

LEGISLATIVE ASSEMBLY OF ALBERTA

Tuesday, October 29, 1974

[The House met at 2:30 p.m.]

PRAYERS

[Mr. Speaker in the Chair]

INTRODUCTION OF BILLS

Bill No. 62 The Medical Profession Act, 1974

MR. CRAWFORD:

Mr. Speaker, I take pleasure in introducing Bill No. 62, The Medical Profession Act, 1974, for first reading.

I might mention first, Mr. Speaker, that the bill is being provided to members today in typewritten form and there will be sufficient copies for all members.

There are a number of important principles dealt with in the new bill, as The Medical Profession Act has always been a significant piece of legislation in the province.

In brief, some of the points include a new provision whereby the council of The College of Physicians and Surgeons will appoint five members to the council, in addition to the members elected from their own membership. Two of the five additional would be nominated by the faculties of medicine at The University of Calgary and The University of Alberta. Three would not be registered practitioners but would have to be appointed from the general public. The five members so named would have full voting privileges the same as members of the council.

The act will also require all members of the council to treat information coming before it under the act as private and confidential.

The registration of medical practitioners under the act would be limited to persons who either have received a degree in medicine from a university in Alberta and have served a period of postdoctoral training, or who are licentiates of The Medical Council of Canada and have served a period of postdoctoral training and ...

MR. SPEAKER:

With great respect, the hon. minister is perhaps going into detail which might be covered at the committee stage of the bill.

MR. CRAWFORD:

Mr. Speaker, on that point I would have to say that it is one of the central principles of the bill and may well be unique in the country if passed. I wanted to draw to members' attention that one of the principles of the bill would be to change long-standing reciprocity provisions with other jurisdictions in the world and bring in an entirely new method of registration of practitioners within the province.

Mr. Speaker, another important part of the bill will deal, for the first time in Alberta, with the means for registration of professional medical assistants, and in addition, all the necessary rules and regulations to regulate the conduct of the professional medical assistants in respect to their practice in the province once admitted.

In summary, Mr. Speaker, the proposed act will represent a major shift in the field of the medical profession in terms of strengthening the standards for registration within the profession, recognizing the need for input to the council of members of the public, establishing recognition of paraprofessional medical personnel and recognizing the responsibilities of the medical profession to ensure high standards of care to be expected from the members of the profession within the province.

[Leave being granted, Bill No. 62 was introduced and read a first time.]

INTRODUCTION OF VISITORS

MR. WILSON:

Mr. Speaker, it's my pleasure to introduce to you and through you to the members of the Legislature, 30 Grade 8 boys and girls from the Thomas B. Riley Junior High School in Calgary. They are accompanied today by four supervisors: teachers, Mr. McConnell, Mr. Len Quan; student teacher, Mr. Pennyfather and a student parent, Mrs. Morris. Mr. Speaker, I would now like them to rise and be recognized by the Legislature.

MR. ASHTON:

Mr. Speaker, it is my pleasure to introduce some 59 Grade 3 and 4 students from Clara Tyner School, accompanied by their teachers, Mrs. Ewasko and Mr. Hess and several parents. I would ask that they stand and be recognized by the Assembly.

TABLING RETURNS AND REPORTS

DR. HORNER:

Mr. Speaker, I would like to table in the Legislature copies of the documents that will be used in the Cow-Calf Program. The regulations pertaining to that program were passed in cabinet this morning and we expect the cash advances to be available in the immediate future.

ORAL QUESTION PERIOD

Provincial Income Tax

MR. CLARK:

Mr. Speaker, I would like to direct the first question to the Provincial Treasurer and ask, in light of the announcement by the federal Minister of Finance last week concerning the indexing of income tax, is it the provincial government's intention to lower the provincial personal income tax rate in Alberta so that it is among the lowest in Canada?

MR. MINIELY:

Mr. Speaker, I think, as I pointed out when the policy of indexing personal income tax was first announced by the federal Minister of Finance, it was a policy at that time that once instituted would have application year by year. At least that's the way it was presented and that's the way it was intended. So that as the cost of living rose in each given year, the actual personal exemptions that taxpayers would have would be indexed to that rise in the cost of living.

