|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Saskatchewan | 20e | 4e | Discours sur la santé | 2 mai 1985 | Douglas Taylor | Minister of Health | Progressive Conservative Party of Saskatchewan |

Yes, Mr. Chairman, I’d be pleased to do so. Seated beside me is my deputy minister of Health, Walter Podiluk; to my right is the associate deputy minister of Health, Mr. George Loewen; seated directly behind me is the assistant deputy minister of Health, Mr. Dick Bailey; seated in the seat to the side of Mr. Podiluk is the director of policy and research services, Mr. Don Philippon; seated behind the deputy minister is Mr. Lawrence Krahn, the director of administration.

And the back row we have Mr. Steve Petz, the executive director of continuing care; Mr. Ted Wright, the executive director of the Saskatchewan Hospital Services Plan; Mr. John Yarske, the executive director of the psych services branch; Mr. Gerry Patchett, the executive director of the medical care insurance commission; and Jack Drummond, the budget officer.

Mr. Chairman, I’d like to start our estimates with a few remarks pertaining to the Department of Health.

Mr. Chairman, estimates provides an opportunity for members of the Assembly to carry out a detailed review of proposed government expenditures for the coming year, and as we begin to review the 1985- 86 Health department estimates, I want to set the stage for this review and put it in contest by discussing our health care system from three important perspectives.

First I’d like to discuss the accomplishments over the past three years; secondly, some of the current initiatives that we’re undertaking in health in Saskatchewan; and thirdly, and perhaps the most important, Mr. Chairman, the challenges that face us and the new ways that we must approach them.

Let’s start by looking at the past three years, Mr. Chairman, when I became Minister of Health in the spring of 1982, I was shocked by what I saw and heard about the state of the province’s health care system, and I quickly found out what the NDP attitude to health care really was. It was as if the NDP had been like a watchmaker. They put the watch together, and they wound it up, and then they kept telling the whole world about what a wonderful thing they had created. But they forgot, Mr. Chairman, that watches don’t run and keep time forever all by themselves. They have to be cleaned and adjusted, and old parts have to be replaced when they are worn out. But the NDP didn’t want to acknowledge that. They just kept telling the people that the watch was perfect and did nothing else.

Well, Mr. Chairman, in 1982 we soon found out that the watch was far from perfect. It’s main spring had run down. It needed a good cleaning, and like the NDP Party itself, it was behind the times. So obviously, Mr. Chairman, when our PC government took office we soon found out that we had a major rebuilding job to do on our health care system and we wasted no time in setting about that job in a logical and efficient way. During budget debate a couple of weeks ago, I outlined many of the steps we have taken over the past three years to re-establish health care on a firm foundation in Saskatchewan. But the members opposite tend to have short memories, so I’m going to go over some of the list again, just in case they’ve forgotten.

And I’m going to start with long-term care since that’s an area they seem to be fond of talking about. During the first two years of this government, we allocated $11 million for special care home construction. Last year we announced a five-year plan to provide 1,500 new and upgraded beds in 60 communities throughout Saskatchewan. And we’re also going ahead with a 238-bed facility in Saskatoon.

We launched a new program of integrated facilities to maintain rural hospitals and improve local access to special care home. We encouraged the formation of district co-ordinating committees. Many committees are now set up, working really well for local co-ordination of services. And, Mr. Chairman, what I mean by a co-ordinating committee, it was the people involved in that community in that area — involved with special care homes, involved in acute care hospitals, and involved in home care — all working together for the benefit of those people in their community. Over $1 million for new initiatives in special care homes and home care. Innovative ideas, Mr. Chairman, ideas such as respite care, adult day care, home care for people with heavy care needs, and program for people with behavioural problems.

Another major program focussing on the elderly, of course, is the chiropody program or the foot care program. This program, I’m proud to say, is now implemented on a regional basis to give maximum access to the seniors of this province. We have 10 offices throughout Saskatchewan, with 20 satellite clinics serving the elderly people of the province. This response to the priority needs of the elderly as identified by the seniors themselves, to help them maintain mobility and therefore greater independence. And I must indicate to you, Mr. Chairman, that this was a promise by the NDP government in 1975 and in 1978. It wasn’t a promise of our government in 1982, but I can say that it’s up and functioning in 30 clinics throughout this province. These initiatives, Mr. Chairman, add up to major expansion and upgrading, but they’re only a start. Let’s look at some other important areas.

Let’s look at cancer services, for example. Our commitment in our first year of government towards capital construction and expanded services for cancer was a sizable commitment. This includes a new clinic in Saskatoon, and money for a five-year equipment purchase program and money to improve staffing. The benefits, Mr. Chairman, are already very obvious. We have purchased two linear accelerators, and have a new computer system on order to improve treatment planning, and several professional staff have been added in Regina, and in Saskatoon. This was a five-year plan.

This was the first five-year plan in Health. It was worked out with the cancer commission . . . (inaudible interjection) . . . And I can tell you, one of the members, the member from Moosomin says long-range planning, and that’s exactly what it is — long-range, sound planning using the taxpayers’ money of this province to take a long-range view and put the dollars where they should be in equipment, in purchases, in facilities, and in personnel.

