

TIME: 2:30 p.m.

**ESTIMATES — HEALTH AND SOCIAL DEVELOPMENT**

**MR. CHAIRMAN, Mr. William Jenkins (Logan):** When we recessed at lunch we were on Page 29 of our Estimates Book, Resolution 60(g) Continuing Care Services (1) Salaries, \$1,117,700—pass? The Honourable Member for Swan River. Oh, the Honourable Minister of Health and Social Development.

**MR. DESJARDINS:** The staff has compiled the information requested by the Honourable Leader of the Opposition of staff man years for every branch and contract and a comparison with last year and this year.

**MR. CHAIRMAN:** The Honourable Member for Swan River.

**MR. BILTON:** Mr. Chairman, the discussion that went on before lunch sort of intrigued me. I listened with considerable interest to the Honourable Member for Fort Rouge and I just wondered where we were. I agree with what the Minister had to say and my colleague from Fort Garry, that families are coping out. And I think it's a sorry situation. I know as a rural member, MLA in Swan River, we have a senior citizens' home housing some fifty people. We have a Nursing Care home housing some sixty people. My big problem is, from time to time, people will say to me, "How do we get into this Nursing Care Home?" "My parents have been around the Valley here for sixty years or more and why can't they get in there?" My retort, Mr. Chairman, to these people is that what did we do before we had these facilities, which to me, are just out of this world. And as the Minister outlined this morning, the people in my area are very content with what we have and realize the dollars have to come from somewhere.

When the Honourable Member for Fort Rouge was talking about the hardships of many of these people that are living in their own homes or in apartments and want their snow shovelled and so on and so forth, I just wondered, because what I find in my area is that several of the small communities are sort of fading out in favour of the more central community which of course is Swan River where all the facilities and professional support is. And I have found that the people when they become elderly and just don't feel they can handle the farm chores any more that they'll buy a little cottage in the community and they don't end their days. I believe that people in advanced years, a great deal depends on them too. If they lose initiative within themselves well then all the dollars in the world won't complete it.

I remember, Mr. Chairman, talking with the administrator of the local hospital one day and he told me of a man and a woman bringing their mother to the hospital. She required in their opinion care, and the administrator said that there is no way she can be admitted without the requirement of a doctor's certificate. They, Sir, walked right away from her and said, "There she is, look after her." This is the way our society is running. I agree with the Honourable Member for Fort Garry, something should be done from the point of view of publicity to re-educate the people, that families have a responsibility to their parents as and when the time comes in their twilight years that they need that little bit of added care.

I'm not going to suggest to you, Mr. Chairman, that what could be nicer or what ought to be nicer than children looking after their parents in their advanced years. Somehow or other something's got to be done. The tide's got to be turned because the economy, as the Minister has pointed out and as this item points out to us, Mr.

Chairman, it's getting beyond the efforts of society to sustain it. I agree with what has been said this morning, and insofar as activities are concerned in the Swan River Valley — and I'm sure in many other rural areas — that the pattern is developed and for the most part the oldtimers fit into the picture. I know our senior citizen's home there, there are activities going on there most every day of one sort or another. The churches do a tremendous job of assisting in that way. If the City of Winnipeg has got to the stage where they're going to be expecting the government to continue building these monstrous buildings that are being build for the care of people in their advanced years, I'm afraid that it's going to be a sorry state of affairs as the years roll by. The Minister gave us statistics this morning as to what's going to happen in 1980 and I believe the department has a responsibility to prepare for 1980 and do something by way of publicizing if need be the fact that families have responsibilities and they should not be continually turning to the state to take over those responsibilities.

I want to compliment the department, not the Minister particularly, but the department for what they're doing for the people in Swan River and the Swan River Valley, this Home Care. Farmer's wives are just rolling up their sleeves and they're giving a hand. Certainly they are on salary to the department, but nevertheless the attitude is there and the feeling is there. As the Minister pointed out this morning, people cannot get into these homes if they have X number of dollars. They go away and they turn the farm and all its equipment and implements over to the family and they report back and they expect to be admitted. I've discussed it before but I'm going to reiterate it again — the First Minister in some of his remarks earlier on referred to it, that in the senior citizens' home and the

extended care home in Swan River some \$40,000 came in rebates and the people just didn't know what to do with the money. And as far as the senior citizens home is concerned, and there's some fifty people in there, they pay their way Mr. Chairman. I think they had a deficit of \$10,000 last year and that speaks very very highly of that institution. I would hope that that sort of feeling becomes more prevalent not only in rural Manitoba but certainly in the city.

We have a community 20 miles from Swan River, Renwer. It's populated by oldtimers, independent in their cottages and so on. Durban is another spot and Kenville is another spot and, Mr. Chairman, they don't have even a corner store. When a neighbour or friend takes them to town to do their shopping and they forget their pound of tea, well they go without for a week or they borrow it from a neighbour. But so far as I'm concerned and so far as my community is concerned and so far as my people are concerned, we're content with what the department is endeavouring to do.

**MR. CHAIRMAN:** Resolution (g)(1)—pass? The Honourable Member for Fort Garry.

**MR. SHERMAN:** I wonder, Mr. Chairman, if the Minister were to have any comments on some of the points that I made reference to just before the lunch break, specifically the one suggesting that some initiatives and incentives could be taken or could at least be studied by the department in the area of acquainting people with the kinds of considerations that would be helpful in solving some of the needs and problems of older people?

**MR. DESJARDINS:** Well, Mr. Chairman, I suppose that the department certainly could do its share. I don't think it's something that should be done only by this department. We are delivering service and I think we're doing that now. I intend to speak on this when we rereach Fitness and Amateur Sports in an area that we are trying to do something that was never done before, include people that are retired, or older people and also to try to develop with free enterprise and interested associations and clubs and so on maybe day care for the well elderly, not only the sick, and I think that would go a long way in achieving what my honourable friend stated was the concern that he has. I might say that a lot of it is being done now. As I said before we are encouraging and funding some of the administration of some of the associations who are doing just that, working with older people. I do think that much more could be done but I think that not only, as I say, in this department but society, and not only government either but society in general, I think we have to change our outlook on senior citizens and that will come, I suppose. I would imagine that most governments would resist that up to a certain point because with the increase in unemployed people, no government will be too anxious to add on another large group at this time. I think that also with the pressure from the senior citizens themselves who are bound to wake up one of these days, the younger people that are getting pretty close to that age now I think will be more militant. And it is a changing society and I forecast that in the not-too-distant future that the people will realize that there is a group that still exists, that they are not walking dead and they are very much with us and they want to play a more active part in society.

**MR. CHAIRMAN:** The Honourable Member for Fort Garry.

**MR. SHERMAN:** Just as an aside, Mr. Chairman, could I take it from the Minister's remarks that on the basis of his philosophy that we can feel assured that the Minister would not be in favour of the abolition of the Senate?

**MR. CHAIRMAN:** The Honourable Minister of Health and Social Development?

**MR. DESJARDINS:** Well, Mr. Chairman, but I might set them to work, though.

**MR. CHAIRMAN:** Resolution 60(g)(1)—pass? The Honourable Member for Rhineland.

**MR. BROWN:** I asked some questions earlier and I don't believe that these have been answered, and this was that I wanted a breakdown between the Salary, how much of this is going — (Interjection)— Oh, I am sorry.

**MR. CHAIRMAN:** The question that the honourable member has asked has already been answered in the House. I would suggest that the honourable member check Hansard on Monday. Resolution 60(g)(1)—pass. (g)(2) Other Expenditures, \$227,000—pass. Home Care Assistance, \$7,594,300. The Honourable Member for Rock Lake.

**MR. EINARSON:** Mr. Chairman, one of the difficulties here when we have two committees working simultaneously, when you are in the other one, one doesn't always follow up what is going on in the other committee. And if I am posing questions that may have been answered in the past, I apologize, but on this Home Care Service, I would like to ask the Minister a question about how is this worked out within his department, such as a senior citizen in any town in the province needs some help during the day. Where does that person go to get that assistance and how is it monitored? I mean this is an area, Mr. Chairman, that has been brought to my attention that is being abused in a number of situations and the person who is providing this service is probably putting in for time and doing really nothing for the time that they are supposed to be working. And so I would like to know: How is this service funneled to a senior citizen who is requesting that kind of help because they are not able to look after themselves?

**MR. CHAIRMAN:** The Honourable Minister of Health and Social Development.

**MR. DESJARDINS:** Mr. Chairman, first of all I would like to make a correction. There is no need to say "senior citizen." This is not available only to senior citizens. — (Interjection) — I beg your pardon? — (Interjection) — Oh, but it is not only senior citizens.

Now in the city it is this office that monitors and controls this and evaluates and the nearest health office in the rural area and our people in the district in the field are rendering this service. Now if my honourable friend has any, and I am certainly not questioning him, but if he has any example of abuse, I think that that should be brought to my attention. Members of the Opposition have brought this to my attention at times, very quietly, without naming anybody, I have made a survey to see if that is the case. Most of the time there is another side to this story. The odd time, there has been some abuse. I would welcome that. I would not use the member's name. I would make sure that there is an investigation.

Now there has been some abuse. There is a danger and that is why we must evaluate it all the time, that is why the leader of the team must look into that and we must have different people inspecting this. For instance, you might have people that although they are well-intentioned, you might have somebody that we employ as a homemaker who gets attached to some older person but they are charitable, they want to help these people, but if it was left to them, they probably would want to stay . . . And some of them probably feel that it is a kind of a cushy job. They can go and read or watch TV and so on. That is being looked at constantly and it is not the same people that are giving the service that are evaluating the service.

I would hope that we are coping with the situation but no doubt when I, my honourable friend might not have been here, but I gave some figures and the people that were involved, and there are bound to be some people that abuse the system. And as I say, it would be very helpful if you would give us the name and we would investigate it and report to you and not use your name at all.

