



FIRST SESSION - TWENTY-FIFTH LEGISLATURE

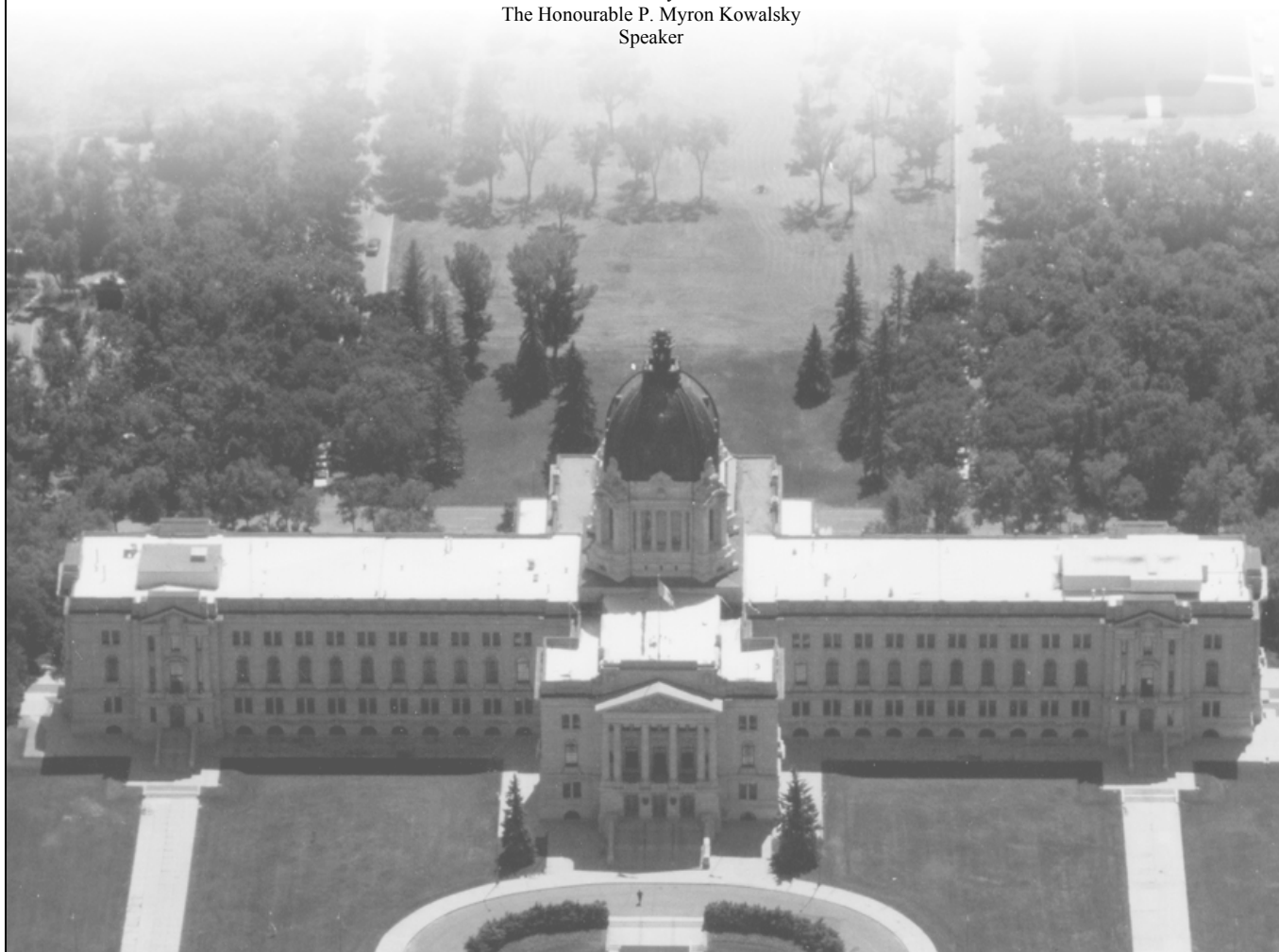
of the

Legislative Assembly of Saskatchewan

**DEBATES
and
PROCEEDINGS**

(HANSARD)

Published under the
authority of
The Honourable P. Myron Kowalsky
Speaker



MEMBERS OF THE LEGISLATIVE ASSEMBLY OF SASKATCHEWAN

Speaker — Hon. P. Myron Kowalsky
 Premier — Hon. Lorne Calvert
 Leader of the Opposition — Brad Wall

Name of Member	Political Affiliation	Constituency
Addley, Graham	NDP	Saskatoon Sutherland
Allchurch, Denis	SP	Rosthern-Shellbrook
Atkinson, Hon. Pat	NDP	Saskatoon Nutana
Bakken, Brenda	SP	Weyburn-Big Muddy
Beatty, Hon. Joan	NDP	Cumberland
Belanger, Hon. Buckley	NDP	Athabasca
Bjornerud, Bob	SP	Melville-Saltcoats
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Brkich, Greg	SP	Arm River-Watrous
Calvert, Hon. Lorne	NDP	Saskatoon Riversdale
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Crofford, Hon. Joanne	NDP	Regina Rosemont
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Dearborn, Jason	SP	Kindersley
Draude, June	SP	Kelvington-Wadena
Eagles, Doreen	SP	Estevan
Elhard, Wayne	SP	Cypress Hills
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Gantfoer, Rod	SP	Melfort
Hagel, Glenn	NDP	Moose Jaw North
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Harpauer, Donna	SP	Humboldt
Harper, Ron	NDP	Regina Northeast
Hart, Glen	SP	Last Mountain-Touchwood
Heppner, Ben	SP	Martensville
Hermanson, Elwin	SP	Rosetown-Elrose
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Huyghebaert, Yogi	SP	Wood River
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Junor, Judy	NDP	Saskatoon Eastview
Kerpan, Allan	SP	Carrot River Valley
Kirsch, Delbert	SP	Batoche
Kowalsky, Hon. P. Myron	NDP	Prince Albert Carlton
Krawetz, Ken	SP	Canora-Pelly
Lautermilch, Eldon	NDP	Prince Albert Northcote
McCall, Warren	NDP	Regina Elphinstone-Centre
McMorris, Don	SP	Indian Head-Milestone
Merriman, Ted	SP	Saskatoon Northwest
Morgan, Don	SP	Saskatoon Southeast
Morin, Sandra	NDP	Regina Walsh Acres
Nilson, Hon. John	NDP	Regina Lakeview
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Trew, Kim	NDP	Regina Coronation Park
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Wakefield, Milton	SP	Lloydminster
Wall, Brad	SP	Swift Current
Wartman, Hon. Mark	NDP	Regina Qu'Appelle Valley
Weekes, Randy	SP	Biggar
Yates, Kevin	NDP	Regina Dewdney

The Assembly met at 10:00.

Prayers

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

The Speaker: — I recognize the member for Cypress Hills.

Mr. Elhard: — Thank you, Mr. Speaker. Mr. Speaker, today I present a petition on behalf of the constituents of Cypress Hills concerning the issues they have with the crop insurance premiums going up again this year. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the provincial government to take all necessary actions to reverse the increase in crop insurance premiums and the reduction in coverage.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, this petition has been signed by constituents from the community of Frontier.

I so present.

The Speaker: — I recognize the member for Rosetown-Elrose.

Mr. Hermanson: — Thank you, Mr. Speaker. I have a petition as well regarding crop insurance signed by members of the Rosetown-Elrose constituency. Mr. Speaker, these signers are concerned that recent changes to the crop insurance program will result in large premium increases for insured farmers while overall coverage is reduced. The prayer of the petition reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the provincial government to take all necessary actions to reverse the increase in crop insurance premiums and the reduction in coverage.

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

Mr. Speaker, the signatures on this petition are from the communities of Demaine, Beechy, and Wiseton.

And I'm pleased to present this petition on their behalf.

The Speaker: — I recognize the member for Wood River.

Mr. Huyghebaert: — Thank you, Mr. Speaker. Once again I rise with a petition from citizens of the Wood River constituency that are extremely concerned about Highway 43 and their safety travelling that road. And the petition reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to repair Highway 43 in order to address safety concerns and to facilitate economic growth in rural Saskatchewan.

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

Mr. Speaker, this is signed by the good citizens of Bateman and Gravelbourg.

I so present.

The Speaker: — I recognize the member for Arm River-Watrous.

Mr. Brkich: — Thank you, Mr. Speaker. I have a petition here with citizens opposed to possible reductions of services Davidson, Imperial health centres.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary steps to ensure that the Davidson and Imperial health centres be maintained at the current level of service at a minimum of 24-hour acute care, emergency, and doctor services available, as well as lab, public health, home care, and long-term care services available to users from the Davidson and Imperial areas and beyond.

As in duty bound, your petitioners will ever pray.

Signed by good citizens from Davidson and Bladworth.

I so present.

The Speaker: — I recognize the member for Biggar.

Mr. Weekes: — Thank you, Mr. Speaker. I have a petition to establish cash advance to stabilize Saskatchewan cattle industry. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to immediately establish a provincial low-interest cash advance program as proposed by the Saskatchewan Party in order that this industry can be stabilized over the fall and winter and current herd numbers retained.

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

Signed by the good citizens of Perdue, Borden, Leask, and Landis, Asquith, and other areas in Saskatchewan.

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. 48, 63, 65, 69, and 72.

INTRODUCTION OF GUESTS

The Speaker: — I recognize the member for Melville-Saltcoats.

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

through you and to the members of the legislature this morning, I have two special groups we have in the east gallery.

The first group is Cadet Squadron No. 752 from Melville and area. And on behalf of my colleague from Last Mountain-Touchwood I want to welcome them here this morning. We had a chance to meet with the cadets today. They've got a full day. So along with Second Lieutenant Cindy Crow, Second Lieutenant Coreen Schultz, also Gary Cooper and Ron Yarotsky and 14 cadets from the Melville area, I ask all members to welcome them here this morning.

Hon. Members: Hear, hear!

Mr. Bjornerud: — Mr. Speaker, while I'm on my feet I also want to take this opportunity on behalf of my colleague from Canora-Pelly to introduce a group that we also met with this morning. From the Canora-Pelly constituency we have Captain Bernie Wlock and 14 cadets from Squadron No. 566 and also chaperones. And we met with them this morning and I hope they also . . . they've got a very full day coming up and I wish them the best in the city of Regina.

I ask all members to welcome both groups here today. And have a great day.

Hon. Members: Hear, hear!

STATEMENTS BY MEMBERS

The Speaker: — I recognize the Leader of the Opposition, the member for Swift Current.

Fairview Middle School Honoured

Mr. Wall: — Thank you, Mr. Speaker. Mr. Speaker, we in Swift Current enjoy excellent schools and certainly quality teaching on behalf of our children.

Today I'd like to single out a particular school from Swift Current, one whose classrooms are being studied by researchers from across the country. Phase 1 included a total of 150 schools from Saskatchewan and Ontario being considered for this study. Now Fairview Middle School of Swift Current has made the cut for phase 2 and is one of only eight Saskatchewan schools left in the study. Of these eight schools, two will be chosen in the next school year for the final phase of the project and will be designated as, quote, "lighthouse schools."

Mr. Speaker, researchers visited Fairview School on April 6 and 7. They met with students, teachers, support staff, and parents to find out why it is that the students at Fairview School excel in their studies. They looked not only at the quality of instruction but at the enthusiasm, the innovation, and the community involvement that occurs at Fairview School. The researchers believe that schools that function as learning communities will best support students in the new economy — the new economy being a knowledge-based economy.

Mr. Speaker, I would like to congratulate principal Peggy Drinkle, the staff, parents, and all of the students at Fairview Middle School. Their hard work and innovative approach to education is being recognized nationwide and we're fortunate in

Swift Current to be home to such a world-class learning environment.

Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Saskatoon Eastview.

Holocaust Memorial Day

Ms. Junor: — Thank you, Mr. Speaker. This coming Sunday, April 18, is Holocaust Memorial Day or Yom haShoah — a day set aside to remember the more than 6 million Jewish men, women, and children who were victims of the Holocaust, and a day when we honour those who fought and continue to fight the tyranny and destructiveness of anti-Semitism.

Mr. Speaker, in 2001 this Assembly passed The Holocaust Memorial Day Act. That legislation was moved by my colleague from Regina South and I seconded it. The legislation refers to this special day as a time:

. . . to reflect upon and educate Saskatchewan people about the enduring lessons of the Holocaust and to consider other instances of the systemic destruction of peoples . . . and the importance of multiculturalism in our society;

Mr. Speaker, at the beginning of the last century, people from a variety of national ethnic, racial, and religious groups came together to create the province of Saskatchewan whose motto became, "from many peoples, strength."

Mr. Speaker, Holocaust Memorial Day is a day of remembrance. But it's also a day for us to think about what Saskatchewan's motto actually means — to reaffirm our commitment to acceptance and understanding, to celebrate those things that make us different from one another, and to celebrate those things that make us the same.

Mr. Speaker, understanding is key to ending racism, and remembering the victims and the lessons of the Holocaust is key to fostering understanding. Thank you.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Arm River-Watrous.

Kenaston Wellness Clinic

Mr. Brkich: — Thank you, Mr. Speaker. I'm proud to rise in the House today to talk about a great community resource created by the good folks at Kenaston.

In 1991 a group of Kenaston residents decided to go forward with opening a wellness clinic with no government involvement. These dedicated folks began by organizing rides to the doctor's office for those in need. Later on, a permanent location was founded for the clinic and a volunteer registered nurse was obtained to provide routine clinical services such as stitch removal and blood pressure test.

Initially funded by the Kenaston Lions through Super Draft, the clinic purchased a number of emergency monitors and two scooters for those in need. Today the clinic is largely funded by the Kenaston Legion and private donations. The clinic is presently staffed by nurse Darla Collins and a volunteer receptionist. To date, the Kenaston Wellness Clinic has assisted over 4,000 people.

I would like to congratulate the board members of this clinic: Agatha Rupcich, Anna Nizinkevich, Dennie George, Florence Brown, Bill Lindsay, and Hettie Ouellette for their continuing success towards helping Kenaston and area residents.

Clearly with the NDP (New Democratic Party) government set to close more rural hospitals, good efforts of community groups like Kenaston give us a ray of hope for our future rural health care. I would ask all members to join me in congratulating all those from the Kenaston Wellness Clinic. Thank you.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Regina Coronation Park.

Global Youth Service Day

Mr. Trew: — Thank you. Mr. Speaker, SaskEnergy has proudly partnered with Volunteer Canada to promote Global Youth Service Days today, tomorrow, and the next day. That's April 16 to 18.

Global Youth Service Days are aimed at getting youth involved in their communities and in community service. It's the largest youth-led volunteering event in the world with over 150 countries and 34 international organizations participating.

SaskEnergy is the first corporate partner to promote this initiative in Saskatchewan and has sponsored a number of awards to encourage participation from students up to the age of 18 from all across Saskatchewan.

It gives me a great deal of pleasure, Mr. Speaker, to announce the award winners for the 2004 Global Youth Service Days.

The Share the Warmth Community Spirit Awards for youth community service projects in Saskatchewan were won by Regina's O'Neill High School Interact Club from my constituency and the Regina Area Girl Guides.

And SaskEnergy Youth Enviro-Action awards were won by Churchill High School in La Ronge, Queen Elizabeth School in Lloydminster, Lumsden High School, Naicam School, the Street Culture Kidz project in Regina, and Rosthern High School.

Mr. Speaker, I invite all my colleagues to join in congratulating all these deserving groups of young people for their dedication and work on behalf of their and our communities.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Moosomin.

Legislative Internship Program

Mr. Toth: — Thank you, Mr. Speaker. Since January, the Saskatchewan Party caucus has had the pleasure of working with Fabian Contreras and Kim McKechney — two of this year's legislative interns.

The internship program is now in its third year, and in each of these three years both caucuses in this legislature have had the opportunity to meet and work with some of the brightest and most talented youth and students this province has to offer.

Fabian and Kim have contributed to our caucus greatly, and I want to take this opportunity to thank them for their hard work. On Monday, Fabian and Kim will go to work in the government caucus office, which will give them insight into how the legislature works from the other perspective.

Mr. Speaker, and also on Monday the Saskatchewan Party caucus welcomes Ryan Griffiths and Joanne Harpauer-Digneau to our . . . the other interns in this year's program, and we certainly look forward to that.

Mr. Speaker, I guess we would be remiss at this time if I didn't make note of the fact that as of right now it appears this may well be the last year of the internship program, which I think is a real shame. This is a program that costs very little to run but one that I believe benefited all of us, and at the same time gave terrific opportunities to many Saskatchewan youth interested in the public affairs of Saskatchewan.

