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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Saskatchewan | 21e | 2e | Discours sur la santé (en assemblée) | 8 avril 1988 | George McLeod | Minister of Health | Progressive Conservative Party of Saskatchewan |

Mr. Speaker, it's with a great deal of pleasure that I enter this budget debate here in the 10th year in this legislature, representing the people in the Meadow lake constituency. And it's with a great deal of pride that I do that once again, to stand and speak on their behalf in support of this very forward-looking and excellent budget.

Mr. Speaker, I just want to say a few words before I get into the substantive portion of my remarks as it relates to the Department of Health and all of the very many things that are going on there, to speak just for a few moments about the constituency that I have the honour to represent here.

We had an example just this morning in the question period from the member from Regina Victoria, speaking about and asking questions and suggesting that members from outside of this city should not be using the government aircraft, members who have responsibilities which are far beyond the responsibilities of the members serving their own constituency.

Mr. Speaker, I'm one who represents a constituency which is a good long way from this city of Regina, this capital city. My riding, Mr. Speaker, to put that into context, the town of Meadow lake, the largest in my riding, is the same distance from here as is Winnipeg, just so people will know that. The member from Morse comes from the area around Swift Current. There were questions asked about his use of government airplanes, and so on.

Mr. Speaker, the point here in all of this, and the point that always strikes a chord with me when those members who are very urban in nature. . . that urban member from Regina Victoria, who as the member. . . as my seat mate said, can just walk over to the other side of the lake and be home in his constituency. I take very great exception to that because I believe the people of this province, as I know very well the people in my constituency, very much want executive positions, extra work to be done beyond that which you do for your own constituency, to be done by members. . . not only members who are from proximity. . . in close proximity to the capital city, but to be done by members who are from all parts of this province, and therefore represent the feelings and the views of people from all parts of this very large province that we are very proud to represent.

So I take great exception to those questions.

Mr. Speaker, this 1988-89 budget is a substantial indication of the priority our government places on the well-being of all of the people here in this province. It provides a meaningful balance between our social and economic structures, and is clearly designed to improve the quality of life for all of our people.

Mr. Speaker, this is an honest budget-an honest budget. It's one that reflects our current economic state. We were willing to lay the facts on the line and to seek solutions to the issues which face our province in a partnership with our people. And because it's an honest budget, I congratulate the Minister of Finance, my colleague, congratulate him for the way in which he's approached this.

Mr. Speaker, as he said in the budget. . . in his budget address, and as others have said before in this debate, what government is about, to a large extent, is making choices. Mr. Speaker, our Minister of Finance has made choices; we on these benches, this Progressive Conservative government has made choices in the development of this budget. And, Mr. Speaker, judging from the reaction in the province from the people representing the various sectors, they have been agreeing with the choices that we have made. So for that I congratulate the Minister of Finance for an honest budget, Mr. Speaker.

Mr. Speaker, this is a responsible budget. It's one that recognizes the priorities that exist within our social structure. Equally, the Minister of Finance has reinforced our commitment to good management in this province. Once again, Mr. Speaker - choices. We made those choices and we made those choices, and he expressed those choices in his budget address with good management of this province very much in the forefront.

Mr. Speaker, this is a budget of determination, one that clearly states the intent of our government to meet the challenges facing our people, not only now, not only in the present, but on and into the future.

This is a budget that respects the right of our people to choose, encourages responsible decision making, and invites personal involvement in the affairs of our province. And that's extremely important to all of our citizens, once again, Mr. Speaker, wherever they might live, for the benefit of those members who don't have a sense of this province being beyond this city.

This is a budget that boldly states the vision of our government for the future of Saskatchewan. That vision is one of partnership, of equality, and of the willingness to listen and respond to the needs and aspirations of our people in formulating government policy. We believe in the principle of government as the servant and not as the master, Mr. Speaker. That's on the back of every card that every member of the Progressive Conservative Party carries proudly in this province. We believe in government as the servant and not the master.

And in serving, Mr. Speaker, in serving in that way, we make choices. People will make choices. There's no clear policy direction coming from those benches throughout this debate, Mr. Speaker, those opposition benches. No clear policy alternatives.

My colleague from Indian Head-Wolseley said that very clearly in his contribution to this debate the other day. They are not offering alternatives. They are standing there with the same inflamed rhetoric that they have had for a number of years, scare tactics, hiding behind the anonymity of large numbers which mean nothing. What means something, Mr. Speaker, as my colleague said earlier in question period - individuals and the cases and the collection of those individuals. So there are no clear policy directions coming from over there.

Mr. Speaker, our budget, as I said, represents choices that governments must make, and it represents the proper choices that I believe this government has made.

Let there be no mistake, Mr. Speaker, solid, sound health care is and always has been our top social priority in Saskatchewan. Saskatchewan people - that's the nature of our people. It's the nature of our people. We in Saskatchewan are committed to preserve and improve the quality and accessibility of health care services for our people, and equally committed to responsible management of the system - a very key point.

Our record speaks for itself, Mr. Speaker. When we came to office we faced a system that was the victim of choices that had been made by another government that was here. I acknowledge when they were in government, as we must, they made choices. Mr. Speaker, I submit to you, and I have submitted to you in the past, they made the wrong choices. They did not make proper choices as it relates to the management of a very large system.

Rehabilitation services. Some examples: drugs and alcohol and the abuses that go on there. They did not make the proper choices there; in fact, they ignored these things. A moratorium on the construction of nursing homes for our senior citizens - those were the choices that they made.

Major hospital regeneration was needed. In some halcyon days - in some days when there was some money from potash, money from oil, agriculture was up - all of those things were taking place on the revenue side of the ledger, and they made choices, Mr. Speaker, and the choices that they made were. . . to a large degree ignore many of those things that I've just mentioned. Mr. Speaker, those were not responsible choices. The choices we have made have been responsible ones.

