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| Manitoba | 39e | 2e | Discours sur la Santé | 1er mai 2008 | Theresa Oswald | Ministre de la Santé | NDP |

Hon. Theresa Oswald (Minister of Health): Madam Chairperson, it's my privilege to make a few remarks, having now been in this chair for a year or so. I know that the last time we met, the critic and I had just really entered our roles and had a few items upon which to reflect. I do want to take a few moments, having had this time now, to first of all pay tribute to the professionals with whom I am so privileged to work.

There are many people within the Department of Health that really are invested in the job that they're doing and very, very dedicated to the people of Manitoba, too numerous to mention, but led by deputy minister Arlene Wilgosh who is really the most excellent of persons, thoughtful and a terrific leader.

I also want to acknowledge in the journey that I've been on in over a year in Health what an incredible privilege it is to work with professionals in the field, from CEOs and board chairs of regional health authorities, doctors in a variety of environments, nurses, health-care aides, technologists. These are voices that all have a lot to bear on improving health care, making health care even better in Manitoba, and I have the privilege to learn from these individuals.

It's for that reason that I do want to take just a moment this afternoon to speak about the kinds of things that I think we could all agree don't often garner the headlines. We don't often get to read about or view on the evening news what a great day it was in health care in Manitoba; indeed, there are many, many of them. While, of course, I take pride in our government's continued commitment to health care, it's really for those people that dedicate their lives each and every day, the paramedics, the lab technicians, technologists, as I said. All of these people that work in paid positions, and, indeed, in volunteer positions, that I want to spend just a moment talking about what's happened in the past year that we won't necessarily read about in the headlines.

We know that together we have worked to drastically reduce wait times here in Manitoba. We know we continue to have the shortest time for radiation therapy, in tandem with B.C. might I add, at one week. This doesn't happen by accident; it happens in a very planful, dedicated way, through investments and through the unbelievable hard work of doctors and the people at CancerCare.

We know that Manitoba, along with Alberta, continues to have the shortest wait time for cardiac bypass surgery. Of course, urgent cases don't wait, but this is something that requires an ongoing commitment.

Wait times for MRIs are down to seven weeks from 28 weeks when we took government. We know CT wait times are down from 18 weeks to six weeks today. We have more work to do in that area, but this happens because people work together to improve the system, its efficiency, while, at the same time, taking the special care with people who are arguably very frightened when they have to come for those tests.

We know the quality of life surgeries, like hip and knee surgeries, are down to 18 weeks from some 44 weeks when we announced our plan in 2005 to really aggressively address those times.

One of the things that's come to the conversation, of course, by many people, many voices in Manitoba, is that while we are making very good strides on some of these surgical wait times and treatment wait time, we need to do more on what one might define as the wait before the wait, bridging the gap from general to specialist care. We acknowledge that point and, in partnership with funds from the federal government which I can say very plainly we are very grateful, have committed to do our pilot project concerning the wait time guarantee money–the agreement that we would come up with a pilot project to really work hard to improve that referral system between family docs and specialist, to reduce that time that patients wait to see their specialists.

We know that this is the time when people feel the most worried perhaps, and we want to bring that time down as best we can. I don't deny it's not going to be an easy task. There are cultural and systemic changes that will have to occur, but what I've seen in the little over a year that I've been in this chair of the co-operative nature of our health-care professionals, of the innovation that they are willing to come forward with and the dedication, I truly believe that we are going to be leaders in the nation on bridging the gap from general to specialist care. We will be a model for the rest of Canada on how we can bring that wait time down. So I look forward to our continued efforts on that front.

I also want to pay tribute, of course, to those people that have worked so diligently to ensure that we have more doctors in Manitoba–which we do. We know that we have a net gain of 235 more doctors today than we did when we came into government in 1999. This doesn't happen by accident. It happens because there are aggressive recruitment and retention exercises that go on. It happens because we've committed to educate more doctors. We know that we've made a commitment to hire 100 more doctors over the course of our mandate, and we are fully committed to do this.

I also want to acknowledge the creative thinking that has gone on among many of the partners in health care–the Faculty of Medicine, the Manitoba Medical Association, the College of Physicians and Surgeons, the Department of Health–to come up with a multi-tiered plan to retain more doctors, including our $4-million announcement to improve access to doctors in northern communities, boosting residency opportunities for Manitoba-trained grads and to attract top talent from outside of the province. That plan also will increase the number of spaces for international medical graduates to 35 from 25, and provides the newly licensed doctors with mentorship and support which we have learned over time is so critical to their success and to their putting down roots, becoming lifelong Manitobans and, indeed, functioning in the most happy way that they can, as new citizens to our country and to our province.

We know that we have announced a new provincial nursing strategy which features additional training and retention initiatives, including adding 40 additional seats this fall; upgrading the training facilities at Red River College; helping more internationally educated nurses practice in Manitoba through providing a bridging program and other supports; and increasing our investment in the Nurses Recruitment and Retention Fund which has been pivotal, of course, to our ability to build our complement of nurses to what was recently posted by the colleges, to be an increase of 200 just in the last year.

We know that there are 1,789 more nurses practising than there were in 1999, but members opposite will be quick to acknowledge that we need more. We're committed to bring more, just as we said we were a year ago during the election.

We know that working to improve capital infrastructure and investing in state-of-the-art facilities has been a major commitment. We have seen in the last year remarkable progress on this front. We cannot possibly meet every capital demand that is placed upon the Department of Health, but the dedicated officials that work to prioritize and to meet the commitments of the people of Manitoba are to be commended. I would be wholly enthusiastic about listing some of those achievements, but I know my time for the opening statement is running short.

I just want to congratulate those people who invest their hearts and their souls into the health of the people of Manitoba. I am privileged to be part of the group that is working to lead that charge. Thank you, Madam Chairperson.