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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Saskatchewan | 16e | 3e | Discours sur la santé (en assemblée) | 12 mars 1970 | Gordon Grant | Minister of Health | Saskatchewan Liberal Party |

Mr. Speaker, as one grows older in years you gradually get a thicker skin on disappointments and I have gone through two disappointments today. The major one was the lack of substance in the Opposition's remarks about the Budget. The minor one was that the Member from Regina South East (Mr. Baker) is not with us this evening. I should have realized that he doesn't attend here in the evenings. I can't understand where he is because most funerals are held during the day time - he can't be attending a funeral. The only thing I can surmise is that he is out campaigning for the Provincial leadership, giving away more Regina cuff links or wheat broaches or buffalo hats, to the people of Kipling or to the people of Qu'Appelle. This is what he has been doing and I think the taxpayers of Regina are getting sick and tired of it, and we would be glad to share him with the rest of Saskatchewan if they would like him.

Just in the hope that he will be here later on I will save my remarks in connection with him to a later time. What I would like to comment about primarily tonight is the question of hospital deficits which were touched on by the Hon. Member from Riversdale (Mr. Romanow) the other day. One would think that the former Government never heard of hospital deficits in their holier-than-thou attitude when they happen to have the floor.

The Hon. Member from Regina North East (Mr.Smishek) has suggested that we had moved away from a hospital plan which paid all hospital operating costs. I am aware of no provincial plan which pays all hospital costs and I doubt whether he can point one out.

Certainly it has never been the practice in Saskatchewan.

Let's look at British Columbia. Their annual report says (they are referring to a message that has been directed to the hospitals) I quote: they are further advised that deficits incurred through expenditures in excess of the approved budget will not be met by the local governments.

I would like to quote the Hon. James Henderson, Health Minister of Alberta: If any hospital spends more than the allowable 12 per cent increase it will be that board's responsibility to raise the money locally.

It is difficult for me, Mr. Speaker, to understand how a member of the respected legal profession, a front bencher, could stand in this House and say that the present Minister of Health created a crisis in Saskatoon and elsewhere in 1969, and state that it is our intention to wreck the Saskatchewan Hospital Program. Just complete hogwash and he knows it. There is no doubt about it that his definition of a crisis differs considerably from mine. If a crisis did exist in Saskatoon it was because the previous Government did not face up to the seriousness of escalating hospital costs. To lacked the backbone to call a halt to unlimited budget requests.

Let's look at the hospital deficits before 1965. Now he's the one who says that I was the one who started the crisis by suggesting that the Saskatoon City Hospital would not have their deficit picked up. Well, let's look at the picture. In 1960 the previous Government passed on to the local municipalities $653,000 in deficits that were not picked up by the Saskatchewan Hospital Services Plan; in 1961 $162,000; in 1962 $386,000; in 1963 $626,000 passed on to the poor local taxpayer. By who? By the Members opposite.

In 1964 - it is funny they didn't do a little better that year - $733,000.

In other words, Mr. Speaker, who started the whole idea of leaving a portion of hospital deficits with the local authorities? Mr. Speaker, it was the Members opposite. They are the ones who, as the Member from Riversdale (Mr. Romanow) said, opened the door to shift the burden to the local taxpayer, pointing the finger at us that we opened the door. Now who opened the door? It was the Members opposite.

Let's just take a look and see how serious this terrible crises is that he spoke of and that he called a meeting of all MLAs. I am very proud of the Member in back of me who did not rally to the call of the Member from Riversdale.

Well, last July this terrible crisis was anticipated at a figure of some $90,000. That was what they suggested the deficit would be. The deficit now is about $57,000, and a recent article from the Saskatoon Star Phoenix dated February 21st says: City Hospital deficit down to $57,000 could be wiped out.

I would like to read from this article.

Just a minute now; Mayor Buckwold asked if the quality of care had been maintained in spite of the staff reduction. Executive Director, James D. MacMillan, said it had.

I am quoting now what Board Chairman Judge E.N. Hughes said: The suggested closing of 86 beds considered as an economy measure in October would not have been any hardship.

The Board approved a motion that the administration continue to seek methods of controlling the size of staff while maintaining standards of care. Mayor Buckwold said that the budget allowed this year is about 6 per cent increase over that of previous years. 'This is reasonable,' he said.

So this is that terrible crisis which the Hon. Member… In other words, Mr. Speaker, I maintain the Hon. Member from Riversdale (Mr. Romanow) is nothing but a scare-monger and a pretty good one at that too. He suggests that we are ruining the Saskatchewan Hospital Plan. Well, let's look at what has happened since 1961. We will be fair. We'll go back to 1961. The figures I am quoting are the percentage of increases over the preceding year; 1961 4.1 per cent; 1962 5.4 per cent; 1963 8.9 per cent; 1964 10 per cent. Now we get into 1965; the highest that series was 10 per cent and the lowest was 4 per cent. From 1965 the rate increase was 8 per cent, 10.1 per cent, 8.7 per cent, 10.7 per cent and last year 11.3 per cent. The lowest was 8 per cent which is almost as high as the highest they gave in the period 1961 to 1964.

