

THE LEGISLATIVE ASSEMBLY OF MANITOBA
2:30 o'clock, Monday, June 2, 1975

Opening Prayer by Mr. Speaker.

INTRODUCTION OF GUESTS

MR. SPEAKER: Before we proceed I should like to direct the attention of the honourable members to the gallery where we have 79 students, Grade 9 standing of the Sisler Junior High School. These students are under the direction of Mr. Swerhan and Mrs. Peterson. This school is located in the constituency of the Honourable Member for Inkster, the Minister of Mines, Resources and Environmental Management.

We have 24 students, Grade 11 standing of the West Kildonan School, under the direction of Mr. Klassen. This school is located in the constituency of the Honourable Member for Seven Oaks, the Minister of Urban Affairs.

Eleven students, Grade 9 standing, Gordon Bell School, under the direction of Mr. Smith. This school is located in the constituency of Wolseley.

And 40 students, Grade 11 standing of the Portage Collegiate, under the direction of Mr. Kripyk and Mr. Froese. This school is located in the constituency of the Honourable Member for Portage la Prairie.

On behalf of all the honourable members I welcome you here this afternoon.

Presenting Petitions; Reading and Receiving Petitions; Presenting Reports by Standing and Special Committees; Ministerial Statements and Tabling of Reports; The Honourable Minister of Mines.

MINISTERIAL STATEMENTS - TABLING OF REPORTS

HON. SIDNEY GREEN, Q.C. (Minister of Mines, Resources and Environmental Management)(Inkster): Mr. Speaker, I have a summary report from the Lake Winnipeg, Churchill and Nelson River Study Board. This is a compilation mostly of things that have appeared in previous reports. But it is now completed and is being released here and in Ottawa at the same time.

MR. SPEAKER: Any other Ministerial Statements or Tabling of Reports? The Honourable Minister of Mines.

MR. GREEN: Mr. Speaker, I am now able to confirm that the Committee on Economic Development will meet tomorrow for the Manitoba Development Corporation. I think I said that this morning. Law Amendments on Wednesday, and on Thursday the Committee on Economic Development would hear reports from Moose Lake Loggers, Minago Contractors, Channel Area Loggers and McKenzie Seeds. So all of those boards will be available to report to the committee.

A MEMBER: What time?

MR. GREEN: 8:00 o'clock in each case, which would leave Friday evening for Law Amendments, which I presume will have to continue beyond that time. That would cover the week. For tonight, Mr. Speaker, there is no Special Committee meeting but I expect that we will be in the Committee of the Whole House to consider the financial bill, which will also be considered this afternoon if we get to it.

MR. SPEAKER: The Honourable Minister of Education.

HON. BEN HANUSCHAK (Minister of Education) (Burrows): Mr. Speaker, I wish to table a Return to an Order of the House No. 103 on the motion of the Honourable Member for Brandon West.

MR. SPEAKER: Any other reports? Notices of Motion; Introduction of Bills; Question.

ORAL QUESTIONS

MR. SIDNEY SPIVAK, Q.C. (Leader of the Official Opposition)(River Heights): Mr. Speaker, my question is to the First Minister in the absence of the Minister of Northern Affairs. I'll first put the question to him, I think, because it involves the Provincial Auditor. I wonder if he can indicate whether the Provincial Auditor undertook an audit of the Southern Indian Lake Construction Camp?

MR. SPEAKER: The Honourable Minister of Northern Affairs.

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HON. RONALD McBRYDE (Minister of Northern Affairs) (The Pas): Not that I recall, Mr. Speaker.

MR. SPIVAK: Well, to the Minister of Northern Affairs. I wonder if he can indicate whether the funding for the Southern Indian Lake Construction Camp comes from the Department of Northern Affairs?

MR. McBRYDE: Yes it does, Mr. Speaker.

MR. SPIVAK: I wonder if the Minister can indicate whether deficiencies with respect to the operation were brought to the Minister's attention as a result of problems of waste and theft?

MR. McBRYDE: Not to my knowledge, Mr. Speaker.

MR. SPIVAK: Well to the First Minister. I wonder if he can indicate whether Management Committee of government has in fact dealt with an auditor's report dealing with the Southern Indian Lake Construction Camp, and dealing with problems of waste, inefficiency, and problem areas attendant to that.

MR. SPEAKER: The Honourable First Minister.

HON. EDWARD SCHREYER (Premier) (Rossmere): Mr. Speaker, if there is an input of public funds the Provincial Auditor would audit it as a matter of normal course, and when he produces his report I would expect that the Minister and Deputy of the department would become aware of it.

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. SPIVAK: I wonder if the Minister of Northern Affairs - whether he can indicate whether Mike Ireland is an employee of the Department of Northern Affairs?

MR. SPEAKER: The Honourable Minister of Northern Affairs.

MR. McBRYDE: Yes, Mr. Speaker.

MR. SPIVAK: Yes. I wonder then if the Minister can confirm that Mr. Ireland - believe he confirmed that he was an employee of the Department of Northern Affairs. Is that correct? Oh, I'm sorry he did not.

MR. McBRYDE: I believe that he was and is an employee of the department, Mr. Speaker.

MR. SPIVAK: Yes. I wonder then if the Minister can confirm whether Mr. Ireland prepared a report in connection with the Southern Indian Lake Construction Camp dealing with an audit that was presented to the Minister?

MR. McBRYDE: Mr. Speaker, Mr. Ireland is an auditor within the department, or at least a person with experience in financial administration. I am not sure of the exact titles that he holds, and I'm assuming that he's done reports on a number of projects and communities in Northern Manitoba.

MR. SPIVAK: I ask then - to the Minister of Northern Affairs. Then I take it that his answer is that the problems with respect to Southern Indian Lake Construction Camp, as a result of the audit, have not been brought to his attention.

MR. McBRYDE: Mr. Speaker, no. Problems have not been brought to my attention, and that's assuming that there are problems.

MR. SPEAKER: The Honourable Member for Assiniboia.

MR. STEVE PATRICK (Assiniboia): Mr. Speaker, my question is to the Honourable Minister of Education. Can the Minister indicate to the House if the Minister or his department have any information regarding the number of university students who are still looking for jobs?

MR. SPEAKER: The Honourable Minister of Education.

MR. HANUSCHAK: Well, Mr. Speaker, the data with respect to university students looking for work varies from day to day and this year's program is very successful. To give the honourable member an exact answer at this point in time, we'll have to take the question as notice.

MR. PATRICK: A supplementary, Mr. Speaker. Can the Minister indicate to the House what the opportunities will be for high school students that will be graduating and going to university this fall?

MR. HANUSCHAK: This matter, Mr. Speaker, is one under review and the high school students intending to enroll in university next year will not be available for employment for another four weeks. And if it should become apparent that there would be need to in any way revise the existing program, then that will be done, but there's still four weeks to go before those students will be available for employment.

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MR. SPEAKER: The Honourable Member for Brandon West.

MR. EDWARD MCGILL (Brandon West): Mr. Speaker, my question is for the Honourable Minister of Mines and Resources, and a question on which I gave the Minister of Mines and Resources, and a question on which I gave the Minister some advance and rather incomplete notice. It relates to a small lake south of Brandon, Mr. Speaker, in which . . . the lake is Lake Clementi, and a permit has been issued by the Federal Government and administered by the Provincial Government Wild Flower Branch, to allow a Mr. Antoine Meyer to conduct aviculture on Lake Clementi. My question, Mr. Speaker, is: is there anything in this permit, or in the instructions of the provincial department that allows Mr. Antoine Meyer to deny access to the public to this water and recreational area?

MR. SPEAKER: The Honourable Minister of Mines.

MR. GREEN: Mr. Speaker, I thank the honourable member for having given me notice on this question. I think that the matters concerned fall within that part of the department administered by the Minister of Natural Resources. However, an answer has been communicated to me and the Minister doesn't object if I indicate to you that the permit which was given in no way permits the permittee to interfere with other people's use of the lake. The honourable member should be aware that there have been some complaints in this connection, and my information is that both the permittee and others will be notified that the lake continues to be available to the public as it was in the past. There will be a request for co-operation not to disturb whatever the permittee is doing. But in all other respects the public is permitted the same use of the lake as they did before. If there is any difficulty in this connection, Mr. Speaker, then the inclination is that the permit will not be re-given if there continues to be any substantiated allegations of any interference with other people.

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. SPIVAK: Mr. Speaker, my question is to the First Minister. I wonder if he can indicate whether the matter of Southern Indian Lake Construction Camp, with respect to its deficiencies, have been brought to his attention or the attention of the Provincial Auditor?

MR. SPEAKER: The Honourable First Minister.

MR. SCHREYER: Mr. Speaker, the answer to the first part of the question is no. The answer to the second part is, if I understood the question correctly - has this been brought to the attention of the Provincial Auditor? I thought that earlier the same day, that the Leader of the Opposition was asking if the Provincial Auditor had brought this to our attention. So I'm at a loss to know what he means.

MR. SPIVAK: Well, Mr. Speaker, this is not a question of a debate and so that it be known very clear, it is a question of whether the matter had been brought to the government's attention. The answer is no. The other matter is whether the government has brought it to the Provincial Auditor's attention.

MR. SCHREYER: Well clearly, Mr. Speaker, that is the converse of the line of questioning about 15 minutes ago. I guess the long and short of it, sir, is that there is some vague suggestion of some possible malfeasance, and we'll have to make enquiry and make the proper referral to the proper authorities.

MR. SPEAKER: The Honourable Member for Assiniboia.

MR. PATRICK: Mr. Speaker, my question is to the Minister of Industry and Commerce. I wonder if the Minister of Industry and Commerce can indicate to the House if he had any negotiation with Western Provinces or the Province of Ontario for the proposed Arctic Gas Pipeline to be located west of Hudson Bay.

MR. SPEAKER: The Honourable Minister of Industry and Commerce.

HON. LEONARD S. EVANS (Minister of Industry and Commerce) (Brandon East): I believe the honourable member is referring to the Polar Gas project. There has been no direct or formal discussions as such with the Western Provinces or the Province of Ontario but there has been informal discussions with the Province of Ontario.

MR. PATRICK: A supplementary, Mr. Speaker. Will the Minister on behalf of the Government of Manitoba seek that support from the Western Provinces and the Province of Ontario?

MR. EVANS: Well, I believe the honourable member refers to the seeking of support with regard to the location of the pipeline route. I don't think there's much concern about obtaining the support of the Province of Ontario with regard to the location of this pipeline route. I believe they have the same interest in this as ourselves. I'm not sure to what extent

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(MR. EVANS cont'd) we could interest the Province of Alberta. Possibly Saskatchewan may have some interest in this, but I'm not sure.

MR. PATRICK: A supplementary. Will the Minister entertain seeking such support from the Western Provinces?

MR. EVANS: Well, Mr. Speaker, you know this could always be done but one need not . . . I don't know whether there would be much use of discussing this in much detail, at least, with the Province of Alberta because it has a particular project that it is very interested in getting going from the Prudhoe Bay area. But we will take the matter under advisement.

ORDERS OF THE DAY

MR. SPEAKER: Orders of the Day. The Honourable House Leader.

MR. GREEN: Mr. Speaker, I wish to proceed with the Adjourned Debates on Second Readings on Page 2 in the order in which they appear on the Order Paper.

BILL NO. 26 - THE LIQUOR CONTROL ACT

MR. SPEAKER: Thank you. Bill No. 26. The Honourable Member for La Verendrye.

MR. BOB BANMAN (La Verendrye): Thank you, Mr. Speaker. Referring to Bill 26, I would just like to say several things at this time which some of my constituents have brought to my attention. And I believe some of the basic concern that I have has also been expressed in the House several months ago by a colleague of mine, and that is, Mr. Speaker, with regards to the problems that, as I see it, of over-service in the government owned liquor stores. We notice that present licensees are only selling about 12 percent of alcohol sold in Manitoba, whereas government, either government vendors or liquor commissions, are selling about 88 percent of the alcohol sold in Manitoba. I think that when you see - and I have observed it personally, and I know some of my colleagues, we've seen personally when somebody drives up to a liquor store and staggers out of a taxi and walks in to buy some more liquor, I think that is in definite violation of what the people who are operating hotels or are operating private establishments would call under the Act over-service. And I think this is one area where I would ask the Minister in charge of the Manitoba Liquor Control Board to have a very close look and possibly bring in some restraints that would ensure that over-service of this type is not being carried out at the rate it is right now. I think when we see what is happening to these people - that they can barely carry themselves into the establishment, and then to purchase more liquor, I think we're doing them an injustice and we're doing the families or the people that are affected by this particular act of the liquor store in question, is not doing any service to the community at all.

I would also note in passing here that when we were checking the estimates of the Attorney-General's department, we noticed that people caught for impaired driving, the majority of them were caught in rural Manitoba, and of course we've had some exchanges on that particular point in the House in the past. But I would possibly encourage the government to make representation to the Winnipeg Police Force and tell them to stay around these liquor stores where people are buying alcoholic beverages, and possibly check some of those people going in and out of there, and I think that they would find that the statistics next year that we would see brought forward in the House here, would be substantially different. So with those few words, Mr. Speaker, I would ask the Minister to have a look into this particular problem that is facing us.

