|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Nouvelle-Écosse | 53e  | 1re  | Discours sur la santé |  | Gerald Sheehy | Minister of Health |  |

Mr. Speaker, I had not intended to participate in the debate, but recent events have caused me to take a second look at that and I promise you I will not be too long. Maybe a little taste of some clear-cut information might help to clear the air after the recent dose of doom and gloom from the honourable member for Antigonish.

I want to bring greetings to the House from the constituency of Annapolis East where, in spite of the so-called faux pas over the past three years, people evidently believed the sitting member rather than the Opposition and decided that it was time to return the sitting member with a majority that has never been achieved in that constituency up until this point.

I just want to say, in the interest of saving time, Mr. Speaker, that I want to reiterate my endorsation of all the congratulations and other good things that have been said up to this point, and stop at that point, because it has all been said before.

My reason for speaking today, Mr. Speaker, in the debate is the misinformation that is being spread around about the capital building program that the government is involved in, in the Department of Health, and most specifically, Mr. Speaker, I want to refer to the headline in yesterday's Chronicle-Herald that indicated that the cost of the Camp Hill Medical Centre would be $200 million in the statement attributed to me. I think, Mr. Speaker, if one wants to check with Hansard, that you will readily see that at no time did I state that the cost of that complex would be $200 million.

Mr. Speaker, I think a little history in regard to this should be brought out at the present time to indicate the reasons, I have done it before, but the reasons behind the government's decision to proceed along this line. As I said the other day, in May of 1978 an agreement was signed by the federal government to take over Camp Hill in return for $22.6 million, in 1977 dollars, indexed, Mr. Speaker, for six years, with construction to take place as soon as possible within that time parameter.

Nova Scotia was to provide: 200 beds for veterans, on the Camp Hill site; 35 beds in Cape Breton; and provide for an acute care institution for veterans by upgrading the present brick building that makes up today's Camp Hill Hospital. That was the agreement, Mr. Speaker, and as you can see, we are tied, as far as time to do something for our veterans, to that period of time. Otherwise, the indexed money begins to lose its natural growth tendency which, incidentally, has by now grown to about somewhere in the vicinity of $31 million.

The 35 beds in Cape Breton are under construction as part of a 65-bed rehab/extended care hospital in Sydney Mines and that will open, Mr. Speaker, this summer. Examination of the Camp Hill brick building revealed it would be most inadvisable to renovate it for acute care as costs would be excessive and the end result would be a building that would be less than advisable.

In early 1979, the department was under pressure to upgrade the regional hospital for Halifax, that is the Halifax Infirmary. While I am on the subject, Mr. Speaker, I might say that, to clear up some more confusion, the central regional hospital for Halifax, the metropolitan area and the County of Halifax, areas of Lunenburg, Hants and other counties is the Halifax Infirmary. That is the regional hospital for this large area which has a large majority of the province's population.

The Victoria General is not a regional hospital. It is a tertiary care hospital for the province. I noted earlier today, reference made to the fact that a member of the House is requesting an immediate start on a regional hospital in Cape Breton and stating at the time that 140 patients from Cape Breton are in the Victoria General Hospital at anyone time. I might say, Mr. Speaker, that regardless of what type of regional hospital is built in any part of this province, the ratio of patients in the Victoria General will probably remain about the same.

At the present time, Mr. Speaker, we have certain services provided at the Victoria General Hospital that will never be applicable to regional hospitals due to two things: one is the availability and the cost of the sophisticated equipment; and the other is availability and price of the sophisticated people operating that equipment. I refer, Mr. Speaker, to such things as heart by-passes, et cetera, et cetera.

The honourable member who introduced the resolution, or the House Order, today should know that probably there are just as many patients from western Nova Scotia in the Victoria General, and just as many patients from the northwestern part of Nova Scotia in the Victoria General, and just as many patients from the metropolitan area who are in the tertiary care centre which is the Victoria General Hospital.

We can always secure those figures, Mr. Speaker. People are referred to the Victoria General for specialized treatment, such as orthopedics and open heart surgery, et cetera, et cetera. There will be, indeed, Mr. Speaker, from the outlying areas of the province once the oncology centre and ambulatory centre opens up but this will be in line with treatment of cancer using the two new linear accelerators which will be installed in that building some time this summer.

The CAT scanner that is at the Victoria General is the one and only in the province and probably will remain the one and only CAT scanner in the province for quite a long period of time. These instruments cost somewhere in the vicinity of $1 million plus installation costs that can run anywhere up to $.25 million.