It is my hope, Mr. Speaker, that all actions will be taken to ensure that we do not lose this valuable program and that we continue to work with these bright and talented young people in the years to come.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Meadow Lake.

Métis Nation Hockey Tournament in Meadow Lake

Hon. Mr. Sonntag: — Thank you, Mr. Speaker. For the last 15 years the Métis Nation Local 31 has been hosting a hockey tournament in Meadow Lake. And as Local 31 president, James Kennedy says, it just keeps getting bigger and better every year.

It's exciting full-contact hockey, Mr. Speaker. And the competition level is very high, with several former NHL (National Hockey League) players competing on various teams, including our very own Leonard Esau, who played on a number of NHL teams.

Mr. Speaker, over the years this three-day tournament has drawn thousands of people to Meadow Lake. It's been good for the town and good for our local economy. Meadow Lake has a population, as many will know, of about 5,000. But on the last day of the tournament, there are well over 1,000 of those 5,000 people jammed into the local hockey arena to watch the final game.

This year 10 teams took part, including teams from Island Lake First Nation, Canoe Lake First Nation, Yorkton, Leoville, Red

Deer, Grande Prairie, Flying Dust First Nation, and Makwa Sahgaiehan First Nation.

(10:15)

The Black Bear Island Lake team won top honours, with the Canoe Lake Young Guns coming in second.

Individual honours went to Tyler Prosofsky of Canoe Lake as the tournament's most valuable player. Tyler Keller of Yorkton was the top scorer. Dean Serdachny of Black Bear was the best defenceman, and Derek Bowman of the Canoe Lake Young Guns was the best goaltender.

The funds from this tournament, Mr. Speaker, go towards sponsoring youth in our community for minor hockey and other recreational activities.

Mr. Speaker, I congratulate all the players who took part in this year's tournament and thank the Métis Local No. 31 for the great job they did.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Melfort.

Rural Women's Achievement Awards Banquet

Mr. Gantefer: — Thank you, Mr. Speaker. Shirley Voldeng of Naicam was recently presented the award for achievement in agriculture at the Rural Women's Achievement Awards banquet. This banquet was sponsored by Partners For Rural Family Support to celebrate the accomplishments of rural women in Humboldt and area.

Her impressive agricultural resumé includes recently being chosen to serve as Chair of Sask Pork, the producer association for the province's pork industry, managing operations for Fairway Farms, compiling operations manuals for hog barns, being a member of the Sustainable Agriculture Committee of the Agri-Food Innovation Fund, and sharing the 2002 Outstanding Young Saskatchewan Farmers Award with her husband, Peter.

Mr. Speaker, Shirley also manages to keep up with and be very involved with her three children and a husband. Her children's activities have created further involvement in the community and she is recognized for her contributions to Kiddie Kolledge, the figure skating club, and the Naicam School Board. She also enjoys being a member of the Naicam Community Players.

Mr. Speaker, and members of the Assembly, please join me in congratulating Shirley Voldeng on receiving this award and thank her for her contributions to her community and agriculture in Saskatchewan.

Some Hon. Members: Hear, hear!

ORAL QUESTIONS

The Speaker: — I recognize the Leader of the Opposition.

Treatment for Cancer Patient

Mr. Wall: — Thank you, Mr. Speaker. Yesterday, Mr. Speaker, the Minister of Health said that Saskatchewan people should not bring their concerns to question period like cancer victim John Barnsley did yesterday. But guess what, Mr. Speaker? Guess what? Just a few moments ago, John Barnsley got a call saying that they are working on scheduling his surgery immediately.

Mr. Speaker, that's good news. But John Barnsley still says he will reserve judgment until the surgery is scheduled. And he is upset at how he was treated yesterday by the minister, who refused to meet with him and later referred to him as the patient of the day. He is upset that it would have to come to this before he got his cancer treatment after waiting for three months.

Mr. Speaker, yesterday John and Joan Barnsley were ignored and insulted by the Minister of Health. Why?

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Nilson: — Mr. Speaker, my staff met with Mr. Barnsley and his wife and got the information, and the information is going to the appropriate people throughout the health system to correct the problems. Mr. Speaker, I am very concerned about all patients in our province and I work very carefully to make sure we provide good care for everybody.

But I remind everybody that, for example, we have 4.5 million visits to doctors in this province every year. There are many people who are getting good care all across the province. I think the challenge here in this setting and in this place is: do those members opposite support the increase in the budget for health care this year of \$160 million? Where are their plans? What are they thinking about doing?

It's very good to hear the member opposite in his member statement talk positively about education and health but when he gets into question period he has no answers for anything.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Leader of the Opposition.

Mr. Wall: — Mr. Speaker, yesterday the minister was quoted as referring to John Barnsley as the patient of the day.

I think the minister should know something about John Barnsley before he writes him off as nothing more than the patient of the day. He is 52 years old. He has lived in Saskatchewan all his life. Next year John and his wife, Joan, will celebrate their 25th wedding anniversary. Together they operate the family farm. They are registered seed growers and custom grain cleaners for other farmers in the area. John and his wife, Joan, have three children; a daughter at the U of R (University of Regina), a son in grade 10 and a daughter in grade 6.

That's who Mr. Barnsley is, Mr. Speaker. He is most definitely not the patient of the day. He is a citizen of this province and he deserves to have treatment for his cancer on time.

For the minister's refusal to meet with him and for how he

referenced people who come forward in this way as patients of the day, Mr. Speaker, to the Minister of Health, will he apologize today in this House?

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Nilson: — Mr. Speaker, as I've said before, I'm concerned about every single person in Saskatchewan who requires health care and we will continue to work at that.

I think it's quite obvious that the Leader of the Opposition has felt the comments that I've made going directly towards what they are doing. When did that member find out about Mr. Barnsley and why didn't he call immediately to our office, to other places, to get help for him? Why do they wait and deal with it in this place?

Mr. Speaker, that member and what he has done has shown that the way he can get into the press is to ride on the back of suffering people in Saskatchewan. That's not appropriate, and I ask that member to come forward with some plans about how they can improve the health care system and stop going for these day-by-day shows. Thank you.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Leader of the Opposition.

Mr. Wall: — Mr. Speaker, Mr. Speaker, yesterday the Minister of Health dismissed, dismissed the plight of the Barnsleys. He referred to them as the latest in a series of the Saskatchewan Party's patients of the day. A man who has waited three months for cancer treatment, who knows that he has a baseball-size tumour where his kidney used to be — and the Minister of Health, the Minister of Health refers to him as the patient of the day.

And then after saying as he just did earlier that these cases should be brought directly to his office so they could be dealt with discreetly, he refuses to meet with him. He sends down his staff to meet with Mr. Barnsley in the rotunda. How discreet is that, Mr. Speaker?

What we want from the minister today is something basic and something simple. It is the decent thing to do. We want him to apologize to the Barnsleys for refusing to meet and for referring to them as the patient of the day.

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Nilson: — Mr. Speaker, care for people in Saskatchewan is provided by many professionals across the system. It's very unfortunate when the member opposite and obviously the planning of the people that work in that particular party bring forward people in a way that causes them distress and all of the people involved. I encourage the member to use the system that many others across the way do on a regular basis to get care for these people.

Mr. Speaker, when did that member know about Mr. Barnsley and when did . . . why didn't he bring it forward immediately when he knew about it?

What we continue to do, Mr. Speaker, is work very carefully to make sure that we can provide the best care for everybody. That includes in our budget getting the resources that we need to provide the care on a broad basis across this province. We're going to continue to do that. We're going to fight here in Saskatchewan. We're going to fight in Canada to make sure we have a good national health care system.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Melfort.

Health Care Issues

Mr. Gantfoer: — Thank you, Mr. Speaker. Yesterday the Minister of Health said it was inappropriate . . .

The Speaker: — Order, please. Order please, members. Allow the question to be put. I recognize the member for Melfort. You may start over.

Mr. Gantfoer: — Mr. Speaker, yesterday the Minister of Health said it was inappropriate for the Saskatchewan Party to raise the serious health concerns of Saskatchewan people in the legislature. He said these questions should be raised more discreetly. And then the minister insulted Clara Hansen and John Barnsley by dismissing them as quote, "the patients of the day." And when Dr. John Witt raised his concern about the NDP's health care disaster discreetly in a letter to the minister, the minister decided to ignore the problems and then saw to it that John Witt was fired.

Mr. Speaker, is this how the NDP plans to deal with health care concerns: fire people who raise health care concerns discreetly and insult them when they raise it in public?

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Nilson: — Mr. Speaker, well the one good thing here is that we actually have the health critic asking this question, which is more appropriate, and I appreciate the measured way that the health critic does ask questions.

Now what I would say is that he doesn't quite always get the facts right. Now when Dr. Witt's issue arose, the senior administration in Saskatoon immediately started working with that particular problem, and they are continuing to work on a much bigger, more complex problem. Let them do that.

When people raise issues, whether it's publicly or privately, we work very hard to make sure that they get good care and they get answers to their questions. Do we get it right every time? Well of course not. That's how the challenges arise. But there is a strong concern among the people in the system — professionals, the cleaning staff, everybody. They're all part of an important job that we have to do for Saskatchewan people, and we're going to support it on this side of the House.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Melfort.

Mr. Gantfoer: — Mr. Speaker, this morning the CBC (Canadian Broadcasting Corporation) is reporting a case of a Saskatoon man who waited three hours after suffering a stroke to see an emergency room doctor at Royal University Hospital. Now Ben Morrison is restricted to a wheelchair and requires the constant care of his wife Lorraine. That's exactly what Dr. Witt was talking about in a letter that he wrote to the minister in February, and shortly after that he was fired.

Mr. Speaker, Lorraine Morrison is saying the NDP should apologize to Dr. Witt and reinstate him as the director of emergency medicine. Is this minister listening?

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Nilson: — Mr. Speaker, there are appropriate reviews taking place around some of the allegations that are made. They are happening at the College of Physicians and Surgeons as it relates to the professional care provided by these professionals. They're in the whole Saskatoon health authority to look at how emergency services are provided in that particular area.

But Mr. Speaker, I ask the members opposite. How would you run a health care system? How would you provide care? We know in our particular system here in Saskatchewan, we are extremely concerned about quality.

We've put money into a quality counsel that will actually ask the hard questions before they happen. We have very detailed review systems to deal with the problems that arise on a regular basis so that we can learn from any kinds of challenges that are there within the system. All of these are part of how you deal with and provide the best care for people in Saskatchewan.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Melfort.

Mr. Gantfoer: — Mr. Speaker, Ben Morrison went to the emergency room at Royal University Hospital after he suffered a stroke, but instead of getting the assistance from ER (emergency room) doctors that could have saved him from permanent disability, he waited for three hours because of overcrowding and understaffing.

Today Ben Morrison spends his days confined to a bed or a wheelchair. His wife Lorraine spends her days taking care of her husband. She says the NDP's health care system robbed her husband of the quality of life that he could have had.

Mr. Speaker, this is exactly the problem that Dr. John Witt described in a letter to the Minister of Health and the result of it is, is Dr. John Witt was fired. Now Lorraine and Ben Morrison are adding their names to the growing list of people calling for the NDP to apologize to Dr. Witt and give him his job back. Will the minister do that?

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Nilson: — Mr. Speaker, Dr. Witt continues to work in the Royal University Hospital emergency department as a physician there. They have some other administration involved in trying to sort out the problems as it relates to emergency care in Saskatoon. That will continue.

Mr. Speaker, in our health system in Saskatchewan we have people being provided with care every day, every hour. And they're being provided with very good care because we have many caring professionals, caring individuals who provide that assistance right across the province.

We're going to continue to support that assistance here in this legislature by moving forward with our budget. The members opposite voted against the budget last week that provided \$160 million extra for health care. When are they going to come onboard and support health care?

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Melfort.

Mr. Gantfoer: — Mr. Speaker, yesterday the Minister of Health said there isn't a shortage of specialists in Saskatchewan. The minister doesn't either know what's going on or doesn't seem to care.

According to one of Regina's three urologists who retired, the problem is only going to get worse. With only two urologists working in the Regina Qu'Appelle Health Authority, this urologist told the *Leader-Post* that, and I quote:

... patients will have to wait longer to see a specialist ...
(than) for treatment.
... unless we are able to provide patients with a service within a decent length of time, the system is never going to work very well.

What is the minister's plan to recruit a new urologist for the Regina Qu'Appelle Health Authority?

(10:30)

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Nilson: — Mr. Speaker, the Regina Qu'Appelle Health Authority is working right now to recruit more urologists because they know they have a challenge there. And what happens is that some specialists end up with a challenge where people aren't available and so they go and recruit in that area.

The specific question I answered yesterday related to the cancer agencies that were we short of specialists in the cancer agencies. And I said, no at this time. We had a many oncologists and others that we needed in the cancer agencies but that's not a guaranteed thing — it ebbs and flows.

But what we will continue to do is make sure that we've put in place the programs based on our budget that will provide steady care over the long term. And that's the best kind of work that we can do here in this legislature is to back the health system that we've got.

I ask the members opposite . . .

The Speaker: — The member's time has elapsed.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member from Melfort.

Mr. Gantefoer: — The Minister of Health seems to change his story from day to day. Yesterday he said there was no shortage, today there is a shortage and they're dealing with it. When will the minister actually start to understand the challenges of the health care system instead of making excuses for his own incompetence?

Mr. Speaker, the minister needs to listen to people; the minister needs to listen to people like the Barnsleys; and the minister needs to listen to the doctors in the health care system who are saying that there's concerns.

This urologist said, and I quote:

. . . it takes forever to get the tests done. And once the tests are done it takes forever to get them into the active system where . . . (we) can treat them.

If cancer patients and other patients cannot be treated in a timely manner, will the minister make arrangements to at least allow them to be referred out of province?

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Minister of Health.

Hon. Mr. Nilson: — Mr. Speaker, within our Canadian health care system we do have partnership agreements with our neighbouring provinces — actually provinces across the whole country and in certain special cases with our colleagues in the United States. And that is how we do provide care when it's necessary.

Our goal though is to provide as much of the care as possible here in Saskatchewan because it's good for our Saskatchewan people, it's good for our economy to make sure that money stays here, and it also encourages the training and development of many Saskatchewan people to provide that care.

Mr. Speaker, I ask the members opposite to come on board with us in supporting this budget so that we can move forward with our health care plans because that's what the Saskatchewan people want.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Saskatoon Southeast.

Whistle-Blower Protection

Mr. Morgan: — Mr. Speaker, later today I will move second reading of The Whistleblower Protection Act.

The government has now had approximately two weeks to

review this piece of legislation which provides protection for workers who raise concerns about public safety in their workplace. It is both progressive and a timely piece of legislation which will provide a substantial amount of protection to government workers.

My question to the Premier: will his government support this legislation?

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Minister of Labour.

Hon. Ms. Higgins: — Thank you very much, Mr. Speaker. I look forward to the debate on the Bill that was tabled by the Saskatchewan Party opposition.

Our department has in fact had a good look at the piece of legislation and I have had a chance to read through it. Mr. Speaker, I still stand by that section 74 of the labour standards provides more comprehensive and better coverage for Saskatchewan employees.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Saskatoon Southeast.

Mr. Morgan: — Mr. Speaker, I find it somewhat surprising that the Minister of Labour would not have read the comprehensive protection that's provided in this legislation and it goes far above and beyond what is in the existing piece of legislation.

Mr. Speaker, currently workers are only protected if they report illegal and quasi-criminal or criminal activity. This legislation would protect employers who report activities that are a threat to public safety. Employees like Jon Witt who felt patient safety was being severely compromised at the University Hospital is one of those examples. He wrote to the Minister of Health to express his concerns and, Mr. Speaker, for that he lost his job.

Mr. Speaker, the Saskatchewan Party believes the workers should have a right to report unsafe conditions without fear of being reprimanded or fired. This Bill is designed to protect workers and public safety. Why is the NDP opposed to that, Mr. Speaker?

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Minister of Labour.

Hon. Ms. Higgins: — Mr. Speaker, the new Leader of the Opposition has said that he wants to stretch his party beyond their comfort limits or bounds, something to that effect. But stretch out into areas that they haven't been in before.

The member previously up asking questions had talked about that they weren't concerned about health care professionals, not about administrators, they were concerned "... about health care professionals, not about administrators and janitors." And that was in *Hansard* in March 27, '01.

