is the way they seem to deal with the issues in health care — it's like crisis management — they have to anticipate what's going to occur into the future. Because while it is an imperfect science, it is an important thing to try to look forward and anticipate what the realities are going to be five and ten years into the future, because all of this takes time.

One of the concerns I had in the Romanow report is — I understand why he'd perhaps want a very tight timeline in terms of the five main categories where he wanted targeted and special funding — is that also is the timeline is very short. And one thing I've realized, that if you're going to really have meaningful and well-thought-out plans for the using of these resources, it takes a little time to develop them and I'm not too sure Mr. Romanow's expectations in terms of the timelines he recommended are not tighter than what can be realistically achieved.

Mr. Speaker, the other issue that I think is important . . . and I really think it's also important to highlight a couple of initiatives that I think are innovative and really important in the Romanow report that deserve our consideration and support. Again with the underlying thing that we've got to clearly make sure that we have people to undertake these initiatives, that that is so fundamental is the underpinning on everything that we do. It should be a precursor for anything that's discussed.

I think it's important to talk about the ability to deliver better home care programs, particularly in the area of mental health which is an area that I think in many instances has been sort of neglected and not had proper attention paid to it. And the other area I think that is very interesting and important is the ability for the home care system to help people and families who have a loved one in a palliative care situation and I think that that is also very good.

Mr. Speaker, I think as well that there are some real opportunities for Saskatchewan in particular to take a leadership role in rural and Aboriginal health issues because we certainly have more of those situations facing us than maybe any other place in Canada. So I think there are some real opportunities in that area as well.

Mr. Speaker, one of the things Mr. Fyke talked about in his report is about accountability and sustainability. And I believe that it's absolutely true that all of us have an obligation to the citizens and the taxpayers of the province to be absolutely transparent and accountable for how we are committing major resources of our citizens and our taxpayers in health care.

But the other thing is sustainability, and quite frankly, Mr. Deputy Speaker, I'm a little bit worried about Mr. Romanow's desire to count on the federal government to the extent he does.

I think all of us remember that when medicare was brought in as a national treasure, if you like, that we were counting on the

federal government to be involved in this project with 50-cent dollars, that everyone was going to agree that the federal and provincial governments were going to fund this new health care initiative in equal proportion. And, Mr. Speaker, with due respect to the federal government, we I think all agree on what has happened. We're down to arguably 14-or 17-cent dollars, I guess, depending on how you calculate the formula.

And Mr. Romanow has now said that over the next three years that amount should be increased by \$6 billion by the federal government to get the federal government to a 25 per cent share. Well again I think those are admirable sentiments. But I, for one, am not quite comfortable of trusting the federal government to stay at that level.

We were trusting them to be at 50-cent dollar levels and we see what happened to that trust. And so I am more than just a little bit nervous that the federal government is going to live up to its commitment, if it indeed makes it in the first place.

The other thing that I see is that the federal government has been saying that if there's going to be new dollars for health care, they got to be new dollars that come both from the federal government and the provincial government. Well I'm a little worried about that as well because the provinces have been there all along with their dollars and the federal government has backed away from it.

And quite frankly, Mr. Speaker, when we talk about the sustainability of the system, to just believe that the federal government is going to commit to these new dollars and stay living up to that commitment over the long term is something that quite frankly terrifies me, because these are the same people that said, for example, that the gun registry program was going to cost \$2 million and we ended up knowing that it's approaching \$1 billion.

(16:00)

That kind of nonsense frightens me because if they make those same kinds of inappropriate investments and decisions, I am not so sure that they're going to live up to their commitment that they may indeed make — if they do — on the sustainability of their commitment to the health care system.

And so I am nervous about us embarking on a program that's going to rely and count on their commitment because we may end up holding the bag again, as we did in the last example of relationship in regard to health care funding with the federal government. And so I'm worried about that.

