|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Saskatchewan | 18e | 3e | Discours sur la santé (en assemblée) | 16 mars 1977 | Wesley Robbins | Minister of Health | Saskatchewan New Democratic Party |

Mr. Speaker, I take pleasure in entering the Budget Debate at this time. I should first like to congratulate the Minister of finance on the presentation of a good, sound document in line with economic situations as they currently exist.

I should also like to take the opportunity, Mr. Speaker, to congratulate two new Conservative Members, the Member for Prince Albert-Duck Lake (Mr. Wipf) and the Member for Saskatoon Sutherland (Mr. Lane). I hope they will make significant contributions in the House. I have often wondered in the last few days if the Conservative Party would be over there at all if it wasn't for the two new Members, all the rest of them were out of their seats. I note the elation in the Conservative ranks with respect to the two by-elections. I suppose that is understandable. One characteristic, particularly of the Leader of the Conservatives, is that he doesn't possess much humility. Mr. Speaker, I fail to understand that simply because he has so much about which he should be humble and could be humble. I take a look at the Conservative Leaders across the country, Mr. Speaker. If I go to Newfoundland I find Premier Moores, a very nice fellow, I have met him. I see Mr. McQuaid in Prince Edward, a very nice fellow; Mr. Buchanan in Nova Scotia, very nicefalow; Premier Hatfield in New Brunswick, very nice fellow. I suppose, in Quebec, because one can't find a Conservative Party there I have to look at Mr. Biron, the Leader of the Union Nationale. If I come to Ontario I find Premier Davis, well known to the Canadian public and who has been in the public eye for a long time. If I come to Manitoba I find the Conservatives are led by a person named Sterling Lyon. I have talked to some people in Manitoba and they think those names should be switched around. If I come to this province I find the Hon. Member for Nipawin (Mr. Collver) as the Leader of the Conservatives. I look at Alberta and I find that they have Premier Loughheed, who has been in the news, not so much recently but quite a bit in the last few years.

The Leader of the Conservatives in British Columbia is Doctor Scott Wallace, a very nice fellow, but the trouble is he hasn't anyone to lead, he is the only one in the House of the Conservative persuasion. Now if I go back to Ottawa and look

at their national leader, Joe what's his name? I find that the group as a whole are a pretty mediocre lot, but the Leader of the Conservative Party in this province, Mr. Speaker, stands head and shoulders below them all.

A great deal has been said in this debate with respect to the budget brought down in March one year ago.

The financial critic from the Liberal Opposition and the Leader of the Conservatives have attempted to make much of the projected short fall of approximately $45 million between estimated expenditures and anticipated revenues in the fiscal year which will end on March 31st next. They intimate they looked in their crystal balls and accurately prophesied such a short fall. Rubbish, Mr. Speaker, complete and utter rubbish. In both cases it was simply a shot in the dark. A year ago in his budget presentation the Minister of Finance suggested a probable addition of some $2 million to cash carry forward. The estimated excess of $2 million is now predicted to be a shortfall. It is readily explainable.

When the budget was presented a year ago, no one, Mr. Speaker not even the so-called prophets across the way could predict a payment of $8 million in disaster allowances related to spring flooding in April and May and a disastrous windstorm in central Saskatchewan in June. How, I ask this House, Mr. Speaker, could anyone predict a payment of some $31 million to cow-calf producers some seven months after the budget for 1976-77 was presented in this Assembly?

In May 1976 there was a nurses' strike some two months after the budget presentation. The settlement resulting in an increased cost of some $8 million. Even the Hon. Member for Nipawin, Mr. Speaker, should be able to total additional expenditures for these three items and come out with a figure of $47 million. These expenditures eliminated the estimated $2 million excess and created the $45 million anticipated short-fall. Even a print out from a computer operated by Management Associates - or is that managed associates - and the management processes advocated by the Hon. Member for Nipawin should lead him to believe that $31 million plus $8 million plus $8 million, totals $47 million and had those expenditures not been made a $2 million excess in cash inflows overcash outflows would have resulted. Does he disagree with these expenditures? If he does let him say so. Does the Hon. Member for Thunder Creek (Mr. Thatcher) oppose them? If he does, let him admit it.

The Hon. Member for Nipawin suggests the results of the two recent by-elections, Mr. Speaker, resulted in increases in the health budget for fiscal 1977-78. Wrong again! His crystal ball is still cloudy. He sees through the glass darkly.

In the 1976-77 budget, we estimated health expenditures of $338 million - an increase of some $44 million over the actual expenditures incurred in 1975-76. The estimate will be exceeded and actual health expenditures by March 31, 1977, will be in the range of $344 million to $360 million. The actual increase in expenditures over the preceding year will be in the range of $60 million.

Now, Mr. Speaker, he asserts we are appreciably increasing the allocation to health as a result of the by-elections. The Budget presented last Thursday was complete and in print prior to the March 4th by-election result tabulations.

