|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Saskatchewan | 21e | 1e | Discours sur la santé (en assemblée) | 24 juin 1987 | George McLeod | Minister of Health | Progressive Conservative Party of Saskatchewan |

Thank you very much, Mr. Deputy Speaker. It's indeed a pleasure for me to enter into this debate on the budget. On behalf of the constituents of the Meadow lake constituency, in the north-western part of our province, that I have the privilege of representing here for the third term. . . I always consider it a considerable honour, frankly, Mr. Deputy Speaker, to represent those people in this House, and it's one that I know all members feel a similar feeling about, representing their people in this House. Often we don't address it in that sort of way in here, but I want to say on the record today, as I have done on other occasions in the past, that it is indeed a pleasure to represent those . . . of the earth people in this legislature and to speak on their behalf.

I want to congratulate my colleague, the Minister of Finance, for the budget speech and for the budget that he brought down here one week ago here today. The budget presented by my colleague is realistic and it's responsible, Mr. Deputy Speaker. On the one hand it recognizes that some hard decisions were needed if we are to stabilize our province's revenue and expenditure picture; but on the other hand it recognizes the need to preserve the essential safety net of social support programs for the people of our province.

Mr. Speaker at times like these, governments can be tempted to ignore deficits and to keep on spending as if money was readily available. That might be a popular thing to do in the short term, but sound financial management is not a popularity contest, Mr. Deputy Speaker It's a matter of acting in the province's present and future best interests, and at times it involves difficult, yes indeed, even some tough decisions.

Mr. Speaker, this government has had the courage to make these decisions, because we know that in the long run they are going to lead to a stronger Saskatchewan. And, Mr. Deputy Speaker, I believe that the people of Saskatchewan recognize that what we are doing is right and it's necessary. They are realistic people who know that if you don't keep your financial house in order, sooner or later it will catch up with you as a society. Unfortunately, the members opposite, Mr. Deputy Speaker, don't have the same grasp on reality as those

They refuse to understand some very basic facts. If your expenditures are higher than your revenues you have three options. You have basically three options, Mr. Deputy Speaker. You reduce your expenditures; you raise taxes to increase the revenue, or you do a combination of those two; or you do nothing and you let the deficit pile up. That seems pretty obvious, but apparently not to the members opposite, some of whom are chirping away here just now. They criticize expenditure reductions, and many of them have done that in the past few days. We've heard it here and out in the media and elsewhere. They criticize measures to increase revenues. They're against that. Don't raise taxes; they're against that. Don't make any kind of cuts in programs or changes to any programs; don't do that. . . . deficit has to be reduced. Don't have a deficit. That's what they say, in all cases. They can't have it both ways, Mr. Deputy Speaker.

As I said, the members opposite just don't have the grasp on reality that our people in this province have. They have to be reminded that we're living in changing times, and we are. We're living in changing times, folks, and that the world is a much different place than it was some years ago.

The changes were dramatically illustrated by the Minister of Finance in the economic and financial report he issued last March, on March 5th. That document shows what has happened on the world markets with respect to the products of our primary industries here in this province wheat, oil, potash, uranium. We're part of the global economy whether they want to accept it or not, Mr. Deputy Speaker. And for anyone to suggest that Saskatchewan should be able to carry on as though that economy were strong and healthy is sheer nonsense.

Mr. Speaker, it's the role and responsibility of government to be constantly looking for more effective and efficient ways to use the taxpayer's dollar for the benefit of the public as a whole. And that doesn't mean looking for ways to keep spending more money, adding more and more programs, and building a bigger and bigger public service to administer those programs. That's not the answer, Mr. Deputy Speaker.

It also means re-examining needs and priorities. It means looking to see if there are better ways to provide services, and sometimes it means deciding that it is simply no longer appropriate to keep on funding a particular service. It's a dynamic process of change, Mr. Deputy Speaker, and it is essential if we're to remain a strong and progressive province.

Mr. Deputy Speaker, it seems those same members opposite don't like that process of change. They seem to think that once something has been put in place it has to stay there in the same way for ever. If the NDP had invented the automobile, Mr. Deputy Speaker, we'd all still be driving Model's. This process of dynamic change applies to the field of health care just as much as to any other area of government expenditure and public policy. And as Minister of Health, this is naturally the area of the budget with which I am personally most involved.

When Premier Devine's government took office in 1982, Mr. Deputy Speaker, we stated very clearly that the health care system would always be one of our top priorities. We've lived up to our commitment and would be here a long time if I were to list the numerous ways in which we have strengthened health care services for the people of our province in the last term of office. Some people would argue that if health care is a priority, it should be excluded from all considerations of fiscal restraint. Some would say that. Many of those members have said just that. They've just said that.

