



SECOND SESSION - TWENTY-FIFTH LEGISLATURE

of the

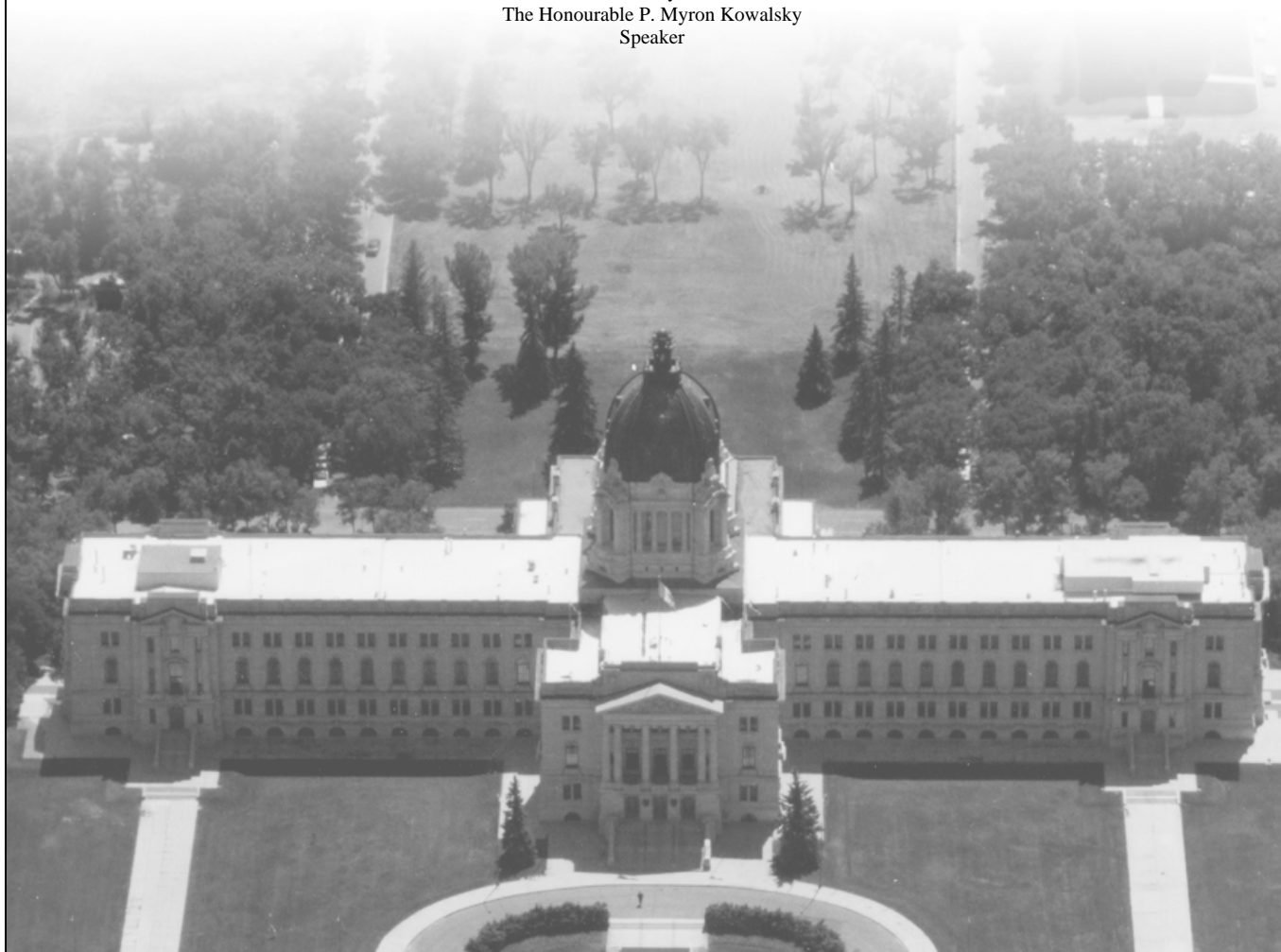
Legislative Assembly of Saskatchewan

**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, Hon. Graham	NDP	Saskatoon Sutherland
Allchurch, Denis	SP	Rosthern-Shellbrook
Atkinson, Hon. Pat	NDP	Saskatoon Nutana
Beatty, Hon. Joan	NDP	Cumberland
Belanger, Hon. Buckley	NDP	Athabasca
Bjornrud, Bob	SP	Melville-Saltcoats
Borgerson, Lon	NDP	Saskatchewan Rivers
Brkich, Greg	SP	Arm River-Watrous
Calvert, Hon. Lorne	NDP	Saskatoon Riversdale
Cheveldayoff, Ken	SP	Saskatoon Silver Springs
Chisholm, Michael	SP	Cut Knife-Turtleford
Cline, Hon. Eric	NDP	Saskatoon Massey Place
Crofford, Joanne	NDP	Regina Rosemont
D'Autremont, Dan	SP	Cannington
Dearborn, Jason	SP	Kindersley
Draude, June	SP	Kelvington-Wadena
Eagles, Doreen	SP	Estevan
Elhard, Wayne	SP	Cypress Hills
Forbes, Hon. David	NDP	Saskatoon Centre
Gantfoer, Rod	SP	Melfort
Hagel, Hon. Glenn	NDP	Moose Jaw North
Hamilton, Doreen	NDP	Regina Wascana Plains
Harpauer, Donna	SP	Humboldt
Harper, Ron	NDP	Regina Northeast
Hart, Glen	SP	Last Mountain-Touchwood
Heppner, Ben	SP	Martensville
Hermanson, Elwin	SP	Rosetown-Elrose
Higgins, Hon. Deb	NDP	Moose Jaw Wakamow
Huyghebaert, Yogi	SP	Wood River
Iwanchuk, Andy	NDP	Saskatoon Fairview
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, Hon. 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
Prebble, Peter	NDP	Saskatoon Greystone
Quennell, Hon. Frank	NDP	Saskatoon Meewasin
Serby, Hon. Clay	NDP	Yorkton
Sonntag, Hon. Maynard	NDP	Meadow Lake
Stewart, Lyle	SP	Thunder Creek
Taylor, Hon. Len	NDP	The Battlefords
Thomson, Hon. Andrew	NDP	Regina South
Toth, Don	SP	Moosomin
Trew, Kim	NDP	Regina Coronation Park
Van Mulligen, Hon. Harry	NDP	Regina Douglas Park
Wakefield, Milton	SP	Lloydminster
Wall, Brad	SP	Swift Current
Wartman, Hon. Mark	NDP	Regina Qu'Appelle Valley
Weekes, Randy	SP	Biggar
Yates, Hon. Kevin	NDP	Regina Dewdney
Vacant		Weyburn-Big Muddy

[The Assembly met at 13:30.]

[Prayers]

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

The Speaker: — The Chair recognizes the member for Cypress Hills.

Mr. Elhard: — Thank you, Mr. Speaker. I rise again today to present petitions on behalf of communities along Highway 32 from Cabri through to Leader. The prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take immediate action and make necessary repairs to Highway 32 in order to address safety and economic concerns.

As in duty bound, your petitioners will ever pray.

Mr. Speaker, today's three pages of petitions are from the communities of Leader, Eatonia, Prelate, Liebenthal, Burstall, Sceptre, and Estuary. I so present.

The Speaker: — The Chair recognizes the member for Kelvington-Wadena.

Ms. Draude: — Thank you, Mr. Speaker. I too rise again today on behalf of people from my constituency and beyond who are concerned about Highway No. 310. The prayer reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause this government to repair Highway No. 310 in order to address safety concerns and facilitate economic growth and tourism in Foam Lake, Fishing Lake, Kuroki, and surrounding areas.

The people who have signed this petition are from Foam Lake, Kuroki, Margo, and Fishing Lake. I so present.

The Speaker: — The Chair recognizes the member for Rosetown-Elrose.

Mr. Hermanson: — Well thank you, Mr. Speaker. I too have a petition to improve Highway 310. The signatures on this petition believe that a dependable highway system is vital to both public safety and economic development in any given area. Mr. Speaker, the prayer of this petition reads:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to repair Highway 310 in order to address safety concerns and facilitate economic growth and tourism in the Foam Lake, Fishing Lake, Kuroki, and surrounding areas.

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

Mr. Speaker, the signatures on this petition come from the communities of Tuffnell, Foam Lake, Kuroki, Kelvington, and Wadena. And I'm pleased to present this petition on their

behalf.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Humboldt.

Ms. Harpauer: — Thank you, Mr. Speaker. I have a petition with citizens concerned about the safety on Highway No. 5. And the prayer reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary action to upgrade and widen Highway No. 5 from Humboldt to Saskatoon.

And the signatures, Mr. Speaker, are from Pilger, Humboldt, Bruno, Jansen, Lake Lenore, St. Gregor, Naicam, Watson, Muenster, Nokomis, and Annaheim. I so present.

The Speaker: — The Chair recognizes the member for Biggar.

Mr. Weekes: — Thank you, Mr. Speaker. I have another petition from constituents opposed to possible reductions of health care services in Biggar. The prayer reads:

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 Biggar Hospital, long-term care home, and ambulance services maintain at the very least the current level of services.

As in duty bound, your petitioners will ever pray.

Signed by the good citizens of Handel, Sonningdale, Biggar, and district. I so present.

The Speaker: — The Chair recognizes the member for Saskatoon Silver Springs.

Mr. Cheveldayoff: — Thank you, Mr. Speaker. I am pleased to rise today to present a petition from parents in the constituency of Saskatoon Silver Springs regarding a much needed elementary school in the Arbor Creek area of Saskatoon. The prayer of the petition reads as follows:

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary action to implement an allocation of financial resources in this year's budget to build an elementary school in Arbor Creek.

The petitioners today live on Budz Crescent, Peters Cove, and Kenderdine Road in northeast Saskatoon. I so present, Mr. Speaker.

The Speaker: — The Chair recognizes the member for Arm River.

Mr. Brkich: — Thank you, Mr. Speaker. I have a petition here, citizens calling the government to upgrade Highway 20 to primary weight status.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary steps to ensure that Highway 20 be upgraded to primary weight status to ensure the economic viability in the surrounding areas.

As in duty bound, your petitioners will ever pray.

Signed by the good citizens from Guernsey, Humboldt, Burr, and Lanigan. I so present.

The Speaker: — The Chair recognizes the member for Saskatoon Southeast.

Mr. Morgan: — Mr. Speaker, I rise today to present a petition regarding the widening of Highway No. 5. I will read from the prayer for relief, Mr. Speaker.

Wherefore your petitioners humbly pray that your Hon. Assembly may be pleased to cause the government to take the necessary action to upgrade and widen Highway No. 5 from Humboldt to Saskatoon.

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

Mr. Speaker, this petition is signed by good citizens from Humboldt and Colonsay, St. Brieux, and Muenster. I so present, Mr. Speaker.

READING AND RECEIVING PETITIONS

Deputy Clerk: — According to order the following petitions have been reviewed and pursuant to rule 14(7) are hereby read and received as addendums to previous tabled petitions being sessional paper nos. 2, 7, 8, 12, 18, and 27.

NOTICES OF MOTIONS AND QUESTIONS

The Speaker: — The Chair recognizes the member for Biggar.

Mr. Weekes: — Thank you, Mr. Speaker. I give notice I shall on day no. 25 ask the government the following question:

To the Minister of Highways and Transportation: to date for the current fiscal year, how many accidents have there been involving snowplows and on which highway did they occur?

And I have the same question for the year 2004-2005 and also 2003-2004. Thank you.

The Speaker: — The Chair recognizes the member for Arm River.

Mr. Brkich: — Mr. Speaker, I give notice I shall on day no. 25 ask the government the following question:

To the Minister of Highways and Transportation: for the fiscal year 2004 and '05, did the Government of Saskatchewan Crown Investments Corporation or any other Crown corporation or any other government agency, board, or commission invest money into the Saskatchewan rail car coalition? If so, how much?

I also have a similar question for the fiscal year of 2005-2006. I so present.

The Speaker: — The Chair recognizes the member for Indian Head-Milestone.

Mr. McMorris: — Thank you, Mr. Speaker. I give notice that I shall on day no. 25 ask the government the following question:

To the Minister of Environment: did the White Track ski hill near Moose Jaw receive any monies in the form of a grant or loan from the department for the years 2002-2003? If so, what was that amount and what is the state of these loans or grants?

I have the same question for that department for 2003-04, '04-05, and '05-06.

Mr. Speaker, while I'm on my feet I also have questions for the Minister of Culture, Youth and Recreation. It's the same question.

Did the White Track ski hill near Moose Jaw receive any monies in the form of grant or loan from the department for the years 2002-2003? If so, what was the amount and what is the state of these loans or grants?

I have these same questions dating from 2002-2003 to '05-06. I so present.

The Speaker: — The Chair recognizes the member for Rosetown-Elrose.

Mr. Hermanson: — Thank you, Mr. Speaker. I have a notice of motion for first reading of a Bill. I give notice that I shall on Friday next move first reading of a Bill entitled The Recognition of Telemiracle Week Act. I so give notice.

Some Hon. Members: — Hear, hear!

STATEMENTS BY MEMBERS

The Speaker: — The Chair recognizes the member for Saskatoon Eastview.

International Women's Day

Ms. Junor: — Mr. Speaker, although March 8 is specifically designated as International Women's Day here in Saskatchewan, we celebrate it throughout the entire month. There are so many different groups who want to mark the occasion that one day — or even one week — just isn't enough.

Mr. Speaker, this is a time for women throughout the world to celebrate women's achievements towards equality and justice, to recognize women's contributions to modern-day society, and to reflect on the challenges that today's women still face.

In Saskatchewan women are working together to improve the quality of life for all people.

This year the Status of Women office helped approximately 100 non-profit women's groups with their plans for International

Women's Day events.

Mr. Speaker, women from a variety of backgrounds — rural women, First Nations and Métis women, women with disabilities, immigrant and visible minority women, business women, and many others — continue to raise awareness of their issues. And this government has an ongoing commitment to working with them to identify what is needed to improve the lives of women and families living in this province.

Mr. Speaker, International Women's Day is an annual opportunity to reflect on what has been done and what needs to be done to improve the status of women living in this province.

I ask that all members of this House and the people of this great province join me in paying tribute to the many women who have contributed to making Saskatchewan such a wonderful place to live and work.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Arm River-Watrous.

Bladworth Community Rink Roof Collapse

Mr. Brkich: — Thank you, Mr. Speaker. I rise today to speak about my home community of Bladworth. Last week our community rink collapsed under the weight of the heavy snowfall we had received. This rink was built in 1960 and was still being used for recreational skating and hockey. Fortunately there was no skating events being held the night it collapsed.

Like all rinks in small town Saskatchewan, our rink was the centre of community activities. Like all these rinks, they were run by volunteers such as my father, Joe Brkich, who helped build the rink. He also coached senior hockey there through the '60s. The rink was home to many hockey tournaments, figure skating, and winter carnival events. As a boy I spent a lot of time at the rink.

This rink was also unique in its history as it also hosted two major sporting trophies. In 1966, Bladworth area residents, Wayne Shaw and Cliff Shaw, displayed the Grey Cup they'd helped win as players on the Saskatchewan Roughriders football team. More recently in 2004, the NHL [National Hockey League] Stanley Cup was brought home to the Bladworth rink by Tampa Bay Lightning player, Cory Sarich. Cory spent many years playing hockey in the Bladworth rink as the farm he grew up was just outside of Bladworth. Cory's father, Peter Sarich, whose own father helped build the Bladworth rink, said in every community it's a source of pride, your little rink — and now we're feeling like we've lost something that's always been there.

Mayor Ron Bessey indicated that there are no plans unfortunately to rebuild the rink. Local resident Doug Ames, who first noticed the fallen rink that night, expressed his sadness at seeing this historic building now gone. We're such a small community, when you lose something like that it's like saying goodbye to an old friend.

I would ask all members to join me in saluting the community

spirit of Bladworth in keeping the rink open until it was finally taken by mother nature.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Prince Albert Northcote.

Bernice Sayese Centre

Hon. Mr. Lautermilch: — Thank you very much. Mr. Speaker, I'm pleased to stand in this House today and inform you and the members of this House of an important event that took place in Prince Albert on Wednesday, March 8.

Mr. Speaker, Prince Albert lost a great citizen some time ago but her actions continue to live long beyond her years. And I speak of Bernice Sayese or Mama Bear as she was known in our community by so many of us. She was known as someone who tackled many issues both as an employee of the city and as a volunteer in our community. And I would say that there are few people in this world that have given of their time as selflessly as she had.

And it's with great pleasure that I'm able to inform the Assembly that the West Flat Community Center has been renamed the Bernice Sayese Centre. This is a positive step for Prince Albert as it not only provides some well-deserved recognition to an individual who worked tirelessly on programs such as Voices of the North, but it's also an opportunity for Aboriginal youth to gain inspiration and pride as they see the name of another Aboriginal person being recognized by the city of Prince Albert.

As the Aboriginal population continues to grow, it's vital that we continue to work together as a community and recognize the unique contributions of each individual and of each culture.

I believe that Bernice Sayese Centre is a wonderful action taken by our community that will add to a healthier community and continue to play a very, very important role in the West Flats. Thank you.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Cypress Hills.

[13:45]

Carbon Dioxide Plant Under Construction Near Consul

Mr. Elhard: — Thank you, Mr. Speaker. Something new and exciting is occurring in the southwest corner of Saskatchewan and I want to share that with the legislature this afternoon.