At the time, Mr. Speaker, in answer to the hon. leader, that the policy of indexing personal income taxes was first announced, I made a statement in the Legislature that Alberta in each year of actual indexing of income taxes would pass the full benefits of those on to our citizens in the province of Alberta. Each year we would intend doing so and, of course, will this year as well.

MR. CLARK:

A supplementary question, Mr. Speaker, to the minister. Is it the government's intention to lower the rate of provincial personal income tax effective for the 1975 taxation year?

MR. MINIELY:

Mr. Speaker, I think during the course of debate yesterday on Bill 69 I indicated to all members of the House at that time that a variety of alternatives is continuously being studied by the Government of Alberta in terms of either direct tax reductions or in terms of actual cost reductions to our citizens in the province of Alberta. In any particular time, when we have made a decision as to what will be the best and achieve the maximum benefit to the citizens of Alberta, certainly all members of the House will be then aware of what our decision is.

Civil Service Pensions

MR. CLARK:

A further supplementary question, Mr. Speaker, to the minister. Is it the government's intention to approve increases in the pensions for retired civil servants, in light of the cost-of-living increase granted to Civil Service Association employees?

DR. HOHOL:

Mr. Speaker, that matter, as others, is a continuing consideration of this government.

MR. CLARK:

A supplementary question, Mr. Speaker, to the minister. In light of the fact that during the spring session the minister indicated that it was under continuing consideration, when might we expect the continuing consideration to stop and a decision to be made?

DR. HOHOL:

The usual time for adjustments in the area of pensions, though this is not a statement of position necessarily, is on the first of the new year, either in advance or retroactively.

DR. BUCK:

Just before an election.

Municipal Grants

MR. CLARK:

Mr. Speaker, a second question to the Minister of Municipal Affairs. I ask the Minister of Municipal Affairs if he will be making an announcement in the Legislature regarding increased grants to municipalities in time so that municipalities will be able to use that information in the preparation of their 1975 budgets?

MR. RUSSELL:

I think the hon. leader is referring to a provincial budgetary item, Mr. Speaker. The timing of that or other similar announcements, of course, would have to be left to the government.

MR. CLARK:

A supplementary question to the Minister of Municipal Affairs, Mr. Speaker. Is it the intention of the government to announce the size of the unconditional grants to municipalities in Alberta prior to January 1, 1975?

MR. RUSSELL:

Well, Mr. Speaker, I'm unable to be very specific about the date the hon. leader referred to in his question. I think during the past two years we have tried to give advance notice prior to the provincial budget being brought down. It would be our intention to give the municipalities notice of the grants at the earliest possible opportunity in order to assist them with their budgeting.

MR. CLARK:

Supplementary question, Mr. Speaker, to the minister. Does the government have under active consideration at this time a program that would deal with the retirement of direct municipal debts, especially those at this time picked up by the Alberta Municipal Finance Corporation?

MR. RUSSELL:

Mr. Speaker, as all hon. members are aware, the government has had under continuous review, and has brought in a number of programs dealing with areas of financial responsibility; operating expenses, capital funding and the matter of municipal debt. So those are matters which are always under review.

MR. CLARK:

Supplementary question, Mr. Speaker. Has the Minister of Municipal Affairs met with representatives of the municipal associations in the province to discuss the proposed changes in the unconditional municipal grants? Have you had such a meeting to date?

MR. RUSSELL:

No, Mr. Speaker, we haven't had such a specific meeting. Of course the two municipal associations do have representatives on the Provincial-Municipal Finance Council and it is meeting regularly.

MR. CLARK:

Supplementary question, Mr. Speaker, to the minister. Is it the intention of the minister to meet with the mayors of the two largest urban centres in the province prior to such an announcement?

MR. RUSSELL:

I think we're now verging into a hypothetical area, Mr. Speaker. I've tried to indicate that all the municipalities will be given advance notice at the earliest possible date with respect to their municipal assistance grants next year. Beyond that I am unable to supply further information at this time.