So, Mr. Speaker, I want to express my concern about what's going on in the health care system. And I would like to offer an amendment that I would like to read into the record at this time. Moved by myself and seconded by the member from Canora-Pelly:

That the following words be added after "acknowledges":

the government's poor performance in delivering health care services to the people of Saskatchewan as demonstrated by the longest wait lists in Canada, the longest health care strike in Saskatchewan's history, the

unsatisfactory working conditions and poor morale amongst health care professionals that has been demonstrated by repeated strikes and labour unrest which has directly contributed to the health care shortages in this province, including the 600 vacant positions for registered nurses and registered psychiatric nurses that currently exist in health districts; and

That this Assembly recognizes that unless there are adequate medical professionals in the health care system it will be impossible to implement any of the recommendations that have been made by the Fyke Commission on Medicare, Senator Kirby's final report on the state of the health care system in Canada, the final report of the Romanow Commission, or the government's Action Plan for Saskatchewan Health Care; and

That this Assembly further supports the need to increase educational training seats where specific shortages for medical professionals exists and in particular supports a call by the Saskatchewan Union of Nurses, SUN, and the Saskatchewan Registered Nurses Association, SRNA, to increase the training seats for nurses to 400 by the academic year 2003-2004; and

That this Assembly calls upon the federal government to immediately increase its share of health care spending to ensure adequate, sustainable funding for the future.

Mr. Speaker, I think this motion encapsulates the concerns that I've expressed, encapsulates the concerns of health care professionals across the province, encapsulates the concerns about people across this province for a sustainable, long-term health care system, and I'm proud to move this amendment.

Mr. Krawetz: — Thank you, Mr. Deputy Speaker. Mr. Deputy Speaker, it is indeed an honour to second that amendment that really describes the concerns that people have right across Saskatchewan with the need for health services, the concern about who will provide them, and in fact, Mr. Deputy Speaker, where will they be provided.

Mr. Speaker, in the Romanow report, the chapter that I'm going to pay particular attention to is chapter no. 4. In that chapter, Mr. Romanow talks about two very specific areas. He refers to one section on page 94 as the nursing situation and later on, on page 96, he refers to access to doctors.

There are three issues that I want to bring to the attention of the House this afternoon, Mr. Speaker, and indeed to all people across Saskatchewan about how things have deteriorated in the province of Saskatchewan.

Under the nursing situation, Mr. Romanow highlights a number of areas and I'm going to read into the record three of the areas that he italicizes. Those are the areas that he identifies this way. He calls one the nursing profession is aging; the second one is too many nurses leave the profession due to stress, poor working conditions, and poor morale; and the third one is too few graduating nurses.

Now, Mr. Deputy Speaker, those kinds of concerns, as identified in the Romanow report, have very significant

ramifications on the delivery of health care in rural Saskatchewan especially. But not only rural Saskatchewan. We have to look at how the delivery will take place using the large centres of Saskatoon and Regina, the regional facilities like the community of Yorkton, and then the local hospitals at Canora, Preeceville, Kamsack, and Foam Lake.

And that's where I want to begin, Mr. Deputy Speaker, with the community of Foam Lake. Foam Lake has been very concerned about the fact that their registered nurses, the age of those nurses and the number of years of service has been steadily increasing. And through the summer, two nurses decided that it was time to retire and gave their notice of retirement, Mr. Deputy Speaker. And I quote from a couple of articles published in newspapers in my area, the *Foam Lake Review*. And this is of . . . dated October 14, 2002 and it's a comment made by Mr. Ben Weber, who now serves as the Chair of the Sunrise Health Authority, and he says this:

It's not unique to Foam Lake, it's across Saskatchewan. We face tremendous challenges. There are very serious shortages.

Those were comments made by the Chair who . . . in referring to the fact that no nurses were available to take the positions of the two nurses who retired.

Mr. Joe Kirwan, the CEO (chief executive officer), said on that . . . in that same article he said:

There are no plans to remove acute care from Foam Lake.

That was October 14. Now, Mr. Speaker, the next article is from the *Foam Lake Review* dated October 28. And it says this:

If replacement nurses can't be found within the next few days, the Foam Lake Health Centre faces temporary closure of all acute-care beds effective November 1.

This is the word from Michael Redenbach and Joe Kirwan, who met with the Foam Lake advisory . . . community advisory committee on Tuesday, October 22:

As of November 1, the hospital will be short two and one-half nursing positions. There has been no response to ads for nurses. Redenbach and Kirwan came to Foam Lake to discuss the situation and to ask the advisory committee for suggestions. If permanent replacements are not found, Foam Lake would go to a 9-to-5 facility on November 1, at which time Dr. Bia's classifications would change so that he would do no evening or weekend emergency coverage. In short, no nurses means no acute-care beds, no acute-care means no admissions, and no evening or weekend emergency care.