When the Halifax Infirmary was examined back in the middle 1970's, as a result of the fact that the Halifax Infirmary was losing some of its accreditation points, it was found that that hospital is made up of three vertical cores: one built in 1933; one in 1962; and one in 1968. It has two elevators in the 1933 building that go only as far as the fourth floor, and one in the B wing of the 1933 building going up as far as the sixth floor, and requiring a change of elevators to go higher. Three elevators are in the 1962 building going to the eighth floor and there is a variance of floor levels between those three cores. Entry in the hospital is affected by the varying floor levels and provides a lot of problems when moving patients from different areas of the hospital.

Free land space for extension at the Halifax Infirmary site is minimal. The total parking on that site is 78 cars. There is only a partial sprinkler system, except in the nurse's residence. Improvements are required in central stores, processing linen, and pharmacy, emergency outpatient areas, radiology suites, surgical suites, medical records and air conditioning. It was recommended in view of all this that another site be acquired. Two were decided or two were favoured, one in Gorsebrook and one on the Camp Hill site. Four hundred and fifty beds, or slightly more, were recommended. Four options were detailed by the consultants. The last and most acceptable was to move to a new site as the infirmary cannot expand and renew its facilities on its present site.

Construction in those days, on the site, was estimated to be about $60 million. That was back in 1975. It was determined that the Technical University of Nova Scotia could make good use of the hospital building without very serious renovations. Those of you who are acquainted with the Technical University of Nova Scotia will know that there has been an enormous demand for rooms for students, and that there is no other room in that area for the university to expand.

This would also, in the long run, save the province considerable money in regard to using the old building for the Technical University.

The other hospital, Mr. Speaker, and it is sadly in need of replacing, is the Grace Maternity. It was built in 1922 and it requires extensive renovation. If this renovation was to take place on site, it would be almost impossible to operate during construction.

The 1979 costs for the renovation is about $20 million, a new separate building, $22 million to $25 million, plus the land. But at Camp Hill, sharing services, the cost is estimated to be about $17.3 million.

Victoria General Hospital will remain a provincial referral hospital and will not be affected except where the planners may adjust the number of beds allocated to various specialties. Relevant factors in the decision to go ahead with the Camp Hill Medical Complex are: the Camp Hill site must be used if we are to make use of the federal indexed money, that is in the agreement; Camp Hill is large enough, it is centrally located for a regional teaching hospital; the Halifax Infirmary and the Grace Maternity would continue to exist, but as new modern facilities; and the number of beds in the city would remain relatively constant, but more would be available for long-term care.

The Department of Health feels that it would be better to spend the money on new construction rather than on renovation of existing buildings. That feeling, Mr. Speaker, is as a result of recommendations from an army of consultants. There would be savings, Mr. Speaker, especially on the Camp Hill Medical Complex as designed, through the sharing of services, particularly on energy costs. On that site is a power plant that was built large enough to accommodate the new buildings without any major enlargement.

Also, Mr. Speaker, it is envisaged that central core services, involving dietary, kitchen linen, radiology, labs, you name it, it will be in the central core. There will be at least 850 parking spaces on the new site, as opposed to the 481 now available for all of Camp Hill, Halifax Infirmary, the Abbie Lane and the Grace.

The Department of Development expects construction to employ directly 1,770 man-years, with a spin-off employment of 2,080 man-years, for a total of 3,850 man-years of employment. In 1980 dollars, this makes an income of $61.7 million to the household income of those employed on that project.

Planning has been proceeding involving participation by upwards of 2,000 people. We have been criticized in the past, unjustly, for not listening to consumers. I should correct that, Mr. Speaker, we were criticized justly for not listening to consumers, and we have put a consumer representative on that planning board, and the input from people has been considerable. The construction will be phased. The new Halifax Infirmary and renovations to the Lane Hospital come first, construction of the central core comes second, construction of the Veterans Memorial Building comes third, and construction of the new Grace Maternity comes at the final end of the construction.

Having said that, Mr. Speaker, I want to underline the fact that, regardless of what some people in this House may think, I personally have a deep commitment to providing the veterans of this province with the best care that we can provide. As war grows more dimly into the past, it seems that we have a tendency to forget those young men, and I was one, who left home at the age 17 and one-half or 18 or 19, 20, to fight a war that makes it possible for everybody in this House to have a say and to criticize, and to criticize both ways, constructively as well as the other way. Mr. Speaker, it is my deep conviction and I am sure it is shared by many in this House, that we do indeed, we must indeed, provide the very best for these veterans of the war, who were lucky enough, as I was, to come back at that time. These veterans, as represented, Mr. Speaker, through the various legions across the province, have been very supportive of this complex.