Construction is now under way on a \$12 million carbon dioxide plant that is the first of its kind, I'm told, not only in Saskatchewan but in all of Canada. Located approximately 8 kilometres southeast of Consul, the plant is expected to produce up to 500 cubic metres of liquid CO₂ daily at full capacity. The pilot plant now that's in place has a capacity of 150 cubic metres of liquid CO₂ daily from just one operating well.

Now liquid CO₂ is used primarily in the oil and gas service industry for well stimulation. High pressure gaseous CO₂ is taken from a nearby well, the plant removes impurities and moisture, and then produces a liquid product that is ready to ship by tanker truck. The liquid form CO₂ is much easier to store and ship than the solid CO₂ that we know as dry ice.

As one of the largest natural domes of concentrated CO₂ in Canada, the find near Consul is a treasure of resources. This plant is a long-term project which will offer full-time employment to between two and six employees. And the construction company that is building it, Millennia Engineering, has tried to use as much local labour as possible.

This project has already made a strong impact on the employment and economic opportunities for the people of southwest Saskatchewan. And I ask now that you join me in celebrating this venture as another positive contribution by the Cypress Hills region to the province of Saskatchewan.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Regina Elphinstone.

Prairie Giant: The Tommy Douglas Story

Mr. McCall: — Mr. Speaker, it's true that the world can use a little more Saskatchewan, a little more of the Saskatchewan spirit of co-operation, and a little more of our spirit of innovation. Earlier this week CBC [Canadian Broadcasting Corporation] viewers across the country had the opportunity to not only get a little more Saskatchewan but to get a good look at the compelling story of a tremendous individual that embodied the attitudes, ideas, and values that make Saskatchewan great. I am of course speaking about *Prairie Giant: The Tommy Douglas Story*, the miniseries produced right here in Saskatchewan by Minds Eye Entertainment. It tells the story of Premier Douglas and in so doing tells something of the story of Saskatchewan itself.

Mr. Speaker, the film showed that Thomas Clement Douglas was a man of passion and integrity, a fighter for justice and for the little guy, a tireless leader and innovator who inspired a province and indeed an entire nation. The story reminds us of Saskatchewan history and circumstances and why, some 60 years ago, the people of this great province embraced Tommy Douglas and followed his lead to becoming the Canadian birthplace of an extraordinary number of groundbreaking policies, chief of which was medicare.

Mr. Speaker, the Tommy Douglas story is also very much the Saskatchewan story and it is a story of which Saskatchewan people have every right to be very proud. I ask all members to join me in congratulating those who made possible *Prairie Giant: The Tommy Douglas Story*. Thank you very much, Mr. Speaker.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Saskatoon Silver Springs.

Canadian Chamber of Commerce Appointment

Mr. Cheveldayoff: — Thank you, Mr. Speaker. Mr. Speaker, it gives me great pleasure to rise today to commend Russel Marcoux, CEO [chief executive officer] of the Yanke Group of Companies in Saskatoon, on his appointment as volunteer Chair of the Canadian Chamber of Commerce. Yanke Group of Companies offers top-notch transport services. Russel and his brothers, Joe and John, have grown the fleet of trucks from two vehicles to over 400. In 1986, 33 people were employed by Yanke and now there are more than 700.

Mr. Speaker, Russel Marcoux knows a thing or two about growing and operating a successful business in our province. Russel has been a member of the Canadian Chamber of Commerce Board of Directors since 2000. His experience and understanding of the need for business-friendly government policies will serve him well in his new role. I know he will be a strong advocate with the Canadian chamber for businesses and their employees.

Businesses of all sizes from every sector of the economy in every region of the country are represented by the chamber. Russel will bring Saskatchewan ingenuity and energy to the table in helping entrepreneurs to influence government on issues of critical and economic importance.

Russel has been an integral member of the Greater Saskatoon Chamber of Commerce for many years. He has been involved in a wide variety of charitable organizations such as the St. Paul's Hospital Foundation, Junior Achievement, the diabetes association, United Way, and the Children's Health Foundation.

It has been my privilege, Mr. Speaker, to know Russel over the past decade or so. He is a generous, hard-working, and true visionary. He is very deserving of this position with the Canadian Chamber of Commerce. Mr. Speaker, I ask you and all my colleagues to join me in congratulating Russel Marcoux.

Some Hon. Members: — Hear, hear!

ORAL QUESTIONS

The Speaker: — The Chair recognizes the Leader of the Opposition.

Jobs and the Economy

Mr. Wall: — Thank you, Mr. Speaker. Mr. Speaker, yesterday the Premier couldn't explain away his abysmal record, his NDP's [New Democratic Party] abysmal record, with respect to the economy, with respect to job creation in the province. He couldn't explain away the fact that Stats Canada reported on Friday that, in the middle of a boom, this province lost 4,400 jobs.

The NDP record gets worse, Mr. Speaker. Over the past year, there are actually 8,500 fewer jobs for people between the ages of 15 and 44 — 8,500. Mr. Speaker, 8,500 fewer jobs for young people in the province of Saskatchewan. A young person who's just finished their nursing program at the U of S [University of Saskatchewan] or a trade program at SIAST [Saskatchewan Institute of Applied Science and Technology], maybe it affects

a young family who had to pack their children and leave.

Mr. Speaker, to the Premier: how will he explain to the people of the province of Saskatchewan that his NDP policies have not only resulted in 4,400 fewer overall jobs for the province, but almost 9,000 fewer jobs for young people in the province of Saskatchewan?

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Industry and Resources.

Hon. Mr. Cline: — Well you know, Mr. Speaker, it's somewhat amusing to listen to the Leader of the Opposition because in one breath he says to the people of the province that we're in a boom. In the next breath he says that the NDP government can't manage the economy. Well you can't have it both ways, Mr. Speaker.

The reality is the Leader of the Opposition is correct about one thing. We are in a boom. The economy's on a roll, and I want the Leader of the Opposition to know, Mr. Speaker, that the number of people employed in the province of Saskatchewan in February was the second highest in the history of the province.

Some Hon. Members: — Hear, hear!

Hon. Mr. Cline: — And I want that leader of the conservative Saskatchewan Party to know, Mr. Speaker, that there are . . .

The Speaker: — I would ask members when they are referring to parties to use the appropriate title.

Hon. Mr. Cline: — Mr. Speaker, I would like to say to those small "c" conservatives over there, Mr. Speaker, that the fact of the matter is there are 6,000 more young people working in the province today than there were 10 years ago, Mr. Speaker. We are going in the right direction.

And I'll say this, Mr. Speaker, the highest rate of out-migration of youth was not under the New Democratic Party government. It was under the Devine government in the late 1980s when tens of thousands of people were leaving this province every year, a government supported by that member, Mr. Speaker. And I want to say this to the leader opposite as well. There are 6,700 job vacancies posted in the province of Saskatchewan. He says there are no jobs. It's not credible, Mr. Speaker.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Leader of the Opposition.

Mr. Wall: — Mr. Speaker, when the minister asks the question — how can you talk about a boom and job loss at the same time? — it underscores the fact that maybe he's in the wrong portfolio, Mr. Speaker, because of course what's booming in the province is the government's oil and gas revenues. This NDP government is doing a lot better than it ever has. It has \$1 billion more because of a war far, far away — \$1 billion more than it budgeted for.

What about the province of Saskatchewan, Mr. Speaker? What about the people of Saskatchewan — 4,400 fewer jobs, 2,356 people who have left the province, Mr. Speaker? Who do you want to believe? Someone like Doug Elliott the very well-known economics statistician from our province *Sask Trends Monitor* or that minister who commented on the job numbers a week ago, it's not that bleak? That's what the minister said about his own performance; it's not that bleak.

Here's what Doug Elliott has to say. "We've got to do something differently," he told the *Leader Post* columnist. That's what Elliott said with respect to our economic policies. Here's what he says. He says, "I'm on the Saskatchewan Party's side . . ."

Some Hon. Members: — Hear, hear!

Mr. Wall: — That's what Doug Elliott said in the sense that we have got to do something to grow; we've got to do something different. The difference is a brand new government. In the meantime, what does this government have planned for its economic policy?

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Industry and Resources.

Hon. Mr. Cline: — Well, Mr. Speaker, he says that there is no economic growth, yet every commentator says we have one of the highest rates of economic growth in the country. He says there's no investment growth, yet we see private investment growth growing faster in Saskatchewan than elsewhere in the country, Mr. Speaker. He says there's no jobs, but we have the second highest number of people working in the history of the province. That's a fact, Mr. Speaker. And I say, Mr. Speaker, that what the Leader of the Opposition says therefore is not credible. And the people know it's not credible.

And I want to say this, Mr. Speaker. The latest manpower survey in Regina and Saskatoon asked employers whether they were going to hire staff, reduce staff, or leave it the same. None were going to reduce staff, Mr. Speaker. Zero per cent. Half were going to increase their staff, and half were going to keep the staff they had. So it seems to me, Mr. Speaker, that in painting this picture of gloom and doom, there is no credibility over there, Mr. Speaker.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Leader of the Opposition.

Mr. Wall: — You know who has credibility on this issue, Mr. Speaker? Who has credibility are families that are saying goodbye to young people leaving the province with the potential, the limitless potential of ours, Mr. Speaker — 8,800 people in their 20s this NDP government has driven out in the last number of years.

Mr. Speaker, it's not GDP [gross domestic product] that is packing up Cavaliers and leaving this province for other places. It's not some percentage measure of capital investment that

can't find a job even though it should, given the economics of this province right now — a job perhaps in the professional sector after they've graduated university. It's not a statistic. It's not a percentage or a pie chart that's getting into their vehicles and leaving this province behind. It's Saskatchewan people. It's young people who are questioning this government, questioning anyone that will listen: how could this happen in our province? Given the fundamentals now, how could we be losing jobs and people in a boom, in a revenue boom, in an oil and gas commodity price boom?

Will the minister simply answer that question: how could they have screwed things up this badly, Mr. Speaker?

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Industry and Resources.

Hon. Mr. Cline: — Well sometimes, Mr. Speaker, he says that economic growth isn't high enough. When it's high, he says economic growth and GDP don't matter. That's what he says today. Sometimes, Mr. Speaker, he says that there's no labour shortage. He wants to quote Doug Elliott which he did in his last question. Doug Elliott is on record, and it's been well reported that what we have in Saskatchewan is not a lack of jobs. It is a labour shortage. That's what he says.

Now, Mr. Speaker, the Leader of the Opposition is very selective. But the Leader of the Opposition says, what is our plan? Our plans are well-known. We're building the oil and gas sector. We're building the mining sector. We've reformed income taxes and the economy of Saskatchewan is growing under this government. And I say, Mr. Speaker, to the people of this province, what is their plan? And, Mr. Speaker, they have no plan. Their plan is low wages, gut occupational health and safety regulations, no minimum wage, and they think somehow that will attract workers to the province of Saskatchewan.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Leader of the Opposition.

Mr. Wall: — Mr. Speaker, the Premier promised in 2001, shortly after he became Premier . . . And I hope he gets up and answers one of these questions, Mr. Speaker. I hope he'll stand and answer a question as to why it is that his government is chasing young people away from this province and is actually shedding jobs when even Manitoba, when even Manitoba is growing, adding population and jobs. But in 2001, the Premier of the province — this Premier — promised the Saskatchewan people net youth in-migration by 2005.

Well by 2005 he had managed to drive 8,800 young people away, almost the population size of the city of Weyburn, all young people who have left, Mr. Speaker. Will the Premier answer this basic question: why has he broken his promise to have an economy where we would be attracting young people instead of driving them to Alberta and even Manitoba, Mr. Speaker?

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Industry and Resources.

Hon. Mr. Cline: — Well I don't know how well the Leader of the Opposition gets along with people from Weyburn-Big Muddy. I can't comment on that and apparently neither can anyone else dare to comment on that, Mr. Speaker.

But I do want the Leader of the Opposition to know that in 1990 interprovincial net out-migration of youth peaked at 6,000. And last year, Mr. Speaker, as of June 30, it was 1,892. And don't misunderstand me, Mr. Speaker, we don't want youth out-migration. But what I'm saying is it has vastly improved under the tenure of this government over when those people were in office, Mr. Speaker.

Since 2000, Mr. Speaker, youth employment in Saskatchewan has increased by 2,500, Mr. Speaker. So where are we going? We're going in the right direction because we have a plan, Mr. Speaker.

And I'll ask again, what is their plan, Mr. Speaker? Low wages, no occupational health and safety regulations, no minimum wage and they think that will attract young people? Well it won't, Mr. Speaker.

Some Hon. Members: — Hear, hear!

[14:00]

The Speaker: — The Chair recognizes the member for Indian Head-Milestone.

Recruiting and Retaining Nurses

Mr. McMorris: — Thank you, Mr. Speaker. Mr. Speaker, the Saskatchewan Union of Nurses is concerned. This NDP government is refusing to address the chronic nursing shortage this province is experiencing. According to SUN [Saskatchewan Union of Nurses], 600 nursing positions are needed to meet the current and future demands in the hospitals throughout this province.

SUN is more than willing to sit down with this government and talk about a strategy for recruiting and retaining nurses, but they need more information. They have repeatedly asked this government for information on how many eligible nurses have retired or will be retiring. They've asked this government on how many vacancies have not been filled in this province. But the government refuses to answer their questions.

Mr. Speaker, why is the government refusing to work with stakeholders in the health care business to ensure a sustainable health care system?

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Health.

Hon. Mr. Taylor: — Thank you very much, Mr. Speaker, and I appreciate the opportunity to answer the question put forward by the member opposite.

I think the member opposite is aware, because I've heard him talk about it in the past, about the challenges facing the health care system and the competition that exists for professionals right across North America.

But, Mr. Speaker, the member asks if we're prepared to sit down and talk about this important issue with representatives of the Saskatchewan Union of Nurses and in fact, Mr. Speaker, the answer is yes. I'll be doing so before the end of the month.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Indian Head-Milestone.

Mr. McMorris: — Mr. Speaker, when I heard this new minister talk about challenges, it just made me think; it may be a new singer, but it's the same old song, Mr. Speaker.

The NDP keeps talking about that no one is left behind. But let me tell you about in the nursing profession, one out of every three nursing graduates leaves this province. That's young men and women leaving our province after graduating to find greener pastures somewhere else. And the Saskatchewan Union of Nurses can back that up.

Mr. Speaker, in Alberta, they are looking at increasing their working force in the nursing sector by over 20 per cent in the next few years. Our fear is most of those nurses will be going to Alberta, right here, from Saskatchewan.

Mr. Speaker, the NDP is doing an absolutely great job by curing the nursing shortage in every other province in Canada. When will it start addressing the nursing shortage here in our province?

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Health.

Hon. Mr. Taylor: — Thank you very much, Mr. Speaker. Indeed there is a need to identify and agree upon numbers. The member opposite has just proven that in fact numbers that he's bringing forward are not credible in the circumstances that we find today.

Saskatchewan Union of Nurses has indeed quoted numbers from the year 2000. The member will recognize that in the year 2001 this government put forward an action plan on health care in this province. And since 2002 when that action plan started to take place — Mr. Speaker, just listen to these numbers — we have had since 2002, Mr. Speaker, we've had an increase in the number of all nurses practicing in the province of Saskatchewan. The number of registered nurses per 100,000 in Saskatchewan is greater than in any other province in Western Canada. And, Mr. Speaker, we have the highest number of registered nurses working full time than any of the other provinces in Western Canada. Mr. Speaker, these are very good news numbers.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Indian

Head-Milestone.

Mr. McMorris: — Mr. Speaker, it will be interesting when this minister, if he ever does sit down with the union of nurses, then negotiate the numbers that they are giving. These are Saskatchewan Union of Nurses' numbers. They are not our numbers. They are the union's numbers that they have been tracking over the last number of years.

The Saskatchewan Union of Nurses has looked at other provinces and what is being done in other provinces. In Manitoba for example, the Manitoba union of nurses works with the regional health authority and the government. They work hand in hand to recruit and retain nurses. In the last six years they've increased their nursing numbers by 6 per cent, Mr. Speaker. They've reduced the number of vacancies by 352. The Manitoba system that is in place matches nursing graduates with positions throughout the province, Mr. Speaker. It matches the graduates with the vacant positions.

Unfortunately in our province we have no such system. Will the province at least look at Manitoba and see what they're doing to address their nursing shortage because they're miles ahead of where we are here in this province?

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Health.

Hon. Mr. Taylor: — Thank you very much, Mr. Speaker. The province of Saskatchewan is constantly relating to the work that's going on in other provinces. We believe very, very, very seriously that the work that's being done in other provinces can benefit the people in Saskatchewan just as the work that the people of Saskatchewan are doing will indeed benefit the citizens of other provinces.

Mr. Speaker, the Conference Board of Canada earlier this month rated Saskatchewan's health care system as the third best in Canada. Mr. Speaker, we're very pleased with that record in that report, and we'll be building on that, Mr. Speaker.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Indian Head-Milestone.

Mr. McMorris: — Mr. Speaker, here's a reality. The reality is Saskatchewan's nursing population is decreasing. We have a huge number of nurses that are on the verge of retiring and looking at retirement, Mr. Speaker, and this province doesn't have any human resources plan to deal with that.