So you see, Mr. Speaker, the ramifications of not having sufficient number of nurses in this province, not only the fact that we can't retain, as my colleague has pointed out, but the fact that we just don't have enough trained, registered nurses.

Mr. Speaker, a chart that has been prepared by the nursing group in the province of Saskatchewan for registered nurses is even more alarming. And when I saw these statistics, I really

couldn't believe them at first.

Mr. Speaker, in the province of Saskatchewan we used to have two nursing programs. They were the diploma and the degree programs. And in 1991, in those two areas, the number of graduates that entered the work profession in Saskatchewan, as far as graduates, totalled 364. As the government announced the removal of the diploma program and phasing it out, we reached an all-time low of the number of graduates in 1998 of 105.

The projection for 2002-2003 is 145 graduates per year and my colleague from Melfort-Tisdale has ably pointed out just how tremendous and inadequate that number is, tremendously inadequate. We are graduating a small number of nurses even with the increase and we have the baby boomer group, the aging nurses. As Mr. Romanow has reported, the age of nurses is increasing and there will be more retirements.

Mr. Speaker, the other chart that is very, very important to look at and is how other provinces in Canada have looked at this situation and said, what are we going to do about it. Actual graduates from colleges of nursing in Canada in the year 1999 totalled 5,221 — 5,221 nurses graduated through all of Canada. Saskatchewan contributed 147. Those are actual statistics. They're not my numbers. That was 1999.

So let's look ahead to the projections for 2003. 2003: the estimate is that there will be 7,578 registered nurse graduates — a huge increase — almost 50 per cent increase in the number of graduates coming out of the provinces of Ontario and Alberta and Manitoba and all over Canada.

Mr. Deputy Speaker, the number in Saskatchewan in fact drops by two. From 147 in 1999, we will expect 145 graduates in the year 2003. So, Mr. Speaker, while Mr. Romanow has made reference to the fact that we have a nursing situation and we have a number of concerns with age, he also talks about the fact that we have too few graduating nurses.

Provinces who recognize this weakness have developed a plan. They in fact have increased the number of nursing graduates to be well over 7,000 nurses in all of Canada. We have not increased one single position from 1999 to expected graduates of 2003. Mr. Speaker, that's appalling because now the community of Foam Lake, upon having retirements, cannot find nursing positions. And I know, Mr. Deputy Speaker, that the community of Foam Lake as far as its acute care facility is a small facility and that it's difficult to attract the professionals to that, but it's a tremendous community.

Patty Hack who chairs that committee has spoken very well about the need to go elsewhere, the need to advertise Foam Lake and to look at ensuring that there are nurses available. And this government has to lead by example. And the statistics that I've just pointed out, Mr. Deputy Speaker, show that that won't happen, that this is in fact a step backwards in Saskatchewan when we look at the number of graduates.

So when we look at what Mr. Romanow has suggested, it's very important that we move in this province to address this concern. Whether we have to do something temporary to ensure that a facility like Foam Lake has the available registered nurses to keep it open and operating, I don't have that solution, Mr.

Deputy Speaker. But collectively the people in the Department of Health, the government members, should be able to put together a plan that ensures that the services that we expect as Mr. Romanow has indicated, are in fact delivered.

Mr. Deputy Speaker, in chapter 4 as well, the Romanow report also states one other statement that I want to read into the record. And he says this: take steps . . . and I quote:

Take steps to ensure that rural and remote communities have an appropriate mix of skilled health care providers to meet their health care needs.

So, Mr. Deputy Speaker, you can see that that's not only just the registered nurses, that's the laboratory technicians, the X-ray technicians, all of those professional groups that are needed. Because what we see, Mr. Deputy Speaker, is that the graduating students are attracted to Saskatoon and Regina and Prince Albert, and then their next choice is Yorkton and North Battleford — the next regional centre. And the communities like Canora, and Preeceville, and Kamsack, and Foam Lake which are facilities in my constituency, Mr. Deputy Speaker, are now already at the bottom of the rung, if I might use that expression, in terms of where do they find the available help.