Let’s take a look at mental health, another area where we saw some weaknesses when we came into government. Through consultations with the mental health association and many other groups, we are bringing about action that will once again make Saskatchewan a leader in mental health in Canada and in North America.

In 1983-84, we’ve expanded the services for children and youth. New funding has been brought about to develop and expand crisis hostels in Regina and Saskatoon. There’s been increased training positions for psychiatrists with four new residency positions.

And in 1984-85 alone, $700,000 for new initiatives in several areas — such things as crisis management, support for self-help groups, suicide prevention, expanded autism services, and other innovative service projects.

Let’s take a look at the hospitals. And I hope the boys across the way are paying attention over there, because I tell you fellows, this is all good stuff.

New hospital projects have been started in Lloydminster, in Nipawin, in Maidstone, and major expansions in Melfort and Yorkton. And on the service side, on the service side, Mr. Chairman, over 480 new nursing positions since we took office in ’82. In Regina we’ve had increases totaling 800,000 per year to expand open heart surgery and 125,000 to extend CAT scanning services here in the city of Regina.

A new pediatric intensive care unit at the University Hospital costing over 700,000 a year; a smallhospital incentives program to provide important new services — for example, diatetic counseling in rural areas and respite care in over 20 rural hospitals. Many initiatives in Saskatoon to address ridding those problems totaling at a cost of $8 million per year.

And let’s look at some other areas, Mr. Chairman. Let’s take a look at a few more of our initiatives; 2.7 million for the new Kinsmen children’s rehab centre in Saskatoon which is now open, and I can proudly say the best rehab centre for children in all of Canada; consolidation of the ambulance services in the Health department for better planning and co-ordination and major increases in program funding.

The expansion of the SAIL (Saskatchewan Aids to Independent Living) program by adding aids for the blind people; the doubling of speech therapy positions from 10 to 20 in the province of Saskatchewan — another area I’m very proud of; co-operation with the Lion’s Club in establishing the first eye bank in western Canada; and a major agreement with the College of Medicine and the federal government to stabilize physician services in northern Saskatchewan; the expansion of the alcoholism prevention and treatment services in the North and greater emphasis on home care as part of northern services to reduce smoking especially among our young people.

Mr. Chairman, I could go on and on, but I don’t want the members opposite to look too bad by comparison. But let me just remind everyone that the initiatives I’ve outlined didn’t take place over 15 years, they didn’t take place over five years, they are our initiatives that our PC government have brought in just three years in office. And that’s what I call a real commitment to being number one in health care. Those are some of the things we have done. But we cannot rest on our past laurels.

Let us look at some of the new initiatives, some of the things we are addressing now to improve the health care for the people of Saskatchewan. And I want to turn to the second part of the three major points. I want to discuss about our health care system. I’m talking about initiatives in this year’s budget.

And it’s the fourth year in a row my colleague, the finance minister, has brought down a reasonable and an intelligent budget, a budget that recognizes the importance of health care to Saskatchewan residents. I’m sure the members opposite will want to know more detail about the budget later on, but let us just point out some of the highlights for everyone’s benefit.

The first one I’d like to discuss is the capital health fund — a 5-year, $300 million construction program that addresses the needs of Saskatoon and Regina, and many smaller centres — a logical, sensible program that sets out a course of action, allows effective planning and efficient management of over $300 million.

The members opposite try to pretend this fund isn’t for real, just a paper number. Well I can tell you, they’re the only ones that think that. Ask the 60 communities that are getting nursing home beds, or ask the hospital officials. They know it’s for real, and they’re glad to finally have a government that cares. Let me highlight some of the main points.

There have been major renovation and expansion of St. Paul’s Hospital in Saskatoon, and that will be starting this year; there will be an addition of two floors to the University Hospital, adding 300 beds, and that will start this year; there will be the replacement of the Saskatoon City Hospital, a brand-new hospital starting in 1988; there will be an immediate start on the remaining phases of the Regina General Hospital regeneration program, again, starting this year; the construction of the new Wascana Rehabilitation Centre in Regina, again, construction to start this fall; and a new 100-bed hospital for Estevan, the completion of a five-year special care home construction program.

As I’ve said, 1,500 beds in 60 communities throughout Saskatchewan, hospital construction and renovation in about 20 communities as part of our integrated facilities program, and a variety of construction and renovation projects in other communities throughout the province.

As I said, Mr. Chairman, this program will cost $300 million. And to the members opposite, I repeat what I’ve told you before. If you don’t believe it, you just wait and see. And let me tell you, Mr. Chairman, there’s going to be lots more.

Some of the other initiatives — adding two new CAT scanners, one in Regina, and one in Saskatoon. And that will double the number of CAT scanners in this province in one year. And those will be purchased this year. We’ve announced details of the remaining years of the special care home construction program. Firm commitments, not just vague promises made on the eve of an election.

