



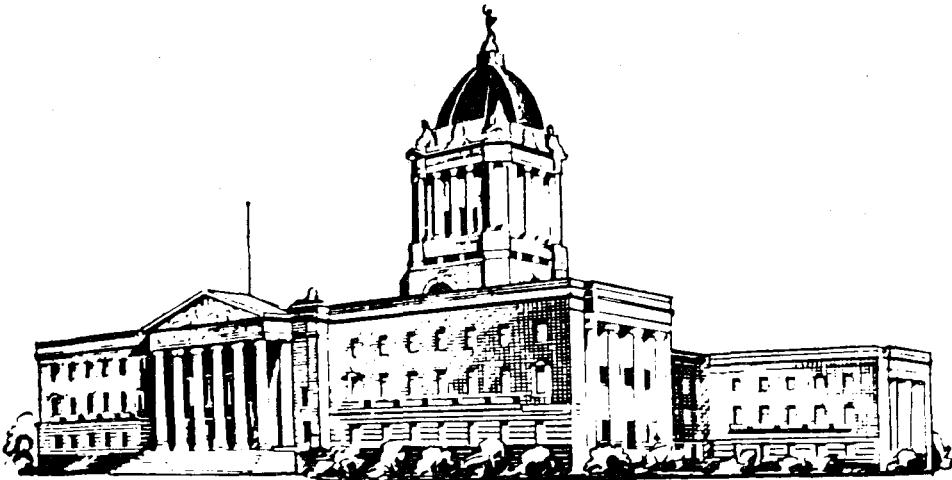
Legislative Assembly of Manitoba

HEARINGS OF THE STANDING COMMITTEE

ON

LAW AMENDMENTS

**Chairman
Mr. William Jenkins
Constituency of Logan**



8:00 p.m., Wednesday, June 4, 1975.

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CHAIRMAN: Mr. William Jenkins.

MR. CLERK: If I may have your attention. It is now past 8:00, and I presume we shall proceed. Your first item of business would be the election of your chairman. Are there any nominations?

MR. MALINOWSKI: I would like to nominate Mr. Jenkins.

MR. CLERK: Mr. Jenkins. Are there any further nominations?

A MEMBER: I second the motion.

MR. CLERK: Not necessary. Hearing none, I would ask Mr. Jenkins to take the Chair, please.

MR. CHAIRMAN: Order please. The first item, we have to decide on a quorum. The committee is 30; I think in the past we've had 16. So if someone would wish to move what the quorum will be. Agreed at 16.

Now the next item, is it the will of the committee whether they want the proceedings transcribed?

MR. JORGENSON: Recorded and transcribed.

MR. CHAIRMAN: Can I have a motion to that effect? Moved by Mr. Jorgenson. Is there any discussion on the motion? Hearing none, I will call for the question. (Motion carried)

I think what we've done in the past, for the information of the public who are here, that we read out the bills that are before the committee and then we ask for presentations on the bills, and if there are any out-of-town people here, I think usually the committee has agreed that they would be heard first. Is that agreeable with the committee? (Agreed) Then I will read out the bills that are before the committee here and if you wish to take them down . . .

- Bill No. 2 - The Interprovincial Subpoena Act
- Bill No. 3 - The Extra-provincial Custody Orders Enforcement Act
- Bill No. 5 - An Act to amend The Vital Statistics Act
- Bill No. 6 - An Act to amend The Wills Act
- Bill No. 8 - An Act to amend The Child Welfare Act
- Bill No. 13 - The Fatality Inquiries Act
- Bill No. 14 - An Act to amend The Unsatisfied Judgment Fund Act
- Bill No. 15 - An Act to amend The Summary Convictions Act
- Bill No. 17 - An Act to amend The Development Corporation Act
- Bill No. 20 - An Act to amend The Heritage Manitoba Act
- Bill No. 21 - An Act to amend The Horse Racing Commission Act
- Bill No. 22 - An Act to amend The Horse Racing Regulation Act
- Bill No. 26 - An Act to amend The Liquor Control Act
- Bill No. 31 - The Public Servants Insurance Act
- Bill No. 34 - An Act to amend The Real Estate Brokers Act
- Bill No. 42 - An Act to amend The Child Welfare Act (2)
- Bill No. 43 - An Act to amend The Health Services Insurance Act
- Bill No. 52 - The Dental Health Services Act
- Bill No. 53 - The Dental Health Workers Act

Now I already have here before me the names of three people who are wishing to make presentations to the committee, and I understand it's Mr. Ken McKenzie representing the Winnipeg Real Estate Board on Bill 34; Mr. Dario Perfumo from the Manitoba Hotel Association on Bill 26; and Mrs. Joyce Smith on the Manitoba Dental Nurses on Bill 53. Are there any further delegations or people here wishing to make representations on bills that I've read out this evening? If you'd come forward to the microphone and give me your names, then I'll put them on the list and which bill you'll be on.

MR. WILLIAM POTOROKA: Bill 26, William Potoroka.

MR. CHAIRMAN: William Potoroka. And you're representing what group?

MR. POTOROKA: This is a personal submission.

MR. CHAIRMAN: Fine. Thank you.

MRS. JOYCE SMITH: Mrs. Joyce Smith, also on Bill 52, please.

MR. CHAIRMAN: On Bill 52 as well as 53?

MRS. SMITH: Yes, please.

MR. CHAIRMAN: Fine. Thank you.

MRS. NANCY BARKMAN: Mrs. Nancy Barkman, Bill 53.

MR. CHAIRMAN: Bill 53, Mrs. Nancy Barkman.

MRS. BARKMAN: Right.

DR. E. G. DERRETT: Bills 52 and 53. Dr. E. G. Derrett.

MR. CHAIRMAN: Dr. E. G. Derrett. Thank you.

DR. J. KOEPKE: Bills 52 and 53. Dr. Jim Koepke.

MR. CHAIRMAN: I guess that completes . . . one more?

DR. DERRETT: Again on Bill 52 and 53, I expect Dr. J. W. Neilson, the Dean of the Faculty of Dentistry.

MR. CHAIRMAN: J. W. Neilson.

DR. DERRETT: Yes, he should be here.

MR. CHAIRMAN: Now, are any of the people here this evening from out of town? -- (Interjection)-- Oh, fine.

It seems that most of the presentations are on Bills 52 and 53. There are two presentations on Bill 26 and one presentation on Bill 34. So what is the will of the committee? Do you want to start on Bill 26? Mr. Perfumo, will you come forward please?

BILL NO. 26

MR. PERFUMO: Thank you very much, Mr. Chairman. There's no discrimination here. The Italians are first here this evening.

Mr. Chairman, I would like to say that I apologize for not having our presentation written in the form of a brief for distribution to yourself and your members, but as you know, in the past ten days we have been somewhat busy with other types of endeavours in the hotel industry and therefore we didn't have all that much time to prepare presentations, but I would like to make some very brief comments regarding Bill 26.

First of all, we would like to commend the Attorney-General and his colleagues in introducing Bill 26, which contains some, what we think, some very realistic changes to our present Liquor Act. Particularly, I think, we would like to at this time make reference to changes to Section 159. We certainly solicit the support of all the members of the Legislative Assembly in supporting all the changes in this bill, although I must point out that some of them are in conflict of interest with the hotel industry in particular, but nevertheless we feel they are beneficial to the hospitality industry and therefore we support the bill in its entirety.

We would like, though, to bring to the attention of the committee a certain section that seems to have been overlooked, and I'll make specific reference here to Section 110, which deals with the licensing of people, of persons who serve alcoholic beverages in two areas, two licensed areas, and that is cocktail lounges and beverage rooms. And the Manitoba Hotel Association, acting on behalf of the hospitality industry as a whole, would like to draw this to your attention and make a few comments regarding Section 110.

Section 110 of the Liquor Act contains provisions for the licensing of waiters and waitresses who serve alcoholic beverages, as I said previously, in the cocktail lounges and beverage rooms, and these licenses are not required for the same people for that matter, or other people, that would serve in dining rooms, restaurants, clubs, etc., and for that matter to the best of my knowledge - I stand to be corrected here - but I don't think they are even required for the people that serve all that beer at the Arena.

Firstly, we would like to point out that under the Act . . .

MR. CHAIRMAN: I'm just trying to find it. Where is it in the Act that we're . . . ?

MR. PERFUMO: It isn't in the bill, Mr. Chairman. It's in the Liquor Control Act as such.

MR. CHAIRMAN: I'm sorry, Mr. Perfumo, but the authority that is granted to us by the House - and after all we're just a creature of the House, this committee - we cannot hear representation on something other than what we've been delegated to hear, and that is to hear representation on this portion of the Liquor Control Act.

MR. PERFUMO: Well, Mr. Chairman, I understand and certainly respect that, but I'm wondering if maybe some of the sections that are being amended would not make reference to Section 110. If so, would it then still be possible to speak to it?

MR. CHAIRMAN: If there is some reference to 110 in here, I would say that would be feasible.

MR. PERFUMO: I'm sorry. I apologize. I did not know . . . I thought that we could speak to any portion of the Liquor Act as it stood. I'm wondering - Mr. Teillet is here - does it make reference in any part . . . ? So therefore we're out of order.

MR. CHAIRMAN: Unfortunately so, that's true.

MR. PERFUMO: And after all those nice things I said too.

MR. CHAIRMAN: Do you want to retract them?

MR. PERFUMO: No, I don't want to retract them. Well I can say, though, that we do support Bill 26 in its entirety. Thank you, Mr. Chairman.

MR. CHAIRMAN: We would now call on Mr. Ken McKenzie from Winnipeg Real Estate Board on Bill No. 34. Oh, pardon me. Mr. Potoroka. That's right. I'm sorry.

MR. POTOROKA: Thank you, Mr. Chairman and honourable members. When I left my office about 4:30 this afternoon, I intended to do a little homework on Bill 26 because I thought it wouldn't be coming up for a little while, and when I got home there was a message, thanks to the courtesy of Frank Syms, to the effect that you were meeting tonight. So when I went to the office after supper, the phone kept ringing, and I have to go off-the-cuff. But this is a personal submission, and I want to draw your attention to three sections in the bill, all of which deal either with the wine retail licence, which would be a new type of license, and the restaurant wine licence, which would be a variation of the restaurant beer and wine licence.

Now I'm just wondering, Mr. Chairman, in regard to Section 15 of the bill, which provides for the licensing of a manufacturer of wines in the province, whether the understanding of that for now and for later times will mean Manitoba manufacturers, or whether it will mean holders of winery licenses beyond the confines of Manitoba. I simply raise that question for you to discuss if you should think.

Now the second thing: Since the wine retail licence, it would be fair to say, parallels the brewers retail licence, would it not be logical and perhaps fair that the hours of sale for the wine retail licence would be similar to the hours of sale for the brewers' retail store? Now the hours of sale for the brewers' retail store - and I stand to be corrected by the men from the Commission - are 11:00 in the morning to 11:00 in the evening. In this bill, the wine retail licence will operate from 9:00 in the morning to 10:00 in the evening. Now it seems to me just the very discrepancy of hours may compel the lawmakers at some future time to level them out one way or another. Perhaps it would be wise to do it now.

A third observation - and this is not in the spirit of opposing the availability, within reasonable limits, of wine for the consumption of Manitobans and others, but I think it must be recognized that every time, whether in a small or a larger way, the industry, the beverage alcohol industry, is given another freedom, it is strengthened to the extent that you can't push it back. And let's take as the extreme example the strength of the organized wine manufacturers in France, which has the toughest alcoholism problem. It's most difficult to get anywhere with that trade in terms of having a kind of legislation which would back up the efforts of the rehabilitation. And it would seem to me that perhaps we've reached the end of the line, which has been going on since the forties, of the liberalization of liquor acts; and now in view of the fact of the tremendous consumption, perhaps we stop there and do a little retrenching. Just let me give you figures. These are realistic too.

In 1956, wine sales in Manitoba in imperial gallons were 254,579. For the year ending March 31, 1974, 1,134,021 - or a 442 percent increase, if my arithmetic done in a hurry is correct. Now I'd like to point out, you know, there have been arguments made in the past that if the increase of wine prevailed in the population that would be a sign of moderation. Well, any study of what has been happening in Manitoba of these figures, in comparison with other figures for beer sales and for spirit sales, belie that fact because there has been about 300 percent increase in the sale of spirits. In other words, the one beverage seems to feed the sales of the others and they're all together. So much for that section.

Now the next section, in fact the next two, will deal with the restaurant wine licence, and it will be Section 21. Now Section 21, the new thing in Section 21 is that we're having a new type of licence called restaurant wine licence, under which the holder of the licence will be able to sell natural wines, also fortified wines. Now just let us recollect that in the thinking of the Bracken Commission, way back in 1956, there was a very clear and strong statement made that when we come to fortified wines they should be treated as spirited liquor. That's why, when the legislation was changed in 1956 and we got the sale of beer and wine in restaurants, it was beer and natural wines. So now we are reversing something that some hard-headed thinking years ago - which is still valid today - pertained. Okay?

(MR. POTOROKA cont'd)

Let's move to Section 26. Section 26 now defines the amounts, the amounts that would be served. And all I'd like to point out here is that under Section 26 there is no reference to fortified wine, unless it be that clause (b) is intended to cover fortified wine. In other words, at a given time the service may be no more than two glasses of beer; no more than one glass of liquor other than beer; or (c) more than one bottle or other container of beer or natural wine. Now it seems to me, because elsewhere in the Act there is specific reference to fortified wine, which is at least 6 percent stronger than the strongest natural wine, the bill ought to be specific here and place it, because it's not inconceivable that people will want to order bottles of fortified wine in the restaurant for the same reasons they may order a bottle of natural wine. They like it; they want it; it's available. So I raise that point, that perhaps there should be clarification.

And now if I may be permitted just one minute longer. One of the things that is happening in our province is that while a greater part of the population is drinking, and is drinking relatively safely and responsibly, there is a growing minority that is not doing that. For instance, if you were meeting in 1956 - which you aren't, and maybe some of you would like to reverse the clock - about 4 percent of the drinking population were in the category of unwise, overuse, which generally is covered by the term "problem drinker" and "alcoholic", usually more problem drinkers than alcoholics. About 4 percent of the drinking population. Today it's in the realm of 7 percent; 4 percent of a population of 65 percent of adults drinking versus about 7 percent of a population of close to 80 percent of adult population drinking. So the problem is not being solved, and I think this should weigh on the minds of lawmakers. Not only that, what should weigh on the minds of lawmakers - and here I'll be finished - is that perhaps the time has come that piecemeal changes to the Liquor Act should cease and there should be another total, comprehensive, open-to-the-public review of the total situation. Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Mr. Potoroka. Are there any questions that the Committee may have? Mr. Jorgenson.

MR. JORGENSEN: Mr. Potoroka, I want to question you on two aspects of your presentation. The first one: You suggested that if people have the availability of a fortified wine as opposed to a natural wine that they would prefer the fortified wine. I don't understand that.

MR. POTOROKA: No, I didn't mean that they would prefer it. I simply meant that there would be instances when it might be asked for. Therefore, if it were asked for, what would be the regulation? Is it apparent in that section that I read that it's clear, or will we need a regulation from the Commission to say "in the case of fortified wine it shall be" not 13 ounces per person, but something less if it's a bottle.

MR. JORGENSEN: Yes. And you quoted some figures to illustrate the increase in the wine-drinking capacity of Canadians.

MR. POTOROKA: Manitobans.

MR. JORGENSEN: Of Manitobans. Well I think on the North American continent, I think the average is about two bottles per person per year as opposed to 200 in France. We've still got a long way to go before we reach those proportions but I'm not suggesting that we rush in that direction.