MR. HO LEM:

Supplementary, Mr. Speaker, to the minister. Has the minister given consideration to implementing a plan similar to that proposed by Ontario, where the province would match equal amounts given by the federal government from corporate income taxes and passed on to the municipalities in unconditional per capita grants?

MR. RUSSELL:

Well, Mr. Speaker, I don't know how much clearer I can be with respect to the Provincial-Municipal Finance Council plus the ongoing substantial programs which have already been introduced that I can give further assurance to the municipalities that their financial situation is undergoing constant review. I think the hon. member opposite would be wise to recognize that in the last three years alone about \$100 million worth annually of additional tax sources have been opened up to the municipalities.

MR. SPEAKER:

Might this be the last supplementary on this point.

MR. HO LEM:

... [Inaudible] ... was just on the point that the minister was replying to something involving other things rather than answering the question ...

[Interjections]

MR. SPEAKER:

The hon. Member ...

MR. CLARK:

Mr. Speaker, with all due respect, it seems that the hon. Minister of Health and Social Development can use a long introduction to a bill and then we cut the hon. Member for Calgary McCall off when he starts his second question.

MR. SPEAKER:

Order please. There is some question concerning the intervention of the hon. Leader of the Opposition at this point. I would remind hon. members, however, that at any stage, if they feel that rules of order are not being followed, they are fully entitled to raise a point of order. That was not done on that occasion. I realize the prime responsibility may be with the Chair, but there is this additional avenue in case hon. members wish to follow it.

My understanding about what the hon. Member for Calgary McCall was saying just now, insofar as I was able to hear him, was that he was raising a point of order on a question - and he nods his assent to that. If he was, in fact, asking a supplementary, I missed that fact.

MR. HO LEM:

Mr. Speaker, I'll take the privilege of asking the supplementary then.

Could the minister advise whether or not the government intends to assist municipal financing in the area of capital funding as well as debt and retirement programs, or provide additional financing for operating cost only?

MR. RUSSELL:

Mr. Speaker, again I'll try to outline it as clearly as I can. The financial situation of the municipal governments is undergoing constant review. There have been programs introduced annually. The hon. Premier has indicated that I will be making an announcement with respect to municipal financing during this session. We expect that's a matter that will have ongoing review and improvement during the coming years.

MR. SPEAKER:

The hon. Member for Spirit River-Fairview followed by the hon. Member for Drumheller.

U. of A. Quotas

MR. NOTLEY:

Mr. Speaker, I'd like to direct this question to the hon. Minister of Advanced Education and ask the minister whether or not he can advise the Assembly that a quota

system or an extension of the quota system is now being seriously entertained by a subcommittee of The University of Alberta Senate.

MR. FOSTER:

Mr. Speaker, without being facetious, The University of Alberta Senate doesn't always discuss its agenda items with me. But I will be very interested to discover whether they are. I know The University of Alberta Senate has been concerned with the matter of quotas. I'm not aware of any recent recommendations they may have made. I'll be very pleased to inquire into the matter and report to the hon. member if he would like.

MR. NOTLEY:

Supplementary question, Mr. Speaker. Can the minister advise whether he is aware of any serious discussion of quotas at The University of Alberta or any of the other post-secondary institutions in the province of Alberta?

MR. FOSTER:

Mr. Speaker, we have had under discussion for some time the matter of a growth plan for The University of Alberta and no decision has been taken on that. But the growth plan, of course, implies that there will be a limit, both physically and numerically, to the number of students - and physically in terms of space - for that great institution. Implicit in that, of course, is the assumption that certain faculties will be limited. So there will, in fact, be quotas on these faculties.

Now this has been discussed between the department and the university. It has not gone further than that. We are considering a growth plan for NAIT and SAIT for capital planning purposes and ultimately perhaps for other institutions. But no firm decisions have been taken at the moment.

MR. NOTLEY:

Supplementary question, Mr. Speaker, to the hon. minister. Can the minister advise the Assembly when he foresees the growth plan being tabled in the Legislature so that members of the Assembly will be able to have some input into this question?

MR. FOSTER:

Mr. Speaker, I for one would greatly welcome input from members of the Assembly on matters of advanced education. I stand here regularly in my place, or rather, occasionally in my place, and cry the fact that I seldom have the opportunity to respond in advanced education matters. So I certainly welcome the inquiry.

