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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Nouveau-Brunswick | 56e | 3e | Estimés budgétaires des dépenses en capital | 12-12-2008 | Mike Murphy | Ministre de la Santé | PL |

*(Le discours est bilingue)*

**Department of Health Hon. Mr. Murphy,** after all items under the Department of Health had been presented:

It is a great pleasure to rise with regard to the budgetary estimates of the Department of Health. I have a few prepared remarks that I would like to make. Then, I will sum up briefly.

I am very pleased to rise today to outline the government’s plans for capital spending in the

upcoming fiscal year to enhance New Brunswick’s health care system. As the House is aware, the Department of Health has a capital budget of $67 million for 2009-10. This represents an increase of $9.6 million over the capital budget for the current fiscal year, and it demonstrates our government’s resolve to continue investing in health care as we persist in our efforts to promote the sustainability of our public health care system. We have been acting on this twofold commitment since we came to office in 2006.

Nous faisons ainsi parce que nous comprenons l’importance du système de soins de santé pour la qualité de vie de chaque personne au Nouveau-Brunswick et pour l’avenir même de notre province.

Il faut que tous les gens du Nouveau-Brunswick puissent recevoir des soins de santé de premier ordre quand ils en ont besoin, quel que soit leur lieu de résidence dans notre province. En conséquence, en tant que gouvernement, il nous incombe de maintenir la qualité et l’accessibilité des soins de santé dans l’ensemble du Nouveau-Brunswick. Nous reconnaissons aussi que la satisfaction de cette obligation sera de plus en plus importante pour notre province dans les années à venir.

(Interjections.)

**Hon. Mr. Murphy**: Perhaps we could call some of the members to order with regard to the noise level.

**Mr. Chairman**: I would ask that all members keep order in the House. The honourable minister has the floor. I would ask him to continue.

**Hon. Mr. Murphy**: Thank you.

The people of New Brunswick need to be supported by a consistently strong health care system during our journey to self-sufficiency. Upon our achievement of this common goal in 2026, we will need our public health care system to stay strong to help New Brunswick remain self-sufficient and prosperous. We know that we must take action now to ensure that the health care system will be sustainable, both clinically and financially. To this end, we must be pragmatic when we invest in health care. All such investments must be made with a view to enhancing health care here and now, and also promoting the long-term sustainability of our system. Those are precisely the kinds of investments that we have made in office to date.

I am very pleased with the progress that we have made toward our health care objective so far. Some of our biggest accomplishments include the addition of 106 new physicians, with 54 more committed to practice between now and April 1. This is the biggest influx of physicians in over a decade. We have also seen the restructuring of the regional health authorities, the establishment of the New Brunswick Health Council and Facilicorp NB, the creation of Ambulance New Brunswick, the launch of a legal action against tobacco companies, and the creation of six new community health centres.

We have also made significant capital investments within each regional health authority. Our

previous capital budget of $57.5 million contained monies for many major projects, such as the construction of a new emergency department at the Saint John Regional Hospital. It also provided funding for renovations at the Dr. Georges L. Dumont Hospital in Moncton, the Miramichi Regional Hospital, the Moncton Hospital, the Dr. Everett Chalmers Hospital in Fredericton, and the Saint John Regional Hospital. Each of these investments serves to promote the quality, accessibility, and sustainability of our health care system. Collectively, they will help us win the war that I have declared on wait times in our province. With the investments that we will be making in the upcoming fiscal year, we will achieve further results for all New Brunswickers.

The new health care investments are part of our government’s new capital investment plan, which is a cornerstone of our economic stimulus package for the province. Through this plan, we will make more than $1.2 billion in capital investments throughout New Brunswick over the next two fiscal years, starting with $661 million in 2009-10. That is the largest capital investment in the history of our province.

(Interjection.)

**Hon. Mr. Murphy**: I thank all two of you.

In light of the current economic downturn, the timing of this investment could not be better for New Brunswick. All of the upcoming capital investments will create and help sustain jobs for New Brunswickers; they will generate income and encourage personal spending. Those that we will be making in the health sector in particular will result in new and improved infrastructure. First of all, we will be investing $1.8 million to complete the renovation of the emergency department at the Hôpital de Tracadie, which we began this year. It has been seven years in coming.