Another suggestion you made was that there was a considerable increase in the incidence of - as you termed - problem drinkers. I wonder, although you made reference to that particular problem, I don't think that you dealt with what your views were insofar as solving this problem. I would like to hear your views on just what you think can be done in order to solve that particular problem.

MR. CHAIRMAN: Mr. Potoroka.

MR. POTOROKA: The Clerk of the Legislature, when he knew I didn't have a written submission, he said, "Thank God for small mercies". You've asked me a big question.

MR. JORGENSEN: Yes, I realize that. I want to hear your views on it.

MR. POTOROKA: I feel that increasingly today changes in legislation must take cognizance of the fact that the problems in this area, far from becoming less, are becoming more severe; and on top of that, everything that we say in accepting terms about alcohol, which is overwhelmingly the single drug of greatest problem in Canada, is read by part of the population in terms of other drugs. You see, in other words, it's complicated. I feel that an increase not only in the effort of government in supporting programs of treatment, counselling and rehabilitation - I think this is being provided for - but what is not being provided for is a solid

(MR. POTOROKA cont'd)
increase in preventative programs.

Let me illustrate it. Information has come to me that my organization is getting about a 9.7 increase in grant over last year, while one program in treatment, I understand, is getting about 110 percent increase and another one is getting a 45 percent increase. And what the facilities of the Alcoholism Foundation in Manitoba itself is getting I don't know - probably 100 percent increase. But here is a little alcohol and drug education service getting a 9.7 percent increase which will enable us to keep our operation where it has been last year and the year before.

MR. JORGENSEN: I recognize the importance of your organization in attempting to treat the problem after it has occurred. I want to ask you now a specific question. Do you think that the reduction in the drinking age limit a few years ago has contributed materially to the incidence of that increase in alcoholism?

MR. POTOROKA: The implications of the reduction of the drinking age, whether it occurred in Manitoba or Ontario, were not clearly thought out and we are reaping an unnecessary hardship because of that. Figures that I get from Ontario, where they attempted to do some basic research in the area, drivers of the age bracket 18 to 20 had accidents. They've spotted, since Ontario lowered its drinking age, a considerable increase - and you will recall that there was no major debate on drinking age when our drinking age was changed. It occurred in the bill having to do with the age of majority.

MR. JORGENSEN: I wonder if you could tell me if you have noticed - you have had considerable experience in this field - if you have noticed an increase in the incidence of alcoholism or problem drinkers amongst that group of people who are below the age of 18, since this age of majority has been lowered.

MR. POTOROKA: Well what you're getting is that the group for whom the age change occurred, the 18, 19 and 20, they were taken off the hook, but in their place we've put the 17, 16, 15 and 14-year-olds.

MR. JORGENSEN: Would you go below that as well?

MR. POTOROKA: Well there would be some incidents, who were below that but then I don't think we should suggest that they arise basically because of the drinking age. I think to be fair we'd have to say these arise basically because of the less than ideal type of environment in which the youngsters are being brought up and they are taught from early times by the example of people around them to seek in the beverage some kind of solace or fun or just purpose or meaning, you see. At this point the law I think is very limited at what it can do.

MR. JORGENSEN: Have you any specific suggestions or recommendations as to what should be done in The Liquor Control Act itself - and this is the thing that we're dealing with - that could deal with this problem?

MR. POTOROKA: Well it's the hardest thing in the world to set back the age one or two years, you know. It's being . . .

MR. JORGENSEN: Well aside from the age limit, aside from that.

MR. POTOROKA: I don't think it's in the Liquor Act. I think one thing, I think - as I said earlier - I think we have reached the end of the line for continued liberalization. We have to stop and take a real hard look at what has happened from 1956 to 1975, and I think what we'll discover is that we've got to mount far more intelligent, intensive and extensive programming of a preventative kind.

For instance, my organization has opened up the area within schools of youngsters in Grades 4 to 6 in which, through a health and a life orientation kind of thing we try to set a few things straight about alcohol and drugs. I think this kind of thing multiplied, in other words if there were - okay, at any given moment in Manitoba we probably have 100 agents of the liquor trade floating around promoting it. We've got three alcohol educators floating around the province trying to promote some understanding. It's a pretty unequal match; it's a pretty unequal match. We can't give away crests and we can't help curling clubs and we can't do this or that, we've got to apply to those people to see if they will give us a little bit so that we can do a little more. You see it's an unequal match. And when the day comes that a government says, look, to preventative education, we attach at least as much importance as to the treatment of people who have developed the problem, because in the long run after 15, 20 or 30 years of this effort I think we will show a real gain. And if we don't before then we'll change.

MR. JORGENSEN: Are you suggesting the profits of the Liquor Control Commission be

(MR. JORGENSEN cont'd)

turned over to the alcoholic education organizations so you find an equal balance?

MR. POTOROKA: Well you have to work out the percentages. Last year, for March 31st, 1975, okay the province took in at least \$50 million from its share.

MR. JORGENSEN: You could give a lot of sweatshirts away on that . . .

MR. POTOROKA: And if \$3 million are being ploughed back into programming I would suggest that for 1975 it's too small.

MR. CHAIRMAN: I wonder if we could just get the questions, try and get them back on the topic that we're on here. We started drifting away into philosophy and this is not really the function of this committee here this evening. We're here to hear representations and questions in line with what the gentleman has presented.

MR. BOYCE: I'm sorry, Mr. Chairman, I thought he was doing quite nicely.

MR. JORGENSEN: Well, Mr. Chairman, with all due respect you know the amendments to the Liquor Control Act involve the whole question of alcoholism and the Minister when he introduced the bill stressed the importance of alcohol education and the kind of program that is being carried on by the Liquor Control Commission and that's really what we're dealing with right now. I think Mr. Potoroka's comments are very pertinent to the bill that is now before us and I am sure that members of this Committee are very interested in hearing what he has to say, so that when we deal with further amendments we can take those comments into consideration.

What I want to ask you again, Mr. Potoroka: You suggested that we have reached the end of the line insofar as liberalism of our liquor laws are concerned. Would you not then go a step further and say that if we retrenched or moved back a little bit that we could recapture some lost ground?

MR. POTOROKA: I think based upon a study of where we're at perhaps this is the direction.

MR. JORGENSEN: Is that not being done - for example, I read or heard or saw on the television some few weeks ago, one of the States, I believe it was Maryland, are now considering a raising of the drinking age back from 18 to 19 or 20. They felt that they made a mistake. Do you think we made a mistake?

MR. POTOROKA: I think we moved too quickly. If we'd lowered it one year, fine.

MR. JORGENSEN: And would you suggest we go back? Don't be afraid to make that suggestion if you believe it. Don't be afraid of the Minister, he's a pretty gentle guy.

MR. POTOROKA: If I had a choice, if I had a choice of one thing that might be done I would settle for an independent comprehensive study of the situation and let the findings lead us where they will.

MR. JORGENSEN: Thank you very much, Mr. Potoroka.

MR. CHAIRMAN: Mr. Patrick.

MR. PATRICK: Thank you, Mr. Chairman. I have a question to Mr. Potoroka.

MR. POTOROKA: I'm trying to save you time, Mr. Chairman.

MR. PATRICK: Don't worry about our time, we have a lot of time. I have two questions. You stated in 1956 four percent of the drinking population in Manitoba were considered to have drinking problems, and in 1974 that increased to seven percent. Can you give us some indication what it means in the numbers, what kind of numbers and if it's large numbers then we'd have to be concerned because it may cost the society and the industry and the businessmen into dollars.

MR. POTOROKA: Well I think you're dealing with something like 13,000 in 1956 of which less than half would be alcoholics and others would be on their way and now it would be 40,000 of which about 16,000 - these are estimates that I get from the Addiction Research Foundation of Ontario - 40,000, of which about 16,000 would be called alcoholics.

MR. PATRICK: I understand from your comments to Mr. Jorgenson that you are not suggesting restrictive legislation or rolling back but you're suggesting expanding the rehabilitation and preventative measures. Is that correct?

MR. POTOROKA: That I am all for. I think we have reached the time when we have to have a long hard open inquiry, a kind of Bracken Inquiry thing again.

MR. PATRICK: One more question, Mr. Chairman. Has it come to your attention from say any high school principals or any high schools, that we still have many high school students in our high schools at age 18 and there has been some problem. Has that come to your attention?

MR. POTOROKA: Well it comes in different ways. Like, my wife is a teacher in Transcona and there was rather a bad deal in regard to a riverboat and some eleven Grade 12 students. I had one of the principals of a high school in Winnipeg call me because his kids at graduation wanted a permit, you see, and half of the graduates were under age, under 18, and this was a real problem. I referred him to the LCC and I'm sure he got in touch and got the proper . . . But you see this kind of thing can arise, and people being people it will arise. There's no easy answer to that.

MR. PATRICK: Thank you.

MR. POTOROKA: Thank you, Mr. Chairman.

MR. CHAIRMAN: Mr. McKenzie.

MR. J. WALLY McKENZIE: I have one question for Mr. Potoroka. Have you been in touch with the Attorney-General regarding the need for a further study and review, something similar to the Bracken Commission?

MR. POTOROKA: The Attorney-General and I are carrying on a love affair about that subject.

MR. McKENZIE: We are too.

MR. POTOROKA: But he has been somewhat resistant, and of course there are considerations that he has and there are considerations that I have.

MR. McKENZIE: And your efforts haven't been any more successful than ours to have it reviewed and studied again.

MR. POTOROKA: Well, he's likely to think that what's happening tonight is a neat little arrangement. I want to assure you, sir, that this is all quite spontaneous. It hasn't been hashed out for your benefit.

MR. McKENZIE: Thank you, Mr. Chairman.

MR. CHAIRMAN: Thank you, Mr. Potoroka. That completes the presentations on Bill No. 26.

BILL NO. 34

MR. CHAIRMAN: Bill No. 34. Mr. Gordon McKenzie.

MR. GORDON McKENZIE: Thank you very much, Mr. Chairman. Mr. Chairman and members of the Law Amendments Committee, I must apologize if I'm somewhat a little hazy. I just had a touch of the flu and I understand, Steve, I've got a temperature of 101, so just bear with me.

My name is Gordon McKenzie and I am President of the Winnipeg Real Estate Board. I also have with me, Mr. Chairman and members of the Committee, our Executive Director, Mr. Lowry, and our General Manager, Mr. Ken McKenzie.

We appreciate the opportunity to appear before you today to express our views on the amendments to The Real Estate Brokers Act. The Winnipeg Real Estate Board, as I am sure you are aware, is a voluntary association of real estate practitioners in the City of Winnipeg, made up of both salesmen and brokers totalling in excess of 1,500 persons. We understand that the background to the amendments to The Real Estate Brokers Act stems from the recommendations by the Public Utilities Board. We are pleased that we had an opportunity of discussing the proposed amendments with senior members of the Public Utilities Board prior to Bill 34 being presented to the House. As a result of these discussions, our legislative committee of the Winnipeg Real Estate Board has made an in-depth study of the proposed amendments and we wish to make the following brief comments.

Bill 34 appears to address itself to three major areas, the first being the provision of the Public Utilities Board to require successful completion of educational courses as a qualification for licensing. The second provides that more than three persons can be registered as authorized officials for a real estate company, and further provides that any person designated in charge of a branch office of a real estate company be required to meet the same qualifications as an authorized official or broker. The final thrust of the amendment clarifies Section 19 of The Real Estate Brokers Act and makes clear the requirements of disclosure for both brokers and salesmen where these requirements were difficult to interpret in the existing Act.

In regard to the provisions in the Act for the requirement of educational courses, the Winnipeg Real Estate Board is pleased to commend the drafters of this legislation. The Winnipeg Real Estate Board has for many years required that people entering the real estate

(MR. McKENZIE cont'd)

business and associating themselves with a member firm take prescribed courses and written examinations in the fundamentals of real estate substantially beyond the licensing requirements. Purchase and sale of real estate by the average consumer is far too large an investment to be entrusted to someone with as little knowledge as the buying or selling public. In fact, it is now the requirement of all members of the Winnipeg Real Estate Board that they successfully complete extensive real estate courses, and at this time, in order to qualify as a salesman member for the Winnipeg Real Estate Board, an individual must successfully complete a course consisting of 39 hours of lecture followed by 2 hours of examination. In order to qualify, Mr. Chairman, as a broker member of the Winnipeg Real Estate Board, an individual must complete some 109 hours of lecture, followed by 9 hours of examination.

The Winnipeg Real Estate Board fully concurs with the amendments to provide for more than three persons as authorized officials, and in particular with the requirement that all persons charged with the responsibility of a branch office be required to meet full qualifications of an authorized official or real estate broker. We feel that there will be a far greater measure of control and protection of the public if each branch office was required to have a manager qualified to the same extent as a broker with the responsibilities attached thereto.

Section 19 of The Real Estate Brokers Act has historically been difficult to interpret. However, we believe that the amendments before you offer a very substantial clarification.

In conclusion, Mr. Chairman, we wish to commend the government in bringing forth very progressive and important amendments to The Real Estate Brokers Act. We are in complete support of your actions. Thank you.

MR. CHAIRMAN: Just a moment, Mr. McKenzie; there may be some questions. Mr. Henderson.

MR. HENDERSON: Mr. McKenzie, you were talking about these courses, but anybody who has a real estate licence or is a salesman now, they wouldn't need to take this course. Anybody that's an acting salesman now wouldn't need to take the present course?

MR. McKENZIE: No, that's correct. But we've had courses, Mr. Henderson, that have been, not up to the hours that I described, 39 hours and 109, but they've been up to that very very closely. We find, in talking to some of the brokers throughout our profession, that they're asking of their sales people whom they feel may not be completely up-to-date on matters relating to new areas of real estate that they take this course. And I think that we will see a number of people that have been in the business for a period of time taking these courses.

MR. HENDERSON: But then it would be voluntary.

MR. McKENZIE: Yes it would, sir. Yes.

MR. CHAIRMAN: Are there any further questions that the committee have? Hearing none, thank you, Mr. McKenzie.

MR. McKENZIE: Thank you very much.

MR. CHAIRMAN: That completes the presentations on Bill No. 34.

BILLS NOS. 52 and 53

MR. CHAIRMAN: I would now call on Mrs. Joyce Smith making representation on Bill 52 and Bill 53. Mrs. Smith.

MRS. SMITH: I'd like to have Dr. Derrett speak on this first, if possible.

MR. CHAIRMAN: Oh yes, that's fine. Dr. Derrett.

DR. TED DERRETT: Mr. Chairman, honourable members. I am Ted Derrett. I have practised dentistry in this area for 15 years and for the past 7 years I have limited my practice in dentistry to children. Currently I hold the office of President of the Manitoba Dental Association and I am appearing here today on behalf of this organization.

At the outset we would ask you to clearly understand that our stance is not one of self-interest but one of a sincere and strong interest for the dental health of the children of this province. The history of this Association records a long list of endeavours geared to improve all aspects of dental services to the public.

Through our efforts commencing in 1955 this province boasts the highest per capita utilization of fluoridated water enjoyed by any group in North America. This was an uphill struggle and there are still disappointing pockets of resistance in some of our major centres.

Through the interest and hard work of many of our members the Faculty of Dentistry was

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established here in 1958. Several of our present members are graduates of this highly accredited institution. A Dental Hygiene program is also offered and is presently celebrating its tenth reunion. This valuable auxiliary has significantly expanded our services.

Again for public benefit and now with "Naderism" and "Consumers Benefit" this Association leads the way in Canadian Dentistry as it has an auxiliary and government-appointed layman sitting on its board. This adds greater depth to its decision-making processes.

It has two by-laws which really beef-up its peer review and a continuing education program criteria for relicensing all members every three years.

We have been actively involved at the local and national level to help plan training programs and standards for all auxiliaries used in dentistry today.