MR. SPEAKER: The Honourable Member for Fort Garry.

MR. L.R. (BUD) SHERMAN (Fort Garry): Mr. Speaker, I move, seconded by the Honourable Member for Morris, that debate be adjourned.

MOTION presented and carried.

MR. SPEAKER: Bill No. 41, the Honourable Member for Pembina. (Stand). Bill No. 43, the honourable member is absent. Bill No. 44, same. Bill No. 47. Bill No. 48, the Honourable Member for Morris. Bill No. 52, the Honourable Member for Fort Garry.

BILL NO. 52 - THE DENTAL HEALTH SERVICES ACT

MR. SHERMAN: Mr. Speaker, I adjourned this bill for my colleague, the Honourable Member for St. James.

MR. SPEAKER: The Honourable Member for St. James.

MR. GEORGE MINAKER (St. James): Thank you, Mr. Speaker. The comments I would like to make with regards to Bill 52 in many ways are related to Bill 53 as well. But I will talk, Mr. Speaker, before you rise in your Chair to correct me, I will stay with the principles of Bill 52 in my discussion. But because of the closeness of the two bills, it may be difficult at times not to overlap into the principles of Bill 53 as well.

Mr. Speaker, the opposition can support the principle of providing a less expensive or cheaper dental health service for people of Manitoba. We can also support the principle and objective of a better coverage, providing the better coverage is one that - "Better" can mean a number of things, Mr. Speaker - "Better" would mean that you are receiving the same quality of service, not necessarily more people through the dental office or through the dentist chair. So the opposition, we have no objection and have support to the principle of a less costlier method of providing dental service to the people of Manitoba, and providing a better coverage.

But, Mr. Speaker, we are somewhat concerned with the principle of removal of restrictions that any particular principle or law that might exist in the Dental Association Act at the present time would not apply to the dental health service that's being proposed and discussed at this time. And, Mr. Speaker, one would get the impression that the government is leaning very heavily towards the Saskatchewan Dental Plan that presently exists in that province. And yet it is our understanding, when there is information sought, to find out just how much it's costing per person, per child, to service the children in Saskatchewan, that these figures are difficult to get. And it's my understanding in talking with a personal friend who is involved in the dental profession - that it's our understanding that the Minister has had - the Minister of Health - has even had difficulty in finding out from his colleagues in the Province of Saskatchewan just how much this service is actually costing per child. It is also our understanding that even the Province of B.C. is having difficulty in finding out from their fellow NDP government in Saskatchewan, how much this plan is costing Saskatchewan. And it's our understanding that the last published figure that we are aware of, which occurred in a Saskatchewan paper, indicated that the plan had cost to date some \$3-1/2 million to handle 10,000 pupils, or 10,000 children in school in that age group. Well simple mathematics tells us that it's costing somewhere in the order of \$350 per child per year. And it's our understanding, Mr. Speaker, that when the plan was first initiated, they were seeking a figure like \$85.00 per child per year. A far cry different. So one starts to wonder whether this approach will meet the objective - our understanding of the objective - of a less costly, less expensive type of program than what the people of Manitoba are presently having to pay for dental services.

Mr. Speaker, further to that, it is our understanding that the Saskatchewan Plan had great aims of productivity, that they, by utilization of the dental worker, would increase the through-put of patients and increase the productivity. But it is now our understanding that they have not reached the productivity that they were trying to attain, and it's quite obvious if the figure of \$3-1/2 million is correct that was published in the paper, we are obviously aware of start-up costs. But it would appear to be a far cry from that \$85 per child per year figure that it was our understanding was their aim.

Mr. Speaker, also, the Minister of Health has had presented to him a brief from the Dental Association this year in April on a Dental Health Care Plan for the children of Manitoba, and I have a copy of that particular brief and it would appear to have been quite an extensive look into the present dental health situation in Manitoba. And, with the studies that the Manitoba Dental Association has achieved to date, they feel that they could provide this service with the use of dental hygienists which are presently being graduated from our schools in Manitoba - the University of Manitoba has graduated dental hygienists - by utilizing the hygienists and increasing their productivity by 40 percent. And how they would achieve this, Mr. Speaker, would be to supervise the hygienists - and this is one of the concerns that we have on this side, the Opposition, and it's our understanding the dental profession has, is the concern by removal of restriction, that this will remove any

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(MR. MINAKER cont'd) supervision of the dental hygienist by a professional dentist. That if the utilization of the dental hygienist, the dentist could increase their productivity by 40 percent, by injecting the needle, doing the drilling, preparing the cavities, that at the present time there are hygienists who can finish off a plastic filling and clean up the work, that their cost per child would be much lower, much lower than the figure of \$350 per child that the Saskatchewan present plan is costing, or even lower than the \$85 per child.

The other reason as we can see it, Mr. Speaker, that the government would go into this proposed plan with the idea of utilizing the dental worker would be because of cost of education. To educate a dentist, I believe nowadays, costs somewhere in the order of \$50,000, and the cost to educate a dental hygienist is somewhere in the order of \$15,000. But it's not just a simple comparison of dollars of education cost, because if you look at the life of a dental hygienist and you look at the working life of a dentist, you're probably looking at the average of 5 years - the study that the Dental Association has looked into, the average life of a dental hygienist is about 5 years. Either they get married and some of them don't even go into the labour force after they graduate. Whereas you look at the doctor or dentist, he's anywhere from 20-40 years. So when you amortize that cost, you find out that the actual cost per year of service for that dentist's education if he went from 20-40 years is somewhere in the order of about \$1,300 per year. And you try and compare that cost to a 5-year average life of the dental worker, on the \$15,000, you're talking about \$1,760 per year. So that it's, in our opinion, not a fact that because the basic education cost might be higher for the dentist that he costs you more in the long run in your education system.

The other thing, Mr. Speaker, is that when the Saskatchewan plan was introduced it was our understanding that they had a very bad population to dentist ratio. Now this is the number of people per dentist in a province, and at that time, they were somewhere in the order of about 4,700 people for every dentist in Saskatchewan; and I believe in their particular plan they stated an ideal figure was somewhere in the order of 2,500 people per dentist. And at the present time in Manitoba, with the number of dentists that we have - we have over 300 - that that figures in ratio of 2,762 people to a dentist, and with the growth of dentists at the present rate of graduating from our university in Manitoba, it's anticipated that within two years time, we'll be below that magical figure of 2,500 to one dentist.

The other problem we understand they had in the Saskatchewan province at the time they incorporated their plan, was that most of the dentists were located either in Regina or Saskatoon and not located in the rural areas. Now the Manitoba Dentists' Association, in their brief to the Minister - and I have a copy of that map here - divided the Manitoba region up into dental service areas, into 28 of them, and of those 28 dental service areas, there's about 7 that they felt had less than adequate dental service under the present plan. And probably about 4 of them had adequate people, or population to attract a dentist to the area, but that didn't necessarily mean they were utilizing it. People are funny, Mr. Speaker, there's a certain percentage that will go to a dentist and pay the bill regardless. I think that's about 40 percent. And then there is a certain percentage who can't afford to go to the dentist, and we have to look after these the way we have to look after people who couldn't afford necessarily to go to doctors at one time. But there's also a percentage who won't go regardless. I think my Honourable Member from Lakeside - it's too bad he's not here - is one of those. He goes at the last resort because he doesn't like dentists; he hates to go to the dentist's chair and so on. So there is a certain percentage that won't go anyways, whether you put the service in or not, free of charge; so that even in those 4 areas, there's probably not enough attraction there to sustain a dentist.

Now, to date, my understanding is there's been no evidence to show in Saskatchewan that salaried dental workers will go to these remote areas and, in fact, I understand there's a number of them that commute from Regina. And it's also our understanding that one of their major costs they had in the first month of operation with the dental plan in Saskatchewan, was that they had 14 car accidents travelling to and from the Regina location out to these remote locations. So that there's no evidence that by simply legislating you will have dental workers or salaried, that you will get them to locate in these remote

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(MR. MINAKER cont'd) locations. Now looking at the positive side of the situation in Manitoba, Mr. Speaker, there is my understanding, last year, more dentists locating in the rural areas that graduated in Manitoba or came to Manitoba. The reason for this is that the patient or population to dentist ratio in our centres like Winnipeg is too low, it's better than this 2,500 to one. So now we have graduate dentists going out to the rural areas looking for their clientele.

Now, Mr. Speaker, if the government is sincere in working with the dentists, they want them to become incorporated into this plan; if they're serious, then we cannot see why they want to amend that Act - or they're not even amending the Dental Association Act, they're putting in this principle of removal of commitment of service, that they have to be allowed to work under the Dental Association Act. Because it's my understanding the Manitoba Dentist Association has put in writing and offered to the Minister some objectives that they felt could be and would be necessary to provide a better dental health service in Manitoba. And one of them was, my understanding, was to try a pilot project, that the Dental Association was prepared to undertake a program where they would fund and construct dental service facilities in some of these areas that now presently are inadequately served. And this would offset that big capital commitment of a new graduate going out to practice into a remote location.

The other thing was, that if the government is implementing a dental health service for the 3 to 12 year old age group, that if this fee was available - it's my understanding as well that the Dental Association would be prepared to look at other than fee for service basis, some kind of formula where in these remote locations where a person went out to practice where the demand wasn't there, that he maybe would be paid per head or something - that they were prepared to fund some kind of income subsidy program to encourage these dentists to locate in these remote areas. And the other feature, Mr. Speaker, is that you're talking about 30 to 40 percent of the clients that a dentist works with when you talk about that age group, 3 to 12 - that if this service is made available by the government to the people to follow up, you've got your base of business right there, that now you presently might not have because of either (1) the people can't afford it; or (2) there's not that much interest there.

And the other thing was a suggestion that the government provide increased bursaries for students going into University, with the stipulation - I have heard the Minister talk about this - and I remember when I went through school that the Navy and Air Force had a similar type of bursary, that they would offer you a bursary or increased bursary if you would stay in the Armed Forces for two years after you graduated. Well, something similar could probably be introduced by the government, that after you graduated, if you had this increased bursary, that you would have to locate in a remote area in Manitoba for two or three years, or - well, it's just a formula and a principle that we're talking about.

Now, Mr. Speaker, it's our understanding if the dentists were allowed to continue with their proposed program of higher utilization of the dental hygienists that are graduating from our university at the present time, that by 1980 they could handle 100 percent coverage of the 12 and under; and in the order of about 1985, they would be capable of handling total population of our province. This is in the brief that went to the Minister, Mr. Speaker. And it would do a number of other things, Mr. Speaker. It would be a boon to our university in the graduate of dental hygienists from our facility there. It's our understanding that the Dental Association instituted the development of this particular facility for hygienists - and by that we would increase the graduates for Manitoba, we wouldn't be depending on out-of-province graduates to come in here, that it's our understanding the present Minister is proposing they would be trained outside the province. And these dental hygienists would presumably up the production by some 40 percent, and these figures could be met in the opinion of the Dental Association.

Now it's our understanding with the government's program, that they would move in dental workers to do this work, and we don't know whether they'd be under the supervision of the dentists or not, but we feel this is very important that they are. Because if that is removed, then we don't know what kind of quality of help, work or level of health service we will receive for our children. And the other problem that is created when we move the dental workers into an area, they will remove 40 percent of

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(MR. MINAKER cont'd) the potential workload that's in that area, so how, Mr. Speaker, will we expect a dentist to remain in an area where there is a small clientele, when 40 percent of this work is being taken away by the dental worker? This, I would suggest is almost the opposite to Stay Option that the government talks about.

I'm glad that the Honourable Member for Churchill said he'll have to take me up north, because it's funny, I go to a dental clinic, Mr. Speaker, that flies in a group of dentists every so often to Leaf Rapids and has an arrangement made with the people in Leaf Rapids - in Gillam, I'm sorry, it's in Gillam - where they service all the people in Gillam. They actually fly in to Gillam every so often with a staff of hygienists and dentists and service the people in there, and at the time that they were constructing Gillam they actually put in a dental office up there and this has been going on for several years, and I understand working quite satisfactorily. Mr. Speaker, if the dental workers were not under the supervision of dentists, then I suggest that you will find it difficult to maintain dentists in these communities where there is a marginal operation at the present time, because you'll be removing 40 percent of their workload.

Mr. Speaker, it's our understanding New Zealand tried a dental plan where they provide the service at school, and it didn't work to the satisfaction they thought it would work. The main reason was, the school was the focal point of the whole plan; in other words, it wasn't mandatory for the child to go to the dentist's office, he just had to go to school. But the big pitfall of the whole program was that it was a passive program and, as I indicated, you just had to attend school. What happened was, they found they had to pass legislation to force the parents to sign forms to allow their children to be looked after at school in dental health because the parent wasn't involved in it. The other thing they found out was once the child got out of school, the level of dental health care or the dental hygiene in that country now for those particular age groups, fell off badly because they had never been taught proper dental hygiene. So that just the fact that it's available doesn't necessarily mean that it's going to provide a better type of health service.