The conclusion of this $2-million project will alleviate overcrowding at the facility for the benefit of staff and patients alike. As I indicated to the member opposite from Tracadie-Sheila, the planning is just about finished. The plan is to have shovels in the ground sometime around April. The provincial government, through the leadership of Shawn Graham, has fulfilled that commitment.

(**Mme C. Robichaud** prend le fauteuil.)

Nous avons tenu la promesse que nous avons faite. Le député était là lorsque nous en avons fait l’annonce, l’année dernière, après le Forum Dialogue Santé dans la Péninsule Acadienne. Nous voulions informer et écouter la population de la Péninsule acadienne pour régler les problèmes qui étaient survenus dans cette région il y a quelques années.

In addition, a contract to complete the construction of a central sterilization unit in Bathurst will soon be awarded. We anticipate investing $1 million in the upcoming year, and the work will be completed by fall. In 2009-10, we will also be addressing the need for a new health care centre in Rexton. The existing Health Services Centre Rexton was built in 1973, and it can no longer meet the needs of the area residents. In the coming fiscal year, we will be investing $2 million in the construction of a new health centre located near and connected to the Rexton Lions Nursing Home.

Residents of Greater Moncton will also see significant investments in the enhancement of local health care facilities in the upcoming fiscal year. At the Moncton Hospital, the installation of new sprinklers will continue in the older sections of the facility, with an investment of $2 million.

Meanwhile, we will be continuing Phase 1 of our major expansion at the Dr. Georges L. Dumont Regional Hospital to address critical shortage of space. Through an investment of $4 million, design work will continue and construction of a two-story addition will begin next year. We will also be investing $2 million to complete renovations at the Georges L. Dumont Hospital. This project will create additional examination and observation rooms that will meet the clinical needs of interns.

Also, in 2009-2010, we have budgeted significant funding for the purchase of radiation therapy technology at both the Dr. Georges L. Dumont Hospital and the Saint John Regional Hospital. Through an investment of $24 million, each hospital will acquire new linear accelerators and construct a building expansion to house this new equipment. In addition, the construction of a new emergency department will continue at the Saint John Regional Hospital, thanks to an investment of $12 million.

We will also invest $3.2 million in renovations at the Saint John Regional Hospital, so that it can accommodate the anatomy and histology teaching laboratories. These teaching laboratories are an integral part of the academic requirements of the Dalhousie medical education program, which will be delivered at the hospital in 2010. This new English-language medical education program was announced in May 2008, and the first students are expected to begin their studies in September 2010.

Moreover, we will be investing another $1.7 million in preparations for the new four-year medical doctorate program for English students. Through this investment, renovations will be done at the Chalmers, Moncton, Miramichi, and Saint John Regional hospitals to create work areas for the interns, including clinical and off-duty space. This project will ensure that these facilities will meet the clinical training needs of the students when the program begins in September 2010. Provincewide, we will be improving hospital infrastructure and extending the life span of health care facilities with an investment of $4.4 million.

Une somme additionnelle de 10 millions de dollars sera consacrée à l’achat de nouveaux équipements nécessaires dans des établissements de santé un peu partout dans la province.

Ensemble, les investissements permettront une amélioration considérable du système de soins de santé du Nouveau-Brunswick. Les projets prévus amélioreront la qualité et l’accessibilité des soins de santé, aideront à réduire les délais d’attente pour les patients et favoriseront la viabilité du système public.

En parallèle, les projets engendreront de l’activité économique et aideront à créer des emplois pour un grand nombre de personnes dans notre province. En conséquence, les soins de santé seront améliorés pour tous les gens du Nouveau-Brunswick. Notre système de soins de santé sera plus solide, et notre économie sera fortifiée en prévision des pires répercussions du ralentissement économique.