This Association recommends Dental Insurance Programs and actively assists private carriers and government agencies in the conduct of this increasingly important field. It is important to set the scene and establish our track record in all these areas of public interest.

For six years the committee of this Association have spent a great deal of time considering all material relating to a Children's Dental Health Plan. During this period the committees have submitted annual reports all stressing the need for the plan in Manitoba. On each occasion these reports have been strongly endorsed and so it is obvious we are not here to oppose the development of a plan.

Using this as an introduction, I would like to make a few prefatory remarks about Bills 52 and 53 before I address myself to the substance of their provisions. As president of the Manitoba Dental Association, I must say that I am very disappointed that this legislation has been placed before the Legislature at this time. The reason for my disappointment stems from a very simple fact.

The members of the Association, particularly during the past few months, have attempted to enter into meaningful discussions with the Minister of Health on methods of providing dental health care for the children of this province. We have had reason to believe that these discussions have been encouraging to the Minister as indeed they have been encouraging to the members of the Manitoba Dental Association.

The presentations which the Manitoba Dental Association has made to the Minister have suggested that it is well within the capabilities of the private practice, with the introduction of more auxiliary personnel, to provide an adequate and economically feasible dental health care plan for the children of the province.

So far in the discussions we have not directed our attention to the specific administrative provisions which would indeed mount such a programme. Our disappointment, therefore, over the introduction of Bills 52 and 53 is simply that we feel that the Minister may be bargaining or discussing with us matters in what is less than good faith. I think that it is no secret that there has been considerable interest in employing a system such as that presently operating in Saskatchewan. We have found, and I believe that further study would verify this, that the approach taken in Saskatchewan may on the one hand be very expensive and on the other hand does not offer the same quality and range of services that could be provided by the private practice.

The Association is, therefore, puzzled and asks itself why in the midst of our discussions with the Minister which suggest that private practice may be the most satisfactory route to be pursued by Manitoba, should he at this time choose to introduce Bills 52 and 53?

It seems arbitrary and perhaps a little reckless that the Minister would choose to introduce enabling legislation at a time when it is not clear what type of programme he chooses to mount. We would have thought it would be far better and prudent for the Minister to have some definite proposal for the provision of dental health for children and with this proposal on hand then come before the Legislature and ask for enabling legislation. Here we have what is probably a classic case of the cart before the horse.

Clearly the contents of Bills 52 and 53 will provide the Minister with the powers which will enable him to mount a dental health program for children; but none of us, and certainly none of us who have been discussing the matter with the Minister over the past few months, have any idea of what that program may look like.

I think with that preamble I am able to lay before you two questions that have kept recurring to me. The first is why these powers, and the second is why should they be introduced at this time? I can find no satisfactory answers to these questions and I would

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humbly suggest that the powers should not be sought and should not be granted unless it is clear how they will be used and in whose interest .

You may, therefore, understand my disappointment in seeing these bills introduced. They seem to be clear and a simple slap in the face of the dentists in Manitoba who have attempted to assist the Minister in the formulation of a plan. I may be reading something into the introduction of these bills that is not warranted but it is something that has occurred to me and I think it must occur to the members of the Legislature, and that is simply this - is not the introduction of these bills provocative and is it not intended to be provocative? Perhaps by provocative what I mean to say, is it not intended to stimulate a debate on how dental health care should be provided in Manitoba before all the facts are in. It does seem clear to me that there is substance for debate in the question of how dental health care for children should be provided, but it is also my belief that debate should take place only after the position of the Manitoba Dental Association and others have been established, and the facts from the Saskatchewan plan have also been made available to us.

It would seem rash at this stage for anyone to argue that private practice could not be an adequate system for the provision of dental health care for children until it is known in what way and how the dentists of this province are prepared to modify and expand their practices in order to meet the criteria and the objectives of the Minister. It is our hope, since we have shown the Minister that we are prepared to consider wide-ranging and significant changes in the delivery of dental care through the private practice, that it may become a useful vehicle in delivering dental care for children. Seeing these bills introduced at this time does make the Association wonder if the Minister has been listening with a closed ear to the proposals that we have made to him. We clearly understand the need to provide an economic and responsible dental plan and we have tried to show the Minister how this might be done through the use of private practice.

However, we now see before us, before any conclusions have been reached, and indeed before these discussions are seriously under way, the introduction of enabling legislation that clearly suggests that the Minister would prefer to go some other route. He is appropriating to himself broad discretionary powers that would enable him to mount some other form of delivery system. The timing of the legislation, such as it is, seems to suggest that the Minister is inviting a confrontation in our discussions. Perhaps I should say to you, gentlemen - and I hope this will be passed on to the Minister - that the Manitoba Dental Association wishes to avoid anything resembling a confrontation. The only apparent source of antagonism between the profession and the Minister would appear to lie in the introduction of the two bills at the present time .

The request that I would make of the Legislature at this time is that it postpone these bills or shelve them or have them withdrawn. The basis for my position, broadly speaking, is not that the bills are wrong or ill-conceived or that they include particular provisions which are unnecessary, dangerous or adverse to the welfare of the people of this province; rather my position and that of the Association is that these bills are badly timed. At some later date, perhaps later this summer, it might make good sense to introduce the bills in substantially the same form as they appear now. Having said that, I must hasten to correct any impression that I may have left that there are not some matters of detail that I would prefer to see changed, but broadly speaking, it's the timing and the introduction of these bills that's important.

Really, I suppose I am asking for recognition of only one simple fact, and that fact is that the Association and the Minister are currently engaged in discussions and that the passing of these two bills would prejudice the nature and the outcome of these discussions. I believe that it is in the interest of the Minister himself to maintain as much flexibility in these current discussions as possible. If these bills could be withdrawn now, I think it would be appropriate if the Minister was to reintroduce them at a later date and for the Minister to indicate at that time that his discussions with the Manitoba Dental Association strongly suggest that the broad powers that he requires in these two Acts are, in fact, necessary. It would also, I hope, be incumbent upon the Minister at that time to point out the reasons why his discussions with the Manitoba Dental Association had failed or had broken down. For our part we can see no such impasse at the present time and are optimistic that our discussions with the Minister will be fruitful and promising and, therefore, in our mind the nature and form of Bills 52 and 53 are

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unnecessary and ill-advised.

I would like to address myself specifically to Bill 52, the Dental Health Services Act. If I understand the substance of Bill 52 correctly, it is a bill to provide for the development of a dental health care program for children. Services which are to be provided for those children would seem to be pretty well encompassed in Section 2, Subsections 1 and 2. The Association supports the Minister and believes that the time has come for Manitoba to seriously consider developing some form of denticare for the children of this province. We would recognize that this may be an initial step in phasing-in denticare for the entire population. It is our feeling that developments during this century indicate that it is inevitable and appropriate that denticare become a fact of life. It should not be said that the Manitoba Dental Association is in any way opposed to this type of development and, in fact, the contrary is true. We have been among the most outspoken advocates for universal denticare for the children of this province.

There is again, however, a question which the legislature may choose to ask itself and it certainly seems to have been asked by Premier Davis in our neighbouring province. Premier Davis has stated that it is the intention of his government to proceed with a denticare plan for the children, but at this time he finds it too expensive and therefore such measures will have to be delayed. As far as we know, the Minister does not have any estimates of costs of providing dental care for the children of this province. The Manitoba Dental Association did however provide, and on short notice, a brief to the Minister which attempted to indicate the alternative costs of providing denticare either through a Saskatchewan type plan or through the use of the private dental practice. We were assuming in that brief that we would be providing essentially the same services that are covered in Section 2, Subsection 1. It was our finding, and we have found no evidence to contradict it, that denticare could be provided less expensively through the use of private practice.

The point I wish to make here is that the costs of providing dental care should not be taken on lightly particularly since a province as rich as Ontario feels that the time is not ripe for such provision of these services, and, therefore, Manitoba should approach the question with some caution. The question that should be asked, since the financing of the program is surely a serious consideration, is exactly what services would be provided in the initial stages. Bill 52 enables the Minister to provide all services and, while this is certainly a desirable long-run objective, it may be that some services should be questioned with a view to cost control. Let me point out two things. Section 2 indicates that the Minister may provide for: the topical application of anticariogenic agents; and Subsection 1(h), the provision of prosthetic and orthodontic dental appliances of the kind approved by the Minister. The first of these has been found in many studies not to be cost-effective. The second of these has been found to be horrendously expensive under some circumstances.

It is an appropriate question to ask at this time if the Legislature intends to enable the Minister to embark on a programme that may have unknown and perhaps uncontrollable costs associated with it. It is also appropriate to ask whether or not the legislature should permit and encourage the Minister to launch himself on a pattern of spending that is recognized by all elements of this scientific community to be ineffective.

I note, for example, that while Section 2, Subsection 1(b) would provide for the application of topical fluorides, nowhere in the Act does the Minister ask for the power to ensure that community water supplies be fluoridated. Yet all evidence suggests that the application of topical fluorides, while it is partially successful in controlling dental cares, does not have the effectiveness of the fluoridation of communal water supplies nor is it nearly as cost-effective. It is our submission that if the Minister truly wishes to engage in an effective preventive programme, he must take the appropriate measures to ensure that all communal water supplies wherever possible are fluoridated.

On the subject of orthodontic treatment let me make the briefest possible comment. A very substantial part of the population could benefit from some form of orthodontic treatment. Some of this treatment would be cosmetic in effect and is not nearly essential for health purposes. Many observers of the problem of identifying necessary orthodontic treatment have found the problem so complex that they have really backedpedalled rapidly away from opening up a Pandora's box. The fact that necessary treatment is very difficult to define and that orthodontic treatment can be very expensive, has meant that it is frequently one of the

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last things that is considered for inclusion in a dental health care programme. I think perhaps all that I should say on this subject is that by including orthodontic treatment within such a scheme it is possible that the Minister could open up an avenue for the endless absorption of funds. A matter such as this requires very close scrutiny and I believe serious public consideration and debate before it is included in such a plan. Personally I believe that severe forms of malocclusion should be treated under such a public plan, but I am sure that many people in the field of dentistry might disagree with me as to where the line should be drawn between necessary and unnecessary.

Let me now turn to Section 3 of Bill 52. I note that Subsections (a), (b), and (c), effectively give the Minister the power to develop a dental health care delivery system based on government-employed personnel. Subsection (d), on the other hand, would seem to give him the power to enter into agreements with the private dental practice and thus use it as a vehicle for the delivery of health care, and I might add that Subsection (f) appears to give him a free hand to do whatever he pleases in the provision of dental health care. From a reading of Section 3, I cannot determine the Minister's preference or indeed which particular direction he may go in the provision of dental health care for children. Will it be through the government programme using salaried employees or will it be through the use of the private practice or some other option not yet recognized?

How the Minister exercises this option is a matter of great importance. It is clearly important to the members of my Association and it is also of vital importance to the children and adults of this province. I believe that I would be right in saying that should Bill 52 pass in its present form with Section 3 unaltered, then there in fact could be no opportunity for further discussion on how dental health care for children could be provided; rather it would become a simple matter of ministerial discretion. It is my belief and that is to say is a matter too vital to be simply a matter of ministerial discretion. It is something that the democratic process must have the opportunity of analysing, debating, arguing about, digesting and finally determining. It is, I believe, an issue that should be put squarely to the Legislature once the Minister has made some type of decision as to what kind of delivery system he would prefer.

It is my hope and indeed my belief that the Manitoba Dental Association will be able to demonstrate to the Minister that the most effective way of providing dental health care for the children of this province will be through the use of private practice. Once we have convinced him of this fact, I think it would be appropriate for him to come before the Legislature with a proposal that the issue should then be debated in this Legislature. I say that knowing full well that there may be some sitting members who are not really good friends of organized dentistry, but I do believe that the democratic process should work in such a way that major issues are discussed openly and in public.

I believe that each member of the Legislature should ask himself the question, that if this Bill is to pass, will he not be passing up the opportunity to debate the truly significant issue of how dental care is to be provided for the children of this province? It is my submission that he clearly will be giving up this opportunity.

In fact, I may even go somewhat further and say that I find something treacherous in legislation of this nature that attempts to suppress the really significant issue and allows for momentous decisions to be made without public scrutiny or debate. Sections 4, 5, and 6 of 52, I see as being essentially housekeeping matters but Section 7 is again a sleeper. Section 7 has the power to totally reorganize and restructure the delivery system of dental care in Manitoba. It may, of course, be used to great advantage but it could equally be used to the grave disadvantage of the people of this province. It does without actually saying as much open the possibility of creating a totally new type of personnel for the delivery of dental care and that, of course, is the dental nurse.

The removal of restrictions, as contemplated by Section 7 of Bill 52 is particularly undesirable. I believe that the restrictions that the Section implicitly refers to are those which require an assistant, a dental hygienist or a nurse to perform their duties under the supervision and control of a registered dentist or at the request of a registered dentist. You will find these restrictions in Section 2(2) of the Dental Association Act. These restrictions have been placed on auxiliary personnel because of the nature of the education and training which they have received.

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The dentist is unique among dental health workers insofar as he is the only person qualified to undertake examinations and diagnosis. No other health worker in the dental field has the ability to make diagnosis and determine what the proper procedure should be in remedying disease or prescribing the proper preventive measures. Dental auxiliaries are, in fact, trained to perform certain clinical functions under the direction of the dentist. As I read Section 7, it would appear that the dental health workers can be effectively removed from the control and supervision of the dentist. This would mean that they would be performing clinical functions without proper diagnosis being carried out beforehand.

Now, it may appear that such a move could be made in the interest of economy and savings, but I would suggest that it is not in the interest of the oral health of the patient that they receive or have rendered to them clinical procedures which may not be necessary and in some cases could be a detriment to their health.

I think that in considering the wisdom of Section 7, one must be mindful of the training that health workers have hitherto received and the type of selection that has been made in determining who shall receive training as a dental auxiliary. The training and selection of people for training has always been premised on the recognition that they would be working under effective control. Surely it is a dangerous and unwise move to now remove that restriction and to allow them to practice dentistry without the type of supervision under which they could function properly. Again I find myself speculating as to how these powers could be used because, of course, there is no clear indication of how the Minister intends to use them.

This Legislature has passed the Dental Association Act which does place certain restrictions upon the functions and methods of operation of dental auxiliaries. I would suggest to you that in passing the Dental Association Act, the members of this Legislature exercised a large measure of common sense and I think it is appropriate that they exercise the same common sense in respect to Bill 52. I would, therefore, urge you if you see fit to pass Bill 52, that at a very minimum you strike Section 7.

Let me now turn to Bill 53, the Dental Health Workers' Act. Broadly I think it is fair to say that the intent of Bill 53 is to enable the Minister to provide for the education and registration of the dental nurse. The dental nurse, as the term is commonly understood, does not now exist in Manitoba. It is possible under existing procedures for the Minister, of course, to train more dental hygienists, technicians, and assistants; and he, therefore, does not need Bill 53 to enable him to train more of these types of personnel.

Perhaps not everyone is familiar with the dental nurse. She is the type of girl that is currently operating in the Saskatchewan Dental Health Program for Children. These girls are trained usually in a two-year period to cut hard tissues and fill teeth and sometimes do extractions. The duties and range of competence of the dental nurse vary from one jurisdiction to another but in many respects she is used as a substitute for the fully qualified dentist.

Again, depending upon the jurisdiction, the dental nurse is sometimes required to work under very close supervision of a dentist. It is clear I think that by using the term "dental nurse" the Minister means to undertake the training of auxiliaries which are capable of drilling hard tissues and performing extractions.

The appropriate question to ask, I believe, is whether or not Manitoba needs to engage in the training of this type of auxiliary. The dental nurse has been used as a means of solving the shortage of dentists. Historically, there has been a shortage of dentists in Manitoba. It now appears, however, that this shortage is rapidly coming to an end. Manitoba will within a year or two, that is before the Minister would actually be able to place dental nurses in the field, have what was regarded by the Task Force in Saskatchewan as an ideal population/dentist ratio. In fact, our projections indicate within the decade there may be a troublesome redundancy of dentists within this province.