Mr. Speaker, we endorse the concept of automatic recall, as they call it; in other words, every six months people are reminded to visit the dentist. I believe that the Manitoba Dental Association has indicated to the Minister of Health that they will endorse a program where the government would get involved in an active outreach program, where the government would go out and try and encourage the people to see their children are properly cared for with dental health service and to see that it's followed up that the parents are doing this.

Mr. Speaker, it's our understanding the Dental Association is prepared to discuss with the government some other form than just the fee for services. Particularly in the remote areas, where possibly some kind of formula could be arranged for it, paid based on the number of people in the area.

Mr. Speaker, if the objectives of the government is to provide a better health care at a lower cost, then Mr. Speaker, we wonder why Bill No. 52 or 53 is necessary. Really, certain amendments to the Dental Association Act giving them power to set up pilot projects in Dental Service facilities, is one area where it could be corrected. But if the Dentists Association is prepared to try and increase their productivity, which they are presently doing; to utilize the hygienists under supervision, hygienists that are graduating from our province, our university - and if they can show that it'll be done at a lower cost to you and I, the taxpayer and the people of Manitoba, then they can get this higher utilization and they can meet the health coverage in the future years - then I would think that the government would favour this, because you would have a better budgetary control. So why does the government need these two bills, we're wondering Mr. Speaker - of Bill 52 - because the amendments to the Dental Association Act would achieve the objectives that I've just indicated. And as I indicated earlier, that it would be a boost in our dental hygiene graduates from the Manitoba University; in fact, if we take this other approach of going outside the province, we're actually wasting a multimillion dollar facility that we have in our own province, where hygienists can graduate from at the present time.

Mr. Speaker, we wonder why the Minister is hung up at this time - the Minister of Health - on technicians possibly practicing without the supervision of dentists, because we feel like, I would think the lawyers would feel, that somebody can go out and practice law

(MR. MINAKER cont'd) without any supervision; now we are looking at a possibility of people going out and working on a patient without the supervision of a professional dentist. And I can see very serious consequences happening - that you're injecting needles, you hit blood vessels - I'm not a doctor, I don't propose to be one, but I can see where we're dealing with something very dangerous. Whereas I would, and the opposition favours, supervision of those technical people and full utilization to a point where you're not endangering the life, or the after effects that can happen from people working in areas where they're not necessarily technically or professionally trained to do so.

The other thing we can't understand, is why the Minister is hung up on the training being out-of-province. Why not utilize our schools here that we have, the University, and make full use of the hygienists. As I indicated now, there are hygienists working where they will do everything of finishing off a filling, but not the injection of needles, not the drilling and so forth where you're getting involved in the actual operation.

And Mr. Speaker, why the haste to do this at the present time? There were studies done in Saskatchewan, now we understand the B.C. government is doing studies, and the Dental Association has indicated a need for intensive study into this field. So, Mr. Speaker, there are questions that we have raised with regards to supervision of the technicians. So why, if the government is sincere in working with the Dental Association, is it so important to put in that principle, that no longer will they act, have any say with regards to the dental worker in Manitoba? Because as I indicated earlier, it would appear the Dental Association wishes to work with the government, it appears that they have even gone out beyond what is normally expected of a profession to try and develop and better itself and better the health service in that particular field in our province, and have a program that they are presently working on and would like to continue to work on with the government to even better the health dental care in our province.

But now we have what looks like a bill before us that might by-pass the dentists and say, you no longer supervise. And what will result, in my opinion, Mr. Speaker, is two levels of service; one for those who would go to the dentist anyways, one for those who can afford to pay. Because I would ask the Minister, if I have a child going to school and he's under 12, and I want to send him to a dentist rather than a dental worker, is the government going to pay for that? Because if they're not, then we are looking at a situation where a certain number of people in our society in Manitoba will be getting a different class of health care service, in quality, than another. So this is why it's so important, in our opinion, Mr. Speaker, that the dentists have the supervision of those dental workers to make sure that the quality of the work that is being performed does not fall off; to make sure that the health of the age group that the particular people are receiving the work will not be endangered in any way, either permanently - when I say permanently, physically - and that they are getting the quality of work that they would normally get from a dentist, and that it will be under the supervision of a dentist. Thank you.

INTRODUCTION OF GUESTS

MR. SPEAKER: Before I turn the floor over to the Honourable Member for St. Johns, let me introduce in the gallery, some 30 cub scouts from Minnesota, United States, under the leadership of Mrs. Herp. We welcome you here.

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MR. SPEAKER: The Honourable Member for St. Johns.

MR. SAUL CHERNIACK, Q.C. (St. Johns): Mr. Speaker, now we're embarked on a very important philosophical approach to the services which government is to provide for the people. Really, the Honourable Member for St. James asked a number of question, why this, what that, but he did make statements which make clear to me and to others that there is a philosophy that runs through the Conservative Party. There have been many occasions, especially when I sat - I think that I once sat in the exact seat that the Member for St. James sits in now - but in any event, when I sat on that side, when I used to plead with the government party to tell us something about their philosophy, and especially when it came to tax philosophy, I got absolutely nowhere. But we do get the occasion to hear philosophic approaches which are clearly distinguishable from ours - and on this very matter I think it's important, to me, anyway, to be able to show that difference and recognize it without being too harsh on the

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(MR. CHERNIACK cont'd) person who disagrees with me, but to indicate the difference that I have from that of others.

And to make sure that I would use the term correctly, I just called for the dictionary to make sure that when I give the definition of reactionary, I'm giving a dictionary definition. And the one that I select is the tendency toward a former, especially outmoded political or social order of policy. And that to me, Mr. Speaker, makes it so easy to debate with the Conservatives, especially today's Conservatives. I must admit that there was a period of time when the Roblin Conservatism was on the upsweep and in control, where it was a little more difficult, because it was possible to understand each other on a basis where there wasn't that sharp a separation. But we've now had the wane of the Roblin era and the rising to power of the more reactionary element amongst the Conservative Party, and of course that is why - and I say that in passing because it's true - that is really, I believe, why the Leader of the Conservative Party is having problems within the party. Not, I believe, because he has proven to be ineffective, or he has lack of capability, but because - and I don't credit him with too much of that either - but I think it's mainly because of the fact that there is a sharp divergence between him and the majority of the people who speak on behalf of the Conservative Party. And I mention that, because the Member for St. James has shown what I consider a reactionary approach to this field that we're discussing now, the field of provision of dental services, and it's to me an example of the differences between us.

You know, one of his latter questions was, why are we in a hurry? And one of his earlier statements gave the impression that the people's dental needs in Manitoba are being pretty well taken care of. As a matter of fact, I think I heard a date like 1980, when apparently we would reach some kind of a stage where we are servicing all the people.

And you know, Mr. Speaker, he said more than that. He said that there's one group of people who go to a dentist and pay their bills regularly. There's another group who can't pay their bills, so we have to pay them. And then there's a large group of whom apparently the Member for Lakeside is an example, who just don't want to go to dentists. And I recognize those groups. Amongst those who don't want to go, I would like to subdivide it into those who can afford to but don't want to; those who can't afford to and don't want to. And then there's a group of those who want to and can't afford to, but they're not necessarily destitute. They are ones who have a certain priority in their minds as to what they're prepared to spend money on. And Mr. Speaker, people don't die from dental problems. --(Interjection)-- Oh, the Member from St. James seems to indicate that some do - maybe some do. --(Interjection)--

Mr. Speaker, dental problems are usually the kind of problems that have very serious long lasting effects on many aspects of the health of the human being, but really they are seldom as dramatic in consequence as that in the medical field. And there are many people I know of, partly those who are afraid of the pain, but many of those who just don't feel that it's that important that they have their teeth and their oral health attended to, and postpone and delay and stall until it's too late. So when you say, it's too late, to many people it's no tragedy. To many people - and I know this, so I'm sure other members do - to many people, the solution to problems of the mouth was to have all the teeth pulled and to get a set of dentures, and then there's no problem. They don't fit, you complain, but nevertheless you can manage. But, it is recognized that that is the worst of the solutions, because actually a set of dentures is the last stage of care of the dental needs.

So, Mr. Speaker, it is wrong to think that statistically we could show that there might be enough dentists with the pari-dental people by 1980 who will be able to service a community, unless one recognizes the very large number of people in Manitoba whose dental needs are not being cared for; and who will only have their dental needs cared for when there's availability at a price, and an education as well, to take care of the need for prevention of dental problems and need for action and regular action to be taken.

Listening as I did to the Member for St. James, I felt that we didn't really have to hear from the dental fraternity. In effect we heard from them through the Member for St. James. And through him, I understand them to say, by all means go ahead, do it, don't disrupt the way we operate now, where we control the provision of health for the dental health of people; where we control the School of Dentistry; where we have complete control of the attention that is given to the diseases and problems of the mouth - just make sure that there are additional incentives so that we have more money coming in, so that we are prepared

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(MR. CHERNIACK cont'd). . . .to do other things. The Member for St. James, I believe he suggested that there should be a bursary program where students are paid money to ensure that they honour a commitment which they would have to make, that after they graduate they must spend, I think he said a couple of years in those areas of the province where there are not now provision of dentists in the community. This from a party whose representatives screamed very loudly not long ago, when the Minister threw out his own suggestion - and frankly, I found it somewhat surprising - where he said, we're investing - I don't know, was the figure \$50,000? - in a dentist, and many of them leave the province? Let's just say to them, you owe us \$50,000, pay it in cash or in kind. Work here and don't leave the province, or pay us what it costs you and leave. And I heard clamors on the side opposite: Oh, that's compulsion, that's indenture. Oh, there were very sharp responses to that suggestion. But in effect the Member for St. James made the same suggestion. Maybe - I mentioned this morning, Mr. Speaker, that the side opposite seem to find it possible to accept compulsory membership in a union of students, and compulsory payment of fees - and now the Member for St. James, who is part of the group that accepted that proposal this morning, is now this afternoon prepared to make some kind of a deal, which is not the same as, but similar enough to compare it with that of the proposal thrown out by the Minister of Health.

Well Mr. Speaker, we do have to recognize that there are a large number of people whose dental bills are a large part of their family income, and many who therefore do not take care of their teeth as they should. And if I may become personal for a moment, I would say that in our family the problems of dental costs have been serious ones for many years, maybe because we didn't have good preparation in our youth to take care of our problems. So I'm aware of the costs, and they are great. And I am aware of the many friends I have, some who don't dare go to dentists because they fear him - or her - and some who can't afford it either in time or in cost.

So we have to talk about how we make it possible to provide for the dental needs of the people. And I don't say, buy them. You know, the party opposite is the great free enterprising party who is always ready to propose incentives. It's always easier - glib - for them to say - leave these people alone; then say, you know, that's free enterprise, laissez-faire. But if they don't do what you feel is needed of them, buy them, pay them off, give them incentives; if they don't go out in the country, pay them more, get them to go. And, you know, the mere concept that if we're able to take care of 40 percent of the patients in a remote area by having them dealt with by dental hygienists, and that that would make it difficult to induce dentists to go out there - at a higher cost obviously - so the suggestion was made by the Member for St. James, let's not take care of the needs of 40 percent of the people that could be handled by hygienists lest we make it less attractive for dentists to go out there.

And, Mr. Speaker, I say, pay the dentists and pay them well, pay them to go out and provide a service. But don't buy them in terms of augmenting fee for service, which was the suggestion made, don't just give them their normal incomes and then pay them more. And let's talk about Leaf Rapids, not about the dental clinic that provides dental services there - oh Gillam, Gillam - but I think it is Gillam where they were paying the doctor - I may be wrong now, but I'm under the impression that a doctor, to be induced to come to Gillam, was offered free space, free equipment, 100 percent of the fee for service under the Manitoba Health Services scheme plus \$20,000. That's my recollection. The former Minister of Health appears surprised. So I can only say that's my recollection. That for awhile there was no doctor there, and to get him there they said, well, we'll give you everything you earn on the regular scheme, plus \$20,000, plus free services. All right, that's one form of inducement - I'm talking about the doctor, not the dentist. As far as the dental clinic is concerned, I don't know. But I can guarantee you that they fly in, they do a job properly, they fly back, and I'll bet they end up with money in their pocket. And why not? Fair game. I don't say that in any sense of criticism. But I don't think it's a contribution to society particularly. I do think that it's a fly-in, fly-out proposition, where well there may be a group located in the northern areas that doesn't have so far to fly as from Winnipeg out to there, but rather can cover the circuit there themselves.

But the whole thing brings me back to what I had occasion to say in the early morning of a few nights ago at something like one o'clock in the morning, when I spoke about the need to rationalize the provision of health services. And the one danger is the danger in which the

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(MR. CHERNIACK cont'd) Member for St. James has fallen into. He says, sure have dental hygienists, but make sure that they operate under the supervision of a dentist. And that is going to create additional costs, and that will create problems. Now that is not the same as what - and the reason that would be, Mr. Speaker, is that when he says, "under the supervision of the dentist," I'm sure he also means where the income of the hygienist and the other para-dentals come under that of the dentist. So let me give him a little bit of history.