**MR. CHAIRMAN:** Resolution 60(g)(3) Home Care Assistance, \$7,594,300—pass. Resolution 60(g)(4) External Agencies, \$219,900—pass. Resolution 60(h) Dental Services (1) Salaries, \$1,060,900. The Honourable Member for Rhineland.

**MR. BROWN:** The dental plan of this government causes me some considerable concern. I am not concerned about the plan because dental costs are high and I believe that children should receive a good quality of dental care and I don't argue the need for a dental program. But this program, however, seems to be extremely expensive for the taxpayer of Manitoba. Treatment is done by paramedics at a cost of more than \$300 per child. There seems to be a lot of room for improvement in this particular plan.

Now the government in conjunction with the pharmacists set up a Pharmacare service which seems to be operating very well and efficiently. I am just wondering why the same thing could not have been done. Why could we not have set up a program in conjunction with the dentists of this province and I am sure that we would have been able to give better care and probably at a much less cost? So I am looking forward to hearing some of the answers that the Minister has to give in that particular area.

But before I sit down, I would like to again draw the Minister's attention of the problem that we have with the children with the cleft palate. These are not covered by any plan and the treatment of these is rather expensive. I would just like to read into the record two letters that I received. I have received a couple more. There really aren't all that many children in Manitoba with that particular problem. The cost to the government would not be all that great but to these people it does make a big difference. I would like to read this first one:

"I am writing in regards to our son who has a cleft palate and hairlip. He needs orthodontic work done. We have been to see an orthodontist in Winnipeg and he estimated the cost at between \$1,200 and \$1,400.00. Now I am sure I am writing on behalf of many parents who are facing similar situations. I am wondering why there isn't a plan as in Medical which covers this. I feel strongly about it because these children are born with these deformities which neither parent nor child can help, that Hospitalization should aid us in these cases."

And there is another letter that I received.

**MR. CHAIRMAN:** Order, order please. I just wonder if the honourable member realizes when he reads a letter into the records of this House, is he prepared to table that document?

**MR. BROWN:** Yes, I am quite prepared to table these letters, Mr. Chairman.

"Dear Sir:

I am writing in regards to our son Raymond who has had hairlip and cleft palate. Raymond has a double row of molars which the Morden dentist took X-rays of and could not tackle. He was then referred to Winnipeg and there they suggested an orthodontist in Ontario at an estimated cost at around \$3,000. I would like to know why there isn't any medical plan to cover this, as I know there are many people with the same problems and feel the same way."

Now in this particular case, I know these people well. They did not have the money to look after

their son when we was young, and now he's around 20 years of age and he's running into all kinds of problems. They tell him that this work cannot be done in Manitoba, that he will have to go to Toronto to get this work done at a cost of some \$3,000 and this does not include his cost of stay over there, which would be for a considerable length of time.

So there is great need for this type of program and I hope that the Minister can give us some kind of information as whether they are considering entering into this program or whether anything is going to be done in this regard.

**MR. DESJARDINS:** Mr. Chairman, as I stated previously, we were working with the University of Manitoba on that, on cleft palate, and the orthodontist who was there resigned and left for the States. They didn't have anybody qualified to do that work and they sent the money back.

Now, I would like to tell him what we've done since then. Dental care for the handicapped has been examined by the department. A meeting was held with the Manitoba Children's Dental Program Standards Committee to which experts from the Faculty of Dentistry and Sister Baumann from the St. Amant Centre were invited. St. Amant decided to develop a service for handicapped children, both inpatients of St. Amant and outpatients may be referred to the centre. The Committee, chaired by Dr. Howard Cross, Chairman, Department of Pedodontics, Faculty of Dentistry, University of Manitoba, has been formed by the Manitoba Dental Association to prepare and present a proposal to the Provincial Government on the comprehensive treatment of all handicapped children, including the cleft palate group. It is hoped that a proposal for progressive patient care for handicapped children can be developed for consideration during this next year.

As far as the program in general, I don't share the concern of my honourable friend. We are very very pleased with the program in the short time that it's been operating. There has been some concern . . . First of all, maybe we should talk about the cost. We have always said that the first year would be very costly. The first year you have the clinics to set up; they are new people who have just graduated, they work much slower than they will when they get going. We have started in a humble way with only the Grade 6, so you might do 28 people there and then you pack up and go somewhere else and eventually, as you go along, this will show that certainly . . . and of course there are some people who have never, never seen a dentist up to that point and they needed quite a bit of work and that is also taking a lot of time.

There are a few points that I think are very important. I stated last year that it wasn't ideology that the government was running the plan, that I had even offered to discuss with the dental profession here and they had requested, "Could we try a pilot project?" I said "yes" and they never came forward with a pilot project.

But also we had studied certain plans. We studied the Saskatchewan plan and we also studied the Quebec plan. And the Quebec plan did not have the proper utilization; they are abandoning that. I think there was one in Nova Scotia, the same thing.

I would like to quote from the Free Press of February 5th and it was when a well-known dentist was here in Winnipeg speaking to the Dental Association and this is what he had to say — and in fact he is the President of the Canadian Dental Association — Friday: "There is a new problem arising from Children's Dental Care Program services arranged by a number of provincial governments, underused by middle and lower middle class children for whom the plans are mainly set up. Dr. Michael Crypton, a Moncton, New Brunswick orthodontist said that the puzzling thing about it is that the dental profession so far does not know what to do about it.

Preliminary survey evidence, particularly from Quebec, indicates that the well-off, the group in society which has always been able and eager to obtain dental care for its children, continue to be the main section in the community making use of dental care for children. Only now they are getting free of charge what they were only too willing to pay for in the past. 'It's a matter of motivation,' Dr. Crightin said, 'there are obviously always going to be a number of youngsters who don't wish to go and have their teeth looked at or whose parents don't put any particular value on the service that is offered.' Frankly, we have thought about this a lot and have not come up with any kind of an answer to the problem. The onus will always be on the user to avail himself or herself of a service that is offered. I don't know what kind of pressures can be brought to bear on a family to force them to make use the service that there is for them."

The utilization before the plan in Quebec is practically the same as it is now, between 35 and 40, at the most 40, so, as Dr. Crightin himself said, these people are people that were going to the dentist and are happy that now the government is paying for it.

That was the main reason, again, it wasn't a question of ideologies, we have asked the dentists to work with us, so that that was the main reason, that we felt we had to bring the service to them. Yesterday we talked about other services and everybody seemed to agree with me when I stated that this be the first, dental.

Now the hearing testing that I would like to see, immunization in the schools that I would like to see, testing of ears, nose and throat and

I will tell you that in Saskatchewan they don't have this problem and I will tell you that in Manitoba,

in the short time that we have been operating, in the Ashern area of those eligible, 86 percent enrolled, 86 percent. In the Gimli area, 83 percent; Selkirk, 78; Stonewall, 83; Flin Flon, 68; North Parklands, 94. The sub-total for the North, 87 and the total, the average of all those that we're serving, 83 percent. And of those enrolled, the total that we have completed the work is 92 percent, so you know, I don't think that we can argue against these figures.

At one time it was felt that maybe the work wasn't well done. Here, this came out in March, 1977, yesterday. This was put out by the Saskatchewan Dental Plan; this is the conclusion that they had. There was a group of dentists that made the survey. One of them was the Dean of the Faculty of Dentistry, McGill University; the Chairman of the Department of Restorative Dentistry, Faculty of Dentistry, University of Toronto; Dr. Simpson, Chairman, Department of Pedodontics, Faculty of Dentistry, University of Alberta, hardly socialists.

They made the survey and this is what they reported. "On the basis of 410 children examined and the 2,100 amalgam restorations evaluated, the Saskatchewan dental nurse placed amalgam fillings that were on the average better than those placed by dentists." —(Interjection)— You say, "Oh, oh." The knowledgeable Member from Swan River says "Oh, oh," but Dr. Ambrose, the Dean of the Faculty at McGill, Dr. Hoare, the Chairman of the Department of Restorative Dentistry at Toronto, the University of Toronto, and Dr. Simpson, the Chairman of the Department of Pedodontics at the Faculty of the University of Alberta — they don't say "Oh, oh," they say, "That's the case." In fact, they wrote this.

"On the basis of 97 stainless steel crowns evaluated, there was no quality difference between the performances by dentists and that by dental nurses. The X-ray films taken under the Saskatchewan Dental Plan were acceptable in 80 percent of the cases; comparable data for film taken in Saskatchewan dental offices were not available.

"Though not based on data from this project, it seems likely the ability difference between the two types of personnel compared is less important, that it is the difference in degree of structure found in their respective work setting.

"The combined quality and coverage of care achieved by the Saskatchewan Dental Plan after nearly two years of operation is impressive."

And I didn't write this. Now this came out yesterday. It is the Journal of Ontario, hardly a socialist group. —(Interjection)— You don't want any more, you're convinced? You're not convinced, okay. Well, I'm just reading, it's not my fault if the cover is blue.

"A short visit with three representatives of the College of Dental Surgeons of Saskatchewan revealed their concerns about their treatment by governmental health authorities at the time of the initial development of the Saskatchewan Dental Program and its current operation. These dentists did not feel it had affected their practices greatly. It was suggested that the parents of some of the children using the were Saskatchewan Dental Program now coming in for dental treatment because of greater dental awareness."

So there is no way that this will hurt, this will only help the business and besides, they are so busy now you can't get the dentist. In any area where the dentist, if it's a young dentist that is starting out, we will gladly use him to work in our system. Those that are fully busy —(Interjection)— On what? No, on sessional payments as far as the first examination, and after that, referrals, fee for service referrals. So we will gladly work with them but many of these people are not interested because they are too busy and there's not much point in creating a void somewhere else and taking them away from their busy practice and you know how difficult it is to get an appointment with a dentist. So therefore the intention was not to get these busy people and figuring that they are going to work with us, but there are some young people who might be interested in setting up a practice, they're welcome. Or there might be some older people that want to take life a little easier and not completely quit, but that might want to work. And they might be in some area, in the rural area, where a little more guaranteed business might help them. So there is no way that we don't want to work with them.