We have the worst nursing retention record in all of Canada. We have no specific targets or recruitment plans to retain our nurses. Patients' safety is being compromised. Nurses' safety is being compromised. Look at the WCB [Workers' Compensation Board] claims and how they've increased over the last number of years. Look at the amount of overtime that's being paid out by this government because they're not filling the vacant positions, Mr. Speaker.

Today the Saskatchewan Party will be calling for an emergency

debate to support SUN's request to dedicate funding for 600 more nurses. Will the government commit today to funding the positions that are required to keep our health care system from collapsing?

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Health.

Hon. Mr. Taylor: — Thank you very much, Mr. Speaker. You can't always take what the members of the opposition say at face value. The member opposite says the government has no plan, Mr. Speaker. Nothing could be less credible than that. In December — just a couple of months ago, Mr. Speaker, in December — the government released the Health Workforce Action Plan. Mr. Speaker, right in the very beginning of the report, the message from the Premier and the previous minister of Health:

We are fortunate in Saskatchewan to have highly skilled health care professionals who are committed to providing the best possible care to their patients. However, like many other jurisdictions across Canada and around the world, Saskatchewan has experienced shortages in some health professions.

Mr. Speaker, this is the plan that will address recruitment and retention, and it has been built in conjunction with the nursing professions and the physicians, technologists.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Saskatoon Northwest.

Safety Concerns for Residents of Oyate Safe House

Mr. Merriman: — Thank you, Mr. Speaker. Mr. Speaker, yesterday in this Assembly I asked when the Department of Community Resources suspended referrals to the Oyate Safe House in Regina. I also asked when the department resumed these referrals. The Minister for Community Resources took those questions as notice.

Mr. Speaker, is the minister prepared to answer those questions today?

The Speaker: — The Chair recognizes the Minister of Community Resources.

Hon. Mr. Belanger: — Thank you very much, Mr. Speaker. Yes, I am prepared to give the answer today and I thank the member for his patience.

For a period of a week in May 2004, we did not place any children at the safe shelter nor did we take any children that were already there. Mr. Speaker, that was for one week in May 2004. We worked very closely with the board and staff during this time to address the quality of care issues.

And, Mr. Speaker, while I'm on my feet I want to point out that this work is two if not two and a half years in the making. And it is not fair; it is not accurate for the member yesterday to tell

the media, and I quote from the press release: "Merriman said the safe house has been open almost three years but the changes were not made until recently."

Mr. Speaker, that is the furthest thing from the truth, and that's why that party has no credibility on some of these issues, Mr. Speaker.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Saskatoon Northwest.

Mr. Merriman: — Thank you, Mr. Speaker. Mr. Speaker, in his comments outside the Assembly yesterday the minister said and I quote, "We have no evidence there are any problems. We have no evidence that they did not respond to the issues."

Mr. Speaker, can the minister table any evidence showing problems at the Oyate Safe House have been addressed? Can he table any evidence showing the problems identified in the documents obtained under the freedom of information Act were taken seriously and acted upon by his department?

The Speaker: — The Chair recognizes the Minister of Community Resources.

Hon. Mr. Belanger: — Mr. Speaker, as I've indicated yesterday and will continue indicating that this is certainly a challenge for all of the people of Saskatchewan to have us meet, Mr. Speaker.

I will point out that there is no off-the-shelf approach for some of the challenges we are facing with children involved with the sex trade. We are going to reach out, as I mentioned time and time again, to as many groups, including Aboriginal groups, to try and see if we can develop a capacity that both parties — both parties — agreed to undertake, Mr. Speaker. We are on our way to solving some of the challenges associated with this problem.

And I would point out, Mr. Speaker, in this whole capacity building phase, there are going to be challenges. We don't go to a shelf or to a library and say here is a solution for this challenge, Mr. Speaker. That's not how the approach is. We will continue working with different groups and will continue building capacity. And we anticipate challenges, but good progress has been made.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Saskatoon Northwest.

Mr. Merriman: — Thank you, Mr. Speaker. I'll repeat the question. Mr. Speaker, the minister said yesterday that I misquoted. I have asked the minister to provide evidence of any problems he has and respond to the issues.

Will he table these documents in this House, or do we have to go again under the freedom of information Act?

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Community Resources.

Hon. Mr. Belanger: — Mr. Speaker, in assessing the Oyate Safe House, we understood that there's high staff turnover. We understood that there was certainly challenges in setting up the service. And we understood that there's a lot of challenges dealing with some of these high-risk children.

Mr. Speaker, we believe that . . . there's no question in our mind that there's been a lot of good progress made since 2004 to try and respond to some of the challenges identified and discussed through the media and certainly with the Oyate Safe House board of directors. There's been a new executive director established. There's a new location and new building inside the city. It has strengthened and re-strengthened the training of staff. And the board has been really good progress made, Mr. Speaker.

And I'd point out that we're also very susceptible to some of the challenges as we have identified to some of the criticism coming from various groups, Mr. Speaker. But these are high-risk children that we're dealing with.

And furthermore, Mr. Speaker, I'd point out that we welcome the investigation and the participation of the Children's Advocate and also the Provincial Auditor. We want as many people providing solutions to this challenge as possible, Mr. Speaker.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Saskatoon Northwest.

Mr. Merriman: — Thank you, Mr. Speaker. Mr. Speaker, these are not criticisms. These are direct questions in response to the safety of children in the care of this government. Mr. Speaker, the minister is ultimately responsible for the safety of children in his care. And he has an obligation to the people of Saskatchewan to answer these questions.

Mr. Speaker, we proposed specific questions yesterday that should garner specific answers. Yet the minister seems to want to sweep these questions under the carpet. Mr. Speaker, why is the minister refusing to answer these direct questions?

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Community Resources.

Hon. Mr. Belanger: — Mr. Speaker, we work together in an all-party committee in full co-operation with the opposition and many other different groups throughout the province. We wanted to make sure that there's no politics attached to this process and that this was going to be a truly positive Saskatchewan step, politics aside, Mr. Speaker.

The safe house is established. We are going to have 40 beds throughout the province to help the children and the youth get off the street and get out of the sex trade, Mr. Speaker. That is something that we have to do as a Saskatchewan people.

And I think it's very important to note that there's been good progress made with Oyate Safe House. And today I'm going to say that we're going to continue funding the Oyate Safe House because of the progress they've made to identify some of the challenges and the deficiencies that they encountered, Mr. Speaker.

And I would point out as well that it's important that this safe house be safe — safe and secure — and that it provides as many good services as possible, Mr. Speaker. And I would point out, I would point out that it should be safe from petty politics as well, Mr. Speaker.

Some Hon. Members: — Hear, hear!

[14:15]

The Speaker: — Before orders of the day, I would ask leave of the Assembly to make a statement of congratulations. Is leave granted?

Some Hon. Members: — Agreed.

STATEMENT BY THE SPEAKER

Congratulations on the 100th Anniversary of the Legislative Assembly of Alberta

The Speaker: — Members, today in Alberta, a province with whom we share our western border and with whom we share the city of Lloydminster — and because we were both founded in 1905, a province with whom we share a birthday — in Alberta today the legislature of Alberta is holding a special commemorative day to celebrate their 100th anniversary on the first sitting of their legislature.

Therefore on behalf of all MLAs [Member of the Legislative Assembly] and staff from the Legislative Assembly of Saskatchewan, I am pleased to convey to Speaker Kowalski, all the Alberta MLAs present and past, all the Legislative Assembly Service of Alberta, a hardy congratulations on this their 100th anniversary.

And because our own Saskatchewan legislature's 100th anniversary commemorations are on March 29, at this time we from Saskatchewan wish to express our shared desire for success, prosperity, freedom, and democracy in the coming century and look forward to continuing being good neighbours in the next 100 years. Congratulations.

Some Hon. Members: — Hear, hear!

The Speaker: — Why is the Government House Leader on his feet?

Hon. Mr. Hagel: — Mr. Speaker, I request leave to introduce several motions changing membership on legislative committees.

The Speaker: — Is leave granted?

Some Hon. Members: — Agreed.

The Speaker: — Leave has been granted. The Chair recognizes the Government House Leader.

MOTIONS

Substitutions on Committees

Hon. Mr. Hagel: — Mr. Speaker, the legislature of Saskatchewan may be celebrating their 100th anniversary ahead of us but we're changing committee membership ahead of them. That's our job.

Mr. Speaker, I move, by leave of the Assembly:

That the name of Peter Prebble be substituted for the name of Glenn Hagel on the Standing Committee on Human Services.

The Speaker: — By leave of the Assembly, it has been moved by the Government House Leader, seconded by the member for Saskatoon Fairview:

That the name of Peter Prebble is substituted for the name of Glenn Hagel on the Standing Committee on Human Services.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried. The Chair recognizes the Government House Leader.

Hon. Mr. Hagel: — Mr. Speaker, I move, seconded by the Government Whip, by leave of the Assembly:

That the name of Sandra Morin be substituted for the name of Andy Iwanchuk . . .

Some Hon. Members: — Hear, hear!

Hon. Mr. Hagel: — Mr. Speaker, this is obviously a very, very positive and popular move. And in addition, I move:

That the name of Kevin Yates be substituted for the name of Warren McCall on the Standing Committee on Crown and Central Agencies.

The Speaker: — It has been moved by the member for Moose Jaw North, the Government House Leader, seconded by the member for Saskatoon Fairview, Government Whip:

That the name of Sandra Morin be substituted for the name of Andy Iwanchuk and the name of Kevin Yates be substituted for the name of Warren McCall on the Standing Committee on Crown and Central Agencies.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried. The Chair recognizes the Government House Leader.

Hon. Mr. Hagel: — Mr. Speaker, again by leave of the Assembly and I move, seconded by the Government Whip:

That the name of Warren McCall be substituted for the name of Kevin Yates on the Standing Committee on the Economy.

The Speaker: — It has been moved by the Government House Leader, the member for Moose Jaw North, seconded by the member for Saskatoon Fairview:

That the name of Warren McCall be substituted for the name of Kevin Yates on the Standing Committee on the Economy.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried. The Chair recognizes the Government House Leader.

Hon. Mr. Hagel: — Mr. Speaker, once again by leave of the Assembly and I move, seconded by the Government Whip:

That the name of Andy Iwanchuk be substituted for the name of Sandra Morin on the Standing Committee on Intergovernmental Affairs and Infrastructure.

I so move.

The Speaker: — It has been moved by the Government House Leader, the member for Moose Jaw North, seconded by the member for Saskatoon Fairview, the Government Whip:

That the name of Andy Iwanchuk be substituted for the name of Sandra Morin on the Standing Committee on Intergovernmental Affairs and Infrastructure.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried. The Chair recognizes the Government House Leader.

Hon. Mr. Hagel: — Mr. Speaker, again by leave of the Assembly and again seconded by the Government Whip, I move:

That the name of Andy Iwanchuk be substituted for the name of Len Taylor on the Standing Committee on House Services.

The Speaker: — It has been moved by the Government House Leader, seconded by the Government Whip:

That the name of Andy Iwanchuk be substituted for the name of Len Taylor on the Standing Committee on House Services.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried. The Chair recognizes the Government House Leader.

Hon. Mr. Hagel: — Mr. Speaker, again by leave of the Assembly and again seconded by the Government Whip, I move:

That the name of Judy Junor be substituted for the name of Kevin Yates on the Standing Committee on Private Bills.

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

That the name of Judy Junor be substituted for the name of Kevin Yates on the Standing Committee on Private Bills.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried. The Chair recognizes the Government House Leader.

Hon. Mr. Hagel: — Mr. Speaker, once again I move by leave of the Assembly and seconded by the Government Whip:

That the name of Joanne Crofford be substituted for the name of Glenn Hagel and the name of Andy Iwanchuk be substituted for the name of Kevin Yates on the Standing Committee on Public Accounts.

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

That the name of Joanne Crofford be substituted for the name of Glenn Hagel and the name of Andy Iwanchuk be substituted for the name of Kevin Yates on the Standing Committee on Public Accounts.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried.

TABLING OF COMMUNICATION

The Speaker: — Members, I hereby table two letters from the office of the Lieutenant Governor informing the Assembly of the membership changes on the Board of Internal Economy.

And why is the Opposition House Leader on his feet?

Mr. Gantefer: — Thank you, Mr. Speaker. With leave I'd like to move motions of substitution on standing committees.

The Speaker: — Is leave granted?

Some Hon. Members: — Agreed.

The Speaker: — It has been granted. The Chair recognizes the

Opposition House Leader.

MOTIONS

Substitutions on Committees

Mr. Gantefer: — Mr. Speaker, I move, seconded by the member from Estevan:

That the name of Allan Kerpan be substituted for the name of Jason Dearborn on the Standing Committee on Crown and Central Agencies.

The Speaker: — It has been moved by the member from Melfort, seconded by the member for Estevan:

That the name of Allan Kerpan be substituted for the name of Jason Dearborn on the Standing Committee on Crown and Central Agencies.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried. The Chair recognizes the Opposition House Leader.

Mr. Gantefer: — Thank you, Mr. Speaker. I move, seconded by the member from Estevan:

That the name of Lyle Stewart be substituted for the name of Brenda Bakken on the Standing Committee on the Economy.

The Speaker: — It has been moved by the member for Melfort, seconded by the member for Estevan:

That the name of Lyle Stewart be substituted for the name of Brenda Bakken on the Standing Committee on the Economy.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried. The Chair recognizes the Opposition House Leader.

Mr. Gantefer: — Thank you, Mr. Speaker. I move, seconded by the member from Estevan:

That the name of Don Morgan be substituted for the name of Don Toth on the Standing Committee on Human Services.

The Speaker: — It has been moved by the member for Melfort, seconded by the member for Estevan:

That the name of Don Morgan be substituted for the name of Don Toth on the Standing Committee on Human Services.

Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

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

Mr. McMorris: — Mr. Speaker, with leave to move a motion under rule no. 49.

The Speaker: — Would the member state the nature of the motion he wishes to propose.

MOTION UNDER RULE 49

Recruiting and Retaining Nurses

Mr. McMorris: — Thank you, Mr. Speaker. In light of the chronic nursing shortage that we are experiencing in our province, I move a motion that would ask the Assembly to recognize the urgency of the nursing shortage in the province and to urge the government to take the appropriate actions of the Saskatchewan Union of Nurses' request to fund 600 new nursing positions.

The Speaker: — The member has explained the motion that requires unanimous consent. Is consent granted?

Some Hon. Members: — Agreed.

The Speaker: — Leave has been granted. The member may proceed. The Chair recognizes the member for Indian Head-Milestone.

Mr. McMorris: — Thank you, Mr. Speaker. The motion certainly talks about the need for recruiting and retaining nurses throughout our province. We certainly know that we have a shortage and I'd be very interested to find out and listen to what the government members have to say when they enter into this debate on this very motion.

It'll be interesting to see if they acknowledge the fact that there is a nursing shortage, that we have an issue in the province regarding our health care professionals. Because when I asked questions of the minister, he was quick to stand and say that . . . really what I got from his answers is that there is no problem whatsoever. We don't have a problem regarding health care professionals. We don't have a problem regarding human resources plans with regards to registered nurses.

And it's interesting that he would stand there and say that when not only do we have evidence from the Saskatchewan Union of Nurses, but we in every one of our constituency offices get phone call after phone call regarding health care concerns. And when you track it back, quite often the issue is around human resources.

I was also interested to listen to the minister when he answered one of the questions and held up a human resources plan that he says their government has. But it's interesting that he would stand and promote and talk about a human resources plan. But after meeting with SUN last night and a number of members of SUN last night, they say there is no human resources plan in this province, Mr. Speaker.

So if I was to follow along and I was to listen to what this minister had to say in the House today, and I was to follow along and listen to what SUN had to say last night regarding the issue around health care professionals and in particular nursing staffs within our facilities, I would guarantee 10 times out of 10 I would believe what SUN has to say and I'd disregard what that minister had to say. Because this issue hasn't happened in the last six months. It hasn't happened in the last year. This has been a slow-burning issue that the government has failed to address.

For as long as I can remember — since 1999 that I have been in this Assembly and speaking on different issues — I remember the former Health critic, the member from Melfort, and now myself, every year talking about this very issue. And every time we bring it up the government says, there's no problem; don't worry about it; there is no issue here.

But there continues to be complaints from front-line workers. There continues to be complaints from surgeons. There continues to be complaints from nursing homes. There continues to be complaints from residents within the nursing homes or parents or siblings of people that are in the nursing home. Mr. Speaker, it is a continual problem that this government has failed to address.

And over the last number of years — and you can go back to the time when they closed 52 hospitals throughout this province — they cut all those hospitals and so many of the nurses were put out of work, and they looked at other jurisdictions. And they've come back, and they've talked about some of the other jurisdictions that nurses have left the province for. And they've come back to some of our nursing graduates and they say, you know, the staffing numbers are much greater in other provinces than what we're experiencing here. And that draws nurses from our province. That draws health care professionals to other jurisdictions because of the work environment, the sheer numbers that they are able to work with as opposed to some of the skeleton numbers that we are working with here in our province.

Mr. Speaker, I think it's almost like a balloon that you keep squeezing and squeezing and squeezing, and you know a little part of the balloon will pop out here. And what that would show me is in a ward you're squeezing, squeezing, and it's getting tighter and tighter on human resources. You don't have enough people to do the job, and all of a sudden it's going to pop. It's going to break. And what that breaking is, is nurses, health care professionals, that are claiming workplace injuries, back injuries. They're phoning in sick because they can't take it any longer. We've squeezed and we've squeezed and we've reduced and we've expected more from less for long enough.

