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| Saskatchewan | 18e | 5e | Discours sur la santé | 28 mars 1978 | Edwin Tchorzewski | Minister of Health | Saskatchewan New Democratic Party |

Mr. Chairman, I indeed would like to make some remarks on the remarks made by the member for Saskatoon Eastview on behalf of the member for Indian Head-Wolseley. I will say some things specifically to the points raised but first of all I would like to make some general comments about the budget of the Department of Health in the province of Saskatchewan. As we begin the review of these estimates I think I’s the appropriate time to do that. I would like to highlight some aspects of the health budget and provide some initial explanation to a number of items that I expect will be of interest to this House and particularly the members opposite.

As I said in my address during the budget speech debate our budget this year has provided for a substantial increase in funding for our health programs. The total 1978-79 health budget is $435,626,000. This represents an increase of approximately $31.9 million or a 7.9 per cent increase over last year’s estimates. I would welcome the members opposite either Liberals or Conservatives to take any province in Canada where there are health budgets being introduced or any kind of budget being introduced this year or you take any year prior to this year and compare the increases that we are providing to the increases that are being provided for the purposes of health whether it is in Ontario or Alberta or British Columbia or any other province, or Nova Scotia to give the Liberal members opposite one province to their liking.

Now, Mr. Chairman, in addition to this amount there are a number of other health items found in other provincial departments which I did not mention in by debate during the Budget Debate which I want to mention now. You will find $1,392,000 in the Department of Government Services budget for capital expenditures related to health programs and $1,934,000 is found in the Department of Northern Saskatchewan Budget, a subvote for health Services. There is $4 million in the Heritage Fund which is allotted for capital construction at the University Hospital and there is $2.2 million found in the Municipal Affairs Budget for grants and support of an improved ambulance service. Now these additional health related expenditures amounted to some $10.4 million which means that the global Health Budget for 1978-79 is actually $446 million or $446,123,000 to be precise and this figure is comparable to the 1977-78 estimates of $407,439,000 and, therefore, the real increase in spending in the health field in Saskatchewan is 9.5 per cent. Now, once again, Mr. Chairman, we have provided a generous increase in support of the Saskatchewan Hospital Services Plan, the plan that the member opposite mentioned. In 1977-78 the SHSP estimate was $232.3 million and this year we are estimating the expenditure to be $255.9 million; a 10.1 per cent increase. That will provide and maintain a fairly high level of services in Saskatchewan, Mr. Chairman, which the people of this province have grown accustomed to and have a right to expect. And the members opposite may want to debate whether that is sufficient and I’m prepared to do that. I’m prepared to use some comparisons later in that debate if the opportunity should present itself to other places as well. Now, within the Hospital Plan Budget we have made provision for funds to provide immediate financial relief for nursing homes also which the member mentioned and I’m glad that he welcomes the move. But this funding for nursing homes which are looking after heavy care level III patients, I think will be a great benefit not only to the homes but to the patients because of the kind of level of services that will be able to be provided. And we have provided funds for the expansion of level IV facilities in the province overall. Now, Mr. Chairman, that’s not something that just happened this year, it’s not something that happened out of the blue because we decided all of a sudden that we were going to increase the number of level IV beds; it’s something that’s been happening since 1971 when this government was first elected. For example, in 1973 there were 671 level IV beds in the province of Saskatchewan, in 1977 there were 1,136 level IV beds in the province of Saskatchewan and we are saying in 1978 that we are going to substantially increase that again so it’s something that we have been providing and bringing appropriate changes on, on an annual basis. But the Budget also makes provision for the introduction of other things. For example, an ultrasound unit at the Pasqua Hospital in Regina. $165,000 is budgeted in support of a 10 day bed care centre for senior citizens in Moose Jaw Providence Hospital, and funds are available for the introduction of a homorenal dialysis program in Saskatchewan which some of the members opposite have spoken to me about and are very interested in, particularly the member for Kindersley; a program which until now has only been available in referral hospitals in Regina and Saskatoon. I have announced already that we shall extend out-of-Canada hospital benefits for Saskatchewan residents and $269,000 has been estimated in this Budget for these extended benefits. In the subvotes grants to hospital and health centres we have provided $4.7 million, mostly for the placement and the improvement of hospitals and health centres in rural Saskatchewan, an area of Saskatchewan that was very seriously neglected by the former Liberal government which chose to close hospitals rather than improve them.

There is a new 45-bed hospital which is under construction at Kamsack and new hospitals will be built in Borden, Nokomis and Paradise Hill. Major renovations are being undertaken at North Battleford and La Ronge and Leoville and Herbert. The member for Morse will be interested in that, and Kipling. Small renovations are expected to take place in a number of other rural hospitals as well including Ste. Elizabeth Hospital in Humboldt.

As I have mentioned, we have provided nearly $5 million from the Heritage Fund to complete the $40 million major expansion of University Hospital in Saskatoon. Further, nearly $6.9 million is being provided for the first major construction package of the Regina Regeneration Project. We expect that about $4 million will be spent at Pasqua Hospital and about $2.9 million will be spent at the Regina General Hospital.