But the main thing, there are two points, in fact only one, the main point that we proved — there's a committee that look at the quality and the standards of the dental nurses. They are ready. They have proven that in many instances. The main thing is that we bring the service to the kids. We cannot, and Dr. Ciptin made it quite clear — they have tried in Quebec and they tried in New Brunswick — if you don't give this kind of service, the kids won't go. You'll have the same kind of people that were going. As I say, that's the program that they have had to discontinue or are in the process of changing in those provinces because the people will not leave the schools and the homes to go out of their way to go and see a dentist. There will be just a certain percentage who were going anyway, practically no change. The experience of Quebec has been practically no change in the utilization, the utilization percentage that I just finished reading to you. The success that we've been having in just a few months, in our first few months of operation.

I might say that I have a file of letters from people that are quite pleased. I have a file of the school divisions who are quite pleased and agree. There is only one, that by a split vote has refused to go into

the plan and this is their right. It is the right first of all of the school division and then of each and every individual.

I think it is a good program. I think that it is a program I would in a friendly gesture warn the Members of the Opposition now because this is a program that in just a few years we'll say, "Yes, we want this program. We are not going to back down on this program." I think that it is going to be . . . a program like has been said before. There will be problems and as soon as we find something, we get busy on that. I'm very confident in Dr. Leake who is the Director of this program. We were very fortunate to have him from Ontario. He was the first on the list of recommendations of all the experts in this field that we have asked, so we deem that we are quite fortunate in having him work for us. He is very aggressive, very interested and he's not afraid of hard work.

So I think that with a little co-operation, and we're ready to co-operate with the dental profession, and I think that we'll have a good program. There's no doubt, as was seen after the same thing, the same thing in Saskatchewan; they were afraid that they were going to lose business and so, and they don't fear that at all. Some of them now want to employ dental nurses because it's working well. Of course the Government of Saskatchewan has trained them, they need them, they're not going to lose them right away. Eventually they might be licensed to go in this area, but this is a program that is developing very well and we are quite pleased with this program.

**MR. CHAIRMAN:** The Honourable Member for Fort Garry.

**MR. SHERMAN:** Mr. Chairman, is it not a fact that the dental profession, the private profession, wanted to initiate and inaugurate a program of this kind in the province at the age level that the Minister has referred to here and that the initiative from that end of the spectrum was discouraged by the government? Is that not true?

**MR. DESJARDINS:** That is not correct. I personally discussed this with the . . . I told them that we were looking at the whole thing, we had a committee set up. And here is a list of all the meetings that we had and all the work that was done, three pages, with these people within the course of a year. And what I did tell them, I was honest with them, I told them that the Cabinet and the Government were leaning toward the Saskatchewan plan, I told them that. I told them that before — (Interjection) — Why don't you keep quiet and go and repossess a fridge or something when we talk a little bit of intelligence.

Mr. Chairman, then I mentioned to these people that I was certainly ready — first of all we couldn't overstep that fast — to consider a pilot project for them and I said, "Fine, if it works well, there's no reason why we should change." I continually repeated that we had no ideology hangup on that at all, or I certainly didn't have any. And for some reason or other, they insist, instead of fighting the main battle and so on, that this was never brought in. So I don't think that they will deny that.

**MR. SHERMAN:** Mr. Chairman, could I ask the Minister, who is "them?" He refers to them. I certainly . . .

**MR. DESJARDINS:** The then-president of the Association, Dr. Derrett. And two or three of his executive.

**MR. SHERMAN:** Well, I certainly have had the impression from my dentist, whom I don't wish to identify but it would be easy enough to find out if the Minister were interested, and certainly from other people I've talked to, from their dentists, that there has been a confrontation, there was a confrontation and that any kind of input or initiative from the profession's end was discouraged by the government. The Minister tells me that is not the case; I'm prepared to accept his word on that but I can tell him this, whether he's interested or not, it's been a lousy PR job on the part of the Minister because the feeling is that it's the other way around.

**MR. DESJARDINS:** I will tell you what I've tried to do and I've bent over backwards to try to do the right thing and work with these people. Everything was going well. First of all, from Day One, I inherited this from another Minister, it was being considered by the Cabinet, I called Dr. Derrett that I know personally and other dentists and we had quite a discussion. I said to them, "If you believe that I'm setting you up for anything, if you have no confidence in me, let's say it now and let's start the fight and I'm not committing myself to anything. If you feel that we can look at this, I'm not making any commitments at all. If you believe that I'm sincere on that?" They said, "Yes, we don't question your word." Number one.

I said, "All right, we're going to set up the committee and we're not going to talk about it for years and years and years. Eventually at some time as government decides, you will be given a list of "givens" — in other words, this is a decision of government."

They accepted that; they knew that this had to be done. Now, we had . . . maybe I should start reading some of these things, starting here. In 1973 when the government proposed the development of a Children's Dental Care Program, the government indicated its intention of involving the dental profession in planning for health care services. The Manitoba Dental Association representatives, as well as representatives from other dental professions, were invited to sit on the Manitoba Committee on Children's Dental Health Care. This committee produced a report on a prevention program.

On May 30, 1974, the former President of the Manitoba Dental Association in a letter to the

Honourable Saul A. Miller, former Minister of Health and Social Development, submitted the MDA's comment on the prevention report. The letter indicated that the MDA supported the initiation of a government-sponsored Children's Dental Health Care Program in Manitoba but we question the attempts to launch the program without doing further research to determine more clearly how the program should be introduced." For several months various program structures which would have prevention and treatment components were reviewed. A group of the officials including the former Minister of Health and Social Development, Honourable S. A. Miller visited the Saskatchewan program and shortly after, a proposal for a public children's dental care program was submitted to the Cabinet for discussion. Cabinet approved the proposal in principal with a request that a detailed implementation proposal be submitted as they are developed.

On January 7, 1975 — I became the Minister on December 23, 1974, this was January 7, 1975 — it was one of the first meetings that I held in my role as the Minister of Health. The former President of the Manitoba Dental Association wrote to the newly appointed Minister, L. L. Desjardins requesting an informal meeting on a variety of topics. The Minister said Federal Department should increase its consultation with the MDA and on February 6th, 1975 a meeting was held between the Minister and the MDA Executive. At that meeting the Minister suggested that an advisory committee be formed consisting of government officials and a representative of the MDA.

The Committee was to (a) review the official reaction of the association to the report of the committee on children's dental programs. Examine the Dental Health Care Plan in Saskatchewan because I told them that that's where the government was leaning; to examine the association's proposal for a Dental Health Care Plan.

The Minister stated the government is not committed to the implementation of a single preconceived model. He stated also the government will exercise its responsibility to plan and implement a program as soon as possible which will include both preventive and treatment components. The committee was requested to submit its findings by April 15, 1975.

The MDA previously on February 6, 1975 and they indicated in a letter to the Minister, that its members were encouraged to learn that the MDA is going to have a positive input.

On March 5th, 1975, the first meeting of the Advisory Committee on Childrens Dental Care Program was held. Three more lengthy meetings were held and on April 11th, 1975, the MDA submitted their proposal to Mr. Chartier, Chairman of the Advisory Committee. In the letter to Mr. Chartier, the MDA stated that the association is encouraged and delighted with this opportunity to express its views and hopes that the discussions for the implementation of a Childrens Dental Health Care Program may continue.

Upon receipt of the MDA's proposal the Minister requested a detailed analysis of the MDA's recommendation. This task was completed on May 23, 1975 and the Minister submitted a five page letter to the MDA containing questions concerning their proposal. In the meantime t the Minister requested a small working group of government staff to do a comparative analysis of various dental programs in Canada, including Quebec and Saskatchewan. The working group completed this task in the middle of July.

In June the Minister met with the MDA privately. On August the 21st the MDA submitted and I believe that this is the private meeting that I said, yes I would be and in very pleased fact encouraged them to propose a pilot project.

On August 21st the MDA submitted answers to the question asked by the Minister of Health and Social Development. The Minister requested that the study group submit a list of recommendations to the MDA for their review and discuss the MDA answers.

The Working Group met with the MDA on September 5th. The MDA requested time to present a refined proposal and to meet with the Minister.

The Minister sent a letter to the MDA on September 18th agreeing to private meeting with the MDA's President. These private meetings were not at my request. They were at the request of the President.

On October 2nd, 1975 an outline of the Minister's concern. The Minister met with the MDA on November 7th and gave the MDA an opportunity to present a refined proposal. I sent it back and told them this is what we're planning, have you got anything else.

On November 10th, 1975 the Minister sent a letter to the MDA requesting their proposal. On November 14, 1975 the MDA submitted their proposal.

On December 5th, the Minister sent a letter to the MDA outlining guidelines and suggesting further discussion. On December 12th the MDA replied that further discussions were acceptable. On December 29th the Minister sent a letter to the MDA indicating that he was accepting the MDA's letter as an indication of approval with the givens. In that letter I put in three givens and he expressed his pleasure of their willingness to proceed with the discussion.

Now the givens were definitely that the clinic would be in the schools. That is something that was from Day One. I numbered the second one and the government accepts responsibility for that and I

think we're justified in Dr. Cryptin's remarks, that it is not working any other way. Secondly, recognizing the dental nurses to work under supervision. That was something that at times unofficially in discussing with some people that didn't seem to be quite a difficult task and I also read from these three eminent dentists who are from the University of Toronto, McGill and Alberta that the work is well done.