The Member for Portage la Prairie just left for a few moments I suppose. And I really don't remember the members of the Conservative Party who were members of the committee - the Legislative Committee on Denturists - who may still be in the Legislature. For the moment I don't recall that any of the Conservative Party members who were on that committee back around 1966 or '67 or '68, are members of the Legislature today. But the Committee on Denturists at that time - and I still think it was somewhere around 1966 - were ten in number, as I recall it - and there was a Member for Portage la Prairie, there may have been another Liberal, I'm not sure - I was the only New Democrat - and the committee, as is the traditional way, was controlled by the Conservative Party. But when we started our hearings - and Mr. Speaker, we travelled - Toronto; we were in Winnipeg extensively; we were in Regina; we were in Edmonton and we were in Vancouver, looking at the entire problem of the denturists which had arisen - those who were illegally fabricating dentures and taking impressions and working within the mouth of the patient, contrary to the law of Manitoba and contrary to the laws of all the provinces in the western world, until the Alberta and B.C. governments decided to recognize and legalize them. What we learned - and may I say when we started these travels, we were very much of two minds. I, for example, had my own professional training, the traditionalist training of recognition, that we professionals were supreme in our knowledge and therefore had to be involved at all times. There were members of the Conservative Party who had that very strong feeling. I remember Sterling Lyon was very strong on that. And then there were others amongst us. Freddie Grose I recall was one who was completely for the denturists. But when we travelled throughout these provinces I described, we recognized several serious problems.

One was that the dentist in time gone by, who used to take impressions . . . and fabricate his own dentures, found that he could achieve a better financial return and provide the same service to the patients by having what was called then, a back room boy. He would have a person in the back room that would take the impression made by the dentist, and fabricate the teeth in the back room, and the patient never saw that person - or didn't see him professionally - but that person did a good part of the job that the dentist charged for. And the dentist paid him for that. Later on, many dentists didn't like the fact that the fabricating of the teeth produced an odor like burning rubber, and their patients didn't enjoy that odor - so they thought, we'll remove that back room boy into a separate room elsewhere, and the dental technicians' group started forming to sell their service to the dentist. But it was to the dentist, it was not direct.

Well these people who learned how to fabricate teeth, found out that taking an impression was no big problem - and especially during the Second World War, many of the technicians in the dental labs or the dental departments in the armed services learned that they could both take impressions, fabricate teeth, and when they came out of the army they found they'd acquired a skill which wasn't very saleable, because they could only work under the supervision and control of the dentist who paid them as little of course as he could, which is fair game, that's the way you operate; which prevented them from unionizing because they worked through a dental lab, and they were themselves starting to be fly-by-nights, because they discovered that they could become, I think it was called suitcase technicians. They discovered that with a small suitcase, they could take all their skills out of the dentist's office and out of the lab where they worked in the daytime, and in the evening they would start dealing a little bit of private practice, which probably started with the mother, the father, the uncle, the aunt; it became the neighbors, and gradually they discovered they were building a pretty good moonlighting practice out of their suitcase, and they were called I believe - I believe they were called for awhile, suitcase dentists. And, oh, they were real private enterprisers, only they were illegal. But they came here, we were confronted by the fact that we were holding committee hearings and we were talking to people who were law breakers, and the then Attorney-General was terribly upset to feel that here he was dealing with people who

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(MR. CHERNIACK cont'd) admitted that they were law breakers. They were breaking the law and making a living out of it, and they accused the dentists of giving them the business because of the dentists high charges and unavailability.

And then we found that these dental mechanics who wished to be legal, who wanted to do legally what they were doing illegally, were asking for a law that would take them from under the umbrella, which really meant from under the control of the dentists. And the dental profession came down here. And they had things to say about the problems that we would be creating. And I remember when Buck Witney, who was then the Minister of Health, he had a fine - he is, he is, he's a great loss to this House - nevertheless that was the problems that he had. But when he was listening to all these people who came before us, the dentists especially, he would say to them as a Minister of Health should I suppose, can you tell me whether the work of the dental mechanic creates a danger to the health, or a hazard to the health of Manitobans? And they were not able to answer that. I remember one occasion when we had pictures flashed on a screen for us showing a mouth raw, wounded, bleeding, in terrible state, because some dentist had done a poor job. Then I remember hearing from some dental mechanic saying that some of the work done by dentists produced raw, bleeding mouths that were in terrible shape. In any event, after a great deal of debate with all these people, after a great deal of investigation, the committee, the majority of whom were Conservatives, said that they believed that we had to recognize that the dental mechanics as we named them - the denturists, as they named themselves - had a role to play in the provision of health services.

I can tell you, Mr. Speaker, I became very much involved in this. I was really concerned with the wording of the report; I sort of threw myself into it in the report stage. And all that time I had a nervous feeling that here we were recognizing that a non-professional person, a person with much lesser training than a dentist has, would be given the authority to work in the mouth - and we heard that - the live tissues of a mouth of a patient, and to prescribe and fabricate dentures. And I for one, and I'm sure other members of the committee, were worried that we were giving too great a power to people who were really law breakers until that time, who were not academically trained to do this kind of work, but we came to the conclusion it was necessary because we believed and we found that when the dentist had control, the cost did not come down, the services were not available. The dental mechanic was prepared to travel. He had the gums ready with him and he would travel to provide these artificial gums, and he was able to go out into the remoter areas of the province to provide a service that the dentists were not prepared to do, or able to do, or wished to do, or the money for which was not sufficient to attract them to do. And the result is we passed legislation.

You know, Mr. Speaker, I'm in the community: I try to read the papers: I try to be aware of what's going on. I haven't heard any fuss since we legalized the dental mechanics. They now have the legal right to deal direct with a patient. They can make impressions from the live mouth, with live tissues. They can fabricate teeth, fit them, change them, correct them, repair dentures. I haven't heard of any problems since they became legal. So I go back to what I said at one o'clock in the morning the other day, that the proper way to do it is to make sure that there is a team of people working together, the dental and the para-dental, the professional and the para-professional. But one point I must make: never put them under the control of any member of them. Never permit a - I gave the example of an ophthalmologist with a number of optometrists working together. That's possible. But it will not work if you put the ophthalmologist in control of their incomes or of their - quality of work, yes, but not their incomes, because that's how optometrists actually learned their trade. Don't let the dentists be in control of the incomes of the dental mechanics because that's how dental mechanics were able to get out from that umbrella and were able to get out on their own. And don't make the dental hygienist dependent on what the dentist is willing to pay him or her, because there again, in all fairness and without any criticism whatsoever, the person who controls the purse strings makes sure that he does it for his benefit. It's as natural as that and it's as fair as that. I am knowledgeable about how our economy works and how our society works, and since the profit motive is the over-riding motive of most people, then if they are able to exploit others, or use others, or employ others, you know you can go from the most extreme descriptive terms to the most favourable terms, but in any way that they are in control then you endanger the actual provision of the service for the benefit of the people.

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(MR. CHERNIACK cont'd)

The proper way to provide health services and dental services, in my opinion, is to see to it that you have a group working within a community who have a common interest - that is to provide health services to all regardless of their ability to pay for it - whose work is supervised on behalf of the community, where there's a local input as to the needs and where the decision-making power is not in the hands of the senior worker amongst them but is rather in the hands of the group. And to the extent that we recognize that, we will achieve a pretty high standard. But this bill is nothing compared to what I'm talking about. What is being proposed by the government, as I understand it, is a system much as grew up in Australia; in Germany, pre-war Germany and today; in Russia, both prerevolutionary and since then; in other places of Europe, where there were people trained to do a job less than the most equipped job. And in Australia they had nurses, dental nurses, who were available to go out to the school districts of Australia to be able to provide a service, because there weren't any dentists to do that, just not enough. That still exists today.

The hygienist is able to do a good part of the work of a dentist and is trained to recognize symptoms that require the specialized work of the dentist, and I think that's important, because I know that there are dentists in Winnipeg who will not hire a hygienist but do the work themselves, and do it less adequately than a hygienist will do - that is, that special aspect of the work. And unless the hygienist is recognized for the skills that he or she can contribute, and paid properly for that skill, and given the authority within the limitations, then we will not be solving the problems. And when we - and I believe the members opposite also - endorsed the government's involvement in the provision of dental assistance to people, preventive medicine, preventive dental care for the youngsters of this province, we all endorsed it, but bear in mind, Mr. Speaker, that could be a very expensive operation. And the way it can be done - and that's the principle I expounded the other night - that you never let a person do a job which a lesser trained person can do adequately, and that's the way you find the best use of the skills of the people who have acquired and achieved that area of competence which they have done.

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(MR. CHERNIACK cont'd)

Let me add one other thing before I close, Mr. Speaker. During that entire debate on the denturists and dental mechanics, I was looking around for a definition of what a professional is. You know, I couldn't find one. I looked in dictionaries and I found sometimes that a professional is a member of a profession. That may have satisfied some but it really didn't give me much help. I'm looking in this dictionary before me to see if it can do, and I find a professional - yes, it's "relating to or characteristic of a profession." There's a help for us, Mr. Speaker. "Professional - relates to a profession, engaged in one of the learned professions, characterized by or conforming to the technical or ethical standards of a profession." And a "profession" is, and that's one of the professions according to this dictionary: "the act of taking the vows of a religious community" which doesn't apply in this case; "an act of openly declaring or publicly creating a belief, faith or opinion" - I'm sorry, that doesn't apply in this case; "4. A calling requiring specialized knowledge and often long and intensive academic preparation."

A MEMBER: How about a streetwalker?

MR. CHERNIACK: "Be a principal calling, vocation, or employment." I don't know who asked the question. I think the Member for Minnedosa or . . .

A MEMBER: Fort Garry.

MR. CHERNIACK: No, I won't attribute it. Some member opposite is interested in the definition of a street walker. Well, I don't know if that's a profession. I don't know if that's a member of a profession or whether a masseur or masseuse is a member of a profession, but after tossing around for a definition I finally made up my own, and until I hear a better one I buy my own as the best one, and that is something like what is said here about "members of a learned group who have intensive training." I would add to that "a strong acceptance of a responsibility to the community." I don't think that applies to many trades. They're not required, I say with all deference, to mechanical trades, and they don't have to have a feeling of responsibility to a community; but a professional who licenses himself and controls the licensing of others must always be a person who sets his own personal gain way in the background of what he understands to be the responsibility, the obligation he has to the community to provide the services for which he has equipped himself. I think that's vital.

I think another vital aspect of a professional, and follows from his recognition of his responsibility to the community, is that he has to have a training in fields other than his technical skills. He has to be an amateur sociologist, an amateur psychologist, certainly a social worker, certainly a person with an understanding of the cultural and spiritual and emotional aspirations of the people he serves. And then, above all, I believe he has to know the limitations of his own ability. I think since a professional orders his own life and that of others, does things that cannot easily be checked on, as other fields, who makes decisions about others, including the ability of others to work and provide a service, must know his own limitations and must know when he has to stop.

And now it's still on point that I want to make another point, Mr. Speaker. We are now getting a rash of withholding of services by doctors in the United States because of the exorbitant insurance fees they're being called upon to pay. And I think - in Manitoba too - I think we're starting to pay too much by way of damages for people who suffer from honest bona fide provision of services by medical people in the case of the United States now, where they are doing their best, and where negligence when attributed to them carries with it tremendous damages. And I think there has to be a tremendous reversal. I think we have to recognize, as we do under Workmen's Compensation Act, that there should be a limit to damages that are given, awarded to people who suffer from the honest efforts of a trained, competent person.

And I think that damages are going way out of line, and I don't blame the doctors, who are rebelling against the tremendous costs of the insurance premiums that they have to pay which result from very large damages being awarded to patients. I believe that when a person goes to a professional he accepts the highest skill available to him, but no guarantee of success, and I don't think there should be a guarantee of success. And I don't think that there should be a disincentive of such a tremendous nature which today force a doctor to flee from an accident rather than rush to the help of people who are injured. Doctors avoid being involved in providing care to a person unless they can prove that that person came to them voluntarily and wanted their services too. It's a demeaning thing and it applies in all professions, and that's

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(MR. CHERNIACK cont'd) the other side of the coin, where professions should be recognized that they themselves don't consider themselves such experts.

So I conclude, Mr. Speaker, by pointing out that to provide dental care of even a limited nature, such as is being proposed now by this government, there has to be a freedom to provide that people who are skilled to do a certain job are able to do it, and that they do it with the knowledge of their limitations knowing full well that when they go beyond that, they must call upon more skilled, more highly skilled, more highly trained people to do that job. But to work under the control of the most highly skilled, I think is something we have to recognize. We must challenge the question and review, just as we did almost 10 years ago in the case of the illegal denturists, and recognize that they had a service to give that did not have to be controlled to that extent. I don't compare the two. I took the opportunity to make a speech on the bigger philosophical approach rather than the specific, because I'd like to think that that is being discussed, because I believe that that shows how differently we look at our obligation to the people in the community to provide them with necessary services as compared with the way the Conservative Party looks on that same need, as being one where they, I believe, shrug their shoulders and are prepared to look after those who are so much in need that they are destitute and welfare cases. That they recognize as a need, but in between that and those of us who are able to pay for the services, they shrug their shoulders to a large extent.