Mental health is another important area we haven’t overlooked. We’ve provided funding for self-help groups. Some of them are S.H.A.R.E. in Prince Albert, the Crocus Co-op in Saskatoon, the Portage Program in North Battleford, and the By Ourselves group here in Regina.

We put forward funding for the Regina crisis management project, funding for the Rainbow Youth Center here in Regina, and funding for other community groups and programs. This is all strengthening the network of community support services for people with mental health problems, another area that had been sadly neglected for years. The needs are obvious, and we’re working co-operatively with local groups to address them.

Mr. Chairman, this year’s budget reinforces our government’s commitment to health care. It does this in part through the specific initiatives I have mentioned. But it does this in another important way as well. And this leads to the third major point I want to discuss –the challenges that face us in health care and the ways in which we will meet them and meet them effectively in the future.

When the finance minister brought down his budget on April the 10th, he released a document, Mr. Chairman, called Partnership For Progress: Working Together to Build a Stronger Tomorrow. That document outlines a five-year program costing $1.5 billion that will focus on four major areas: on education, on employment, on agriculture, and on health care. I want to quote briefly from the section on health care, because it sums up the situation that we now find ourselves in. And I quote from Partnership for Progress:

The health care system has moved through several periods of evolution and adaptation. The introduction of hospital insurance and medical are usually noted as the most historic and dramatic developments in this evolution. However, the issues and opportunities of the 1980s and 1990s will represent an equally important turning point in the development of health care in this province.

Mr. Chairman, I think the challenges are pretty well known by now. There is a need to deal with the increasing and changing demand resulting from our ever-aging population. There is a need to develop a rational approach to the valuable but costly new medical technologies. And there is a need to find effective ways to promote healthier lifestyles and encourage responsible utilization of services. I’m sure we could list other challenges. But these are some of the main ones.

As the finance minister’s document said, meeting these challenges will require a partnership. And as far as health care is concerned, I think it is going to call for a much different approach to health care issues, both politically and otherwise.

Let me explain what I mean. We have always talked about our province’s health care system. But that system has really been a collection of separate parts. We’ve had a hospital plan, a nursing home plan, mental health programs, and so on.

And very often, -Mr. Chairman, we have treated those various parts in isolation, instead of trying to see them as part of a coherent system. In turn, this tends to create a situation of which different sectors become adversaries or competitors for dollars, for facilities, for staff, or whatever it may be that they want.

As I have said, I don’t think that approach can continue if we are to successfully meet the challenges that face us. The one thing we simply can’t afford — to keep on pouring millions more dollars into the system each year. And when I say we, Mr. Chairman, I just don’t mean the present government. I mean all of us who live in this province of Saskatchewan.

The day is past when the health care organizations and the facilities and the groups can expect governments to keep funding more money to satisfy their requests. After all, health ministers aren’t magicians. I can’t pull hospitals out of hats by turning around and say they’re rehab centres.

Obviously what we need is a consensus. We have to get everyone in health care working together – to agree on the right direction and the priorities, and to identify ways of changing the system without making it unaffordable.

And I am personally trying to encourage this new approach through a consultation process which I have started. I am challenging people to look beyond their own facility or their own area of concern or their own profession, and to see themselves as part of a larger system, a system greatly important to the people of Saskatchewan.

The kind of new approach I’ve described is one we need in the political arena as well. Earlier in my remarks I spoke about many of the initiatives the present government has taken in health care, and I also spoke about some of the failures of the previous government. And that highlights a couple of points that we would all admit if we’re perfectly honest.

First, no one government or political party owns health care. Health care is part of the social fabric of our province, and no government is going to destroy it or to take it away.

Secondly, no matter how much a government does in health care, there will always be things that can be pointed to as needing improvement. But we usually don’t admit these things. Opposition members of whatever party try to suggest that health care is in a mess, but they know that isn’t true. And ministers of health from whatever party get defensive and suggest that everything is perfect, but we know darn well that that isn’t true either.

I’m not suggesting the government shouldn’t have to account for how it spends the public money. That accountability is vital to our political democratic system. But it doesn’t make sense, Mr. Chairman, to argue the system is falling apart, just because the blue book shows a drop in a few positions in some area. There is no law of nature that says positions have to stay the same way forever regardless of changing needs or priorities.

And it isn’t rational, Mr. Chairman, to claim that health care is being eroded just because money has been taken from one area and moved to another area that’s more pressing. We have to keep things in proportion and, as I said, we all have to work together.

And I invite all members in this Assembly, in this House, to join in a positive and a very constructive debate. Good ideas, Mr. Chairman, are good ideas no matter who puts them forward, an I want to hear from everyone here who has a good idea and has a contribution to improving health care.

In closing, Mr. Chairman, I have covered the three areas I said I wanted to talk about in my opening statement. So we will now try to provide the members opposite with whatever . . . with the answers to whatever question they may feel free to ask. And I hope, sincerely hope, that out of our discussions that we will generate some ideas that will help us to make our health care here in Saskatchewan better for the citizens that we’re here to serve. Thank you very much.