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Mr. Speaker, this is the first opportunity I have had to extend good wishes to the new Leader of the Opposition and his Deputy. They certainly have youth and energy on their side and hair on the top but even these attributes, I feel, will not be sufficient to lead their faithful over to this side of the House.

Mr. Speaker, I have never had the dubious honor of sitting to your left and don't plan on doing so.

However, I do recognize the necessity of having a strong Opposition so because of this I wish the gentlemen a little success but not too much. I am confident, Mr. Speaker, that if they just keep on rehashing that old Regina Manifesto that they will be wandering in the wilderness for many, many years so that I won't have to worry about joining the ranks over there.

I particularly want to welcome the Member from Last Mountain (Mr. MacLennan) as a new Minister. His age and his Government experience will certainly assist him effectively in this portfolio.

Mr. Speaker, I should like to send a couple of news paper clippings over to two Members opposite, namely the Leader of the Opposition (Mr. Blakeney) and the Member for Regina North West (Mr. Whelan) because I am sure they will find them interesting. Since I only have the two copies I shall explain what it is. Actually it's a picture of the rapidly rising steelwork of a South Saskatchewan Hospital which is taking place in the southern part of Regina. This is the one that they thought they were pretty clever on when they pictured a hospital bed standing in the pastures out there and said that this building would never be built. The building, the Leader of the Opposition said that he was so disappointed in because he thought his last born would be able to use the facilities there for his arrival into this rough, tough world.

No that's not the only concern. In case any other Members are having ideas along these lines, I should warn them that there is no maternity department planned for it, so you had better act accordingly.

Mr. Speaker, this again was another example of the Opposition doing a lot of talking and we're building it.

It's the same as the pulp mill. They did a lot of talking about pulp mills, but who's building them? The Liberal Government.

I can recall back in 1958, the Members opposite were talking about a base hospital. So they didn't act too quickly, and now we are on the job and we'll build a good one. The construction of this major project at this time is an excellent provider of jobs and will be until late 1972. At that time it will become a big employer of personnel and will contribute much to the economy of Regina and the southern part of the province. Of main significance though, is the fact that it will give the delivery of health services in Southern Saskatchewan a real boost. Mr. Speaker, I'm not only pleased with the timing but particularly with the quality of this hospital, only possible through proper planning.

I want to thank the Minister of Education (Mr. McIsaac) for his announcement last week of the start of the Applied Science Centre to be built adjacent to the Base Hospital.

This $8 million much needed centre will fill a real need for the people of this area. It will provide educational facilities for those young people who cannot or do not wish to go to university. In this technological age more and more technically trained people are needed. It will fit in well with the hospital and University and is another big provider of jobs and continuing employment.

Mr. Speaker, the Financial Critic opposite (Mr. Romanow) said on television last Monday that he doubted very much if even a dollar of the funds allotted to this project would be spent in the current year. Mr. Speaker, let me assure him and the other Members opposite that the start is going to take place, that money will be spent and jobs will be provided in 1971.

Let us travel a little farther north now and take a look at Saskatchewan's other medical training centre, namely Saskatoon. Some time between 1944 and 1955, give or take a year or so, the Party opposite built the University Hospital. While the building itself was well built (this is one they didn't overlook the necessity of putting in adequate footings as they did in the Moose Jaw Training School), it was poorly planned even though it took them 10 years to build. This building is completely inflexible, no provision for expansion, lack of adequate ceiling heights, sadly lacking in public areas, and I could go on and on.

We have heard the Members opposite say, "If we had been the Government, the South Saskatchewan Hospital would have been a reality by now." Well, Mr. Speaker, thank goodness that they were not the Government. We in Regina do not need another inflexible pile of concrete and rock as they bequeathed us in the northern part of the province.

I am pleased to say that good progress is being made on planning and design for a $19 million upgrading and expansion program for the University Hospital. While this is a very costly undertaking, it will modernize this complex, providing clinical and educational areas for the new dental school and expanded medical school. There will be no significant change in bed numbers. I am particularly pleased with this because of my activity with the Cancer Society. Because in the contracts will be a new $450,000 betatron purchashed by a wheat barter transaction.

Actually there are very few of these machines in Canada. I believe they number fewer than 50, and the first was located in Saskatoon. Thousands of our citizens will benefit from the treatment of this machine.