It might interest you to know that virtually the whole graduating class from the Manitoba Dental Faculty have elected to stay within the province and a great many of them are moving into rural areas. This is a reversal of a historic trend in which we saw a very large part of the graduating class emigrating to British Columbia and to Ontario. This is, in my opinion, a very welcome change and one that we hope and believe will continue.

It seems particularly ironic to me that just at the point in time in which it appears that the dental manpower problem will be solved, we should be confronted with a piece of

(DR. TED DERRETT cont'd) legislation which for all intents and purposes appears to be designed to further increase the amount of dental manpower. This manpower, of course, does not come free and, therefore, if we are to create an excessive number of dental health workers we are going to have to pay for it. In some studies it appears that it is excessively expensive from the public point of view to train dental nurses and that in the long-run it may be actually cheaper and more economic to train fully qualified dentists. The reason for this lies simply that the life expectancy of the dental nurse may range from two or three years as compared with the dentist's working life of up to 40 years. If one is to amortize the somewhat lower training cost for the dental nurse over this much shorter working life, you come to the conclusion that you would be better off spending your money training a fully qualified dentist to provide 40 years of high quality dentistry.

Perhaps at this point I could provide you with a few useful figures. It was estimated by the government Task Force in Saskatchewan, that a population/dentist ratio of 2,500 to one was needed if it was feasible to provide children's dental health care through private practice. Currently there are 365 dentists in Manitoba with a population of slightly over one million. At the present time, we have a population/dentist ratio of one to 2,700. Because of the greater retention of our own graduates in the province, the number of dentists within the province is expected to grow at about 4.5 percent per year. This means that by 1980 we will have 455 dentists within the province. Since the population of Manitoba is relatively stable, it is estimated that by 1980 we should in fact be lower than the recommended 2,500 to one.

It should be clear from this that it is highly likely that within the next few years the private practice will be able to meet all the dental health needs of the entire population. The question which must seriously be asked is why at this time should the public consider spending more money in training dental nurses. I do not believe that it is in the best interest of the public to see large amounts of money spent on training these nurses.

It seems to me that the Minister's interest in training dental nurses is, of course, based on the probability of developing a Saskatchewan dental health plan. There is a drastic shortage of dentists within the Province of Saskatchewan and there appears to be relatively little hope that this problem will be solved in the immediate future. The dental nurse can be used in Saskatchewan in areas where she is not going to be competing with the dentist and threatening the private dental practice.

If, however, the Saskatchewan plan or a plan like the Saskatchewan plan was introduced in Manitoba, it would have some very serious consequences on the private practice in remote and rural areas. You may not be aware of this, but it is a fact, that approximately 40 percent of the private dental practice in rural areas is based upon the provision of dentistry for children.

If the Minister decides to use the dental nurse in a public scheme to provide children's dentistry throughout the province it will not be possible for private practitioners to maintain a viable practice in many rural areas. The simple reason for this is, of course, that in one full swoop the Minister may be removing approximately 50 percent of the dentist's patient load. It is not economic or possible to run a private dental practice at half speed. Repeated studies have shown that the cost of dental practice is approximately 50 percent. This is a result of covering overheads and the salaries of auxiliaries. Therefore, if we were to introduce the dental nurse and she was to treat the child population, the gross returns from the private practice would simply not be sufficient and in many cases they would not even be sufficient to meet the overheads of the practice, leaving the dentist with virtually no net income. The consequence of this, of course, is that the dentist would pick up and move and more than likely if he was going to move he would move out of Manitoba.

Clearly if the dentists leave rural Manitoba, there is not going to be sufficient service for the adult population. In the City of Winnipeg, it is quite unlikely that the dental nurse would produce an economic problem.

We in Manitoba have heard a great deal about the Stay Option Program. As I understand that program it is intended to ensure for the entire population of Manitoba an equal level of service and quality of life regardless of whether they live in rural Manitoba or in the City of Winnipeg. I must suggest to you that if the dental nurse was to come to Manitoba and to treat the child population that it would not be possible for the private practitioner to survive in rural Manitoba and, therefore, the dentists would leave the rural areas and I would, therefore, suggest to you that the quality of life would probably deteriorate in that area.

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I must also add that it is not possible to provide adult dentistry through the use of the dental nurse. She does not have the scope of training nor the diagnostic ability to provide for the complicated procedures that are required in adult dentistry. The problem again is quite different in rural Saskatchewan. Currently there are very few dentists in rural Saskatchewan and, therefore, by introducing the dental nurse no one was threatened and no one was being deprived of services. Here in Manitoba, however, we have an enviable situation, at least it is enviable from the point of view of Saskatchewan, and, therefore, by introducing the dental nurse we will be taking a retrograde step. This is a step we need not take. I, therefore, suggest that in Bill 53 if it is the intention of this Legislature to pass this Bill that they delete dental nurse from the definition of dental health worker.

I would regard Sections 2 and 3 as being essentially housekeeping matters again but I would point to Section 4(1) which has essentially the same effect as Section 7 of Bill 52.

I would, however, like to draw your attention to Section 5 (subsection), which states that regulations may be made "prescribing those dental services that may be carried out by a dental health worker without the supervision of a duly qualified dentist as defined in the Dental Association Act." I have already made the comment that dental auxiliaries which are working in the field now have been selected and trained on the premise that they would be effectively supervised by a dentist. I have already suggested to you that I believe that it would be a dangerous and foolhardy move to release these auxiliaries from the direct supervision of a dentist and enable them to practice dentistry on the children of this province. I can only, therefore, again reiterate my appeal that you seriously consider the effect of removing these dental workers from the direct supervision and control of a dentist. I would suggest that in addition to striking dental nurse from the definition of dental health worker that you strike Section (c) from this Act if it is your intention to go forward and pass it.

I would like to summarize. First, we believe that Bills 52 and 53 should not be introduced at this time. The reason for this is simply that fruitful discussions are now currently being undertaken between the MDA and the Minister of Health with respect to the provision of dental health care for children.

Secondly, we find that Bill 52 appears to be an attempt to develop a children's dental health care program without direct public debate being focused on the issue of how such a program should be developed.

Thirdly, we find in Bill 52, Section 7 which asks for the removal of restrictions on the use of dental health auxiliary workers. We view this as a dangerous and foolhardy move simply because the training and selection of auxiliaries has the premise that are indeed under the direct control and supervision of a dentist.

Fourth, in Bill 53 we find again an expressed intention of the Minister to train dental health nurses and we believe that this will lead to a redundancy of dental manpower in the province and ultimately may threaten the viability of the private dental care to be provided in rural Manitoba.

Fifthly, we believe that the training of dental nurses may impose an unnecessary expense upon the citizens of this province.

Therefore, gentlemen in summary I would ask that these Bills be postponed or delayed, and I think that it may be an appropriate time for them to be introduced either in their present form or in some modified form after the discussions between the Minister and the MDA have taken place. The reason why I believe these discussions are important is simply that they are generating many important numbers and facts which have not come to light in the past.

My Association is considering a variety of issues among which, I am pleased to tell you, would be the restructuring of the fee schedule which would lower the cost of dentistry to the citizens of this province. Of course, we would require assistance from the government in doing this. Basically, what we would require is the production of more dental health workers for use in the private practice. We would particularly like to see more expanded-duty auxiliaries made available to us and if this could happen we would be able to provide a quality of dentistry to all the citizens of this province, which we would believe would be the envy of North America. Thank you.

MR. CHAIRMAN: Thank you, Dr. Derrett. There may be some questions. Any of the members of the committee have any questions? Mr. Paulley, we're recording. Would you come up to one of the microphones please?

MR. PAULLEY: Really, Mr. Chairman, all I was going to ask the doctor, if he has any copies of the brief that he presented to us this evening.

DR. DERRETT: Yes, I can . . .

MR. PAULLEY: Other than the recorded . . . Excuse me, Mr. Chairman. Other than awaiting Hansard, although I appreciate Hansard does come rather quickly. I don't know what the disposition of the committee is this evening as to whether it would proceed or not, and it might be advisable to get as quickly as we can, into the hands of the members, the substance of the presentation.

MR. CHAIRMAN: I think Dr. Derrett has some . . . No questions? Thank you, Dr. Derrett. Oh. Mr. Spivak.

MR. SPIVAK: I wonder, Dr. Derrett . . . My problem at this point is that you've now given us a written submission and I arrived late and therefore I don't want to touch anything that has been covered by you, and if I do and it's in the submission, then would you indicate that to me and then I won't burden the committee.

I guess the concern that we have right from the very beginning - and this has been a concern with almost every professional group in which legislation has come up in the last period of time - is really the degree of consultation that has taken place with the profession with respect to the changes that will take place in the practice of the profession, whatever the profession may be. And I guess our concern would be, and I was here in time at least to hear your last remarks, where you've indicated that really a new consultation is taking place, but our concern would be as to whether the legislation that has been brought forward really comes as a result of a serious dialogue between your profession and the government, or is this something which is relatively new to you in which dialogue is now being undertaken?

DR. DERRETT: As far as the bills are concerned, we've had no input at all.

A MEMBER: You've never seen them.

DR. DERRETT: No.

MR. SPIVAK: There has been an indication that there has been dialogue and so the bill produces government policy; but on the policy positions itself, has there been really dialogue between the profession and the government?

DR. DERRETT: No. The government requested us approximately two months ago - they gave us one month to make a submission. They said, "If you have a plan, we want to see it." We presented the plan and they saw it, and they've written us with some questions about the brief that we presented and we are in the process now of answering those questions. We have been told we will have a meeting, somewhere between six and eight weeks from a week ago Monday, at which time we would discuss the answers to the questions of the brief that we have presented. So that, as I mentioned, we have in fact had no input to anything that may deal with this particular bill.

MR. SPIVAK: Well, again, then what you're saying in your conclusions is that, in effect, the dialogue that now has been undertaken as a result of the bill being produced could in fact result in new initiatives both by the . . . well, new initiatives by the profession with respect to the administration of a dental care program, directed as it is now for children. Is that correct?

DR. DERRETT: I'm sorry. I don't quite understand what you're saying.

MR. SPIVAK: Well, my understanding what your conclusion was is that as a result of the legislation and the dialogue that now is taking place as a result of the legislation, that new initiatives with respect to the servicing of the Denticare Program for children in which the dentists, as a professional group, would be involved almost entirely, could in fact occur.

DR. DERRETT: In other words, what you're saying is that if dentistry was involved in this in the private practice sector, that the plan itself could be a realistic thing and not a delay of some one or two years?

MR. SPIVAK: Yes, involving the profession directly.

DR. DERRETT: That's right.

MR. SPIVAK: And that's your position that it could be?

DR. DERRETT: Yes, definitely. As a matter of fact, one of the things we did entertain with the Minister was that possibly we could undertake some pilot projects to back up some of the statistics that we've produced for them in the brief that we presented to them, and we seem to get some indication that he may be interested. We will, in fact, make the proposal on that basis to the Minister.

MR. CHAIRMAN: Mr. Patrick.

MR. PATRICK: Thank you, Mr. Chairman. I have a question to Dr. Derrett. I must say that the brief is very comprehensive and there's very much in it, although we'll have to take time to study it. Dr. Derrett indicated that the Denticare scheme, the preventative denticare scheme for children, is desirable and the Dentists Association agrees with that so there's no argument on that point. He had some concern in the way of implementation of the scheme. Is that not correct?

DR. DERRETT: Correct. Actually the present Dental Association Act would allow the government to proceed with a dental program under that Act. It doesn't really need either one of these acts.

MR. PATRICK: I see. You have indicated to the Committee that you feel it should be on a fee-for-service basis through the private dental profession. You mentioned "where possible" that you'd like to see it on a fee-for-service basis through the dental profession. What about the areas where it is not possible, say in remote areas? Would you agree to the government pursuing with a plan in the remote areas where it's not possible, where the government could hire say dentists on a salary basis for say mobile units and remote areas so . . .

DR. DERRETT: We would envision that there certainly would be components of mobile situations that would have to exist and we think that that's part of it. But again, as long as the dentist is the one that is the supervisor and not the situation that's existing in Saskatchewan.

MR. PATRICK: I see. For the present time you see the greater part of Manitoba can be covered by the present Dental Association?

DR. DERRETT: We would think so. Certainly by 1980 and if not sooner.

MR. CHAIRMAN: Mr. Dillen.

MR. DILLEN: Dr. Derrett, are you aware that at the present time - I come from a city that has a population of about 22,000 to 25,000 and the dentists who are in practice there at the present time have, up to six months ago, have not taken any new patients in that city, that they are simply saying that they are too busy to increase the number of patients that they have. And that if you are a patient and are fortunate enough in spite of the fact that there is a dental plan in existence in the collective agreement with the steelworkers in International Nickel to make provision for the payment of the dentists' fees the dentists are not in a position to accept any more patients. Are you aware of that?

DR. DERRETT: I understand what you're saying and one of the things that I think that dentistry has to do within itself and in co-operation with the government is to encourage its membership to in fact utilize dental auxiliaries to the maximum of their training. And knowing the people that practice in Thompson I think that possibly they're one area that we certainly would have to concentrate our efforts in encouraging them to begin a change in philosophy and a change in delivery of dental services, as we may in other areas. Where this encouragement has to come is actually from the initial training area and that is the Faculty of Dentistry. I think that for many years the Faculty of Dentistry has been asking for funds to increase either the production of dentists or increase or change its philosophy in the type of practice or the type of dentist that they are graduating. Most of the people that graduate from the school must learn on their own about this new type of delivery of dentistry, and that is by utilizing dental hygienists, extended duty dental assistants and dental assistants. It's something that in the United States the university that's involved with training dentists doesn't get government money unless it does teach its dentists to utilize auxiliaries. So that this is one area that dentistry has to do some homework with assistance from the government. And we would say that it's where most people aren't prepared to take a step in the direction of setting up extensive dental facilities to utilize auxiliaries if they're going to be undermined by dental nurses, or the government's plans, if that's what they envision.

I think that one of the presentations this evening from one of our rural members will indicate that this is what he doesn't want to happen. And he has in fact gone out on the limb and has in fact created a situation where he will be able to service that area by himself with the utilization of proper dental auxiliaries.

MR. DILLEN: Would you agree that the province is not broken down in simply rural and urban areas, that there is also a remote area of the province that houses some 50,000 people in what is considered to be a remote area, and as far as I know there is not one dentist practicing in a remote area.

DR. DERRETT: Do you consider Gillam, Manitoba, a remote area?

MR. DILLEN: Not necessarily, no.

DR. DERRETT: Well let me answer the question this way. That if service is needed then I am sure that the area in which it is needed and there is some form of support, that it will attract a dentist. And areas that are in fact remote would be serviced by proper dental teams. I think that that's part of the problem and part of the plan that I think that I'm sure the government must envision and we envision, that there has to be some way to get to these people and I'm sure that we will work that out. We have available now equipment that is extremely portable, extremely easy to move around and it's just getting the plan together; and I think that that portion of it will be looked after.

MR. DILLEN: I have one more question. That is: can you give me some indication from any of the research and data that you may have as to the number of children in the province between the ages of - from 3 to 7 or 2 to 7 that have never had any form of investigation into the condition of their teeth?