MR. SPEAKER: The Honourable Member for Sturgeon Creek.

MR. J. FRANK JOHNSTON (Sturgeon Creek): Thank you, Mr. Speaker. You know, Mr. Speaker, the member has started out on this particular bill trying to paint the Conservatives into a corner, and you know, quite frankly he really, you know, every time we get up and speak or express our concern regarding welfare, medical services to people, and now dentistry, or anything in this House that we give a concern about at all on any bill, most of the members over there and especially the Member for St. Johns, tries to paint us in the corner of being on somebody's side or this side, and we're out there waving a flag for the professions, or something of this nature.

Well, I won't use the words, but apparently to me that is just the same words the Premier uses when he talks in public - BS. It's absolutely nonsense - that's the favourite word of the Premier too - it's just plain nonsense to try to make the situation that you paint us into the corner and being on one side or the other.

You know, Mr. Speaker, I've heard the Member for St. Johns get up and speak on just about every bill in this House up until now, and, you know, I never thought I'd miss Jake Froese, but I'll tell you, let me tell you, I've heard more constructive words from the previous Member from Rhineland, Jake Froese, who spoke on every bill, than I just heard on this bill today from the Member for St. Johns. We got led through the definition of his definition of professionalism. We got led through his definition of what the medical services or denture service would be. We got led through his definitions of what the denturist committee did and did not do. And then we got told, in a very nice way, that really, really we're the reactionary people on this side when we want to speak about dental services and the health of dental mouths or the dental health of people in this province. Reactionary. He gets up and he tells me, Mr. Speaker, he tells me that the process that he is planning to use is one that they're using in Australia, or what they used before the war, or just after the war in Europe. Now, isn't that something? That's real forward steps.

You know, gentlemen, the dental profession in the last 15 years has spent a lot of money coming out of the dark ages. You know, we used to see a person in cartoons with a big bandage around and a bow tied on their head, a big thing stuffed in the corner of their mouth, big abscesses and things of that nature, real suffering. Real suffering. And the dental profession now . . . and when you went to the dentist in those days, you know, he looked in your mouth, put a string around it or a clamp on it, and pulled the tooth out and said, "Be my guest. It'll never hurt again." You're damned right it won't - it's gone. Now the dentist profession takes a look at the mouth and says, "We are going to try to save teeth." That's what we've been teaching them. That's what they've been learning in the Universities in Manitoba, how to save teeth and the Minister comes along and says we want to go back, or the member comes along and says we want to go back to what they've done in Europe 15 or 20 years ago, Mr. Speaker.

You know, the Member for St. Johns also got up and he just amazed me. He said, you know, what if you don't go to the dentist because you've got a toothache or you can't afford to go

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(MR. F. JOHNSTON cont'd). . . to the dentist because you've got a toothache and your mouth is hurting, it's not crucial; you're not going to die. Mind you, ten years later your teeth have rotted to death and you can't eat, but it's not crucial, you're not going to die. You know, really, really, that kind of downright nonsense when we're speaking on this bill is not worthy of this House.

Mr. Speaker, there is nobody on this side of the House concerned about dentists or dentists' income. Our concern about dentists is that they supervise the workings in the mouth. Our concern about dentists is that we have educated dentists to be knowledgeable men to take care of diseases in the mouth and that they are there to supervise or give advice on the proper dental care for people in Manitoba. The member says, you know, we can't possibly have somebody telling somebody else what to do, because that's wrong. You know, I really don't care if you pay him. At this present time, if you want to send some dentists out into rural Manitoba with a team to take care of the teeth of the people of Manitoba or rural Manitoba where you have the trouble, be my guest. Go ahead, pay the dentist if he'll take the salary, but let him supervise the work that's going on in people's mouths. Because it's a very technical thing today. You know, even in the Ministry, the Bishop supervises Ministers. Maybe the member can answer that, but I'll tell you, to turn around and say, "Don't pay anybody. You know, the person who controls the purse strings does it for his own benefit." I wish this government would take that to heart. We've been telling you for a long time you've been trying to control the purse strings and you're doing it for your own benefit.

The denturists meetings, he doesn't remember the denturists meetings that we've had since I came into the House in 1969, because that was when the bill was passed. And we set up another committee, and what was the committee's main concern? We said that denturists could fit on healthy gums. We said he could make teeth, we said he could adjust teeth, but we didn't want him working on tissue or pulling teeth, we wanted a man available with an education, medically, in dentistry, to be able to say when he went into that mouth if there was a problem. We wanted supervision of the people we are educating to save teeth and mouths, or keep healthy mouths. That's what we said. We said live teeth shouldn't be really handled by somebody who hasn't got as much knowledge as the other person. That's a very easy way of putting it. That's what we said when we went into the denturists situation. We passed a bill in that regard, and yes, you haven't heard any comments. You haven't heard any comments because we passed the bill limiting their qualifications, and also what we didn't put in the bill was that they should be supervised. Well, I think they should, personally, but I don't think they should be supervised as much as the person you're speaking of in this bill, because those men fit on gums that are healed or the teeth have been taken out by a dentist. When they work on the teeth or adjust them, they're working on teeth that can't feel anything. They're artificial. They don't need supervision as much as these people will need it because you're saying in the bill what these people can do, and what they can do is almost dentistry, and you're saying they shouldn't have supervision of a person who knows more. Now I don't give, as I said to you, I'm not standing here defending dentists because I'll tell you, the dentists will still . . . they're not in any plan, they're nowhere. The dentist will still open up an office, he'll still make a good living, and we'll still need more than we have now. That's not the question here. The question that has been overlooked is the proper supervision of people doing a medical job on another human being.

So now we have a situation where the Minister will decide the qualifications on some advice, and he will decide who the beneficiary is who can hook his trailer on a car and go driving through this province, taking care of live teeth, not dentures. So, Mr. Speaker, for the Minister to try and paint us in a corner because we happen to be a little more interested in how this bill will work and what effect it'll have on the dental health of this province, is nonsense. Just plain nonsense. And in fact it's stupidity. I've heard it for six years and it's plain stupidity to keep standing up in this House and trying to paint us in a corner, Mr. Speaker.

Mr. Speaker, let me say this, that we are concerned on this side that there is proper supervision of people working on live teeth, pulling teeth, filling live teeth, or anything of that nature, and please, don't tell me about what they did ten years ago or fifteen years ago or before the war in Europe--(Interjection)--Yes, I'll tell you. That's right, barber - you're right. Barbers pulled teeth in Europe. That's what they used to do in the old days, back in there. Now, people come along when they usually arrive here in this country, at least in this

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(MR. F. JOHNSTON cont'd) province, one of the first things they do is say, "My goodness, I've got some real experienced people here. Let's get our teeth fixed."

He mentioned Gillam. I know the Assiniboine Clinic goes into Gillam, and they charge exactly the same rates as they charge in Winnipeg when they go up there. Yes, that's right. They're in my constituency and I've discussed it with them. They lose money when they go to McGregor, but they go. They charge \$10.00 a call for children in that clinic and most places it's \$16.00. There's a dental clinic there that has a dentist overseeing dental hygiene, he has a dentist overseeing children's teeth, and then if you move up after examination you'll go to the other dentists after it's recommended which you go to, and their rates are less than anybody in town, less than most rates that you'll ever charge anywhere. In fact, basically that area is a one-stop call, Mr. Speaker. You know, you can go in there and be examined for medical. You've got your dental, you've got your drugs, you've got your optometrists. You can go anywhere in there in that clinic, and it works. And it could work out in the country too, but under the supervision of qualified people. That's all we're saying on this side and I don't care whether you pay them or not. I don't care who pays them. I don't care if they go out and open their own business. That's their business. And I don't care how much they earn; that's their business. Just when you have people working in the mouths of people in Manitoba on live teeth, live tissue, have them properly supervised and don't try and paint us into a corner any other way.

MR. SPEAKER: The Honourable Member for Souris-Killarney.

MR. EARL McKELLAR (Souris-Killarney): Sir, I'd like to move, seconded by the Honourable Member . . . oh. Oh, it is adjourned.

MR. SPEAKER: The Honourable Member for Assiniboia.

MR. PATRICK: Thank you, Mr. Speaker. I do wish to speak on this bill at the present time, and I rise to support, or I wish to say at this time that I am in support of a comprehensive dental scheme for children in our province between, say, three and sixteen, or whatever the plan is, because the bill doesn't specify; it calls for a denticare program for any age or it doesn't specify it is extended to senior citizens or not either, so I do have some questions. But I wish to say at this time I rise to support it.

I have some questions. I think that we should concern ourselves with the type of care necessary, method of delivery, implementation and cost. The type of plan is quite clear, what it is in Bill 52. We are not so sure of method of delivery, implementation, and cost. We're not sure in those three areas. The plan with preventative dental care services, I'm in agreement, and this is something that I have called for in this House for the last three or four years and as far back as 1969 I tried to propose proposals and resolutions in this House. I know the present Minister of Urban Affairs, when he was the Minister of Health and Social Services, he indicated to the House that the Manitoba Government's proposed dental health care program to be introduced some time later this year, when he was speaking late last fall, may turn out to be a great deal more modest than Manitobans think, and he said that this will not be a program of dental coverage for filling of cavities and other preventative measures. It'll be very modest. This at that time concerned me very much, Mr. Speaker, and I thought that we really will not get much of a program.

If you look under Bill 52, it's quite specific under items from (a) to (i), it gives you a pretty complete preventative scheme. Having said that, Mr. Speaker, I should say that the only way we can start a scheme at the present time is to cover children only, at the start, and next we may move into elderly. Of course the bill doesn't specify that and I wish the Minister would have explained. And eventually, maybe some time in the future when we have facilities and we have trained staff and availability of manpower and money for funds, it may be extended to all people, and of course that would depend on further economic information on denticare financing which we'll only gain from experience if we've had the program in operation for, say, three or four years and longer. I know that in the program in Saskatchewan at the present time, very little information is available and nobody knows the cost, and there is very little we can learn from that. As well in British Columbia. I know that in British Columbia the Minister there did have very close consultations with dentists, dental association, and as well here, Mr. Speaker, when this was first proposed in this House, I would like to indicate from an Information Services Report where the Minister said that ". . . examination of the report, and many proposals drawn up for a program as a result of the report will

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(MR. PATRICK cont'd) be carried out in consultation with members of the dental profession." And I understand the report was done by many people from the dental profession, from the dental hygienists and Manitoba dental nurses and assistants, and of course there was the Department of Health and Social Development. So there was a large committee that prepared the report, but the bill, the bill as a result of that report, I understand the Minister had very little consultation, or his department, with the people concerned - and I'm talking of course about the dentists.

So if that's the case, Mr. Speaker, if that's the case, then I'd say that we have some right to ask about method of delivery and implementation and perhaps types of care. Now the reason I feel that a comprehensive medical or dental medical program is very essential, Mr. Speaker, to the health of many children in this province, and I would say to the health of 70 percent, to the 70 percent, because it is my information, and I know it has not been disputed by the Dental Association that I spoke with, that only 30 percent of our children at the present time - at the present time - can avail themselves to a program of regular dental hygiene. And Mr. Speaker, I think that such inequity should not exist, should not go unnoticed, and this is what we have to concern ourselves with. And again, as I'm saying, I'm not totally satisfied with what's in the bill, because surely I think we should have had more information in respect to the method of delivery and to the method of implementation and the cost, and we haven't got that in the present bill. I know the powers are in the Minister's hands through the Cabinet, and also most of it is by regulations prescribing dental services other than those set up in 2 (1), which is the scope of the preventative dental scheme. So, Mr. Speaker, I believe that our dentists at the present time are trained at very great expense to the public, but only 30 percent of our children can afford the preventative denticare programs. So I say that we have to come up with a program that will take care and include more of these people.

Now, I know there's some serious results when we have a very limited dental care program, which is the result at the present time, and I know that there was some debate about programs in other provinces, British Columbia, Saskatchewan and New Zealand. It is again my information the program in New Zealand is not that effective. In fact, the information that comes to me from very reliable sources, the program has been in effect for some years and the people are not appreciating any better teeth in New Zealand at the present time than we have in Manitoba at the present time. So perhaps maybe we should not too quickly accept some program from some other jurisdiction that we understand is not very effective.

I believe that it's important that we can debate and discuss, and it's outlined the types of care necessary, the method of delivery, and implementation, Mr. Speaker. We do need a diagnostic, preventative program in addition to the normal treatment of acute conditions, and I talked about orthodontic and emergency care for relief of pain and infections. And when I say "orthodontic" I can point out to the members in this House that during the 1969 election I made it a point to ask every mother, or every housewife, at that time what she thought of a denticare program, and I'll tell you, perhaps the father would be non-committal but every mother would indicate that she is in favour of some denticare program, because when people come to some serious situation when a child needs braces, and you have two or three people, two or three children in the same family that need this type of care, it gets to be pretty expensive; it gets to be \$1,500 apiece. So is it right, is it right for someone to go without proper attention, without properly formed mouths, without having the services, while on the other hand, someone that can afford it, can get the services? And this is a very very important problem, Mr. Speaker.