We have stated that the cost of this complex is phased. We have, in the Department of Health, for the first time, a plan of capital construction projected over the next 15 years. That plan is flexible to a degree, but it involves a regional hospital in Cape Breton. It involves a regional hospital upgrading in other areas of the province, including Amherst, Truro, Bridgewater, Kentville, et cetera. It involves these regional hospital upgradings, because, Mr. Speaker, for many, many years these hospitals have been very, very sadly neglected.

They were neglected, Mr. Speaker, in most instances by the awarding of funding to the construction of community hospitals which mayor may not have been the best way of going at the time, but did result in the fact that now we have a bunch of regional hospitals. The one I should have mentioned that probably is in the worst condition, is the one in Antigonish. It resulted in these hospitals getting to the point where some of them are very sadly in need of complete demolition and rebuilding.

After listening to the previous speaker, Mr. Speaker, one wonders if all he has to say is indeed true. What is going to be the end result of the needs of the people in regard to looking after their health? I happen to know, through a special survey, maybe not too official, people in Nova Scotia, 80 per cent of them, have a definite yes when asked if they are satisfied with the level of health care delivered to them in this province. Of the remaining 20 per cent, 80 per cent of them are reasonably happy with the level of health care they receive in this province. I also am of the deep conviction that anybody who tampers with the level of health care in this country does so at their own political peril.

Mr. Speaker, the Camp Hill project, the Camp Hill Medical Centre, is a necessity brought about over the years by an increasing demand for the services that it will provide, by maybe some shortage of funds in the past, and also by a lack of a comprehensive and all encompassing plan of action in the government of the day, in regard to health construction. I can only say, Mr. Speaker, that the headline, the cost will reach $200 million, and attributed to me, is not true. I can only say that the costs are being watched very closely, that, up to this point, the projected costs are within the parameters established when the project was approved by government.

I do not know what else I can say on that, Mr. Speaker, except that, yes, it does take funds that we could devote to other areas. The whole problem that I find in the Department of Health is that some of the other areas that are asking for these funds have a much more favourable bed ratio per thousand population than does the metropolitan area and the County of Halifax and surrounding counties that border this.

I will give you a for instance: in my own area we have about 5.1 beds per thousand population; in Cape Breton it is 6.1 per thousand population; in Halifax, about 3.5 per thousand of population. All those beds in the Halifax area, as I mentioned earlier, Mr. Speaker, are taken up by 'people who come here for the special services rendered at the Victoria General. Also, let us not forget the Isaac Walton Killam Hospital that caters like the VG, not only to Nova Scotians, but to a large number of patients from our neighbouring Maritime Provinces.

I would just like to comment for a minute on the federal transfer payments that the previous speaker brought up and, although they sound quite generous, he and I are either looking at a different federal document or he chose to ignore the fact that this coming year, according to the federal people's own figures tabled in Parliament about two weeks ago, there is a grand total of $288 million across the country less coming to Canadian provinces for health care. On a straight line projection, Mr. Speaker, that works out to just a little over $8 million less for health care in Nova Scotia from federal funds this coming year. That is on a straight line projection using the population basis.

I might also say to the honourable member for Cape Breton Nova and Cape Breton South that just recently the Sydney City Hospital received a rare accolade. The Sydney City Hospital was awarded a three year accreditation. This does not happen very often, Mr. Speaker, and it reflects exceptionally well on the staff, both medical and non-medical, administrative, of that hospital. I want to congratulate publicly, Mrs. Ellison, the administrator, and the staff of Sydney City Hospital in being able to achieve that rare distinction.

Mr. Speaker, for about five or ten minutes, I think I have to respond to the comments of a man who was on the radio this morning and I do not know which network, probably Information Morning. I am not sure, his name is Mr. Milan Korcok. He is hired by the Canadian Medical Association to carry their publicity campaign in regard to their main statement that Medicare is underfunded in Canada.

Mr. Korcok wrote a speech for Dr. Leon Richard who is President of the Canadian Medical Association, a speech which was presented at the Hotel Nova Scotian on March I and also, after a meeting with myself and my staff where we told him that the speech was basically a propaganda gimmick and did not bear too much relation to facts in certain instances, he repeated that speech in Fredericton just the other day.

Mr. Korcok is the man who went around inspecting hospitals here in Nova Scotia and he zeroed in on two hospitals and his description of the hospitals, although not named are quite plainly the Halifax Infirmary and the Yarmouth General Hospital. With regard to the Yarmouth General Hospital, Mr. Korcok.s observations were exactly the same as the Department of Health's, in that there is indeed a need for extended care beds in the Yarmouth area. But his main concern, aside from the straight line of facts, Mr. Speaker, involved the Halifax Infirmary where he made a statement that there was a $2 million deficit in that particular institution, when in fact the deficit is much less than a half million dollars, and represents less than one per cent of their total budget.