Mr. Speaker, there are basically two tracks that we must be on when something as large as this enterprise, this health care enterprise, any time we are developing a budget, and we've done it now for six years. And those tracks are the following: obviously there is the track of this budget in this fiscal year for the present, for the here and now, if you will. That's one track, and it's an extremely important one, and it is the one that will raise questions, and it is the one through which people will raise questions. And there will be debate as time goes on, and there will be a crisis here, and so on, as time goes on. That's the case, and we know that, and we recognize that.

But there's another track which is very important, and a track which I submit we have approached in a very responsible way and that the former government did not. And that second track is a visionary one, it's one of planning, it's one of accepting the responsibility that comes with occupying these executive benches and saying, what will this enterprise, what will this health care system look like? How will it serve our people, not only now, but not in this fiscal year, or next Tuesday, or however, but how will it look in 1995, for example? What will it be like at the turn of the century, in the year 2000, because each of us who occupies these benches for whatever period of time has a responsibility to look forward?

Mr. Speaker, that second track is the track which takes us to the regeneration of the hospitals. Some of the things that have been going on here recently, some of the building programs that have been going on, some of the recognition of the demographics of this province where we have our numbers of senior citizens rising and so on, that second track is extremely important, and the two tracks should never. . . either one of those should never be done in isolation. They should be done in parallel, and that is what we have done with this budget, Mr. Speaker, and that is what this government continues to do and will continue to do as long as this Progressive Conservative Party occupies these government benches, Mr. Speaker.

Mr. Speaker, our government has taken a balanced approach to the funding of capital projects in the health care sector. In 1985, $275 million was allocated for a five-year hospital construction program. Since that time, new hospitals have been built at Lloydminster, at Maidstone, at Watson, at Hudson Bay and at Watrous. Integrated facilities have been established at Dinsmore, Fillmore, Gainsborough, Goodsoil, Lampman, Lucky Lake, Mankota, Nokomis, and Rabbit Lake, Mr. Speaker, a proud record. And in each of those communities that I've mentioned here today, there are a lot of folks who are extremely pleased with the facilities that have been built in their communities, a lot of people who have worked extremely hard to see those construction projects come to fruition for the service of their people, and I congratulate them for that, and also say to you, Mr. Speaker, that is a proud record for the government in the times that we've been facing to have that kind of a construction program, Mr. Speaker.

- Regeneration projects have been completed in Regina for the Regina General and the Pasqua Hospitals. In fact, as I mentioned just a moment ago, our Premier and I had the honour to attend the official opening of Phase 3 of the Regina General project only two days ago - $30.2 million, Mr. Speaker, $30.2 million of commitment to the kind of hospital facilities that are needed, not only here in Regina but in all of southern Saskatchewan, Mr. Speaker. An excellent commitment, a commitment by a government that has a view to the visionary track that I spoke of earlier.

We are proud to have funded the new $16 million cancer clinic in Saskatoon, another area that had been neglected for a number of years. This clinic will provide a much needed focal point for cancer research and treatment in this province.

Major renovations have been completed at Melfort and Yorkton Union hospitals. Psychiatric wards have been improved at Saskatoon City Hospital and the University Hospital. We are in the midst of completing other important construction projects at Wascana Hospital in Regina and St. Paul's Hospital and University Hospital in Saskatoon.

Mr. Speaker, our construction work at University and St. Paul's hospitals will significantly increase space available to patients. These projects, in addition to the building of the new Saskatoon City Hospital, Mr. Speaker, the new Saskatoon City Hospital, will have a positive effect on elective surgical waiting lists in Saskatoon.

Last year alone, Mr. Speaker, we funded an additional 2,000 operations in Saskatoon, and in July we opened a new day surgery unit with the capacity to perform 3,500 operations a year. Over $15 million has been targeted to reduce waiting lists for elective surgery, and the key word in that, Mr. Speaker, is "targeted" - targeted dollars at those specialties which were causing and which continue to cause, I acknowledge, the waiting list problems or the time that people will have to wait.

We've already begun to see the positive results of our efforts, Mr. Speaker. The number of operations performed in Saskatoon has increased by 42 per cent since 1983. Our most recent data confirms a decrease of almost 12 per cent in the number of people waiting for elective surgery from September '87 to February this year. And yes, Mr. Speaker, waiting times are decreasing as well waiting times are decreasing as well. And the key in that, Mr. Speaker, the key in all of this-and when we hear the rhetoric from opposite, where they talk about the numbers of people on waiting lists that require services from our excellent facilities - the key in all of this, any time there's a discussion of waiting for elective surgery, it is the length of time which is key, more so than the number of people who are waiting for particular procedures. The length of time an individual will wait is the key, and that is where we must target our dollars, and that's where we are targeting our dollars. And I'm pleased to be able to say, to some extent we're having some success there, Mr. Speaker, now.

Mr. Speaker, unlike the choices made by those members opposite in the days when they occupied these benches, we've recognized and responded to the needs of seniors for specialized health care services.

Since 1982, Mr. Speaker, some 1,741 special care home beds have been constructed or approved for construction in this province. Compare this to the NDP record of 700-odd beds during their last seven years in office, from 1976 to 1982. Once again, Mr. Speaker, when the revenue side of the ledger was there and there was some money there to spend on it, did they make the choices to spend it on facilities and health care facilities for our seniors? Did they make that choice? Mr. Speaker, they did not make that choice. They made the wrong the choice. And to do nothing, as they did - to do nothing, as they did - is a choice, Mr. Speaker. Don't ever. . . we must never let them get away with the feeling that it wasn't a choice. They had a choice; they chose to do nothing.

