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Thank you, Mr. Speaker, as has been usual in the last few years, sir, I had no intention of participating in this debate, but all of a sudden I find myself on my feet and with a really well prepared speech, but not nearly the equivalent or the quality of the one that preceded me.

Mr. Speaker, it is with pleasure that I congratulate you, sir, on being in the Chair again, and also your Deputy, who fills in when you are not around.

I would associate myself, for the purpose of brevity, with the remarks about those of our former members and members who have departed, with those of the honourable Minister of Consumer Affairs, in regard to Senator Smith, Mr. Fraser, Mr. Lohnes and Judge Sullivan. I knew them all, Mr. Speaker, and respected them all.

It is with great pleasure that I welcome to this House the new member for Cape Breton The Lakes. I had no doubts that he would get here, I felt that he would get here with more people voting for him, more plurality than he actually received, but, you know, in this particular House, one vote is enough. I spent some time with the honourable member during the campaign, and a fellow with the ability and the personality and the congeniality of the honourable member, I never was in doubt, as to the outcome of that particular election.

There have been a lot of statements made that it was an endorsement of this present government, Mr. Speaker, and I think probably, there is some of that in it that but I think that the member himself was a very, very large factor in the fact that the people in Cape Breton The Lakes sent him down here to represent them.

I thought maybe that I might make a comment, or a few comments on what I call the best part of Canada, Annapolis East, where things, Mr. Speaker, are, I believe, relatively stable. We have unemployment, not, I do not believe to the degree that there is in some areas. We have some problems remaining, but most of the ones that were there when the government took over in 1978 are in the process of being completed.

I noted the honourable member for Clare gave a speech this afternoon that reminded me of the eight years that I was over in that side, and I also noted that the honourable member for Yarmouth was very critical of the fact, that there has been, he claims a slow down in Clare. But, Mr. Speaker, I did not notice to much going on in Clare when that honourable member was Minister of Highways, and there was definitely nothing going on in Annapolis County when the honourable member was minister. Everything has to take its turn, Mr. Speaker. I know where it stopped, Mr. Speaker, and I know where it stayed.

I want to report, Mr. Speaker, that that highway now is operational up to the Village of Lawrencetown, and that it has been constructed as far as the Village of Paradise, and the tenders are out to take construction half way from there, to practically to Bridgetown. It is rather a shame, that the oldest part of Nova Scotia had to wait until 1981 to be ushered into the last half of the twentieth century, Mr. Speaker. But, you know, it is better than nothing. Its highway is functioning, in its north position, very well. It has not resulted in the ruination of agriculture in Annapolis East, and in fact, Mr. Speaker, I noticed it stimulated a lot of land to become drained and cleared, and brought into production in that area. For the benefit too, of the honourable member for Yarmouth, and that bridge in Lawrencetown, that he was so worried about, that was built in Lawrencetown.

The one, that, Mr. Speaker, was built by West County Construction, that bridge, I was advised last September, would be open in June of 1983 by the Department of Transportation, opened really for traffic in December 7, 1982.

I would say, Mr. Speaker, that the record of West County Construction is not to be criticized after seeing what they managed to do under the constraints, Mr. Speaker, that were placed upon them, and the inspections that they underwent in some cases resulting in delays that the company was not responsible for.

Other than that, Mr. Speaker, the people at the end of Annapolis County that I have the honour to represent, Mr. Speaker, send their greetings to this House, and entreat the members of this House to conduct the business of this House and their province and their area in an expeditious manner and to make sure that every dollar we take in is spent in a manner which will benefit only the area of Annapolis East, but all the Province of Nova Scotia.

I was a little bit surprised today, Mr. Speaker, in the order of business under Notices of Motion, to find that the member for Cape Breton Nova, the Leader of the Labor Party, 23 Victoria Road in Whitney Pier, Cape Breton, has said that the Minister of Health should be censured and condemned for his insensitivity to the people of Cape Breton, reflected in his interview, etc. I think he also goes on to suggest, maybe, that the Minister of Health should resign because of insensitivity and neglect of the people of Cape Breton Island, in regard to the delivery of health care to that area.

The Leader of the Labor Party, the member for Cape Breton Nova.

I have had my suspicions about this man for 13 years, Mr. Speaker.

They have been confirmed. I want that member, who is not in his seat at the present time, to know that in capital expenditure alone in industrial Cape Breton that this government has spent in the vicinity of $18 million in the last four years. We have put $0.5 million, Mr. Speaker, into a pulmonary assessment unit in Glace Bay, an installation that was long overdue, an installation that is helping the miners of Cape Breton to receive their pulmonary assessments, or pulmonary treatments without having to come to Halifax, and I will admit that a certain percentage of them still do have to come, this is a medical decision, and something over which a Minister of Health would never dare exercise any control, and I hope never does.

