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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Saskatchewan | 20e | 2e | Discours sur la santé | 3 mai 1983 | Douglas Taylor | Minister of Health | Progressive Conservative Party of Saskatchewan |

Yes, Mr. Chairman, I’d be very pleased to have the opportunity to introduce my officials to the House and the opposition and anyone in the galleries. Beside me is my deputy, Ken Fyke, deputy minister of health; to my left, Mr. Peter Glynn, the associate deputy minister of health; sitting behind me to the right is George Loewen, associate deputy minister of health; directly behind me is Lawrence Krahn, director of administrative services; and in the back row I have Rick Rogers, the executive director of the SHSP; Steve Petz, executive director of the continuing care branch; Bob Reid, newly appointed assistance deputy minister, and John Yarske, executive director of psychiatric services.

I’d also like to say at this time, I remember my last estimates, Mr. Chairman, where I thanked the rest of my staff at the end. But, because of a lot of the trivia and the mundane questions coming from the other side, they had left; so I’m not going to run that risk tonight. They’ve been waiting a long time for our estimates to start, and I just thank all of you for being here to supply the necessary information, to answer the questions that the hon. members on the other side will deservedly ask. So I just would like to thank you and we’ll get on with the estimates.

I understand there’s some roaring on the other side, Mr. Chairman. I don’t know what the reason for that is, but I’d have a few introductory remarks that I think will lend a little food for thought for the members on the other side. And with your indulgence I’d like to start into those.

I just want to say a few words of introduction and then we can get on with the main questioning. I suppose, Mr. Chairman, one of the main features of this year’s budget is, of course, the inclusion of continuing care and ambulance services into the Department of Health. I think these are both very positive moves. Home care, special care homes and all aspects of ambulance service will now be the responsibility of just one department and one minister. And that will help us a lot in developing programs in a co-ordinated and efficient manner.

As far as the size of the budget is concerned, I want to emphasize that, excluding the effects of continuing care and ambulance services, that the budget of the department has risen by $70 million over the 1982-83 budget. Mr. Chairman, that’s an increase of 9.6 per cent. And I repeat that’s an increase, when you compare apples with apples, of 9.6 per cent. I think it’s a substantial increase in these times of tight economic times.

The budget provides concrete evidence, Mr. Chairman, of the government’s commitment to improve health care; a commitment, Mr. Chairman, a commitment of $17 million to cancer and the Cancer Foundation of Saskatchewan; a commitment, Mr. Chairman, of 700,000 for the expansion of cardiac services here in Regina; $650,000 for a new pediatric intensive care unit at the University Hospital in Saskatoon; 180 new positions in our hospitals, 180 new positions; funds for 97 new special home care beds and $2 million to address urgent needs in the long-term care; and funds to initiate for the first time in Saskatchewan a chiropody program that the senior citizens of this province asked that government opposite, when they were government, for. In ’75 it was promised; in ’78; in ’83 it will be delivered by the government on this side of the House. That is listening to people and delivering programs that they’re asking for. These are just a few of the major items. But I think they speak for themselves in terms of the priority which the government assigns to health care in this province.

I hear that the fellows are chirping away on the other side, so I would like to entertain any questions that they would like to ask regarding health care under the Devine government in Saskatchewan. And at that point, Mr. Chairman, I would cease my introductory remarks and invite questions from the members opposite.