We have. . . Mr. Speaker, local special care homes are now being built and staffed to heavier care standards, another key point in our health care sector. We are systematically replacing older facilities designed for lighter care needs with new heavy care beds, and in the past five years we have added over 400 new positions to existi ng homes at a cost of more than $10 mi II ion - $1 0 million for new positions in special care homes, Mr. Speaker, a record that we are proud of. And we also acknowledge, Mr. Speaker, that there is need for more. There is an acknowledgement of that, and there is an acknowledgement of that in this budget presented by the Minister of Finance.

This is a record we're proud of, one which every other province in this country would be hard-pressed to match, and one that we will continue to build on, as I've said.

However, Mr. Deputy Speaker, institutionalized care must be the last option. Our primary commitment to seniors remains to improve the quality of life for those individuals, and to keep them from institutionalized care as long as is possible with the kind of services that we can provide for them.

And for this reason, Mr. Speaker, we have actively encouraged the development of a wide range of programs at the community level. Innovative support services like home care, adult day care and respite programs interlock with family support and senior enriched housing options. Even those with heavy care needs can stay close to family and friends under these kinds of programs, Mr. Deputy Speaker, and within this environment our seniors can enjoy life to its fullest.

Yes, Mr. Speaker, we've made choices, and we believe we've made responsible choices in these areas. We've lifted that moratorium under the stewardship of my colleague, the member from Indian Head-Wolseley, when he occupied this portfolio, and we are continuing that, Mr. Speaker. And we are continuing that, Mr. Deputy Speaker, and we're proud of it.

Mr. Speaker, we made choices with regard to our children's dental program, and with these changes our children's dental program is still the best offered by any province in this country. Our program is the best offered by any province in this country right now.

And as of now, Mr. Speaker, a bit of an update, close to 90 per cent of all eligible children are registered with a dentist; 97 per cent of our dentists throughout the province participate in the program; each of our dental health educators visits over 800 children between five and 10 years old to provide firsthand instruction on good dental health.

Mr. Speaker, our changes to the dental program have prompted continued growth in the development of rural dental practices, practices out there on the main street which speak to the viability of those rural communities. Since the spring of 1987, numerous satellite and principal clinics have opened for business in our towns and villages. Many communities are negotiating with dentists to provide service in their areas. Establishment of these rural practices is speaking directly to the viability of our smaller communities.

Mr. Speaker, that's not only something that's done in isolation here in the Department of Health, that's something that's been a commitment of this government in whatever department we represent, to speak to the viability of rural communities in this province, and every time a new enterprise can open on the main street of one of those communities, it speaks directly to that viability. And these dental services, whether they be satellite services or principal dental clinics, speak to that viability.

Mr. Speaker, all Saskatchewan people now have an opportunity to see a dentist in an area close to their own community, and that's not something that you could always say. We're projecting an annual saving of 5.2 million as a result of changes to the dental program, Mr. Speaker. And as I said before, yes, we made choices and we continue to make choices as we must, and as everyone who occupies government benches must at any time. We made choices. We believe we have made responsible choices for the future of this province.

Mr. Speaker, we've made choices with regard to the drug plan in this province as well. Saskatchewan has an excellent prescription drug plan, Mr. Speaker. It is very comprehensive and it provides substantial access to services for our people.

We've built in a series of exemptions to recognize the special needs of our seniors in nursing homes, those with chronic illnesses and others. Cost savings in this program are projected at some 22 million for last year, because it was for one-half a year, and on an annualized basis, for a one-year basis, the changes in that drug plan, the choices that we've made - difficult ones, Mr. Speaker, difficult choices, but choices which had to be made and which were responsible - the annualized savings will be in the order of $50 million, Mr. Deputy Speaker.

We continue to monitor the results of changes to the drug plan. We took a plan which had been successful, which all reports from Manitoba said, this is a successful plan, it works well for the citizens of Manitoba. Everyone said that. No one in Manitoba was complaining, whether they lived in Hamiota or in Waskada or in Brandon or in Winnipeg. Citizens of Manitoba believed that they had a good drug plan. When we went out to look at our drug plan, we said, there's a plan that works, and we talked to the people there, and they said, this plan works.

Now, Mr. Speaker, obviously there have been some concerns, obviously there have been some concerns about it here. Our people have not accepted the drug plan to the same extent that they did in Manitoba. But, Mr. Speaker, I'm pleased to report to you today that more and more, and to a wider and wider and wider degree, there is a level of understanding of the cost of drugs, which is important, and there is a level of understanding of this system now that is there.

Mr. Speaker, yes, we made choices, and we continue to monitor the results of changes to the drug plan in consultation with the key interest groups. But we made choices, we have people recognizing the cost, we had some resolve there, Mr. Speaker; we showed some courage there. Mr. Speaker, people expect that of their governments - no, Mr. Speaker, they demand that of their governments - and, Mr. Speaker, we have provided that.

Mr. Speaker, to protect the integrity of our delivery system to the people of the province, we successfully negotiated Saskatoon Agreement II, eliminating extra billing and protecting access for our people to insured medical services - another accomplishment of this government since coming to power.

I'd like to speak now for a moment on the area of rehabilitation. I spoke of this just briefly a few moments ago. Mr. Speaker, in 1979 the former government commissioned a review of all aspects of rehabilitation services across the province. The report on rehabilitation published in December 1980 conceded that - and let me quote here, and I do quote:

For some time the rehabilitation services in the province may in some areas be deficient because of a combination of inadequate facilities, insufficient manpower, a lack of community programs and an uncoordinated approach to service provision.

Now I give them full credit. They did a review; the former government did a review of that system, recognizing that there must be some need there, and there certainly was some need there. The review admitted that "rehabilitation services were a long neglected area of evaluation, frequently ill-defined, ambiguous and controversial." That was a direct quote.