Mr. Speaker, I should like to turn briefly to another major undertaking of this Government reflected in the Budget Speech. Our Government is doing something to retain payrolls in centres other than Saskatoon and Regina. I am referring to the beginning of a new direction for the former mental hospital at Weyburn known as The Saskatchewan Hospital. During the past decade there has been a dramatic change occurring in our handling of our mentally ill. Let's look at 1963. The Weyburn building at that time housed 1,478 patients, Battleford 1,613, a total of 3,091. Today, in those two institutions there are 932 patients. Twenty years ago, a person committed to an institution had little or no chance of ever being released. Today the odds are that only one out of every 200 will be confined more than three months. I refer to this change as dramatic. I should also say it is probably unique in its degree in any province or state on this continent. While it is dramatic and unique, it hasn't been without its problems. One of these is the future use of the Weyburn buildings. Largely through planning by the Health Department personnel, as of April 1 approximately, the Saskatchewan Hospital will be known as the Souris Valley Extended Care Hospital. This hospital is currently under a provisional board of management and the Board will become fully operative and constitute a regular board as soon as the hospital is officially established, as I say, shortly after April 1.

An extended care hospital is geared to handle patients known as 4A, 4B and 4C - those not requiring acute hospital care but requiring more than nursing care level. Initially most beds will be occupied by current patients in the Saskatchewan Hospital. As this population drops, general admissions will be made from the southeastern part of the province of level 4 patients.

During the current year approximately $1 million will be spent on upgrading and renovating wards and facilities. Approximately one-third of the building space will continue to be used by the Department of Education. Other areas will be improved to provide excellent quarters for the Weyburn Psychiatric Region.

In the northern part of the province, another transformation is occurring, namely in Battleford. With the development of the Saskatchewan Community Plan, the opening of the Prince Albert Psychiatric Centre and a general shortening of the length of stay, the population of the Battleford hospital has been reduced to a figure in line with its approved capacity to handle. Wards have been renovated, dietary facilities have been rebuilt, and today this institution is providing top service in top surroundings. Its patients are receiving professional care in uncongested buildings.

The age of change we are experiencing will catch up with the Battleford Psycho-Geriatric Centre next year. A good portion of this building will be converted to a much needed nursing home under the direction of the Department of Welfare.

These advances, Mr. Speaker, are further evidence of this Government's concern for our mentally ill and our senior citizens. Our 1971 Budget is further evidence of action on these concerns.

Mr. Speaker, I do hope that the Hon. Member from Moose Jaw North (Mr. Snyder) was misquoted in a news item dated February 25 in The Leader-Post. If he wasn't, it was another demonstration of completely irresponsible statements. I quote the statement attributed to him as follows:

In 1965, 1,000 mental patients, many of them in their senior years, were discharged from the Weyburn Mental Hospital. In many instances, the family was not consulted or even notified, and many of these aged and mentally infirm people were thrust into inadequate halfway houses under the care of unskilled and untrained people.

Just wait, I'll get to you. What were the facts? Just to show you how irresponsible this particular Member is in some of his statements, how misleading he is to the people of Saskatchewan. He said 1,000 people were discharged in 1965. Well actually there were 692 and 109 of these died, they didn't have any choice, they died and I don't think you'd criticize us for letting them out of the hospital. One was transferred to another institution. So the 1,000 figure he referred to was down to 582, not 1,000. I think the people of Saskatchewan should know how inflated some of his statements are.

This wasn't just a slip of his memory. These correct figures were available to him in the annual report, but he chose to double roughly the number of people discharged. He also chose conveniently to forget to mention that the former CCF Government started the discharge program in 1963.

He seems to wish to leave the impression that things were better under the former regime. Well just how much better? Now just let's see how much better. And he's not the only one who has been referring to this. The Hon. Member for Weyburn (Mr. Pepper) has made reference to it, and the Hon. Member for Kelvington (Mr. Byers). Let's look back to 1963 under a CCF Government. In Weyburn a set of buildings rated to accommodate 950, how many did they have in there? 1,478.

I'll admit that this is a considerable improvement over what the situation was in the 1950s. They had 2,000 people shoe-horned into those facilities.

Housed in the basement, beds were so close together there was no privacy whatsoever, and now they're making out that back in their regime things were so much better and we're doing such a terrible job. This was not restricted to Weyburn. Let's look at North Battleford, up in North Battleford, an institution with accommodation for 765 - how many did they have there? 1,613.

The approved rating was 765, less than half the number that the Hon. Member and his colleagues opposite chose to shut their eyes to. I ask him, Mr. Speaker, did he ever see the inadequate dietary facilities he and his government asked 1,613 people to be fed from? Bad enough for these unfortunate souls, but even worse, even worse for the staff, working in dark, dank, bug ridden, outmoded facilities.

These sanctimonious statements from the side opposite just irritate the people of Saskatchewan, and I ask him to visit Battleford now and enjoy a meal in the finest of facilities provided by this Government.