And I think we have to be very, very, you know, candid about this, Mr. Deputy Speaker. It's not something that we can just say well they'll come from another country or something else will happen. We have to put in place a plan that trains and educates the number of skilled workers that we require. My colleague also pointed out is that we will require more services in fact, as the baby boomer reaches retirement and in fact, the statistics do say, Mr. Deputy Speaker, that in the last four years of one's life you require I believe it is 80 per cent of the medical services that you require in your entire lifetime. So we know that those are going to be required.

Mr. Deputy Speaker, the second area I want to turn to very briefly is the growth and development in this province. One of the communities in my constituency, that being Preeceville, has been, has had a project approved in principle — and I would put those words into quotation marks, Mr. Deputy Speaker — for a number of years. And they've been working extremely hard at the Preeceville and district level.

It was expected to be a project that would be about \$4.5 million in size. But that's a couple of years ago and I'm sure through inflation that number has already increased. And it was going to involve a construction of a new facility — a new hospital, nursing home centre — to meet the needs of the people of Preeceville and area.

The funding for this, of course as we know, is a 35/65 per cent split. The community has put in place its 35 per cent. It continues with fund-raising projects that just, you know, astound me.

We see the presentation of a cheque on November 13 from one individual of \$10,000 to this project — wanting to ensure that it happens. On November 25 the hospital auxiliary raised more than \$3,000 from one simple little auction that they had.

So the people of the area are behind it. They have their

commitment of the \$1.6 million, approximately, which will be their 35 per cent share. They already have commitments that that money is in place. They've raised money through various funds and they actually have I believe almost \$800,000 in a bank account. And the remaining municipal contributions have been committed. They're ready to go.

But, Mr. Deputy Speaker, the problem is that for the last three or four years that I've raised this issue, we've heard about all the concerns. We heard that there was a Fyke Commission that was going around, so everybody said, just wait; we'll see. Then there was the Fyke report and people said, well here's the recommendations and now we'll get an understanding of what the province is going to do.

Then the action plan came down . . . came out and of course the Assiniboine Health Valley became the Sunrise and they said, well just wait; we'll have to see what happens with the East Central Health District and the Assiniboine Valley and the North Valley District. Now we're waiting for the Romanow report. And now it's out.

Mr. Speaker, it's time for this government to show some leadership. And I want to read into the record a comment made by the minister on July 4 of this year. I asked the question about whether or not there was going to be an announcement of funding because I thought the plan was in place. And on July 4 the Minister of Health indicated to me, and I quote from *Hansard* of July 4. He said:

I know that I've met with the mayor and some of the other people from Preeceville. And once we're free, I'm hoping to go up to that area and see their project and the place where they want it to go and even have a better understanding of what they're wanting to do. Because I think that's how we rejuvenate our health system across the province.

So you know, Mr. Deputy Speaker, I was very pleased to see in the *Preeceville Progress* a picture of the Minister of Health in Preeceville. And true to his word, he came out and he met with the people. And in fact that's the day, I understand, that Mr. Johnson presented the committee, through Mr. Nilson, for a cheque for \$10,000 to go to that.

So now is the time for action, Mr. Deputy Speaker. We need . . . Communities, communities need the Department of Health, through the leadership of the minister, to announce these projects, to move forward for development because those are the kinds of services that people are very, very worried about. They need to feel assured by this government that the Romanow report which recommends this . . . it recommends that we ensure that rural and remote areas have access to services.

The minister has met with the people. The announcement has been made by the new Sunrise Authority, that they're . . . it's approved in principle. And I think it's time for this government to step forward and allow those communities like Preeceville to move forward.

My final comment, Mr. Deputy Speaker, is around the area of retaining professionals. The east central side of the province —

Mr. Deputy Speaker, you'd be very familiar with that side of the province — is very concerned about the fact that one of . . . one very good orthopedic surgeon by the name of Dr. Van Sittert is leaving Yorkton. And there are, there is concern expressed by the people, Mr. Kirwan, as CEO and others, is that there's been difficulty recruiting a qualified surgeon to handle that tremendous load that Dr. Van Sittert had. Mr. Deputy Speaker, those concerns are very, very important to the people of that area because if orthopedic surgery is removed from the regional facility in Yorkton . . . I spoke with the CEO of the Regina district, and he said, it would literally swamp their system in Regina. It just cannot be allowed to happen.