Mr. Speaker, they haven't stretched at all because they've tabled a piece of legislation that deals with one section of employees. It does not deal with employees across this province.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Saskatoon Southeast.

Mr. Morgan: — Mr. Speaker, the Minister of Labour talks about stretching. How about stretching across to this side of the House and supporting this piece of legislation, and how about recognizing the good that it will do for all workers? How about protecting workers and the public and that's what happened to Dr. Witt.

The NDP is quite content to allow unsafe conditions for patients and health care workers in the emergency room at RUH (Royal University Hospital) but once somebody actually brought it to the attention of the minister, that person was fired, Mr. Speaker. Once again the NDP's actions do not match their word. How about a stretch for the workers; how about a stretch for their own credibility? They say they care about patient safety, Mr. Speaker, but they don't. Why, Mr. Speaker, will the NDP not support this progressive piece of legislation?

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Minister of Labour.

Hon. Ms. Higgins: — Mr. Speaker, we talk about stretching. That isn't narrowing your focus, it is stretching. That is something that the new Saskatchewan Party leader had said that he was going to try and do with his party.

Mr. Speaker, this Bill that was tabled narrows the focus. It does not cover all employees; it does not cover employees in the private sector. It is vague in many areas and would rely on the courts making decisions and would tie up many employees in the litigation system. Now, Mr. Speaker, this is not a stretch. It does not provide adequate protection for Saskatchewan employees and, Mr. Speaker, I do look forward to the debate on this Bill.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Saskatoon Southeast.

Consumer Protection Legislation

Mr. Morgan: — Mr. Speaker, my question is for the Minister of Justice.

I can hear the hon. member from Massey Place wanting to talk about legal issues and we will do that now, Mr. Speaker. In February of this year dozens and dozens of Saskatchewan residents were swindled out of hundreds of thousands of dollars. Mr. Speaker, in excess of a half a million dollars was lost by these people in a Saskatoon travel club. These people found out that vacations that they had paid for — thought that had been paid for and booked — were not in fact paid for and

booked and they were the victims of a criminal fraud. Can the minister tell the Assembly today what the Department of Justice is doing to insure that this kind of fraud does not happen again?

The Speaker: — I recognize the Minister of Justice.

Hon. Mr. Quennell: — Mr. Speaker, I appreciate the question. I remember that the hon. member was going to be introducing his own legislation on this matter and I kind of look forward to that. I haven't seen it yet.

Mr. Speaker, the members opposite said they hadn't seen mine either but I don't think I was in the press, I don't believe I was in the press, Mr. Speaker, saying that I'd be introducing any — unlike the hon. member who asked the question, and I'd be looking forward to seeing what his solutions are. My department continues to work with departments across the country in providing protection to people in this situation.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Saskatoon Southeast.

Mr. Morgan: — Mr. Speaker, if the Minister of Justice wants us to draft legislation, we're quite prepared to draft legislation on this and every other matter before the House . . .

Some Hon. Members: Hear, hear!

Mr. Morgan: — We are also prepared to trade seats with them and sit over there and continue to draft legislation.

Mr. Speaker, Mr. Speaker, the Minister of Justice has an obligation to protect the citizens of Saskatchewan. There is companion legislation relating to automobile dealers, stockbrokers, lawyers, post-secondary educations that have to provide bonds and licences. In Alberta they're required to post a bond of a minimum of \$150,000.

Mr. Speaker, will the Minister of Justice stand up today and make a commitment to pass comprehensive and adequate legislation to deal with this issue? And if not, is he willing to come and sit over here and let somebody else sit over there and do the drafting for him?

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Minister of Justice.

Hon. Mr. Quennell: — Mr. Speaker, if the member opposite does draft legislation, I hope it's not the vague legislation he drafted in the whistle-blower case. And I hope it's legislation that — unlike that legislation — that has when it sets out a prohibition, actually has a penalty. And I look forward to the debate on the whistle-blower legislation too because there is a prohibition in that legislation and no penalty to it.

Fraud is illegal in this country, Mr. Speaker, and the Department of Justice enforces the law in this country, Mr. Speaker.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member from Saskatoon Southeast.

Mr. Morgan: — Mr. Speaker, the member opposite is passing this off as saying it's a criminal activity, and therefore he's not going to worry about it.

Mr. Speaker, the government has a positive obligation to ensure that the citizens are protected. The member opposite knows full well what that type of legislation is. Mr. Speaker, will the minister commit to providing adequate and proper and comprehensive legislation to address this type of situation?

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the Minister of Justice.

Hon. Mr. Quennell: — Mr. Speaker, the Justice department will continue to enforce the law and the consumer protections branch of the Justice department will continue to protect consumers in this province.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Thunder Creek.

Extension Agrologists

Mr. Stewart: — Thank you, Mr. Speaker. My question is for the Minister of Agriculture.

The NDP's latest budget struck hard at the heart of rural Saskatchewan. At the end of this month the axe will fall on the extension agrologist program. The NDP announced this termination without having consulted anyone involved in Saskatchewan's agriculture industry.

Mr. Speaker, agrologists play an important role in our communities throughout Saskatchewan. The intimate knowledge and hands-on experience they provide to producers in communities across this province is second to none and many say irreplaceable. Can the minister explain why the NDP government is firing these agrologists?

The Speaker: — I recognize the Minister of Agriculture and Food.

Hon. Mr. Wartman: — Thank you, Mr. Speaker. Mr. Speaker, we have looked at this province and how the information is disseminated in the area of agriculture. We look at the use which has been made of the extension services. We know that 71 per cent of the contacts that are made with our extension services are through telephone, are through e-mail, through Internet, and those are dealt with very, very clearly.

In terms of the change, we recognize that there is a change in agriculture in this province and that there needs to be a new system to address that. We are doing that by changing from 31 to 9 centres, and having a call centre, Mr. Speaker. And, Mr. Speaker, with these changes we will begin to see even more development in terms of processing in this province which is exactly where we need to go.

Currently, Mr. Speaker, the needs are being addressed. There are many, many more private agrologists out there than there ever used to be before. They are addressing it. And to balance that off, anybody that's got a question can call our service centres, our agribusiness centres now. Thank you, Mr. Speaker.

Some Hon. Members: Hear, hear!

INTRODUCTION OF BILLS

Bill No. 27 — The Political Contributions Tax Credit Amendment Act, 2004

The Speaker: — I recognize the Minister of Finance.

Hon. Mr. Van Mulligen: — Mr. Speaker, I move that Bill No. 27, The Political Contributions Tax Credit Amendment Act, 2004 be now introduced and read the first time.

The Speaker: — It has been moved by the Minister of Finance that Bill No. 27, The Political Contributions Tax Credit Amendment Act, 2004 be now introduced and read for the first time. Is the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried.

Deputy Clerk: — First reading of this Bill.

The Speaker: — When shall the Bill be read a second time?

Hon. Mr. Van Mulligen: — Next sitting, Mr. Speaker.

The Speaker: — Next sitting.

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

Bill No. 28 — The Public Employees Pension Plan Amendment Act, 2004

The Speaker: — I recognize the Minister of Finance.

Hon. Mr. Van Mulligen: — Mr. Speaker, I move that Bill No. 28, The Public Employees Pension Plan Amendment Act, 2004 be now introduced and read the first time.

The Speaker: — It has been moved by the Minister of Finance that Bill No. 28, The Public Employees Pension Plan Amendment Act, 2004 be now introduced and read for the first time. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

(10:45)

The Speaker: — Motion is carried.

Deputy Clerk: — First reading of this Bill.

The Speaker: — When shall the Bill be read a second time?

Hon. Mr. Van Mulligen: — Next sitting of the House, Mr. Speaker.

The Speaker: — Next sitting.

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

Bill No. 29 — The Snowmobile Amendment Act, 2004

The Speaker: — I recognize the Minister of Highways and Transportation.

Hon. Mr. Sonntag: — Thank you, Mr. Speaker. I move that Bill No. 29, The Snowmobile Amendment Act, 2004 be now introduced and read for the first time.

The Speaker: — It has been moved by the Minister of Highways and Transportation that Bill No. 29, The Snowmobile Amendment Act, 2004 be now introduced and read for the first time. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried.

Deputy Clerk: — First reading of this Bill.

The Speaker: — When shall the Bill be read a second time?

Hon. Mr. Sonntag: — Next sitting of the House, Mr. Speaker.

The Speaker: — Next sitting.

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

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

Mr. Morgan: — Mr. Speaker, leave to introduce guests.

The Speaker: — The member for Saskatoon Southeast has asked leave for introductions. Is leave granted?

Some Hon. Members: — Agreed.

The Speaker: — The member may proceed.

INTRODUCTION OF GUESTS

Mr. Morgan: — Mr. Speaker, yesterday I was able to honour or to welcome Cheryl Hand, the spouse of the Minister of Justice, and would like today to introduce somebody from the Minister of Justice's past, somebody that had worked for a number of years in his former law firm and had dealt with his legal files. So I felt that it was only appropriate that that person should be here today, and I would like the Assembly to welcome my wife, Sandy Morgan, who's in the east gallery today.

Hon. Members: Hear, hear!

Mr. Morgan: — I would as well, Mr. Speaker, like to introduce

my brother, Lloyd, and his wife, Melodie, who comes from the Thunder Creek area, or Cypress Hills area rather, and I look forward to seeing them, spending the day with them.

Hon. Members: Hear, hear!

ORDERS OF THE DAY

WRITTEN QUESTIONS

The Speaker: — I recognize the member for Regina Dewdney, the Government Whip.

Mr. Yates: — Thank you, Mr. Speaker. I'm extremely pleased today to stand on behalf of the government and table a response to written question no. 167.

The Speaker: — The response to 167 has been submitted.

SEVENTY-FIVE MINUTE DEBATE

Government's Commitment to Health Care

The Speaker: — I recognize the member for Saskatoon Lakeview . . . Eastview.

Ms. Junor: — Thank you.

Some Hon. Members: Hear, hear!

Ms. Junor: — Thank you, Mr. Speaker. At the end of my remarks I will be moving a motion that will say:

That this Assembly recognize the government's ongoing commitment to high-quality health care and that the investment of an additional 160 million, to a record 2.7 billion, to continue with the initiatives in the Action Plan for Health Care will further distinguish Saskatchewan as a national leader in health care.

When we talk about health care in Saskatchewan, most times we hear that there is no plan. Those are the criticisms that we hear.

Well there is a plan, Mr. Speaker, and here it is. This plan was developed first of all with Mr. Fyke coming to the province. We had him give a report, the Commission on Medicare, and after his report we had the Standing Committee on Health Care sit in this very legislature and receive responses from the communities around the province and interested stakeholders.

After those hearings, Mr. Speaker, the government prepared the Action Plan for Health Care and it is a living document that is a blueprint for where health care is going under our government. This plan is alive and well in Saskatchewan and I encourage everyone who is watching to get a copy of it. It was announced in December 2001.

So now we not only have the plan but we have a progress report on the plan. And the plan itself has done so many things and I have so many things to talk about, it'll be hard to keep those things in a 15-minute debate. I am sure some of my colleagues will help me do that.

The progress report talks about the things that we asked ourselves to do and we promised the people of Saskatchewan we would do. And we are going to talk about today some of the things we have done.

Not only do we have \$2.7 billion invested in our health system — which is the highest we've ever spent on health care; which amounts to about 44 cents of every provincial program spending dollar being spent on health — we've established a Surgical Care Network which has got a surgical patient registry and it helps physicians assess and rank patients for surgery. We have a Web site that people should be aware of and access — www.sasksurgery.ca. We've launched a 24-hour, province-wide, toll-free HealthLine that offers immediate access to health advice from registered nurses. The number is 1-877-800-0002. Everyone should put that on their fridge. We had over 41,000 calls to the HealthLine.

When I was . . . I visited Montreal and actually saw HealthLine, Info-Santé line at work in Quebec City and that is what we're doing. We're looking at having people, front-line people there to access calls from people who need someone's advice — not necessarily do they need to go to emergency or to talk to a doctor. They need to talk to someone who has knowledge of health and the health services.

We have announced as a government a major commitment to building a new academic health sciences centre. This is a very exciting announcement at the University of Saskatchewan. It's extremely complex to put a project like this together and we estimate by the time the work is done on the project that we will have spent \$120 million to complete it. Work continues on the planning of that and as I said, it's complex and it involves many partners including the district and the department and the stakeholders as well as the university.

We have major initiatives to help us recruit and retain health providers. We've added another 100 seats into the Nursing Education Program over the next three years and we've also added 40 nursing seats into the northern nursing degree program, bringing nursing education closer to home for many people. We've added 16 seats into our practical nursing program and we've also added five new physician training seats at the U of S (University of Saskatchewan) College of Medicine.

We have new bursaries for people to access in exchange for a commitment to work in Saskatchewan, to improve their education and to give them access to that education.

We've gone down from 32 health districts to 12 regional health authorities and this reduces duplication and it gives the health authorities more ability to do joint purchasing and planning and coordinate health services among the regions.

We have created Canada's first health council, Health Quality Council. This comes from a recommendation in the Romanow Commission and we are the first province to do it.

Most people realize now that when we make decisions, we need to base those decisions on evidence. And to gather evidence we have to have information systems which is another thing we're doing with our SHIN (Saskatchewan Health Information

Network) network.

And we also need to have a quality . . . somebody who measures the quality so what we do, we get value for our dollar. If we're spending our money, are we getting what we need from it and are we getting what we want from it? So the Quality Council's the first in Canada and this is what it will be overseeing. It's going to promote excellence and accountability, and it will coordinate planning and evidence-based decision making, as I've said, in the province's health care system.

We've also increased our contributions to health research through the Saskatchewan Health Research Foundation and we've provided \$19 million for more diagnostic equipment.

Mr. Speaker, our progress report . . . When we did our health plan we broke it down into several different topics and I'm going to talk about a few of them specifically because we've talked about primary health care. And I've talked about primary health care probably for 11 years and it's something that is . . . It's a change in thinking of not only providers but also of society, because we basically assume that when we go for health services we see a doctor or we go to a hospital. We can't think like that any more. We don't . . . that is not what we need as citizens. Health is not equated to health care.

What makes us healthy is not whether we can get into a building or get into a doctor's office; that's not what makes us healthy. There are other contributing factors to our health like our social structures, our safe water, our safe communities, our education, our jobs, and our personal satisfaction in our lives. Those things contribute to our health and in fact evidence is coming forward that more of those things . . . that those things contribute more to our health than our access to health services and even our genetic makeup. So we need to look at what is primary health care.

And it's difficult to explain to people but it's so . . . simply put, is it's your first access to the system, it's services closest to home. So when you go to see someone you get to talk to someone, you get to talk about what you need immediately. It's not emergency services, it's not surgery, it's your first contact with the health system with the problem that you have.

And primary health services are not something that are secondary health services that you feel that you have been deprived of your health facility or your physician and you are getting second-class service because you are getting primary health care. Primary health care is what we need to move us forward to make us healthy.

You don't necessarily, like I said, need to see a doctor. You can see a nurse, a nurse practitioner, a social worker, a mental health worker, a dietician, anybody that . . . a therapist, or a technician, or you can call the HealthLine.

So the things that we traditionally thought of in health care are things that we need to change our thinking about. Because we keep asking for the same thing and expect our money to do the same thing and yet those things aren't serving us well.

We're not becoming healthier because we have more hospitals. We're becoming healthier because we're making better choices

— and not only are making better choices as a government, which is in our action plan, where we focus our money and what we do and we see in our progress report; but we're going to have to make better choices as citizens. Because what we choose to do in our own lives, what choices we make in our lifestyle — whether we smoke, whether we're obese, whether we exercise — those things are going to impact our health and they're going to impact how much we pay for health and health services.

So as citizens we're going to have to take responsibility for many of the choices that we're making. And we simply can't look to a health facility or a health provider to make us or keep us healthy.

So the changes in primary health care are key to the changes in our system. Because we need to look at the prevention of illness and the getting into the appropriate services at the appropriate times. And like I've said before, it's a change of attitude because many people still think we need to go to the traditional way. But we also are hearing so much more evidence saying that we have to change the way we look at things.

And it's difficult from a provider's point of view to move even the providers forward into this new thing, in this new model of thinking, because it also breaks down the barriers between professions.

And you need to have a really multi-sectoral, multidisciplinary working environment so that you can move, that people can move through the system with ease and not be blocked at different parts of the system because a certain provider can or will not do a certain thing. There are certain parameters with scope of practice that are embedded in legislation that determine who can do what. But there are also many places where they overlap and where we can have better integration and better co-operation.