It's a little difficult for me to say when that might happen; I'm in the course of discussing [it] with institutions. Subject to the department arriving at a firm view and subject to discussions and concurrence with my cabinet colleagues, we will arrive at a growth plan. There are a number of ramifications of the growth plan that we have not yet sorted out, however. It is somewhat hypothetical and premature for me to speculate at this time as to when this decision might be taken.

MR. NOTLEY:

One final supplementary question, Mr. Speaker. Can the minister advise the Assembly whether or not the government is giving active consideration at this time to substantial increases in the funds to post-secondary institutions so that a growth plan, or some system of quotas, does not have to be considered?

MR. FOSTER:

The comment made by the hon. member opposite, Mr. Speaker, flies in the face of my earlier answer that we were in fact considering growth plans. I believe I said there are a number of ramifications implicit in a growth plan that we have not adequately considered at the moment, in my judgment, and are in the course of doing so. One will be the financial impact on the institution and on students across this province. But that decision has not been taken at the moment.

Christian College

MR. WILSON:

A supplementary, Mr. Speaker. Can the hon. Minister of Advanced Education assure the House that the growth plan includes making provision for the establishment of a Christian college in Alberta?

MR. FOSTER:

Mr. Speaker, the matter of a Christian college is not implicit in the growth plan discussion.

MR. SPEAKER:

The hon. Member for Drumheller followed by the hon. Member for Calgary Mountain View.

Lumber Stumpage Dues

MR. TAYLOR:

Thank you, Mr. Speaker. My question is to the hon. Minister of Lands and Forests. Will the new temporary lower stumpage dues that your department has instituted result in a lower price for lumber to the consumers in Alberta?

DR. WARRACK:

Mr. Speaker, I think that is rather a matter of opinion, but I would not suggest that it necessarily would, because the fact is that there are high-cost inventories on hand at this time and those are the inventories being sold in the immediate future. I think beyond that it will depend on production levels and the market circumstances that I described in my ministerial announcement.

MR. TAYLOR:

One supplementary, Mr. Speaker. Has the reduction in dues been enough to stabilize the industry at this time?

MR. SPEAKER:

With great respect to the hon. member, we seem to be having, both at the spring sitting and at the present time, requests for information which is a sort of general market report in various categories. It is really beyond the scope of the question period to elicit that kind of information which in many instances can be obtained through the ordinary means of research or ordinary avenues of inquiry outside the question period.

MR. NOTLEY:

Mr. Speaker, a supplementary question either to the hon. Minister of Lands and Forests or to the Minister of Consumer Affairs.

Can either minister advise the House whether the Government of Alberta has any mechanism to monitor the price of building supplies to make sure that when high-priced inventories are used up, the price reduction is passed on to the ultimate consumer? Is there any monitoring system presently in place?

DR. WARRACK:

I might respond in this way, Mr. Speaker. My discussions are on an ongoing basis. We have an industry government liaison committee which meets with regularity, particularly when there are problems such as the present circumstances. The lumber market at the production level is what we are primarily dealing with in the Department of Lands and Forests. At the same time the hon. Minister of Consumer Affairs may wish to add something to my answer.

MR. NOTLEY:

Mr. Speaker, a supplementary question to the hon. minister. Is there any method at this stage, or is the government contemplating any method of monitoring the situation so that when high-priced inventory of lumber is used up, if there is a saving, it can be passed on to the ultimate consumer?

MR. DOWLING:

Mr. Speaker, normally that is the situation in the competitive enterprise area of the private sector. We have no situation or mechanism in place at the moment. However, should this need arise we will certainly look at it very carefully.

MR. TAYLOR:

A supplementary to the hon. Minister of Consumer Affairs. Has there been any monitoring of the relative prices of B.C. lumber and Alberta lumber in Alberta?

MR. DOWLING:

No, Mr. Speaker. We haven't made a comparison but we do know that the demands for lumber in Alberta from the United States have decreased drastically in the last little while. This is what has caused the problem in the lumber industry. We are very concerned that those operators in rural Alberta, who are in fact operating lumber industry operations now, do keep in business and provide Albertans and Canadians generally with an ample supply.