So we have an example again of physicians leaving the province, Mr. Deputy Speaker. And as I quoted from the Romanow report, Mr. Romanow includes a section that he calls "Access to Doctors." Now as a result of problems within the health system, as a result of too few professionals in the area of nursing, especially in the area of post-op beds, we have seen a cutback in the number of surgeries performed. And this is a domino effect, Mr. Deputy Speaker.

I now look at the community of Canora where we've had a number of tremendous general physicians — two doctors by the name of Dr. Cornelius Vanzyl and Dr. Lizette Vanzyl have decided to leave Saskatchewan. They've announced that effective December 31, they are headed for Ontario where he will be able to do surgeries and he will have a practice that will even be bigger than the one in Canora. But most importantly he's going because he will be able to do surgeries. No surgeries are performed in Canora and he was trying to have some operating room time in Yorkton but, due to a shortage of professionals, it cannot be offered. So his decision is, leave Saskatchewan.

So it is of great concern, Mr. Deputy Speaker, that the Romanow Commission's recommendation around retention of nursing graduates, around growing those areas, needs to be addressed.

Mr. Deputy Speaker, I have raised two or three points of . . . for information for the people of Saskatchewan and the members opposite, and as indicated by the amendment it draws those particular things to the attention of this Assembly. And I'm honoured to be able to second that amendment.

Mr. Goulet: — Mr. Speaker . . . Deputy Speaker, I am pleased to enter the debate . . .

Some Hon. Members: Hear, hear!

Mr. Goulet: — . . . to outline very clearly that I will be supporting the motion put forth by government and opposing the amendment by the members from across.

Number one, the debate is about the Romanow Commission. The debate is about \$6 billion extra money from the federal government in a certain time period which will be amounting to about 25 per cent, you know, of the funding, you know, from the federal government. Right now we have been debating with the feds in regards to 14 per cent funding or 17 depending what fact you take, and we would like them to improve on their funding levels.

So we're talking about both the quality of health plus the funding of health. And in that sense we're pretty clear that the federal government has to come out with the dollars. And there was a bit of an uncertainty in the Sask Party position. They seem to be saying that we should be putting more money, you know, from the provincial side.

And I'm not too sure about that position because last election when they were running, Mr. Deputy Speaker, they were talking about zero, zero, zero. And now as a new election rolls around they're becoming to be a little bit more moderate. They're trying to sound a little bit more moderate and trying to sound a little bit more reasonable. But wait till after the election, you know. They'll be going back to the same zero, zero, zero. And in that sense, Mr. Speaker, there's got to be a bit of a sense of trust in regards to what they actually say and what they actually do into the future.

So, Mr. Speaker, as I get into the debate, I wanted to focus in on the North and on First Nations and Métis people. Now as I look at the Romanow recommendations across for Aboriginal people, meaning the Inuit as well as First Nations and Métis people in Canada, we look at these recommendations very, very carefully and they seem to mesh in with some of the things that we've been doing in this province. Of course, it's been very, very important as we looked at the history of the past 10 years. We've had the Fyke Commission and now the Romanow report at the federal level that we have made some progress towards some of the things Romanow is stating.

Number one, as we were looking at the funding side, although we know we'd had a very difficult funding period, we've been able to do certain things in partnership with the federal government. And many of the people out there may not recognize that.

The North had very few health centres. We had one in La Ronge. There was one that was down when . . . During when the Tories were in power, they had put in very little money into the North and we had health centres every couple of hundred miles but it was neglected in the North. They made promises all the time that they were on. They made promises that they would do something for the La Ronge Hospital. But lo and behold, when they were in power for nine years, nothing came of that promise — absolutely nothing. They were putting money into some of their constituencies but not in all, but they were putting nothing into the North.

And so when people are talking about a First Nations strategy or a northern strategy, obviously a lot of the Sask Party people will be very, very wary . . . I mean, First Nations and northerners will be very worried because they know they make promises before an election but they don't deliver them, you know, after the election.