But the fact that it took one meeting at the Pensioners' Club in Glace Bay to convince the Minister of Health in the Buchanan Government that this was, indeed, a necessary and a very important thing to do in that area of the province, and the fact that within a year we cut the ribbon and opened this unit seems to have missed the honourable member by a mile.

He forgets also the $0.5 million that was spent on the new out-patients department at Sydney City Hospital, a hospital, Mr. Speaker, that is overworked, is over-employed, is in some respects outdated, but still, Mr. Speaker, does some of the finest work that is done in any hospital in this province today.

I will say this about a hospital, Mr. Speaker, that bricks and stones do not guarantee good medical treatment. It is the staff, from the Chief of Staff, from the Chief of Surgery, from all the nurses, the technicians, the janitorial staff, the administration, working as a unit, Mr. Speaker, that gives the good medical treatment in this province or any province, and the honourable member, evidently, has taken my words that I feel that Cape Breton is long overdue for a new regional hospital to heart. I still say that Cape Breton is long overdue for a new regional hospital, it should have been built, maybe, 15 years ago. However, that was not done, and today we are facing a situation where the need for a regional hospital is still there, and where the need for a regional hospital is still a priority in the Department of Health, and its rating on the priority list stays as it is.

I might say, Mr. Speaker, if the honourable member for Cape Breton Nova has over looked the $500,000 that we are spending in New Waterford, the $450,000 that has been put into the Glace Bay community, the $750,000 expansion and construction and renovations that are going into the Cape Breton Hospital, the $5 million that we have just spent at the Harbor View Hospital in Sydney Mines, the $7 million job that is going on, and rapidly approaching completion at Northside General, and he also forgets the $2.5 million it costs this province to buy the Sydney City Hospital and take it out from under a load of debt that had accumulated over many years.

This, Mr. Speaker, in regard to the member for Cape Breton Nova, the Leader of the Labor Party's criticism of the Department of Health, I think, shows that his criticism is unfounded and that my suspicions over the years have been vindicated.

However, Mr. speaker, I should not and did not allow this call for my removal from this position to be too seriously considered by myself, because when that kind of a request is made you have to take it from the source from which it comes. In this case, rather than arousing anger, I thought, a little amusement maybe on my part, but basically, an explanation to the rest of the House to the effect that in no way have the health services on Cape Breton Island been neglected in the past few years. In fact, the percentage of the health dollar that has been going into industrial Cape Breton in the last few years is very respectable indeed. Later on in the session, I expect to be able to table some figures that will indicate in relation to population the percentage of expenditure that the Department of Health is making towards the health care in Cape Breton.

Now, the honourable member has also said that people in industrial Cape Breton are coming to Halifax to die. Mr. Speaker, people from all over this province come to our tertiary hospitals and do not return. This is a fact of life and always has been and always will be. The honourable member infers that people from Cape Breton are dying because they have to come to Halifax for tertiary treatment, and Mr. Speaker, I will say again, that people from all over the Province of Nova Scotia will always face that proposition. Because Mr. Speaker, the treatments, the medical procedures carried out at the Victoria General, the Infirmary and the Camp Hill hospitals, these hospitals will always remain the centre for certain medical procedures just simply because the qualifications and the requirements and the finances and the equipment some medical procedures require will never be affordable outside of a tertiary treatment hospital. In this day and age, Mr. Speaker, they are almost not affordable inside the ones we have. I want to say that the implication that people are dying in Cape Breton because they have to come to the Victoria General and to the Halifax hospitals is simply not true or if it is true, it is true of other outlying areas of the province and it will always remain so.

There are a few things, Mr. Speaker, I would like to say in regard to health care financing. I was very distressed a few minutes ago to receive a call out to speak to the press who wanted to know what I was going to do about the cuts in health care funding. Since we practically wrapped the budget up yesterday I was at a loss because I was unaware of any health care funding cutbacks.

I was told by a member of the press that according to the federal Minister of Finance that we are going to have another cut on top of the $8 million loss that we suffered last year. I have not had that confirmed to me, the Minister of Finance is not available today, but I just want you to know that in regard to our intentions in regard to health care, there are to be no cuts in health this year. We will be proceeding on a very, very tight budget, and it is my intention and my hope that services in this province will be maintained at their present level, and in a few cases, we will see an expansion because we are opening, next month, Mr. Speaker, the ambulatory care unit and the Cancer Treatment and Research Foundation building at the Victoria General.