And they say it should not be subjected to the same rigorous scrutiny as other programs. That's what they say, Mr. Deputy Speaker. But that's a completely unrealistic and untenable approach. The fact is that one out of every $3 spent by the provincial government goes to health care. Health expenditures now amount to over $3 million a day, Mr. Deputy Speaker, every day of the year. Or to put it another way, we spend $1,200 per capita on health care each year.

When we talk about deficit reduction, there is no way we can approach it realistically if we ignore such a substantial element of provincial expenditures. Certainly it will be a major challenge to all providers of health care services, including the government, to continue providing quality services to the public within these constrained circumstances.

However, I know that we can meet this challenge and that the integrity of essential health care programs will be maintained, Mr. Deputy Speaker, will be maintained for the people in our province.

And let me suggest that health care should be seen as a beneficiary of this exercise, rather than as some type of victim, as has been portrayed as well by some of those members opposite.

If we didn't get our financial house in order, our economy would eventually reach the point where we might not be able to sustain an acceptable level of health care and other social programs that we have. But by acting now, we will put ourselves on a firmer footing for future growth and development. And when that happens, the public will benefit through enhanced health care services. Mr. Deputy Speaker, that's the context in which we have approached health care in this budget, and it is the underlying basis of the changes we have made.

Those members over there, through their over-inflamed rhetoric that we've heard on several days we've come back here, and on some days before that, would like the public to believe that somehow the action we have taken with respect to the drug plan, for example, and the dental plan and other areas, reflects some dark scheme to dismantle the health care system. You've heard it; I've heard it from my member, from the person who preceded me in this debate.

But let me just remind all hon. members of a few very simple points, Mr. Speaker. Who was it that eliminated extra billing in this province? Was it you? No, it wasn't. It was this government, right here. Who was it who introduced the property program for seniors? Was it those members over there, Mr. Deputy Speaker? No, it wasn't. It was the members on this side of the House, and this government of the Hon. Grant Devine, Premier. Who was it who launched the new Wascana Rehabilitation Centre in Regina, Mr. Deputy Speaker? Was it them? Certainly not, over a good number of years - not them. It was this government that launched that program, a very important one for this province. Who was it that built the new cancer clinic and the 238-bed Parkridge Centre in Saskatoon? Was it them, Mr. Deputy Speaker? No it was not. It was this Progressive Conservative government of Premier Grant Devine.

And does it make any sense at all, Mr. Deputy Speaker, to suggest then that a government who did all of these things is now trying to destroy the very system that it worked so hard to improve? Does it make any sense? Certainly not, Mr. Deputy Speaker. And I ask all members over there to keep your opposition and your rhetoric in all of these areas in some kind of perspective. Keep that in some kind of perspective when you're dealing with the public in a province.

Mr. Speaker, Saskatchewan will still have an excellent children's dental program. And to suggest that we won't is an insult to every dentist in this province, many of whom are graduates of our own dental college at the University of Saskatchewan in Saskatoon.

We'll still have quality basic programs in our hospitals, in our medical care, in our home care, in our special care homes, and so on. And even with the changes that will take effect in the drug plan on July 1, Mr. Deputy Speaker, we will still have the most generous universal drug plan that exists in the Dominion of Canada, and that's not something that we're hearing from those people over there. The scare tactics and the rhetoric that they're using would have people believe that there is to be no drug plan, that there is to be no dental care for children. That's absolutely false, Mr. Deputy Speaker, and what I say to them is: keep your opposition in some perspective on behalf of the people of Saskatchewan.

Mr. Speaker, we'll have a Sail program, Saskatchewan Aids for Independent living program, that will provide services more effectively and conveniently for people who need rehabilitation equipment. The Saskatchewan Abilities Council is recognized far and wide throughout this province and beyond our borders for its expertise. And I'm pleased to say that we've been able to reach an agreement with the abilities council that will result in a better program for Sail beneficiaries through a network of five depots around this province to replace the two depots that existed when that program was under government. Five depots around the province - much better services for the people that need it.

Do I hear them saying anything about that? No, Mr. Deputy Speaker, because they know it's the right decision, and it is the right decision, and it's been well received by the people and the handicapped people in the province.

And, Mr. Deputy Speaker, it's interesting that when the members opposite talk about health care, they conveniently forget to mention a couple of very significant initiatives that our government is taking, and has taken over a period of time. Let me remind all members in this House today, and the people of Saskatchewan, that even in these constrained times the budget for the Saskatchewan Alcohol and Drug Abuse Commission is being increased this year by 69 per cent to $13.2 million.

Mr. Speaker, substance abuse has been identified as one of the major health care issues among our young people, and we are responding to that concern by giving it priority attention. I want to mention in particular the new Whitespruce youth treatment centre near Yorkton. We are spending $1.5 million this year on what is the first facility of its kind in Canada - a specialized youth treatment centre for substance abuse. Together with many other initiatives we're taking in this area, we're responding in a very significant way to an issue that has emerged as one of the most important health concerns in our society today.

