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| Manitoba | 39e | 3e | Discours sur la Santé | 29 avril 2009 | Theresa Oswald | Ministre de la Santé | NDP |

Hon. Theresa Oswald (Minister of Health): Yes, thank you, Mr. Acting Chair. Certainly, we've had a very busy year in Health and Healthy Living, filled with progress, challenges, success, achievements and just plain hard work.

It's also been a year that has been marked by tragedy. In September of 2008, Mr. Brian Sinclair died in the Health Sciences Centre emergency room. His death was preventable, and our government has taken responsibility for it. An inquest has been called by the Chief Medical Examiner, and it will be Chief Justice Wyatt who will bring all the facts to light in an independent, impartial or non-partisan manner. While immediate actions within the system have been taken to close gaps that were discovered in the aftermath of this tragedy, we look forward to the findings of the review and we will take the recommendations stemming from it very seriously.

We are also still very much in a state where severe flooding has affected many lives in Manitoba. We know there has been a tragic loss of two Manitobans and very significant damage to property. The flood has created a need for a surge in the health-care system in terms of planning, emergency medical services, public health resources and mental health capacity.

We know prior to the waters rising in Manitoba that the Department of Manitoba Health and Healthy Living was actively engaged in helping our neighbours to the south in North Dakota. When they called Manitoba and asked for help, I'm very proud to say that our department did not hesitate. People did not go to bed. They stayed up all night. They worked with emergency medical personnel and got ready to provide EMS services to those people that were in dire need in Fargo. It is part of our overall emergency planning program and, when put to the test, it worked. I'm so very proud of those individuals and those EMS personnel, who, without hesitation, came in from their vacations and their days off in order to help people that were in incredible need, and Manitoba has every reason to be so proud of these individuals.

On the heels, of course, of these challenges, we find ourselves in the middle of a potential threat of pandemic influenza, which has taken lives in Mexico and one in the United States, and has triggered pandemic preparedness structures around the world. Manitoba is, of course, no exception and, although there have not been any reported cases in the province to date, resources have been ramped up to ensure our health-care system is prepared to meet the demand should a severe threat materialize. Just moments ago, we heard that the WHO has increased to level 5 and, in many respects, that concerns actioning pandemic preparedness plans. We believe that we are there and we are ready to meet that test.

We've spent years planning for a possible pandemic, and when the human swine flu emerged we were able to activate surveillance systems, communications networks, clinical protocols and plans that have been developed. There is a provincial pandemic plan, and all 11 regional health authorities have pandemic plans in place. But, of course, we can never become complacent and call these plans complete because they are evolving documents that change as the system evolves and new research emerges and, indeed, when we find out specifics about epidemiology of illness.

We've also worked hard over time to prepare and invest and, since 1999, we've invested over $4.4 million to upgrade or build isolation rooms across the province. We currently have 123 isolation rooms across every region, with an additional eight in development. These capital investments, as part of a pandemic preparedness effort, have been immersed in the significant capital investments that we've made since '99.

During the course of this past year, we have spent much time paying attention to investment in capital infrastructure, state-of-the-art facilities and equipment. We know that, since '99, we've spent over $1.2 billion to expand and modernize close to a hundred health-care facilities in Manitoba.

We're continuing to work on innovating by building a new women's hospital; a mental-health ER, the first of its kind in Canada; birthing centre in south Winnipeg; an access centre in St. James; new rehab centre for children; and an MRI dedicated to children at the Children's Hospital. We recently announced the construction of a new 80-bed Aboriginal personal care home. We're going to begin construction–indeed, the shovel is in the ground–on the new Victoria Hospital Emergency Department.

Of course, these investments don't stop at Winnipeg's Perimeter. We've also focussed on revitalizing facilities and adding specialized equipment in rural and northern Manitoba. In the past year, we've begun construction on the new Portage la Prairie emergency department, announced a new traditional healing centre at Pine Falls, as well as a new Selkirk hospital, and opened the new Neepawa personal care home, just to name a few. As was committed to in budget 2009, we'll soon begin construction on the Westman regional lab in Brandon, dialysis units in Russell and Gimli. We also made commitments to progress on the new regional cancer centre in Brandon, the emergency unit at Bethesda Hospital in Steinbach and upgrades to the Ste. Anne Hospital.

Of course, as we're making these plans, we find ourselves in the centre, like everyone else, of worldwide economic disruption. During this time of uncertainty, we know that Manitoba is well positioned to weather the impacts of a global economic downturn. We know that Manitobans expect us to maintain their health-care services, and that this is a time for a balanced approach with continued strategic investments.

We're going to assist Manitobans by mitigating some added costs during this time by taking steps like removing tray fees from patients. Starting April 1, doctors will no longer charge patients tray fees for publicly insured services. Also, starting in January, the new caregiver tax credit will provide up to $1,020 a year for those people who provide help and support to their loved ones at home.

We've continued on with our work in increasing our doctor supply. There are 288 more doctors in Manitoba than in 1999, including 105 more doctors in rural areas. This fall marked the first intake of 110 first-year medical students to the Faculty of Medicine, delivering on our commitment to expand medical school spaces to 110, up from 70 in 1999.

We put in place a grant program to provide medical students with financial support for their education in return for promising to practise in Manitoba, and we have increased those grants over time. We continue to build our work force of nurses. We have committed to hiring an additional 700 nurses and expanding training by adding a hundred nursing seats over our mandate. We know that, according to new, independent data provided by Manitoba's nursing colleges, we've had a net gain of 245 more nurses in 2008. That's a total net increase of 2,034 nurses since 1999.

We continue to work hard on dramatically reducing wait times. We continue to work on investing in cancer treatment and prevention. We continue our efforts in building our already-strong Pharmacare program, and we'll have time, over the course of our Estimates, to discuss these issues in detail. But in the time I have remaining, I want to extend my congratulations to all of our front line workers for the special care they take with each and every Manitoba patient every day and pay tribute to the very dedicated staff at Manitoba Health and Healthy Living who come to work every day committed to making health care better and committed to making sure the care our family members get is the best possible care in Manitoba, indeed, across the country.