And primary health care is one of the things and one of the concepts that basically foster that whole change of thinking of how we operate and deliver services, and we need to increase our primary health care teams around the province.

And primary health care, as I started to say before, isn't something that is second-class service. Primary health care can be delivered in an emergency department. You can have a primary health care unit where you come in and you have a cut or you have a child with an earache or a runny nose. You do not need to see the emergency doctor. You can go and see a nurse practitioner.

So we can see triage happening in an emergency department where there's a better or bigger role for a nurse practitioner. Legislation will be changed, I believe in this session to allow for the full scope of practice of a nurse practitioner. And one of those things, will be able to discharge a patient. Now as The Hospital Standards Act stands, only a doctor can discharge a patient from emergency or from anywhere. Now we'll see a nurse practitioner be able to discharge a patient which should open the door for a primary health care type of a model of service inside an emergency department, which will change the volume and the physical structure and how emergency departments function.

We have many incidents of anecdotal evidence that people misuse emergency departments. Well basically don't misuse it, they have no other options. They come to emergency because there's nowhere else to go with their question or their problem. So we as a system and as policy-makers have to make sure they do have those choices and we have to look at, especially, primary health care as the model that will do that.

So we're going to see an increase of primary health care networks around the province and we're going to be putting . . . there's money in a transition fund and the federal government has helped us with that. We're also going to talk about encouraging providers to go into the nurse practitioner program and to . . . and even with the health sciences building or the health sciences . . . academic health sciences, teaching will be done differently, that providers will learn together. So in your teaching and your learning, you're going to . . . you already know a different way of working as a team. That is crucial to how you work together, is to learn together. So some core programs will be shared by all providers and that's a really, really forward step of the health sciences.

The regional health authorities each have a primary health care unit in their authorities and those units are developing plans to promote and develop primary health care in their different regions.

I was very pleased when I was first elected to have the seniors in my area because I represent Saskatoon Eastview which has the highest percentage of seniors in the country, I've been told. And when I was campaigning in the '98 by-election, people were telling me that they needed better access to health care, that they were basically trapped in their homes.

And from that, those conversations, I started asking the minister of Health and the minister of Social Services at the time to talk about putting a primary health care centre for seniors in Eastview. That centre is up and running, and the seniors in Eastview are very happy to be using a primary health centre.

(11:00)

It took a change in attitude for them as well, but it also took a change in how providers work. But the college of family physicians are putting their physicians through there so they learn how to work in a primary health setting. And the seniors in the particular building that this is housed in have access to services where they can come in their housecoat and slippers because it's right in their building.

We need more of those, and there's more people that are asking for those because they see the model in Eastview that has worked so well. So I was very pleased to see that happen.

So primary health care, as you can tell, I'm fairly passionate about that and I really . . . I just recently took two classes at the university College of Nursing. I took health program planning, so I am very interested in how our plan was constructed and is carried out because plans have goals, objectives; and when I look at them, we're meeting those goals and objectives. And I also took a cultural diversity, Aboriginal health and — I'm getting the time already — and it has also made me realize the many, many things we have to do yet in our plan.

I have colleagues that are going to second the motion and move on to talk about what the budget is going to be doing for us and also about some of the things that . . . what our money buys. Our health system delivers services in tremendous numbers. We talked about over 4 million visits to physicians a year. There's only 1 million people in this province. That means each of us have four visits to a physician a year. That's an awful lot.

There's over 900,000 visits to specialists. That means almost every one of us go and . . . goes to see a specialist a year. We certainly do use our system well in Saskatchewan. We do the highest number of hips and knee replacements. And these things that we spend our money on, they're pretty costly. We have 800,000 in-patient days in the hospital. We have 94,000 surgeries. That's over 240 surgeries a day.

So we get value for our money. But we really have to focus, what are we going to spend our money on so that we continue to get that value. And we may see some changes in our health system because that will reflect the things, the choices we've had to make.

Before I end my remarks I do want to talk about what's available to people who find the system does not work for them. And there are many things that do that, and the quality of care coordinators are one of them. And I encourage people to use that.

Now I will actually move the motion and leave it for my colleagues to pick up on the other things — the many other things — that we need to talk about in the health system. I move:

That this Assembly recognize the government's ongoing commitment to high-quality health care, and that the investment of an additional 160 million to a record 7.2 billion to continue with initiatives in the Action Plan for Saskatchewan Health Care will further distinguish Saskatchewan as a national leader in health care.

I so move, seconded by the member from Saskatoon Fairview.

Some Hon. Members: Hear, hear!

The Speaker: — It has been moved by the member for Saskatoon Eastview, seconded by the member for Saskatoon Fairview:

That this Assembly recognize the government's ongoing commitment to high-quality health care, and that the investment of an additional 160 million to a record 2.7 billion to continue with initiatives in the Action Plan for Saskatchewan Health Care will further distinguish Saskatchewan as a national leader in health care.

I recognize the member for Saskatoon Fairview.

Some Hon. Members: Hear, hear!

The Speaker: — Order. Why is the member for Melville-Saltcoats on his feet?

Mr. Bjornerud: — With leave, to introduce guests, Mr.

Speaker.

The Speaker: — The member for Melville-Saltcoats has requested leave for introductions. Is leave granted?

Some Hon. Members: — Agreed.

The Speaker: — The member may proceed.

INTRODUCTION OF GUESTS

Mr. Bjornerud: — Thank you, Mr. Speaker. Mr. Speaker, I'd like to introduce to you and through you to all the members here today, some people that are very special in my life — my daughter Jody, her friend Guy, and two of the most precious little people in the world, Austin and Lauren. I'd ask everyone to welcome them, make them feel welcome here today.

Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Saskatoon Fairview.

SEVENTY-FIVE MINUTE DEBATE

Government's Commitment to Health Care (continued)

Mr. Iwanchuk: — Mr. Speaker, thank you. I stand and second the motion for the member of Saskatoon Eastview.

Mr. Speaker, this government delivers the best system of health care in Canada. And this is the province which is the home of medicare. And this is the party in government that believe publicly funded medicare system is the most compassionate and efficient way to fulfill the most basic of needs of the people of this province. Mr. Speaker, because of this, because we believe in a public health system, this government continues to be a leader in innovative approaches to the delivery of health service to the communities of this province.

Mr. Speaker, the immigrants who came and settled this province, and the Aboriginal people who already lived here, struggled with the unique experience which is Saskatchewan. And in the struggle, we became what we are today. These early residents of Saskatchewan saw fit to create many institutions we take for granted today, one of them being our very own heritage — a publicly funded health care system. As our great-grandparents and parents met and faced the challenges of living in this province, we can continue to do so today so that our children and grandchildren and those that follow will benefit from the best quality of health care in Saskatchewan.

Mr. Speaker, during the past provincial election, I spoke to many voters of the Saskatoon Fairview, and the people were truly engaged in debate in the last election. They had many questions, Mr. Speaker, and the questions were around the Crowns, the health care, and the leadership.

Mr. Speaker, I believe that all candidates participating in the election were there because they wanted to make the province a better place in which to live. I could add, Mr. Speaker, that all candidates brought their views and ideas to the election, and the

people of Saskatchewan decided which vision they preferred. Mr. Speaker, they decided who they could trust.

And again, Mr. Speaker, the people of Saskatchewan spoke loud and clear and on November 5, 2003 the people of Saskatchewan confirmed their belief in a party — the party that can best be trusted to deliver the best health care system in the world.

That's why, Mr. Speaker, we are government. And that's why, Mr. Speaker, we have invested an additional \$160 million into our health care budget making our health care budget a record \$2.7 billion in 2004 — \$2.7 billion to continue implementing innovative changes necessary for the provision of the best health care services possible in this province.

Mr. Speaker, health care spending is increasing 160 million this year. This increase will go towards what we believe are public priorities such as expanding MRI (magnetic resonance imaging) and CT (computerized tomography) scans, increasing the capability of the Cancer Agency, and an additional 16 million for the drug plan.

Mr. Speaker, no system is static. In our world of today, change has become the constant. We have unique challenges within our province — unique demographics, great distances with the challenges of a population dispersed over a wide area, a province that includes Aboriginal communities with their own special issues and concerns.

Mr. Speaker, our Department of Health is second to none and they continue to be ever-sensitive to the ever-changing health care needs of our province. And, Mr. Speaker, the department continues in the spirit of the early builders of this province to prepare health care system for the future.

Mr. Speaker, this government believes in the Canada Health Act. We are a government that is not afraid to defend the principles of a publicly funded health care system and demand that the federal government contribute its fair share towards the system.

Mr. Speaker, to address the future needs of health care in this province this government released the action plan for Saskatchewan in December 2001. Mr. Speaker, the document focused on four main areas: doing more to support good health and prevent illness; providing better access to health services including primary, hospital, and emergency care; improving health workplaces and addressing shortages of key health care providers; placing a greater emphasis on the quality, efficiency, and accountability in order to ensure that long-term sustainability of our medicare system.

Mr. Speaker, we're building a province and a medicare system for the future — for our children and grandchildren. And I am, I must say, somewhat disappointed when I hear the constant clatter, constant clatter on a daily basis from members opposite, complaints and more negative complaints but no positive suggestions for the future.

Mr. Speaker, I would like to suggest to the members opposite, I would like to give them a health tip: Mr. Speaker, a smile, a smile and a positive attitude towards life leads to a healthy life.

I would hope, Mr. Speaker, I would hope, Mr. Speaker, the members opposite could smile a bit, be somewhat positive — be a positive example for the Assembly and the people of this province.

Mr. Speaker, this government has a vision. We have a vision for healthy communities. The challenges of health care are great and we do not underestimate those challenges. But as I mentioned previously, Mr. Speaker, the people of this province are a resilient lot and they love this province. They are proud of this province.

Mr. Speaker, I wish to say that I am truly weary of the Alberta envy and I am proud to live in Saskatchewan. And the people of this great province have entrusted us, this government, to face the challenges before us.

Mr. Speaker, I've given a general outline of our plan for health care and now I wish to mention just a few of the things we have done or are doing. Because we are trying to create positive attitudes, we administered \$13 million in Kids First, a program to help vulnerable children get a better start in life; 15.4 million for School^{PLUS}, the program which has been so greatly accepted and which allows for the integration of community resources with the school as the focal point.

As I mentioned earlier in the meeting some of our unique challenges, we are developing a provincial population health promotion strategy to guide the long-range planning.

Mr. Speaker, health care is about having a home, a base, a community to belong to. And our government is investing \$46 million in the centennial affordable housing program to add 1,500 new units of affordable housing.

Mr. Speaker, just this week the Minister of Health announced a new hospital in Swift Current. And also for the first time ever, a health centre and a school will be integrated into one facility in Ile-a-la-Crosse.

Some Hon. Members: Hear, hear!

Mr. Iwanchuk: — Mr. Speaker, we're funding many other capital projects to house our many innovative systems for health care delivery.

Mr. Speaker, we are providing funding to address the need for more health professionals in northern Saskatchewan and for greater Aboriginal in the northern representation. We are providing 3 million in funding for health care provider retention and recruitment initiatives. We have increased the capacity of registered nurses, registered psychiatric nurse education program by 100 positions to a total of 400 per year.

The people of Saskatchewan have entrusted us to face the challenges in health care because they believe in our vision, because they believe that we are the party and the government with the vision for the future.

Mr. Speaker, is it any wonder that this government is a national leader in health care? Mr. Speaker, Canada turns to Saskatchewan for the creative solutions in health care. Canadians turn to people of this great province to show them

how the job is done, Mr. Speaker.

Mr. Speaker, the Department of Health, the Government of Saskatchewan are up to the challenges before us. Our budget prioritizes health care. The people of Saskatchewan expect no less. Mr. Speaker, that's why the people of Saskatchewan have placed their trust in this government and that's why we're national leaders, Mr. Speaker — Stanley Cup champions of the health in Canada.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Melfort.

Mr. Gantfoer: — Thank you, Mr. Speaker. Mr. Speaker, it's a pleasure to engage in this debate about health care in Saskatchewan. It's been my distinct pleasure to have been the official opposition Health critic for about the last five years. And it's amazing to me that as I listen to the NDP government — and each of the five years that I've heard them portray their budget — you would think that that budget solution is going to just absolutely fix health care forever, to set a new revolutionary trend for health care, and it was going to somehow be the rebirth of health care in Saskatchewan.

Well each and every single year, Mr. Speaker, the people of this province have realized that this NDP government has really very little or no plan at all about addressing the health care challenges at the fundamental level.

Mr. Speaker, you know, I wonder why the national statistics that come out always have Saskatchewan at the wrong end of the spectrum. We seem to always have the longest surgical waiting list in Canada; you know, we should at least be somewhere in the middle of the pack. It's obvious that this NDP government will never be capable of moving us to the front of the pack, but at least we should be something that would be considered average instead of worst.

Mr. Speaker, we have the longest diagnostic waiting list. Why is that, Mr. Speaker? We have long waiting times for surgical procedures and the minister comes out and announces a new program to evaluate and categorize and keep track of, over the Internet and whatever else, the surgical waiting list.

But, Mr. Speaker, this government for the last five years has been stubbornly refusing to look at the fundamentals. And the fundamentals, Mr. Speaker, are people. You know, the government sent out a nice little brochure in all the weeklies that said 73 per cent of the costs of the health care system are personnel costs. Three-quarters of the cost of health care has to do with reimbursement for services of health care professionals, health care support workers, all the different people who work diligently every day in this province to provide health care.

(11:15)

And, Mr. Speaker, one of the fundamental problems in the health care cost ratio problem in this province and in across Canada is the fact that in the early 1990s this NDP government participated with and agreed to dramatically cutting back the training programs for health care professionals. It was to the stage that in 1996 we were down to 180 nursing seats in

Saskatchewan. And so now the member gets up and says, well now we're increased it by 100. Well good, but that isn't nearly enough.

The demographic reality of Saskatchewan creates two dilemmas for us. There is the demographic reality that says that we are losing more registered nurses by a significant amount through retirements and leaving the province than what we're educating and bringing into the system. That's a statistical fact. And if that's going to continue to happen, the problems and the pressures that happen in the wards where these nurses work are going to get more and more severe.

Coupled with that, Mr. Speaker, the demographic reality is that the age of these nurses is increasing, and so they are becoming older and less able to provide the same level of intensity of physical work and responsibility that they might have been able to do a few years prior to that. So we're not only losing our nurses, the nurses we have on average are getting older and it's more and more difficult for them to provide the services.

The other demographic reality and time bomb that we're facing in this province is our population is also aging because this government has been unable and incapable of creating a growing economy that would be attractive to young people so that they'd stay in the province and keep our demographics stable. The reality is, is after a decade of this government's mismanagement of the economy, we've got a situation where our young people are leaving. And so the demographic reality for the people in the province are an aging population, and an aging population requires more health care services.

You know, somewhere I read a statistic that said that the reality of the health care system is in many instances that the biggest amount of expenditure that any of us are going to have expended on our behalf is going to be on one last catastrophic fight for our health that we're going to lose. And as we get older and older, there's more and more of us going to be in that situation. And so the health care system is going to face that demographic reality as well.

Mr. Speaker, you know, this government's budget talks about the \$160 million, and that's a huge amount of money. And right across Canada the amounts of money being spent on health care are by far and away the largest expenditure of any provincial government. They range from 30 to 45, 38 to 45 per cent of the overall budget. And that is a grave concern for governments everywhere in this province. But I submit, Mr. Speaker, no one is going to be able to deal with this unless they deal with the fundamentals.

Mr. Speaker, in this budget, the government talks about adding another MRI to the Regina Qu'Appelle Health Authority. And that sounds like a wonderful thing. But then, you've got to look beyond that and say, well where are the MRIs right now in Saskatchewan and how are we using them.

Mr. Speaker, there are two and a half million dollars or more money to buy one of these machines. Now if you or I had one of the . . . a two and a half million dollar machine that we had to use and we had to make sense out of, we would probably try and strive to run that machine 24 hours a day, 7 days a week to maximize that investment, to get the most value we could out of

the machine.

But the reality is, is they're running eight to ten hours on a five-day week in Regina. The two machines in Saskatoon are running on a eight to ten, sometimes a twelve-hour day in Saskatoon, five days, five days, and then four days.

And you know the reason why they're not running 16 hours a day or 20 hours a day, Mr. Speaker? The reason is, is because we don't have sufficient technologists to run the machines. So what we've done now, by this budget, is we've added another machine to the mix but we haven't added any more technologists.