The great oil Province of Alberta has frozen the hospital increase at 12 per cent for 15 months. Last year Saskatchewan increase was 11.3 per cent for 12 months.

Let's look at the Dominion Bureau of Statistics per capita costs of increase in services as of January 21st, 1970. I think this would lead anyone to believe that Saskatchewan is not skimping on hospital dollars. The per capita cost in Saskatchewan was $77.71, British Columbia $71.15. We are spending more per capita in Saskatchewan than even the rich Province of British Columbia. There are only three other Provinces in Canada exceeding Saskatchewan and those are Ontario, Quebec and Alberta.

Mr. Speaker, our budget this year recognizes priorities. Hospital services up by $7 million - the biggest increase in the history of this Province, an amount equal to the original cost of the entire program. Let's look at what happened in 1963 - you would have thought that would be a pretty big year because they were anticipating an election - an increase of $3.5 million; in 1962 $2 million; in 1961 - a real magnanimous year, it must have been a tough year - $1.5 million, a magnanimous 3 per cent.

Over the three-year period an increase of $7.2 million or slightly less than 20 per cent. Let's look at 1966 to 1969. The 1966 figure for the Province was $57.6 million, and in 1969 $77.3 million, an increase of $19.7 million for that period or 34 per cent.

I would like, Mr. Speaker, to quote some figures from Saskatoon City and the Regina General because these two hospitals have been cited. We will just take a look and see how generous the people opposite were when they were the Government.

The Regina General from 1961 to 1964 $995,000 difference, an increase of 21 per cent. From 1966 to 1969 under our Government the Regina General has been receiving $3.3 million more, an increase of 50 per cent, 50 per cent over what they were getting in 1966 as compared to a 21 per cent increase for a three-year period under the former Administration.

Let's look at the Saskatoon City Hospital. Under the previous Government in that same period the Saskatoon City Hospital budget went up by $374,000, 15 per cent or an average of 5 per cent for the three-year period. In 1966 to 1969 the increase was $1.7 million or 51 per cent, a far cry from the 15 per cent that the previous Government gave.

Mr. Speaker, reference has been made by the Hon. Leader of the Opposition (Mr. Lloyd) to the Psychiatric Program. This Budget acknowledges the necessity of continuing to upgrade our psychiatric program and I would point out that during the period 1960 to 1964, the increase in the Psychiatric Branch amounted to $2.4 million; the period 1966 to 1970, $4.3 million. I don't think anyone can accuse this Government of shortchanging the psychiatric program. We are still among the highest in the country and producing a good program and will continue to give that branch of the Department its rightful priority.

It appears that His Worship (Mr. Baker) is still absent but I hope that someone will convey the message to him that 17 years ago I made a vow that I would never criticize a succeeding mayor, because I had one of my predecessors who spent a lot of his time telling me how to run the city and I resented it. For 17 years I have kept my word, but I can tell you it is getting more and more difficult year by year to continue to keep this vow. I am not a large taxpayer. There are many larger taxpayers than I am in the city, there are many smaller, so I suppose I could be called an average taxpayer, but I am getting a little sick and tired of His Worship using my tax dollars in Kipling, in Fort Qu'Appelle, in Qu'Appelle, handing out wheat broaches in his campaign for the leadership. Apparently, that is the only justification I can see that he is doing it for. A quick summation would indicate that I am personally paying his entire salary and I am beginning to doubt whether I am getting value for my money. I am beginning to think that it is time that If as a taxpayer, went on strike because I am getting just a little bit tired of His Worship. Now if there is anybody suffering from an inferiority complex it is not Mayor Baker.

I was so pleased the other day when speaking in this House, he gave me some credit for the Base Hospital, even though the Member for Regina Centre (Mr. Blakeney) doesn't expect to see it built and blames me for all the delay and all the wrong doings. So I think he should really look to His Worship from Regina South East (Mr. Baker) because it is really his hospital. He said it was, it's his hospital. So if he is going to take 90 per cent of the credit for the hospital, I would suggest, Sir, that we give him 90 per cent of the blame for anything that goes wrong with it. A complete inferiority complex, homeowner grant, two-price system of wheat and all the other things that he went on to tell us about. I am reminded of what my Dad used to say about anybody who had suffered with lack of an inferiority complex, such as the Member from Regina South East does, "I'd like to buy him for what I think he is worth and sell him for what he thinks he's worth." I can tell you, if you did that with the Member from Regina South East the deficit at the Regina General Hospital would be well looked after.

I think that after his 14 point program in 1965 and his promises this year that he should from this day forward be known as King Henry XIV.

Mr. Speaker, the Hon. Member from Moose Jaw North (Mr. Snyder) in his remarks last week accused me of not producing too many good ideas. Well, it was kind of cruel, I thought I had had the odd good idea but maybe he is right, I'll have to take his word for it. But after listening to the Hon. Member from Regina Centre (Mr. Blakeney) I feel a similar observation could be made. No new ideas, the same old harangue, too little, too late, we always did better, we are the ones with the bright new thoughts. As usual the Hon. Member from Regina Centre pointed scornfully at the proposed Base Hospital. Almost six years, he said, and only starting this year and he wasn't too sure whether we would start. But he said that he would give us the benefit of the doubt. So maybe we will get started this year.