The other given was this that for the first examination, because the kids are coming in — this is all prepared — coming in one at a time with these dental nurses that the only way we felt this could be done was on sessional period. Those were the three givens. We were still ready to work. I sent Dr. Leake to Swan River to work — — because I said we don't necessarily have to build a clinic anywhere — in the city and so on we will go out of the schools. In other areas, if it's not too far from the school, it's a little different in a rural point, if there is a clinic fine, we will use that clinic if at all possible and the dentist there didn't want to talk to us at all, wasn't interested. So I think that you made a couple of visits there. Then I had further meetings and they felt that my staff was too biased or too sold on the plan and they brought in their advisor from Toronto who was quite knowledgeable and they wanted to talk to somebody else. So I've asked my colleague, Mr. Cherniak, the Member for St. Johns to help me. He chaired meetings talking about the rates on fee for service on some of these other areas and I set up another committee to look at the standards with Dr. Leake as the Chairman and I asked them to send members to both committees.

Now there was that committee on discussing of fees they never showed too much interest. They weren't too happy. In fact they said, we'll determine what you're going to pay us and then we're going to tell you if we want it or not. Actually they weren't interested in that committee and I believe that they are working on their standard committee so what else can you do? As I say and I'll repeat, there is no ideology hangup on my part. It has been proven that these government plans who are being administered by the dental profession in their clinics, which they want, is not working and those are not my words for it. There is indication that the program if it is well monitored and so on is working. Again, I say that in a couple of years you'll be standing up and you'll be very proud of this program and I don't apologize for this program at all.

**MR. SHERMAN:** Well, Mr. Chairman, I think in principal any service is better than no service and I'm sure there are people who are being served who weren't getting it before and that's valuable. The one question — and I don't want to labour the point, I accept the Minister's reassurance on it — but the one basic question that I had in that area was whether or not the profession was prepared to go ahead and do the kinds of things that the Minister says need to be done, and have been demonstrated in Quebec and other provinces, were not being done properly under their plan.

So the Minister is telling me that as he understands it the profession was not prepared to undertake the kind of program that he has undertaken.

**MR. DESJARDINS:** Well, it's just as the Minister said why they would not be too interested. The big point was exactly this. The question of who would administer the program. Now the medical profession felt that they should go ahead and build clinics where you would have this kind of assembly line deal and they would operate the whole thing. Now one of the givens, and again I say, it hasn't worked in other provinces where that is done. The people are not going and it is just the same group, very little increase. It is the same group that are availing themselves of the services and we said no and that was very clear. And that was only after I had suggested to them not to build clinics but to use their clinics to have a pilot project which was never done, never set up and we said no and we accept responsibility for that. We did not agree. That was the battle, it was because they wanted to have their clinic, build their clinic and charge for that and so on. We said no, these clinics will be in the school. That's the big difference, nothing else. They said no to us and we said no to them. There we are. We wanted to go to the schools and they weren't interested in that. That's right.

**MR. CHAIRMAN:** Order please. I just wonder before we proceed with the debate if I could draw the attention of the honourable members to the loge on my left where we have the Honourable Ted Malone, MLA for Regina Lakeview. Mr. Malone is the leader of the Liberal Party in the Province of Saskatchewan. On behalf of all honourable members I bid you welcome this afternoon.

The Honourable Member for Fort Garry.

**MR. SHERMAN:** Mr. Chairman, so what the Minister is telling me is that the dental profession wanted to do it a certain way. The Minister said no, experience demonstrates that that won't work. We want to do it this way. Will you do it this way? And the dental profession said, no we won't do it.

**MR. DESJARDINS:** No, you're not going to rope me in like that. It was not anything about ways. Mr. Chairman, we did not discuss the way. I am not a dentist. I'm not going to be sucked in. We said where. We said that this will be done in the schools. The clinic will be in the schools and they wanted to have it in their clinic. Not the way it was done — I'm not saying that wasn't discussed — but the main given that we felt it had to be in the schools to get proper utilization and that has been proven.

**MR. CHAIRMAN:** The Honourable Member for Wolseley.

**MR. WILSON:** Thank you Mr. Chairman. It's very interesting to note that there are 25 dental nurses. I remember the comments I made last year. And at that time the dentists were complaining



about the program mainly because it wasn't paying enough and it was felt that they would all end up as staff dentists of the state. However, some interesting things have happened. The dentists are no longer concerned. So one who likes to concentrate on psyching or predicting the future one would have to say that this is really a cosmetic approach to this thing and really what we're getting here is sort of a verbal snow job with forty-dollar speech words written by somebody because there is no intention to ever carry out this particular program the way the Minister indicated in these reports.

**MR. CHAIRMAN:** The Honourable Minister of Health and Social Development on a point of order. Would the Honourable Minister state his point of order?

**MR. DESJARDINS:** No, I don't intend to let it go. There is no point in going through this exercise when I'm announcing a program, where a member is going to get up in his seat and say there is no intention to go just lying to us. I'm not going to take that and I wish, Mr. Chairman, that you would direct the member to withdraw those remarks. He can criticize the program but I don't think he has the right to say you're just telling us something that you don't intend to do.

**MR. WILSON:** All right, the Minister over there, Dr. Mandrake, said that this program was a good program and he said that everybody on this side of the House would be saying, yes, yes, we want this program and having talked to the dentists I can honestly assure you there is a reason why. And that reason is simply that when you read the report and you can turn around — there is no way that we could ever afford a universal program as envisioned by the Minister and reported last year — because under Child Services just before we had 3,000 children reported and you divide that by 23 million and you get \$7,666 per child. If you even equate that, if you were to treat 100,000 children in this province there is no way on \$2 million you would ever be able to do that. Right here in this book it says "The first clinics were started and 187 children received care in this clinic." You have a \$2 million budget before you. The report says that 2,398 were served and 814 patients were completed. Just do simple arithmetic and you'll find out the cost. Why is it kept down to these low numbers? Why has the program never reached an envisioned number that the Minister talked about? Because, number one, they have no intentions. It's cosmetic, it's windowdressing. The government is not going ahead with the universal Dental Care Program because they can't afford it. — (Interjection) — I am pleased I was opposed to it last year because I knew what you were up to.

**MR. Chairman:** One at a time. The Honourable Minister of Health and Social Development.

**MR. DESJARDINS:** Mr. Chairman, that's got to be one of the most asinine statements that I've heard even from this junior rooky on the other side. My honourable friend says that we announced that it would be a universal program. Did we say last year? It was made quite clear that we are having our people trained in Saskatchewan — (Interjection) — that's right, and they can only do so much. And we announced last year very clearly the area that we would do and we did it. Not only that, it was doing so well that we took some five-year-olds, not only the six-year-olds. This year there has been some holdback on funds all across the government, and this is something that this party has been advocating but nevertheless we are increasing that as much as we can without recruiting people. We are not going out to recruit people but we are going to keep the people that are coming back from Saskatchewan, well trained to do the work. So it will be extended and eventually as we have the staff and as we have the medical people working with us or for us, no problem which way, eventually it will be a universal program. That is exactly what it was meant to be from Day One. That's the way it was announced and that's the way it's coming about.

**MR. CHAIRMAN:** The Honourable Member for Fort Rouge.

**MR. AXWORTHY:** Thank you, Mr. Chairman. I wanted to come back to the statements made by the Minister concerning the relative degree of harmony which he seems to . . .

**MR. DESJARDINS:** I didn't say that.

**MR. AXWORTHY:** Well, let's say that in a sense the bargaining was being done in good faith on both sides sides. Taking as accepted that it was good faith, that doesn't mean to say it was necessarily the best course to follow. I would really like the Minister to respond to the particular criticisms that were raised by the government's own appointment, Mr. Roch, to fill the citizens' position on the Manitoba Dental Association, who was a staunch and devout follower of the New Democratic Party in the constituency of Springfield and has since resigned his position because he feels that the way in which the government approached the whole Denticare Program was one that really betrayed many of the commitments that he felt that his party should have. In particular, without worrying about his political interests, I'm more concerned about the criticisms he raises. One was, that in effect of the position taken by the government of placing the clinics in the schools will be to deny the dentists, particularly in rural areas, of a proportion of their income which they now acquire and therefore this will seriously reduce dental standards in rural areas. So I think that if that criticism is a valid one, certainly the Minister has to respond to it. There would be no point in having a dental program for children if it means that everyone else ends up getting poorer dental service as a result.

The second criticism that was levelled, and I think again equally serious, is that the way in which the present program would work would be to have a scheme where, particularly in remote areas, children under the age of twelve would be flown into other centres particularly into Winnipeg, that

this would work against the establishment of dental services which would remote areas, benefit particularly northern areas. Roch Mr. said that this again should be part of the government program. So again, if this is the case, it would seem to be working in a counter-productive way.

And perhaps the third angle to his letter of resignation when he issued it was the fact that the government in approaching this particular position didn't seem to be prepared to accept some of the alternatives that were being proposed. It was a take-it-or-leave-it kind of stance. The Minister says that there was some negotiation and we have no way of judging that.

But it does seem the case, if these two positions are valid ones, that in fact the end result of the program might be a decline in standards and we should seriously review whether the approach taken by the government is the right one.

**MR. CHAIRMAN:** The Honourable Minister of Health and Social Development.

**MR. DESJARDINS:** Yes, I would be very pleased to answer the criticism of Mr. Roch. I don't know if I should be very careful here, being a diplomat, or tell you what I think of Mr. Roch and his statement and the reason why he did that. Maybe I should. Maybe I should. Maybe I should.

I didn't appoint Mr. Roch to that committee. He was appointed by a former Minister of Health. That was fine. The first time I heard of Mr. Roch and the committee was a bill that he sent me of some convention that he had. He wanted me to pay for his wife and I refused. Didn't like that.