In other areas of capital development and purchase we have budgeted $170,000 to purchase a cobalt simulator for the Saskatchewan Cancer Commission and this device will facilitate greater precision and accuracy in radiation treatment. We will be expanding the capacity and the efficiency of the provincial laboratories by the purchase of a $346,000 SMAC unit. This is a highly automated analyser which can measure up to 20 tests simultaneously and samples at a rate of 150 samples per hour. This elaborate machine will improve the diagnostic services to physicians and will speed up the diagnostic process for patients.

In the Saskatchewan Dental Plan which I know the member for Lumsden is especially interested in, and I want to have a few things to say about later. We shall be increasing the coverage in 1978-79 to include 4-year olds up to and including 11-year olds. As we predicted when we introduced this dental program, the cost per child served is lower in this public program than it would have been if the service had been left to the private sector alone. In addition children in rural Saskatchewan have access to dental service throughout the province and the utilization of this program by students is very high.

I am very pleased with the steady improvement in the cost per student of this program relative to the private sector and I am prepared to elaborate on this point as I have already said, during a detailed review of the dental plan budget.

I know some members opposite, and they have a right to do that if they have a point of view, will say that this is one of those frill programs that we have implemented since 1971. Well I want to make it clear on behalf of the government and on behalf of myself and I know that I speak on behalf of most of the people in Saskatchewan, that programs March 28, 1978 715 like the Saskatchewan Dental Plan are not considered to be „frills‟; that we intend to continue developing it.

I would like you to note also the subvote 6 which we will be dealing with in the health estimates entitled Community Health Services. This was formerly known as the Regional Health Services subvote and to improve the services in some regions of the province where it is difficult to maintain a resident medical health officer, we have provided three new regional administrative positions to ensure continuity in the administration of the regional preventative services.

Mr. Speaker, $710,000 has been budgeted to support the Aware Program and the Feeling Good Program. Both of these programs have been widely acclaimed and well received by the Saskatchewan public.

After our review, last year, of the difficulties the College of Medicine was having in funding its service functions, we decided to increase our provincial support to the medical education system by $746,550 to assist in the financing of service functions of the college. This increased appropriation along with other sums of money, which the Department of Health normally allocated for the same purpose, has been brought together in a new subvote which is entitled Grants in assistance of clinical services provided by the medical education system.

So you can see, Mr. Chairman, that this year we have budgeted $5,061,000 in support of these services. Now I could give many more examples of things that are happening with this 1978-79 budget, Mr. Chairman, and I am sure that before we are finished with the consideration of these estimates there will be plenty opportunities for that.

Now, may I make a few comments about some of the specific things that the member for Eastview spoke about. He made some reference to staff cuts in hospitals last year. We have heard that before. In fact, we heard it from both sides of the opposite side of the House. We heard it from Liberals who talked about staff cuts; we heard it from Conservatives who talked about dirty hospitals, because of the alleged staff cuts. Dirty hospitals, Mr. Chairman! I hear the member for Sutherland saying, “Did we clean them up?” Obviously, he has not yet learned. He said then and he cast a reflection on all of the 132 hospitals throughout Saskatchewan and all health care workers in Saskatchewan. He cast insinuations that were not true. And even though this House dealt with the issue and at least most of us thought had resolved it, he still persists in sitting in his desk – I don‟t think it is his desk, or maybe it is and claiming, did they ever get cleaned up, which leads us only to believe that he is still insinuating that Saskatchewan hospitals are dirty, which is not true and everyone in Saskatchewan knows it.

There were no major staff cuts in Saskatchewan hospitals, Mr. Chairman. As a matter of fact in 1976, during the time when those members opposite were perpetrating that kind of story across this province, there was an increase in 868 publicly funded health care jobs in Saskatchewan. That is their definition of major hospital staff cuts.

There is also another measure which we can use, which can tell a story and that is a very important one, and that is staff to patient ratio. I believe it will be of interest to the members opposite to know that in 1976 the staff to patient ratio in Saskatchewan was 2.1 to 1. In 1977 it was 2.2 to 1, indeed an increase in the ratio of staff to patient again, hardly an example of what one could define as major staff cuts in our hospitals. Now if we want to talk about staff cuts, you have to look at some other places, you have to look at the province of Manitoba and the kind of things that are happening there. You only have to look at the province of Ontario and the kind of things that have happened there and are still being threatened to happen there, where there were hundreds of hospital beds closed and where there were hundreds and hundreds of staff people that were cut from the establishment of the hospitals. That’s the difference between a Conservative or Liberal government, Mr. Chairman, and a New Democratic government such as we have in Saskatchewan.

I’m glad the member for Eastview welcomes, as I said a little earlier, the increase in level IV beds. I agree with him that there is a need. I don’t think there is a member in this House who has spent any time talking to hospital people and people throughout Saskatchewan in general who would deny that there is a need for some changes in our level IV establishment. But also, I want to say that there is a greater need than that as well. There is a need to review the whole system of our classification system in the health care system. I think for one, that we have too many classifications and although we are, in this Budget, providing $4 million to deal with an immediate problem, we are going to go further and explore ways in which we can bring about major changes in the delivery of care for chronically ill people and senior citizens and the like.

Mr. Chairman, I think I have covered most of the points which the member raised and I will see what other questions he might have.