MR. SPEAKER:

The hon. Member for Calgary Mountain View followed by the hon. Member for Calgary Bow.

Stoney Indians - Right of Way Claims

MR. LUDWIG:

Mr. Speaker, my question is to the hon. Minister of Highways. Can he advise the House

whether there are any outstanding right of way claims by the Stoney Indians? This is with particular reference to the Kananaskis Highway.

MR. COPITHORNE:

Mr. Speaker, in regard to the Kananaskis Highway I don't believe there are any outstanding claims.

MR. LUDWIG:

Are there any outstanding right of way claims whatsoever by the Stoney Indians against the province?

MR. COPITHORNE:

Mr. Speaker, the Premier made a pretty full statement on some of the Stoney Indian claims recently in this House.

MR. LUDWIG:

Mr. Speaker, I meant with regard to any highway right of way; land taken from the Stoney Indians for highway construction.

MR. COPITHORNE:

Well, Mr. Speaker, the Stoney Indian community is very similar to all communities. They have claims from time to time for different things wherever there are major highways affecting their well-being.

MR. LUDWIG:

Mr. Speaker, I'm sorry the hon. Premier isn't here, but I was going to ask him whether he is contemplating a change of ministers in this department.

MR. SPEAKER:

Order please.

The hon. Member for Calgary Bow followed by the hon. Member for Little Bow.

Freehold Mineral Properties - Mill Rate

MR. WILSON:

Mr. Speaker, I would like to direct a question to the hon. Minister of Mines and Minerals. Could the hon. minister advise what the relationship will be between government services rendered to freehold mineral properties and the tax revenue anticipated?

MR. DICKIE:

Mr. Speaker, I believe I mentioned to the hon. member that that is presently under consideration by the cabinet. I'm sure when we come out with the announcement of the mill rate we'll include a statement as to how that was arrived at, and it would be a detailed answer to the hon. member's question.

MR. WILSON:

A supplementary, Mr. Speaker, to the hon. minister. Could the minister advise what recourse or appeal, if any, the provincial government will provide for freehold title owners when the freehold mineral tax mill rate is struck?

MR. DICKIE:

Mr. Speaker, I'm not sure if the hon. member is referring to the assessment appeals. There is a procedure set out in the Act for that and the procedure has been followed in a number of cases. In respect to the appeal for the mill rate, that is set by the cabinet and there will be no appeal from that mill rate.

MR. WILSON:

A supplementary, Mr. Speaker, to the hon. minister. Has the provincial government determined if the federal government will allow the Alberta mineral tax as a deduction in calculating federal income tax returns?

MR. DICKIE:

Mr. Speaker, I think it's fair to say that the question of mineral taxation and the question of royalties are those items under consideration now. We await with interest the forthcoming budget by the Minister of Finance, the Hon. John Turner.

MR. WILSON:

A supplementary ...

MR. SPEAKER:

Might this be the final supplementary on this topic.

MR. WILSON:

Can the hon. minister advise if the determination by the hon. minister, Mr. Turner, to whom he just referred, will be secured prior to the fixing of the mill rate?

MR. DICKIE:

No, Mr. Speaker.

MR. SPEAKER:

The hon. Member for Little Bow followed by the hon. Member for Bow Valley.

Rural Gas Program

MR. R. SPEAKER:

Mr. Speaker, my question is to the Minister of Telephones and Utilities. What is the present state of supply of resin and plastic pipe for the rural gas program in Alberta?

MR. FARRAN:

Mr. Speaker, the question was about the supply of plastic pipe I believe, but I didn't quite hear it.

MR. R. SPEAKER:

Resin and plastic pipe.

MR. FARRAN:

Mr. Speaker, I'm happy to say that our supply is a little better than anticipated earlier in the year. We were able to get some supplies of resin from eastern Canada and have been able to purchase some plastic pipe in the United States.

We have to date ploughed in, I'll give you the exact figure, I think it's nearly 8,000 miles of pipe. We have plowed in 8,323 miles of plastic pipe.