The advances in health care delivery in the past two years have been profound. We have an

integrated one-hospital system for New Brunswick. We have one population served in all of New Brunswick, by all of the facilities, building this integration in the war on wait times. During the course of our mandate, we will continue to ensure that the health care system we provide to New Brunswick includes all of New Brunswick.

There are those who would argue that health care facilities should only be in urban areas, or, worse yet, in southern New Brunswick only, or, worse yet again, in only one location. The health care facilities of our system are owned by all of New Brunswick and must be delivered throughout all of New Brunswick. To the credit of the opposition, I have not heard one opposition member, during the course of the past two years, arguing that there should be a centralization of health care facilities in any one location, in the south, or in urban areas. We have a commitment to rural New Brunswick with regard to the delivery of health care through these facilities, and we have a commitment to northern New Brunswick which we will continue.

There have also been substantial advances with regard to the new structure as it pertains to financial delivery. We are continuing to gut administration across this province where we believe there is fat, and there certainly was some. Under the past government, deficits ran to $48 million. With the new structure in place, we have, in three months, reduced those deficits by some $15 million, with a view to a complete elimination of the deficit after the first fiscal year of the new regional health authorities.

Nous avons aussi livré la marchandise en ce qui a trait aux soins de santé dans les deux langues officielles, avec un grand taux de satisfaction partout dans la province, dans chaque communauté linguistique.

We have hospitals that are robust and are doing well in this province, and we have a great hospital system. We have challenges with regard to residents who are now sitting in our hospitals, awaiting delivery to a nursing home. The Minister of Social Development is working hard to deliver 700 new beds over the next several years. We have a trauma system which is proceeding on time, following the Dubinsky report that was commissioned, to the credit of the opposition, by the previous government. The timelines call for a full implementation of the trauma system in the fall of 2010. There will be money in the Ordinary Account in the spring to complete the work that should be done, as determined by the trauma system committee for 2009-10, with the remaining amount going into the budget for 2010-11.

The delivery of health care in New Brunswick has changed dramatically, and it will continue to change. There are some who believe that the big changes somehow take us away from the basics. Let me tell you, we have looked after the basics. We are way beyond the basics. We are now on track to have one of the best health care systems in this country. I just want to talk a little bit about a few of the things we have, because they go hand in hand with the capital budget. We have gone from being last in e-health development to being close to first. By the end of the next fiscal year, we will have the One Patient One Record system in place, and we have the Prescription Drug Monitoring Program. We have brought in pharmacists to prescribe. We have brought midwives into the system. We have brought in more doctors than we have seen in over a generation. We have brought in approximately 140 nurses in the past year. We have also doubled the number of PET scans in Saint John.

We have partnered with Social Development for long-term care services, i.e., a quick response team. We have created six new community health centres. Three new announcements are upcoming with regard to that particular aspect. In addition to that, in the very near future, some of that will be discussed for Saint John. We have also doubled location grants for rural family doctors and added location grants for urban family practitioners. We have committed to 100 new billing numbers over the next four years.

Nous avons continué à appuyer les programmes pour le Centre de formation médicale du Nouveau-Brunswick, à Moncton.

We have restored services around the province when it comes to ambulances. The response times have been improved throughout all of New Brunswick. There are a few bumps in the road, but, overall, the ambulance system is far, far better than it ever was. We have also continued to fund some of the mental health initiatives. This is being studied to make sure that it is properly delivered. We have also created a program whereby we are able to access information in both RHAs concerning the financial aspects. When the previous system was in place, it was simply out of control when it came to finances, integration, standardization, and implementation.

It is my belief that all New Brunswick must be part of the health care system. I do not ever hear anyone over there debating that it is improper to have health care facilities—adequate and good health care facilities—for tertiary and primary care in northern and rural New Brunswick or in any part of this province. I see no urban-centric mentality coming from the other side. However, we still have much work to do. We have greater opportunity now because of the restructuring, and we will continue to deliver great health care for New Brunswick. We will continue to ensure that all health care facilities and all human resources are spread around this entire province, because all New Brunswick deserves it.