[14:30]

People in the health care profession are saying they've had it. And unless this government starts dealing with the issue, they're going to see more people leaving the province because quite frankly in a number of situations it's just not safe for them to work in the facilities. They don't have the numbers to back them up. They don't have the support staff. There are major, major issues when it comes to human resources within our health care facilities.

And I'll be very interested to hear what the government has to say when they stand and speak to this motion as to whether they're going to even address this issue because for far too long, and I can say that the former minister and now probably this minister, I think they have a feeling that if they admit that there is a shortage of nurses within our province, they feel like they are admitting failure. They feel like they have done something wrong.

We're not going to blame you. Stand up. Admit that there is a health care professional shortage, that there's a nurses shortage, and let's deal with the issue.

Other governments around this country have got over the fact that if we say there's a health care shortage, if there's a nursing shortage, it looks bad on us as a government. Well quite frankly listening to story after story from the health care system, it's looking bad on the government because we don't have enough professionals.

So if they would just address the issue and address it with SUN and the other organizations and develop a human resources plan, not in isolation but with all the stakeholders, I think you would find much more buy-in. And I think you would find the problem being addressed and being relieved.

It's interesting the former minister talked at one conference, and he was saying that the vacancy rate in the province for unfilled positions is 1 per cent. Now the minister today during question period was talking about the numbers that we're using and how they're not credible. The numbers that we're using are really SUN's numbers, and so what he's saying is that the SUN numbers is not credible.

And I'd be very interested . . . The member from P.A. [Prince Albert] Northcote is really quite interested in this conversation and I'll be very interested if he stands today and talks in this debate because he will have an opportunity to enter into the debate. And when he enters into the debate, I'll be very interested if he actually addresses the issue with shortage, or he tries to snow it over.

He says he's questioning SUN's numbers as far as what year. The numbers are in 2004 is the latest numbers that we used according to SUN. But the minister stood at a conference and said that the unfilled vacancy rate is only at 1 per cent. So I can take that number and say that's not a bad number if that was true.

But then you can talk to the people that are doing the front-line work, the nurses that are on the wards throughout this province, and they're saying the unfilled vacancy rate is 7.1 per cent. It's a huge discrepancy. The minister will talk about, oh the numbers are wrong. But I guess it's okay if they use whatever numbers they want and they can't back it up because I know for a fact . . . And I've been following the correspondence where the union of nurses has asked this government over and over again to release the numbers that would put them at a 1 per cent vacancy rate.

If the minister is going to stand at a meeting and say we only have a 1 per cent vacancy rate, I can buy that if he would back it up with the numbers. But he will not disclose those numbers.

He will not disclose those numbers to us as the official opposition. He will not disclose those numbers to the Saskatchewan Union of Nurses.

The Saskatchewan Union of Nurses were frustrated, so they went on to ask each particular health authority how many vacancies they see in their region — how many vacancies are there. They haven't heard a word back from any of the health authorities, and I believe that's because the minister has told them we cannot release that information. They won't release that information because what it will prove is the minister's numbers are absolutely bogus.

A 1 per cent vacancy rate is absolutely false. The vacancy rate for unfilled positions in our province is much higher than 1 per cent. We're looking, according to SUN, at 7.1 per cent. And where they got those numbers is by asking their own membership, by going around to their own membership and saying, in your facility how many full-time equivalency positions have not been filled? It might be a point two five job here and a point five job there and whatever. But full-time equivalencies — how many have not been filled? And according to the union of nurses, they're saying somewhere in the neighbourhood of 200 and . . . roughly around 240 full-time equivalencies — 237 in their press release dated February 23 — have not been filled.

So these are facilities that are operating. They realize that we need at least 235 more to do a job that is probably up to minimum standards, not up to, you know, top quality standards that all these health care professionals have been trained in. This is just getting them up to the minimum standards that the health authorities recognize because they're funding these positions. They're saying we have positions available that aren't being filled. And why is that? Why do we have these positions that aren't being filled?

Well there are a number of reasons why that is. And I think a part of it is, is what we were talking about in question period. Now we certainly raised some interest from the other side when I said one out of three nursing graduates leaves the province. And that number comes from . . . and they'll dispute that number. They say, no it isn't. When I was asking the question I could hear the member from Saskatoon Nutana, a former health care minister, former Health minister herself, hollering from her seat saying, that is not true, that one out of three health care professionals leave our province.

Well, Mr. Speaker, according to the information put out by the CIHI [Canadian Institute of Health Information] in 2004, it goes through the percentage of RNs [registered nurses] graduating and how many stay in their province. And you look at provinces like Quebec, for example. Quebec retains 93.9 per cent of its registered nurses. That's a huge retention level — 93.9. Ontario retains 91.2.

Manitoba next door to us . . . Now I know the government hates when we start comparing Alberta to Saskatchewan. I know they may not like us comparing Ontario, but let's look at Manitoba. We'll talk about Manitoba in many different examples in the upcoming weeks because, you know, they get upset because Alberta's got all the resources. We can't compare ourselves to Alberta when we talk about job numbers, how many jobs that

Alberta — 70,000 new jobs in the last year — that Alberta has attracted. And so they don't like that because when we compare our numbers to Alberta, we really look weak.

So let's not compare ourselves to Alberta, but let's compare ourselves to Manitoba. And when you compare ourselves to Manitoba and you look at the retention of nurses in the province of Manitoba, the retention of nurses in Manitoba is 73.5 per cent as of 2004. How did they get to 73.5 per cent in Manitoba? And according to the numbers from CIHI, in Saskatchewan we're at 66.8 per cent — 66.8 per cent of our nurses graduating stay in our province — whereas in Manitoba it's 75.

What would cause a discrepancy of 9 per cent difference? Well I'll tell you what it is. And when you listen to what the Manitoba government is doing to retain nurses, first of all, they're sitting down and they're working — the Manitoba government — with the other stakeholders. They're talking with employers like the health authorities. They're talking with the employees, the Manitoba union of nurses. And the three of them, working hand in hand, have worked out strategies to retain nurses so that they're at a 75 per cent retention level compared to Saskatchewan.

When I bring up subjects like that, or bring up any examples from other provinces, it's almost like this government automatically dismisses them. Because if they don't dismiss them, if they look at them, it's almost they feel like they're admitting they have failed. I'm saying, forget about that; don't worry about that. If you look at the Manitoba plan and you bring it to Saskatchewan, that doesn't mean what we were doing failed. We won't even worry about that. What we're doing is looking at the best practices from other provinces and putting them to work within our province. And that's exactly what needs to happen.

What happens when we are losing nurses like that, when our retention is low, when we're losing one out of three nurses to other provinces that are graduating? Well we're not able to fill the vacancies that we've got. And that's certainly what the Saskatchewan Union of Nurses has talked about — 200 and roughly 40 nurses' positions have not been filled. The SUN goes on to say that in order to get up to a full complement of nurses to deal with the chronic shortage, to deal with some of the issues of waiting lists, to deal with some of the issues of nurse burnout, to deal with some of the issues around workers' compensation claims, to deal with some of the issues around patient care, we need to look at bringing on 600 new nurses on to staff.

Because that is a reality in our health care facilities. There is issues around burnout. It is not fair for a nurse to have worked a 12-hour shift, a string of three 12-hour shifts, and get called back. It's not fair for a nurse to have worked three or four days and have finally booked off on Friday because that was their day off, and to be phoned over and over again: can you please come in to work. It's not fair.

And I know this is happening. I know for a fact it's happening in households around the province where a registered nurse is living. Continually they get phone calls from their employer saying, we are short-staffed; can you please come in? If nurses don't answer the call, if they don't go in and work another shift,

what that means is a backup in the whole system.

Just last week we saw in Regina a number of surgeries cancelled. Why would surgeries be cancelled? Surgeries are cancelled because there isn't enough support staff in behind. The person goes through the operation. They need recovery time. They need to be moved up to a specific ward. They need people around those beds to help that person recover through the whole process.

And because we don't have enough health care professionals, we end up with problems. We end up with people phoning in sick. We end up with surgeries being cancelled. There are a number of issues that happen because of this that are really, I think, to use a health care term, are symptoms of the chronic problem of a shortage. These are all symptoms.

Overtime within the Regina Health District and the Saskatoon Health District is staggering. The overtime and WCB claims in the year 2003-2004, just for Saskatoon and Regina health authorities, for those two health authorities, the number of overtime dollars spent, the number of dollars spent on WCB claims was \$11 million in the Regina Health District and \$13 million in the Saskatoon Health District. In one year, this provincial government put out \$24 million because of WCB claims and because of overtime.

When you look at that \$24 million, had you hired full-time nurses, had you offered full-time work, had you offered permanent part-time shifts, you would have certainly dealt with some of the overtime issues. You would have dealt with some of the WCB claims. And that's exactly what the union of nurses are calling for. By increasing the number of staff on the wards, we're going to certainly reduce, I think, reduce some of the costs.

The government may stand in their place and say we can't hire that many more professionals because it's going to cost too much. The cost to the system right now because we don't have enough health care professionals is astronomical — \$24 million in one year in two health districts, not to mention the other 10 and the effects that it had in the other 10.

The Provincial Auditor has weighed in on this whole subject too and has warned the government that these costs are getting out of control, that the overtime costs, that the WCB costs are getting out of control. It's time to start addressing this problem. It's time to have this issue addressed within the next provincial budget so that enough money is set aside so that we can properly staff our health care facilities.

The other thing that we don't take into consideration . . . I mean those are hard numbers. When I talk about WCB claims, when I talk about overtime dollars spent, those are hard costs. We can measure those, and we can see how much that costs the system. What we don't measure and is very, very tough — it's an intangible almost — is the care that patients are given within the facilities.

[14:45]

Now when we talk about health care, the majority of times when we talk about the issues and the problems around health

care, it's the accessibility piece. People are not able to access the system.

Most people, when they get into the system, feel they have pretty good care. But it's a relative term; they have pretty good care. I don't know if they've been in the hospital a lot. What do they have to compare it to? Because, when you talk to the health care professionals — and it's particularly the registered nurses — they will all say that they do not have enough time to give the quality of care that they were trained for. They don't have enough time to give the quality of care that they feel their patients need.

We have the dubious distinction in our province of having the shortest stay in hospital. A person comes into the hospital, whether it's a . . . whatever procedure they are receiving, they have the shortest amount of time stayed in our hospitals than any other jurisdiction in the province. And so that goes back to the quality of care that some of the people are receiving.

You know, they maybe are moved out of the hospital because the bed is needed by more people coming in. They're moved out perhaps quicker than what they should be. And quite often, that manifests itself in a reoccurrence of whatever their problem might have been, and they then have to access the health care system once again. So it's a tough thing to measure.

Is there a cost to that? You bet there is a cost to that. We know the tangible costs. We know the increase in overtime. We know the WCB costs. We know those. It's the intangibles, about quality of care that nurses are telling us they fail to be able to deliver because of sheer numbers. They don't have enough numbers on the ward.

I want to talk a little bit about . . . just prior to the fall session, the former minister announced 43 new beds being opened in the Regina Qu'Appelle Health Authority. He said that they would be open, I believe, by November. And it was quite interesting. The timing was very close to when session was starting, and I don't know if he thought maybe that would deflect some of the issues that we are going to be asking about. If we stood up and asked questions on health care, he'd be able to stand up and say, oh we've solved the problem. For example in the Regina Qu'Appelle Health Authority, we've increased the number of beds by 43, if that was going to solve the problem.

Well it was interesting because they had set a date — the provincial government here had set a date — on when these beds were going to be open. They obviously hadn't talked to the health authority enough because you can't open . . . I mean, opening 43 beds sounds pretty simple. You open a ward with 43 rooms, a bed in each room; you've got 43 beds up and running.

But you know, I have said ever since I have become the health care critic, we talk in numbers of beds. We're going to open 43 beds. We're going to close some beds in other jurisdictions. It's not beds. It's people. It's people. You know, they keep saying, oh we don't have enough beds. And people say, well my God, can't you buy more beds?

There isn't a health foundation in this province . . . And there's a health foundation and a successful one in Indian Head for their hospital. There's a successful health foundation in Regina,

in Swift Current, in Melfort. There's health foundations in every province.

I'll guarantee you: if the minister wants more beds, go to the health foundation and say, could you please go and raise some money because we need more beds. Every foundation will put money into capital expenses, whether it's bed, whether it's neonatal units, whatever it is. That will be there. The hardware will be there.

What we need are people around those beds to give care. That's where the shortage is, Mr. Speaker.

Some Hon. Members: — Hear, hear!

Mr. McMorris: — And this government just prior to the fall session announced, we have 43 new beds — came into the province in a semi, I guess — and here are the brand new beds. What he failed to do is back it up with the professionals that need to be around those beds to make them effective because what happened was they announced the beds, and then we found out well they couldn't open the 43 beds, not right away. They didn't have enough personnel.

And so the fall session kind of slid by, and only a few of the beds were opened up. I remember doing the news scrum regarding that issue, and I felt sorry for the poor fellow from the Regina Qu'Appelle Health Authority that had to stand out and answer for the . . . really I would have thought was the minister's claim that they were going to open all these beds. He had to stand there and say, well you know we just weren't able to get it done. It was almost like it was the health authority's fault that they couldn't find enough staffing around the beds.

You know, wouldn't it have made more sense for the government to stand up and say, I am sorry we hadn't worked with the health district? We hadn't done our homework. We didn't have enough professionals to fill the beds.

Well, Mr. Speaker, further to that story now, the 43 beds have been opened, and they're probably full. They're probably full, and they're open. But that doesn't mean that there isn't issues with that whole situation because what has happened is these 43 beds have opened, so we've had to shift human resources over to cover the demand of these new beds.

Now if we were bringing in a whole bunch of new staff — just like SUN has called for and just like this motion is calling for — if we brought in new staff to man, to cover the beds, to service the beds, that would be one thing. But we didn't bring in new personnel. We don't have the nursing complement in this province sitting in reserve so that when the government says we need more nurses in this area, we can bring them in and hire them full time to deal with the issues around this bed. What had to happen was, you start stealing, robbing, from other wards or other levels of care to start filling the demand around these 43 beds.

And you know, I have had phone call after phone call from nurses in a certain hospital, the Regina General, in a certain area that said, we have lost so many staff to facilitate the opening of these new beds. In fact it is so dangerous on our ward right now that we are not able to give the quality of care. They are scared

of malpractice because they don't have enough, for example, enough staff to monitor the monitors. They may have five people on monitors, and one nurse is supposed to cover that area, or it might be 10 or 15. I don't know the numbers exactly, but what I do know is the plea from nurses on that ward saying it's absolutely unsafe. It's unsafe because they've pulled nurses to cover off a commitment made by this provincial government with no backing, with no backing of human resources.

So when we stand in the House and say we need to look at a human resources plan, we need to address the vacancies, we need to hire more full-time nurses, it's because there are shortages. It's because there is a lack of quality care because of sheer numbers. They can't do it any more. They have been stretched and squeezed and pulled as far as they can, and they're saying we cannot provide good quality health care. When we go home at night, we know that we gave the best service that we could to that patient because really, frankly, that's what those patients deserve, and that's what our health care professionals want to deliver to the person. We know that.

So it's an issue where we continue to . . . The minister stood up and waved some human resources plan that has really no relevancy in the workplace today. We know that the amount of retirees, nurses that are eligible to retire, are going to increase. The nursing complement in our province, according to again anecdotal evidence . . . but also SUN are saying that the ages is increasing. It only stands to reason; when you lose graduates, our younger nurses going to other jurisdictions, the average age of our nursing complement is going to increase. And what happens to that then is you end up with retirements and issues like that.

I know in small towns it must be a very, very tough issue for many nurses in small towns who are eligible to retire but they can't retire. They don't feel comfortable to retire because what is that going to do to the nursing complement in that small community? If they retire, they don't have anybody coming in. If they retire, then all of a sudden the health authority says you don't have enough staff to keep this facility open. The government is virtually putting on the backs of our health care professionals, either you keep working and continue to work even though you're eligible for retirement, or your facility may very well close.

Now what kind of a position would that be? You're sitting there and you're trying to keep your small-town hospital open, and you've got the weight of the fact that if I quit that could cost us the hospital in our small community.

And it's simply because we haven't done a good enough job in retaining the nursing graduates. For years I know we had called on increasing the number of seats, and we have worked to do that. That's only one part of the whole puzzle though. It's great to increase the number of training seats so we produce more nurses, but you've got to offer them work that isn't at 25 per cent time.

We hear often from nurses who have come out of graduate school. They sit on the casual list waiting to get called in. They hope they get called in. They're waiting. They're waiting there. Meanwhile the student loans, the interest is accumulating, accumulating. They don't get enough hours to address that

issue. So what do you think their next move will be when a recruiter comes from Alberta and says we can give you this? We can guarantee you this, this, and this — and the nurses, I mean what else would they say? That makes perfect sense; I'm sorry, I'm going to go out to Alberta or I'm going to go to Manitoba or I'm going to go to another province where they can guarantee suitable hours.

The minister stood up and said oh we've got full-time nurses. We probably have more part-time nurses working 25 per cent when they want to work 70 per cent. Not all nurses want to work full time, but you've got to give them hours that make it worthwhile staying in our province. And right now we know time and time again that isn't happening. And that's why people are looking for other jurisdictions to go.