DR. DERRETT: No I don't think I could give you that statistic, other than I could say that the last statistic that I'm aware of is that there's approximately 20,000 children in each age group. So multiply it between 3 and 12, let's say that that's 180,000 children. We do know from statistics, United States statistics, Manitoba statistics, Canadian statistics, that only about 35 to 40 percent of the population actually seek dental treatment. So if you want to take 40 percent of 180,000 that should give you some idea of how many kids are getting treatment. I would say that that may be a little higher because I do think that the children in the Winnipeg area, probably that ratio is much greater. But, as I mentioned before in my presentation, that there is approximately 40 percent of kids in any one given area are getting treatment of some kind.

MR. DILLEN: If this program were to be introduced, where do you see it filling the greatest need at the present time?

DR. DERRETT: I would say everywhere. I would say everywhere. I don't think that I'd discriminate between one and the other. I think that if it's handled properly it can . . .

MR. DILLEN: Thank you.

MR. CHAIRMAN: No further questions? Thank you, Dr. . . .Mr. McKenzie.

MR. J. WALLY MCKENZIE: Thank you. Doctor, you said in here it's not clear what type of program he chooses to mount, the Minister. Has he never had no consultation with you at all regarding this plan, or the MDA?

DR. DERRETT: No, I don't think that we've really discussed the specific plan. He asked us if we had a plan and we said well we would present you, under duress of a month put together some information that we felt that we could be part of that plan. But certainly, as I'm saying, the legislation is certainly much premature to any discussions that we've had. In other words, if you've been sitting in my place and having had limited discussions and all of a sudden find two bills that will completely undermine your profession that exists now, that's what I'm getting at. I don't think that we've had sufficient discussion.

MR. CHAIRMAN: Mr. Miller.

MR. SAUL MILLER: Mr. Chairman, I was pleased to note the fact that Dr. Derrett has indicated he is not opposed to development of a plan for the treatment of children insofar as dental health is concerned and that in fact you understand that there is a need - I think you indicated that in your comments. You also indicated the Minister should have flexibility.

Now I ask you, Dr. Derrett whether in fact this bill that you are talking about doesn't in fact have the kind of flexibility that is required. If the government is dedicated towards the introduction of a dental health plan for children - and it indicated that back last year - that in fact the bill before us is a bill which makes it possible for the Minister, depending on how the discussions with the MDA go and other factors, could then move in a series of ways to meet the needs of all of Manitoba. That includes the northern, remote, the rural and the urban, both the inner city and the suburbs. That in fact the bill as it's presented gives the Minister that kind of flexibility and gives the government the flexibility to develop a plan in Manitoba keeping in mind costs, because I think it would be fair to suggest that the government is concerned about costs as is the Dental Association. Am I right in saying that very recently the Dental Association did raise its fees by about 20 percent, as I recall, and that in fact social allowance patients will now be treated but the government will have to pay the rate that appears in the fee schedule of the Manitoba Dental Association, unless the dentist personally decides not to do it?

(MR. MILLER cont'd)So I'm wondering really whether in fact the fears expressed by Dr. Derrett are somewhat premature in that the flexibility he says the Minister should have is in fact in the bill; there is indication in the bill that the plan can use the dentists in private practice, can enter into agreements with the Associations, dentists and other persons for the provision of dental services to beneficiaries. Beneficiaries are the children who would be looked after under the plan. Now are any of the statements I have said wrong?

DR. DERRETT: Yes. As I mentioned to Mr. Patrick, that the government if it wishes to discuss the dental plan with the Manitoba Dental Association it doesn't really need that legislation. If it wishes to in fact introduce a dental program it can under The Manitoba Dental Association Act, because we, in fact, under Section 7, the removal of supervision I believe I believe it is, the Act has placed in the hands of dentists the right to allow anybody to perform duties in the mouth provided they have attended and passed correctly a formal course of training. So that if the government in their intentions of having a plan wish to utilize some form of dental nurse and were in fact interested in that and the Association felt that there might be some need for it, we could still do it without having these Acts. We could still under our present Manitoba Dental Association Act carry out those functions.

MR. MILLER: Therefore what you are saying is that if the Manitoba Dental Association wishes to co-operate with the government then in fact it could be done providing you agree? Because in fact your Act is a very powerful Act, Dr. Derrett, and gives the Dental Association vast powers insofar as the training of any dental para-professionals are concerned. I suggest to you that it's more powerful even than the Manitoba Medical Act.

MR. CHAIRMAN: Mr. Bilton.

MR. BILTON: Through you, Mr. Chairman, to the doctor. I understood you to say that you had put in a brief to the Minister at his request.

DR. DERRETT: Yes.

MR. BILTON: And you have no doubt read these two bills. Do you see any parts of that brief in any parts of these two bills? In other words, there's nothing in here that you recommended in that brief?

DR. DERRETT: Other than the principle of a dental health plan.

MR. BILTON: Thank you, Mr. Chairman.

MR. CHAIRMAN: No further questions? Thank you, Dr. Derrett. Mrs. Joyce Smith.

MRS. JOYCE SMITH: Mr. Chairman, thank you very much for allowing us to appear this evening.

MR. CHAIRMAN: Do you have copies of your brief?

MRS. SMITH: I've left one down there with the Clerk.

MR. CHAIRMAN: I mean you don't have enough copies for the committee?

MRS. SMITH: No, I just have a few comments to add.

MR. CHAIRMAN: Okay. Fine. Proceed.

MRS. SMITH: Thank you very much for letting us share our views.

The Manitoba Dental Nurses and Assistants Association support the . . .

MR. CHAIRMAN: Just a moment. I think some of the members of the committee want to know who you represent. I believe it's the Manitoba Dental Nurses and Assistants. Is that correct?

MRS. SMITH: Correct. The Manitoba Dental Nurses and Assistants Association support the concept of more preventive dental services made available to a greater portion of the public at large. The Manitoba Dental Nurses and Assistants Association and the Manitoba Dental Hygienists Association collaborated in 1973 on a brief supporting preventive dentistry and we continue to be interested in preventive dentistry. We urge the Manitoba Government to set a board with specific provision for quality control of services rendered to the public with the majority of these decisions made by the Manitoba dentists, the board to consist of dentists, dental hygienists, dental assistants, government, economists and consumers. The Manitoba Dental Nurses and Assistants Association will be pleased to sit on a board if invited. That is regarding Bill 52.

Our comments for Bill 53 are that the Manitoba Dental Nurses and Assistants Association support fully the concept of registered certificates and issue of same for any operating health worker. We strongly urge the Manitoba Government to utilize existing educational facilities first, i.e. Red River Community College, Technical-Vocational School and Keewatin Community College. That present existing professional workers be utilized and where extension of present

(MRS. SMITH cont'd)duties is proposed that existing workers be upgraded. The Manitoba Dental Nurses and Assistants Association encourages definition of the composition of the board and strongly urges that such a board have significant representation of all aspects of dental personnel. And again, if we are invited we would like to sit on the board. Thank you.
--(Interjection)--

MR. CHAIRMAN: Just a moment, Mrs. Smith. We can't let you get away that easy. I think somebody wants to ask you questions.

MRS. SMITH: Certainly.

MR. CHAIRMAN: Mr. Miller.

MR. MILLER: You mentioned upgrading. You are suggesting, I assume, and I'd like clarification, that those who have been taking the course at Red River Community College, or in one of our community colleges, that they be given the opportunity to take whatever upgrading course is required so they could then get certification and registration to work in this new plan.

MRS. SMITH: Well, yes in a sense, except that when the girls graduate from Red River in the two phases, they are certified. What we were intending here is that there are dental nurses that have been, say, in the field for some time and are not able to go to school now due to financial reasons, and they would like to have things made available that they could upgrade themselves so that they can do suspended auxiliary duties. As it stands now, you have to be able to attend accredited courses and we would like to see something that would, you know, maybe be done during the evening course, or something like that, that we can take advantage of.

MR. MILLER: So you're talking about a grandfather or perhaps I should say a grandmother clause.

MRS. SMITH: Well, yes, I suppose.

MR. MILLER: Okay, I wanted clarification on that. Thanks.

MR. CHAIRMAN: Mr. Bilton.

MR. BILTON: Mr. Chairman, through you to our witness. How many members are there in your association - that you're representing?

MRS. SMITH: Right now we have a paid-up membership of 185.

MR. BILTON: Has your association examined Bill 52?

MRS. SMITH: Yes

MR. BILTON: And you agree with it entirely?

MRS. SMITH: No.

MR. BILTON: What parts of it don't you agree with?

MRS. SMITH: Well, we feel that a lot of the positions under Preventive Dental Services there definitely have to be under the supervision of dentists. This is "Provisions for preventive dental services." 2(1).

MR. BILTON: Nothing else? Do you agree with Section 3 and subsections?

MRS. SMITH: Well, I feel again that in this section there should be a board to, you know, govern, I don't think one person like the Minister should have the power to say on all these things. I think there should be a board to go right into it.

MR. BILTON: Do you agree with the government arranging to employ dentists?

MRS. SMITH: Yes, definitely.

MR. BILTON: Thank you, Mr. Chairman.

MR. CHAIRMAN: Mr. Axworthy.

MR. AXWORTHY: Mr. Chairman, I was wondering if Mrs. Smith could tell us whether her association representing the dental auxiliaries has been involved in any consultation with the department in terms of the planning of these two programs, these two bills and the Denticare Program?

MRS. SMITH: We were with the brief, as I say, that we put in with the dental hygienists on preventive children's dentistry in 1973, and just never got anywhere.

MR. AXWORTHY: In 1973?

MRS. SMITH: Yes. And we naturally had access to the one that Dr. Neilson has there. We weren't involved in it directly, no.

MR. AXWORTHY: So when it came down to assessing the realistic role that dental auxiliaries might play or not play in implementing this particular dental plan, your association, as far as you know, or members of it, haven't had any . . .

MRS. SMITH: Oh, yes, we have. I misunderstood you. Yes, we have a representative on these discussions as far as auxiliaries are concerned. Yes.

MR. AXWORTHY: I see. Well if that's the case, could you tell us then what the assessment is of members of the association on the capability of many of these particular services that are outlined in Bill 52 being supplied by dental auxiliaries or dental nurses?

MRS. SMITH: Well, I still feel that in certain areas it should be under the jurisdiction of the dentists.

MR. AXWORTHY: You do?

MRS. SMITH: I do.

MR. AXWORTHY: Is it possible for you to indicate which ones, say in Bill 52, under Section 2(1), (a) to (i), is it possible for you to indicate which areas you think should be directed under supervision?

MRS. SMITH: Well I would definitely "(f) treatment of diseased gums," and "extractions of teeth" and also for "prosthetic and orthodontic dental appliances." And I do think that drugs is an important issue too, you know, as far as being able to administer. . . I mean minor drugs certainly, but nothing I would think very serious unless you are completely qualified in all aspects.

MR. AXWORTHY: Can I ask this question then? You've outlined about, I think five of the items under that provision of the bill. Is that something that should be specified as being specifically reserved for dental services which are under supervision of a qualified dentist as opposed to simply being kind of left unqualified, as they now are, in your opinion?

MRS. SMITH: I still feel that in a thing as big as a dental care plan, there sure has to be an awful lot of planning going into it and a lot of professional help as far as advice is given and so forth. I don't know; it's a scary sort of thing really to . . .

MR. AXWORTHY: That's the question I wanted to ask. Would members of your association who are trained as hygienists, or even if they received the additional training as dental nurses, what would be their feeling if they were placed in a position where, to mobile clinics or by what other form, they are being asked to perform these kinds of duties? Would they feel comfortable doing that without working under the supervision of some kind of team which was managed or supervised?

MRS. SMITH: I think you would have to work in a team. I don't think any one person should be - unless they are qualified dentists - should be put in a position where they make a decision.

MR. AXWORTHY: I see. Okay. Thank you very much.

MR. CHAIRMAN: Mr. Spivak.

MR. SPIVAK: I wonder if you can give me the title of the association again.

MRS. SMITH: Manitoba Dental Nurses and Assistants Association.

MR. SPIVAK: I wonder if - and it's because I'm not aware at this point; I'd just like to understand. Are you registered now?

MRS. SMITH: Yes.

MR. SPIVAK: Under what Act?

MRS. SMITH: Manitoba Dental Nurses Act and Association, as far as I know.

MR. SPIVAK: No, I don't mean the . . . In terms of the qualifications of the nurses, are you registered anywhere?

MRS. SMITH: No. This is very misleading. We always have to define the nurse part of our association, and this stems back to the war years, during the war, when male nurses did the duties of a dental assistant during field operations and so on. And there were also Registered Nurses, RNs, so they had dental assistants and they had dental nurses, and the nurses were women who were RNs and the assistants generally were males. So this term has come along through the years and we just have it. But we do not have dental nurses, as it has been suggested this evening, in our association. No. We have some RNs that are Registered Nurses and are performing duties as a dental assistant, but we do not have dental nurses.

MR. SPIVAK: Can I ask, who determines the qualification of the dental assistant?

MRS. SMITH: Who does?

MR. SPIVAK: Yes.

MRS. SMITH: Well, a dentist has a choice.

MR. SPIVAK: It's the dentist who determines the qualification of dental assistants?

MRS. SMITH: Well if he's hiring them, yes.

MR. SPIVAK: But do you realize that under this Act, a dental assistant who will be classified as a dental health worker is determined by the government, not by the dentist.

MRS. SMITH: No, then that would be by her qualifications or else her training, right?

MR. SPIVAK: Yes. But again what I am now saying to you, at the present time those who are members of your Association are made up of people who have been approved by a practising dentist as an assistant to him and who is working as an assistant and therefore is part of the association regardless of what their qualifications may or may not be.

MRS. SMITH: Yes, we have a varied variety of people in our association.

MR. SPIVAK: So that right now your association is made up of a number of people whose qualifications may vary but who have in fact been selected by the dentists and are now working with a dentist and the dentist being satisfied is in fact continuing with the employment and the person has joined your association.

MRS. SMITH: That's right.

MR. SPIVAK: But I wonder if your association understands that under this Act as I understand it, in effect those qualifications will be either made by the Minister or by a board, he does not have to appoint a board, he can set it himself, and I wonder whether there is any concern on the part of your association that their qualifications which will be based both on education and on experience may in fact not qualify for the standard set by the government?

MRS. SMITH: I think that would be quite logical. I mean this is why we say we endorse the certificates and being duly registered and so on.

MR. SPIVAK: But how do you know what the government is going to set as a standard?

MRS. SMITH: That we don't know, do we.

MR. SPIVAK: Is it possible that the standards may disqualify half of the people who are now members of your association?

MRS. SMITH: It could, yes. It could with some certainly, maybe, I don't know.

MR. SPIVAK: And is there any concern on your association that that standard should at least not be known at this point?

MRS. SMITH: I think so.

MR. SPIVAK: Well my point is that I find a bit of a . . . Well I find it a little bit uncomfortable to be able to sort of sit here and see an approval of something in principle which has ramifications for your own profession at this point without knowing clearly at this stage what really is intended, other than the fact that there is a power within government to establish a standard which may or may not at this point allow people who are part of your association to continue on in the profession that they are now involved in.

MRS. SMITH: You've sort of put me on the spot.--(Interjection)--

MR. SPIVAK: No, I'm not trying to put her on the spot.

MR. MILLER: Mr. Chairman, I wonder if I could help clarify for Mr. Spivak's edification and the association's. That in fact these people who are now employed by dentists, the Act in no way disturbs that and a dentist will still be able to employ anyone the dentist wishes and train them in the private dentist's office as they have up to now.

MRS. SMITH: Well we are definitely working within our association to try and stop this practice. I mean we feel that an assistant should be certified, should be qualified but, you know, your hands are tied, eh? I mean you can only do so much. Right now we have a brief started for the government to get a correspondence course which will be credited by the dental association so that girls in rural Manitoba can at least have some means of being certified, because as it stands now, the girls in rural Manitoba unless they come in and go to Red River Community College, have no way of being certified and therefore the dentists in the rural areas, they hire a girl from town and they train her and she's doing all the duties of a qualified dental assistant. But it's inevitable because there is no other choice.