A shortage of beds I have mentioned. Underfunding in general: Mr. Korcok states in his speech written for Dr. Richard, "Your life and health are in danger because our governments do not provide enough money for health care"; Professor Evans of the University of British Columbia and a renowned expert on health financing says, "The resources devoted to health care have grown in line with the rest of the economy for the past decade, remaining at about 7% of the G.N.P.;" Mr. Korcok and Dr. Richard say, "We (C.M.A.) have pointed out that Canada spends 7.3% of our G.N.P. on health care when practically every other country in the Western world spends 8% or 9% or more"; Professor Evans says "Thus there is no reason to believe that an expansion of health care's share of national resources would improve the health status of Canadians"; Canada actually is in the middle, the average is 7.6 per cent of GNP, Canada spends 7 1 percent.

Dr. Richard, as written by Mr. Korcok says "our health care system, including our hospitals, is in deep trouble." My response is yes, we are in trouble maybe, but deep trouble, no. Facing some problems, the same problems as private industry: inflation, interest rates and wage demands that sometimes are adding to the cost of the health care to no small degree. Dr. Richard says, "Hospitals are forced to close down operating room or can't afford second shifts of personnel. " This is with reference to the Infirmary.

I have a letter here from the administrator there, at the Infirmary, Mr. Neil Roberts, who says, the "statement is false. We have sufficient nurses and support staff to meet an existing O.R. schedule which is considered maximum relative to Recovery and I.C.U. backup". Richard and Korcok again, "The waiting list of patients lengthens, the waiting times for each patient lengthens, and surgery cancellations become more frequent".

I understand a gentleman on the radio this morning said that some people wait six months to get a hernia operation. This is not so, Mr. Speaker. At the Infirmary the waiting time is five to six weeks, and those who do wait six months are asking for a special doctor who is tied up, or a busy doctor, and he schedules his own patients, not the hospital. He is waiting for a special doctor, special room, or something like that. The average time is five to six weeks.

Dr. Richard said, "Getting money for Capital expenditures to build new hospitals' extensions or equipment is even more difficult". Nova Scotia, I might say, has embarked on the largest hospital construction program in the history of the province. It may be, Mr. Speaker, that that 15 year plan may have to be adjusted back and forth, that there may be a year here and there where we have to pull in our horns a bit. But, Mr. Speaker, the plan has been approved by Cabinet, and in my view, it is in effect until notified that we cannot proceed any further.

Dr. Richard said, "Hospital beds are closed to reduce the deficit". In most cases, hospital bed closures result from good administrative practices, efficient use of health dollars. They also occur because of staff vacations in the summertime, including physicians', and there are also bed closures because of patient preference. They are also on vacation and they do not want to use their vacation up spending it in a hospital.

Dr. Richard says, "Shortage of beds" at the Halifax Infirmary "has resulted in an ever-lengthening waiting lists". Mr. Speaker, the shortage of beds in the Halifax Infirmary is a myth. It runs at about 90 per cent to 95 per cent capacity, which is about what we call 100 per cent utilization, the same as the Victoria General. Consequently, Mr. Speaker, I want to make sure that this House at least knows that the gentleman on the radio this morning, who had such a dim view of the health system in Nova Scotia, indeed, was in possession of facts, but I am saying that many of the facts that he was in possession of were not true facts, as Mr. Garnet Brown used to tell us here in the House some years ago.

I can only say that as one who catered to the public need in an emergency situation in my profession, that they have my wholehearted and undying admiration for the dedication they have demonstrated to the people in Nova Scotia, and to me as the Minister of Health.

Thank you, Mr. Speaker, I look forward to next year, at the same time, same station.

All beds at the Halifax Infirmary are staffed and in operation, 408 beds. No bed closure except due temporarily sometimes to local renovation. The same with the Victoria General Hospital, Mr. Speaker, there are 788 beds out of 799 set up and in use. Occupancy rate at that hospital is 90 per cent. Nursing shortage is not obvious, and, Mr. Speaker, I want to, before sitting down, say just that these two big hospitals in the metropolitan area are contributing in no small way to the health care of Nova Scotians, and in a most efficient manner to the health care of Nova Scotians, and that all Nova Scotians owe a debt of gratitude to those involved, not only in these two hospitals, but in all our hospitals across the province, because those people are people in our hospitals today, who are working under very stressful situations. People in our hospitals may not be too happy with the situations they are working under, and also doctors are, in some cases, run off their feet.