Now we look at the . . . (inaudible interjection) . . . And one of . . . The member says that I'm fearmongering. I'm actually speaking the facts. This is what actually happened. It is not fearmongering. It is directly what happened in regards to the North.

And I know that the people in the North had raised \$1 million — \$1 million. They raised funds to build their health centre.

But the Tories never even put any money down on the table for that La Ronge health hospital.

When we come into power, we have put in about \$30 million. We have put in money into the La Ronge health centre. We have put in money in regards to the Athabasca region. We have put in money into La Loche, and those centres are now going up. And even into — the person from Indian Head is talking about from his seat — and even in his area in Fort Qu'Appelle, we put some money in: a total of \$30 million on Indian health, on Indian hospital there.

So when you combine the amount of money — the 30 million that was into the northern hospitals plus the one in Fort Qu'Appelle — so that's an important part to look at. The other one that comes out in the report is that there is a . . . it's something that's a little bit problematic for the Sask Party. They don't like to see First Nations control or northern control. And in that sense when the Romanow report talks about direct input, this is the strategy we've been looking at.

We've been having a strategy where we look at the P.A. (Prince Albert) Grand Council up in the north country as well as the Meadow Lake Tribal Council, and they have come together. About three years ago I had met with one of their head persons called Lionel Bird. And Lionel Bird had talked about a new grand vision for the North wherein the treaty rights of people would be respected at the First Nations level, but they would come together in unity at the regional levels, at the tribal council levels, so that you could have health consulting people deliver support systems to the people at the local level.

And also at that time we had a discussion and saying, why not do a partnership between that and the three regional health authorities for the North and for our three boards in the North. So when we had a discussion there, it was about this time before Christmas that I went to see him, and lo and behold it didn't take long. In about another half year they had talked to Meadow Lake Tribal Council. They had all agreed that we should be having a partnership in the North and that we should have a co-operative approach. In that co-operative approach we therefore developed a memorandum of understanding.

And this memorandum of understanding dealt with the key aspects because we knew that there would be shortage of funding over the long run. There had to be better co-operation on the regional level. There had to be co-operation not only for the people in the public system at large, the northern health boards, but there had to be co-operation with the First Nations regional bodies, which were the tribal council.

So the model came to be . . . when you look at the Romanow Commission report, that's what it's talking about. It's talking about that type of partnership to be developed overall throughout Canada. And I think it's an extremely good model. When that report talks about this model, a person has to look at concrete tactics.

We have seen now that the three health boards in the North plus the two tribal councils have come together to deal with the issue of diabetes. Diabetes is about six times higher in the First Nations and Métis communities and coming together in that fashion was very, very important.

So now they co-operate and look at not only the level of discussions on treatment but on education, you know, the importance of public education, the importance of nutrition, the importance of exercise, the difference between type 1 and type 2 diabetes, and the prevention aspect that is very important dealing with the issue of type 2 diabetes. So that they have come together to do that type of work, and that's the essence of the . . . Romanow's report.

At one end it respects the jurisdiction of treaty rights of First Nations people and also the fact that we need public access and public control of health. So it's a combination of both in this partnership strategy and that's what is going to work, you know, for the long run.

Some Hon. Members: Hear, hear!

Mr. Goulet: — The other aspect, as we're looking at it, I looked at the funding and it's an extra 6 billion. I was very pleased in that funding. We had an extra one and a half billion for rural and remote funding. I know that the member from Melfort talked about Aboriginal people, but that report actually talks about remote funding as well — northern areas all across Canada as well as northern Saskatchewan. So I was pleased to see that aspect on the report, one and a half billion on that type of fund.

There was also 2 billion on home care because in northern areas and in First Nation area, a lot of the people at the higher levels have to go outside their communities. And to start having a plan dealing with home care at the local level is a very, very important one, not only on the First Nations reserves, you know, across Saskatchewan, but also on the northern communities. So I think it's an important aspect in regards to the overall development of health.

The other thing is the primary health care model which different speakers have talked about already. But again, an integrated strategy where First Nations and Métis people are part and parcel of the primary health model is a very, very important aspect of the overall plan.