MR. SPIVAK: Mr. Chairman, I wonder if, just to try and clarify this, if I can ask Mr. Miller a question because I think this is the only way we'll sort of solve this. Basically what he's saying is that a dentist will still be able to hire his assistant whatever the qualifications. But what you're saying is that a dental assistant who will be qualified as a dental health worker.

MR. MILLER: Under the plan - to work in the plan.

MR. SPIVAK: To work in the plan, having certain rights, is a qualification that will be set by government or by a board appointed.

MR. MILLER: Or by a board through government, yes.

MR. SPIVAK: Just so that the representative who is here, I guess, because she's speaking on behalf of the association understands that it doesn't follow, but it's possible, that many people who are now dental assistants would not qualify, would not be able to work in the plan. And also it would follow that if this plan is extended as the area in which this dental plan is

(MR. SPIVAK cont'd) extended and looking to a complete denticare program ultimately, it may very well follow that many of the people within your association will not in fact be able to practice under this unless you at least have some protection of what standards are to be accepted.

MRS. SMITH: Would this not come under the fact that if the government say provides the service for - I'm not saying as far as a dental nurse is concerned, but as far as what other aspects are - if they provide it, do you not think that those who genuinely want to be a dental assistant or keep in the profession will further their education if it's available?

MR. MILLER: Right on.

MR. SPIVAK: That's an interesting possibility, but if on the other hand --(Interjection)-- No. But then I put it to you this way, that it may very well be that someone who has taken a two year course at a community college and who would qualify would automatically register, where someone who may work for ten years may very well have to go back to school for a year to be able to. . .

MRS. SMITH: I think this is very understandable. I mean, if this is what you want, is qualified people, then you have to sacrifice to get qualified people.

MR. SPIVAK: Then I take it at this point that you are not prepared as a group to provide what would be considered standards at this stage of what you consider a dental assistant should have?

MRS. SMITH: Well, we could certainly work on it.

MR. SPIVAK: Well would you be in a position to furnish the committee with a standard as to what you consider minimum standards?

MRS. SMITH: Yes, I think so, in certain areas.

MS. LOWE: Mr. Chairman, I ask to be recognized. My name is Jan Lowe and I am president of the Winnipeg Dental Nurses and Assistants Association. And speaking for myself and for Joyce, this is a very frightening experience for us to appear in front of all these gentlemen. If you would like to address your questions, perhaps the both of us could answer. And to answer Mr. Spivak, I believe his question was: Are we opposed to this Act because we feel that if this Act comes through we are personally under qualified and will lose our jobs. We do not feel this.

MR. MILLER: That's not so.

MR. SPIVAK: That's not the question that I was really trying to put to you. What I was concerned about at this point is, that whether in preparation of the brief and preparation of the position, the consideration had been given to at least providing to the committee and to the government, a basis for a standard of qualification which would take into consideration the education and the experience of the people who are now part of your association so that at least it would be part of the basis upon which registration would be allowed by the government. Otherwise if that does not happen then you simply have the arbitrary rule of government and I would think that those who are now employed and particularly those who have been employees for a long time who are in a different position than some, may want that protection because they may find themselves - and I'm not suggesting that's the intent - but if the legislation would permit it, may find themselves simply out of a job.

MR. MILLER: Mr. Chairman, Mr. Chairman, if I might . . .

MR. CHAIRMAN: Mr. Miller.

MR. MILLER: Mr. Chairman, if I might interject here. It clearly states that insofar as those people who are now working in dentists' offices this bill in no way affects them. It's only those who are working as part of the plan which is yet to be launched. We don't have a dental plan in Manitoba, and this is what this is all about. But in fact if after a course of studies is designed, a registration will be kept and it's indicated in the bill that if the person is deemed to have the qualifications, a certificate could be issued to the person based on the experience and after a review of the background of that person's training.

MS. LOWE: We definitely agree on this, but I think our strongest point is that the person issuing the certificate or responsible for the issuing of the certificate be the person most qualified to judge this, which we feel would be a dentist or a board comprised with a dentist being in majority.

MR. MILLER: Would you also agree that perhaps a school which is set up to train dental workers could also do the same thing and determine whether the person has the qualifications?

MS. LOWE: A school set up . . .

MR. MILLER: For the purpose of training dental workers, as the community college for example.

MS. LOWE: Yes, we would agree on that.

MR. CHAIRMAN: Mr. Osland.

MR. OSLAND: There's about two things that I'd like to bring up and one is that is that if, in your present position, with your present training - you hold positions now - if there is a program, an opportunity to upgrade your training, do you feel that would be an advantage - would you see that as another horizon, another plateau that you could reach for?

MS. LOWE: Most definitely.

MR. OSLAND: So you're not really against . . .

MS. LOWE: We are constantly trying to upgrade ourselves, constantly, with small projects like seminars. The dentists are most helpful at any time to come out and speak to us. A lot of us are in specialist practices and we learn about the other practices through seminars and through the dentists coming out and speaking to us. We are constantly looking for ways to upgrade ourselves.

MR. CHAIRMAN: Pardon me. Could you just not speak quite so close to the microphone. You're causing difficulty for our recording equipment.

MS. LOWE: I'm sorry. Do you want me to repeat all of that?

MR. OSLAND: The second part : I would like to try and bring it in as far as I am concerned myself. We've got 21 communities, one of them has a dentist that comes in occasionally and performs the services. What we need to cover this - and this has gone on for 50 years, the Department of Indian Affairs has just never been able to provide it - and I see it through this bill, a vehicle which will be able to respond to the need up there. Do you feel in any way that the need that I feel is being circumvented, is going to injure your situation where you're employed at the moment and in the terms of reference under which you are employed?

MRS. SMITH: Well not as an individual type thing. I mean, I'm the same as you, I feel that the north is badly in need of dental services in areas as far reaching as you can go. But I also feel again that we've got to put more manpower out there. I think we have to go on more team effort, where you have dentists and assistants and hygienists and everybody working, and this is where you've got to have more manpower.

MR. OSLAND: Thank you.

MS. LOWE: May I reply to your question?

MR. OSLAND: Yes, fine.

MS. LOWE: I will agree that there is a strong need for dental health care in the north, but I feel that the passing of parts of this bill would be giving below standard treatment and if you feel that inadequate treatment is better than no treatment at all, then perhaps that's what this bill is doing.

MR. OSLAND: Could I just mention something? We have nurses now that have never had the training that are doing exactly that now, going into people's mouths doing oral work. They have to, they're stuck with it. And all that I would like to see is some support for those girls that are not only doing that end of it, but are carrying the medical load as far as the doctors are concerned; because a doctor will plan to come in once a month but with the weather that exists in the north if he misses his day in say Pukatawagan, he waits another month.

MS. LOWE: But for every case that this nurse sees, perhaps she sees 50 that go very well. If she sees one that she is inadequately trained to cope with and does something disastrous, is this the kind of thing we want to have happen?

MR. OSLAND: Well the disaster is already there, it's built-in for us. We have the highest mortality rate in Manitoba.

I would like to just come back to. . .

MS. LOWE: Nobody died from crooked teeth.

MR. OSLAND: We went down the bill here. On your items - on 2(1) there, we started off with cleaning and scaling of teeth; the topical application of -- and holly mackerel!

MS. LOWE: Anticariogenis.

MR. OSLAND: Thank you very much. "Education and instruction in the care of teeth." So far you've agreed that this is within their realm.

MS. LOWE: Yes.

MR. OSLAND: "Examinations and diagnostic services."

MS. LOWE: We are not equipped to diagnose.

MR. OSLAND: You're not at the moment.

MS. LOWE: A dentist is the only person that is trained to diagnose the case. "Diagnose"

(MS. LOWE cont'd)is the only word I'm concerned about in that sentence.

MR. OSLAND: Right, And the X-ray back-up too.

MS. LOWE: We are trained to take X-rays but not to read them.

MR. OSLAND: Do you think that - say you went back for an upgrading course, would you - and you had everything put into it that was necessary . . .

MS. LOWE: Then I'd be a qualified dentist.

MR. OSLAND: That's what we want, that's what we want.

MR. CHAIRMAN: Order please. Order please.

MR. OSLAND: Out of the . . .

MR. CHAIRMAN: Order please. ORDER.

MR. OSLAND: I'm sorry.

MR. CHAIRMAN: I would just like to caution the members of the public here that the same rules apply here as apply in the House. We don't have applauding and other things, and I would ask the co-operation of the members of the public.

MR. OSLAND: I think that's fine. I think I have the information I need.

MR. CHAIRMAN: Mr. Spivak.

MR. SPIVAK: I just want to indicate, that insofar as the board that is to be appointed, there is nothing to suggest that a dentist will be a member of the board. I mean, there's an assumption I think on your part that a dentist will be a member of the board but there is nothing here to indicate it.

MS. LOWE: That is our suggestion.

MRS. SMITH: They should be on the board.

MR. SPIVAK: But just so you understand that.

MS. LOWE: Oh yes, we realize that.

MR. SPIVAK: Right now the board can be made up of anyone qualified.

MS. LOWE: Exactly.

MR. SPEAKER: Now I think the last few points that have been covered by Mr. Osland have become very important, because I think in relation to the provisions - we're now dealing with 52 - the qualifications from your point of view become important. Because if in fact there is a provision being provided here which is beyond your capability in training as you accept it now, you're probably in the best position to tell us this - along with the dentists, and the dentists may be considered to have a vested position. Yours if anything is not a vested position, because this is something that would be to your benefit obviously. I think we should go over that and establish that again if we can for the committee so that we'd understand it. This is going back to 2(1) the cleaning and scaling of teeth, no problem. --(Interjection)-- I want to go through this again, if I can . . .

MS. LOWE: May I just make one small point on that? Speaking for myself personally I'm an expanded duty dental assistant. I am allowed to clean teeth with what's called a rubber cup . . . I'm not allowed the scaling of teeth, that is done by dental hygienists - just if we want to get really technical here, just to make that perfectly clear.

MR. SPIVAK: Okay then, maybe we'll just go down the list rather than . . .

MS. LOWE: Okay.

MR. SPIVAK: . . . and you can just tell me whether there's any other --(Interjection)-- no, my point here - I want to find out, because I think that distinctions are important. I think in general there would be the opportunity to have just general legislation rather than specific, and because we're dealing here in a professional way, I think whatever benefit you can give us would be of immense value at least for us to be able to make a decision on whatever changes should be made.

(b), and I won't try and repeat it.

MS. LOWE: We can do that.

MR. SPIVAK: Okay (c)?

MS. LOWE: Yes

MR. SPIVAK: (d)? Now this goes to diagnostic.

MS. LOWE: Except for the diagnostic part. We can examine and chart the teeth and we are qualified - expanded duty dental assistants and hygienists are qualified to take X-rays, intra-oral X-rays.

MR. SPIVAK: But not the diagnostic part.

MS. LOWE: We are not trained.

MR. SPIVAK: Okay. (e)

MS. LOWE: Absolutely not.

MR. SPIVAK: (f)? That's filling of teeth - absolutely not.

MS. LOWE: The expanded duty hygienist under the supervision of a dentist is filling teeth.

MR. SPIVAK: You said under the . . . ?

MS. LOWE: Under the direct supervision of a dentist.

MR. SPIVAK: Direct supervision. Okay. We're on (g) now?

MS. LOWE: (f). To a point. Now treatment of diseased gums, that's a very sweeping term. We can treat diseased gums by telling children how to brush properly, or you can do what is called a gingivectomy, which amounts to surgery. Now there's quite a difference between the two - what do you mean by treatment of diseased gums?

MR. SPIVAK: It'll be up to legal counsel to try and determine that.

MS. LOWE: I am qualified to show a child or an adult how to brush properly to take care of his gums but I'm certainly not qualified to cut them up, which is also a treatment for diseased gums.

MR. SPIVAK: (g)?

MS. LOWE: No.

MR. SPIVAK: (h)?

MS. LOWE: No.

MR. SPIVAK: (i)?

MS. LOWE: No.

MR. SPIVAK: Then what you would suggest is that -- oh. I think the conclusions we can draw in the committee afterwards. That's fine.

MR. CHAIRMAN: Mr. Adam. Don't go away ladies. I think four more members wish to ask you questions.

MR. ADAM: Thank you very much, Mr. Chairman. I won't keep the witnesses too long. I just had a couple of questions, one that I wanted to follow up on the questions asked by Mr. Osland from Churchill, that is, do you see Section 2 as an opportunity for upgrading of the - that is what I believe you had said - do you see that as an opportunity to upgrade the dental nursing profession?

MRS. SMITH: As long as it's under, you know, supervision.

MS. LOWE: I don't understand the question.

MR. ADAM: Well under Section 2, do you see that section there as an opportunity for the nurses who are now working with dentists to upgrade under a qualified school?

MS. LOWE: Yes, I understand. If I felt I had a course enabling me to do all of these things listed here on my own - I'll repeat what I said before, even though it got applause from my audience - I would be a qualified dentist, because a dentist goes to school for several years to learn how to do these things. When you put in a broad sweeping term like "treatment of diseased gums" you've got to be much more specific than that - extraction of teeth, provision of orthodontic dental appliances.

MR. ADAM: I'm speaking not on Bill 52, but on Bill 53, just the one clause, No. 2 clause of Bill 53. Do you see that clause as an opportunity for . . . ?

MS. LOWE: It depends on the course that's going to be available. I don't know. I don't know what your course setup is. You are going to provide education? "The government may make such arrangements as it considers necessary to provide for the education and training of dental health workers, either alone or through a department of government or in conjunction with the University of Manitoba or other educational institution." I don't know if this course is better than the one I have taken already.

MR. ADAM: Where do you take your courses now?

MS. LOWE: We have courses available at Red River Community College and Tec-Voc.

MR. ADAM: I see. Section 3 here mentions a certificate of registration - do you get that now working with a dentist or through Red River?

MS. LOWE: Upon completion of the course you do get a certificate.

MR. ADAM: Thank you.

MRS. SMITH: I might just add that when you receive your certificate you are registered with the MDA office so that it's on record that you are a qualified assistant.

MR. ADAM: Thank you.

MR. CHAIRMAN: Mr. Jorgenson.

MR. JORGENSEN: Mr. Chairman, my questions relate to the ones Mr. Adam was asking. You both have certificates for your profession.

MESDAMES SMITH AND LOWE: Yes.

MR. JORGENSEN: Where did you get them?

MS. LOWE: Where did we get them?

MR. JORGENSEN: Who issued them?

MS. LOWE: I got mine a couple of years ago when the program first came out, and I took my course through the University of Manitoba at the Faculty of Dentistry.

MR. JORGENSEN: How many years?

MS. LOWE: How long? Three years ago.

MR. JORGENSEN: No, I mean how long is the course?

MS. LOWE: Oh, I'm sorry. It was an evening course and we took it for six weeks.

MR. JORGENSEN: For six weeks.

MS. LOWE: This is the expanded duty course I'm talking about.

MR. JORGENSEN: In a six-week's course you got . . . ?

MS. LOWE: Now since then - that program went a very short time - since then they've developed an excellent program at Red River Community College which is a full time day course.

MR. JORGENSEN: And how long does that course last?

MS. LOWE: One school semester I believe.

MR. JORGENSEN: That is three, six months?

MS. LOWE: Six to eight months.

MR. JORGENSEN: Six to eight months.

MRS. SMITH: It's done in two parts.

MR. JORGENSEN: How long does a dentist have to go to school before he gets. . .

MRS. SMITH: Six years.

MR. JORGENSEN: Six years.

MRS. SMITH: Because he has to take basic science first, and then . . .

MR. JORGENSEN: Yes. There's quite a bit of difference in the qualifications between a dentist and a dental technician.