And the problem when a nurse moves, when they move, if they are married, they probably take their husband or wife with them. If they have kids, they take those with them, and they probably don't come back. But you know, I know over and over again in our province even if that nurse, the son and daughter, she's graduated or he's graduated from nursing college, and they look for their first job and they say, geez, it looks pretty nice in Alberta. It looks pretty nice in British Columbia. I'm going to move out there.

And so a couple of years later they've established their life in this other province and they're doing quite well. And the parents that have worked hard in this province all their life, they've helped support their son or daughter through university — through the four-year program, nursing program for example — and they get to the point where they've retired now. So they start looking around because now they've retired from whatever job they might have had, and they look at, now where is my family? Should I retire here in Saskatchewan, or am I going to look to go to where my grandchildren are going to be, where my son and daughter has established their life, probably got married and started a family? So I'm going to retire here in Saskatchewan, or I'm going to follow where my kids have gone so I can see my grandchildren grow up.

You know it's an absolute shame when this government stands there and touts the fact that no one will get left behind. Well, you know, parents have been left behind in this province over and over and over again and it's an outright shame, because we haven't done the work to keep our youth in the province.

And you know it just is reflective in the job numbers. It's reflective in the out-migration of people. It's reflective in the numbers that SUN has given us. So until this province is ready to take seriously the issues around retaining and recruiting nurses, until it's serious about taking the lead with the Saskatchewan Union of Nurses and other health care professionals to develop a long-term human resources plan that will address the chronic shortage that we see in our province, we're going to continue to see nurses look to other jurisdictions for workplaces that are safe and satisfying because they're not finding them here in Saskatchewan, Mr. Speaker.

Some Hon. Members: — Hear, hear!

The Speaker: — It has been moved by the member for Indian Head-Milestone, seconded by the member for Melfort:

That this Assembly recognize the urgency of the nursing shortage in the province and urge the government to take immediate action on the Saskatchewan Union of Nurses requesting to fund 600 new nursing positions.

The Chair recognizes the member for Melfort.

Mr. Gantefoer: — Thank you, Mr. Speaker. Mr. Speaker, it's a pleasure for me to enter this debate about an issue that I think is so critically important to the people of Saskatchewan. Mr. Speaker, this seems to be such a tragedy that we have to time and time again go through this exercise and go through this process of talking about the critical need and shortage that we have of medical professionals in this province, and particularly registered psychiatric and registered nurses in the province.

Mr. Speaker, in beginning I would like to say that when I became the Health critic — seems like almost a decade ago, but I think it's six years ago — one of the first things that I was able to determine very quickly in meeting with health care professionals is that we were getting into very quickly a critical shortage of registered nurses, registered psychiatric nurses, and licensed practical nurses in this province.

[15:00]

Mr. Speaker, time and time again in this House we raised the issue about what was there going to be for a plan in order to meet this critical shortage that was developing. Initially the government's response by the then minister of Health was to say we're going to move away from a degree program and go just to a two-year program. And the Saskatchewan Registered Nurses' Association and SUN and many other people vigorously opposed that whole decision, and thankfully we were able to get the government to change their course of action. Mr. Speaker, but as a result, nothing further was done and over the years this has been allowed to develop and to get worse and worse on a constant basis.

Mr. Speaker, I'm very pleased to hear that SUN is very adamant about addressing the issue of the shortage of nurses that are currently the situation in Saskatchewan and, Mr. Speaker, what's even more alarming, that this shortage is expected to become much worse.

There is a chart on a *Labour Market Analysis Saskatchewan Nursing 2003 Update*, by Mr. Doug Elliott in July, 2003 in which it sort of shows what the anticipated supply and demand forecasts are going to be for registered nurses in Saskatchewan going forward from 2003 through to 2007.

And, Mr. Speaker, when they look at this, they put in the scenario of three different types of demand and supply scenarios — if it's an average demand, a higher or low demand, and the same thing in terms of supply. If we even look at the medium demand numbers, somewhere in between the average, it shows that by 2012 that there is going to be predicted to be a shortage of registered nurses in the number of 548, Mr. Speaker. Mr. Speaker, it is easy to see why the SUN is asking for the immediate funding of 600 positions because it's going to indicate very quickly we're going to be that much short.

But, Mr. Speaker, we have to recognize that there is a real

reality and a real chance that these numbers will not just be average. We have to acknowledge that the baby boom population is growing older, and there's more and more of us that are going to require increased levels of health care services as we age. And so we might be into a situation where actually the demand for registered nurse services is going to be very high and not just an average.

We also have to recognize that at the present rate of educational opportunities and training in this province, the supply of those nurses might be very low. And so if you end up with those two extremes happening, Mr. Speaker, if you end up if you like with almost a perfect storm scenario which is indeed possible, the shortfall could go instead of 550 nurses short we could be as high as some 1,700 nurses short in the province. And, Mr. Speaker, when we have the current level of nursing at somewhere around that 8,500 level, you can see that if we end up in a scenario where we're actually going to be 1,700 short, it's going to be an untenable situation in terms of the delivery of programs.

Mr. Speaker, many times in the past I've said in this House when you look at the whole health care system, that the system really is only as strong as the weakest link in the chain. You can talk about enhancing and improving services all through the system, but if you're neglecting a critical area that's creating a weakness in the system, the whole system suffers as a result of that.

You can't decrease the waiting times for surgical procedures if you don't have a nurse to tend to someone in post-op [post-operative]. You can't have it similarly if you don't have nurses to work in the O.R. [operating room]. You can't have an increase in the number of surgeries that are being performed if you can't have someone in recovery. You can't have increased numbers of procedures if you don't have surgeons or anaesthetists. All of these people are critically important to work in combination in order for us to meet the expectations that the health care system has for our population in Saskatchewan.

And so, Mr. Speaker, it's particularly troubling and disappointing for me to have to enter into the same debate over and over and over again over the years because you'd think sooner or later the government would actually open their ears and listen to the concerns that are not only coming from our side of the House, from the opposition, but have been coming from the people in the health care profession these many years as well.

Mr. Speaker, SUN has been highlighting their concerns about the supply of nurses for the system for years. SALPN [Saskatchewan Association of Licensed Practical Nurses], the licensed practical nurses association, has been articulating similar concerns about the shortage of LPN [licensed practical nurse] positions in the system. Mr. Speaker, each one of these groups and these bodies that they represent and the people that are working in the system have legitimate concerns that aren't being met, and as time progresses, the situation gets more and more critical and acute.

Mr. Speaker, the arguments from the government opposite always seem to change and shift over time. You know in the

earlier days there was the argument that we weren't graduating as many nurses because we went from a two-year diploma program and a degree program. We eliminated the diploma program, and so there was going to be a period of time when there were fewer numbers of nurses that were going to graduate and be available to the system. And because the government did not increase the degree program substantially when they phased out the diploma program, of course that was a self-fulfilling prophesy. Indeed as they moved to this situation, there was a drag in time because of the extra two years of training. Virtually we ended up with almost zero graduates from a program for a two-year period of time, and this made the situation even more critical.

Mr. Speaker, early in the 1990s we got it in our heads in this province that we didn't need nurses, that this wonderful wellness model that the government was promoting was going to create such a healthy environment that we didn't need all these nurses. And so many of them lost their positions in government downsizing of the health care system. Many left this province. Many left this country in search of employment, Mr. Speaker. And it seems such a tragedy that young men and women who are entering the nursing profession with such high hopes are ending up with a sense of frustration because what the government has done is created an environment where the only employment that they get upon graduation seems to be part-time casual with no permanence and no ability to count on regular hours.

Mr. Speaker, I know first-hand how painful it is to have someone in the family who has graduated with a degree in nursing, full of desire and exuberance and enthusiasm for the profession and wanting to go out into the community and serve as a registered nurse, having no opportunity to get full-time, permanent employment. I know how difficult it is for those individuals to sit by the phone waiting for casual calls so that they can indeed have some security of income to pay back their commitments and to start living their life with some independence and pride and the ability to meet the commitments of student loans and their education costs, etc.

Mr. Speaker, granted that the way this government is mismanaging the system, these hours are available. But it is nothing you can count on and nothing you can plan for. So you can't have a life that is reasonable at all because you can't count on shifts, and if you want to have a day off, you've just got to make sure you don't answer the phone.

Mr. Speaker, for years people in the system have been saying that there's something tragically wrong with this kind of a situation. If we have these shifts, if we're getting into a situation where nurses are being worked to the point of exhaustion, if we have the situation where there's tremendous amounts of overtime being paid, why in the world cannot we work out a system as other jurisdictions have done whereby these people have positions and jobs and shifts and a permanent contract that they can count on and plan their life around and exercise their profession with some dignity?

Mr. Speaker, you know, one of the great tragedies in the health care system in Saskatchewan is the fact that we end up providing a very high quality education experience in the nursing programs in our province and then we end up with a

situation that a third of the graduates from these programs leave the province and practice medicine in other jurisdictions. It's our great loss and tragedy, Mr. Speaker, because these are highly trained, highly motivated, highly qualified young men and women who have a primary desire to serve humanity in the nursing profession.

Mr. Speaker, when you look at the statistics and look at the retention rate and the comparison with other provinces, you know, you have to sort of say shame on us. I mean, it's usually that we have the notoriety of having a record of some sort. Unfortunately in the health care system, the record is generally the worst in the country. It's the worst for waiting times. It's the worst for nurse retentions.

And I don't know why, just once, we can't get ourselves into a situation where we actually are the best at something and that we actually achieve something that's very special.

Mr. Speaker, the percentage change in the workforce of nurses over the last four years is also an interesting statistic. And again it shows that we are faring fairly badly. The very worst province in this regard is Nova Scotia that has lost, in the period of time between the year 2000 and 2004, is that . . . Nova Scotia lost 1 per cent of its nurse force, RN workforce. Saskatchewan lost a half a per cent.

Every single other jurisdiction in Canada has gained — actually has more nurses in the workplace than they had in the period of time before that. You know, Alberta increased fifteen and a half per cent. And I know the government opposite doesn't like to compare ourselves to Alberta, but even Manitoba next door on the other side increased by 5.7 per cent. Mr. Speaker, Saskatchewan went down by a half a percentage point during that same period of time.

Mr. Speaker, I ask the question honestly and openly, how long are we willing to stand by and let these kind of statistics pile up and the situation increasingly get more depressing?

There is an incident occurring in the health district where I'm from that has a lot of the nurses concerned about what the future is going to be for them in health care. And because of this issue, I've had opportunities to have a fair number of meetings with practising registered nurses in our community of Melfort.

Mr. Speaker, when you ask them what their day was like, they come off a 12-hour shift to come and visit and explain their situation. And they talk about what level of staffing that they had. They talk about the fact that it is very difficult to staff and know what's going to happen for sure.

One day a nurse came to me on a Monday morning, and she had worked the weekend shift. And she said on Sunday when it's generally more quiet in the hospital, there were some emergencies. There were some special incidents that went on, and the capacity of the system was almost at its full capacity. And they were unable to bring in sufficient people on short-time notice in order to meet the demand.

And so they said, we're committed to our patients. What we did was just sort of reach down inside of ourselves and worked

harder to make sure that the people that needed care were getting quality care. At the end of the 12-hour shift, this young lady was absolutely exhausted and was wondering how many more of these kinds of days she could cope with before she would definitely need to have some additional support and help.

Mr. Speaker, it's also, I believe, the case that workers' compensation claims are very high for nurses working in the health care system and no wonder, because they're working at the point of exhaustion because of the fact that there aren't the people to fill the shifts. And when you are in that situation, you try to take shortcuts. You don't think about doing proper procedures sometimes and lifting and you end up hurting your back. And then you end up in a situation where you're shorting the workforce even further because these people are on compensation.

Mr. Speaker, you know, when I think of the efforts we're making to train nurses in this province — and they are not enough — we're not going to have enough trained positions to cover the retirements that are going to occur. When you look at the demographics of the population in Saskatchewan, we have a reality that a great many of them are of an age that they're approaching the eligibility for retirement.

And these nurses who are tired and exhausted are going to likely take their retirement when they're eligible to have it because they've worked so hard in the system. And at the other end we have the graduating nurses who are not able to get full-time, permanent positions. A third of them are leaving the province so that even if we kept 100 per cent of the people we're educating, what we're doing in reality is only keeping two-thirds of them. One hundred per cent isn't enough to replace the retirees and two-thirds of that certainly is not going to be enough.

[15:15]

And so, Mr. Speaker, we're moving ourselves with absolute certainty into a crisis. And SUN to their credit has highlighted this as an issue. They've been highlighting it for years and I think now is the time when this government has the opportunity to act. In the past they used excuses like we were training . . . changing the educational training model. It was an excuse. In the past they said, well we don't have the financial resources. We can't increase these training seats because we don't have the fiscal resources in order to do that.

Well, Mr. Speaker, all of those excuses have gone away. This government has the fiscal capacity to do this in a proper way. So for the members opposite to stand and say that there is no fiscal capacity is simply unfair, and it would misrepresent the financial situation of our province.

Mr. Speaker, and it's not as if other jurisdictions haven't recognized that decisions that were made in the early '90s were decisions that were creating this problem and they're taking steps to reverse it and change it. Mr. Speaker, as was outlined by my colleague, Manitoba and other jurisdictions are certainly putting together a plan that is working with much more co-operation and collaboration, and we're ending up with a situation in those jurisdictions where improvements are being made and improvements are fairly significant and that's very

important.

Mr. Speaker, if we're going to make this work in our province, this government simply has to stop operating on its own arbitrary agenda and is simply going to have to sit down with the health care professionals in this province and work out in a collaborative way and in a coordinated way, a systematic approach to making these very important changes in the staffing in the health care human resources policy.

Mr. Speaker, how in the world are we going to believe that we can change the statistics that are saying that a third of our young graduating men and women from nursing . . . in the nursing profession are not going to continue leaving this province if we don't do something to change that situation.

Mr. Speaker, the reality is, is that unless we make a permanent commitment to permanent full-time jobs for people that are graduating, unless we as a government and as a people in this province sit down with SUN and the unions representing these professionals and work out a practical, pragmatic, coordinated plan that's going to address this issue, it's not going to go away by itself. It's not going to go away because we wish it would go away. It's simply going to sit there and fester and get worse and the statistics that are very difficult now are going to get worse.

Mr. Speaker, we are not in an island and young people that graduate today are not unaware of neighbouring jurisdictions in North America and in Canada. They come out of their degree program, and I do believe that if given the opportunity and equal opportunity, that they would choose by and large to begin their careers in their home province. Most young people love this province. They enjoy the opportunities of recreation and family, and they enjoy the province that they grew up in. And yet if the choices between permanent full-time jobs or part-time work is the only choice they have, they can load up their diploma and their degree and put it into their car with their suitcases and drive to Manitoba, or Alberta, or British Columbia, or Texas, or anywhere at all where their highly qualified program and training is valued.

And so, Mr. Speaker, the question that we have to ask ourselves today: are we indeed in an emergency? And if we're not today, when is it going to become an emergency? When is the situation going to get so critical that it's . . . becomes almost irreversible? None of this stuff is going to change overnight. This needs to have the absolute commitment of the Government of Saskatchewan, of the official opposition, and of the nursing professions to say, let's build a plan that's workable and practical and can be achieved for a relatively short period of time.

Mr. Speaker, the member opposite chirps from his seat about the fact that this isn't a problem. Well, Mr. Speaker, I would challenge the member if he's so sure it isn't a problem — talk to some young graduating nurses. Talk to them instead of sitting on the ivory tower and pretend that this isn't a problem. Sit down and listen to these young men and women and listen to the real concerns that they're expressing instead of making arrogant remarks from his seat in the Chamber.

Mr. Speaker, we have to acknowledge we have a problem. This problem has not happened overnight. It is getting worse every

day that it is ignored. And this government will be held to account if they simply continue to ignore it.

Mr. Speaker, I certainly do support the concerns and the desires of the Saskatchewan Union of Nurses. There is the ability of this government to fund 600 permanent full-time positions in this province. Six hundred full-time positions would make a significant impact on the staffing of post-op and recovery beds. It would make a significant impact on the staffing of critical shortages. It would make a significant impact on the staffing that is creating the situation where nurses are overworked and burning out.

Mr. Speaker, if we don't as an Assembly support this motion in its entirety and communicate to the nurses of this province — the registered nurses, the registered psychiatric nurses, and the licensed practical nurses — if we don't communicate to these precious health care workers in this province that this government and this Assembly, at a time when it has the money, is willing to commit to making these permanent positions available and part of our health care system, we will have failed them at a critical opportunity.

Mr. Speaker, I certainly support this motion and I call on the government to support it as well and to put it into this year's budget process. Thank you, Mr. Speaker.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the Minister of Health.

Hon. Mr. Taylor: — Thank you very much, Mr. Speaker.

Some Hon. Members: — Hear, hear!

Hon. Mr. Taylor: — And I appreciate the support of my colleagues as I stand to make my first speech as Minister of Health in this Chamber. I want to thank the members opposite for putting forward the motion today. I think it is reasonable to be debating health care this early in the session.

Mr. Speaker, in this my first opportunity to address the Chamber as the minister, I want to indicate that at the end of my remarks, I will be moving an amendment to the motion in front of us. Mr. Speaker, the amendment will certainly address the fact that while there are challenges existing within the recruitment and retention of nurses within the system, Mr. Speaker, that those challenges also exist throughout the health care field with other professionals and others employed in the system.