So now we're supposed to believe that this government has a plan for decreasing the wait times for MRI imaging. It's not going to happen unless we deal with the fundamentals.

So how do we get someone to be a technologist? Well they've got to take the basic radiology technology program and then there's a special add-on MRI program. Guess what? In Saskatchewan, there isn't one available. Nearest one is in Manitoba or in Alberta.

Well you'd think this government, if they're looking for a practical solution, would say, look it before we buy another machine, let's take the two and a half million dollars and buy some training seats in our neighbouring provinces so that we can have extra technologists trained, so that when we do need . . . get them trained and get them on board, we'll buy a machine and we'll have people to run it on a more efficient basis. That's what I mean about utilizing what we've got.

Before you buy another machine, make sure the three you've got are being used to their absolute maximum potential and that you're doing it with technologists who are reimbursed at regular rates instead of overtime rates.

Mr. Speaker, the same kind of fundamental approach that's lacking by this government applies to nurses and other medical professionals. We decry how expensive this all is, but the reality is a great deal of the expense, because we're short of people, is they have to put in long hours and overtime hours on callback hours and work seven and eight days at a stretch at overtime rates.

Well, Mr. Speaker, it's no magic but if you're paying people at overtime, you're doing two things. One is you're wearing them out so that they're more tired and less able to provide quality service, but you're also paying way more per person-hour than you needed to if you had sufficient people. Mr. Speaker, these are the kinds of common sense understanding the fundamentals of health care that are needed that this government hasn't addressed.

They come out with fancy plans and lots of platitudes and lots of studies and lots of commissions and lots of people studying and organizing and redoing and putting stuff on the computers and on the Internet and lots of busy work, but they miss the fundamental reality of the challenges of the health care system because I think they have taken an attitude of not being willing to listen to the front-line workers, the doctors and nurses and technologists and the people at the front line. And instead of

listening to them, who they're listening to is a bunch of bureaucrats in the Department of Health who really don't understand the system at all.

Mr. Speaker, I can't support giving this government credit for simply spending money; that's the easiest thing to do. What has to be done, Mr. Speaker, there has to be an understanding and a plan that addresses the fundamentals. And, Mr. Speaker, this motion has failed fundamentally in understanding those bases and I cannot support the motion.

Some Hon. Members: Hear, hear!

The Speaker: — I recognize the member for Regina Wascana Plains.

Ms. Hamilton: — Thank you, Mr. Speaker. Mr. Speaker, I think this is a time to, for just a few moments, look at what we have done year after year since we've been elected to government in the area of building a strong and sustainable health care system.

We have adapted to change every year since we've been here. Now when we look back we saw, when we were first elected, over 400 boards, commissions, and committees, all with different boundaries and all with different responsibilities to deliver health care services which meant that home care had a district, ambulance services had another district to serve the same people but it might not be the same boundaries of the district, and the health authority had a different boundary yet again.

We've over the years adapted to changes by looking at 32 districts to replace the 400 or over 400 boards and commissions and committees out there working on health care, and most recently we now have 12 regional authorities who are working together to develop the strong health care system that we need to continue to adapt and change with the times and to reform the system so it's sustainable in a publicly funded and publicly administered way.

Over the last number of years we've accomplished much but we all know we have much that still has to be done. Now listening to the members opposite over the last number of weeks, I have yet to hear from them or see presented to us their action plan for sustainable health care in the province.

They've talked about spending more. They've talked about trying to do intensive audits, efficiency audits, but they have never really set out a plan where the word privatization hasn't been a strong component of what they suggest could be done to the health care system.

And we all know that when we were out campaigning that most people, when we talked about health care, wanted to see a long-term plan called the Action Plan for Health Care, that developed the primary health care teams, but also was able to have a publicly funded, publicly administered health care system so that everyone could access health care in this province.

Also today much had been said about what we are doing in rural Saskatchewan when rural Saskatchewan is in very difficult

times. I know my family always talked about one of the major areas that would drive people into poverty, and when they were at their poorest, still had them trying to find money for private health care. That's not that long ago in this province, and it's one of the major things that we've been able to do to alleviate one of the causes of poverty, not only in the cities but in rural Saskatchewan.

The Action Plan for Saskatchewan Health Care continues to be the blueprint that we will follow to change our province to sustain it into the future. And there have been many updates. There's information. There's been a wonderful newsletter that's gone out to all the households that I hope people will take time to read.

And I'm hoping that the members opposite will also take the time to make available that reading to them. Because it's obvious from the last speaker that he's not looking at what we've done recently to establish more training spaces and seats, but only looked at where we've come from. And so I would ask him to move from that into some of the highlights I'll outline for them from the information that I suggest they could pick up and read on a daily basis.

Some of the highlights of health care — investing this year \$2.687 billion in a publicly funded, publicly administered health care system. And that's the largest amount ever spent in the province of Saskatchewan. Health care now accounts for about 44 cents on every dollar that our government spends for programs and services.

We've established the Saskatchewan Surgical Care Network that has developed a surgical patient registry. And this gives tools for physicians to assess and develop a surgical patient registry and a fairly ranking system for patients that will put them on the surgical list. There are surgical care coordinators and there's also a Web site, www.sasksurgery.ca, to assist people to find out where they are on that list to give their physicians more information on how their condition is changing.

And we're also the first-ever jurisdiction in Canada to formalize a critical incident reporting system, and as such it's very much on the leading edge of developments in patient safety initiatives in the country, in the entire country.

Our province's goal is to reduce the potential for critical incidents in our health care system and improve health care safety. And to that end Saskatchewan Health is working with the regional health authorities to establish regulations under The Regional Health Services Act that will set out how critical incidences will be reported to Saskatchewan Health.

Currently the regional health authorities report critical incidences to Saskatchewan Health on a voluntary basis; we'll have the system in place that they can do that and improve the quality of care for people in Saskatchewan. First in Canada, leading-edge health care.

We're also supporting health care providers retention and recruitment initiatives, such as the addition of the 100 seats to the Nursing Education Program over the next three years which brings that up to a number of about 400, an addition to 40

nursing seats as part of the new northern nursing degree program. There's the addition of 16 practical nursing seats over the next few years, and the addition of five new physician training seats at the College of Medicine, and more than 500 new and continuing bursaries in exchange for a commitment to work in Saskatchewan. Young people want to be here; they see their future in Saskatchewan and they're taking advantage of those bursaries as we speak.

Mr. Speaker, we are trying to do much to improve health care in Saskatchewan, to sustain health care. And we're proud of those accomplishments although we know we still have much to do. And we ask the members opposite to join us in giving us suggestions and ideas. And when we say that, they laugh back and say, no that's our job; their job is only to criticize.

Well they should be criticizing, but in this case they should be criticizing the federal government. In Saskatchewan, as in the case in every other province and territory, we contend with the federal withdrawal of funding from health care. Federal funding at the national level has diminished to just 16 per cent of health care costs today, while we're faced with rising costs and escalating demands. And we have also been reforming our system as they have suggested and wanted us to do.

Sixteen cents on every dollar. When Canada adopted the publicly funded, publicly administered Canada Health Act, it was 50 cents on the dollar. Today, 16 cents.

You've heard our Premier say that without the renewed federal commitment to our public health care system we can't possibly service the next . . . survive through a next decade. And we need all to join together to fight the federal government to have what the premiers are calling for — a new bar for renewed federal commitment to 25 per cent. This follows Mr. Romanow's recommendations. It's a modest but achievable goal. And in facing an upcoming federal election, the federal government must consider its commitment to health care and to act and demonstrate that it's sincere about partnering with provinces for health care as a whole. So there is a case where I can say: all members, join us, join us in this fight.

(11:30)

In Saskatchewan the effect of reduced funding goes even further if we look at and we add into the mix, of course, the equalization payment scheme that's terribly flawed and is outlined recently in the Courchene report.

Well we're not about standing back and just complaining; we have a plan. We have the Action Plan on Saskatchewan Health Care. And until the time comes where we get the critical needs addressed from the federal government in the funding area and some addressed to the Courchene report, we have set top priorities for our government in health care this year.

We're going to continue to invest in our regional health authorities. We're updating surgical accesses. We're expanding diagnostic care. We're expanding the drug plan dollars available. The Saskatchewan Cancer Agency, another \$6 million. There's more money for capital and equipment. The primary health care network is being developed and expanded, and there are new initiatives for FASD (fetal alcohol spectrum

disorder) in our announcement this year for the budget. The advances introduced by Saskatchewan Surgical Care Network to improve the system of surgical care in our services — we've learned much from that and we're going to build on that.

The member opposite talked about, let's just use what we've got in the area of MRIs to the fullest extent. But we also need, very much need, another MRI in Regina and we're very proud that this will happen. We're announcing another \$1.8 million that will result in an additional 4,000 MRIs being done — and that's what the member opposite was calling for — and another 2,700 CAT (computerized axial tomography) scans will be done this year. We'll be expanding the operating hours within the existing publicly funded and publicly administered system.

There's so much more I could talk about that is keeping our health care system moving forward into the next century. We're prepared. We're prepared to do the work. I stand in support of the motion that's put before us. Thank you, Mr. Deputy Speaker.

Some Hon. Members: Hear, hear!

The Deputy Speaker: — I recognize the member for Martensville.

Mr. Heppner: — Thank you, Mr. Deputy Speaker. A patient a day, a flavour a day, a tub of ice cream — that's about all the respect that that NDP government has for the people who are sick and suffering in this province.

That's exactly what the Minister of Health got up yesterday and that's what he said in his private little meeting that he was prepared to have with the media. He couldn't meet with the people who came here who were sick and suffering; those had to stay in the rotunda. They had to stand in the rotunda and wait and talk to his lackeys. He could go ahead and find the time to talk to the media and present his situation. That's how the NDP treat the sick and the suffering in this province, Mr. Speaker.

It's a shame, a tub of ice cream. Surely you should be ashamed of yourself. Every one of them, Mr. Speaker, should be ashamed of themselves, every single one of them. That's the particular group, Mr. Deputy Speaker, that walked around this province telling various and sundry lies to everybody.

The Deputy Speaker: — Order, order. We are in the middle of 75-minute debate. There's a motion before the Assembly and we are to conduct our debate within the rules of parliamentary procedure. I would caution the member in the use of language that he is using. I would recognize the member for Martensville.

Mr. Heppner: — Thank you. And it's unfortunate we only have 75 minutes to debate the issue about how poorly those people portrayed their plans in the election, the things that they said. And now, what are they doing? Well what are they doing? Let's just look at some of their own information.

Right here, Mr. Deputy Speaker — you got this in your mailbox; we all did. Everyone in Saskatchewan did. And let me just pick a little part of it. I'll read it. It was sent out by the NDP, Mr. Deputy Speaker. Here is one of the things they want to do. First of all, they could've done a better job by taking this

particular money and spending it on health care.

Reductions in long-term care bed numbers — reductions. They didn't say a single word about that when they went knocking from door to door, Mr. Deputy Speaker. They would've denied it.

They talked about all the wonderful things they were going to do. Now look what they've done. Put us in last place in Canada — last place in Canada. The birthplace of medicare. They got a head start, the first place in Canada it started. And even with a head start in medicare, where have they led us — last place. So now we are in last place.

What are they doing to the people who are living in a province who's in last place? They are going to reduce long-term care bed numbers.

What did they try and do last year, Mr. Deputy Speaker? I'll tell what they tried to do last year. They went out there and they said, we're going to raise the amount that the people are going to have to pay. We're going to take the money from the elderly people; who don't have any money, who are in all sorts of need, and we're going to charge them more. We're going to go ahead and raise our funds to supply their medicare from the sick and suffering. That's what they said last year they were going to do.

Well thankfully, the people of this province rose up and they had to backtrack on it, Mr. Deputy Speaker. They backtracked on that.

What is their plan this year? Well, Mr. Deputy Speaker, instead of having them lying in beds and charging them more than they can pay they've said . . . and as I've said, everybody in the province who's watching, go to their mailbox, pick up this little sheet that was sent to them by the NDP, and it says — they didn't put any page numbers on it, they saved a little bit of ink — reductions in long-term care bed members.

What a shame, what a shame in the province that's having the largest growth in seniors. Our seniors' group is a demographic, the fastest growing in Saskatchewan — in any province in Canada. So here where we're going to need more long-term bed cares . . . we're going to need more of those, Mr. Deputy Speaker.

This NDP government comes and tells us we're going to reduce the numbers. So where in the world are they going to stay? Then they're going to be totally amazed when they move to a place like Medicine Hat, and say, that's Alberta envy. We just had that from the member from Saskatoon Fairview, talking about Alberta envy.

Well, we'd like to keep these seniors here. But where are they going to stay? The NDP is going to reduce the number of long-term care beds. That is a shame, Mr. Speaker. Yesterday the Minister of Health compared them to a tub of ice cream. In this particular article, we're going to reduce the number of long-term care beds.

These are the people, Mr. Deputy Speaker, that built this province. They built the streets; they built the roads; they built the farms; they built the skyscrapers that we have. They built

this province. They were responsible for building this building, Mr. Deputy Speaker. And they have the gall to say, we're going to provide fewer — fewer, Mr. Deputy Speaker — not the same amount, not more, but fewer. That's the NDP plan. That's a plan for decline. But unfortunately the number of seniors is growing. And that's what they're going to do. And they stand up in here and say, we're proud of this.

Well, Mr. Deputy Speaker, they were talking about putting a smile on people's faces. Well they aren't smiling. They should be ashamed of themselves. And the rest of us are concerned. The rest of us are concerned.

It's unbelievable, Mr. Speaker, the ridiculous attitudes they come up with, with . . . The member from Saskatoon Nutana, just a few minutes ago, was wondering how long the Sask Party knew about some of the people that have come to us asking for help. Well, Mr. Deputy Speaker, if all the people in this province who came to this building who need help — and need urgent help, and need it much more quickly than they're getting it — we'd fill this building. We'd have those galleries full every day, seven days a week, 24 hours a day because we have in this particular province, unfortunately, the longest lists of people waiting for care in Canada, Mr. Deputy Speaker.

And now they're going to close long-term care beds. They're going to close long-term care beds. And how are they going to try and accommodate that so that they have some sort of rationale?

Well they're going to go ahead and raise the bar for the requirements to get in, is one of the things they're going to do. Mr. Deputy Speaker, it's already shameful the things that have to happen to people before they're allowed to get into long-term care beds, and I could list numerous kinds of situations.

They expect seniors who are trying to live on their own as long as possible — as long as possible. Because of their pride and their dignity, they want to live on their own in independent fashion, but they have to apply a year, 10 years ahead of time to get in, Mr. Deputy Speaker. What a shame. What a shame. Then something suddenly goes wrong and they have an illness that attacks them and they need the long-term care. Now what happens to them? Oh, they should have applied a long time ago.

And they reduce the number of long-term care beds, and the member from Saskatoon Nutana sits there and grins as if it's funny. We need to remember how she used to drag the sick and the lame and the suffering in here when she was in opposition. And now she's concerned. Now she's concerned, Mr. Deputy Speaker, that there are people coming in here asking for help from the very government that's given us the longest lists in Canada. And now they're reducing the number of long-term care beds.

Last year they tried to go ahead and raise the price on it — wouldn't work. These people are a disgrace to anyone that wants to call themselves a socialist or having a social conscience, Mr. Deputy Speaker. A total disgrace.

People came here to Canada for freedom, for opportunity. Those people provided that for those of us that are here today. They provided it for our grandkids. And yet, Mr. Deputy

Speaker, we treat them with shame. The Minister of Health yesterday compared them to a tub of ice cream. Lengthening the long-term care list — this is a disgrace what these people are doing to seniors, the very group that is first of all the least likely to come here and create a ruckus. They're not going to put a rope around the doors of this building, Mr. Deputy Speaker, because many of them aren't able to do that.

Furthermore most of them have not grown up in a concept of confrontation. And so they're going to stay home, and they're going to suffer on their own. They're going to suffer on their own. And so this NDP government has found that out. There are people who will come in here and kick down the doors of the legislature. There are people who put ropes in front of the doors to see who's going to go ahead and break some sort of picket lines, but those are not our seniors. Those are not our seniors.

They've decided to pick on them because that's the most helpless group. What a shame, Mr. Speaker; what a shame. And then to top it off yesterday when our Health minister compares those people who are in need to a tub of ice cream. Mr. Deputy Speaker, I will not support this motion.

Some Hon. Members: Hear, hear!

The Deputy Speaker: — I recognize the member for Moosomin.