This Cancer Treatment and Research unit is going to be second to none, if any, on the continent, in my own view, and from what I am told by those who know, headed by Dr. Thompson, a man who we were lucky to get, who was in charge of all cancer research at the University of Western Ontario and London hospitals, in London, Ontario. A man who we were very fortunate to entice down here, and I want to tell honourable members that now when you or a member of your family or someone has a cancer diagnosed treatment for that particular cancer will be subject to a variety of assessments before treatment is undertaken. In the treatment of cancer you have the surgical treatment, the chemotheraputics and the radiation. Some doctors prescribe all three, some doctors prescribe one over the other, but from now on, a board of experts will deliberate on every one of these and the appropriate treatment will be assigned to that particular patient, and we are expecting, at least I am told, that we should have a cancer treatment formula in this province second to none.

I should say, since there are inquiries coming in, I should give a short statement on the status of the Camp Hill situation. We are proceeding, at present, to renovate the Abbie Lane Hospital. The Abbie Lane Hospital will be renovated to provide 128 beds, I hope. In the immediate future, these 128 beds will be used by veterans at Camp Hill while we construct a new geriatric pavilion on the Camp Hill site.

One or two things that have appeared in the press lately rather distressed me in regard to the Camp Hill complex. One is that it is too expensive, that it is never going to be built, that it is $200 million at the present time, which is not correct. Mainly, Mr. Speaker, it is very important to you too, it is in the very middle of your constituency, mainly the things that have been neglected to have been said lately, and I am repeating them here again, is the fact that, number one, the construction of a veteran's hospital on the Camp Hill site is mandatory because of the agreement signed in May of 1978 by my predecessor, Dr. Mac Askill, and also that a fairly sizeable portion of the money involved in that institution is federal money that was dedicated at that time, at the signing of that agreement, which at that time was $22 million in 1977 dollars. It now amounts to about $33 million or $34 million in present day dollars.

Those two factors alone, Mr. Speaker, added to the fact that the evacuation of the present Infirmary, to be taken over by Nova Scotia Tech for their needed expansion, makes the proceeding with this project eminently affordable, once the economy turns around.

There is nothing unaffordable about this complex. It is not a grandiose structure. The only thing I should say about it, that did add to the cost, and I was a little bit distressed last Sunday night in watching the research telethon, to note that the provincial government was getting accused of not contributing to research in the province.

Part of that Camp Hill concept, about $10 million - between $5 million and $10 million of that - was devoted to research. It was inserted in the plans at the insistence of the university. I also might say that the new foundation building at the Victoria General was built with provincial funds and federal funds, just to be fair about it, and also that many of the offices and the salaries and the equipment and that are provincial. Now, I will readily, they will say to me, "Yes, but other provinces do that too." And then they will cite the Province of Alberta as being the great contributor to research and it almost leads me to say, well, you cannot compare in matters of this, the financial ability of the Province of Nova Scotia with the Province of Alberta. We have not been able to do that since the 1930's and it is a non-argument. The province does contribute to research on a very substantial scale. We do not write then a cheque and say, "Here, this is for research." But some day we may be able to do that and when we are able, Mr. Speaker, I will be the very first one to argue that point with my colleagues in Cabinet.

Last fall I was in Aberdeen, Scotland, and I got a phone call from someone in my department. The phone call was to the effect that the Leader of the Opposition was criticizing me and my deputy, and two other people of my staff for being away in Great Britain while somebody changed the hours at the Victoria General Hospital.

Mr. Speaker, the hours of the Victoria General Hospital were changed a week before I left, and when I left my understanding was that at the next meeting they would be changed back, for the convenience of the people in Nova Scotia.

But, while he was saying that he was saying that I had my wife, and my deputy minister had his wife, and somebody else had their wife over there, at government expense. I do not know what they did when they were over here, Mr. Speaker, but I want this House, and I want the people of Nova Scotia to know that my wife has paid her way all the time I have lived with her, and that is a long time, Mr. Speaker, and she always will, and I know my deputy minister's wife paid her way, and the other lady paid her way. Consequently, Mr. Speaker, I think it was a little unfair. My information, Mr. Speaker, is that the Leader of the Opposition was criticizing us for being away with our wives on a government sponsored trip.

I was not here to read the papers, Mr. Speaker, and I have not seen them. There was a phone call to me telling me that I was being criticized for being over there with a large group of people at government expense. I will let it rest there, but I just want you all to know that never at any time has my wife ever been a drag on the taxpayer of Nova Scotia, privy to her Scottish background and tendency to watch her pennies and save her money you would be well aware of that.

Mr. Speaker, we were over there for two reasons. One is that we are quite aware of the fact that Nova Scotia's population is aging. Ever since I have been in the Department of Health it has come home to myself, and the Minister of Social Services is well aware of this, that the senior citizen population of Nova Scotia is rapidly approaching that that it is in Great Britain today, which is about 15 per cent of the general population.