And as well, Mr. Speaker, we're responding to the growing problem and the growing public concern about that horrible disease virus, AIDS (Acquired Immune Deficiency Syndrome). Some people would argue that AIDS is not a major issue in Saskatchewan, compared to other parts of the country. But, Mr. Speaker, people are dying from AIDS, and every one of those deaths is a human tragedy. Because there's no cure for AIDS yet, the only effective approach is prevention and education. As one expert put it, "The only vaccine against AIDS is knowledge."

Mr. Speaker, last month my department sponsored a very successful. two-day symposium on AIDS in Saskatoon. This symposium was designed to build on the valuable work already completed by the advisory committee appointed by the former minister of Health, my colleague, the member from Indian Head-Wolseley. The symposium was also the next logical step in the development of an effective strategy for AIDS education here in our province of Saskatchewan.

Once again, Mr. Speaker, this government is responding in a positive and concrete way to health care issues as they emerge in the changing society in which we live. Unlike those members opposite, we're not trapped in the past, Mr. Deputy Speaker, but are establishing policies and programs that will meet the needs of today, and of the future.

The budget speaks for itself, Mr. Deputy Speaker. Total health care expenditures for 1987-88 will be higher than they were last year, or at any other year in the history of this province. And in a time of overall fiscal restraint, that is clear evidence of our continuing commitment to maintaining a quality health care system. The fact that we need to take a good hard look at where and how we spend our health care dollars and the number of dollars we spend in no way diminishes the importance of ensuring that Saskatchewan people have access to quality health care services.

Mr. Speaker, the budget speech talks about new directions and new priorities in health care. The opposition evidently believes that change is a bad thing. When we talk about a new role for rural hospitals, they, all of them, immediately talk about closing hospitals. You've heard them, I've heard them, and the people of Saskatchewan have heard them. When we talk about revitalizing regional hospitals, they can't focus on anything but a particular problem in this location or that location.

Mr. Speaker, you don't build and maintain an effective health care system by looking at specific parts of the system in isolation; you do it by looking at things from a global perspective, and making sure that all facilities and all programs are working together properly. That's what we're doing, Mr. Speaker.

We're recognizing the reality that the roles of health care facilities have changed over the years. We're recognizing that the hundreds of local boards that have grown up over the years may not be the most effective or efficient way to administer services at the local level. We recognize that the system is lacking in adequate mechanisms for accountability. And we recognize that people need to be encouraged to assume more personal responsibility for their health or, to put it another way, for their personal wellness. People need that. And we will be facing these issues in a consultation with administrators, with providers of service, and with the public. We know that only in this way will we ensure the continuation of effective health care for our people into the 21 st century and beyond.

Mr. Speaker, we have no intention of developing some game plan and then telling Saskatchewan communities, this is what you must do. As the Minister of Finance indicated, we will soon begin an extensive consultation process to discuss how we can best restructure services on some type of regional basis. I'll shortly be releasing a white paper setting forth the need for change and suggesting some directions we could be moving in.1 hope that this document will serve to stimulate discussion among all the stakeholders in the system; and I don't just mean professionals and administrators, I also mean the general public, the people who create the need and demand for services and whose tax dollars are used to pay for those very services.

Mr. Speaker, let me just reiterate the goals of this consultation process. We intend to redefine the mandate of rural hospitals to accommodate the needs of the communities they serve. Note that we aren't talking about closing hospitals, Mr. Deputy Speaker, but about making them more effective. We intend to revitalize regional facilities and, where appropriate, to reduce duplication of services in cities. Again, Mr. Speaker, a logical goal if we're to have a rational and efficient system.

We will assess the ratio of spending on health care administration to spending on front line patient care. This is where the question about the number of boards comes in, Mr. Speaker. The time has come when we have to ask ourselves seriously if we need over 400 separate local boards to administer health care programs for a population of one million people. We have to ask ourselves whether we are spending money unnecessarily on administration - money that could be better spent on actual services.

Finally, we intend to decentralize the decision-making process to ensure that all participants have a stake in the performance of the system, thereby making it more responsive to the needs of the people. To put it another way, we want to see that those who generate expenditures in demands for funds become more accountable for the effective priorization and utilization of the health care dollar that they're spending.

As I've said, we have no preconceived ideas about where this process will eventually take us. And unlike the members opposite who seem intent on creating unfounded fears and anxieties among the public, we intend to layout the facts in a frank and open way and to engage in constructive dialogue.

Mr. Deputy Speaker, we have faith in the people of this province. And I believe that when they see the need for change and see that effective alternatives are available, they will respond in a positive way.