So therefore, Mr. Speaker, the amendment that I will move at the end of my remarks will read as follows:

That all of the words after “recognize” be removed, and the following words be substituted:

the challenges in the recruitment and retention of health care professionals in the health care system, and that the legislature work with the government on the recommendations of the *Working Together: Saskatchewan's Health Workforce Action Plan*.

So thank you, Mr. Speaker. I will attempt to address my remarks in three phases, Mr. Speaker. I would like to address the overall needs of the system. I would like to address the Saskatchewan Union of Nurses' request and the subject matter of the debate raised by the opposition members today. And also, Mr. Speaker, in the third part I'd like to address the broader implications of the professionals working in the system and the challenges that this government faces as we must deal with the entire workforce in health.

Mr. Speaker, just a few things that I think are important for Saskatchewan people to recognize. This debate here today is important in that it focuses on recruitment and retention in a highly competitive environment. Mr. Speaker, the health care field is a very complex field. It employs about 30, 33,000 people throughout the province of Saskatchewan. It utilizes approximately 44, 45 per cent of the provincial budget, the revenues received by the government to exercise on behalf of Saskatchewan people.

Mr. Speaker, if Saskatchewan, a province of 1 million people were actually a city of 1 million people, the infrastructure required to support 1 million people's health care needs would look considerably different than the health care infrastructure — capital and human. That infrastructure would look . . . looks a whole lot different in a province that is of the geographic diversity that this province is. So, Mr. Speaker, we are very much aware of the complexity of the system and of the challenges that we as those responsible for delivering that system to the people of Saskatchewan.

Just in terms of how complex it is and how large it is, Mr. Speaker, just a few statistics to open my remarks today. As of March of a year ago when all of the numbers were most clear, Mr. Speaker, we had physicians employed in the province of Saskatchewan: 909 family physicians, 753 specialists. Nurses employed in the province of Saskatchewan, March 2004, the numbers most readily available: 8,932 registered nurses, 982 registered psychiatric nurses, 2,279 licensed practical nurses.

Mr. Speaker, the subject of the debate today is, is that enough. And in our action plan that I will address shortly, Mr. Speaker, the answer is no, that is not enough. We have more work to do.

We are operating in this province of 1 million people, Mr. Speaker, 63 acute care hospitals, 2,539 acute care beds, 240 psychiatric beds, and 314 other beds which would include observation, respite, palliative care, etc.

The average daily activity in the health care system, Mr. Speaker, would actually surprise most Saskatchewan residents. Approximately 30,000 services in health care are delivered to Saskatchewan people every day. Average daily activity — 12,400 physician visits occur in this province every day; 5,000 units of home care services are provided every day in this province; 2,100 patients in hospital beds on any given day in this province; 257 surgeries every day; 279 CT [computerized tomography] scans every day; 58 MRIs [magnetic resonance imaging] every day; 200 to 250 calls per day managed by the HealthLine; and more than 800 immunizations performed every day in this province. Mr. Speaker, this is an incredibly complex system providing a considerable amount of care to the people of Saskatchewan.

Mr. Speaker, the Conference Board of Canada recently rated the plans of the various provinces with regards to delivering health care. Mr. Speaker, the province of Saskatchewan, rated by the conference board of Saskatchewan, finished third of the 10 provinces. Mr. Speaker, that's an incredible accomplishment for a province of 1 million people. We are incredibly proud of the people who work within the system to deliver the care, services, and programs that the people of Saskatchewan desire.

Now, Mr. Speaker, when we think more broadly about the health care system in Saskatchewan, we are tempted in this Chamber to talk about what has yet not been done, Mr. Speaker. When you do that, we have a tendency to forget what has been done to date. This is not a matter of can you tell me what you've done, but can you tell me what you're going to do for me next, Mr. Speaker.

And in fact that's the subject of the opposition motion today, is don't pay any attention to what's been done to this point, Mr. Speaker — which we know is considerable — only tell us what you can do, only tell us what we have yet to do. And, Mr. Speaker, as we have said in the past, we are working on retention and recruitment issues. And, Mr. Speaker, it is clearly a priority of this government to work on recruitment and retention issues for all in the health care field.

Now, Mr. Speaker, let me address the matter at hand, as I indicated earlier, in two respects. The first one is to discuss just a little bit about the nursing circumstances in the province of Saskatchewan, how we are positioned in terms of the rest of the country and, Mr. Speaker, the acknowledgement that in fact we have more work to do.

[15:30]

So let's just first of all look at the facts because it's the facts that help to move us forward in finding solutions to what are perceived to be and what actually are problems. How are we positioned relative to the rest of the country?

In 2003, Mr. Speaker, the number of nurses per capita in Saskatchewan stood at 855 per 100,000 people. This number, Mr. Speaker, is far superior to the same percentage numbers for Alberta and British Columbia. The number of nurses per capita in Alberta — 755. Mr. Speaker, I'm sure that they can't hear me when they're speaking. In Alberta the number of nurses per capita stood at 755 per 100,000 people; in British Columbia, 665 per 100,000 people. Remember, Mr. Speaker, the number I quoted — 855 per 100,000 people in the province of Saskatchewan.

So in terms of the number of nurses per capita working, we have a large number, larger than the other provinces in Western Canada. Mr. Speaker, I acknowledge it's still not enough. We have more work to do, but that's a considerable accomplishment.

Mr. Speaker, CIHI, a study released by CIHI — C-I-H-I — released in October 2005, showed that the number of licensed practical nurses employed increased by 6 per cent and the number of registered nurses increased by 2.9 per cent between 2002 and 2004.

Mr. Speaker, we recognize that some of the data brought forward to us by the Saskatchewan Union of Nurses represents a time period from 1999 forward. Mr. Speaker, we recognize that indeed the numbers have improved considerably during that period of time, directly a result of action taken by this government.

Let's continue to look, Mr. Speaker, at the circumstances that we have faced relative to the other provinces. The total number of registered nurses, licensed practical nurses, and registered psychiatric nurses in Saskatchewan has increased from 2002 to 2004 compared to the national average, Mr. Speaker — not only to the Western Canada but the national average.

And according to the SRNA [Saskatchewan Registered Nurses' Association] annual report, immigration of nurse numbers has increased since 2001 and out-migration has decreased, significantly closing the gap between in- and out-migration — Mr. Speaker, again paying attention to what's been done to set the stage for what's yet to be done. Mr. Speaker, we've made some significant gains.

Nursing grads, Mr. Speaker, are staying in Saskatchewan. Eighty-one per cent of Saskatchewan RNs currently practising in this province were trained in this province, Mr. Speaker. That's a significant achievement. Why? In part it's because we have well-negotiated collective agreements. In 2003 the average annual hour earnings for a nurse in Saskatchewan were \$26.14, a number that will be even higher with the collective agreements that we signed in just the last month or so.

And, Mr. Speaker, I think this is significant. More nurses are working full-time in Saskatchewan than in any of the other provinces in Western Canada. Mr. Speaker, this is a significant advancement — more nurses working full-time in Saskatchewan than the other Western provinces. According to CIHI in 2004, 55 per cent of Saskatchewan nurses had full-time employment — higher than the Canadian average, and higher than all the Western provinces. Certainly significantly higher than the province of Alberta where only 39 per cent of nurses working in the province had full-time employment.

A nursing education program survey showed that 90 per cent of all grads preferred their current employment status, whether it was full-time or part-time. People in Saskatchewan, Mr. Speaker, according to the surveys, like the working arrangements here in the province of Saskatchewan. Nursing overtime has decreased by 11.4 per cent since 2002, and at the same time during the past year we have seen sick leave decrease and injury rates and time lost drop.

The successes I've listed are due in large part to recruitment and retention initiatives that have been put in place following the release of our 2001 health action plan. Must keep in mind, Mr. Speaker, with credit to the previous minister and the government that existed prior to the 2003 general election, Mr. Speaker, a recognition of some of the challenge that existed. The development between 1999 and 2001 of the action plan and the bringing into force, implementing recommendations from the 2001 action plan have had an impact on nursing numbers in Saskatchewan.

Mr. Speaker, we acknowledge it's not enough. There's still

more work that needs to be done but, Mr. Speaker, significant improvements have been made.

Nursing projections indicate there may be an adequate supply of nurses in Saskatchewan for a period of time. A follow-up survey of the 2000 graduating class of registered nurses shows that 76 per cent of the respondents were working in Saskatchewan. We're working very hard to ensure that we have sufficient numbers of nurses in Saskatchewan. We have added 100 nursing education seats during the past three years. By the fall of 2005 there were 400 nursing education program seats existing in the province.

Since 2001 we've provided 8 million in return-for-service bursaries. In 2003, 97 per cent of RN graduates who received a bursary had confirmed employment in Saskatchewan, Mr. Speaker, significant improvement, significant policy. Since 1991 we've invested 3 million in continuing education and training; 2 million in Aboriginal awareness initiatives; 5.5 million in quality workplace initiatives to improve occupational health and safety, mentoring, and injury prevention; and 6 million to purchase electronic beds, patient lifts, and other equipment to make safer workplaces. The government spends at least \$75 million annually to train, recruit, and retain health professionals in this province.

We acknowledge, Mr. Speaker, that we have a distribution issue in this province as well. Like many professions in this province, Mr. Speaker, people are attracted in the health field just as they are in other professions to work in larger centres. We need to find a better way to encourage nursing graduates and other health professionals to consider rural and remote locations. Mr. Speaker, the hardest part of recruiting in North America — US [United States] states, provincial governments in Canada — the hardest part of recruiting and retaining professionals is the rural parts of those jurisdictions.

We also acknowledge that, given the projected number of nurses that could retire over the next few years, there will indeed be additional challenges. Therefore Saskatchewan Health is working with SAHO [Saskatchewan Association of Health Organizations], the unions, regulatory bodies, and the health regions to look at different options to meet our needs over a long period of time. One of those options is making greater use of health care professional teams and having all professionals work to their optional scope of practice. That means doing things somewhat differently than we've been doing them in recent years.

Saying that we have a critical shortage, Mr. Speaker, is not accurate. There is a shortage. How critical it is, Mr. Speaker, will depend entirely on the way in which we continue to work with the communities and the representative associations. We can not destroy confidence in the system by talking about what has yet to be done without paying some attention to the good work that has been done.

In December, Mr. Speaker, of 2005, just a few months ago, we released a provincial Health Workforce Action Plan to national acclaim. In fact, the Health Council of Canada recognized this Saskatchewan action plan as the most comprehensive plan in Canada and that Saskatchewan took this matter most seriously of all jurisdictions. A number of actions were highlighted in this

plan with respect to nurses. And I encourage members to read the report and stay tuned to the provincial budget for announcements that will be forthcoming.

Mr. Speaker, the *Working Together: Saskatchewan's Health Workforce Action Plan*, indeed as I indicated during the question period today, Mr. Speaker, contains a considerable number of recommendations for moving forward in the health care field.

I want to quote briefly from the introduction to the action plan, an introduction written by the Premier and our previous minister of Health. Mr. Speaker, the very first paragraph is most telling. And I quote:

We are fortunate in Saskatchewan to have highly skilled health care professionals who are committed to providing the best possible care to their patients. However, like many other jurisdictions across Canada and around the world, Saskatchewan has experienced shortages in some health professions. Supporting, attracting and developing health care personnel is one of the biggest challenges in our health care system.

Mr. Speaker, I've attended a number of different international and North America health discussions. Last year here in Regina the Midwest Legislative Conference, a group of American state legislators, met outside the United States in Canada in the city of Regina. Members of the opposition attended that conference as I did.

One of the discussions during that conference, Mr. Speaker, as you will remember, was health care in the United States; comparison of the delivery of health care in the US to the delivery of health care in Canada. And, Mr. Speaker, listening to that conversation of US legislators, state senators, state representatives, was like sitting in a coffee shop in Saskatchewan, Mr. Speaker.

The challenges faced by the Midwest states — Ohio, Wisconsin, Kansas, Montana, North Dakota, South Dakota, Illinois — Mr. Speaker, the challenges faced by those jurisdictions, recruitment and retention particularly in rural areas. The competition for professionals is significant, North America wide. Professionals, highly educated and trained professionals, are attracted to jurisdictions where the pay is higher, where the working conditions are pleasant, the quality of life seems better.

In Saskatchewan I think our quality of life is second to none in the world, Mr. Speaker, and I'm proud to live in rural Saskatchewan. But sometimes young people are attracted to the bright lights of the big city and the parks and the music and all that goes with that. And, Mr. Speaker, it's more and more challenging to bring and keep professionals in a rural environment — North America wide, Mr. Speaker. Saskatchewan is a small jurisdiction.

We put together the Health Workforce Action Plan, Mr. Speaker, because we know these challenges exist today and are only going to be more challenging in the future. Mr. Speaker, the plan flows from the first ministers' meeting that occurred in September 2004. At the conference those who were present

identified doctors, nurses, pharmacists, technologists as the largest groups of health care providers that needed to be addressed in our planning process. So fulfilling the first ministers' commitment in the province of Saskatchewan here the health human resource plan builds upon the 2001 action plan that I described earlier.

We have since 2001 demonstrated our commitment to retention and recruitment in a number of ways: educating more health care providers in Saskatchewan; developing a workforce that is more representative of the people it serves; expanding bursary programs for needed health care professionals; expanding continuing education and development; improving workplace environments; further committing to health sciences education and research; and, Mr. Speaker, developing and implementing a province-wide health human resource plan.

So, Mr. Speaker, as a result of the consultations that have occurred across this province — consultations that included Saskatchewan Union of Nurses and the regional health care authorities, Mr. Speaker — as a result of these conclusions, the plan in front of us reflects the common vision, goals, and objectives of Saskatchewan people and those who are working in the health care field. The actions in the plan reflect our collective commitment to recognize and retain health care professionals that Saskatchewan has and supporting them in the work that they are doing; improving self-sufficiency and training for our own health professionals within the available resources; recruiting from outside Saskatchewan to supplement our own supply; and finding innovating ways to keep Saskatchewan youth in our province, providing them with training and employment opportunities in the health care field.

[15:45]

Mr. Speaker, we are making some incredible inroads in recruitment and retention. Others who are looking from outside Saskatchewan at what's going on in this province have told us we're heading in the right direction. We're doing the right thing. And, Mr. Speaker, we are confident that — with our continued efforts in conjunction with, in collaboration with the professionals in the field — that we are going to be able to recruit and retain to meet the needs of Saskatchewan people.

Mr. Speaker, over the next few weeks I will be meeting with a number of representative associations, including Saskatchewan Union of Nurses, to discuss this very subject. Mr. Speaker, I look forward to the continuing good relationship that the previous minister established, that this government has in place with professionals providing needed care. Mr. Speaker, I look forward to being able to find a way to ensure that we can finance and implement the recommendations brought forward in the workplace action plan.

Mr. Speaker, I view my challenge as the new minister not in the broad sense of developing a lot of new things. Mr. Speaker, I believe that the previous minister and the consultative approach to doing things has brought forward a number of recommendations that will be very beneficial to the health care system and the people of Saskatchewan. I view my challenge as minister to ensure that we're in a position to implement the vision that has come before us.

Mr. Speaker, let's build on the good things that we have achieved together in the province of Saskatchewan. Let's use what we have achieved today to assist us in what is yet to be done. Concentrating only on what has yet to be done in the absence of acknowledging and respecting the work that has been done does not serve the interests of the system or the people of Saskatchewan.

Therefore, Mr. Speaker, I am pleased to be able to move an amendment to the motion, acknowledging the work that Saskatchewan nurses are doing but also acknowledging that the system is a complex system with a lot of very important professionals working in it. I move, Mr. Speaker:

That all the words after "recognize" be removed and the following words be substituted:

the challenges in the recruitment and retention of health care professionals in the health care system and that the legislature work with the government on the recommendations of the *Working Together: Saskatchewan's Health Workforce Action Plan*.

Mr. Speaker, this would be seconded by the member from Regina Lakeview. Thank you very much.

Some Hon. Members: — Hear, hear!

The Speaker: — It has been moved by the member from The Battlefords, seconded by the member for Regina Lakeview — and this is an amendment to the main motion:

That all of the words after "recognized" be removed and the following words be substituted:

the challenges in the recruitment and retention of health care professionals in the health care system and that the legislature work with the government on the recommendations of the *Working Together: Saskatchewan's Health Workforce Action Plan*.

The Chair recognizes the member for Regina Lakeview.

Some Hon. Members: — Hear, hear!

Hon. Mr. Nilson: — Thank you, Mr. Speaker. It gives me great pleasure to rise to speak in support of my colleague's motion as we look at the whole health workforce area and have some discussion which can provide information to the public of Saskatchewan around the good work that has been done in collaboration with all of the people who work in our health care system.

Now I'd like to start out by just giving a bit of a background for many of the people who are listening or who will read this information later. Who do we have in our health care system in Canada? In the 2001 statistics that we got, I think from Statistics Canada, there were 1.1 million people in Canada who worked in health care. That's about one in every ten people who work in the workforce.

Canadians use many, many different types of health services, and they access many different health care providers. According

to the Canadian community health survey in 2003, 82 per cent of females and 71 per cent of males consulted a family physician during the past year. Also dentists, other specialists, chiropractors, massage therapists, and other professionals were reported to have been consulted by many people, but usually more women than men.

In the year 2003, registered nurses, licensed practical nurses, and registered psychiatric nurses accounted for just under one-half of all the health care workers in Canada. In 2003, CIHI, the Canadian Institute for Health Information, counted 70,000 physicians in Canada or approximately 220 per 100,000 Canadians.