Secondly, he begged me, he wrote me a letter that he was very impressed, he would like to stay, that everything was going fine, he had a contribution to make, he was very pleased and he wanted to be reappointed. I reappointed him to that committee. I haven't had dealings with him or that committee. That committee was not involved in any of our negotiations. We were dealing directly at the request, I guess, or the way it happened, directly with the dental profession, not with that committee and not with that lay member on that . . .

During the course of the year, Mr. Roch, who has either a partnership or interest in a hotel' saw the gentleman who had been the Minister before, who was then in charge of the Liquor Commission. The Liquor Commission suspended the licence of the gentleman. He requested from his friend, the Minister, and I think he was chairman or president of the constituency of my honourable friend, he asked him to use his office to cancel the suspension and the Minister refused. Then a few days after, the letter of resignation came in. So

Now now you have got the one side of it. secondly, I don't think Mr. Roch knows anything about that. As far as I am concerned, he has never been involved in this discussion at all. Now maybe he resented that. Maybe that committee should have been present at the time but the committee was the one dealing with the dental profession. I said from Day One when we met with the dental profession — like in any issue you must come and make a decision, the government has a certain responsibility and I am not hiding behind that — I said that there would be certain "givens." They understood that. You know you can talk and talk and be nice and have a drink together and good PR but some day something is going to happen. And I said there would be some "givens." And as I said, during the course of the discussion the subject of a pilot project came in and with quite a bit of enthusiasm I recommended that they do just that' propose a pilot —(Interjection)— I beg your pardon? Well, a pilot project where they would administer the program. They wanted to demonstrate to us that this was the best way to do it and we were concerned. I had said to them that the government was leaning towards Saskatchewan and that we had talked to Quebec and all the experts in Quebec and we had people from Quebec that came here and sat on committees with us, told us that they . . . Not that they were not doing the work well, that is not what I am saying, but the people were not going. That is the point I am trying to make. There is no way I am going to start an argument with the dental profession about I am going to tell them how to do this work. That is not the point at all. And the "givens," I mentioned that before, were exactly as I stated. That was the question that the clinics would be in the schools, not private clinics and so on, because the people were not going. Secondly, that yes, we did, this government has clearly stated that we believe in paramedical people. We don't feel that doctors should do up the work . . . that is catching too because most of the parties now agree with this, that the nurses had a certain role and so on, and that right now the nurses would like to control the LPN's and the LPN's say, "No, there is a role for us," and so on, so we did recognize in this House the value of the paramedical people and the nurses.

I was told on many occasions, privately and so on, that that wasn't really a problem, that yes, they could understand that this could be done. But what better point that I have to refute this but by reading, and I don't think my honourable friend was here when I read from a report of the different, either . . . Were you here when I talked about the . . . ? And they say that the work is well done.

And now there is another thing that I mentioned, that this came out today from the Dental Association of Ontario where when they visited they had the same concern, they were worried that we would kill these people, that profession, that it would take their business away and this is what they are saying, this came out. This is the March issue of the Journal of the Ontario Dental Association. And I repeat because I don't think my friend was here when I mentioned this.

"A short visit with three representatives of the College of Dental Surgeons of Saskatchewan revealed their concerns about their treatment by government health authorities at the time of the initial development of the Saskatchewan dental program in its current operation. These dentists did not feel it had affected their practices greatly. It was suggested that the parents of some of the children using the SDP were now coming awareness." in for dental treatment because of a greater dental This is what our people said would happen and this is what is actually taking place.

Now, I stated also while my friend was absent that that is one thing that I want to discuss with the dentists, that we talked about clinics and so on, that we were talking about mostly in the city in large groups, and I stated definitely that in the rural area we would be careful. If there is already a clinic and so on and it is usually not too far from the school that we would review that and we would be ready to start with a clinic.

I invited the people to discuss. I sent my director, Dr. Leake to Swan River' for instance, which was one of the areas. The dental profession, the dentists there, were not interested to talk to us. And as I said, that most of these people are very busy, there is no point in them leaving their practice to come and work for the government, this is other service that we are creating. But I have stated to them that if somebody was starting . . . Well, it was up to them to decide if they wanted to, but this might have been aimed at the new dentists that were going into an area they might think they would not have enough work, that we would give the sessional fees to have the first look at the patient. They would work with us. We wouldn't hire anybody else. We would love to work with them on that. They would work with us on a committee for standards. That committee has been established. And also the referrals would go to the parents to send their children to any dentist.

There has never been any talk of flying people to Winnipeg unless the parents want to do that. I don't know how that came up. It's the first time I heard of that.

It's the same thing when we will discuss, if I can get the policy approved' the ambulance service, it is the same thing. There is no way that we want to encourage flying the people from the remote area or the people of the north to Winnipeg. We want to build up the facilities including the dental services in the northern part of this province and the rural areas. So we will co-operate with them. As I say, there were certain "givens" and I think I can justly say that the main thing was, we run the program or you run the program. And that I am not going to hide, the government, not because of any ideology hang-up, as I stated many times, but because we felt it was the best way and because it has been proven. I don't know if my honourable friend was here when I quoted Dr. Criptin, who said it himself, and the dental profession doesn't know what to do about it. He was referring to his province of New Brunswick mostly that had a government-financed but run by the dental profession in New Brunswick and Quebec and both are discontinuing that program and Saskatchewan is doing quite well. And we are satisfied with the start we have made.

**MR. The Honourable Member for Wolseley.**

**MR. WILSON:** Thank you, Mr. Chairman. The other chairman cut me off. I was trying to prove my point when I was issuing that warning and prediction that the Minister really never intended to go ahead with a universal day care program and I think I have a right to predict, as I say, if I am wrong I will live by it, but I haven't heard the Member for St. Johns stand up and say, "Yes, we are going to." I proved it this way, because the dentists are quiet, and what did the Minister tell the dentists? Maybe he will stand up in the House and tell us. What happens if he is replaced? He said that maybe he will have a universal program. What happens if he is not the Minister of Health? What happens if all of a sudden he has to treat 100,000 or 80,000 children instead of the cosmetic approach that we got here for \$2 million? And you know he always waves away but he never answers me.

And what I am saying basically is, why have they put the clinics in the schools? Because they don't want to go out and spend a capital cost when they know they are not going to go ahead with the program.

Also, when you look at what is before you' last year there was \$709,000; this year there is \$1.027 million. That is only a difference of \$318,000. Does that sound like a universal day care program? Come on now. It's cosmetic. It's a phony deal. That's what it is. I am all for health care, 100 percent, but I get sick and I try to stand up and tell everybody, and Rudyard Kipling wrote a good poem when he says when you can stand up and know you are right amongst everybody, then you are a man, my son, and that is exactly what he says. And I feel this way about this program. I see it coming. — (Interjection)— All right, and also the Minister should answer: What revenue did he get, because it says here in this report that he treated 1,170 people? And somewhere it said they were to make the cheques out to the Minister of Finance. How much did the Minister get in revenue from treating these people?

I see he has got a new dental suite in one of the places. He talked about, he admitted this was a Saskatchewan plan, very conveniently, there are only 25 people trained to carry out this universal program. They were trained in Regina. Why isn't there a school in Winnipeg if this is going to be universal and we are going to have to treat the children of a million people, or whatever the percentage, whether it is 200,000 or 300,000. — (Interjection)— All right. I am just saying . . . I am

proving it. He stands up there very calm and says "I have no ideology hang-up because . . ." You know why he is making those statements? Very simply, the facts are before you. —(Interjection)— Well, this is it. In my opinion as I say, it is just a false political promise by a public relations Minister.

I tell you, I haven't got seven pictures down at the Free Press and every day you see his picture of some wonderful thing he is doing. But the media hasn't got the guts to read the Ryant report where the facts are.

**MR. CHAIRMAN:** Order please. Order please. The Honourable Member for St. Johns.

**MR. SAUL CHERNIACK:** Mr. Chairman, it is interesting to hear the last speaker talking about being a man. I think that I should point out to him that when you say you have facts, that would be a historical thing that he ought to be talking about, not a projection. Yet he can have his opinion and the more opinion he has that misinterprets what this government is doing, in the long run the sooner he will be found out. But to state that he has proven something is just absolute nonsense. The fact that he thinks he has support for his contention, that may be something he can play with and pride himself with, and when he goes home and looks in the mirror and says, "Well, the Minister of Health got his picture in the paper and I didn't, but I am the man for a' that and a' that," good for him.

Let me tell him this, that whether this Minister or another Minister, the program that we are discussing is a government program, New Democratic Party program. And if he knew, and he doesn't know, the history of this Minister, then he would know the pride with which this Minister would be carrying forward this kind of a program because he has been involved in trying to promote universal access to health care. It so happens that the former Conservative government has prided itself with having brought in Medicare. Those who know the facts, and I will tell the Honourable Member for Wolseley something about facts, know, and I don't think the Conservatives deny, that they were opposed to the program in 1968. They didn't want to accept it. They tried to get out of it. As a matter of fact, I think Walter Weir threatened to sue or to try to sue the Federal Government to prevent it from carrying out the program because, as he put it, and I am not quoting him because I don't know just how he put it, the words he used, but clearly the objection was that the Federal Government was putting in a program in which it was prepared to pay close to a half of the total cost on condition — (Interjection)— . . . The Member for Sturgeon Creek knows facts? I will be glad to hear his facts after I am through recounting mine and I ask the Member for Sturgeon Creek, who now appears to be challenging what I am saying, to stand up when I am through and quote his facts as he sees them, not just to grumble from his seat.