 Let's check back to those good old golden days when the Members opposite were building the University Hospital. Well, they conceived the idea in 1944, but they really didn't deliver the baby until 1954 - ten years later. One year work was stopped. I understand they either ran out of stone masons or they ran out of money, I'm not sure which, but there was one year apparently when work was called off. Well, this delay of ten years was bad enough, and I am sure the Opposition of the day must have picked on them a bit, but now we are faced with $3 million to try to update the University Hospital and $15 million to expand it. The building was not well planned, Mr. Speaker. It is one of the most inflexible buildings in the province. They should have taken 12 years and planned it properly. Let's look across Canada. Teaching hospitals are taking on an average of ten years or more to get into operation. He made a fantastic comparison when he cited St. Paul's in Saskatoon at $15,000 a bed as compared to $60,000 for the Base Hospital, comparing apples and grapefruit and the apples were ten years old. A service hospital versus a teaching hospital, a 1961 hospital versus a 1971 hospital.

Let's look at a current comparison not one ten years old. Canadian teaching hospitals are ranging in cost up to $45 a square foot. I am confident that the Base Hospital will be built for considerably less than this figure. It will be lower than the average for Canada at the present price-levels. As far as the number of years involved to get it underway, the timing cited for the University Hospital project up there in Edmonton is 14 years for completion; the University of Manitoba 18 years; the University of Ottawa 15 years; the McMaster University in Hamilton 12 years. Mr. Speaker, these are complicated structures, they involve complex programs; they must be flexible not University-type hospital buildings such as in Saskatoon; they must be capable of future expansion; they must incorporate all facilities and programs so as to be capable of providing the best of care at the least cost plus teaching and research. There is a great tendency, Mr. Speaker, in this life to keep up with Jones or die trying to do so.

The 1970 Budget is a realistic one considering economic conditions. Certainly it is easy to point out other areas of Canada where prices are higher, wages are higher and the weather is better. But let's not go broke trying to spend faster than others. Even in oil-rich Alberta, they have announced a firm hand on health. Hospital increases limited to 12 per cent for 15 months warning that deficits will not be picked up. Not too different from Saskatchewan, we just recognized a little earlier that something had to be done.

Let's look overseas to see what's happening elsewhere with hospital programs and medical care programs and health programs. Britain has always been considered as the Socialist haven, the welfare state. This article from The Business Week of January 17th goes on to point out some of the difficulties they are having over there. Even with the importation of 2,000 odd doctors from the Commonwealth annually one of the hallmarks of the service is constant delay. For health service patients the waiting time for minor surgery can run to months, even to a year or more. This is where the private health insurance goes to work in Great Britain. At the present time there are 9,000 business firms buying private insurance. About 2 million Britons hold private policies today compared to just 86,000 when the plan was set up. The largest health insurance company in Briton is the British United Providence Association whose 1969 income was some $36 million mostly from group coverage. A typical family premium is $105 a year. So in spite of their welfare state medicare program, the private sector of the economy has to step in to try and fill the gap.

Let's look at Sweden. Sweden has always been upheld as a welfare state and the Members opposite have quoted what takes place in the health field in Sweden quite frequently. But Sweden too has run into its problems. There are long waiting lists for surgery; long line-ups at clinics; complaints of impersonal treatment at big hospitals; and some Swedish hospitals had to close for the summer months for staff vacations, Mr. Hon. Member from Riversdale (Mr. Romanow). Even in Sweden they are faced with a terrible situation. But the Government has the answer, the Government of Sweden has the answer. I want the Members opposite to pay particular attention to this because starting July 1st each patient will pay a fee of $1.50 to $2 each time he makes a routine visit to a doctor, hospital or clinic.

Sweden, that great welfare state. They have seen the light. They have watched what was taking place in Saskatchewan and realized that we were progressive out here and they picked up the utilization fees. That great state of Sweden! I was sure the Members opposite would be interested in that.

Mr. Speaker, Members opposite seem to become almost fanatic when referring to Crown corporation dividends paid to the Provincial Treasury. One would think that to do so amounted to an impardonable sin. The Hon. Leader of the Opposition (Mr. Lloyd) was very careful that in 1962 they didn't pay one cent out of the Power Corporation toward the financing of Government. Well, the Provincial Treasurer (Mr. Steuart) said the reason they didn't was that they didn't have any money. Maybe that is the reason. But just let's think back to the '40s when the Members opposite were promoting so-called free health and welfare plans. When asked how they were going to pay for these schemes the reply was, set up Crown corporations and use the profits there from. Mr. Speaker, when the NDP does it they call it social planning; using profits for the people. When we do it it becomes financial skullduggery. More of their Golden Age philosophy. Mr. Speaker, they can do no wrong.

Mr. Speaker, I think it is quite evident from the debate that has taken place that we demonstrated that the Budget presented by the Provincial Treasurer (Mr. Steuart) is a realistic budget, a sound budget. It injects dollars into the economy where they are required to do a job. Consequently I will be supporting the motion and voting against the amendment.