Mr. Toth: — Thank you, Mr. Speaker. Mr. Deputy Speaker, it's very interesting that this government doesn't even have any members that are willing to stand up and defend this motion, which is an indication of how abhorrent and shocking it is regarding the government's support of their own health care policy.

Mr. Speaker . . . Mr. Deputy Speaker, this motion tells us that this government is doing such a good job of providing health care services in the province of Saskatchewan. And yet we ask them how well are they doing today, Mr. Deputy Speaker, and it's quite obvious from the chirping coming from the members opposite that they aren't doing a . . . very good jobs.

And, Mr. Deputy Speaker, as we have seen over the last number of weeks and even the last few days, the number of people that have been coming to our caucus that, first of all, have gone to this minister, gone to this government and haven't been getting the answers. They've had to come to us.

And you ask us how well is this health care system working? You ask us how this member . . . the motion this member has brought forward is doing? It's doing very poorly. You go and talk to people on the streets and ask them what they think of this health care system.

Mr. Deputy Speaker, as we talk about the health care, current health care system in the province of Saskatchewan . . . And the government can brag about their \$2.7 billion expenditure, and yes, Mr. Deputy Speaker, that is a lot of money when you look at the overall budget of the province of Saskatchewan. I believe it's something like 43 per cent of the expenditures of this government goes into health care, and yet the people of Saskatchewan are asking what exactly are we getting for the

amount of money that we are putting into the health care system.

Mr. Speaker, this member talks about in this motion that \$160 million more into health care when we ask you where is the money going. How much is actually going, Mr. Deputy Speaker, into and meeting the needs of the patients of the province of Saskatchewan?

As we saw the families coming to this Legislative Assembly, how much of this \$160 million is going to actually go into programs to address the long waiting lists that people experience in the province of Saskatchewan.

Mr. Deputy Speaker, from what I see and from what we can figure out of the \$160 million, extra dollars, going into the health care budget this year, most of it, Mr. Deputy Speaker, is going to be eaten up just honouring union contracts and agreements and the costs that have actually grown up.

Mr. Deputy Speaker, the member tells us that this government is actually working very well to meet the needs of the residents of this province. Well talk to people in Montmartre, talk to people in Kipling, talk to people in Yorkton. It doesn't matter where you go, Mr. Deputy Speaker. Talk to people in Saskatoon, people on waiting lists, people who are waiting from 18 months to two years or three years for surgery, nine to ten and even a year for an MRI to indeed address or try to get an understanding of what their physical element . . . ailment is, what their medical problem is, Mr. Deputy Speaker.

(11:45)

And, Mr. Deputy Speaker, what we have is a situation where people are just in desperation. In many cases people leave the province to seek medical help and after they have been . . . In most of those cases it's for the MRI procedure which they're willing to pay out of their pocket. And they come back with the analysis and, Mr. Deputy Speaker, what we've found in nine times out of ten when they have that MRI available they have gone . . . Their specialist has looked at that procedure and recognized the urgency that is required to meet that need. Mr. Deputy Speaker, why is that need not being met here in Saskatchewan?

Mr. Deputy Speaker, this government talks about how well they've been delivering health care to the people of Saskatchewan. Well they have had — what is it? — 12 years now; 12 years to come up with a better plan; 12 years to address waiting lists.

But how well have they done, Mr. Deputy Speaker? Have these waiting lists actually reduced? Mr. Deputy Speaker, we continue to have the worst and the longest waiting lists in the province of Saskatchewan.

Mr. Deputy Speaker, if you to were ask individuals . . . And the minister yesterday was telling us that if a person is diagnosed with a certain problem and they can't get the procedure immediately in the province of Saskatchewan we have reciprocal agreements with other provinces where people can be transferred out to receive that procedure.

Well I've had a couple of situations — and to my knowledge they have still not been addressed today and that's over a year ago — that I've written to this minister asking this minister about the specialist being able to refer a patient outside of the province because the opportunity to have their medical condition addressed was available immediately. But no, they had to wait in the province of Saskatchewan because it could be done here even though it might be a 10 or a 12 or a two-year waiting list. Mr. Deputy Speaker, that is not good enough.

Mr. Deputy Speaker, in this budget we saw this government talk about, on the one hand, talk about their extra commitment to health care. On the other hand they're talking about reducing acute care beds, reducing heavy care beds in the province of Saskatchewan. And how well is that working?

Mr. Deputy Speaker, every time you reduce an acute care bed, and we hear the ongoing problem — coming from nurses, coming from hospitals, coming from doctors — that the reason they cannot address the medical needs of their patients is because when they're told that we've got a patient that needs a certain surgical procedure, but as soon as we try to get them in, we're told we don't either have the staff or we don't have the beds available to meet that patient's needs; therefore the patients have to be put on a waiting list.

Mr. Deputy Speaker, you tell me how cutting more beds out of the acute care network in this province is going to address the needs of the Saskatchewan residents and the long waiting lists?

Mr. Deputy Speaker, we talk about cutting heavy care beds in the province of Saskatchewan. Well let's go back a few years. In the late '70s how well did it work? This NDP government of today, the NDP government of the late '70s decided that they would put a moratorium on any further construction of heavy care bed facilities in the province of Saskatchewan. And how well did that work, Mr. Deputy Speaker?

Mr. Deputy Speaker, for all the criticisms of the government of the '80s, there was something like 2,400 heavy care beds added in the province of Saskatchewan. And, Mr. Deputy Speaker, we still have long waiting lists. And this government is now talking of cutting further heavy care beds in the province of Saskatchewan.

Mr. Deputy Speaker, how well does that work? How well does that serve the people of Saskatchewan? How well does that serve the families of Saskatchewan? Mr. Deputy Speaker, I think it's important for us to take a very careful look at how well this government has been doing.

And I believe that as the people of Saskatchewan . . . And as my colleagues have been mentioning, as constituents have been coming up to me — and it doesn't matter where I go, Mr. Deputy Speaker — and I'm certain that government members are facing the same thing, that they are finding people are coming up to them and asking them what in the world are you doing to address the health care needs in the province of Saskatchewan. That's an ongoing question that I get every day, Mr. Deputy Speaker.

The longest surgical waiting lists, the longest diagnostic waiting list — two years for MRIs — and, Mr. Deputy Speaker,

horrendously long waits in the emergency rooms.

And, Mr. Deputy Speaker, we talk of one of the criticisms we have in the province of Saskatchewan is that we don't have enough nurses. Well thanks to a decision made by this government about eight years ago, we've reduced the number of seats in the College of Nursing. Now they're beginning to raise them.

But as I've heard from a young lady in our area who is currently in the nursing program, in her program and in the class that she's in, most of the nurses — especially the ones involved right now trying to complete the program under the SIAST (Saskatchewan Institute of Applied Science and Technology) program — have basically said as a result of what they're experiencing in this current strike that they are prepared when they finish just to leave the province; they've had it with this province. Mr. Speaker . . . Deputy Speaker, what is that going to do for the people of Saskatchewan?

Mr. Deputy Speaker, we look at a system this government brags about that is failing people. People every day are finding themselves facing significant medical needs while this government brags about how well it is addressing the medical needs of the province of Saskatchewan.

Certainly, Mr. Deputy Speaker, there is no doubt that this motion before us is almost laughable, if it wasn't for the fact that it is a costly procedure, that health care does come at a cost — there's no doubt about it. There's no doubt it's going to take some significant time and effort, but, Mr. Deputy Speaker, we need to begin putting our words to action. And I believe the people of Saskatchewan have been looking at this government and they've been finding this government, this minister, this Premier has had a lot of words but very little action to follow up on his commitment to meet the needs of the people of Saskatchewan regarding health care in the province of Saskatchewan.

Mr. Deputy Speaker, I cannot support this motion.

The Deputy Speaker: — I recognize the member for Moose Jaw North.

Mr. Hagel: — Mr. Deputy Speaker, the hon. member for Moosomin says it's time for action not words. Let us listen very, very carefully to what the Sask Party has just said, because they're now on the record, if you want to know what an approach of the Sask Party would be to managing the health care system if they ever had a chance.

The member for Moosomin asked the question, he said, where does most of the \$160 million go? He says it goes to . . . most of it is eaten up, quote, "honouring union contracts". Well number one, that's not factually correct, although most of it goes to honouring contracts. Let us be very, very clear that the Sask Party has now said if they had their way, they would rip up agreements made, negotiated with doctors, with nurses, with attendants.

Some Hon. Members: Hear, hear!

Mr. Hagel: — That is not in the interest of security of health

care delivery in our province. They will never be given the opportunity to go there because we won't let them and the people of Saskatchewan won't . . .

Some Hon. Members: Hear, hear!

The Deputy Speaker: — The member's . . . Order. The member's time has expired. There will now be a 10-minute break for questions and comments. I recognize the member for Arm River-Watrous.

Mr. Brkich: — Thank you, Mr. Speaker. My question is for the member for Saskatoon Eastview. She talked about how this NDP government cares for the citizens of this province. Well I want to ask her about the sick and elderly. Do they care about them?

In Imperial health centre right now there is 15 long-term beds that have been full 100 per cent for many years. Right now there is 10 on a waiting list. They have three swing beds, always full; only one respite bed, full all the time. My question to that member is: do you support any closures of any beds — yes or no?

The Deputy Speaker: — I recognize the member for Saskatoon Eastview.

Ms. Junor: — Thank you, Mr. Speaker. I think if the member would have listened to my speech at the beginning of the motion, we're talking about doing things differently.

Seniors in this province right now comprise one in seven of our citizens, and by 2020 we're projecting they'll be one in six. But seniors are living differently than they do now. They're making different choices. They're living healthier, longer. When I speak to seniors, I talk to them about if they change the way they eat, they change their exercise, they add exercise to their regime, they will live healthier longer and die quicker. There's . . . I know everybody goes . . . they gasp. But my view, for myself, I would prefer to live healthier longer and die quicker.

So long-term care beds in this province, we are overbedded according to the national average. Long-term care beds are not the solution for seniors. They need to have other options, and they do with assisted living and other options for housing that we provide for them.

The Deputy Speaker: — I recognize the member for Regina South.

Hon. Mr. Thomson: — Thank you very much, Mr. Deputy Speaker. My question is for the member for Melfort.

I would say, having listened to that member's speech, that it is time that he put the taxpayers' money where his mouth is and he come clean and tell this Assembly exactly how much more money he wants in that provincial health budget to deal with his idea that there be no bed closures, that there be no waiting lists, no waiting times, and that the procedures happen immediately. How much more money will he move an amendment to the budget to provide for health care and where does that come from?

The Deputy Speaker: — I recognize the member for Melfort.

Mr. Gantefoer: — Thank you, Mr. Deputy Speaker. Mr. Speaker, the member opposite always misses the point and never understands the issues that are involved with the health care system.

Mr. Deputy Speaker, if the member would remember, and give credit for the point, that we have been calling for dramatic increases in the number of nurses trained in this province, the number of technologists trained in this province, so that we could actually reduce the costs of the health care system by making sure that people are not being paid more for overtime than what's necessary to provide an hour's work.

Mr. Deputy Speaker, this is what I've talked about when I said we have to deal with the fundamentals. It simply will not improve the health care system, unless you deal with the fundamentals, to blindly throw money after money after money. There has to be some things that are done with the fundamentals in this health care system. Mr. Speaker, that is the solution for health care in Saskatchewan, that is the solution for health care across Canada is to get to the fundamentals.

Some Hon. Members: Hear, hear!

The Deputy Speaker: — I recognize the member for Arm River-Watrous.

Mr. Brkich: — Thank you, Mr. Speaker, my question is for the minister . . . or the member from Saskatoon Eastview. I don't think I have an answer from last time except that if I tell these 10 people that have nowhere to go to die faster, that might help the list. We'll talk about Craik, their 15 long-term care beds; they're full 100 per cent for the last number of years. Right now there's at least five on the waiting list there. Their three swing beds are always full. They only have one dedicated respite bed, full constantly and always a waiting list for that.

So my question again: do you support the closure of any beds in the Imperial or Craik health centre? Yes or no?

The Deputy Speaker: — I recognize the member for Saskatoon Eastview.

Ms. Junor: — Thank you, Mr. Speaker. I have a quote from Benjamin Disraeli that I'd like to share. He says, how much easier it is to be critical than it is to be correct. And I think that that is something that the Sask Party is very good at, being critical. I want to . . . The member did not listen to when I spoke before obviously, about how we change, how we deliver health care. The choices that we make are going to necessitate change because we're living differently.

As I said, seniors are not going to be asking for long-term care beds. They're going to be asking for assisted living, for help to live at home. So we're talking home care; we're talking housing options. These are the things we need to talk about. And when we continue to resist change that moves us forward, it doesn't help anybody.

The Deputy Speaker: — I recognize the member for Regina South.

Hon. Mr. Thomson: — Thank you very much, Mr. Deputy Speaker. My question again is for the member from Melfort. My question to him based on his last answer, that he does not support new money for health care, is then, how long is an acceptable wait time for a cancer patient to receive MRI and receive treatment? What is an acceptable wait time for a person to wait for surgery and who should make that decision — a doctor or the member from Melfort?

The Deputy Speaker: — I recognize the member from Melfort.

Mr. Gantefoer: — Thank you, Mr. Deputy Speaker. Mr. Deputy Speaker, the member should know that there are guidelines that are set by the medical profession across Canada for the times that are appropriate for diagnosis and for treatment and they vary depending on the acuity of the condition. Mr. Deputy Speaker, there are certainly, there are certainly instances where a person has to be dealt with virtually immediately depending on the acuity of the need. They need immediate diagnosis.

A person suffers a stroke for example, Mr. Deputy Speaker, they need at a very early time find out if that stroke is a hemorrhagic stroke or a blood clot type of stroke, and the way to determine that is a CT scan because the therapy that is prescribed could kill the person if the wrong choice is made. You need it almost immediately. Other decisions are made on the basis of a longer period of time.

Dr. Witt complained that the Royal University Hospital was in excess of those nationally stood standards, and that's why he complained and that's why this government fired him.

Some Hon. Members: Hear, hear!

(12:00)

The Deputy Speaker: — I recognize the member for Rosetown-Elrose.

Mr. Hermanson: — Thank you, Mr. Deputy Speaker. I want to direct my question to the member from Eastview who said she has the most seniors living in her constituency. I also have a great number of seniors living in the Rosetown-Elrose constituency and some of them are in long-term care in Rosetown and they are confined to a basement. It's unsafe. It's a basement in the hospital. It's unsafe, it's antiquated, it's old, it's gloomy, it's the wrong thing to do to seniors.

The community has the money and is prepared to build a new facility. They're just waiting on the NDP government to live up to their end of the bargain and put forward the money that they need to put into this project to see it go ahead.

If she really does care about seniors, if she really does care about their living — and they cannot be cared for by home care or other means, they need long-term care — if she really cares for them, will she get up in the legislature and speak in support of the community's desire to build a new long-term care facility which they have the money in place for? Will she speak on behalf of the government that they will put their money in place to improve the seniors' living conditions?

The Deputy Speaker: — I recognize the member for Saskatoon Eastview.

Ms. Junor: — If the members opposite really cared about seniors, they would have voted for the budget.

Some Hon. Members: Hear, hear!

Ms. Junor: — Many of the things that are in the budget go to supporting seniors to live a healthier life and to live a healthier life longer. They voted against that budget. So they're saying no to all the things that go in that budget to improve people's lives, not only the lives of seniors. And I had supported the budget and I will support supporting seniors in their lifestyle choices and giving them options.

Some Hon. Members: Hear, hear!

The Deputy Speaker: — I recognize the member for Regina South.

Hon. Mr. Thomson: — Thank you very much, Mr. Deputy Speaker. My question again is the member for Melfort. I appreciate that he has stated his support for the government's position on wait time procedures and the lists. I appreciate that he has told this House that he does not support more money for health care. I appreciate the fact that he has voted against the budget which puts more money into health care and creates a new MRI.

My question to him is this: given that that member does not support more money for health care, given that that member does not support the union contract that is in place, my question is, what is that member's and that party's position as it pertains to private care, private diagnostics, and private hospitals?

Some Hon. Members: Hear, hear!

The Deputy Speaker: — I recognize the member for Melfort.

Mr. Gantefer: — Thank you, Mr. Speaker. Mr. Speaker, the member opposite makes a supposition that says that there's givens that he is assuming that I have made, and of course this government is very good at manipulating the facts to their own advantage. That isn't the case.