As I've said, Mr. Speaker, the budget speech clearly outlines the need for new directions in health care, and we are committed to taking the necessary steps, both through funding and other initiatives. Mr. Speaker, when the members opposite aren't trying to see some dark scheme in health care, they claim that the government is making random decisions with no common elements to those decisions. They can't seem to make up their minds which it is, but it doesn't really matter because they're wrong on both counts, Mr. Speaker. But if the question is whether health care fits into overall government policies and strategies in some logical way, then the answer is definitely yes to that.

And I want to explain the relationship from three perspectives. First, as I have said, health care remains the number one social priority for the provincial government. It's the most critical component of the network of social support services that are in place to provide necessary protection to our public. And that is why in making program changes, we've been mindful of the needs of special groups such as seniors and those on social assistance.

In the drug plan, for example, seniors will have a much lower deductible than other families and individuals, and the social assistance recipients will continue to receive the same benefits as they do at present. So health care is indeed part of broader government strategy in terms of ensuring we protect the health and well-being of Saskatchewan people, but is also part of broader strategies in other ways.

Our health care system is a major user of a wide range of supplies, equipment, and other products, Mr. Speaker. This means it is a source of potential opportunities for Saskatchewan business in terms of manufacturing and distribution. One of the key components of the government's economic strategy is to develop and diversify our economic base by encouraging and assisting new enterprise. And we want to see the health care system contributing to this objective to the greatest extent that's possible.

One way of doing this is through the Buy Saskatchewan program that all members will be aware of, in which purchasers are strongly encouraged to direct as much of their expenditure as possible to Saskatchewan-based suppliers, distributors, and manufacturers.

A second way to promote economic development is by assisting new companies to locate in the province to serve the local market. An excellent example is the new Canapharm plant making intravenous solutions in Wolseley which will help to reduce our hospitals' heavy dependency on sources outside our own province.

And now I want to mention a third and final way in which health care fits in with overall developments in the province. Throughout society, not just here in Saskatchewan, but across Canada and in other countries as well, some major stock-taking and re-evaluation is going on. People are recognizing that, on the one hand, we want to maintain excellence in the programs that have been built up over the years, and to improve and expand where possible. But they are also recognizing that government cannot continue to be the source of all or nearly all funds for every program that might be desirable. This is true in health care as it is in any other area.

The challenge is to look at other ways of sustaining programs, to see where volunteers might be encouraged instead of paid staff, or to look for additional funding within the community. This is not a question of government backing off from its responsibilities, Mr. Speaker, it's a matter of defining the extent of government responsibility as opposed to responsibility of the community and of the individual. And it's a matter of achieving a realistic and appropriate balance among those three.

Mr. Speaker, our government does not believe that direct delivery of services by government is necessarily the best approach in all cases. Sometimes it is the only effective option, but where we have the human resources and other necessary strength in the private sector, we believe that it is the route we should be looking to. Nor do we believe, Mr. Speaker, that a program whose costs are offset in part by direct public charges is necessarily worse than a program whose costs are borne entirely by government, with no charge to the public.

No one would suggest that we return to the days of premiums or utilization charges for medical and hospital care or other essential services. But that policy does not have to be extended to every single program and service. As I said a minute ago, it's quite appropriate for communities and individuals to assume a reasonable level of financial responsibility. It is a matter of achieving a realistic balance.

Mr. Speaker, I've indicated health care fits into broad provincial strategies and developments from three perspectives: protection of the public; economic development; and reassessment of roles and responsibilities in our society.

To put it another way, it fits into the three priorities that were laid out so eloquently by my colleague, the member for Qu'Appelle-Lumsden, the Minister of Finance, those three priorities being: to build this province; to protect our people; and to diversify the economy within which we live.

Obviously many challenges are involved in successfully achieving our objectives. But this government is committing to meeting those challenges, in co-operation with those who are responsible along with us, for the delivery of health care services: the federal authorities, administrators, non-profit organizations, all of the health professions, and others.

Mr. Deputy Speaker, as Minister of Health, I'm not averse to criticism, provided it is genuinely constructive, and it isn't simply based on impractical emotion that any changes or any reduction in funding, programs or services, is unacceptable. That's what we hear from there. Any change, any addressing of change, any realization that we're in a world of change is inappropriate. That's the inappropriate sort of rhetoric that we hear from those opposite.

As I have emphasized, the government is committed to deficit reduction, and my specific task is to contribute to that objective in the health care field in a realistic, but in a sensitive way.

Mr. Speaker, it's been a pleasure for me to rise in this Assembly today and to outline for the people of Saskatchewan our government's commitment to an effective and efficient health care system. That commitment is characteristic of the dynamic and forward-looking policies of all members on this side of the House. And when this debate concludes, I'll be proud, tomorrow, Mr. Speaker, to lend my personal support to the budget delivered by my colleague. Thank you very much, Mr. Speaker.