Mr. Chairman, the federal plan on Medicare which was a universal health program was one where the Conservative government of 1968 felt it had to do it because if it didn't accept the program, it didn't accept the universal scheme, then it would lose for the people of Manitoba, one-half of the cost of medical care. And they knew that all the people of Canada were paying that half because it was federal money. So Mr. Weir said, . . . I'm sure it was Weir, but it was Buck Witney as well, who was then the Minister, as I recall, who said we don't like the program, we don't like the extent of it, the nature of it, but we are not going to give up all this money to which Manitobans are contributing on the federal basis, and we will accept the program. And they imposed the premium, which if you will recall, the Member for Sturgeon Creek wasn't here so I will tell him, that premium was designed to take care of the full cost of the Manitoba side. That is, the other half of the cost was designed to be raised out of the premiums. As a matter of fact, as I recall it, and I may be wrong but I don't think I am, the previous costs that were paid for welfare recipients in health care were also lumped in as part of the premium so that the premium payers were now paying not only the average across-the-board cost for their own care, but also for the welfare people who were previously being paid out of the general revenues of the province, so that actually, by this scheme, the provincial government of that time was even the beneficiary by bringing in the medical care premiums.

Well, now the Conservative Party has botched the elimination of premiums, the Conservative Party has accepted the principle of taxation for the provincial part of the costs. It has accepted, as far as I know, as far as I can interpret, the one statement, you recall there was only one statement made by the Leader of the Opposition, that we will not reverse the trend, which to me means that they will continue to get it out of income tax, the progressive tax system. I assume that. I would like to hear clarification from members opposite who may have different opinions. —(Interjection)—

The Member for Sturgeon Creek is quite right. I am stating a fact that I am not clear on how they are going to finance it because —(Interjection)— Pardon? The Conservative Party has not announced how it would finance the replacement of Medicare premiums. It now approves of the cancellation of Medicare premiums. It has told the public of Manitoba, and indeed of the world, it will not reimpose Medicare premiums. And the Member for Sturgeon Creek is not prepared — (Interjection)— Pardon? No, I know . . . Well nobody did. The Conservative government brought it in. I do believe that there was an occasion when the Conservatives did not accept the elimination of premiums. However, we pass that by my saying that there will be a means whereby the Conservative Party will attempt to recoup the costs of health other than through the progressive tax system. The least the Conservative Party owes to us is a statement of how they plan to do it. Do they

plan to continue our method of . . . .

**MR. CHAIRMAN:** Order please. I can quite appreciate the honourable member's argument about Medicare, but we are now on Denticare.

**MR. CHERNIACK:** You're quite right, Mr. Chairman. I did go a little further afield than I should have and I apologize.

The means whereby we attempt to provide universal health programs are the same means as we are considering now with this Denticare approach. All I know that was announced was that we intend to embark on a program of — the word escapes me — preventative, preventative care for children of school age. That is what we announced. Universally applied to all children of school age, starting from grade one, I guess it is, or grade three. —(Interjection)— Age three, I'm sorry. Universally applied to all children within that case.

I would say that it is a plank in the platform of our party to develop a universal denticare program that will cover all ages. But what was stated clearly was that we are starting with children and we intend to go from grade to grade as we are able to develop it, and what was clearly stated was that we would start with a pilot program so we could judge the extent of it, so that we could see the cost of it, so that we could see the method by which we can deliver the service, one of which had to be related to having the dental technicians available, the dental nurses available, to do the job that they are competent to do.

Now the Member for Wolseley who wants to ask a question?

**MR. WILSON:** Will the member permit a question?

**MR. CHAIRMAN:** The Honourable Member for Wolseley.

**MR. WILSON:** Would the Member from St. Johns be speaking for the government and possibly for the Minister, to say that your government intends to institute a universal program for people of all ages?

**MR. CHERNIACK:** Mr. Chairman, I have stated that it is the objective of our party to attempt to achieve a program of universal care for all ages, yes. But not next year, not the year after. It's all a question of how it develops. The fact is that in 1967 the Conservative Party was opposed to Medicare, and in 1968 they bought it, so there you are.

I want to really fix the point —(Interjection)— Not so, someone said. Well the Member for Swan River, whose constituency people really don't need any help, they are getting too much he says, they don't know what to do with it. I even wonder about his need.

But I want to talk about the Member for Wolseley, who I believe said clearly that he is opposed to the Denticare Program. When I asked him that he said, "Yes, I am opposed to it" — it was one of the members opposite. I know who it is, but since he spoke from the floor, from his seat, I don't intend to name him, said, "That's not so."

So now I have to ask the Member for Wolseley, does he speak for his party when he opposes the Denticare program? Let's find out. Because, Mr. Chairman, if I speak in contrary to the position of our government then at least I'm making clear that I am differing from the policy.

So let me put on the record that when I asked the Member for Wolseley if he speaks for his party when he opposes Denticare, he nodded his head. Now am I to take that as a statement from him that he speaks for his party in opposing Denticare? I pause to let him answer, Mr. Chairman. Yes or no? —(Interjection)— I don't blame him, Mr. Chairman, for not answering it, because how would he know what his Leader will say the next time he gets on his feet. Because the fact is — oh, I say the fact is, the Member for Sturgeon Creek wouldn't like that statement, so let me put it differently. The impression that everyone on this side and I believe the people of Manitoba was that the Conservative Party was opposed to Autopac and would reverse it and would make it competitive. That's the impression I had until the Throne Speech. The impression I had was that the Conservative Party opposed the elimination of premiums, which was reversed in my mind by the Leader of the Opposition. He may yet get up tomorrow and say, possibly publicly, that he is all in favour of the Denticare Program. So let's find out whether the Member for Wolseley is speaking for himself or his party in stating that he is opposed to the Denticare scheme.

But let us also make it clear that this party never said that one year it would bring in a universally applied Denticare Program. What was clearly stated here, and I had something to do with the negotiations with the dentists so I know what was discussed with the dentists, was that we were setting up a pilot plan. I think we had three locations, or four, in mind, to begin with, and that as it developed and as we received more people with skills, and as we could develop a program which may involve setting up the school here, then we would hope to expand it as it can expand within caution and care. Because certainly what we wouldn't want to do is to rush right out to do an overall program before we are able to handle it.

Now there is one question. You know that the Prairie Economic Council, which is the new name, I believe, for the Premiers' conferences for the West, agreed that there should be an attempt to avoid duplication of capital investment in schools where they could co-operate. And as I recall it, there are

several schools in Western Canada that are technical schools, which are being operated in one province to which students all go. I think a Veterinary College I believe is in Saskatchewan, is it not, would serve us as Manitobans. There is really nothing wrong with having a training institution in another province if you can save cost thereby' so the fact that the Member for Wolseley appoints as one of his facts that we don't mean it, that there is no training taking place in Manitoba, is nonsense, because if they can be trained well in Saskatchewan then why not?

So, Mr. Chairman, I would like to know, firstly — I would like to clarify that as far as I know, and I believe I am correct, the government is intending to embark in a careful manner dealing with children of a very young age and as we are able to take them year by year through the school program, which is the best way in which you can have the clinic go where the children are and avoid their going back and forth to various other offices; to use the school program, to develop it there, as was done years gone by when I was a kid in school. We used to have dentists come around and check off the things that had to be done, but not have them done themselves. It will develop.

I would like to know whether the Conservative Party is opposed to that program. I would like to know whether the Member for Wolseley speaks for the party, because I never know exactly who speaks for the party any more — (Interjection) — Well, I haven't yet heard a contradiction and when I get a contradiction on this

side of the House to what I have said, I will get up and say I was wrong. But when the Member for Wolseley gets up and speaks I have to ask him because I no longer know.

The first speech that the Member for Souris-Killarney made in this House this year I believe changed the policy of the Conservative Party, certainly the thrust, certainly the direction, certainly the intentions, and certainly its public posture, and therefore I have to say that one can no longer recognize just what is the policy position of the Conservative Party on a number of issues.

I would like to know whether the Conservative Party is in support of the Program as has been outlined by the Minister of Health. I would like to find out from the Member for Swan River now — we are on the Estimates right now — if not today, will he promise me by Monday? How about Tuesday? Because we are dealing with the Estimates now, Mr. Chairman, and if the Member for Swan River who doesn't intend to come back to this House after this Session' if he says "in due time," I'm afraid it may be after he is gone and then, although he is a very honourable man, it may be that we will never find out unless he helps us to clarify the picture.

**MR. CHAIRMAN:** The Honourable Member for Birtle-Russell.

**MR. GRAHAM:** Thank you, Mr. Chairman. It is indeed interesting to listen to the diversionary tactics of the Member for St. Johns, a man who has no doubt been very actively involved in the financial manoeuvrings of his party, a party that in my estimation — (Interjection) —

**MR. CHAIRMAN:** Point of order?

**MR. CHERNIACK:** No, no, privilege. The member is referring to my participation in financial manoeuvrings of the party, the New Democratic Party. I challenge him to clarify that statement, to make it clear that he is not imputing motives that are wrong, because I don't think he would want to do that, only because it is not parliamentary.

**MR. GRAHAM:** Mr. Chairman, the Member for St. Johns is absolutely correct. I apologize. I didn't mean his party, I meant the government that he is a member of.

It has been interesting, Mr. Chairman, over the past several years to watch this government in its actions, in its financial manoeuvrings that have gone on — a party that would prostrate itself before the Federal Government with its cap in its hand begging for a few extra federal dollars; a party that will go out on the election platform and say, "Look what we've done for you in Housing", when they have taken 90 percent of the dollars from the Federal Government. This is the party that gives no credit to anyone else but wants to take all the credit for themselves.

Mr. Chairman, they have never once given the Conservative Party any credit for any of the things that they have done in the name of the people of Manitoba; that is a political decision they make and they will fall with that decision. — (Interjections) — Mr. Chairman, at the same time I think that I should be allowed the same latitude that was given to the Member for St. Johns when he made his speech and he brought in Autopac and everything else. But I don't want to bring in Autopac at this time, I want to talk about Denticare. I'll get back to the remarks of the Minister. I think the Minister probably went a little bit too far when he brought in the personal affairs of an individual in society. — (Interjection) —

**MR. CHAIRMAN:** Order, order. Order please. The Honourable Minister state his point of order.

**MR. DESJARDINS:** My point of order is this: that I was asked by a member of this House to comment on the reason why this man was replaced and I did answer the question honestly.