MR. R. SPEAKER:

Mr. Speaker, a supplementary to the minister. Will any of the co-ops not be able to proceed because of a shortage of pipe this fall?

MR. FARRAN:

Mr. Speaker, the expectations of the farmers are extremely high. It's impossible to complete a 10-year program in one year, but no co-op will be unreasonably held back, I think, for a shortage of supplies.

Our main concern lately has been over shortages of regulators and meters since the Fisher regulator plant in Ontario is on strike and Canadian Meter had some trouble supplying. But we believe we have overcome this. Where there is a shortage of high-pressure regulators we have an agreement with Alberta Gas Trunk Line. We are just going to add up the gas consumed on the low-pressure meters in the actual farms and then relate that back to the total amount of gas that has been taken off the pipeline.

MR. R. SPEAKER:

Mr. Speaker, a supplementary to the minister. Are residents of villages and towns eligible for government grants towards gas installation over and above an initial \$600 payment made by the recipients to their respective gas co-op?

MR. FARRAN:

Mr. Speaker, our objective is to reach the 42,000 households that were unsupplied, up to 18 months ago, in hamlets and small towns. There is a provision for special grants to be made to meet special conditions. Each one of these situations differs.

DR. BUCK:

A supplementary ...

MR. SPEAKER:

Might this be the last supplementary on this point.

DR. BUCK:

A supplementary to the minister, Mr. Speaker. Could the minister indicate if any of the gas co-ops have not been able to proceed with their projects because the cost is higher than the subsidy plus their own input?

MR. FARRAN:

Mr. Speaker, no, we haven't specifically told any that they can't proceed. But let me just reiterate again that they can't all be done in one year. So those with exceptionally high costs and bigger problems than the average are on the back burner until we've found a way to solve their problems.

MR. SPEAKER:

The hon. Member for Bow Valley followed by the hon. Member for Wainwright.

Cow Camp

MR. MANDEVILLE:

Thank you, Mr. Speaker. I'd like to direct my question to the hon. Minister of Health and Social Development. What position has his department taken in relation to the Cow Camp operation at Wardlow, on the Bar V Ranch?

MR. CRAWFORD:

Mr. Speaker, I hope to be able to rope and tie the hon. member's persistent questioning on this issue at some point. The hon. member raised it first in the earlier part of this session in the spring and he and I have had several discussions on the subject since.

I had indicated to the Brooks Chamber of Commerce and to others that a final response on the department's views on this would be based on the presentation made at Brooks during the cabinet tour there in September. I would say that a final response on it will follow a full review of any additional information including the brief that had come to the government since the hon. member had previously raised the question. My estimate of that is that if it's not by the time the fall sittings are over, it would be very shortly thereafter.

MR. MANDEVILLE:

Supplementary question, Mr. Speaker. Has the minister been in touch with Mr. Andras recently in regard to the immigration problem that they're facing right at the present time?

MR. CRAWFORD:

Mr. Speaker, I haven't been directly in touch with Mr. Andras, but I might add that there is no need for me to be because every once in a while I hear from the hon. member who represents Crowfoot in parliament.

MR. SPEAKER:

The hon. Member for Wainwright followed by the hon. Member for Sedgewick-Coronation.

Government Printing Facilities Report

MR. RUSTE:

Mr. Speaker, my question is directed to the Minister of Federal and Intergovernmental Affairs. When will a copy of the report on the various printing and copying facilities of the government, including those of the Queen's Printer, be made available to the members?

MR. GETTY:

Mr. Speaker, I should review that situation and see whether that report couldn't be tabled to the Legislature as soon as possible. I will get an answer for the hon. member.

MR. SPEAKER:

The hon. Member for Sedgewick-Coronation followed by the hon. Member for Calgary McCall.

Oil Spill - Flagstaff

MR. SORENSON:

Mr. Speaker, my question is to the hon. Minister of the Environment. Could the hon. minister advise this Assembly whether he has any results of the investigation into the most recent oil spill in the area of the county of Flagstaff?