Not by your Government. And to satisfy you a little bit more, and the Hon. Member from Regina North East (Mr. Smishek) probably should join you, ask the staff how they like it.

The Hon. Member did some crepe hanging at the same meeting and I quote him further:

He also condemned the Government for the recent amendment to the Saskatchewan Mental Health Act which provided that the Government may seize the estate of a mental patient to pay for institutional care.

Mr. Speaker, he cannot produce a single case where a spouse has been required to lose his or her interest in a small farm or a modest house as he indicated in that release. This provision has been administered with discretion. Let me, Mr. Speaker, remind this House, that it was the CCF Government that put the legislation on the books in the first instance whereby collections could be made from the estates of former patients with certain exemptions for survivors living in Saskatchewan. I don't know where they get their information over there, but here are three of them including the Member for Weyburn (Mr. Pepper), the Member for Kelvington (Mr. Byers), Member for Redberry (Mr. Michayluk) and also the Member for Moose Jaw (Mr. Snyder), are all wrong in their statement of facts. The Hon. Member from Turtleford (Mr. Wooff) yesterday, he's off the beam also, so they must be getting their information from the same source.

Let's just look at the facts about mental patients and their estates. Prior to January 1945, a person admitted to an institution under The Mental Health Act, was personally liable for the cost of care and maintenance. This was prior to January 1, 1945. The charge was generally 75 cents or $1.00 per day. At that time, a lien could also be filed against the property of the patient or the husband or the father. But what happened in January 1945, by these humanitarians opposite?

Well, the rate was raised to $3.50 a day. One of the Members opposite yesterday stated that the care of the mentally ill was free in Saskatchewan until 1968. Well, I refute this argument because the above practice has been' in existence for a long time. What happened on April 1, 1959? $3.50 wasn't enough, so they raised it to $5.00 a day. These humanitarians who claimed such an interest in the welfare of the sick. Yes, they were really getting selfish. Now, what is the rate today in 1971? $5.00 a day, the same as it was in 1959. It hasn't been changed one iota. The change that we did make was that we felt that the only exemption should be to the spouse living in Saskatchewan, and a minimum limit of $10,000 was placed in this regard, and I urge the Member opposite to produce any case where this has not been administered with discretion.

Further help for the emotionally disturbed was a highlight announced by the Provincial Treasurer (Mr. Steuart). Our friends opposite did little or nothing in this area. Only those on welfare or wards of the Government could receive the services of sociologists, psychologists or psychiatrists, and these are very, very costly services. 1970 saw a good start by the Health Department to aid these unfortunate families with one or more emotionally disturbed children. One must have personal contact with these distraught parents to appreciate the value of this service to our citizens. The inclusion of $120,000 in the 1971 Budget is most welcome and will materially help a previously neglected segment of our population.

Mr. Speaker, it is almost amusing when the Members of the Opposition accuse us of destroying our health plans. I have covered only a couple of areas of improvement, there are many more: increased hospital allowance for out of province care now up to $50 per day, the previous Government gave $20 a day. Special consideration for professional services not available in Saskatchewan - we pay 85 per cent of the recognized fee in the area where the service is rendered. What did the CCF do? Nothing. Another catastrophe area to many families is the problem of cleft palates. What did the Members opposite do? Nothing. What did they do for eye refractions? Nothing. Another added service last year of $1 million.

All these and others, along with escalating hospital costs, have resulted in an overall health budget increase of $12 million or 7.5 per cent, to an all-time high of $171 million, compared to a 1963-64 budget of $88 million.

One of the encouraging happenings in 1970 was the introduction of global budgeting for our larger hospitals. Eight out of 13 contracted for a three-year test of this form of budgeting. In 1969, the eight incurred a net deficit of $295,000. I am pleased to say that in 1970, these hospitals accumulated surpluses of $220,000. I am satisfied, Mr. Speaker, that the introduction of incentives under global budgeting gives hospital boards and administrators what is needed to produce better results. We are currently studying the question of extending this incentive plan to other hospitals.

While total deficits for 1970 are below 1969, there are far too many hospitals under 50 beds with deficits. The Budget provides $88 million for 1971-72 hospital costs - up $5.6 million over last year. A 6.8 per cent increase, compared to 10 to 16 per cent in recent years. Everything possible must be done to control these costs so that they will not interfere with other important services being rendered by your Government. Saskatchewan cannot afford to continue using hospital beds at a cost of 30 per cent more than the average for Canada. Saskatchewan cannot afford increases of $5.5 million per year.