Mr. Speaker, I describe a bit about how many people are involved and why the issue of nursing is so important and why we're also concerned about doctors because this is a Canadian problem; this is a North American problem. And in some ways, it's an international problem.

And what we need to do as we move forward is plan and work together with the people who are involved in this field to make sure that we get the right number, the right mix of health care providers so that we can deal with the numbers of patients who require services.

A further complicating factor in all of this for us in Canada and in North America are the demographics where we end up having to deal with the fact that many of us who are in the various professions, but especially in health professions, are part of what we would call the baby boomer age. And we're in that situation where many of us are planning to retire in the next 10 to 15 years. Because of that, there's been much planning both around the workforce and also around pensions frankly in every jurisdiction in North America.

And so what has happened in Canada has been an attempt to do this provincially and nationally. We in Saskatchewan have been able to work together with the various professions and with the people within our health care system over quite a number of years. And as my colleague, the Minister of Health, indicated, working together here in our government, we were able to come forward in December 2001 with an action plan which set out where we were going to go in a whole number of areas. A crucial piece of that related to health human resources. And at that time we started working in a number of different areas to make sure that we would be ready for the various issues that would arise as we provided for the workers within our system.

This process included clearly working with many, many different groups. But it was also done in parallel with colleagues across the country. And these particular issues were the subject and continue to be the subject of ministers' meetings, of deputy ministers' meetings, and others who are the health human resource people across Canada. When the first ministers and health ministers came together in Ottawa in September 2004, one of the key points that was discussed at that point was, how are we going to get the information about how people are preparing for the health human resource workforce, and then how are we going to make sure that our planning is coordinated. And at that point it was agreed in the communiqué from that particular meeting that every jurisdiction would work towards providing a health workforce action plan.

In Saskatchewan, because we had been working on this since our action plan in 2001, we were able to build on the work that had already taken place. And last year we went working at this in a very sort of clear way. What happened was that we ended up getting advice from health and learning stakeholders, government departments, around setting up a process. And then from May to October 2005 we had health stakeholders come and offer their advice and ideas about the issues facing the many different health professions in Saskatchewan. Out of this consultation five themes arose, and these I think are important to just hear what the five key themes were.

The first one was quality of care. The second one was the workforce environment. The third one was education and training. The fourth one was evidence-based planning; let's use actual facts when we do our planning. And finally the old issue of the roles and responsibilities and relationships between the various employees that were within the health care system along with the administration.

The plan that was developed out of that process was released by the government in December 2005. And this plan has many aspects to it, but clearly it's setting out for us our goals, our desires about where we're going to go. And, Mr. Speaker, when we released this plan we were meeting the deadline that all of the premiers and the Prime Minister had set for ourselves in September 2004, but we were the first in the country to actually have a document and a plan ready to go.

I'd like to quote from the December-January news bulletin of the Saskatchewan Registered Nurses' Association. And this was written by Donna Brunskill who is their executive director. Quote:

Recently, I had a chance to participate in a new first for our province and a first for Canada: open, strategic consultation on health human resource planning initiated by Saskatchewan Health. It was exciting to participate in the dialogue with employers, educators, unions, government and health regulatory bodies present.

Mr. Speaker, in the process that we have developed over a number of years here in Saskatchewan, we have a good base to tackle exactly the problems that have been identified by various groups within the system. But we also have a plan that allows us all to work together as we do that. And this plan I think sets out quite clearly our common vision, our goals, and our objectives.

Mr. Speaker, what is that vision? And I will put it right here on the record. The vision for Saskatchewan's health workforce is that it be an integrated workforce, well educated and trained to provide high-quality care that builds a province of healthy people and healthy communities.

So how are we going to do that? The guiding principles for this plan are that we will focus on the health needs of Saskatchewan residents, that we'll build a representative workforce that will respect and value the health workforce in Saskatchewan. We'll be responsive to the service needs, delivery models, and health related strategies. We'll use an integrated approach that engages all health sector partners in the planning process. We'll build strong and transparent accountability structures, will be

evidence based and outcomes oriented, and that will analyze the cost and service implications of any proposed actions.

Mr. Speaker, those are guidelines that are being used as we continue to work on the health human resource issues. I think it's important that people understand that, after much thought from very many careful and expert people, we end up having a vision, having some guidelines, and some principles about what we're going to do.

Then, Mr. Speaker, there are certain objectives that we have that are part of this plan. And the goals and objectives of the plan are this: the first goal, that the health care system has a sufficient number and effective mix of health care professionals who are used fully to provide safe, high-quality care. The objective under this goal is that we would improve the province's self-sufficiency by increasing our capacity to train more health providers within our fiscal means.

And, Mr. Speaker, the Health minister has already outlined some of the things that we're going to do there.

[16:00]

We're also, under this objective, we're going to improve the retention and recruitment of health care professionals to meet our needs here in Saskatchewan. And we will, under this objective or this goal, also support the best and optimal use of all health care professionals in working within their scope of practice.

The second goal is that the health system has safe, supportive, and quality workplaces that help to retain and recruit health care professionals. The objectives under this goal are that we would ensure that our workplace environments are safe and healthy and that we'll assist the workplaces to support staff in providing quality care.

The third goal is that Aboriginal people will fully participate in the health sector in all occupations. Our objective here as the province of Saskatchewan is that we will become a leader in training Aboriginal health care professionals in Canada. And, Mr. Speaker, we have many things to celebrate here in this province around our nursing programs and all of the work that we're doing to make sure that we have this as an important part of our vision for our province.

The fourth goal is that the education and training supply of Saskatchewan health care professionals is aligned with projected workforce requirements and health service needs. We're going to have to ensure that our education and training system is responsive to Saskatchewan's labour market needs for health care professionals, and we want to increase the capacity for Saskatchewan's health employers to provide opportunities for students pursuing a health career. And clearly we want to provide culturally appropriate care for people.

Mr. Speaker, under this objective I know that my colleague, the member from Saskatoon Nutana, has outlined many areas where she's working around how . . . for all professions in this province, but I think especially in health care, that we will identify and make it absolutely clear that our post-secondary training will meet the needs that we have in our health care

profession.

The fifth goal is that the health workforce is innovative, flexible, and responsive to changes in the health system. And our objectives here are that we would educate and train the health workforce to work in inter-professional teams to provide quality care. And we'd also enhance the workforce information and data systems to support evidence-based planning, and we will ensure that the roles and responsibilities of all partners in the health sector are articulated and understood.

Mr. Speaker, this last goal speaks to what we are doing in the future, which is hoping and planning to lead the country, if not the world, in how we adapt our health workforce to provide the best care for our Saskatchewan people.

Our government's commitment to this is shown in the money that we have put forward for the health sciences education building and all of the related parts to that at the University of Saskatchewan, which will be then related with all of the training that we have in this province. That kind of commitment on the education side dovetails very nicely with the work that we're going to continue to do as it relates to implementing this Health Workforce Action Plan.

Mr. Speaker, the numbers of things that have been coming together through the collaboration of many people providing their advice, their assistance, their enthusiasm, is what makes our situation in Saskatchewan, even though we have a number of issues in various areas, that all this enthusiasm is what makes us able to say that we're going to be tackling these issues in a very direct way.

Mr. Speaker, there are challenges and opportunities and responsibilities for all of the participants in the health care system. There are challenges at the administration side. There are challenges for Saskatchewan Health on a province-wide basis. There are challenges for the managers in various facilities across the province. But there are also challenges for individual employees that they end up having to meet and deal with, and continue to develop their educational opportunities.

Mr. Speaker, I think we all should be very proud of our employees in this province because they have in many ways been able to deal with and cope with change that has happened in our health care system over the last 50 years. And most of them have done that by being very dedicated in making sure that they do their continuing education work, that they continue to work with their colleagues to make sure that they're using the best practices possible.

Mr. Speaker, there are also a number of issues around how the various professional groups work together and how the various representative groups work within these professions that also have meant that people need to think of new ways of how they provide these services.

Mr. Speaker, we will, as leaders in the health care side from the government side, continue to ask questions through the leadership in the department about what are the things that you can do to contribute to making sure that we have the best care possible for our patients. And this includes all of the issues that have been raised by the members opposite today and other

times. They continue to be kinds of questions that need to be asked, but they need to be solved in conjunction with all of the people involved.

I'm pleased to be able to say and to report very formally not only to Saskatchewan people but to the Canadian people that we, through a collaborative process with the unions, with the professional organizations, with the senior managers, with the board representative, board members, with professionals who we brought in to analyze some of these questions, have come forward with a road map that shows us the kinds of things that we need to do and builds on the many things that we have already done.

Do we have it absolutely all correct right now? I don't think so, but I don't think anybody expects that. What they expect is that we've worked together and that we've set out what we're going to try to do. Mr. Speaker, that is the kind of thing that we're going to do.

Now let me just talk a bit about what is extremely frustrating as it relates to how our system works here in Saskatchewan. Mr. Speaker, there's a certain role for the opposition to raise questions about how things are done. And they do that on a regular basis. But there's also a role for them to propose ideas and suggestions that may help the system, and that's an area where frankly we haven't heard much over quite a number of years.

And, Mr. Speaker, I think there is a challenge, that the people of this province expect that if you're going to go out and attack what things are being done that you also provide a contribution of some good suggestions of what happens. Now unfortunately many of the things that the members opposite have talked about can't totally be relied on so that that ends up being a challenge.

But, Mr. Speaker, we are at a point in the history of our country as it relates to our health care system where I think the public knows quite clearly where this government stands, where this minister stands, where all his colleagues stand about the Canadian health care system. And, Mr. Speaker, I don't think it's quite as clear about where the opposition stands. Because we see some things happening in other provinces by people who have similar political views to what these members espouse where it's causing some great deal of difficulty for how our Canadian health care system works.

And, Mr. Speaker, that is not the subject of the discussion that we're having today but I think, Mr. Speaker, it is the subject that the public wants to hear about in addition to whatever kinds of things the members raise. Where do they stand on our Canadian health care system? We strongly believe in a publicly administered, publicly funded system that continues to provide care for all of the people in our province.

And, Mr. Speaker, we will continue to do all that we can to make sure that our system provides good care at a reasonable cost and in a way that provides care and access across this province. Mr. Speaker, I'm very pleased to be able to second the amendment that my colleague has made and I thank the Assembly for the opportunity to speak on these issues.

Some Hon. Members: — Hear, hear!

The Speaker: — The Chair recognizes the member for Canora-Pelly.

Mr. Krawetz: — Thank you very much, Mr. Speaker. Mr. Speaker, it's a privilege and an honour today to participate in the debate about something that is extremely important to everyone in the province of Saskatchewan.

Mr. Speaker, I've listened very closely to the comments of the current Minister of Health and I've listened to the comments of the former minister of Health as they've talked about the objectives that have been set in action plans — action plans that are, you know, three years old — the kinds of things that are there. And the words are all very, very nice. They are words that people will read and say, these are good objectives. But you know, Mr. Speaker, one of the criticisms of that action plan is in fact that there are no clear and specific targets. And that's what's missing, Mr. Speaker.

And I want to begin my remarks today by talking about numbers. People are going to look at the verbatim of today's debate or they may be watching today and it requires an understanding of where we were as a province, where we . . . how we have moved and what are our plans for the future. Because, Mr. Speaker, it is very critical to understand that this province had both a diploma and a degree program for producing registered nurses.

And I'm going to go back as far as the year 1991; 1991 is an awful long time ago — 15 years ago. But that is the first year of the current NDP government that sits opposite. And in 1991 there were a total of 364 registered nurse graduates in the province of Saskatchewan made up of both a diploma and a degree program.

The province decided that the diploma program was something that should be phased out. And there occurred over the course of the next seven years a reduction of diploma nurses down to, in fact, zero. And in the year 2000 the number of graduates, the number of registered nurses that achieved that type of registration, totalled 138 — all degree nurses. So we went from a time of 364 nurses to 138.

Now, Mr. Speaker, there were other provinces that did exactly the same thing, and I want to look at the statistic of Manitoba. Manitoba and Saskatchewan — very similar in size. We share a lot of similarity in agriculture and other things. The province of Manitoba in the year 2000 also graduated 146 registered nurses. So we're almost exactly the same. But you know, that's where the similarity ends, other than the fact that there still is a socialist government in Manitoba and there still is a socialist government in Saskatchewan.

We have now looked ahead to the statistics of Manitoba. And in the year 2004, after significant changes by the Government of Manitoba, recognition that in fact 145 registered nurses was just simply not going to be enough, they've made changes. And in fact their graduating nurses, registered nurses in 2004 was 479. You know what Saskatchewan's was, Mr. Speaker? It was 210, and it still remains very close to that. Because even though the minister responded that they are putting in place new training seats — and in fact, there were supposedly going to be near 400 training seats very shortly — we're not going to see those

graduates for four more years. Four more years, Mr. Speaker.

When we look at the situation that is facing the hospitals and the delivery of care, it's not about the beds, as my colleague the member for Indian Head-Milestone talked about. It's not about the physical plant. It's about people. And first of all, you have to look at who you're dealing with. First of all, we're dealing with patients. We're dealing with people who require care. That's the first group of people that are affected.

[16:15]

The second group of people is the health care providers; those are the people. And the stress and the kind of, you know, responsibilities placed on them is critical, Mr. Speaker. So when we take a look at the numbers and say, where has this province moved? It hasn't made a clear forecast for the positions that they want. It has been slow.

I recall my colleague, the member from Melfort, speaking about this when he was the critic for the opposition, the Saskatchewan Party opposition, years ago. When he was the Health critic, he was suggesting many, many years ago that it was time to recognize that there was first of all a shortage of nurses and secondly that we were just getting into the baby boomer retirement age.

Take a look around at our facilities, Mr. Speaker, and I don't care whether you're talking about the city of Regina or whether you're talking about Canora, Saskatchewan, or Preeceville or Kamsack. The age of the people that work in the health care profession, especially in the nursing profession, is going higher and higher and higher.

There are nurses who have wanted to retire or have been eligible to retire for four or five or six years, but they've been asked to stay on, to stay on. Why, Mr. Speaker? Why would someone who wants to retire be asked by the community to stay on? Well that's because there are no available nurses. There are no available nurses.

When we look at the retention rate in this province and we see a retention rate that is the worst in all of Canada, a retention rate of 66 per cent, that means that one out of three nurses, one out of three of those 210 graduates, isn't looking for a job in Saskatchewan. They've moved.

And my colleagues have indicated to this Assembly why those reasons are there. And, you know, that number one reason is full-time occupation. They don't want to sit at home waiting for that call in the morning to say, well we're short a position over in that hospital, or we're short a registered nurse in another hospital. They want to be given permanent, full-time work. And that's not there.

That has been something that has been created in this province for the last 15 years. It's a direction that this government has set. That shows lack of leadership, Mr. Speaker — lack of leadership in recognizing that a change that we went through, through the course of the late '80s, and reduced the number of nurses across this entire country was not the correct move.

And in fact now we're seeing that the projections which were

on a low of about 5,000 nurses are now up into that 9,000 nurses across Canada. And it will continue to grow. But again we've been left behind. The Premier talks about being left behind. Well we've left the entire province of Saskatchewan behind because now we're dead last. We're dead last in retention and we're dead last in terms of how we've moved forward and ensured that we have a number of nurses.

Mr. Speaker, there are a number of situations, as I mentioned, within every community. And I recall standing in the Legislative Assembly in the year 2002 and raising a concern about the community that was then in the Canora-Pelly constituency and now is in the constituency of Kelvington-Wadena, and that is the community of Foam Lake. Foam Lake was in a situation where the health district board was suggesting that it should lose its acute care.

An article in the *Foam Lake Review* of October 14, 2002, the headline, Mr. Speaker, says "Staff Shortage Continues to be a Problem". This is after raising this issue for years that in fact the Foam Lake hospital was in jeopardy of losing its acute care.

I want to, from this article of the *Foam Lake Review* of October 14, 2002, Mr. Ben Weber — who still is the Chair; he is the Chair of the Sunrise Health Authority — this was his quote at that time:

It's across Saskatchewan. We face tremendous challenges. There are very serious shortages.

And the article goes on to say:

And he says, we are just seeing the tip of the ice berg.

Mr. Speaker, that was 2002, October, three and a half years ago when a community recognized that it was going to lose its acute care. Why? Not because it didn't have doctors. It had two physicians in the community of Foam Lake. Not because it didn't have the existing staff right there, but because a nurse at that situation, at that facility was wanting to retire and she could not because there was no one to take her place.

Mr. Speaker, what occurred after that statement in the paper, the community went out and tried to secure nurses, tried to ensure that they could keep the facility open. And they did get a temporary nurse to come in, but it didn't last. And today, Mr. Speaker, the delivery of acute-care services in Foam Lake doesn't exist. Why? Not because there isn't the proper facility, not because there isn't a physician, but because there are no health care providers, the registered nurses.

And we look around the province, Mr. Speaker, I look at the other three facilities in Canora-Pelly constituency, hospitals at Preeceville, Kamsack, and Canora. Every one of these facilities has a staffing component that is aging; they are the baby boomers. And when you start to look at the number of nurses that are coming through the training program, the retention level being the worst in all of Canada, the cities are of course going to be the first choice. They will be where the graduates look at for the first available job. Why? Because of the services in the city, the fact that they don't have to live in rural Saskatchewan and be, you know, in a small community.