After completing the review, some 113 recommendations to improve our rehabilitation services were identified. But the key here now, Mr. Speaker: did they act on any of those recommendations -did they act on those recommendations? The answer to that is no, and I say, shame. They did not act on those recommendations. Mr. Speaker, did we act on those recommendations upon coming into the Government of Saskatchewan in 1 982? The answer to that is yes.

One of the first and most important tasks that fell to our government in '82 was to begin the process of building and strengthening rehabilitation services across this province. And I'm proud to say that we've accomplished much in a very short period of time. We've laid the sound foundation for a sol id network of reliable service for all people in all parts of the province.

One of the major recommendations of the 1980 review called for two centres of rehabilitation, one in Regina and one in Saskatoon. In 1984 we appointed a new board of directors for the Wascana Rehabilitation Centre in Regina, and announced government funding of some $50 million to expand and improve the facility. We are now into the third year of a five-year phase construction program which will see the Wascana - just over here, very close to this building, as you know, Mr. Deputy Speaker - we are now in the third year of that program which will see the Wascana hospital become a regional rehabilitation centre for Regina and for southern Saskatchewan.

And in the case of workers' compensation and people who have been injured on the job in this province, it will be the centre for injured workers for all of this province.

Mr. Speaker, not only is it an excellent rehabilitation centre for Regina and southern Saskatchewan, and in some aspects for a!1 of Saskatchewan, but it is now recognized as it's coming off the drawing boards, as they see the construction going up, and as people come from other jurisdictions, people are coming to us from other parts of Canada who are addressing their rehabilitation programs, and they're saying, this is the program, this is the facility we are coming to study; this is the facility which is recognized in this country as being number one, the best in the Dominion of Canada, Mr. Deputy Speaker - something that everybody on this side of the House should be really proud of.

Mr. Speaker, let me just say one more thing as it relates to that, because when I go to the Wascana Rehabilitation Centre today with a good deal of pride and watch that construction going, staff in that hospital and people who have been patients there for some period of time, whether they be on a long-term basis or whether they are patients there who visit from time to time. . . there was a time in this. . . not very long ago when those folks were in government, when those people in wheelchairs, people in wheelchairs, handicapped people who were receiving services at the Wascana hospital, watched construction going on for some good length of time. They watched construction and the construction that they watched because of the choices made by those folks when they were in government, the choices that they made, the construction that those people who were in need of better facilities to serve them and their health needs; what they watched being built just across the lawn was the T.C. Douglas Building to house more public servants.

The T.C. Douglas Building, Mr. Speaker, they made choices-we will build a building; we'll build an edifice to Tommy Douglas, who. . . I don't say that he doesn't deserve having a building named after him, but I say, if you're making choices, build that building at another time and build the hospital for the handicapped folks first, and build the T.C. Douglas Building at some other time. Make your choices.

But, Mr. Deputy Speaker, they made their choices. They made their choice and they were rejected because of it, once in 1982, and they were rejected twice - they were rejected in 1986. And they will be again, because they are known for those kinds of choices. Mr. Speaker, we are becoming known and have been known for some time now for making those choices - for making those choices.

While upgrading these rehab services in Regina, Mr. Deputy Speaker, we've not been idle in Saskatoon. Our government committed $2.7 million toward a $3.9 million project to construct a new facility jointly housing the children's rehab centre, the Alvin Buckwold Centre, and the Saskatchewan Institute On Prevention Of

Handicaps. The new Kinsmen children's centre has been operating as an integrated facility since 1984, and serves as a base for regional rehabilitation services across northern Saskatchewan.

Mr. Speaker, we will improve access to rehabilitation services through the new $26 million Parkridge Centre in Saskatoon. The Parkridge Centre has a unique mandate in the rehabilitation field. Two new units have been created. The first, the rehabilitation unit, will extend clinical rehabilitation services currently offered by the University Hospital. The program represents a major increase in resources to the 21-bed unit and outreach programs at University Hospital.

The second, a geriatric re-enablement unit, is an extension of clinical gerontological services offered by University Hospital. This unit will allow patients to recover beyond the two- to four-week maximum established by University Hospital, until they are able to regain their potential ability to function.

We've made significant progress toward expanding community-based therapy programs as well, Mr. Speaker. Our provision of therapy services to rural Saskatchewan was expanded and reorganized in 1986. The existing hospital-based program was replaced by a new community therapy program. Our full-time therapist positions have increased from 10 to 20 - from 10 to 20, Mr. Speaker - and an additional 10 positions will be added in the next two fiscal years; a commitment to the therapy programs in this province, Mr. Speaker, a significant commitment.

Mr. Speaker, there are several mainstream rehabilitation programs now offered through Saskatchewan Health. The chiropody program, which was introduced by this government for our seniors and others, but primarily for our seniors, was developed and implemented by us, as I've said. Chiropody services are now available throughout the province, offered locally through some 23 satellite clinics.

We continue to explore other ways to extend the Saskatchewan Aids to Independent Living program. In 1984-85 we expanded the program's coverage to include many blind and visually-impaired persons through the aids to the blind program.

Mr. Deputy Speaker, we are also committed to the provision of audiological assessment and hearing aid services through the Saskatchewan hearing aid plan. In 1985-86, two new audiology positions were permanently assigned to the Prince Albert and North Battleford health regions to keep pace with the demand for service in those areas for this program.

In short, Mr. Speaker, we have met and exceeded many of the major recommendations of the 1980 review of rehabilitation. In one particular area, however, in one area of rehabilitation we have gone significantly beyond anything that they would ever have contemplated. On September 3, 1986, our Premier announced a landmark program in the field of rehabilitation. I'm speaking now, of course, of the Premier's initiatives for prevention and treatment of alcohol and drug abuse.