I have stood in this House year after year after year expressing my support for primary health care initiatives, for training more nurses, more technologists, more radiologists. I've stood in this House and talked about the commitment that the Sask Party has to the health care system, to the Canada Health Act and all the principles under the health care Act that we've talked about — all of these principles over the years on every occasion possible. And this NDP government and this NDP member and his colleagues have taken every opportunity to misrepresent what we have said through this campaign and afterwards.

Mr. Deputy Speaker, the record stands for itself. We've stood in this House time after time after time in support of the publicly funded system.

The Deputy Speaker: — The seventy-five minute debate has expired. The next order of business is private members'

motions, public Bills and orders.

PRIVATE MEMBERS' PUBLIC BILLS AND ORDERS

SECOND READINGS

Bill No. 201 — The Whistleblower Protection Act

The Deputy Speaker: — I now recognize the member for Saskatoon Southeast.

Mr. Morgan: — Mr. Deputy Speaker, it's my privilege to move second reading of this Bill. Mr. Speaker, this Bill is an opportunity for many things. Mr. Speaker, this Bill is an opportunity for the Saskatchewan Party to present a Bill that is both important and timely, as well as serves a real, genuine need in this province.

It is an opportunity for the New Democratic Party to show willingness to work with the opposition. It's an opportunity for them to ask what they would do in this position and how they feel they can address a problem by working together with the opposition as well.

More significantly, Mr. Speaker, it's an opportunity for members on both sides to show the public there's a willingness to work together and do something productive. It will show the public that the members of this House are willing to do something else other than bicker, heckle, and an opportunity for them to review and discuss something productive.

Mr. Deputy Speaker, this is an opportunity to look at the broader view of the purpose and the general good that a Bill like this is intended to have. And, Mr. Deputy Speaker, one of the significant things about passing this Bill is that it will not cost money for the province and may, in fact, actually save money.

We've heard a lot of debate on issues relating to health and who's going to pay, how it's going to be . . . This is a Bill that will save money and won't cost any money to have the Bill passed and enacted.

Mr. Deputy Speaker, we as an opposition party regularly receive so-called brown envelopes. Admittedly, some of the senders of these brown envelopes are politically motivated and no doubt we will continue to receive brown envelopes. But many of these brown envelopes are from employees who are faced with serious ethical dilemma, they recognized and are aware of troubling conduct within the government. They are also faced with their loyalty and their duty to protect and respect their employer, but wish to deal with the troubling conduct that they witness.

An example of that is Dr. Witt, a well-intentioned, hard-working individual. He advanced his issue with his supervisors, received no response from the supervisors. Dr. Witt went to the minister, and as a result of that was fired. This created a feeding frenzy for the media and for the opposition. This Bill would've given Dr. Witt options for raising the issues anonymously and without fear of reprisal, Mr. Speaker.

This type of issue destroys the public's confidence in our health

system. And, Mr. Speaker, it also destroys public confidence in our Legislative Assembly when these types of matters are dealt with on the floor of this Assembly.

Mr. Speaker, the Bill as brought forward is a successor piece of legislation to the original changes to The Labour Standards Act which were brought about in the 1990s. The existing legislation has a number of flaws, a number of problems that have become evident as a result of the passage of time.

The first issue, there was three significant components to the existing legislation, Mr. Speaker. It identified that wrongdoing had to be reported to a person in authority and it uses the definition of wrongdoing as something that will lead to a conviction relating to an offence or some enactment.

Mr. Speaker, that is very limited. It does not deal with issues of major financial or fiscal mismanagement. It does not deal with an employee who has identified and discovered serious issues with health, safety or the environment. It deals only with things where there is a breach of a specific statute. Our Bill will address this shortcoming.

Mr. Speaker, this Bill also identifies who can properly be someone that they can go to with the concern that's being raised in public. Mr. Speaker, the existing legislation uses the vague term that they can go to a person in lawful authority. There is not an option to go to the minister or the public auditor or somebody else.

The remedies under the existing legislation, Mr. Speaker, are also extremely limited. And I'll tell you what the remedies are under the existing legislation, Mr. Speaker. They can be charged as an offence under The Labour Standards Act. On a first offence the perpetrator of the offence can be fined \$2,000, on a second offence they can be fined \$5,000, and the third and subsequent a maximum of \$10,000.

In addition to that section 89 will entitle the employee to reinstatement, just simply stated reinstatement, and loss of pay for the period of time that they were gone. Oftentimes, Mr. Speaker, when legislation is passed, it appears to meet the needs or address the concerns that it was intended to. But case law and practice shows the flaws and weakness.

I was surprised, Mr. Speaker, that the Labour minister has stated in this House and to the media that the existing legislation is working fine. As the Labour minister should know, we're very well aware of the sad situation of Linda Merk. Ms. Merk was an employee of the International Association of Bridge, Structural, Ornamental and Reinforcing Ironworkers Local 771.

Ms. Merk wrote to the international president of the union regarding expense claims of two of her supervisors. In that letter she also threatened to go to the police if her concerns were not addressed. The union fired Ms. Merk for her whistle-blowing.

Mr. Speaker, the union was charged under The Labour Standards Act. The Court of Appeal ultimately acquitted the union because the union president was, under that legislation, not a person in lawful authority because they were not a police

officer. The police were held to be a lawful authority. But because there was only a slight threat that she may go to the police, there weren't deemed to be sufficient grounds that that would result in a conviction against the union.

The court held that the going to the president was the reason for the firing but that that was outside the statute. If ever was a gaping hole in the statute, this is a gaping hole and the Minister of Labour should be aware of that and should be willing to take steps to address that.

I'm shocked, Mr. Speaker, that a union would treat an employee in this type of cavalier fashion and that . . . You know, Mr. Speaker, a union is somebody whose sole purpose and his whole reason to exist is for the benefit and protection of workers.

Mr. Speaker, I would have thought that the Labour minister would have stood up and would have wanted to have dealt with this rather than to glibly stand up and say in this House and outside to the media, the status quo is fine; the existing legislation is working.

It is with the benefit of hindsight, and after seeing how legislation has been applied by the courts, the legislature should look at and make constructive and appropriate changes to the legislation. It is clear that our existing legislation is no longer serving the purpose for which it was intended, Mr. Speaker.

I would like now to review the provisions of the new Bill that we are proposing. And, Mr. Speaker, my learned friends opposite have raised the issue that it's very similar to the existing legislation, and in fact it is. It's based on that legislation and has enhancements and changes so there does not need to be a major redraft or a major change. But it does enshrine the specific changes in a specific piece of legislation to give workers the protection, Mr. Speaker, that they are entitled to.

I am aware that today is Friday and members will want to go home for the weekend. But I've also received some significant coaching from the member from Martensville, so I would suggest that the members opposite might now want to have some supper sent in because I may be a while going through this clause by clause.

This Bill deals specifically with the public sector. It includes . . . it includes employees of the health authorities. Dr. Witt would specifically be included in this legislation. It also includes employees of universities, colleges, school boards, municipalities, and Crown corporations and all entities that are subject to review by the public auditor. It is a very lengthy and very comprehensive list of entities that are covered by this legislation, Mr. Speaker. The purpose of it is to include every situation where public dollars and public safety is at risk.

The Bill goes on and defines reprisal in a very broad sense. The existing legislation, Mr. Speaker, was very narrow. It dealt only with discharging or terminating an employee. This new legislation includes actual or threatened discharge, suspension, reprimand, demotion, harassment, constructive dismissal, blacklisting, involuntary transfer against the employee's wishes or deployment to another agency, or any other adversary action

that could be taken by the employer. It is as broad a list as can be made, Mr. Speaker.

And, Mr. Speaker, I have heard criticism from some of the members opposite that it is not a broad enough list. I challenge the members opposite, and would welcome their suggestions, to broaden the list further. If they believe that there is something that has been missed by the draftspeople of this Bill, I would welcome their amendment that would include other situations that are there.

Mr. Speaker, there could be no reprisal for any number of protected activities. And, Mr. Speaker, I'm going to read in from section 3 of the Act:

No reprisal shall be taken against an employee of an employer that is a public agency or . . . institution because the employee does any of the following:

. . . discloses, (or) threatens to disclose or is about to disclose to a supervisor, public agency, public body, public institution or to an independent officer of the Assembly . . .

Mr. Speaker, what I'm referring to directly in that is the Provincial Auditor and any situation where the employee reasonably believes that there is a violation of a law, an Act, a rule or regulation. So the existing protection is there as well, as well as every other issue that could possibly . . . where there could be reprisal against the employee.

Mr. Speaker, it goes on in great length in section 3, and I would invite the members opposite to read it and read it carefully, because it also focuses on issues dealing with concerns about public health, safety, welfare and protection of the environment.

Mr. Speaker, the existing legislation deals only with situations where there is a possible violation or a criminal action on the part of the employer. This legislation is intended to and does in fact go much further, Mr. Speaker.

(12:15)

Mr. Speaker, this legislation, in an attempt to depoliticize it, does not include the media or the opposition for the simple reason that it is our hope and expectation that the members opposite will say, the Saskatchewan Party does not want to politicize this Bill; we would like to be able to support it. I would like, Mr. Speaker, to give them every excuse possible to support this piece of legislation.

Under the old legislation they . . . (inaudible) . . . had to deal with criminal type of misconduct. Now they can deal with any type of breach or law or regulation. They can testify before a public agency. They can come forward with issues of public health, public safety, welfare issues, protection of the environment. And they can also be protected for refusing to participate in ongoing breaches and other employees that are affected.

It also deals expressly with financial mismanagement. And, Mr. Speaker, I have to tell you that we are receiving a great number of brown envelopes and a number of reports of employees that

work in the public sector that are coming forward with issues of public mismanagement and financial mismanagement.

We as legislatures are guardians of the public purse. We are all aware that we have got an obligation to protect that type of issue.

Mr. Speaker, I'd like to mention and talk briefly about a situation that happened in the US (United States) that most members opposite and members on this side of the House will be aware of. During one of the space procurements there was a situation where a hammer was required. A tendering process was conducted and completed and a hammer was produced at a cost of \$435 US. A number of people came forward and said, this is outrageous and ridiculous. There was no whistle-blower legislation in place. The employees that raised the issue were criticized for it because there was not a fraud that took place. As fundamentally flawed as the process was, there was no criminal activity, there was no specific criminal fraud, and the employees were not given the benefit of any whistle-blower legislation.

So if the members opposite are willing to sit by and leave a situation in place where we could be paying \$435 US for a hammer — as exorbitant as that is, and they want to leave that type of procurement situation in place in this province — then they do so at their own peril, Mr. Speaker. We want to protect any employee that identifies or was willing to come forward with this type of mismanagement.

Mr. Speaker, this Act also requires records to be kept. The original legislation has nothing dealing with records, and records could very conceivably be destroyed, shredded, or otherwise concealed so that the whistle-blower doesn't get the protection that they are entitled to. It is appropriate to ensure that evidence is protected, that evidence does not disappear, and that evidence would be made available for the protection of the employee that is coming forward and raising concerns.

Mr. Speaker, this also gives the option to remain anonymous where it's appropriate, where . . . it uses the words, Mr. Speaker, where circumstances warrant. And those situations might be where there is ongoing abuse, ongoing reprisal, or other acts that that employee might want to come forward. It also may protect somebody that has sensitive information — where identities of health patients or somebody else would have to be kept private or kept confidential for a variety of other reasons. So anonymity is something that may be appropriate and may be something that should be enshrined in the legislation. The existing labour standards Act does not deal with that.

Mr. Speaker, it also talks about a forum and a place for this . . . (inaudible) . . . this type of application can be brought in a court of competent jurisdiction, which in this province is the Court of Queen's Bench.

There is also a one-year time limit. It is only reasonable for an employee that believes that they have been a victim of reprisal that they come forward in a timely fashion so that the charges can be dealt with. Other jurisdictions sometimes have a longer or different period. I believe one year is appropriate. But once

again I would welcome input from the members opposite. If they feel it should be shorter, should be longer, I would certainly be willing to have that debate with them.

Mr. Speaker, it also deals with who the burden of proof is and where the burden of proof should lie. Under the existing legislation, Mr. Speaker, it was a method where the employer was charged and the onus was on the Crown to prove beyond a reasonable doubt that there was reprisal — the same Crown that often is on the other side of these things. There's no mention of an onus on the employee, there's no mention of fairness or anything else. Under the new legislation that we are proposing, the employee would be able to show on a balance of probabilities that there was an act of reprisal on the part of the employer.

The employer can rebut this by showing that the action would be taken in any event. So there's an opportunity for the employee to be treated fairly, an opportunity for the employer to put forward their situation and deal with it in an appropriate and correct manner from their end.

Mr. Speaker, under the new legislation the most significant enhancement is the remedies that are found in section 8. Under the existing legislation the employee was entitled to only two things, reinstatement and lost wages, and there was a possibility that the employer would be fined. Nothing more than that in the existing legislation. Nothing dealing with an injunction to prevent the abuse to continue; nothing to protect the employee's seniority rights; nothing to give the employee costs of witnesses, costs of legal fees, and whatever other costs they've got; nothing to prevent and protect the employee and give them damages for the loss of dignity, any psychiatric harm that they've gotten; and most importantly, Mr. Speaker, nothing to allow exemplary or punitive damages.

Mr. Speaker, the worst remedy that could happen against the perpetrator this time is a fine of 2,000 for a first offence, 5,000 for a second, and 10,000 for a third. And that fine would go to the Crown rather than to the employee. What benefit do the members opposite see in a situation where the fine goes to another agency than the person that is the victim of the reprisal?

It is the position of the opposition, and should be the position of the government as well, that the damages that would be awarded by way of exemplary damages should rightly and properly belong to the employee that has been the victim of this type of conduct.

Mr. Speaker, the Act also goes on to say that it must be posted in a public place. And it's desirable to see that type of documentation posted in a public place because that posting is what is going to prevent abuse and give the employees the right to know they can come forward. And it's there as a disincentive to the employer to conduct that type of unacceptable behaviour.

There are other protections and other pieces of legislation where employees are entitled to or obliged to come through — under occupational health and safety, labour standards — but this type of codification of the Act will put this Bill in the same category as the Human Rights Code.

It will be put on the wall. Employers will know it's there.

Employees will know it there. And everyone will know that that is the playing ground on which they are dealing with in that particular workplace.

Mr. Speaker, the rights given in the whistle-blower Act are in addition to, and not in substitution for, any union rights or any other rights that an employee may have. There's no reduction in rights, no reduction in benefits an employee may have. This is in addition to, and complements, the rights and benefits that an employee might have under their collective agreement or any other piece of legislation they might have.

Mr. Speaker, this legislation is particularly timely, given what is happening in Ottawa with the scandals that are taking place now. The federal government has two Bills, Bill C-201 and Bill 241, both dealing with whistle-blower issues. And it is timely that they are coming forward.

And it's timely that other jurisdictions across Canada and in the US are passing whistle-blower legislation. There is a clear recognition that, in the public sector, there is a need for this type of legislation.

Mr. Speaker, I'd like to just comment briefly on the federal legislation. They have a very narrow definition of protected behaviour, and they talk in terms of disclosure to a supervisor or a public body. In their legislation — I realize that federal politicians are somewhat more political than provincial politicians — it expressly authorizes the whistle-blower to go to the media or to the opposition.

We have, strictly for . . . (inaudible) . . . that we are trying to have the government buy into this, we have dealt with this in a manner so that the whistle-blower is not protected by going to the media or to the opposition. So we would invite the members opposite to give some serious consideration to that depoliticizing of the process.

The federal legislation also gives a two-year limitation period. I'm not certain why anything that doesn't happen in three or six months, why they would need two years. We are advocating a position of one year.

It has similar remedies in the federal legislation, Mr. Speaker. It includes legal fees. Under the federal legislation, Mr. Speaker, the employee must elect whether they proceed under the whistle-blower Act or another, or any other piece of legislation where they have relief that's available. That creates a patchwork mentality, allows . . . (inaudible) . . . and imposes a strange duty on the part of the employee to have to review all of the various options and all of the various remedies, Mr. Speaker.

Mr. Speaker, the duty to post the federal legislation exists there. And in the federal legislation they have imposed that duty on the president of the Treasury Board. So, Mr. Speaker, I question the wisdom of giving the president of the Treasury Board that type of obligation, but nonetheless, whoever has that obligation should fulfill that role and should ensure that the Bill is posted everywhere where a provincial employee works or is in a workplace that they could be the victim of reprisals.

It also goes a step further in the political process and requires that if there is a successful claim, the federal minister will make

a public apology. We're not advocating that the minister . . . the members opposite would be required to make public apologies. This isn't an attempt, Mr. Speaker, to try and embarrass or create problems. This is a Bill designed to give protection to workers that need protection. It's not intended to be punitive, political. It's not conducive to the . . . What we want is something that's conducive to the long-term benefit of employees.