**MR. GRAHAM:** Well, Mr. Chairman, I have to tell the Minister that really I don't care. I don't care what the expenses of wife were and whether the government accepted them or not. I don't care what the expenses for the Minister's relatives, his cousins and uncles and aunts and sons and daughters are, and what it costs the taxpayers of the Province of Manitoba. That doesn't bother me. But I will say

this to the Minister, when we're talking about Denticare and the Member for St. Johns says that we have to assess this — and he talks about the concern for the duplication of capital investment; and the Minister says that we will not use the dental services of various dental clinics but we want it all in the schools — is that not a duplication of capital investment? Well, if the Minister says no, I'll accept his point; but if the Minister is honest and we want to do an assessment of this, can the Minister not give us the cost of administration per mouth that was worked on or inspected? If he would give us that cost just for administration. I am not talking about the work that was done after the initial inspection — if he could give us the cost per mouth that was invested for the past year and realizing the fact that in the dental profession that there is a high depreciation on dental equipment, probably in the rate of 30 to 50 percent — if he could give us that cost, taking the depreciation factor into account and everything. Tell us just how much it cost, just for administration, not for the actual work that was done, but just for the administration per examination that was done in the past year. I would appreciate those figures.

**MR. DESJARDINS:** Mr. Chairman, I would want to make something quite clear. The Member for Wolseley said that we are not interested, that's why we haven't done any work. The capital for the two years, this year and last year, will show a million and a half, that's to set up these clinics. So I hope the government is serious.

Then my honourable friend feels that I made the announcement that it's a universal program, but then I might not be here next year, there might be another Minister, and if this government is still in power they will renege on that. I wasn't even in the House, I wasn't even a Member of this House when this statement was made in the Throne Speech.

Now what I said last year very clearly, and my honourable friend from St. Johns is right, it is a platform of the party. It has not been a policy of government. It is a platform of the party and every year you get resolutions to that. Now the government have stated that we will enter into a compulsory program, and of children day care I made that quite clear last year. That the intent was to start with the six-year-olds; they would go into the mainstream the next year when they are seven; you would take the other six-year-olds, and eventually you would have from three to twelve. That is that was the statement made.

The government then, there is nothing sinister in this, the government trained some people. We didn't have the school here. It is something that it is quite difficult to conduct. It might be that Saskatchewan already pretty difficult it is something the have co-operated many years and I hope co-operate for years to come, where they will use the university or school of one province to educate in a certain faculty only in the western provinces — the optometrists go to Waterloo and the vets go to Saskatchewan. There are all kinds of arrangements like that. So that's not sinister. It might be that some day Manitoba will have its own school, I don't know. It is not the urgent thing at this time. It is not just the question of setting up the school, you must have the staff, and at this time it is felt that it is much cheaper for the people of Manitoba to take advantage of the offer of Saskatchewan to accept some of our student nurses there.

I stated very clearly last year there wasn't enough money to do all the province. So that was obvious, there's no way that I could play games. That we would start with a certain area, I made that very clear in this House. I also said that there is no other way to bring in a universal program at the start than to phase it in, there is no other way.

There is no doubt that last year at that time, I did mention that, but last year at this time when I was getting ready for my program of this year, I had made arrangements to send people to take advantage of all the spaces that I could have in Saskatchewan, we were limited at the time. It took us a while; it came quite late. We had to rush in the recruiting. It wasn't that easy to fill the spot — this year it has been very easy.

Then when we started talking about the restraints, I was informed by the Cabinet that we would have to take a little longer to phase this in, that in the next year we wouldn't bring it all in and therefore not to go and recruit, and it's not a Saskatchewan program. It is the first province, and Manitoba accepted the program as being Saskatchewan but it is a program that is in many countries, about 18 or 19 countries and it's working well. It's nothing new and it's not a socialist program.

I'm ready to announce right now what new area and I'm surprised that people are not interested in that, seem not to be interested. —(Interjection)— Pardon? We haven't got to that.

Okay, well I'll announce it anyway so you'll have to find something else to get at. I would like to make this statement and then I'll continue: The Manitoba Children's Dental Program was formally opened on November 15th, 1976 in Gimli Elementary School. The supervising dentist and seven dental nurse teams then officially began to provide dental treatment to six-year-old children, those were born in 1970. Some 25 clinics have been developed and are operating in the larger schools in Flin Flon, the Interlake, the Northern part of Parklands Regions.

The program proceeded so well that on January 21st, 1977, I was able to announce that an additional group of children, approximately 1,400 five-year-olds attending the schools served by the program would be declared eligible.

This year the government wishes to extend the program into other priority areas. We have already

received requests from 13 schools divisions, and I might say here that this is universal, as far as choice, but the school division must show desire, must accept the fact that this is brought to their division and then of course the parents are not forced to allow their children to go.

I was saying we have already received requests from 13 school divisions including those north of No. 1 Highway and Central and Westman Regions, plus all divisions in Eastman and Parklands Regions. We will definitely be proceeding with the program for six-year-olds born in 1971, in these areas. Of course what we have done this year, you will have both the 6 and the 7.

We also wish to extend the program to the other priority area which is the North. However, our Regional Dental Officer position in the north is currently unfilled although strenuous efforts are being made to recruit a qualified person to direct the program. If we are successful in recruiting this dentist, plus one other, then we will proceed in the north. If we are unable to recruit these people quickly for this year, we will offer to extend the program to school divisions south of No. 1 Highway in Central and Westman Regions.

In either case, about 8,000 children will be eligible next year, including those currently under care.

The program will be extended to cover only those areas which are staffed with dentists and dental nurses, plus the 15 new dental nurse graduates will be able to provide care for.

Estimates costs are sufficient to provide the program, for the option which includes the North. It will therefore be sufficient if we extend south of No. 1 Highway. So there is enough money . . . where we are going to go in an area that, if we are successful in time to carry on successfully, that we will do the North. If not, we will do south of No. 1 Highway.

Now, there was another thing when I think about it, the statement made by my friend that we should have revenues, that we were charging. There is no revenue in this. What the Honourable Member for Wolseley was thinking about is the old program, the existing program where we provide and with some incentive for dentists to travel north to give this service to adults, not children.

So, therefore, as I say, it is very clear that this is meant to be. It is going to be a phased-in universal program for children, children dental care at this time. There is no other announcement although as I said, my honourable friend is right in saying that the party's aim is to see this as part of the platform for everybody and that might come. But as far as the department is concerned, we will look at priorities. There are many other things that any politician, and this government is no exception, would like to do and that will be a question of priorities. Right now I, as the Minister, am not talking about universal including the adults. —(Interjection)— The Honourable Member for Birtle-Russell is talking about the cost. He said that we said at no time will you go to clinics. We didn't say that. I said that in the rural area I will bend over backwards; if there is a wish and if there is discussion and we will discuss, and I'll send my Director of this program, Dr. Leake, to discuss with these dentists if they are interested, fine.

But you must remember that these people were not going to operate, the dental profession had, they had the service. And this was the big gamble also. That was another reason, that they wanted to start building clinics, they would have had guarantees that this program was going to go and go for a certain time, and so on, because they wanted to spend new clinics. So there's no duplication. They are busy. If you go to any dentist in Winnipeg, those people are going full-time; many of them have to work on Saturdays and so on.

Now, they were talking about clinics to do that work, special clinics built by them. Now the idea then is that there is not going to be duplication, it would be in the school. And then you are not building a clinic, you are not building walls, you are taking one of the classrooms. As I said, and I certainly hope this will work, I would see that eventually you would have a kind of a clinic that would serve for dental, for hearing testing, eyes, ears, nose, throat and immunization.

As far as the cost of administration, of course we will have to give you that, but we can't, there's no way we can give you that now because we're in the middle of that. We are spending money to organize, to set up these clinics and there is no way that we could come in — it has taken a while and there is no doubt that the first years, it is costly. And then eventually, when everything is in place and when you've got everybody going and you've got all the nurses and all the teams that you need, that you will save and that the cost will be much lower. There is no doubt about that at all.

As I say, again, as far as co-operating with the dental profession, there is no problem. They can do all the work. I would be ready to say right now, they can do all the work. Where we need a dentist we are ready to work with them. But they can't do it. There is no way that some of these people who are so busy right now, are really interested in doing that at the time. They can recruit. We can recruit. As far as the rural area, I'll say again, a dentist that is going long, long hours, as long as he wants to, he cares to, and as long as he physically can cope, he can't do it any more. I'm saying, this is left to them, but there might be some young people, and this should give them incentive, should help them out.

There is no doubt that we will work with them. If there is anybody that wants to set up practice in the rural area where he can start his business and so on, we will work together with in this clinic, unless we are already there, and we'll give them all the chances to do our preliminary work on fair, I think more than fair, sessional fees and then all the referrals will go to him and he'll charge at the



regular rates. So there's no problem in that at all.

**MR. CHAIRMAN:** The Honourable Member for Birtle-Russell.

**MR. GRAHAM:** Mr. Chairman, I was very pleased to hear the words of the Minister on this. He has talked about his clinic in the school and he's talking about enlarging it to cover hearing defects, ears, eyes, etc. Again, Mr. Chairman I have to point out to the Minister that you are talking about a duplication of services. Those services are already in many cases available under professional guidance in those areas. And now he wants to put them in the schools. Mr. Chairman, again I ask the Minister, and I know he has got the whole weekend, we're not going to be finished with his Estimates, he'll have the opportunity to provide us, I hope, with the administrative costs. —(Interjection)— We had a dentist in Birtle, there is no dentist in Birtle now.