There's nothing new about the problems of alcohol and drug abuse, Mr. Deputy Speaker, and we know that. It's found at all ages, in all walks of life. The health, social and economic costs are staggering. It's a particular concern among our youth. An estimated one in 50 adolescents are daily users of alcohol or other drugs. Every year over 1,000 teenagers are convicted of impaired driving or of drug charges.

To address this growing concern, we have committed significant resources to the Whitespruce Treatment Centre near Yorkton. That facility is Canada's first specialized youth treatment centre based on a family-oriented program.

I'm pleased to inform hon. members that last month, in the month of March, Whitespruce opened its doors to its first patients. This year Whitespruce will be allocated $3.4 million, an increase of 125 per cent over last year. In Saskatoon we are relocating the Calder (Rehabilitation) Centre program, which is now in conjunction with St Paul's Hospital in an older facility; we're relocating that Calder Centre program to the Frank Eliason Centre.

Our efforts will result in a much improved environment for those recovering from alcohol and drug abuse. Opportunities for growth will exist where they did not exist before. The environment of the Eliason Centre will encourage program development and introduction of needed new programs, but more important, Mr. Deputy Speaker, it will demonstrate the value of making responsible choices for better health and for better life-styles.

The Saskatchewan Alcohol and Drug Abuse Commission has extended its network of funded agencies to offer treatment and rehabilitation services throughout Saskatchewan - seven new out-patient centres now serving Buffalo Narrows, Creighton, Humboldt, Kipling, La Ronge, Meadow Lake, and Melville. Other new centres, offering a variety of service, operate at Indian Head, at North Battleford, and at Kipling.

New or expanded facilities for established centres are under construction at Lloydminster and at Moose Jaw. SADAC, or the Saskatchewan Alcohol and Drug Abuse Commission, has added regional staff throughout the province to provide additional counselling services for youth and for their families.

To emphasize the importance of this society's war on alcohol and drug abuse, Mr. Deputy Speaker, this budget will provide SADAC with over $15 million in operating funds, an increase of 16 per cent over the very substantial amount they had last year.

In the past three years, Mr. Speaker - very key numbers here - in the past three years the funding designated to combat alcohol and drug abuse has doubled. This is a clear demonstration of our commitment to improve the health and the quality of life of our people.

Mr. Speaker, as I've said, responsible government is about making choices. Mr. Speaker, we have made choices, and we chose to deal with this rehabilitation field in a major way and to commit the funds to it to have an impact, if it's possible, and we believe it is, and to have at'} increasing impact on the rehabilitation of our people in this area.

Mr. Deputy Speaker, good mental health is just as important as good physical health. It is one of the essential factors in attaining a healthy life-style. We believe mental health is a service worthy of government support, and have made notable progress toward improving services in this area.

Beginning in 1983, mental health services for children and youth were expanded under this government. Increases were made in the number of training positions for psychiatrists - residency positions have doubled from six to 12.

New funding was provided for the development and expansion of crisis intervention services in Regina and in Saskatoon. Since 1984, $700,000 a year has been channelled to new program initiatives such as expanded crisis management services, support to self-help groups, suicide prevention programming, expanded autism services, and innovative service projects. New resources have been provided for young offenders. New treatment programs have been developed for wife batterers.

And on April 1, 1986 a new Mental Health Services Act was proclaimed to ensure that the human rights of patients are adequately protected. And I might say about that legislation, Mr. Speaker, it's seen across this country as landmark legislation; it's recognized by every other jurisdiction in the country as the landmark legislation in the mental health services area.

Mr. Speaker, another important facet of our health care system is our ambulance services. Our government has completed a review of ambulance services, and major recommendations resulting from that review have already been implemented. Funds for the ambulance program have increased by over 100 per cent since 1982 and now total over $6.8 million.

Ambulance service has been consolidated within the Department of Health to overcome the numerous problems in co-ordination which arose prior to 1982, and let me just hearken back to that for a moment. Can you imagine, if you allow logic to lead your thinking in any way, why ambulance services would have rested in the Department of Urban Affairs as it did under the former government, Mr. Speaker. Ambulance services properly belong in the Department of Health because they're an integral part of the delivery of health services to this province. And they are in the Department of Health under this government because logic - logic, Mr. Deputy Speaker - directs our thinking.

Mr. Speaker, a minister's advisory committee has been established as it relates to ambulances, and in conjunction with the Department of Advanced Education and Manpower we've expanded emergency medical technician training for ambulance attendants in the province. And, Mr. Speaker, I'm pleased to announce that after extensive consultation with key interest groups, the new Ambulance Act will be proclaimed this year.

Mr. Deputy Speaker, there can be no doubt the provision of quality health care is our number one social priority. We have demonstrated, time and time again, our commitment to an affordable health care system relevant to the needs of all of our people. We will continue to do so.

Our overall budget for health care has increased by some 68 per cent in the past six years. In six short years, a 68 per cent increase, Mr. Speaker. This year spending on health care will increase by $65 million, to over $1.2 billion. That's over $3 million a day, 365 days of the year. This represents the largest health budget in the long history of this province. In addition, capital funding of some $63 million will be provided for 26 health care construction projects this year.

Now, Mr. Speaker, we've heard what the members opposite have said about the budget, in critical ways, but, Mr. Speaker, we've also heard what the public of Saskatchewan have said about the budget. And, Mr. Speaker, I have heard, and others have heard, what the health care. . . people representing various sectors in the health enterprise have said about the budget. And all of the responses, from all of the sectors within health, have been positive to this budget, and I am pleased about that.

And they're positive because they believe we've made the right choices. And as I've said earlier, there were choices to be made over a number of years, and some of those choices weren't made and we've been facing some backlog situations, these needs, these things which we are now addressing, those needs were here for some time, and have been here for some time.