MR. YURKO:

Mr. Speaker, I have some letters on the matter from the Energy Resources Conservation Board and from the department, but I do not as yet have any of the reports that were compiled by Interprovincial Pipe Line Limited and the National Energy Board, under whose jurisdiction this matter presently is.

MR. SORENSON:

I'm going to ask the minister a supplementary and ask him whether it has been determined that the three oil spills were caused by faulty welding in the manufacture of the pipe?

MR. YURKO:

Yes, that's generally the conclusion of some of the experts, but not all the experts.

MR. SORENSON:

A supplementary then to the minister. Is the Department of the Environment going to insist that Interprovincial Pipe Line Limited replace the affected pipe as soon as possible to prevent further occurrences?

MR. YURKO:

Mr. Speaker, I think this has already been done.

MR. SPEAKER:

The hon. Member for Calgary McCall followed by the hon. Member for Calgary Millican.

MR. HO LEM:

Mr. Speaker, my question already has been dealt with. Thank you.

MR. SPEAKER:

The hon. Member for Calgary Millican followed by the hon. Member for Macleod.

Inflation - Government Services

MR. DIXON:

Mr. Speaker, I would like to direct my question today to the Provincial Treasurer. In view of tomorrow's important meeting of first ministers and the Prime Minister of Canada and the federal government's request for a fight against inflation, I was wondering if the present provincial government is working on any plans for a reduction in government services in order to meet the federal government's request?

MR. MINIELY:

Mr. Speaker, in those areas where the provincial government can be very helpful in terms of cost of living and inflation for our citizens I think we have indicated there is no government in Canada, provincial or otherwise, which has done more to offset the increased cost of living that citizens face than has the Alberta government.

AN HON. MEMBER:

Hear, hear.

MR. CLARK:

How great thou art!

MR. MINIELY:

Mr. Speaker, nevertheless we also have always indicated that the general rise in inflation and cost of living which Canada has experienced and in fact which the entire world has experienced is one which, while a provincial government cannot control the statistics per se, we have always stood as one which will cooperate with policies which might be implemented on a national level or, in fact, on a world level to combat what is largely, Mr. Speaker, a world problem.

MR. DIXON:

Mr. Speaker, I wonder if I could clarify my question. My question was: is there any government plan to reduce services or - Mr. Speaker, I would like to ask the Provincial Treasurer while I am on my feet - to stop investments with the windfall money we have become heir to until the inflationary trend slows down in Canada?

MR. MINIELY:

Mr. Speaker, I thought I answered in terms because the hon. member I thought had asked what the province was doing in terms of cost of living and inflation in general.

I think the hon. member, Mr. Speaker, would have to qualify his question further, because to say that you would simply cease investments would be a very difficult thing for government. In fact, I'm sure the hon. member doesn't mean, as an example, that we should not be investing and getting a high interest return on a lot of the money we have. So the hon. member, Mr. Speaker, would have to clarify what he means.

MR. DIXON:

Mr. Speaker, I wonder if I could give an example for clarification to the hon. the Provincial Treasurer. The federal government has announced reduction in the defence budget. I was wondering if this government had any thought of a reduction in some of their departments in their fight against inflation in Canada or in our particular province?

[Interjections]

MR. MINIELY:

Mr. Speaker, I think it probably would be best to say that the question relates more particularly to budget than it does to any other time.

Every year when we sit down to review the province's budget and make decisions relative to the budget, we make a review of those services which perhaps should not have a

growth factor, [and] new programs which should be instituted. All of this is part of the annual review which is done of government programs and services in the context of the budget.

MR. NOTLEY:

A supplementary question to the hon. Provincial Treasurer. In the light of the remarks of the President of the United States about restraint and remarks made in Canada, my question to the minister really is this: is a policy of governmental restraint, [in] the judgment of the government at this stage, a wise course to deal with the problem of inflation? Is that the policy of the government?

MR. MINIELY:

Mr. Speaker, I am sorry, with respect to the hon. member I have to say that we have always said with respect to this area of discussion that first we stand ready to cooperate with any cooperative policies that are taken on a national or on a world basis to combat what is a world problem. Nevertheless, Mr. Speaker, we have instituted programs, reduced taxes - property education tax, natural gas rebate - to reduce the impact of inflation as it hurts those of our citizens who are most harmed by it. Mr. Speaker, I cannot say more nor can any provincial government do more than to institute those kinds of policies.