So I say I am in support of a comprehensive program. We need a diagnostic preventative program. I think we need restoration of primary and permanent teeth to good form, and maintenance of proper spacing in the mouths to provide normal bites and so on. But when we come into the method of delivery, this is where the bill is not specific and this is where the bill doesn't tell us how this delivery and how the program is going to be implemented. I feel that where possible, where possible, until such time that we have some cost analysis, which we'll have some experience from some other jurisdictions. But where possible, I think the program should exist in the private practice, or at least in the private practice environment; and where necessary, coverage should be extended to public health clinics and mobile home clinics through schools and other areas. I feel, again, we have a completely different situation than they have in, say, Saskatchewan, where they have many communities. In Manitoba, we have

(MR. PATRICK cont'd) a large area of the population which are concentrated in the City of Winnipeg and a few other large urban centres. So there's no other way, except you have to go to some mobile type of dental service.

Now again, I know that I may get chastised and say, well, why should it be in the private practice environment. Well, Mr. Speaker, the rate, I'm sure can be negotiated by this government, it can be negotiated - and in the long run, it may be much more reasonable and cheaper than to go to a complete government plan, because the way I read the powers of the Minister which gives him a complete - and the regulations, which would almost . . . he would have the power to implement his own program, whenever the time and the manpower and dental hygienist - once he has sufficient manpower, he can have a complete program on his own within the Department of Health and Social Services. Now I know the Member for Churchill is waving his head - well, we'd like to know if that's the case, if that's the government's intention. I would hope that he would tell us, or somebody would tell us if the program will not be in no way, shape or form to the extent that it can be within the private system at the present time, then I think we should know, because we don't know. We don't know what the regulations will be, and the bill doesn't tell us, so we'd like to know that. In my opinion, I think that it must and it should be within the private practice to the extent that it can. And it has to be implemented to the balance of the province, and naturally it has to be through fee for service basis or salary basis, or through, you know, mobile and government employees' systems.

So I feel that the plan should be on a fee for service basis for the private practitioners, on a salary basis for the clinic staff, and fees should be determined through negotiations with the professional dentists and technical assistants or their representatives, until such time as we have some experience in this area - until we have some experience in this area. Because at the present time we don't, and we haven't got any, and from what we can find out at the present time from other provinces, is very little. In fact, what we're trying to find out in the way of costs, it's not what it was intended to be, or not what we were told.

So I think it's most important that, as I mentioned, that the way we proceed, we start on - perhaps the scope should be all children between certain ages, and I don't know what the Minister has in mind. Perhaps the Minister of Urban Affairs can tell us. Is it 3 to 12, the way that it is in Saskatchewan? Or is it 3 to 16? --(Interjection)--Well, I know eventually, because that's what I would like to see happen. And I've said to the House, my inclination would be that the scope would be very comprehensive, it would include all children. It would include, a few years from now, probably senior citizens, and eventually include everyone. But again, until the Minister can rely on some cost analysis, economic scope, and experience that he has gained in the first two or three years, I'm sure that he'll need that before he proceeds into a completely comprehensive scope that will include everybody throughout all the province. But I'm sure that he must have, or the people within his department must know, what is the scope at the present time? Because the way I see the plans in Saskatchewan and British Columbia, they're talking about 3 to 12 at the start. Now the Minister says, "no". Is it up to 16? Or is it including all school children? --(Interjection)--Well, that's the first initial stage, but up to 12, according to . . . that's right. And I have the report here and that's quite specific in the report. So, that's true. So, Mr. Speaker, I'm interested in the scope of the plan. Is the bill making provisions that it would be extended eventually to elderly and the poor, and then a comprehensive plan for everybody? I also feel that the plan will have to be phased, Mr. Speaker, it will have to be phased over a period of years - and I can't be specific. The Minister must have some information.

And this is the other point that I'm quite concerned, because I know that in British Columbia they did have a complete report, and the Manitoba Dental Association is not aware of any comprehensive study of the delivery of restoration services in Manitoba. But it strongly believes that such a study is necessary, and sufficient time must be found to conduct the necessary work. Well, I don't know what they mean by sufficient time, but I think it makes a valid point, Mr. Speaker. Surely the government must have some study or some report that it's done. I know that we've been talking about comprehensive dental care programs since 1969, and perhaps there has been some delay. I don't know if the Minister was in the House when I quoted him as stating a few years ago that the program will be nothing like we have at the present time, it will just . . . because that's what he was quoted when he was Minister of Health. I'm glad that it's changed, that it will be a preventative dental scheme as outlined

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(MR. PATRICK cont'd) in Section 2(1), because it is quite comprehensive in that area.

So, again, there's been no information, Mr. Speaker, in respect to the cost and surely the Minister should give us some cost analysis, what it will be in the initial stages. What will the cost be, say, in the first year, and who does it intend to cover the first year, and how extensive will the program be? Will it be just cleaning and scaling of teeth, or what will it be? Or education and instruction on how to take care of teeth? Or will it be the complete preventative service, which is extraction and filling and education, and the whole ball of wax, Mr. Speaker? So at the present time - at one time we talked about \$30 to \$40 per child each year - and from the experience we had from Saskatchewan, it looks more like \$300 per year. So again, I'm sure that the Minister cannot proceed in the dark, and we are at the present time in respect to this bill, because we did not have the information. And I think it's important that we receive this information.

I know that, Mr. Speaker, proper and preventative care has been experienced in one of the States, I believe it was the State of Iowa, where they have a preventative denticare system, and I'm told that the dental costs were reduced by anywhere from 36 to 40 percent, once you have a proper preventative denticare program within the schools. So if that's the case, I hope the Minister would have been able to give us some more information. If that's the case, it's very encouraging and good information, Mr. Speaker, if that's the case. So again, I would like to hear from the Minister. I know that implementation - as I said, the program should be phased in over a period of several years. And the pace with which the program can be implemented, it would only be determined, Mr. Speaker, by the availability of manpower, and the availability of staff and dental workers, manpower and treatment facilities. I feel, again, that the bill is extremely vague. It's introduced as a very comprehensive preventative dental care in the first section, and then as far as method of delivery or implementation, there's nothing in the bill. All it is, it gives extreme powers to the Minister, and by Order-in-Council that they'll be making all the regulations. So, I feel that it's important that we receive the rest of this information.

So, Mr. Speaker, I do support the legislation. I think that not only that I do support it, I believe that the government could have made much better progress one or two years ago when they talked about it. But all we have today is a bill on our desks with a very comprehensive program, and no information as to the delivery or the implementation or costs. So, I do have a reservation as far as the implementation and the delivery system. As far as the program itself, Mr. Speaker, I'm very much for it, I'm supporting it. I just hope that when the Minister will be closing the debate, I hope that we do have some more information with respect to the bill. So these are the points that I wish to make at the present time, and I'm sure that I will have one of my colleagues speak on this matter later on in debate too, Mr. Speaker.

MR. SPEAKER: The Honourable Member for Souris-Killarney.

MR. McKELLAR: Mr. Speaker, I beg to move, seconded by the Honourable Member for Lakeside, that debate be adjourned.

MOTION presented and carried.

BILL NO. 53 - DENTAL HEALTH WORKERS ACT

MR. SPEAKER: Bill No. 53, the Honourable Member for Fort Garry.

MR. SHERMAN: Mr. Speaker, Bill No. 53 cannot be considered in isolation from Bill 52, the proposed legislation with which we've just dealt, nor can it be considered in isolation from the comments which my colleague from St. James made with respect to Bill 52. The point at issue here, sir, is indeed partially philosophical as the Member for St. Johns pointed out, but it's very largely rooted and based in the kinds of service, the kinds of dental health care that can be provided under this legislation proposed in Bill 53, in concert with the earlier legislation and the well-being and welfare of the recipients of that kind of health care as pointed out by my colleague from Sturgeon Creek.

The bill before us right now appears to open up very broadly, and I think potentially dangerously, sir, the executive and administrative authority over the dental profession in the Province of Manitoba, and over dentists themselves. There are two or three aspects to the legislation which I'm certainly not comfortable with, and it's my understanding that my colleagues share that discomfort. For that reason, I think I can say at this juncture - at least

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(MR. SHERMAN cont'd) speaking for some of my colleagues and speaking for myself - that unless there are some very healthy reassurances provided us by the Minister when he's closing debate on this legislation, I'm going to find it extremely difficult to support the legislation in its present form, even though it proposes services and it proposes benefits in areas of the province that, without doubt and without question, need dental services and need dental benefits.

The bill to a certain extent is kind of a motherhood bill. It's proposing that motherhood in a sense, of a type, be taken to the remote areas of the province which currently lack proper dental health care services and provisions. And on that basis nobody can argue with it, sir. We certainly can't argue with the concept of motherhood. But we argue with the system and the procedure that provides this government with the right and with the rules to say who can and cannot be a mother. And that's what's happening, it seems to me, under the bill before us, 53, the Dental Health Workers Act. While providing remote areas and residents in certain unserved remote areas with a chance for and a hope for some kind of service that they're not now getting, it is at the same time, sir, opening up the whole field of administrative and executive authority; the whole field of definition and determination of what dental services constitute - and thereby raises the question as to who, in fact, lays down the professional standards for the dental industry in this province - this government, or those trained professionals who have studied dentistry at our universities and have been working in that field as their field of service all their professional lives.

There may be some advantage - in fact, I think, unquestionably, there is some advantage when confronting this kind of a question - dealing with government experts, so-called - with seeking out government expertise and government opinion. But certainly, sir, there is also, surely, advantage from the government's point of view, to seeking out the expertise and the professional advice and the opinion that could be provided by the profession itself when embarking into fields such as this. And I'm not satisfied on the basis of conversations that I have had, not only with the Manitoba Dental Association, but with certain spokesmen for and members of the Faculty of the Dental College, sir - I'm not satisfied that there has been that kind of communication, that there has been that kind of consultation. I'm not satisfied that the dental profession, through its Association, or through the Faculty at the Dental College, has been consulted to the degree that it should be before legislation of this kind was drawn up.

Furthermore - and I appreciate, Mr. Speaker, that I can't go into clause by clause examination, but there are clauses in this piece of legislation that, I think, promise to remove the right of the profession itself to supervise and define the professional standards by which all Dental Health Care in the province should be administered. I believe that those same clauses transfer that kind of authority of definition and determination to bureaucrats. And unless there are changes made in that aspect of the legislation, I will either find it, as I said a few moments ago, difficult if not impossible to vote for the legislation in its present form - or at the very least, I would say that I would be prepared to let it go through Second Reading and advance to the committee stage, but that it would and should, in my view, get no further until amendments are introduced to correct those weaknesses and those anomalies and those aspects of the legislation that I think work to the disadvantage of the recipients of Health Care. And I say work to the disadvantage of the recipients of Health Care because it's the recipients of Health Care that we are primarily concerned with in terms of this legislation plus the previous bill, as my colleague from Sturgeon Creek pointed out, and as long as the profession is not being properly consulted, and as long as authority and powers and rights of the profession are being limited or inhibited or in any way restricted, then I think the product of their professionalism, the service that they can bring, is necessarily going to be crippled and inhibited. That being the case, the recipients of Dental Health Care will suffer in the service that they obtain.

Now this bill, in dealing with dental health workers and the kinds of responsibilities and assignments to which dental health workers could be detailed, suggests that a service in dental health care is going to be made available to communities which sorely need it, and on that level the legislation deserves the very keen and very responsible attention of every member of this House. But let us make sure, sir, let us make sure that in fact the proposed, the potential recipients of this kind of service are really going to get what the bill purports to provide. One or two members of the profession, the dental profession, and the Faculty of the Dental

(MR. SHERMAN cont'd) College with whom I've spoken on this legislation have said to me that what this bill really is going to do is provide the certainty that northern and remote communities in this province are going to be getting a second class dental service, perhaps even a third class dental service - but let's give the government the benefit of the doubt and say a second class dental service.

MR. SCHREYER: What class are they getting now?

MR. SHERMAN: Well, the Premier, the honourable gentleman is asking what class are they getting now, and that's a very good question. I was just going to say, Mr. Speaker, that a second class service is certainly infinitely better than no service at all, and I think that if the First Minister hadn't asked me that question, someone else would have; and had they not, I would rhetorically have asked that question myself in my remarks, sir, because I think that it can't be argued that many of these areas are getting no service at all at the present time. And by definition of service and by definition of caring where legislators are concerned, certainly a second class service is an improvement. But what has to be borne in mind, Mr. Speaker, it seems to me, is that in providing the second class service there also has to be, concomitant with that, a devotion to the best kind of protection of the dental health of the recipients that it is possible to give, even though the mechanics of the system may be second class in comparison to those available in a large urban centre like Winnipeg. And I suggest that when you look at the kinds of services envisioned in this legislation, that there are some scientific aspects that are overlooked, and that they are aspects, through the overlooking of which, recipients of the service could indeed receive a disservice.