And in Regina, Mr. Speaker, an $11.7 million addition will proceed at the General Hospital. This is phase 1 of package 4, as we continue with the regeneration of that very important hospital to the service of the people of Regina and of southern Saskatchewan.

A much needed $3.8 million pediatric unit will be added to the Pasqua Hospital. This unit will replace the existing 40-year-old structure and provide comfortable, efficient surroundings for children confined to hospital at the Pasqua. A fire safety upgrading project, estimated at $1.78 million, has been approved for the Plains Health Centre.

And, Mr. Speaker, another area that's important to us and to this province, in terms of the service they provide, the Red Cross across this province provides excellent service to the the people of Saskatchewan in several areas, some areas that are not so obvious. Obviously the people in the province will recognize the Red Cross for their work in water safety, recognize the Red Cross for their work in the blood banks and in the collection of blood and some of those things. Mr. Speaker, the Red Cross does excellent service across this province in several areas.

Mr. Speaker, I'm pleased to say that after consultation with the people at Red Cross, and with co-operation with those people and from those people, a major renovation will be done to modernize Red Cross headquarters here in Regina, Red Cross headquarters for all of Saskatchewan. The expansion and upgrading of this building will result in an improved facility where the organization can carry on its extremely important work across the province.

Some renovations will also be done at the Saskatoon Red Cross building for a similar reason, because those services which the Red Cross provides have certainly outgrown the facilities that they've had. Those needs, as well, were there for some considerable length of time, Mr. Speaker. This government is responding to them because of a recognition of the work that the Red Cross does in this province.

Mr. Speaker, design work will begin on a new 140-bed hospital in Estevan to replace St. Joseph's, a proud hospital that's been there for some period of time - in fact I believe it's the 75th anniversary of St. Joseph's this year in Estevan. So a new 140-bed hospital designated for that rapidly expanding city.

Major renovation projects will be carried out at St. Elizabeth's Hospital in Humboldt, and at Milden Union Hospital.

Other upgrading projects scheduled for this year include Hafford, Kelvington, Melfort, Pangman, Davidson, Kerrobert, North Battleford, Radville, Shaunavon, Wakaw and Wolseley. Mr. Speaker, that is an impressive list, considering the circumstance that the finances of the province are in. That list represents choices made by this government. That list represents the kind of responsible choices we've made. And the people in the health care sector across the province, and most particularly in those communities that will be receiving these projects, are very, very pleased about the choices we've made.

Through our capital construction program we will continue to address the needs of our growing senior population as well. New nursing homes will be built in Elrose and in Wadena. The nursing home in Nipawin will be expanded by some 40 additional beds. Integrated facilities will be funded in Cabri, in Loon Lake and in Montmartre.

Mr. Speaker, I should say something about the integrated facility concept, just for a moment. Mr. Speaker, that concept was one that was introduced by the members of this government, by the former minister of Health, member for Indian Head-Wolseley. We have taken that concept to the rural areas.

We speak directly, and the concept speaks directly, to the viability of some small rural hospitals, because what the health care needs, and the health care services in many of those rural communities must address, as we look out into the future, is the change in demographics, in other words the numbers of senior citizens that we have.

And this integrated facility, by building special care beds onto the same structure which is now a very small acute care hospital, addresses that very need. And there are some economies of scale, there are some staffing overlap, there are many things that can be done in terms of boards and so on.

And rural Saskatchewan people, rural Saskatchewan people in the health sector are very appreciative of this new and innovative idea. And we hear about that as well from other jurisdictions in this country who are coming to Saskatchewan as they've done for many years, as they've done for many years under successive governments – I admit that, and I know that, and that's good, something our people are proud of. But they're coming once again to Saskatchewan to say, here's a concept that we are looking to adopt in our province.

Mr. Speaker, discussions between the Moose Jaw planning council and the Department of Health are very much under way, and members from Moose jaw. . . there are no members from Moose Jaw in here just now, but members from. . . and I don't say that in a disparaging way, but I know they will be interested. . . oh, I'm sorry, Mr. Speaker, I see one here. I'm sorry. I apologize. . .

-I'm sorry, and I do apologize to the member from Moose jaw North who's listening. I was surprised when he was so quiet. I normally will hear him from time to time when he's in here, so I apologize to the member in any case. And I did need a break for a drink of water, Mr. Deputy Speaker.

But the discussions between the Moose jaw planning council which will comprise folks who are involved with Moose jaw Union Hospital, with St. Anthony's, and with the Providence Hospital in Moose jaw are under way. There is a good deal of good will there, let me say. There has been a challenge put out to them. They've accepted that challenge in a major way in that city.

Let me say that, and it's extremely important. They have several facilities, and they have taken the challenge to say, and they are now looking at Moose jaw as the health centre that it needs to be and that it must be for a wide area, and for some things for southern Saskatchewan, frankly.

And I'm pleased to say here today that St. Anthony's Home, that many people in Moose jaw have been concerned about in terms of its construction and so on, is very much in this budget. So St. Anthony's Home will be there, but St. Anthony's Home and the construction of that will begin when the planning council has completed its deliberations and has come forward with their recommendations about what they would like to see happening in Moose jaw.

And, Mr. Speaker, I can report to you today, and I believe the member from Moose jaw will concur with me in that, the Moose jaw health sector, the people in Moose jaw are very much involved in this area, are very excited, are very

much excited about some of the things that are going on, and are very excited about the challenge that's put forward to them. And I want to congratulate them in a public way for the way in which they've accepted the challenge, and the way in which they are conducting those very extensive deliberations.

Mr. Speaker, a total of $4.6 million will be directed toward other special care home renovations across the province. To operate these facilities we will spend in excess of one million to upgrade staffing levels in special care homes where need so dictates. And close to $24 million will be spent on home care this year - $24 million on home care. This represents an increase of some 85 per cent in that area alone in the six years since we've been in government.