Mr. Speaker, our Government is prepared to plough new ground where necessary to bring about delivery of better health services in a more economic manner. An example of this is our offer to two major hospitals in Regina. Both the Regina General and the Grey Nuns' are desirous of upgrading and improving their facilities. We agree this is highly desirable. We have indicated to them a willingness on our part to participate to the tune of $8 million on a $12 million program. Our Government has suggested that such a development program should involve the integration of these two hospitals so as to reduce duplication of services and gain possible economies. This House will be asked to pass the Integration of Hospitals in Major Urban Centres Act in order to make possible this amalgamation. While there have been unions of smaller hospitals in Canada, I believe this may be a first in Canada where two major hospitals under different ownership are considering amalgamating. I am pleased to report that a joint committee of the General and Grey Nuns are currently studying the pros and cons of the proposal. It is my sincere hope that agreement may be reached at an early date so that much needed improvements can be proceeded with speedily.

Mr. Speaker, I was quite interested in the Leader of the Opposition (Mr. Blakeney) announcing recently that the wholesale closure of small hospitals would be stopped. I am sorry he is not in his place because I particularly wanted him to hear this. The Hon. Member for Regina Centre, in my opinion, is being less than realistic if he thinks that this kind of political unreality will elect his party. He was Minister of Health when a Hospital Report of 1961 recommended a reduction in the number of hospitals. He did not have the fortitude to do anything then. Ten years later he refers to the reduction of hospitals from 144 to 133 as "wholesale closing." Let me point out that it is less than 8 per cent of the buildings and 1.5 per cent of the beds. The loss in beds has been more than made up since then with additional beds elsewhere. While the Leader of the Opposition was quite definite in his statement regarding "stopping wholesale closure of small hospitals," I note in the newspaper writeup outlining the platform of the party that there is a slight waffling - a term familiar to our friends opposite - they now say they will "re-examine" all proposals to close small hospitals. A far cry from the bold statement made by the Leader a short time ago.

Mr. Speaker, the Hon. Member from Kelvington (Mr. Byers) yesterday made reference to utilization fees and the Hon. Member from Regina North East (Mr. Smishek) also referred to it. They said if they were so good why are they not provided for in other provinces. Well, let me point out that utilization fees in one form is in practice in British Columbia. There is a fee for admission to hospitals in Alberta and I would say that many other provinces will be following Saskatchewan's example. The Economic Council has endorsed this feature, Sweden and Britain have been forced to adopt it and I might point out that the Hon. Member for Biggar (Mr. Lloyd) - and I am sorry he's not in his place - was advocating a utilization fee back in 1960. I quote from the Star Phoenix: hhe Hon. Woodrow Lloyd recently appointed as provincial Treasurer spoke in favor of the proposal. He said the suggested fee would be called co-insurance, a method whereby a person would pay a small payment to make him eligible for medical coverage. The fee will deter people from claiming services not necessary and will be one of the ways to provide money necessary to pay for the plan, Mr. Lloyd said.

Now, I should also point out when the Medicare Act was introduced in 1962, and I am sure that this will be information unknown to the Members opposite because they seem to ignore it, that provision was made in that Act for utilization fees. I think that is one concession that was made to the Hon. Member for Biggar (Mr. Lloyd). While they didn't endorse his idea they recognized the necessity of providing for this so that in 1968 it was not necessary for us to amend the Act in this regard.

In the platform writeup of the party there are numerous promises of new programs but I am particularly interested in the health programs. Let us put a dollar value on these proposals: abolition of utilization fees - $7 million; a drug program - $12 million; hearing aids - $.3 million; eye glasses $1.4 million; braces, wheelchairs and other devices - $300,000; chiropractic services - $1.3 million; insuring nursing home care - $8.5 million. A grand total of $31.2 million. All, I presume, at no tax increase because the Hon. Member from Regina North East (Mr. Smishek) made reference to tax reductions that his party would provide. Well, now, Mr. Speaker, just whom do they think they are kidding. Certainly not the people of Saskatchewan. Even Premier Schreyer is more realistic. On December 16, 1970, he said, "We've just about reached the limit as to what we can afford as a society in the areas of health, education and welfare." Now there is a practical Socialist just to the east of us.

Mr. Speaker, I am pleased to support the motion. I am sure many Members on your left will want to join the Members on this side of the House when the vote is taken. How can they possibly vote against major help to the emotionally disturbed; the largest dollar increase in history for hospitals; provision for mental health care increased from $11 million in 1963 to a staggering figure of $18.3 million this year; higher per diem rates obtained for out-of-province hospital care; help for those handicapped by cleft palates. How can they possibly vote against a Budget earmarking $153 million for health out of $450 million, approximately one-third. I urge them to heed their consciences and support the motion.