There is no question that you can take technicians in this field, or in any field for that matter, given a reasonable degree of commitment and intelligence, and over a period of time train them to be very efficient from a technical point of view in providing a kind of a service in a health delivery field. I think that probably given the right kind of commitment and the right average degree of intelligence, that you probably could train somebody technically within 18 months or two years to perform certain surgical operations, appendectomies and the like, and they could be done very capably and very well, and provided that technician was not getting himself or herself involved in sophisticated extensions of surgical service, the work performed by that technician could be perfectly suitable and perfectly satisfactory in a given health delivery market. Certainly, most people in the Dental Association that I've talked to about this legislation agree that there are certain technical services, certain technical functions, which can be taught to technicians over a period of 12 to 18 months, and those technicians, those dental health workers, can go into the field and, providing they don't overlap their training and get into more sophisticated fields, those workers can do an admirable service on that level. But that only applies, these Association members suggest to me - and this suggestion, as I've said, has also come from members of the Faculty of the Dental College - that only applies to the strict application of the technique of a particular dental health job itself.

When you get into the area of preventive dental health care and particularly when you get into the area of diagnosis, and more particularly, when you get into the area of treatment programs, this is where the kind of mechanical function offered by dental health workers such as envisioned in this legislation, falls down, sir. And it's in this area that most professionals, I think, are the most concerned. Because it isn't enough to just be able to do something of a mechanical form, of a mechanical quality, when there are extenuating circumstances to the dental difficulties that the patient is having. There has to be proper diagnosis and there has to be a very skillful treatment course, a very skillful program and schedule of treatments prescribed and followed so that the difficulties that that patient is having are properly attacked and his dental illness is properly arrested. And it's really in this area, I think, that the best laid plans of governments such as this, found in legislation such as this, come unstuck, and until there's some method of parallel expertise provided to ensure that diagnosis, to ensure that prevention, and to ensure that treatment programs can be applied and prescribed as diligently and as professionally as is required, then the real needs of the people who are supposed to be served by legislation at this time will not be met.

The area of control over standards in the profession is another one that disturbs me, Mr. Speaker, and I need some reassurance from this government that the kind of control that's necessary to maintain a high level of excellence will not be a kind of theoretical bureaucratic government type of control. I need some reassurances that the control will be

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(MR. SHERMAN cont'd) professional dental control in a field, by professionals, who know what the science is all about, not a kind of control that comes from bureaucrats who are motivated by attempting to meet other charges, other objectives, than those of pure medical or para-medical excellence.

Sir, the Member for St. Johns had some interesting things to say about the proposed legislation we considered previously which, I suggest, without breaking any rules, also apply to this piece of legislation because the two, I think, sir, are linked very closely and cannot really be considered in isolation, and I was interested in his comments about the kind of excellence and the kind of professionalism and the kind of training that you really attempt to find when you're embarking on universal or quasi-universal programs of this type. And I was rather surprised, at least at the inference that I drew from his remarks, and I may have interpreted him incorrectly, but I thought I understood him to say that when you're going into a program of this kind you never get the best-trained person you can, you get the next best-trained person you can, and that's the way you utilize all the skills that are available to you. If that's a misinterpretation of what he said, then I would hope he would clarify that point because I found it rather amazing and unacceptable, to say the least, because going into an area of this kind where you're really dealing with the health of people . . .

MR. CHERNIACK: Will the honourable member permit a question?

MR. SHERMAN: Yes. Yes.

MR. SPEAKER: The Honourable Member for St. Johns.

MR. CHERNIACK: Did the honourable member not hear me say that I believe that one should not use a most highly skilled person to do a task which a lesser skilled person can do as well?

MR. SHERMAN: Well, as I suggested, Mr. Speaker, I obviously didn't hear what he said specifically. I didn't get that same literal sense of what he said that I get from the remarks he has just made now, and I'm glad to have him clarify that point. Nonetheless I think to a degree I would even find it possible, in an area such as this, to challenge that philosophy, because there are extensions and ramifications of a service of this kind that surely demand that the best professional and scientific expertise is applied to working on a person's health, and that's what we're doing here. I've acknowledged that it's certainly infinitely better than no service at all, but I would hope that the Dental Association and the Dental College would be consulted very closely by the Minister and by the government, with a view to developing parallel programs that make sure we don't have the loopholes and we don't have the areas for difficulty and we don't have the areas for error that seem to me exist in the legislation as it's drafted in its present form.

What we'd really like to have here, Mr. Speaker, is some reassurance that the best possible utilization of the skills of the profession itself is going to be recruited by the government in determining the kinds of standards that the dental health workers would have to meet under this Act and in determining the kinds of parallel services that would be readily available to supplement the work of the dental health workers, the technicians themselves. The hygienists envisioned under this legislation and other dental workers who are envisioned under this legislation are indeed well trained, as the Member for St. Johns pointed out in his remarks, but they're still only technicians. They're still not professionals in the sense of the word as it applies to those with professional dental training. And it's this area, sir, that I think has to be strengthened before the legislation can be acceptable to many of us on this side of the House.

The only other concern, as I mentioned in my opening remarks, that I think needs to be dealt with before many of us on this side would feel comfortable with the legislation, is that of the authority over the profession and the standards of the profession, and I think that the Dental Association and the Faculty of the Dental College are suspicious of the kinds of difficulties that they and their profession might find themselves in unless they have an opportunity to sit down and deal in a very close form of communication with the government to reassure them. There have been many forays by this government into many fields in its six years of administration of the affairs of this province, and many of the steps that they've taken, many of the areas into which they've moved, have given rise to considerable dislocation, considerable disagreement, considerable difficulty, and I would hope that this is an area that is not going to be a further addition to that list of trouble. I would hope that in going

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(MR. SHERMAN cont'd) into this field and providing a service that I recognize and we all recognize is necessary for our residents in rural, remote and northern areas, and is overdue in providing that service, that we are not setting up another bureaucracy here and we are not setting up another province of provincial government control.

The kinds of things referred to a few moments ago by my colleague for Sturgeon Creek reflect the ideals of those in this party when looking at services of this kind. We would like to see, we would like to think, we would like to believe that these kinds of programs and services could be carried out without government bureaucracy involved, without top-heavy government involvement. It may be that by the geographical and sociological nature of this province that's not possible. It may be, although the Manitoba Dental Association has indicated that it is prepared to enter into programs of this kind itself, it may be that it is not practical or possible to try to do these things entirely divorced from some form of government involvement, some form of government participation. But we would like to think that the profession, the individuals, the Association, the private practitioners in the field of dentistry in the Province of Manitoba are concerned with delivering this kind of service, with delivering this kind of professionalism to as many people in the province as it's possible to reach, without being shackled and without being directed and without being controlled by a provincial government bureaucracy.

I would leave that thought and that challenge with the Minister, Mr. Speaker, at this stage of the debate, and ask him and his colleagues to what degree they can satisfy us that the avenues of private input by the profession into this field have been exhausted. Because there's nothing to be gained, there's no value to be gained for any Manitobans, if all this is going to do is establish another level of bureaucracy which is going to cost the taxpayer another level of money and expense, and is going to discourage the dental profession and the field here in our own province from the natural kind of growth that natural opportunities provide. If that happens, then what we have done is taken a second-class service into the remote areas and established a situation wherein that second-class service spreads throughout the province, and even those who now have a first-class service wind up at the second-class end of the scale. If there is not a clear indication from government that the dental profession is needed, not only for the techniques that it can perform, but for its knowledge - for its initiative and for the expertise that it can bring to questions of this kind - then I think the program is doomed to failure, and it's doomed to just be an enshrinement of mediocrity. And that's something, sir, that has crept into a number of fields in this province that this government has got itself involved in, in my view. And I would hope that there will be no extension of that philosophy and mediocrity in the field which we're dealing with in this legislation.

MR. SPEAKER: The Honourable Member for St. James.

MR. MINAKER: Thank you, Mr. Speaker. I will try and keep my comments as brief as possible. I indicated earlier when we were debating Bill 52, that Bill 53 was very closely related and integrated with one another. One of our concerns - as my honourable colleague from Fort Garry has indicated - that we have, is with regards to the principle of the removal of restriction, and what would appear to be the government's decision to go its own way separate from the dentists in our province.

And we raise this question, Mr. Speaker, because it's our understanding that the Dental Association has shown interest in the past few years with providing some improved methods of Health Care Service to all age groups in the province, not just necessarily the children. Yet we start to wonder just how much the government has actually communicated with the Dental Association, and how interested they actually are. Because it's my understanding that when we look at the bill before us and the principles that are placed in it on the setting of regulations - and who will set the regulations, and who will take part in the setting of regulations - one would definitely, with first impressions, be led to believe that there is no interest on the part of the government to work with the Dental Association at this time, and hence put in the principle in the Dental Health Workers Act that the dentists would not have any say in the matter. At least the law would be changed so they would not have any control over the health, level of health standard, for denticare in the province. And I'm sure that will be used in the debate on the other side when I say "will not have any control."

But I think it's important that a - particularly when we're dealing with the health of an individual - that when you have a profession that has worked in the province for many years and provided the health service and the standards, and improved the standards from year to

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(MR. MINAKER cont'd)year, to be completely ignored and to be, you know, just sort of dropped. And this is what one gets the impression is happening here, because in discussions with the dentists, we find that they have had very little consultation with the Minister of Health. They have presented a brief to them, and the brief hasn't even been brought on the table for discussion. And I'm sure that there are very important elements in this brief that would be of use in the delivering of services in this important field. Yet we now have before us an Act that says that the Minister or the Cabinet will decide what the dental worker will perform.

And it goes on, that the principle of inspection will be by inspectors. We don't even know whether they will be dentists. We don't know how the qualifications will be set up. We don't know how or by what means you will attain qualification under this Act to perform. This is still to come. The Minister who, to my knowledge, isn't a professional dentist - I know he was in another profession, but to my knowledge it wasn't dentistry - the present Minister, that is - will have the power to set the qualifications. And I suggest, Mr. Speaker, that this Act is eroding the education system in Manitoba, because between it and the other bill you will no longer be required to attend university it would appear, to study for many years and take a part medical course and to study in internship and so forth, because dentists do practice as an interne, actually in hospitals. I know my nephew when he was taking dentistry - and I might add he's in B.C. now so there isn't any conflict of interest here - that he practised internship at the hospital on weekends in the Emergency, even though he was a dentist - practising sewing up people and so on. So they actually have quite an extensive course that they take to become a dentist. Now it appears it's being thrown out with this Act, in my opinion, eroding the education system in this particular field of service. Because it would appear, when you look at the both Acts, the way the two are inter-related, that in the other Act this Dental Health worker will be able to almost do anything. And as my honourable colleague from Sturgeon Creek indicated earlier, you know, it's our belief that when one gets working within a mouth of a person and injecting needles and withdrawing teeth, this is basically an operation, that this should be done by a duly qualified doctor, a dentist. Yet it would appear that the government is proposing in principle that this no longer be required.

We've heard the Honourable Member from St. Johns indicate in his debate this afternoon what his beliefs are, and one would almost visualize that the qualification to become a dental worker might be a diploma from a blacksmith college. You know, they're good at pounding iron and so on. I don't know. We haven't got it here what the qualifications will be. And I might add that it is my understanding the Manitoba Dental Association with its board - it's not a closed board; it is my understanding that there are people from all walks of life on that board, laymen, professional dentists, and all walks of life, who set the standards in the Dental Association. Yet we have here the principle that the board for the Dental Workers Act will be appointed by the Minister and we don't know who will make up this board.

So these are the things that we are concerned about, Mr. Speaker, that we will be lowering the level of the health service. It is our understanding the reason that the Minister is proposing this legislation at this time is he needs permissive legislation to get the Dental Health Service implemented. And I have been in the House only for a short time - it's my second term - but my colleagues have told me of other cases when they needed permissive legislation to implement things and all of a sudden they find out that certain bills passed many years ago can be utilized for other reasons than what they are initially set out for.

So, Mr. Speaker, as my honourable colleague from Fort Garry said, we will allow the bill to go to committee so that we can propose amendments to what we believe is the incorrect approach to this problem, and deal with it at that time, and I hope that the government will reconsider its apparent present point of view that a dentist is no longer needed for supervision of operations and that a dental worker will be satisfactory. And I can foresee, as I mentioned earlier in the other debate, Mr. Speaker, that certain people in our society in Manitoba will be getting second-class health service if they choose to utilize the health plan and the dental worker is all that will be provided, and someone else who wishes to have a dentist, a doctor, work on his teeth because they are getting a minor operation, then they who will pay for it, I presume, will be able to afford the proper standard of health care, but those who decide to utilize the Denticare - the school children, who will maybe only have the dental worker to work on their teeth - will have to accept a second-class type of health care in our province and I cannot support such an approach.

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(MR. MINAKER cont'd)

I have never supported something that steps backward, and I hope that the government will give consideration with these questions that we have raised on this side in our points of view, and that they will accept amendments when we deal with it in committee.

MR. SPEAKER: The Honourable Leader of the Opposition.