Indeed in the County of Annapolis the percentage of population that is referred to as senior citizen now is 14.5 per cent, but consequently we are very close to what they have in Great Britain. We are very far behind, Mr. Speaker, in our dedication to the treatment of the process of aging.. Consequently, we visited and toured installations in London, Glasgow and Aberdeen. A lot of the things we found out in Great Britain, Mr. Speaker, I think the most valuable things that I found out are things we should not do. Because Great Britain has had a comprehensive state medicine system, since shortly after World War II, in fact, Mr. Speaker, there are buildings and people attest to the fact that Great Britain's state medical care system is not providing the care that people in this country are getting, and people in Great Britain were used to getting. For instance, nowadays, Mr. Speaker, if you apply under the state medical care system for an operation, for an orthopaedic procedure, such as a replacement of a hip joint you are put on a five year waiting list, and at that time they will only do one, if you should have two replacements of the hip joints you will only get one, and you have to go home for another five years.

On the other hand there has grown up in Great Britain a private medical system where people pay their own way, or through insurance, pay their own way. While we were there in Glasgow they announced the proposed construction of a 200-bed hospital, which is being funded by 120 medical specialists, by an American company that specialises in building hospitals, and by an insurance company. This 200-bed hospital will no doubt be built, staffed and operated on a profit making basis.

So, the lesson there, in my view, is that we must not make undue and excessive demands on the health care system or, indeed, on our social programs in this country. Anyone who has paid any attention at all to the briefs that have been presented to the Select Committee on Health in the last few months, will realize that out there, there are many, many needs according to the perception of those who bring the briefs in. Most of them are genuine needs in the minds of the people that are asking. But most of them are really very difficult to find funds for to apply today towards implementing these proposals.

In the past few years, and it is a very ironic situation, while inflation was rampant, government incomes were up, in fact, government is the only institution that makes money out of inflation, but while the government revenues are buoyant, social programs are put into place, based on the assumption, Mr. Speaker, that these revenues are going to keep going up, up and up relative to the cost of the programs that have been installed. But what happened was that the revenues did not keep going up, governments finally or somebody finally succeeded in conquering inflation and it is going down, and when it goes down, revenues go down, but those program costs keep going up. Consequently, in every jurisdiction in this country, governments are having to deficit finance, and most of that deficit financing is being used up in the financing of social programs such as Medicare, social services, education, you name it, non-productive in regards to the producing of income.

There has to be, Mr. Speaker, an indication on the part of government to convey to the public that yes, we have a good system in Medicare at the present time. But undue demands will and can break it, as has happened in Great Britain. The proposed Canada Health Act as proposed by the federal government, at least, the White Paper distributed to the Ministers of Health by the federal minister, I am afraid, could do just that. People have asked why we are not in favour of the new Canada Health Act, and I can tell you, Mr. Speaker, in four sentences.

Number one, it will place limitations on the manner in which a province elects to finance its portion of the health care cost. Number two, it represents an unnecessary and an unacceptable intrusion by the federal government into an area of provincial jurisdiction. Number three, it attempts to take credit for programs which are funded almost in total by the provinces, such as mental health, dental care, Pharmacare, and all those that are outside the hospitalization and Medicare system. Four, it will introduce a system which will cause additional cost to the provincial Treasury without the benefit of federal financial participation.

These four items, Mr. Speaker, are completely unacceptable to the provincial government, and all provincial governments, I can assure you, have expressed the same sentiments.

As the Chairman of the provincial Health Ministers Conference this year, I am in contact, on a daily basis, almost, with other ministers and we are very, very concerned that the new Canada Health Act will place these in effect.

Now to be fair to the federal minister who has received a lot of criticism for non-consultation, most of this by the Canadian Medical Association, but some of it from ministers, myself included, to be fair to her, I think probably that the Act or the bill when it comes forth will be modified to a certain degree. And to be fair to the federal Minister of National Health and Welfare, for whom I have the utmost respect, her intelligence and her dedication, and her idealism is unbounded in regard to making everything from a Kleenex to a body scan to a by-pass operation free, that is what she would like to see. But, Mr. Speaker, it is an impossibility, in my view, in this country today.

We received criticism, Mr. Speaker, from various quarters about the fact that we still allow our doctors to balance bill. This was allowed in the Act when it was set up, they have always had that option. It allows the Medical Society to retain a semblance of their individuality, independence, if you may, and it is not, to my knowledge causing any problems with access to medical care. In fact, in 1982, the percentage of fee for service that was charged by our doctors by extra billing on the total fee for service has decreased, over what it was in 1981. I do not know what the reason is for this. I just think that probably the doctors out there have a bit of compassion for the many people who they know are in tough financial circumstances, and I just feel that, so far, it is not causing any problem. I have said if it does, that we will take action.

Mr. Speaker, for a fellow who did not plan to speak, who did not plan to say anything, I think I have gone on long enough. There are other items I would like to say. Opportunity will come at a later time. I want to thank you, sir, and the House for the time accorded me this afternoon and to let you know that I will be voting in favour of the motion.