Mr. Speaker - and I will say to you as I have said to the people in home care and others - there still is a need for more money in home care; I acknowledge that; we all acknowledge that. There is a need for an increasing amount of money in the home care area. We know that. But the home care people - and I was very appreciative of the representatives of the home care association, who said to me on budget day that they are very appreciative of what has been done, of the choices that have been made in order to provide for this increase in the difficult times that we're in.

Now, Mr. Speaker, and I would... The member from Regina Centre wants to dispute that. I would invite him to talk to the home care association and see what they will have to say. I will be pleased to provide him with some of those comments.

But, Mr. Speaker, I am pleased that those people who are directly involved in the home care sector - not those people over there - but the people, the real people out there in the province who are involved in the home care area are pleased with the choices we've made. And as I've said to them, I know there's a need for increasing funding, and there will be, inevitably be, increases in funding as time goes on in this very important area.

Mr. Deputy Speaker, let me turn to another area of vital importance. Healthy people are those who take personal responsibility in pursuing healthy life-styles, Mr. Deputy Speaker. Health is like any other facet of life. To react positively, one must know and understand the implications of the right decisions and the wrong decisions.

This government, Mr. Deputy Speaker, this government and these members on this side of the House are committed to raising the levels of public awareness on life-style issues through targeted communications and education efforts. In fact this year our budget in this area has increased by some 200 per cent over last year.

And I've heard some criticism from members opposite who will take the narrow view always, as is their habit, frankly. They will take the narrow view and say, this is public affairs, and all of that. This is not some kind of political advertising, Mr. Speaker, to hear these people. Well I understand that. . .

And the member from Saskatoon South says he introduced similar programs at some time or other I acknowledge that.

I acknowledge some good programs in terms of the development of healthy life-style, encouragement of healthy life-style.

Mr. Speaker, what I'm saying here today is there will be expansion, there will be significant expansion in that area under this budget because of the importance of the area of promoting healthy life-styles. This budget supports public campaigns designed to improve the quality of life and encourage responsible decisions for better health.

Mr. Speaker, our initiatives on AIDS (acquired immune deficiency syndrome), on that issue and on that dreaded disease AIDS, are a good example of this principle. Mr. Speaker, some have said - as we have dealt with this issue and attempted to deal with it in a responsible way and an appropriate way for this jurisdiction - some have said, well there are only a few cases of clinical AIDS in the province, so on, 21 cases have reported up till now. But I submit to you, Mr. Speaker, that our approach in that area has been a responsible one, and I report to the House that I think the widest population in this province will agree that it's been a responsible approach to a very difficult issue, as it relates to a very difficult public health issue, and it is that. It's a public health issue.

Let me just go through what we have done in that area just so we can just see, in a chronological sort of way, to show the responsible way that this government has dealt with a very difficult issue.

Over the past several years we've developed a multi-faceted approach to tackle this AIDS issue. In 1985 we were the first province in this country to establish a provincial advisory committee on AIDS, and since then we have published a series of booklets done up by that advisory committee for public information and education.

We've expanded our provincial laboratory services to include full testing capability for HIV (human immunodeficiency virus), and we've arranged for pre-testing for HIV of all organ transplants in Saskatchewan. We added the drug AZT (azidothymidine), which is the primary drug for treating AIDS, to the prescription drug plan.

Last May we sponsored a symposium to discuss AIDS prevention strategies. In September we provided grants to AIDS Regina and AIDS Saskatoon to assist in providing street-front prevention information. And in conjunction with the Department of Education we've developed a curriculum guide for school boards to use in providing AIDS education.

We've expanded the list of reportable diseases in Saskatchewan to include HIV, the virus which causes AIDS. We've established community-based training to develop a network of volunteers who can speak to groups and organizations throughout the province and, Mr. Speaker, there is a great deal of interest among our people and a great deal of concern, and that's been an appreciated initiative.

We've just completed the first phase of a public advertising campaign on AIDS to raise public awareness, and, more recently, we have appointed an AIDS co-ordinator. Mr. Speaker, our response to this issue has been appropriate for Saskatchewan. Mr. Speaker, people in Saskatchewan who hold widely varied views on some of these issues have said, people from widely varied views have said, our response is a very appropriate one for this province.

I am just pleased that it has turned out that way because it has not been an easy issue to deal with, nor would it be for any government, certainly for any person charged with the responsibility for the public health of the citizens in their jurisdiction. We can only say that in these days, and when there is no cure for this dreaded disease on the horizon, the only hope we have is in education and is in information to as wide a group of our population as is possible.

I would like to briefly touch on one of the other major public awareness initiatives in health which our government will pursue. Saskatchewan is bound by a strong sense of family and community. Through experience we have learned the meaning of interdependence, working together to achieve a common goal, and at times in our history our very survival has depended upon this ability.

But we've also learned another important lesson, Mr. Deputy Speaker - that of accepting responsibility in our person, in our personal decision making, and in our personal actions. In the field of health care there is room to apply these qualities in the practice of healthy life-styles.

In the past few months it has become evident that there is broad public support for government involvement in this initiative. We've listened to the advice of our health care professionals, and we are prepared to respond to the needs of our people. We will seek to encourage a better quality of life for all through active promotion of good health care habits.

In the coming months I will be announcing full details of a major public program designed to involve all our people in making the right choices for better health - in other words, to encourage the preventive aspects, to promote wellness rather and be isolated to battling illness.

Mr. Deputy Speaker, I'd like to address one of the most important announcements made by our government in both the Speech from the Throne and in the budget speech - the appointment of a task force on health care issues. Mr. Speaker, this province has always been a leader in the field of health care. Throughout our history we have gathered together as a people to meet the challenge of change. We have struggled to build a health care system which is sensitive and responsive to the needs of all. We have proven our tenacity in addressing common issues.