MS. LOWE: Immense difference.

MR. JORGENSEN: Do you not think it would be an advantage if those who were interested in entering this profession would have some knowledge in advance just what the qualifications are, what are the qualifications that the government intend to list? Would you not think that would be an advantage right now, if you knew in advance just precisely what the government meant by a "trained dental nurse"?

MS. LOWE: Of course.

MR. JORGENSEN: Do you think it should not be in the bill?

MS. LOWE: Would you repeat it because I think I missed something?

MR. JORGENSEN: Well, do you not think that it would be an advantage to your profession if you knew in advance, before this bill is implemented, just what qualifications you would have to meet in order to become a trained nurse and receive a certificate?

MS. LOWE: Yes.

MR. JORGENSEN: A certificate that would be upheld by the government when this bill went into effect.

MS. LOWE: To be termed a "dental health worker" as . . .

MR. JORGENSEN: That's right, that's right.

MS. LOWE: Yes that would be an advantage.

MR. JORGENSEN: Thank you.

MR. CHAIRMAN: Mr. Walding.

MR. WALDING: Mr. Chairman, I just have one short question, and I want to go back to this matter of diagnosis. Could the members of your association differentiate between teeth and tissues that are healthy and teeth and tissues that are not in a healthy condition?

MS. LOWE: No, I'll have to say no. I've been working in my office for eight years and I do learn by working, but the knowledge I have is very limited, so I would have to say no.

MR. WALDING: Thank you.

MR. CHAIRMAN: Mr. Miller.

MR. MILLER: I would like to pose a question, and since it's a clarification I'll have to resort to asking a question. Section 2, Bill 52 that you keep referring to, the (a) to (i), the

(MR. MILLER cont'd) . . . various procedures, is there anything in there really that says this will be provided by a health worker? Is there anything in there that says it will not be provided by dentists? Because that seems to be the implication I get from some of the statements.

MS. LOWE: Under Section 3 of Bill 52 "Further powers of the Minister. For the purposes of providing dental services under this Act" - and these are the dental services of which you are speaking - "the Minister may (a) arrange for the employment of dentists, dental health workers, and other professional, technical and clerical staff under The Civil Service Act." It does not say that a dental health worker will perform these duties, but it does not say that a dental health worker will not perform them.

MR. MILLER: That's true. Does it also not say that the Minister - further powers - "may enter into agreements with associations, dentists and other persons for the provision of dental services to beneficiaries?"

MS. LOWE: It says the Minister "may", "may enter", it's at the discretion of the Minister.

MR. MILLER: To provide those services in the Act?

MS. LOWE: Yes.

MR. MILLER: Fine. As long as that's clear.

MR. SPIVAK: I just want to interrupt on this point.

MR. CHAIRMAN: Is this a point of order?

MR. SPIVAK: On a point of order, really on a point of order. The question is really in the form of an interpretation to be made of the legal drafting of the section, and I think on the question of the point of order that's not really a matter to be handled by the witness - I think if anything the Legislative Counsel is the one who has to answer that. And I make that just as a point of order because I think there are a number of questions on interpretation that beg other questions with respect to drafting. I think that that's important in understanding the answer because the intent of the government is the issues before the committee we have to deal with. And the purposes of the Act are stated and the definition section is stated, and out of that the interpretation of what provisions could be made are also stated. And what I'm saying is, that again it's not a question to be asked of the witness but to be asked of the Legislative Counsel because it has to go with the total meaning of this bill.

MR. CHAIRMAN: Mr. Paulley to the point of order?

MR. PAULLEY: To the point of order, Mr. Chairman. I don't disagree with the Honourable the Leader of the Opposition. He's raised the point of order on this specific point, and I have in mind the possibility of raising a similar point of order at some of the questions that were directed to the witnesses as to the various items (a) to (i) as to their qualifications - and in my opinion, on the point of order, put the two young ladies in a rather difficult position to answer technical questions, that the arrangements would be made by the Minister for the provision of these services. I would suggest, in all due respect to the Leader of the Opposition, that the general trend of the questions that have been directed toward the two young ladies - and I appreciate their frankness in their replies - should be directed more to the senior experts, the dentists or those who are more qualified, in all due respect to the witnesses, to answer the precise questions as to whether or not you are qualified to do this, that and the other. Those decisions will be made by others, and I respectfully suggest that the point of order is a valid one, but it's one that should have been possibly entertained maybe half an hour ago.

MR. CHAIRMAN: Mr. Axworthy.

MR. AXWORTHY: Mr. Chairman, I'd like to address myself to that question, and I'll try to so frame it as to not encourage the wrath of the previous two proponents of points of order. Mr. Chairman, in your previous testimony you indicated that there was a feeling that members of the association, would feel uncomfortable or awkward, and perhaps have serious reservations about perhaps being placed in a situation which might require them to perform services outlined in this Act. Would it be, as spokesmen for the association, your feeling that this Act would be improved if amendments were made that specifically set out what services could specifically be carried out by dental health workers so that you would know very clearly what your rights would be under that Act. Would you agree? Is that an amendment that you would prefer to see?

MS. LOWE: Yes, we'd agree to that.

MR. AXWORTHY: Thank you. That's one question. The second question which just sort of peaked my curiosity when you were talking about the upgrading of dental health workers - to your knowledge, have any people in your association as dental health workers ever applied to

(MR. AXWORTHY cont'd) . . . become dentists, to enter into the dental college or go into a program so that . . .

MRS. SMITH: No. As far as dental assistants are concerned, some have applied to go into dental hygienists, which is a more advanced course.

MR. AXWORTHY: Has there been any application for the dental nurses' program in Saskatchewan from people in the association?

MRS. SMITH: Not to my knowledge. No.

MR. AXWORTHY: Might I ask what kind of financial assistance is presently available for upgrading purposes and professional . . . ?

MRS. SMITH: The Manitoba Dental Association, when we put on courses or anything like that, come through quite nicely.

MR. AXWORTHY: Is there any assistance under student aid programs or educational programs or manpower training programs for . . . ?

MRS. SMITH: Not directly through our association, but I do know that girls going through Red River Community College to get a dental assistant course can be helped through Manpower.

MR. AXWORTHY: In that respect though, would it be necessary, in order for members of the present profession to go into the dental nurses' program, to receive some form of financial assistance? Is that something that you feel would be a necessary item?

MRS. SMITH: Probably in some cases it would be.

MR. AXWORTHY: I see. Okay. Thank you.

MR. CHAIRMAN: Mr. Osland.

MR. OSLAND: One further question with regards to your training. Your instructors, what qualifications did they have? I believe you mentioned night school that you went to for six weeks.

MRS. SMITH: Well our night school was run by Red River Community College and they are qualified lecturers and teachers, instructors - and dentists. Dentists are the ones that run the course.

MR. OSLAND: Are they all dentists or, like - do you take . . . ?

MRS. SMITH: And hygienists.

MR. OSLAND: Hygienists as well. Fine. Thank you.

MR. CHAIRMAN: If there are no further questions. . . Mr. McKenzie.

MR. MCKENZIE: One question, Mr. Chairman. Bill 52, 1(b) "dental health worker mean a dental nurse, dental hygienist, dental technician or dental assistant." Now can you tell. . . what's the difference between them?

MRS. SMITH: Well a dental nurse . . .

MR. MCKENZIE: Can one person be all those things?

MRS. SMITH: Well, not really. A dental nurse as we see it, is one like in Saskatchewan which we do not have here in Manitoba; a dental hygienist is a person who is qualified through the university course to scale and do x-rays and to do expanded duty work; a dental technician is a lab technician generally doing laboratory work, and a dental assistant is the assistant that assists the dentist at all times.

MR. MCKENZIE: Thank you.

MR. CHAIRMAN: If there are no further questions, thank you for appearing before us.

MRS. SMITH: Can we really sit down now?

MR. CHAIRMAN: Mrs. Barkman, please.

MRS. BARKMAN: I represent the Manitoba Dental Hygienists Association, and up until tonight we haven't had a chance to look over the bill or to discuss it with our executive or our association, but we would like to just make one comment on the dental bill as such.

Regarding Bill 52 and 53, the Manitoba Dental Hygienists Association is anxious to actively participate in development of any dental service plan for Manitoba. The Manitoba Dental Hygienists Association encourages continued utilization of existing dental auxiliary personnel in Manitoba and supports expansion of the present School of Dental Hygiene in preference to the development of new educational programs.

MR. CHAIRMAN: Mr. Spivak.

MR. SPIVAK: I wonder - and again it's not intended to be an intimidation, it's intended to try and see if we can follow the sort of same sequence of questions, but really there are only two basic ones at this point.

First, what are the qualifications of a dental hygienist and how do they achieve those qualifications?

MRS. BARKMAN: They are achieved through a university program, a two year program. The one at the University of Manitoba trains hygienists to clean and scale teeth, take x-rays, patient education and recently fill teeth, fill and carve teeth . . .

MR. SPIVAK: So that's a two-year program at the university with some certification, with some graduation . . .

MRS. BARKMAN: It's a diploma in dental hygiene.

MR. SPIVAK: Can I ask, in terms of the people who compromise the dental hygienists, have all received a university education or are there some who . . . ?

MRS. BARKMAN: All dental hygienists have a university diploma.

MR. SPIVAK: Okay. Now with respect to the registration under Bill 53 in which a dental health worker will be registered, I assume that your assumption is that the diploma degree would be sufficient for you to be registered as a dental health worker. Is that correct?

MRS. BARKMAN: Yes. As long as we are only doing what we are qualified to do now.

MR. SPIVAK: But at this point, there's nothing in the Act that indicates that even having received a diploma, that you'd necessarily be registered. I'm not saying that you won't but right now the Act as written does not provide that that diploma is sufficient, qualifying you as a dental hygienist would be qualifying you to be a dental health worker.

MRS. BARKMAN: No, although I haven't really read the Act thoroughly, so I would say no.

MR. SPIVAK: All right. Then can I ask if you can go . . . do you have Bill 52 in front of you?

MRS. BARKMAN: I'm sorry, I just have a brief summary.

MR. SPIVAK: If we can just take you through Bill 52, Section 2(1), and rather than read each one, if you can just indicate the areas in which you feel a dental hygienist would be qualified.

MRS. BARKMAN: (a), (b), (c), (d) except as the assistants, no examinations and diagnosis . . .

MR. SPIVAK: Pardon me. I'm sorry.

MRS. BARKMAN: (d) just x-rays, no diagnosis; (e) fillings, but only putting the filling in, no carving of the hard tissue under the teeth - that's a different job.

MR. SPIVAK: Yes. I understand (f)?

MRS. BARKMAN: Again this was discussed before treatment of the diseased gums only to an extent.

MR. SPIVAK: All right. Just on (f), the treatment of diseased gums only to an extent - you know, to a minor extent or to a major extent?

MRS. BARKMAN: As the dental assistants do, we give a patient oral hygiene education, but scaling can also be considered a treatment of gum disease - it goes farther than that, depending on the extent of the disease.

MR. SPIVAK: All right. (g)?

MRS. BARKMAN: No. (h), no and (i), no.

MR. CHAIRMAN: No further questions? Thank you.

Dr. Koepke.

DR. KOEPKE: Mr. Chairman, gentlemen. I am addressing you today as an individual and as a practising dentist in rural Manitoba. In providing this brief for your consideration, I've had two thoughts in mind.

Firstly, I would like some assurance that the dentistry that is provided under this Act will be of the same if not better quality and standard as that which has been provided to date.

Secondly, that those dental practitioners in Manitoba who have invested in and are properly equipped to handle the future dental needs of the people of Manitoba be supported in their desire to do so.

With regards to the first item, I would say that Manitoba is held in very high regard as to the quality of work that has been provided for many many years. I would certainly hate to see through any other system of delivery for this quality to go down. I would want the same quality of work done on my children tomorrow as is being done today. I would like to see the same standards maintained, if the work is done by expanded duty dental auxiliaries, as has been done by dentists in the past. I would think that direct supervision would be necessary in cases such as these.

The Dental Association has had foresight in planning for the need for expansion in the

(DR. KOEPKE cont'd)field of dentistry. Over the past few years the School of Dental Hygiene, together with the Faculty of Dentistry, has been providing for the training of expanded duty dental hygienists, hygienists that are able to supplement the work done by dentists in the field. These hygienists having been adequately trained are able to place restorations in the mouths of individuals, thus allowing the dentist to better utilize his time and handle the public on a more efficient basis.

Auxiliaries have also entered the field and have been sufficiently trained to handle expanded duties under supervision. They are working with prophylaxis fluoride application and radiography - under a direct person-to-person relationship with auxiliaries, standards are and will be maintained. I would not like to see this type of service minimized to a degree where individuals who have not been as adequately trained and who have not had the education that enables one to handle this responsibility performing this service. In other words, I am saying that I would not want someone with a minimum of training performing dentistry. It has got to be someone that has proper training, has responsible supervision and can handle the work properly, that is going to work on my children. If this is a government-sponsored venture and it is not providing the same kind of quality treatment that is being provided today - and it can be provided by further expanding them in the system that now exists - well then I don't want it. If the standards are going to decrease, it's ludicrous to continue along this path of thought.

Secondly, I am as an individual very concerned about the supplying of dental care under a dental workers' system outside the existing dental offices. I would hate to see those individuals who are and have been providing for and also planning for the provision of future dental treatment, undermined for their considerations. Using myself as an example, I graduated from dentistry in 1970. Shortly thereafter, I was encouraged to establish a practice in a small rural town which, I might indicate, did not have a resident dentist. As the needs of the people grew, I found that a small rented office was not adequate to provide the services needed. Construction of a new office was undertaken and completed in '71. This added greatly to the services provided and allowed more efficiency in dental treatment, but the demands were greater so an associate joined me in '72 and has remained with me until now. In consideration of yet further needs, and considering the new programs available for hygiene and expanded duty auxiliaries and the forethought that the association has had in setting up programs for their adequate training, our office this year started a further growth program through expansion of our office facilities. A third dentist will join us upon completion of construction. We will be able to handle all demands placed upon us. Our office, like most others, have considered the future needs and have responded to them. We are prepared to work with auxiliaries in the provision of dental care. I feel that this type of delivery provides control supervision and with the proper personnel can be done in a more reasonable cost than it is being today. I would ask that you don't undermine the very basis of dentistry by taking a substantial part of the private practitioner's practice away from him. Most dentists either have, or are prepared to expand their facilities to meet the challenge of the dental needs of Manitobans. I would ask that you recognize that some of us have invested in providing adequate and necessary treatment in rural areas and are prepared to continue to do so. And should the government consider third party involvement in providing assistance to beneficiaries, we would be prepared to encourage this in our offices. I thank you.

MR. CHAIRMAN: Questions. Mr. Axworthy.

MR. AXWORTHY: Mr. Chairman, I have a couple of questions. To begin with I'd like to gain some sense from the doctor whether he feels the kind of program whereby under a government service they would contract you and your associates for direct services under this plan for children let's say between the ages of 6 and 12, whichever the range may be, would that inhibit or affect in a negative way the provision of your practice in that rural town?

DR. KOEPKE: As long as it's done on an economic basis as far as the government is concerned and as far as the dentist is concerned as well.

MR. AXWORTHY: So that you have no particular reason for saying that you wouldn't reject a contract type arrangement for services.

DR. KOEPKE: Something that would be negotiated - I'm speaking for myself mind you - but something that might be negotiated.

MR. AXWORTHY: I see. So that that doesn't represent a problem to you in this respect?

DR. KOEPKE: As a matter of fact a couple of years ago our office undertook to provide on a contract basis some dentistry for another municipality.

MR. AXWORTHY: I see. So that you had a contract in effect with the local government?

DR. KOEPKE: We don't at this time; we did for a period of time.