Mr. Speaker, under the federal legislation, it creates a bureaucracy called the public interest commissioner. It creates offences. It allows public hearings to take place, the calling of witnesses, and allows for anonymous complaints, closed-door hearings, and a host of other remedies that are there.

Mr. Speaker, given the concerns the federal government has had following the Radwanski case, perhaps that's appropriate in that Assembly.

In the provincial forum that we work in, what we're looking for is giving people that work in our public sector the right and the ability to come forward and to identify claims without going through a public spectacle that may take place elsewhere.

Right now, right now the only thing that the federal employees have is a promise from the Prime Minister that no reprisal will take place. In this province we have a commitment from the people across that reprisal will take place because it's happening on a regular and ongoing basis. We want now to deal with this before it gets out of reach, and before we have a scandal similar to the Radwanski scandal that's taking place in Ottawa, Mr. Speaker.

Mr. Speaker, I've heard a number of the questions that were raised by the members opposite and would like to address some of the frequently asked questions. And I've tried to anticipate as many of the questions as I think they might reasonably put forward.

Mr. Speaker, some of them have said, why have we not included all employees in this legislation. Clearly as a result of the Merk decision other employees need similar and enhanced legislation. If that type of legislation comes forward, Mr. Speaker, we will look at and do our best to try and support that legislation.

But, Mr. Speaker, this legislation focuses on the public sector. It defines in great detail the public sector, and defines a process dealing with public funds, public wrongdoing, public misdeeds, and dealing with issues of public safety and public health and well-being. And gives a comprehensive and detailed methodology to deal with those issues in the public sector.

To try and blend that in and deal with the private sector, it does not work. And going to the Provincial Auditor with an issue dealing with something in the private sector is not a workable thing. But that is not to say that members of the private sector are not entitled to some benefits of legislation as well.

The members opposite raise the question: what's wrong with the existing legislation? Mr. Speaker, I raise the fact that it deals only with criminal wrongdoing. It raises a very narrow definition of who is a person in authority that the

whistle-blower can go to, and it has extremely limited and narrow remedies. It's time to broaden all three of those to an appropriate level.

Another frequently asked question is: why did we not include the opposition. The federal legislation did. And our friends in the media gallery may want us to include the media in this. But our goal is not to try and politicize this process. Our goal is to try and be constructive.

Many of the employees that we've talked to don't wish to have their saga played out in the media. They want to protect the privacy of themselves. They want to protect the government. And they want to ensure that something, when they raise it, is dealt with appropriately. They are not interested in becoming part of a media spectacle. So we've listened to workers that have come forward and we have responded to that and that's how we've chosen to deal with it.

(12:30)

Another question is why would we not include the opposition? The same reason that we have not included the media. We don't wish to politicize this and we don't want to unnecessarily give onuses on employees to brown bag information to it.

Another question is why would we want to include the rights to make an anonymous complaint? Mr. Speaker, many employees are distrustful of anything that's going to protect them by way of reprisal. The fact that it's in a piece of legislation does not give them a particular comfort level, and they want to know that if they come forward and ask for anonymity, they can be protected.

There's also situations where the acts that are being complained of are ongoing or there may be other acts that they were going to come forward and as a source, they have the right to be protected if they are going to be providing further information. In some situations, Mr. Speaker, the very nature of information makes it require confidentiality — issues dealing with health records, issues dealing with personnel or human rights issues.

Mr. Speaker, another question that's asked is the role of the union. Mr. Speaker, many of the public employees that have come forward are out of scope. We don't necessarily want to have two sets of rules, one for in-scope people and one for out-of-scope people.

What we intend to do, Mr. Speaker, is complement and supplement the existing benefits an employee may have under a collective agreement and also allow an employee that is out of scope to be willing to come forward and pursue appropriate remedies.

Mr. Speaker, there are also situations where a union may be in inherent conflict and cannot represent an employee that comes forward because another member of that same agreement is the very person that is being claimed of. They may be the one that's guilty of the misconduct that's being complained. This gives an employee an opportunity to come forward, an opportunity to deal with it without having to worry about putting the union in the awkward position of dealing with another employee.

Mr. Speaker, in the US there is a number of state jurisdictions — and not wanting to go past supertime I won't go through them state by state, although I contemplated that — a number of the state jurisdictions are passing whistle-blower legislation. There was a survey of workers done in early '90s; 18 per cent of the workers surveyed saw some form of illegal or significantly wasteful activity.

Prior to whistle-blower legislation being passed, only about 30 per cent of them were willing to report bad activity or come forward . . . it. After the whistle-blower legislation was enacted, at least 50 per cent of them were willing to report or come forward.

When the threat of reprisal is gone, there is a dramatic drop in the fear of workers and the willingness of workers to come forward is much better. Hopefully wasteful and illegal conduct will be eliminated or reduced because of the threat of employees coming forward to make complaints and raise public issues. Many of these US jurisdictions are trying to get their Bills through on an expedited basis, solely because they recognize the ongoing and the significant need for this.

Mr. Speaker, having talked to some of these people, I've asked what does a whistle-blower want? What is important to them after they have gone through this? What they want is they want to know that the employer they work for is usually efficient and that there's . . . that they're doing things in an appropriate manner. If they're not, they want the right to be able to come forward and raise that issue. If they've been victimized, if they have been a victim of some form of reprisal, they want vindication for the original allegation they made. They want a declaration that the original allegation they made against the employer was true, was well-founded, was appropriate, and will in fact be dealt with.

Also if they've been a victim of reprisal, they want to have their name cleared. They want a clear public statement that the reprisal wronged them and that it will stop. They also want reinstatement and compensation for the loss they had during the reprisal or the retaliation period. They want the other benefits that are referred to in the Bill. They want their financial integrity protected. They want their loss of seniority protected. They want to know that they're not going to be transferred to a remote area. They want to know that their job career path will continue as if they had not come forward with the allegation that they have made. Mr. Speaker, without this legislation, our employees in this province are left without any benefit or without any protection from that type of thing.

Without this legislation, the advice the members opposite would have to give an employee like Linda Merk— and I'm thinking specifically of the member from Saskatoon Nutana because she has a large number of civil servants in her constituency — what would she say to Linda Merk if Linda Merk came into her office with a brown bag? She would have to say, oh well you might brown bag it to the opposition; you might shut up and forget about it; you might brown bag it to a media; you might hire a lawyer; you might be well-advised to tape record your conversations.

But the member from Saskatoon Nutana would not be able to say to that employee you will have some degree of protection

because, Mr. Speaker, there is no protection for that particular employee. And the member from Saskatoon Nutana should be listening to what the employees say to her when they come into her office. None of the solutions that are available to an employee now are palatable or acceptable. So, Mr. Speaker, I would welcome the members opposite and would invite them to try and look at this Bill carefully.

I would also welcome any changes or any amendments that they might wish to make that would make it acceptable to this government. We have tried our best on this Bill, Mr. Speaker, to depoliticize this Act. We have taken out references to the media; we have taken out references to the opposition.

When I started speaking, Mr. Speaker, I talked about the opportunity that was here. This is an opportunity for both parties to do something for the employees in the civil service of this province. It is an opportunity for this House to make a statement that we are committed to the employees that work for us. I've tried to anticipate and I've tried to head off reasons that the government would not support this Bill. And I wish to invite them to make constructive amendments and I would welcome the discussion on those.

If the government chooses to turn up its nose, it does so at its own peril because it's not just turning up its nose at this Bill and it's not just turning up its nose at the opposition, it's turning up its nose to the very employees that work for this government.

I would move adjournment of debate, Mr. Speaker. Pardon me . . . excuse me, Mr. Speaker, I would move this motion.

The Speaker: — It has been moved by the member for Saskatoon Southeast, that Bill No. 201, The Whistleblower Protection Act, be now read a second time.

Is the Assembly ready for the question? I recognize the Government Whip.

Mr. Yates: — Thank you, Mr. Speaker, I've listened for the last 25 or 30 minutes to the member from Saskatoon Southeast talking about his Bill, The Whistleblower Protection Act. Mr. Speaker, I would have to say that I believe that the member from Saskatoon Southeast is very, very convinced that this in fact would help people.

But I would like to take a few minutes to talk about this particular Bill, Mr. Speaker. Over the last four years I've seen the opposition bring forward each year a Bill dealing with the issue of whistle-blower protection, Mr. Speaker. And each year there have been minor improvements, but even over the last four years the members opposite haven't come to realize that there are workers outside the public sector of Saskatchewan, Mr. Speaker.

Some Hon. Members: Hear, hear!

Mr. Yates: — They put forward a Bill that only deals with a very small number of the workers in Saskatchewan, Mr. Speaker, and leave out, and leave out the vast majority of workers in Saskatchewan. And, Mr. Speaker, it's with a great deal of irony that I sit and listen to the member from Saskatoon Southeast using, using as his prime example, using as his prime

example an employee that wouldn't be covered by the very protection he's proposing. He talks about an example that's outside the public sector and he uses it repeatedly throughout his second reading speech, talking about the protection of the worker that wouldn't be protected by the very Act he puts forward, Mr. Speaker.

Mr. Speaker, you know, I believe he had a great deal of sincerity in bringing forward this legislation, Mr. Speaker, but it only deals with a very narrow group of employees. And, Mr. Speaker, Mr. Speaker, in case he doesn't understand it, the main example he used would not have been covered by this very legislation.

And, Mr. Speaker, I heard the member opposite talk repeatedly about he wanted to depoliticize this piece of legislation, Mr. Speaker, that he wanted to do everything he could to make this piece of legislation politically palatable to the government. Well, Mr. Speaker, every time the government brings forward a piece of legislation, they politicize it. So why, Mr. Speaker, why, Mr. Speaker, should they not expect the same type of examination of the very Bills they bring forward?

Mr. Speaker, I'd like to quote, I'd like to quote from the *World Spectator* from Moosomin, Saskatchewan, March 23, 1998. And I'd like to quote the member from . . . current member from Wood River:

The whole bureaucracy, the whole civil service, has to be cleaned out. Every socialist system in the world (has) collapsed under its own weight. I can wield a pretty good sized broom, and you know what I could do with . . . (that) broom . . .

Mr. Speaker, I ask the member from Saskatoon Southeast how this legislation would help those members, the members of his own caucus talk about sweeping out the door. Mr. Speaker, how does this legislation protect them? And how does he propose to bring forward legislation that's going to protect the very employees that members of his caucus talk about getting rid of?

Mr. Speaker, I'd also like to quote the current member from Rosetown-Elrose, the former leader of the opposition:

Before I agreed to run for the leadership, I asked (the) MLAs, do you know (who) the deadwood are? Do you know who the skunks are? They assured me they know (who) those people (are). Civil servants can be very powerful. Look what they did to the Devine government.

Mr. Speaker, I ask him, I ask the member for Saskatoon Southeast to ask his own caucus members how this legislation would protect them? Your own members talk about abusing and taking advantage of people, Mr. Speaker. So how can that member bring forward legislation? And how can he tell me this legislation would protect these people?

Mr. Speaker, I can go on and on and on. The member opposite talks about fear. When the fear is gone, employees will come forward. They're more willing to come forward. Mr. Speaker, I agree with that 100 per cent. But who's creating the fear?

Mr. Speaker, I just quoted two members of the caucus opposite

who talked about how to get rid of . . . and they referred to those civil servants as deadwood and skunks, Mr. Speaker. Shameful, Mr. Speaker. And, Mr. Speaker, how is this legislation that they're proposing going to protect those individuals?

Mr. Speaker, I want to talk for a minute about some of the other things members opposite have talked about. I want to talk about the current leader, the current Leader of the Opposition and his terminology and his view on labour legislation in this province. He said:

Whenever we talk about the NDP government reorganizing labour legislation or bringing in labour legislation, Mr. Deputy Speaker . . . it's a little akin (to) Colonel Sanders bringing in a health plan for chickens . . . The only thing that we can be assured of is the destruction and the carnage the chickens will face . . .

And that was quoted from *Hansard*, April 19, 2000, Mr. Speaker.

So the current Leader of the Opposition talks about labour legislation being destructive to employees. And then we're supposed to believe that the legislation they bring forward is going to be good for employees. We're supposed to believe when the Leader of the Opposition talks about our legislation and our protection of workers being too protective, that we're going to . . . that they're going to bring forward a Bill and we're just going to support it without close examination.

Mr. Speaker, the member from Rosetown-Elrose referred to . . . in *Hansard*, May 30, 2000, he said:

Why are you trying to turn Saskatchewan into Cuba North, a labour dictatorship?

Well, Mr. Speaker, when the members opposite are making those types of comments, how can we take this legislation at its face value, Mr. Speaker?

Mr. Speaker, we need time to examine this with a great deal of detail, a great deal of detail, looking for the very things that . . . The members continually complain about how protective labour legislation is of workers. And then they bring forward a Bill, and we're supposed to believe that in fact it's going to do something positive.

Mr. Speaker, I'd like to quote the current member from Melfort in *Hansard*, March 27, 2001. And he says:

. . . doesn't the minister understand that what we're concerned about is health care professionals, not about administrators and janitors.

Well, Mr. Speaker, on this side of the House we're supportive of all workers. We're supportive of all employees, and we want to see all employees have equal and fair representation.

Some Hon. Members: Hear, hear!

Mr. Yates: — Mr. Speaker, the former member from Humboldt on June 26, 2000 stated, I have been informed by Kirch

Construction of Middle Lake that they have approximately 15 to 20 men on their payroll. They have 20 to 30 men waiting to work. These people are willing to work for less than minimum wage as long as they work. If it were not for labour legislation put in by your government we could have a construction firm such as this complete the road.

(12:45)

Mr. Speaker, the members opposite are prepared to let people work with no rights, Mr. Speaker. So how can we believe that the first time they bring forward legislation like this, that covers only some workers, that they in fact have good intentions, Mr. Speaker? What's their motivation?

Now, Mr. Speaker, we have many, many references made by the members opposite about labour legislation and about unions and about workers. Mr. Weekes . . . pardon me. I would like to quote now the member from Biggar, the member from Biggar. He referred to job killers. That's what unions are. And then the member from Rosetown-Elrose tries to defend him in *Hansard* on the 5th of . . . the April 30, 2000 when he called Saskatchewan Cuba North, Mr. Speaker.

Mr. Speaker . . . Mr. Speaker, they're listening . . . they're obviously paying attention for a change. You know, that's good to see.

Now we paid very close attention to what the member from Saskatoon Southeast brought forward and I think that he had a great deal of sincerity in what he brought forward. I think he has good intention. But how are we to believe that when we have such a history . . . such a history on the members opposite of doing nothing but calling working people deadwood and skunks, Mr. Speaker. How are we on this side going to take that legislation and not examine it very closely?

Mr. Speaker, the member from Rosetown-Elrose in the *News-Optimist* from North Battleford, Saskatchewan dated Wednesday, April 11, 2001, he said that the Saskatchewan Party would spur the economy by eliminating the small-business tax, by changing the labour legislation, and altering the makeup of the Labour Relations Board. He went on to say currently Saskatchewan Labour and the LRB (Labour Relations Board) are skewed in favour of labour unions. He said we have the most one-sided labour legislation in Canada, Mr. Speaker.

Now our current labour legislation protecting workers they say is too extensive — too extensive, Mr. Speaker. And then they bring forward a Bill saying it's not good enough. Mr. Speaker, they are saying it time and time again; time and time again, that we have too strong labour legislation, Mr. Speaker. Which is it, Mr. Speaker? And how can we take this Bill without very, very close examination and scrutiny and move forward with it, Mr. Speaker?

So, Mr. Speaker, where we take the member from Saskatoon Southeast and his sincerity in bringing this forward at face value, we need to take some time to examine this Bill in great depth, Mr. Speaker, and look for the very things that other members opposite have talked about time and time again.

So at this time, Mr. Speaker, I'd like to adjourn debate.

Some Hon. Members: Hear, hear!

The Speaker: — It has been moved by the member for Regina Dewdney that the debate on second reading of Bill 201 be now adjourned. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried.

Debate adjourned.

The Speaker: — I recognize the Deputy Government House Leader.

Hon. Ms. Atkinson: — Mr. Speaker, I would move that the House adjourn.

The Speaker: — It has been moved by the Deputy Government House Leader that this House do now adjourn. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried. The House stands adjourned until Monday at 1:30 p.m.

The Assembly adjourned at 12:49.

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