And, Mr. Speaker, we have met with success as a people. Our collective efforts toward this goal have clearly demonstrated our ability to work together. Yet those who have gone before could not have foreseen the complexity of the many issues which challenge our health care system today. Those issues must be fully addressed by all people of our province. The shaping of our health care system to meet the needs of the 21 st century is no small task, Mr. Deputy Speaker, and it certainly is not an easy one.

Health care in its many facets is a complicated issue that represents our major financial and service delivery challenge for the foreseeable future. And I'm confident that all hon. members in this House who have responsible positions - and we all have because we represent a lot of people-I know that all members will agree that change is necessary if we're to continue delivering quality health care services which are both affordable and relevant to the needs of all our citizens.

The principle of universally accessible and affordable health care has for many years been a top priority of the people across this province. Today health care is, and will continue to be, the top social priority of our people and of this government. We are committed to excellence in health care, and equally committed to responsible management of the system.

Time and demographics have changed the use of our health care system. In Saskatchewan today the cost of providing health care services is in excess of $1,200 a year and growing for every man, woman, and child in our province. We must ensure access to medical services in rural communities, and a good supply of doctors trained across the full spectrum of medicine. We are facing some staff shortages in key medical specialties, elective surgical waiting lists in some urban hospitals, and other problems resulting from increasing demands for services. All of those are realities, Mr. Speaker.

The acquisition of new medical technology presents a major expense for government and health care institutions. Our high standards of equal universal access have created high public expectations in the delivery of health services.

Meeting the health care needs of our seniors represents a very special challenge to us all. Seniors now account for a full 12 per cent of the population of our province and use 45 cents of every dollar spent on health care. Into the year 2000, the number of seniors in Saskatchewan is expected to grow by nearly 30 per cent.

Mr. Speaker, I just want to quote something that I read in a recent edition of the Economist, which is a staggering number, and bears repeating by all of us, and I quote now:

Of all the people in the history of the world who have lived beyond the age of 65, two-thirds are alive today.

I'll repeat that:

Of all the people in the world who have lived beyond the age of 65, two-thirds are alive today. Mr. Speaker, that is a staggering statistic, and it's one that just sort of focuses the attention that all of us charged with public responsibility, as we in this House all are, and those of us charged in a more particular way with the health and the well-being of our citizens as those across the country who occupy the chair that I do in various governments. Those numbers are staggering, Mr. Speaker, and it's a very sobering thought, to say the very least.

The stress that this reality alone will place on our health care system demands our immediate attention as citizens and as public figures. It's within this environment, Mr. Deputy Speaker, that we as a people face a challenge of singular importance. No challenge we have faced in our history can compare with that we now face in providing the means to care for our people today and into the future. The magnitude and consequence of what we are about to undertake is unquestionable. Mr. Speaker, Saskatchewan people have always risen to the challenge, whatever that challenge may be.

Mr. Speaker, we will act and we will act now to ensure our people continue to receive health care services that are second to none on this continent.

I'm pleased to inform hon. members that I will be announcing the particulars of the task force on health care within the next few weeks.

And people will say. . . I know people will say, well why is it not today? and why wasn't it last week? And I just want to clarify a point here, Mr. Speaker. We announced the task force in the throne speech as we announced the legislative program in the throne speech for what is coming in this year.

We announced the task force in this throne speech because we want the people of this province, in all corners of the province, and all of the professionals in the health care sector to turn their minds in a very substantive way to the kinds of things they will say they will submit to this task force when the mandate is laid out and when the task force members are announced. And I just say that, Mr. Speaker, and encourage all members and all citizens of this province to become involved in the development of this blueprint.

Through this task force we will confirm our partnership in health care with the people of this great province of Saskatchewan. Within this context our professionals in the health care community will playa major role in influencing the health care system of the future. As those who deliver medical services, never has their contribution been so essential.

On the other side of the spectrum, the task force will actively solicit input from the people of our province. As direct users of the system, there are none as qualified to present ideas, opinions, and viable alternatives. I'm confident, Mr. Deputy Speaker, that the outcome of the task force deliberations on health care will provide Saskatchewan's blueprint for the future in this very important and vital area.

Where health care is concerned, there are no sides to be chosen, Mr. Deputy Speaker. I believe that all of us, every one of our people, want quality, affordable health care. Just as we have overcome our differences in the past and stood together on this issue, today I challenge and invite all members of this House and all citizens of this province to participate in a meaningful way in the process that will follow.

No one in our province today can deny their share of the responsibility for building the health care system of the future. It's too large an issue representing too great a demand on our financial resources to be evaluated, designed, or delivered outside the broadest consensus of our citizens.

Each of us will be called on to make a contribution, and each of us must be prepared to offer what we can in understanding, in information, in effort, in skill and in dedication. Let there be no mistake, Mr Deputy Speaker, let there be no mistake; our commitment to responsible management of quality health care is absolute. We are pledged to the needs of our people. Together we will face this challenge. Together we will examine its many intricacies. Together we will decide how best to build a health care system for the future, and, Mr. Deputy Speaker, together we will succeed.

Mr. Deputy Speaker, it's been a pleasure for me to rise in the Assembly today and outline for the people of our province our government's continuing commitment to a quality health care system that is affordable, accessible and relevant to the needs of all of us. That commitment is characteristic of the dynamic and forward-looking policies of this government.

When this debate concludes I'll be proud, as I said before, on behalf of the people that I represent, the people of north-western Saskatchewan, a riding of some 6,000 square miles, a good long way from here, but those salt of the earth people that I represent and have the pride to represent here, I will be very proud on their behalf to support this budget, and I'm proud of my part in developing that budget.

Thank you very much, Mr. Deputy Speaker.