But there is one other things too, and the Minister very well knows this. There used to be a program to provide a grant and an incentive to bring a dentist or a doctor into a rural area. That is now abolished. The Minister hasn't granted one ever since he has been a Minister, to my knowledge.

**A MEMBER:** Have there been any requests?

**MR. GRAHAM:** But, Mr. Chairman, the fact remains that rural Manitoba is desperately short on these types of services. We are desperately short. But, Mr. Chairman, the Minister, in his collective wisdom, and I don't know how he collects it, but he has decided that it's going to be in the schools and we're going to have a fractured professional service. He's working in a spirit that is not one of complete harmony and I don't think that this is in the best interests of the health of the people of this province.

He mentioned specifically Winnipeg. I've heard our member to the left of us here, the Member for Fort Rouge, who talks exclusively about the urban area, but Manitoba does not end at the Perimeter Highway, it includes a large portion of this province that is outside the urban area. I am one of those that is a considerable distance from the City of Winnipeg and we have problems in our area that are not consistent with the problems of the urban area of Manitoba at all. So I would hope that the Minister recognizes the various problems that exist throughout the Province of Manitoba and his program is flexible enough to include all of the existing facilities that are in rural Manitoba without a further duplication of capital investment so that the maximization of benefit accrues to the user and not to the civil servant who is involved in the administration.

**MR. DESJARDINS:** I would thank my friend, the Member from Birtle-Russell for that speech because it's going to be quite helpful to me. First of all let me say that it is not the intention of setting up larger clinics in schools. I directed our people when they were discussing this with the school divisions to provide the proper space that can be used for those other programs as they come along. I said thanks to my honourable friend for the speech. I said it would be so helpful because we are trying to do exactly what he wants us to do. He said that it is not only Winnipeg. Winnipeg, there is not one bit of work done for child dental care in Winnipeg. We are going in the areas where as much as possible there is no or little service. Both the school divisions in your constituency, through you, Mr. Chairman, I'm addressing the member, have voted very much in favour of the plan. They are getting it, they are pleased with it, very pleased.

Therefore, you haven't a dentist . . . in certain areas they have dentists and they are very busy, like Swan River, but they are also very pleased with the program and they have also voted in favour of the program. There is no duplication, no duplication.

Now, this is an honest debate, an honest discussion. I feel that I'm right, it's one man's opinion and the advice that I get, I say that we are right to bring the service to the schools. I'm surprised, because this morning when I said that, or last night, I saw a lot of hands going up signifying that they agreed with me and now my friend, and I want him to remember that, is against this. He's against bringing the service to the school children and he's saying it's going to be a duplication and he's saying that service is available. It is not.

**MR. CHAIRMAN:** The Honourable Member state his point of privilege.

**MR. GRAHAM:** On a point of privilege, I have never said anything against bringing services to school children. You are the man that has made that, not me. The statement that I made . . .

**MR. DESJARDINS:** My honourable friend said that he was against bringing the service to the children in the schools.

**MR. GRAHAM:** Mr. Chairman, again I repeat, I have never said anything against bringing service to school children.

**MR. DESJARDINS:** In the schools.

**MR. GRAHAM:** I have said that where there is a duplication of service, where there is a clinic set up, why should we duplicate service and set up another system in the schools.

**MR. CHAIRMAN:** Order please. There's no point of order before the House, it's a difference of opinion between you two members.

**MR. DESJARDINS:** I've heard the honourable friend say that he did not believe in bringing the service, giving, providing the service through the schools. Now, if I was wrong, I accept his

explanation. Then I don't know what the hell I'm going to debate because then he's saying exactly the same thing that I've said, so there's no longer a debate because I stated also that we would discuss with the dental profession, especially in the rural areas, there would be clinics that we would be ready to discuss and whenever feasible, we would go ahead in the schools. I made that statement.

My friend is also saying that that service is available, all the services. I am talking mostly about services that are done by paramedical people. Hearing testing, for instance, they send people ahead, that's been done. There's mobile vans that are going in different places and they test the people in the schools and in here this would be done, they would be doing it in the clinics and so on and they would find out about seven percent of children that need further testing. Then they are sent to the experts. You don't need experts for the first work. That is recognized. It is recognized by the medical profession and so on. This is what would be going on in the schools.

Either my friend is for that or he's against it, and that's an honest debate. If he's against it, if he figures that's a wrong priority for the government, fine. I happen to think that it is a good priority and that it is important and I'm surprised because as I say again, I felt that most of the Members of the House were supporting me in this, were going along, agreed with me.

I would repeat again that I would like to see the day when some of these services would be provided for every school kid. I don't remember which one asked me about this immunization — in fact, I wouldn't be surprised if it's the member that is debating this now who, in one of the questions before the Orders of the Day talked about immunization and so on and I said that I would like to see that in the schools. I don't remember which one it was. Anyway, it doesn't matter that much. And I said that this could be done, some of the services could be done by paramedical people where we could have better records and so on, that this would be done.

Certainly I'm not going to get all incensed if people disagree with that. That is certainly their right. But I think that it has been proven by people that are not friends of this government, special friends of this government, who are saying, in this case by the presence of the Canadian Dental Association, for some reason the kids are not coming to those clinics. We don't know why; we have no solution. And I am pointing out — we have been talking about facts — what is happening in other countries and there is not only Saskatchewan where those program where they have the facilities . . . Maybe it is ridiculous. Maybe society is lazy, but if the clinic is in the school . . .

And I have given you facts about Manitoba too. I have given you the percentage. I have given you the overall utilization of those available 83 percent, 83 percent. And if we are going to talk about school divisions, I said that was universal, I didn't say that it was compulsory. And then the school divisions, there is one that refuses. As I said to my Honourable Friend from Roblin, the two school divisions in his area voted in favour and they are very happy and I suggest that he speak to these people and that he ask them if there is any duplication. We are doing exactly what some of the rural members in this House have been asking for. They are saying everything is in Winnipeg and unfortunately it is true. It is very difficult to get doctors, dentists, people to perform outside of the City of Winnipeg. I don't know why. It is one of these larger centres. It is very difficult, I guess it is a better life, they are closer to teaching hospitals, which is very important to them. Some of them, many of them, don't want it to hit the rural area. I don't want to get carried away, but this is something that we will have to solve, we will have to discuss with the College of Physicians and the MMA to try and get more doctors up north and the same thing in the dentists.

The reason for getting in the debate with my honourable friend is that I don't think that there is duplication. I respect his right to think that there is, to say that there is, to oppose the program, to oppose the setting up of these clinics in the schools. I say there is no duplication because it was very clear in their plan they were going to build large clinics to have that. And I am talking about the city because again I said in the rural area that we would bend over backwards if there is anybody interested, anybody that is there now, we will bend over backwards to see if that would work. And that was a commitment that I made, not necessarily that the staff agreed 100 percent. I said that we would try it providing it is not five miles from the school, if it is a reasonable distance and if it is a clinic.

We find in all instances that these dentists that are set up in these areas are very, they very busy haven't got the time to do anything else. And I say we are not. That again was proven also. I say, in a year or so they will come back and I will prophesize that now, that they will come back and they will say, like the same members of the dental profession, the College of Dentists in Saskatchewan said, "Yes, we were wrong. We find out now that there are more people that know what this is all about, the importance of prevention and good dental services." Instead of 35 or 30 percent of the kids utilizing their service, there are 82 or 85 or 90 percent, and their parents now are coming like was said. Those are not my words. And I would prophesize that in a few years the dental profession will recognize that and they will have even more work that they can handle and that we will have to try to recruit more dentists. And this is not taking over the dental profession at all. The fee for service will be respected on their referrals, and as far as the examination where they are working for an hour or so, they will be like there is now, they will be generous as far as I am concerned, generous sessional fees.

I can understand that the Conservative Party would be on the side of the dentists. I can

understand that the dentists would like to . . . I would say that the dentists would like to run the program themselves. They were against Medicare also and I am not saying this sarcastically at all. I would imagine that when I was in the funeral business, if you wanted to take the funeral business to do anything, they would want to run the program. I would imagine that. Now I am saying that this is a certain service that the government is doing, that as long as the service is done adequately and it is felt, either in our wisdom or ignorance, that this is the best way to do it, that we are looking at what has happened in Quebec and New Brunswick and places where they have tried and that hasn't worked and we are looking at Saskatchewan and we are looking at Australia and New Zealand and England and some of those countries where this thing has been very very successful. And this is where we feel that we are on the right track.

So , and I hope I've announced that the Honourable Member for Wolseley will realize that I announced today what we are going to do so he doesn't come in next year and say, this is a joke, this is a whitewash, this is a snow job. — (Interjection)— Well, I don't care what he said. He said that it was the party's policy or party's aim. The party is one thing, the government is another thing. And the party can make recommendation and the party must make recommendation and resolutions, but the government of the day, no matter what party, what affiliation, will decide the programs and then, only then does it become the government policy. And I can say to you that the government policy is not universal adult dental care at this time.

**MR. CHAIRMAN:** Committee rise. Call in the Speaker.

*The Chairman reported upon the Committee's deliberations to Mr. Speaker and asked leave to sit again.*

### IN SESSION

**MR. SPEAKER:** The Honourable Member for Logan.

**MR. WILLIAM JENKINS (Logan):** Mr. Speaker, I beg to move, seconded by the Honourable Member for Point Douglas, that the report of the Committee be received.

**MOTION presented and carried.**

**MR. SPEAKER:** The Honourable House Leader.

**MR. PAULLEY:** Mr. Speaker, I understand that there is general agreement with all parties, all members of the Legislature, that rather than proceeding with Private Members' Hour, that this should be the hour of adjournment for today. If that is acceptable by leave of all of the members of the Assembly, I beg to submit to you a motion that I move, seconded by the Honourable the Minister of Health, that the House do now adjourn.

**MOTION presented and carried** and the House adjourned until 2:30 p.m. Monday.