So, Mr. Speaker, as the shortage becomes more and more acute, rural Saskatchewan sees that compounded situation because the problem will compound itself for a rural community and we're seeing that throughout. So, Mr. Speaker, unless this government is prepared to move as the motion suggests and is a recommendation of SUN that more permanent, full-time positions be created immediately, there will be a greater and greater loss of services across this province.

You know we can't centralize into the cities for all care. And we can see that. I can see that on the east side of the province when I look at the regional hospital in Yorkton. There have been many times where the regional hospital in Yorkton has closed a certain wing of the hospital. They didn't close that wing because they were short of doctors or that they were short of other components. The component that was missing, Mr. Speaker, was nurses.

And many people on the east side of the province will recognize that the regional facility in Yorkton had a tremendous orthopedic surgeon, one of the best I dare say in Western Canada never mind just Saskatchewan. He's no longer there. He's no longer practising in Yorkton.

And the reason was that every day he faced a situation where he had diminishing operating room time. Not because the operating facility itself wasn't there and able to be used, but they had to cut back in the number of surgeries that they were doing because there wasn't enough nurses back on the post-operative care floor to be able to handle the patients. It had nothing to do with the physician. It had nothing to do with an operating room. It had to do with the fact that there wasn't post-operative care provided by nurses.

We see that in the city of Regina. I've had, I guess, the misfortune of being in the Regina General many times, and I've been in wings where there, at the end, there were four or six beds that were empty. They were there; they were empty. And I asked the nurse who was on duty, why are the beds not being used. She said we don't have the staff to be able to handle them. So therefore patients sit on a waiting list. And I know that the new Minister of Health recognizes that the waiting list has to be dealt with.

And I believe it's something pretty simple. It's the utilization of our facilities. And I know we've talked about regional facilities being able to do certain operating room procedures, being able to take the stress and the strain off of our major facilities in Regina and Saskatoon. But that's not going to be possible, Mr. Speaker. That is not going to be possible if we don't have the nurses to be able to care for the patients. Back again, as I said at the beginning of my remarks, back to people — people are the ones that are going to be the providers of care.

So, Mr. Speaker, when we take a look at, you know, some of the recommendations that have been put forward, it's interesting to look . . . And it's been a while now since we and this Legislative Assembly have reviewed the Commission on the Future of Health Care in Canada, the final report as prepared by a former premier of this province, Mr. Romanow.

You know, Mr. Speaker, chapter 4 of that final report is called "Investing in Health Care Providers," and it's an interesting

chapter because a component of that chapter deals with the nursing situation. And there's a lot of material in this chapter, Mr. Speaker, and I'm not going to put it all on the record even though I'd like to. But I'm very specifically going to deal with three points. Mr. Speaker, the comments by Mr. Romanow are these. It says:

It also looks like the demand for nurses will increase even more in the future. The following are some of the key problems that have been identified:

So these are the things that Mr. Romanow sees as a problem. And this is cross-Canada, but let's now narrow our thinking to Saskatchewan. First one he says:

Too few graduating nurses — There has been a reduction of over 50% in the number of graduates from nursing schools in the past 10 years. On top of that, of those who graduate, 3 in 10 either leave the country or leave the nursing profession . . .

Mr. Speaker, that summarizes exactly what I've been saying about the nursing numbers for the province of Saskatchewan. 145 registered nurses graduating in the year 2000 didn't cut it, and 210 graduating nurses now still isn't adequate to meet the needs of this province. All you have to do is take a look at the retirees. Take a look at the number of registered nurses retiring, and you know that those numbers just don't add up, Mr. Speaker.

Mr. Speaker, the second point raised by the report, by Mr. Romanow's report, is this: too many nurses leave the profession due to stress, poor working conditions, and poor morale.

Mr. Speaker, I think my colleague from Indian Head-Milestone highlighted that very, very well for this Assembly and for the people of Saskatchewan. When you take a look at the number of times that nurses have been called back, called back after working overtime and then receiving, in fact, greater overtime . . . Yes, there is a financial benefit to them but there is also an emotional problem that occurs. There is a stress level; there is a cost.

When I was a member of the Public Accounts Committee I recall the Provincial Auditor, when he produced a chapter on health care and its problems, identified the cost to the health care system of people who were put out on disability or were taking sick day leaves. That is a concern to the health care systems.

So when we start to look at those additional costs of people who are sick, people who are on stress leave, overtime costs, and then we look at the fact that we don't have permanent full-time positions created by this government, the whole system just seems to beg the question, why? Why are we in a situation where we have young graduate nurses sitting, waiting for a phone call in the morning? And the other situation is we have nurses who are overworked, who are on stress leave. Those two need to be dealt with, Mr. Speaker.

The third point raised by Mr. Romanow is the nursing profession is aging. His comment is that the average age of a Canadian registered nurse increased by 1.3 years from 42.4

years in 1997 to 43.7 years in 2001. That's the latest data that Mr. Romanow worked with. But I'm sure if that you look at the data now, you will see that in fact that has increased even more. And those are statistics that are available from the Saskatchewan Union of Nurses or the SRNA.

[16:30]

Mr. Speaker, I'd like to also read into the record one of the quotes that was delivered to the task force that dealt with this commission and that quote is this:

For nurses on the job right now, work means mandatory overtime. Mandatory overtime means that you can be disciplined if you refuse. It places an undue burden on nurses and our families, and it puts patient care in jeopardy.

Madam Deputy Speaker, that quote is from the Canadian Federation of Nurses Unions, 2001 and was part of a written submission.

Madam Deputy Speaker, move that ahead five years to today. What's different? Well now you can probably eliminate the Saskatchewan . . . you know, as a global position and you can put it into every facility in this province. That is the concern of the nurses: mandatory overtime, stress, and, you know, conditions that are imposed on families that should never have been imposed. So there is very clearly, as Mr. Romanow has pointed out back in the final report, there were three conditions that this government should have been acting on.

And the former minister of Health, I recall him standing and saying, well you know, everything's well in the province of Saskatchewan. We've got an action plan. We're going to move forward with this action plan. Well as I said, words are fine but if you don't have clear, set objectives that have timelines so that you can meet the needs, you have a problem.

And the problem is highlighted very clearly by the fact that today we have the Saskatchewan Union of Nurses coming forward and saying we need to create 600 more full-time jobs, full-time, permanent nursing positions. And I think, Madam Deputy Speaker, I think you'll see very clearly that immediately if you created those kinds of positions you would open up some beds that are currently closed, that don't have adequate staffing. And as soon as you do that, you will then allow the operating rooms in many, many facilities to do more surgeries. You will meet the needs of the people of Saskatchewan.

And that's, I think, the point that this government continues to miss. It is people. It is people that are part of the system, that make up that very demand for the health care system.

So, Madam Deputy Speaker, in closing I would just like to emphasize that the members opposite I'm sure would want to hear a little bit more, but we'll hold those thoughts for another day, Madam Deputy Speaker. We'll hold those thoughts for another day.

But it's clear; this is not an issue that should be treated lightly by the members opposite. This is an issue that needs action now, not five years ago when we asked this government to do

something and the answer was, there was a plan, there was a plan. Well today we're finding out that in fact there has been no changes to the system in terms of providing more care.

The member opposite groans about that, but let him take a look at the facilities today. Let him take a look at the burden on health care workers in those facilities. And I'm sure he will understand that in fact that is a true factual statement.

So, Madam Deputy Speaker, I encourage this government to take a good look at what has been proposed. The Finance minister is preparing his budget. There is a need to address the concerns across the province for all of those regional health authorities so that in fact they can put in place permanent, full-time positions for registered nurses so that in fact we can deliver better care to the people of Saskatchewan. Thank you very much.

Some Hon. Members: — Hear, hear!

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

Mr. Trew: — Thank you, Madam Speaker. Thank you very much, and thank you, colleagues. I thank the hon. member opposite for participating in the debate. Indeed I welcome the opposition for having moved the original motion which I find may be well intentioned, but I'm proud to say that I stand in support of the amendment as put forward by the Minister of Health.

And I want to start my speech today, Madam Speaker, by simply reminding everyone what it is that caused nurses to enter nursing. I happen to be blessed where I'm sitting with colleagues sitting literally on both sides of me who have spouses who are nurses. And I've taken the opportunity of asking them and they've confirmed what I already knew. And that is that their spouses entered nursing with a profound desire to make the world a better place, with a profound desire to help, to reach out to people in their time of the most, most need, because when we are in most need is when we're ill, whether it's from an automobile or some accident or whether it's some chronic illness or part of an aging process or — heaven forbid — cancer or diabetes or any one of a seeming endless parade of maladies that can affect us all.

But what has profoundly affected nurses and motivated them to go into the profession, Madam Speaker, is the real desire to reach out and to make a difference. And I want to say that nurses in Saskatchewan — and indeed I suspect worldwide — make a difference every day in so many ways that they can't even recognize themselves.

Some Hon. Members: — Hear, hear!

Mr. Trew: — Yes, yes, a hand for nurses, exactly. They help, Madam Speaker, they help families at a time when . . . Well let me get a little bit personal right now. My mother passed away not that long ago, and I want to say that the nurses — indeed all of the health care professionals — did their job, I guess I can't say beyond what one would hope for, but they certainly did not let anyone down. The end was an inevitable end, and they were even helpful at that particular moment in our times.

Madam Speaker, the member for Canora-Pelly talked about 1991, and I wasn't going to go back there. I was not going to go back to 1991 when I talked about nurses and talked about health care. The member used 1991 to talk about us having changed the number of nurse graduates from 364, and he went down to 138. I believe he used 1995 for that year.

I want to say, Madam Speaker, just to be clear and on the record, that those numbers are very close. And I want to say that by 2004 the number of graduates, nurse graduates registering with the SRNA in 2004 in Saskatchewan, was 268. It's being ramped right back up as fast as we can get the training spaces, as fast as we can get the trainers, as fast we can get nurses to enter the field, and as fast as, quite frankly, money allows it.

There's always in . . . no matter what it is we do in life, there's always a bottleneck in the funnel so to speak. There's always a problem that needs some specific help and needs to be addressed, and indeed the Department of Health has been addressing this for some years now as money has become more available to us. They've been working diligently on it. We are determined to continue to increase the number of RNs in Saskatchewan. We're determined to continue to improve the situation. Indeed last year Saskatchewan provided \$750,000 in bursaries for RNs, bursaries for nurses last year in Saskatchewan.

There is a number of things that goes on. In fact Saskatchewan, Madam Speaker, has the highest number of full-time registered nurses in all of Canada, the highest percentage of full-time nurses and that's in all of Canada. That's not just in all of Western Canada, but in all of Canada. Certainly it's better than Manitoba, better than Alberta, better than BC [British Columbia], better than Ontario. Fifty-four and a half per cent of our RNs are full-time.

We have the highest percentage of LPNs or licensed practitioner practising nurses employed full-time — highest percentage in Western Canada. The percentage we have is 51.2 per cent employed full-time of LPNs, and the national average is 44.1 per cent.

So to say that our system is somehow in a crisis and its going to collapse today or tomorrow or next week is being a little bit loose with the facts, Madam Speaker. It suggests to me some lack of credibility. We have a situation where we've got a health system and we've got nurses that work hard. We've got health care professionals that work hard every day. I've already talked a bit about that and in the interest of time I'm not going to return to the scene of that particular statement. People work hard every day, this is the point.

Health care — our system — is not, is simply not in a crisis. Overall the system is not in a crisis. I want to define, Madam Speaker, what a crisis is. A crisis is when I or one of my immediate own loved ones is in need. That's a crisis and that's how we personalize everything. That's just the reality. I can't tell you how many patients there are waiting for heart surgery that are in the hospital today. And yet I can tell you unequivocally, it's a huge crisis for those patients and their families. It's a huge crisis, and one that I wish every one of them the very, very best.

The good news of course is, on a sidebar note, the good news is if you want to have heart surgery, Regina is one of the top half-dozen places in all of the world to have heart surgery. We just excel beyond anything that we should be capable of, but there have been studies that say that Regina is just a fabulous place if you've got a heart condition or a heart problem. This is where you would ought to want to be.

The member for Canora-Pelly spoke of 1991 and how we were ratcheting down the training spaces for RNs. And, Madam Speaker, that's absolutely true. I know. I was there. I was part of that, as he termed it, first-term NDP government. First term, 1991.

Well I want to say that we had a situation where it was just beyond . . . It was not possible to continue to borrow money. The province of Saskatchewan was up against a brick wall. The moneylenders said, no more. We inherited a \$1.3 billion annual shortfall — \$1.3 billion. In 1991 it was 27 per cent of the provincial government budget.

They don't want to hear it and they just absolutely refuse to think about it, but in 1991, Madam Speaker, that was the situation. No money. The situation was that we did not know with any degree of certainty that we could continue to meet payroll — and the obligation as government is to make sure that we could meet the payroll for nurses, doctors, teachers, civil servants, not to mention all of the various programs that the Government of Saskatchewan is involved with and provides.

Madam Speaker, here we are, having come from that situation through the 1990s where *The Globe and Mail* described Saskatchewan as the economic jewel of Canada. The economic jewel of Canada was Saskatchewan throughout the 1990s with a 9.8 per cent economic growth.

Some Hon. Members: — Hear, hear!

Mr. Trew: — Absolutely. And yes, we socialists on this side are proud of it and we're justifiably proud of having had an economy, Mr. Speaker, that grew faster than the rest of Canada through seven years out of the 1990s. We're proud of that.

And that's enabled us to come today where we're dealing with the nursing situation, with nurse training, with the health care system, and we're dealing with a motion that essentially says health care is in a crisis. Well, Mr. Speaker, I want to tell you that the opposition are quick to call crisis. And in health care — in health care — they're quick to call crisis for a very simple reason, Mr. Speaker.

[16:45]

We are on this side of the House clearly in every day, in every way — in every way imaginable — we are clear supporters of medicare; of publicly funded, publicly supported health care. That's who we are on this side.

Some Hon. Members: — Hear, hear!

Mr. Trew: — We say health care needs to be worked on every day, in every way. We say we need to pay attention every day, in every way and work to make health care work for not only

the people that provide health care, but work for the people that are recipients of health care.

And we have a system in this province second to none. We have a system. You can find a individual problem. You can poke at individual problems. And yes, any time you've got some system that employs, as the former minister of Health said, one in ten people in Canada, any time you've got a business that's that big and deals with those critical issues, you're going to have a bottleneck that needs some attention.

And what's the member opposite's solution, Mr. Speaker? The member opposite would be, well let's just move away from medicare; let's open it up for privatization. Now I'm hearing members opposite say, that's not what we said. Well, Mr. Speaker, that's what they campaign on. And I know leopards and I know that leopards don't change their spots just in the heat of one given debate.

I know that we are the party about medicare. I know that my grandmother was part of the Thompson Commission that made the final recommendations to Tommy Douglas's government that brought in medicare, Mr. Speaker. I know that. I know what medicare is. I know who we are and I know who they are.

Mr. Speaker, I am so proud of our health care system. I'm proud of our nurses. I'm proud of what we're doing with our nurses. I'm proud to say that every day, in every way we're working to make health care work better and better and better. The proof is in the pudding.

The members opposite don't like the numbers of nurse graduates going up. They don't like the \$750,000 funding we put into bursaries last year for nurses. Mr. Speaker, they see challenges. They see challenges. They see crisis. We see opportunities. And yes, we see challenges but we see opportunities.

We see opportunities to do better. We see opportunities to make this work. We see opportunities. We've increased the number of RNs working full-time. We have the highest number of RNs working full-time anywhere in Canada; highest number of LPNs working full-time, percentage of LPNs working full-time in Western Canada. And they say we're in a crisis and it's the nursing.

Well, Mr. Speaker, I'm reminded of a former premier, a former premier who sat on this side of the House — briefly sat on the other side of the House after he was roundly defeated — and that premier said, well there's so much more we can be in Saskatchewan. He was right. He was right in the statement, there is so much more we can be. And we are determined to take us there, one solid step at a time, and get us from here to the promised land.

And the journey is the fun of it, quite frankly, Mr. Speaker. And we're proud to be embarked on that journey. It's a journey we take with the nurses, we take with all of the health care professionals. We take it together, Mr. Speaker. We will get there. We have a health system, as I've said, just an excellent health system.

Mr. Speaker, I clearly have touched some nerves. Clearly I'd

love to go on, on this debate. I expect there will be some other opportunities to talk about health care and to brag about the wonderful things that we're a part of and that health care professionals, that nurses — be they RNs, LPNs — are delivering. I want to say, Mr. Speaker, that nurses have my profound respect. I want to say that all health care professionals have earned mine and our respect and admiration.

Mr. Speaker, I move to adjourn the debate.

Some Hon. Members: — Hear, hear!

The Speaker: — It has been moved by the member for Regina Coronation Park that debate on this motion be now adjourned. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Speaker: — Motion is carried.

ORDERS OF THE DAY

WRITTEN QUESTIONS

The Speaker: — The Chair recognizes the Government Whip.

Mr. Iwanchuk: — Mr. Speaker, on behalf of the government I order questions 565 and no. 566.

The Speaker: — 565 and 566 have been ordered. The Chair recognizes the Government House Leader.

Hon. Mr. Hagel: — Mr. Speaker, I move that this House do now adjourn.

The Speaker: — It has been moved by the 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. This House stands adjourned until tomorrow at 1:30 p.m.

[The Assembly adjourned at 16:51.]

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