Mr. Speaker, the 1977-78 Budget is a responsible financial document which realistically reflects current financial indicators. It has made reasonable provision for sustenance of our major provincial programs. It provides some new additional services. I am, Mr. Speaker, particularly pleased that a major expansion of home care services is to be launched in the 1977-78 fiscal year. The Budget provides $6,300,000, an increase of some 50 per cent and I wish to make it clear that this is the first stage in implementing this major community based health and social services program. As needed, services are provided to people in their homes, we believe it will in time reduce the demand pressures for additional nursing home beds and Level 4 facilities.

We believe that this program will be of major benefit to the elderly as well as the handicapped, disabled and other chronically ill persons.

Once again, Mr. Speaker, this Budget provides for major increases in funding for health care programs to an estimated total of $403.7 million. Funds provided to the Saskatchewan Hospital Services Plan are estimated at $232.4 million, an increase in excess of 20 per cent over the preceding year.

Mr. Speaker, I invite the Members opposite to compare this increase with the 8 1/2 per cent to 11 per cent ceiling increases imposed by other provincial jurisdictions through the Dominion of Canada.

The Budget provides $23.5 million for hospital construction. That figure includes $16 million for construction and equipment at the university Hospital in Saskatoon. I want Hon. Members to note the University Hospital project will have a total cost of approximately $41 million when completed in 1978.

Mr. Speaker, we have also budgeted $3.1 million for the beginning of the regeneration program for Regina hospitals a program totaling some $66 million over a ten-year span. In addition, we have an allocation of $4.3 million for a variety of construction and renovation projects in the health field throughout the province. Saskatchewan Provincial Health Programs have always been the model for all of North America, Mr. Speaker, and we intend to keep them in that position.

As Saskatchewan people we have every right to be proud of these programs. We expect the health benefits in our province will continue to remain a model for other jurisdictions.

These expectations are a direct result of our commitment to the maintenance and expansion of health benefits designed to improve the well-being of Saskatchewan people. We have managed to expand the range of our health programs and to do that during a Canada wide restraint program in relation to health cost escalation. In Saskatchewan we do not pass on directly to the individual consumer of heath care, the burden and pressure of escalating health costs and we do not intend to do so, Mr. Speaker.

As a government, we have been subjected to a great deal of criticism for taking responsible decisions in health expenditures. Much of that criticism is totally unwarranted. For example, in 1971-72, 53.3 per cent of provincial health expenditures went to hospitals. Today hospital expenditure is approaching 58 per cent of the total budget. If one includes capital grants for hospitals, hospital expenditures consume almost 63 per cent of our health budget. Hospitals are receiving a fair share of our health dollars. The adequacy of our hospital facilities is reflected in the availability of hospital services in Saskatchewan when compared with the rest of Canada.

I ask the Members of this Assembly to take note that Saskatchewan has the highest number of rated beds per thousand of population in Canada. That is from Statistics Canada. Saskatchewan has the highest number of beds per thousand on an approved basis anywhere in Canada. Saskatchewan has more separations per thousand population than anywhere in Canada. Saskatchewan has not reduced the quality of its services. Actual staffing available expressed in paid hours per patient day is at 12.7 today - that is the end of 1976 - compared to 11.4 in 1971. This general increase in staff allowance is evident in major categories of staffing including nursing service, which stood at 5.9 in 1971 and stands at 6.5 today.

Those statistics, Mr. Speaker, come from the federal authority in this country and should be taken note of by the Members of this Assembly. On a per capita basis we have more occupied hospital beds than any other province - 5.6 per thousand compared with 4.1 nationally. We also admit more persons to hospital each year and we provide the most days of patient care. If we had hospital admissions at the national average last year we would have had 40,000 less patients hospitalized. Overall, the gross expenditures of the Health Department have risen from $156 million in 1971 to just under $404 million in the coming fiscal year, a rise of 158 per cent in six years - an average annual increase in the range of 25 per cent.

Mr. Speaker, in the past these costs have been shared with the Federal Government through cost-shared programs. These are now being replaced by block grants and tax point transfers. The federal authority is opting out of its responsibility to share the financial burden in developing much needed community programs which would provide some alternatives to higher cost institutional services. Ceilings have been placed on federal contributions to provincial health and social service programs. The ceilings are restrictive - they shift the burden of escalating costs on to the provincial economies and that new policy will cost this province many millions in the next five years.

To sustain Saskatchewan health and social programs and provide new services which are most important to the elderly and the chronically ill new resources must be found at the provincial level. The only other alternative is to redirect funds from existing health and social programs. The policy in this field of the Liberal administration in Ottawa is totally insensitive to these facts. Virtually all new federal money will be directed to the wealthier provinces of Ontario, Alberta and British Columbia. They appear to follow the biblical exhortation: "To him that hath shall be given - to him who hath not, even that which he hath shall be taken away". This applies to at least five of the provinces of Canada and will create particularly grave difficulties for the Maritime Provinces.