MR. AXWORTHY: Fine. Could you tell us whether in the development of this kind of a program you could see within these bills some way of defining more precisely what services should be supervised by a dentist and those which would be left to the autonomy of a dental health worker; and is there a way of properly within the practice of dentistry of defining those kinds of functions that could be written in legislation to make sure it was a very clear definition? You heard the questioning of the ladies from the Association before you.

DR. KOEPKE: I think this could be done. As it exists right now it can't. But negotiations were undertaken with the government as far as what possibly could be done in the way of some dental plan. I think something like this has to be discussed further with the Association.

MR. AXWORTHY: Doctor, could you just tell me, because I listened to Dr. Derrett and then I had to step out so I didn't have a chance to ask him the question, in what respects would the proposal that has been talked about in terms of a private dental plan. What, in very simple terms, does that include that may be interfered with by this particular piece of legislation? Is there any reason why a private dental plan couldn't be incorporated under this Act?

DR. KOEPKE: I suppose that that is one thing that could happen as a result of this Act. But there are other paths too that you can go down.

MR. AXWORTHY: Which particular paths would you object to? What kind of a system would you find would prevent you from providing the kind of quality service that you outline?

DR. KOEPKE: Well I suppose you could say that I would object to a parallel type of system being set up in the community where I am working. In other words there could be a system set up where another clinic is put up down the road providing the same type of service that I am providing, or could provide to people, say, that are for some reason not seeking help right now.

MR. AXWORTHY: Could I ask it this way? And the reason I'm doing it is because I took with some real credence the position put forward by Dr. Derrett that one of the difficulties we labour under in discussing this bill is we don't know what the plan is, so I'm trying to discover what sorts of plans might be acceptable or optional. Would you again in your practice in a rural town object to a situation where there might be, let's say, a dental team working in Steinbach I believe the town is you're from, which had dental health workers, but that you were contracted to provide supervision for them over a period of time, and also contracted for specific kinds of dental services as part of that team, even though you wouldn't be an employee of the government. Is that something that would be objectionable?

DR. KOEPKE: In my mind if we're going to look at full scale provision of dentistry the team concept must be in effect, and certainly something like this for those of us who have considered this, it has to be undertaken in a dental office. We're considering this - speaking from my own position - the office can easily be converted to a system where the team aspect is undertaken.

MR. AXWORTHY: Could be incorporated as part of it, eh?

DR. KOEPKE: . . . the way things sit right now with those that seek help we're providing adequate service. If we're going to expand on a denticare type of system we can expand to incorporate that too, in my mind.

MR. AXWORTHY: Do you in your office - I just want to clarify this - do you provide in-office training for dental workers along the way? For dental workers in the rural area is it common for them to get the kind of upgrading or improvement that was described in terms of people working in a city context?

DR. KOEPKE: Well it depends upon your definition of "dental worker" again here now. I have dental assistants in my office which I have trained. It seems the age old story, if you send somebody in to the big city to receive training and they get it, they don't have a tendency to come back. They seek urban work. Through my office there's been two expanded duty dental assistants have gone through a course that was available, and when it was available at the university. They both worked for me; they are no longer working for me. I train my own dental assistants in the office. Not saying that if I could attract a dental assistant that had had more formal education that I wouldn't take them, I would. But . . .

MR. AXWORTHY: Do you pay a salary comparable to what a dental worker is paid in urban areas?

DR. KOEPKE: Yes.

MR. AXWORTHY: It's a comparable salary?

DR. KOEPKE: Yes.

MR. CHAIRMAN: Mr. Bilton.

MR. BILTON: Pass me, sir. The question has been answered.

MR. CHAIRMAN: Mr. Adam.

MR. ADAM: Just one question, Mr. Chairman. Doctor, when you mentioned that you train your own assistants, they would not have a certificate then as was mentioned by the dental nurses?

DR. KOEPKE: I have had . . . it varies from time to time. Some gals have a tendency to get married and go away. But I have had one girl in the office that has the certification with a CDA, or the Canadian Dental Nurses Association. Right now I don't. But that just happens to be the period of time I'm in right now in the office.

MR. ADAM: So then you would say, doctor, that . . . is this prevalent, or is this common in rural areas where the assistants do not have formal training or formal registration?

DR. KOEPKE: That is right. In cases like that they're sitting in my back pocket as well, you know. They're not doing anything without my telling them what to do, you know, other than . . . not direct work on patients. If I'm sitting there and they're assisting in the mouth, they're nowhere near that mouth unless I'm around. They can suction saliva, or whatever, and hand me instruments for the mouth. That's an awful lot different from a lot of other aspects that were covered earlier this evening.

MR. ADAM: If you had say assistants like one of the ladies - hygienist I think they call them - you would probably give that person more responsibility then, would you?

DR. KOEPKE: That's correct.

MR. ADAM: Thank you.

MR. CHAIRMAN: Dr. J. W. Neilson, Dean of the Faculty of Dentistry.

DR. J. W. NEILSON: Mr. Chairman, gentlemen. My name is Neilson, and I'm the Dean of the Faculty of Dentistry at the University of Manitoba. I have no brief to present as such. I have a resolution which was adopted by the Faculty, or the Council of the Faculty of Dentistry, on Monday, June 2nd, and I have copies of it, and would it be in order to distribute these?

MR. PAULLEY: That was June 2nd of this year, doctor, was it?

DR. NEILSON: Yes.

The bills, which I will say a word or two if I may, Mr. Chairman, before reading the resolution. These two bills were first seen by myself and members of the faculty last Wednesday. They were discussed in meetings which lasted probably three hours altogether, and the resolution was passed with only one opposing vote, although not all members of the Faculty Council were there. I think I should say that I present the resolution as one from the Faculty of Dentistry, so I speak in that capacity.

I think on the other side of the coin I have a great many personal views of these matters, not only of the bills themselves but also of the implementation of a children's dental health plan in Manitoba. Some of these are rooted in my role as chairman of a committee which was appointed about two years ago, it was a committee made up of government appointees, of appointees from the Manitoba Dental Association, the Manitoba Dental Nurses and Assistants Association, the Manitoba Dental Hygienists Association, the Faculty of Dentistry and the School of Dental Hygiene. This committee produced a comprehensive report, which was submitted some 18 months ago, which covered preventive services, which was what we were asked to do. So some of my views are rooted in that. I think that if there are questions I would try to separate any answers between the views which I shall try to represent as those of the faculty and those of my own.

With this preamble I would like to read the resolution. I think the resolution makes an assumption that the bills will be passed into law. This is perhaps incorrect on our part, but it is an assumption which has been made.

WHEREAS the efficient provision of more dental services by properly qualified and integrated personnel to larger segments of the population is a desirable professional objective; but

WHEREAS Bills 52 and 53 do not set out in detail the mechanisms by which, by whom, and for whom, such dental services are to be provided; and

WHEREAS Bills 52 and 53 give the government total power without the necessity of further consultation, discussion, or debate, to set up such schemes as it sees fit to provide unstated dental services to unnamed beneficiaries; and

(DR. NEILSON cont'd)

WHEREAS the Faculty of Dentistry would like to be assured of an opportunity to comment on the detailed regulations:

THEREFORE BE IT RESOLVED that the Dental Faculty Council of the University of Manitoba oppose Bills 52 and 53 until such time as the modes of implementation are more clearly defined.

Thank you, Mr. Chairman.

MR. CHAIRMAN: There may be some questions some of the members may have. Are there any questions? Mr. Miller.

MR. MILLER: Dr. Neilson, are you aware that in Quebec they have moved from the traditional private practice mode to a public plan?

DR. NEILSON: When you say that, Mr. Miller, are you speaking of the funding of it?

MR. MILLER: Yes. The Quebec plan which is both funding and operation. A dental health plan in Quebec which has gone beyond the traditional private dentists' role.

DR. NEILSON: Well again, so that I have it clear. Are you speaking that payment for the services come from the public sector to the private practitioner, or they are provided on a salaried basis or . . . ? I am aware of something there, but I wanted to make sure that I know.

MR. MILLER: That aspect as well as the provision of para-dental, a greater degree of para-dental workers than existed in the past.

DR. NEILSON: I believe I am aware of that. I believe that the plan itself went into operation a year ago. Is that correct?

MR. MILLER: Yes.

DR. NEILSON: July 1st, 1974, I believe.

MR. CHAIRMAN: Mr. McKenzie.

MR. J. WALLY MCKENZIE: Doctor, I'm wondering have you been in consultation with the Minister regarding this legislation, or have you helped prepare the drafting of it in any way?

DR. NEILSON: No I have not.

MR. CHAIRMAN: Mr. Spivak.

MR. SPIVAK: Mr. Miller made reference to the Quebec plan. Can you indicate to me whether in the terms of a para-dental or para-professional in the dental field, is there a category which would be higher than the dental hygienist or the dental assistant as we now have it in Manitoba?

DR. NEILSON: Are you asking about in the Quebec plan?

MR. SPIVAK: Yes.

DR. NEILSON: I am not aware of a person in that category. I know of a step situation here in Manitoba, and again I'm saying I believe the faculty approves of this classification or categorization of dental auxiliaries. I can't answer your question as to what is the situation in Quebec.

MR. SPIVAK: But then, I think, because basic to the bills - and I have to deal with 52 and 53, and I think you're probably the most qualified to deal with this because this I think is the basic problem here. In terms of the dental health worker who at the present time would be categorized - who will be a dental nurse, a dental hygienist, or a dental technician, whose qualification at the present time you'd understand very clearly - there appears to be the intent of another category, or a higher step up over the category of the people who are now qualified for whatever these positions are, to come under the implementation, or come under this Act and be part of this Act, whose qualifications would be less than the dentists but higher than what has now been established.

DR. NEILSON: I have heard that, yes.

MR. SPIVAK: Well I think it's implied in the Act itself. Mr. Miller's question to one of the young ladies here implied that.

MR. PAULLEY: Mr. Chairman, on a point of order. I think that the Dean was quite precise in his reply, and it appears to me that the Leader of the Opposition is either trying to lead the Dean up some garden path, and I'm sure that the Dean will not fall for it, but I suggest that the . . .

DR. NEILSON: I've fallen for a lot before, Mr. Paulley.

MR. PAULLEY: . . . the answer was a direct answer to a direct question, and I would suggest as the point of order, that that be our procedure.

MR. SPIVAK: Well I must assure the Minister of Labour that I have no intention of leading the Dean up a garden path, and I don't think I could even if I wanted to frankly. (Hear, hear.) Nor do I think the government can. I would like to ask him at this point: Has the faculty, or have there been discussions with the faculty with respect to that category of person who would be higher than the person now practicing . . . ?

DR. NEILSON: No, there has not.

MR. SPIVAK: In terms of the qualifications to be able to do some of the things that the dental hygienists now say they could not do, and the dental assistants say that they could not do in terms of the provisions of Bill 52, 2(1) - without going through the whole category - how many years do you think would be required for anyone less than a dentist to be able to do some of the - or they will have the qualifications to do some of the provisions for preventive dental services?

DR. NEILSON: Mr. Spivak, are you speaking of this list of items which has consumed a good deal of time?

MR. SPIVAK: Yes.

DR. NEILSON: Well, you know, I could say, that depending on what is meant by some of these things, for example, "filings of teeth, treatment of diseased gums" - there was a good discussion on that - "extraction of teeth, provision of prosthetic and orthodontic dental appliances" - and I say without any degree of facetiousness that when I look at those lists of up to (i), plus some other parts of the bill, which says that other things can be added, you almost have a dentist. And I'm not saying that facetiously.

MR. SPIVAK: So how much less than the training of a dentist do you have to have to be able to fill this "almost a dentist"?

DR. NEILSON: Well again - maybe I'm playing with words, but I don't like the terminology "treatment of diseased gums". I happen to be what is called a periodontist, and that's my whole career. I have spent a great length of time in what in layman's terms would be called the treatment of diseased gums. From that point of view that alone takes two years beyond the dental degree. If you're asking me, I'm sorry, I really don't think I can answer.

MR. SPIVAK: And yet in many respects you're probably the most qualified person to answer that.

DR. NEILSON: I have no comment.

MR. CHAIRMAN: Mr. Axworthy.

MR. AXWORTHY: Mr. Chairman, perhaps the Dean doesn't want to answer these questions either, but facing reality the likelihood of Bills 52 and 53 passing are quite high - if we're going true to form by the rest of the session - so in taking that into account, is there some areas within these bills that would appreciably improve them, based upon your estimate, that might conceivably be subject to amendment by this committee? We've already discussed one area, and that is a more careful delineation of what services should be reserved for dentists, and those which are - pardon me - should be reserved for dental health workers, which is something we may have the opportunity to talk about later on. Is there other significant areas in the bill which you could identify right off that might help to ease some of the concerns that your faculty and yourself have?

DR. NEILSON: Well, if I could make this distinction here again between the representation from the faculty and anything personal, I think the faculty is concerned about the generality of the thing. A member of the faculty, who is familiar with legislation on the federal level having to do with dental matters, spoke of this as being an almost an ideal piece of legislation insofar as Mr. Miller spoke of flexibility, and so on. I think it is that very thing that concerns the faculty. There is so much flexibility that nobody knows where we're going to go on it. I think that's the faculty's point of view. I don't think the faculty has either had time - it may have had the inclination but I don't think it's had the time, to go through this item by item as I heard the representative from the Dental Association doing. I would put it that way.

On the personal side, again, I feel somewhat as the faculty does, that it is so general, and there is so much about it that I don't think is clear as to what is going to happen - there's a great deal of discussion about what's going to happen, and rumour about what's going to happen, that I think that's what troubles me. I just don't know.

MR. AXWORTHY: Would you be prepared - let's just hypothesize for a moment in terms of the situation - if this bill was to be passed in its form now with all its generalities, but would not be enforced, or not be proclaimed, for a period of six months, at which time

(MR. AXWORTHY cont'd) . . . there was some undertaking or commitment to sit down with the Dental Association and dental health workers and the faculty to work out a clear definition of how the plan would work, and for the enforcement to wait upon that, would that be an agreeable position as far as you're concerned?

DR. NEILSON: Well, I think it would be - and again, I probably am speaking for the faculty as well as myself - I think it would be much less perilous than at the moment.

MR. AXWORTHY: I see. So what you're concerned about at this stage then is simply the fact that we don't know what's going to happen, but if the government was to acquire these powers they could be used for any different options of plans, and as long as they weren't enforced or proclaimed until some agreement was reached as to what the plan would be, that would somewhat ease the opposition you have. Is that correct?

DR. NEILSON: I think that would ease the opposition. I don't know that it would eliminate it, but it would ease . . .

MR. AXWORTHY: Well, in this imperfect world, we're always just working on those bases.

MR. CHAIRMAN: No further question? Thank you, Dr. Neilson.

MR. PAULLEY: Mr. Chairman, I wonder now at this hour, after hearing the representations and the presentations, and may I be given the opportunity of thanking those that appeared before the committee tonight for their involvement, I think that this would be an appropriate time, Mr. Chairman, for me to move that the committee rise.

MR. SPIVAK: Just on a point of order - and this is just a request, and I don't think there'll be any objection from the Minister of Labour, it would be only a request through you to, I guess, the Speaker, because I guess it would have to be through him that the instructions would have to be given - I wonder if it would be possible to get the transcript, one transcript which is the initial run, of this committee made available to us before we deal with the bill in committee - and we may be dealing with it on Friday or we may not, I don't know, that'll be the decision on the part of the government - but my problem is to request that, knowing that there are other priorities for other transcripts to be completed ultimately for Hansards to be produced. But I think it would be very relevant for any discussion on this to have that, and I would ask through you to request that priority be given . . .

MR. CHAIRMAN: I can assure you that I'll take the matter up with the Speaker, and I'll see what I can do. Committee rise.