MR. SPIVAK: Mr. Speaker, I enter into the debate on this bill and, as already has been indicated, both bills are intertwined and basically involve one another, and I'd like, if I may, to try to put into perspective a concern that we have, which I think is a legitimate concern been expressed by the Honourable Member for Fort Garry and the Honourable Member from Sturgeon Creek with respect to the direction of the bill, the protection that we believe must be incorporated by way of amendment in terms of the public, and the general concern we have for the legislation as it is presently drafted.

The perspective one has to look at, has to look at the recognition today in Canada of an acceptance of the state's responsibility for health care. I think that one can say that the extension of Denticare in any form is a logical extension of health care, and that has been the health care programs that the state itself has adopted which every administration in the country has accepted, which is now part and parcel of our system of government. And there were trying times during that period of time, and there's also an opportunity been given for many to exploit what really took place, and the members opposite have been ones who have continually exploited that. The fact is that Medicare was introduced by the Conservative administration, and the fact is, Mr. Speaker, that a Denticare program is a logical extension of the health care program that has in fact been adopted throughout this country.

But, Mr. Speaker, the problem at this point is that Medicare as it has been extended has, to a large extent, taxed the resources of this country and of this province, and if the escalation in cost was to increase in the way it has at the present time, the possibility exists of severe difficulty out of revenues that are now realized to be in a position to meet the obligations of the continuation of the existing programs, let alone a new program in itself. So therefore, Mr. Speaker, the government, the Federal Government have been examining, and other governments have been examining, the possibilities and the various ways in which Medicare itself, or the cost of Medicare can, in fact, be minimized or reduced. Of course, one of the developments, along with the whole concept of Community Clinics, has been the development and extension of the nurse practitioner as a means of providing part of the care, if I could put it that way, that would normally be supplied by the doctor, as a means of trying to eliminate the increased cost escalation that's occurring.

Now Denticare itself, Mr. Speaker, is being introduced in a way that is probably very logical in terms of the extension of the health care program in which the state has been involved. It's being introduced in the preventative state to an age group where obviously treatment upon diagnosis will eventually save a fair amount of cost over the years for the individual and certainly for the state if the state logically follows through with a Denticare program as part of the total health care package. And so, in directing itself to this particular situation, the government logically is following what is, I believe, a proper extension of the whole health care program. And in doing it, though, it is tackling a problem that it is now dealing with right at the very beginning, which is to deal with the equivalent of the nurse practitioner in connection with a dental health worker, whereas in the Medicare field, Medicare was introduced with the nurse practitioner not being accepted or clearly defined, and in effect is coming after the fact, the state now having accepted its responsibilities with respect to Medicare and commitments have been made to the doctor, and it is a very difficult thing for government now to adjust itself to the presentation of a nurse practitioner as a means of assisting the government in minimizing cost and providing a low-cost delivery system for one part of the Medicare program.

In the case of Denticare, in the case of this program, the government is now trying to bring the equivalent of the nurse practitioner right in at the beginning, and I think from the point of view of the finances of a province and from the point of view of the costs involved, these considerations are serious considerations and considerations which one would have to accept must be viewed by government as being necessary and practical. But the problem we have is that at this particular time we still haven't defined in our own minds realistically with respect to the Medicare situation as to what really the government intends with a nurse practitioner, and we really here do not know what the government really intends with the dental

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(MR. SPIVAK cont'd) health worker. And further, we do not know at this point the exact relationship that will be defined between the dental health worker and the professional in the field. And further, we do not know what the general government's position is to professionals - and when I say the general position, I mean the position to professionals generally is. You see, because one of the other aspects of this, and which has not been defined and is not defined in the bill, which is very much a part of what is happening in the evolution of a program in which you are going to have a para-medical or a para-dental person involved, is the whole relationship of the professional group and the whole relationship of the professional society.

We have had committees for several years dealing with professional societies. We have not had a bill, a professional bill, presented to this House. The government has found it difficult, with all the meetings that have been held over a period of several years, to be able to introduce legislation to deal with the professional societies.

Now, it deals with many parts. It deals with the discipline aspect; it deals with its membership; it deals with the setting of qualifications, and other matters. But part and parcel of that bill which is not before us, would deal with the opportunities for the para-professional and whatever the professional grouping would be able to practice. And because that hasn't been defined, it's very difficult to deal with this particular bill and with these particular matters, because in the perspective that I have indicated, all of this has to be fairly clear, otherwise we are leaving really to the government the opportunities to be able to enact whatever it wants, and it gives it a great deal of power and greater power than I think really should be given to them at this particular time. Because you see, Mr. Speaker, they are not given the power with the obligation that in respect of this particular professional group, who have a vested interest having been trained and educated, it is not given on the basis that there will be both consultation and a clear understanding and a working arrangement as to what in fact will take place. And we then have a situation in which you have a professional group - in this case the dentists, who probably could fill the bill that's required in the immediate, that is the ability to provide low cost service in the preventative denticare program that is being introduced - ignored with the establishment of a group who will be given an opportunity to perform functions that would normally come within the professional status, and whose right will be determined by Cabinet without necessarily any particular contact or discussion with the professional group involved, or without any agreement. And this then, I think, puts into perspective the problem area that we have.

Now should that power be given to the government? Well, as I say, the experience in Medicare would now indicate, and the proposals that we're going to be dealing with with respect to the government's health policy would indicate that the government will be looking with great favour on the development of nurse practitioners as a means of cutting down the cost of Medicare, and as the Community Clinics are established, there is no doubt that the course of action will be that the nurse practitioner in the main will do the early diagnosis of the people who will be coming into the clinics as a means of eliminating the high cost of the professional, to be able to eliminate the time involved, and will be trained to deal in a specific way, and in the course of doing this hopefully to reduce the overall costs that will take place.

Now I think we can argue on that that at this point there is really not that kind of evidence that would prove that the costs will really be eliminated. And of course the main concern about that, and it comes back to this argument here as well, is that the person who is the physician trained and who, because of his training, has an intuitive ability to be able to make that early diagnosis, is far better in many respects than a nurse practitioner at an early stage to be sure as to what course of action should be taken, because that's the experience, the training and the professional judgment, and one will not have that without that training and experience and professional judgment.

In the case of the dental health worker, who really is involved, not just in diagnosis for preventing, but is involved in treatment as well - because this is what this bill would provide - the question again is whether that person who is the para-medical really has the experience, has the training, has the intuitive judgment, to be able to make the proper judgments with respect to the children who will be subject to the diagnosis and the examination.

And so we really have a fundamental problem here, and a problem that is not going to go away and has to be discussed and has to be reviewed. Now our concern has been, and I

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(MR. SPIVAK cont'd) think it was expressed by the Honourable Member for Sturgeon Creek when he spoke in connection with the previous bill when the Honourable Member for St. Johns replied, that there's an attempt here to try and paint one into the corner because we are talking and trying to protect professionalism. But, you know, professionalism is a means of protecting the people, because, as has been said before, a denturist is not trained to recognize a cancerous growth. That's an extreme example.

Similarly, a para-medical is not trained necessarily to understand as much or to be in a position to know what a dentist would know, trained as he is professionally and whose practice is very different from that of a para-dental worker. And our problem at this point is, in introducing this program, having accepted that we have not set the standards for professional societies, we have not brought in a Professional Societies Act which would deal with this issue, having accepted the fact that we are introducing a program which at this point is a minor program in the totality of a Denticare program that will ultimately have to be and will I think evolve within this, our society in Canada - and I'm saying that it will - that would it not have been better, would it not be better now for this to be undertaken with the assistance, co-operation and help of the professionals themselves, who may very well be in a position to provide at this particular time the kind of service, and who in turn as a result of the co-operation, would be able to sit and deal with the government and provide the kinds of standards that would allow the opportunity for the development of the dental health worker in a way in which their responsibilities for preventative health care as opposed to treatment would be able to be undertaken?

I would seem to me that this is a fundamental problem we face, and we face it with respect to this legislation because the legislation is permissive, but "permissive" means simply that it can do anything it wants - that is, the government can do anything they want. And based on the history of this in the last year and the information we have, there's been very little consultation. In fact, for all intents and purposes, there's been no consultation with the Dental Association, who are not very much a part of this but have been very much ignored, again because they are a professional body whose interests may be opposite to that of the government.

But I suggest that the government's reasoning is very simple. The nurse practitioner, which we are going to be dealing with in this province as a legitimate means of cutting costs of Medicare, as a means of being able to in many cases provide service to remote communities - and that's a very different kind of situation and I'm not in any way dealing with that part of it now - is coming after the fact. Medicare having been introduced and the program being introduced, now the country is starting to realize that we're not going to be able to afford this. Reports having been commissioned and studies having been undertaken, and studies having been undertaken here, many many studies by different groups, conflicting studies as to how and what way we would do it . . . The Premier is smiling and I think he knows this as well, you know. The amount of paper that has passed forth in this area is pretty significant, some of which has still reached my desk as well as the others. But having said that, the reality is that it is coming at a time when it is very difficult to be able to bring together the elements that are necessary to work out, in the long run, the minimizing of the actual escalation that is taking place. Because I think it can be said that there is a possibility that in time the country is going to be faced with enormous costs as they escalate, and they're going to be faced with an almost crucial position of the choice that they're going to have to make with respect to other matters just to continue on with the programs that they have. So now, before we go into the Denticare program, we have to at least establish in the beginning the basis on how we're going to operate.

The former Minister of Health is shaking his head, I think, in agreement with what I'm saying. Well then, I'm saying to you at this point, it's very hard for us to accept - having accepted all this, to say that we should provide this by simply saying that the Cabinet themselves are going to make that decision. Because it would seem to me that if in fact you had come to us and said, "Look, we are prepared to proceed on this bill. We are bringing it forward, we are bringing it forward based on consultation with the profession. We are bringing it on the basis that this, this, this and this is what will happen, and it's agreed to. We recognize that there may be changes that will take place in the future, but we are doing it with a clear understanding of what the dental health worker will be, what responsibilities they will have, the area of concern, the area of treatment, it's an acceptable situation at this point;

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(MR. SPIVAK cont'd)from here we can start and we then can develop further, if you had come to us on that basis, if this bill was introduced on this basis, if the consultation had taken place on that basis, then I think that from our point of view there's no challenge. We accept the principle with respect to the extension of the Denticare program. We recognize the limitations with respect to cost and in terms of priorities there are only two groups which would have to be serviced almost immediately: one would be your senior citizens and one would be your - in terms of the preventative program - would be your younger people, and that's what you're doing. So we're not quarreling with that. But our concern at this point is that it hasn't been done. Because it hasn't been done it puts you into almost an adversary position almost immediately with the profession, and in the course of doing this it then raises the whole issue of the standards for the dental health worker. And it puts us into the problem that we have of determining how and in what way you're going to operate. Government once legislation is given has the supreme power to do what it wants, and that's what's implied here. And that power is an ominous responsibility and the choices that will have to be made are choices that will be dictated by a variety of reasons, again cost being one of the overriding because just the sheer ability of the government through its revenues to be able to pay for the undertakings that have been given, because those undertakings are political commitments upon which a government's policy must rest.

So our problem at this point in saying that we accept in principle the program of denticare is how are we going to be able to find a resolution of the problem so that in effect the power that is given to the government is unlimited, and that the power of being able to create the dental health worker is such that the conflict that can exist between the professional group, in this case the dentists, is not one which will put them into a complete adversary position, and it's very difficult, Mr. Speaker, to know how to deal with this when in fact we do not have the professional societies Act which would at least give us the basis of understanding of how the para-professional group will be able to operate in our society. And I say, Mr. Speaker, that in this respect if anything bears testimony to a failure on the part of the government, it's the fact that the Professional Societies Act has not been with us. I think that was one of the first things we started to deal with in 1970. It's now 1975; we've had three years of committee hearings --(Interjection)--Well 1968. But the government had its hearings and gave sort of a commitment that we'd have a bill; we haven't got a bill. And because it's a very very difficult thing to provide a bill. I'm not suggesting that it's easy. People do not want to break new ground with respect to it. But the difficulty, Mr. Speaker, is that this is not the way to do it. This way simply says that the Cabinet will set the regulations in this particular situation as it determines. And it avoids dealing with the main issue, which is how are you going to allow the para-professional to operate within our society, and how are you going to develop the rules and procedures under which it will operate, which is a pretty fundamental question. It involves the legal profession, the medical profession, it involves the dental profession, and it involves many other professions.

And so what I am suggesting, Mr. Speaker, is that we are addressing ourselves to an immediate situation and ignoring another particular situation which must be resolved, and further, that in dealing with this from our point of view, having accepted the principle, we believe that there must be the protection that there will be for the people, that the kind of consultation that will take into consideration the professional training will be very very much a part of this bill so that the dental health worker will be working in unison and in conformity with the dental profession itself.

MR. SPEAKER: Order please. The hour being 5:30, the House is now adjourned and stands adjourned until 8:00 p. m.

Order please.

MR. WARNER H. JORGENSEN (Morris): Mr. Speaker, . . . straight into Committee of the Whole House this evening?

MR. GREEN: Well I was going to call the bills on the Order Paper but I expect that some of them will not be spoken to. And then we were going to go into the Committee of the Whole House.