Our provincial health budget, Mr. Speaker, is constructed after a careful review of needs and priorities. We intend to regularly review those requirements to enable us to most appropriately meet community needs. We invite comparisons with other provinces and their healthy programs. We have no~ imposed ceilings. We have conscientiously assessed needs and arrived at a prudent budget to appropriately meet those needs.

Evidence of such review is the Saskatoon situation where additional hospital service needs were recognized. We authorized day surgery units at the City and St. Paul's hospitals and provided some $479,000 additional in operating grants to meet that established need. That is an example of responsiveness, Mr. Speaker, from this Government.

The 1977-78 health budget remains responsive to the needs of special groups. The increase of the elderly people among us is apparent and will continue with their needs for special services. Some 25 per cent of all the medical services in this province and 40 per cent of all hospital days are required for treatment of persons 65 years of age and older.

We hear much from Opposition Members of deteriorating health services. Yet the Executive Director of the Saskatchewan Health Care Association denies Opposition Members' assertions that there has been a reduction in health service levels in 1976 because of the restraint program. We suggest that as Executive Director of the Hospital Association he is in a position to know.

Mr. Speaker, I would like to make some brief comment on tax changes in the Budget. Tobacco taxes are increased. The increase in tax may, to some degree, discourage the habit. If it does not, at least it will provide revenue to help meet the high medical and hospital costs associated with lung cancer and emphysema cases which are directly derived results of that habit.

Opposition Members decry the gasoline tax returning to the 19 cent per gallon level. I want them to take particular note that it is at the same level now, 19 cents per gallon, as it was in 1970 when the Liberal Party occupied the Treasury Benches. The gasoline tax today is some 22 per cent of the average price of a gallon of regular gasoline. In 1970 it was some 33 per cent of the price of a gallon of regular gasoline.

Opposition Members praise the repeal of the Succession Duties and Gift tax. There is nothing wrong with such a tax except that it should be applied at the national level where it can be uniformly applicable. Opposition Members used to decry what they termed an exodus of people of substance to Alberta and westward. I have talked to many of those people. In 1973 they told me they were leaving, in 1974 they told me they were leaving, in 1975 they told me they were leaving, in 1976 they told me they were leaving and they are still here, Mr. Speaker.

Budgets are based on estimates. What else could they possibly be based on? Does either of the Liberal financial critic and/or the self-styled management whiz kid for Nipawin (Mr. Collver), (some people in Saskatchewan, Mr. Speaker, doubt the efficacy of that title - and have good reason to doubt it) have access to better information and analysis of the probabilities than do the highly skilled dedicated civil servants of the Budget Bureau - the Tax and Fiscal Policy Branch and the Financial Investment Services section of the Finance Department? The answer is crystal clear. They simply do not.

Mr. Speaker, I should like to make just a few brief remarks with respect to the 'Safety '77 Program'. In 1975, 286 persons died in Saskatchewan in automobile accidents; 27,239 were injured in automobile accidents; 10,000 of those people appeared in our emergency wards of our hospitals. Mr. Speaker, had those people been wearing seatbelts we would have had 6,000 less people in our emergency wards. We would have saved approximately one half of those 286 people who were killed in accidents. Some people will argue that the use of seatbelts is an interference with their freedom. Do these people argue that it is an interference with their freedom when they ride on an airplane and are required to do up a seatbelt. The chances of being injured or killed in an automobile accident are much greater than that they will be killed or injured in a plane accident.

Do they, in fact, Mr. Speaker, consider it an infringement of their freedom because they have to drive their cars on the right hand side of the road? Their car will work just as well on the left hand side of the road, it will operate just as efficiently. The fact of the matter is you must have some established rules in relation to a society such as ours. We are hopeful that the Safety '77 Program will in fact do so if we gain the co-operation of the public generally.

Mr. Speaker, I would have liked to have made some additional remarks with respect to some other items, ie. agricultural farm prospects, resource development implications for our economy and the merits of the long term fiscal planning approach of our Government.

However, I will not take up too much more time of the House but simply state that we must be cognizant of the fact that the farm income in this province will probably be one-half in the year 1977, of what was achieved on a net basis to the farming population in the year 1975 when we had $1,470,000,000 in farm net earnings. Saskatchewan's net income to farms was about $1,017,000,000 in 1976 and that could well be in the range of $750 to $800 million on a net basis in 1977. A lot of that of course is obviously due to the fact that despite the fact we had the largest crop in our history, declining prices and rising input costs is squeezing the net income to the farm sector. I should have liked to have gone into that much more fully, however, Mr. Speaker, time does not permit me and I am sure that the Members of this House will have concluded by now that I have come to the decision that I will support the Budget and the main motion and vote against the amendment.