As I looked at the idea of recruitment and retention, that was another aspect that was in that report that was very, very important. I know that we've been doing quite well on training people, you know, in the legal profession in the province, for Aboriginal people in the legal profession and getting them involved in areas of education. We have a lot of teachers, a lot of social workers.

But where we lacked a little bit of development was on the health education side. First Nations and Métis people, we've been looking at it the past five years. I know my friend Valerie Arnault who runs that Native access program for nursing and they have over 100 people that have come through that program. There's also an LPN (licensed practical nurse) program operating in P.A. in co-operation with SIIT (Saskatchewan Indian Institute of Technologies) and I think — SIFC (Saskatchewan Indian Federated College) I mean — and it's very, very important to get these partnerships going. But it's the training of the people that's very important.

I always thought we spend about approximately \$1 billion in

education in this province and we spend over 2.3 billion in health. Why not the training of a lot of First Nations and Métis people in those areas?

So that plan deals with that as well, and it's an important aspect of it. We want people to be LPNs, nurses. We want people to be the X-ray technicians. We want people, First Nations, Métis people to be pharmacists, dentists, doctors, and all type of different health care workers. And I think it's very, very important as part of the overall strategy.

As well, Mr. Speaker, on the third level, on the last level that I want to talk about a little bit, is this idea of consolidating the partnership. The partnership that's in the North, it's with two tribal councils and the three health boards an important partnership but we don't see that in the rest of the province. There is a certain degree of partnerships that take place but not at that level.

So we'd like to see that development, and when we get that funding on the remote access, and also the . . . on Aboriginal funding, that that would be an important part of the strategy.

And the idea on the funds that the Romanow Commission talks about is that there's about half a dozen . . . half a dozen different funding sources as you're trying to get into the health care delivery and health care programming.

And what Romanow is recommending is that we have a consolidated fund, you know, on First Nations, Métis, and Inuit health. So that there is a consolidated funding strategy so that everybody knows exactly not only the total amount of money that is being spent, but also from there you could detect exactly how much is being spent on diabetes, how much is being spent on FAS (fetal alcohol syndrome), FAE (fetal alcohol effects), what is being spent on ambulances, and what is being spent on the different needs that are there for First Nations, Métis, and northern communities.

So those are very, very important aspects of the debate, Mr. Speaker. But in summary, as I look at my timing — I said that I would try and restrict with my comments between 15 and 20 minutes — and I would say this.

As I look back as a Cree-speaking person, and I dealt with a lot of our Dene brothers and sisters in the north country, I talked about health development over the years. And many of them, very interestingly, were reflective of our first phase when we did the first phase of a health care review in this province in the early '90s. And what the people were talking about was that we were spending a lot . . . too much time on focusing in only on the illness side of the question, and that the Romanow Commission also deals with the prevention side.

And we looked at the prevention side over the years and interestingly enough in Dene, in the Dene language, they call the health centre, the illness or the place of death . . . the illness place or the place of death. In Cree, we call it the ahkosiwikamik, which means the place of illness. You know that's where the . . . The illness house is what we call it.

And we've talked in the North about developing and evolving a new model that deals into the concept of healing. And we now

call ... (inaudible) ... somebody who does healing to somebody. And the new health centres should be called ... (inaudible) ... the healing centres.

And in many cases, both the Dene and the Cree do agree that's a type of model that we need to develop vis-à-vis the whole province. And when I know that with the Dakota people and the Nakota people and the Missinaibi Saulteaux people, it's also, you know, a similar sort of strategy. You know the concept of healing is a very, very important aspect of the need for change into the future.

So, Mr. Speaker, as I listen to the Sask Party comments again, final comments, it's always a ... they try to do a more moderate plan. The Saskatchewan Party's trying to moderate their view. And I know that they're saying that they will do more than zero, zero, zero. But it remains to be seen whether or not that is indeed true as we move on, later on into debate.

But I think that as we're looking, the essence of the debate is the quality of health care in the province; the Romanow Commission is there; and also the money — you know the 25 per cent, the 6 billion. I don't think that they will disagree with that.

So with that, Mr. Deputy Speaker, those are my remarks. I would like to say I support the government resolution and oppose the amendment by the Saskatchewan Party.

Some Hon. Members: Hear, hear!

Amendment negatived.

Motion agreed to.

The Assembly adjourned at 16:41.