AN HON. MEMBER:

Agreed.

MR. SPEAKER:

Might this be the final supplementary on this topic.

MR. DRAIN:

Mr. Speaker, to the hon. Provincial Treasurer. Do his remarks indicate that he is not prepared to follow the leadership of other provinces that have in fact cut back spending?

MR. MINIELY:

Mr. Speaker, I don't think it's a question of us following the leadership of other provinces when they are trying to follow our leadership.

MR. SPEAKER:

The hon. Member for Macleod followed by the hon. Member for Clover Bar.

Crowsnest Freight Rates

MR. BUCKWELL:

Mr. Speaker, my question is to the Minister of Agriculture. In light of the statements of the hon. minister, Mr. Lang yesterday, is he or the government prepared to present a formal brief, or even a personal presentation himself on behalf of the government, to save the Crowsnest freight rate agreement?

DR. HORNER:

Well, Mr. Speaker, the hon. member should be aware that the remarks made by the Hon. Otto Lang in Edmonton yesterday, to which I have taken a great deal of exception, were in the nature of kite flying by him. I think that my response both in the House yesterday and indeed in my address to the Canada Grains Council last night put the position of the Province of Alberta very clearly; that we weren't going to trade off our statutory freight rates on export grain for some mythical promise from the federal government.

MR. BUCKWELL:

A supplementary question, then, to the hon. minister. Has the government of the province of Alberta, in looking at the equality of freight rates for western Canada, made any studies with regard to the removal of the Crowsnest freight rate agreement?

DR. HORNER:

Well, Mr. Speaker, my colleague the Minister of Industry and Commerce, who is responsible for transportation in the cabinet, has his department working on a great [number] of studies. I would suggest also that numerous studies have been done in this area over the past. The question of whether or not the Crow rates are in fact compensatory is still a question that has not been resolved for my satisfaction.

MR. BUCKWELL:

A supplementary question, then, Mr. Speaker. In light of the remarks of the hon. Provincial Treasurer, has the Province of Alberta a comprehensive plan for freight rates to show leadership in Canada?

DR. HORNER:

Mr. Speaker, we've been showing leadership, if I might put it that way. I would like to suggest that ...

AN HON. MEMBER:
Hear, hear.

DR. HORNER:

In fact the problems we have in the grain handling and freight situation are both physical and financial, but also bureaucratic, arising out of the red tape that's ensnared them out of Ottawa.

MR. NOTLEY:

Mr. Speaker, a supplementary question to the hon. Minister of Industry and Commerce dealing with freight rates. Can the minister advise the Assembly just where his proposal made at the WEOC conference for public ownership of the railroad beds now stands as far as the federal government is concerned, and what action if any has been taken to promote that proposal?

AN HON. MEMBER:
He'll buy it.

MR. PEACOCK:

Mr. Speaker, we certainly have a number of policies under way in regard to freight rates for western Canada. At WEOC we demanded cost disclosure and you can't start anything without that. That's the beginning, that's the genesis of what it's all about. We stood for cost disclosure and said we wouldn't trade off Crowsnest Pass rates or anything else until we had cost disclosure.

[Interjections]

Now, having said that, Mr. Speaker, may I say ...

[Interjections]

MR. SPEAKER:

Is the hon. minister now coming back to the roadbed?

MR. PEACOCK:

May I say, Mr. Speaker, that we presented from WEOC the common use of a railbed as a possibility and a consideration for relieving the congestion of traffic, particularly from the prairies to the west coast and the ports. That study was undertaken by the federal government on behalf of the four western provinces, and is now under way. We are now considering from that first study, that is phase one, the report of which will be in sometime in November, further action we might take in regard to this problem.

MR. SPEAKER:

The hon. Member for Wainwright with a supplementary, followed by the hon. Member for Drumheller.

MR. RUSTE:

Supplementary question to the Minister of Agriculture. Did the minister meet with the hon. minister, Mr. Lang yesterday?

DR. HORNER:

No, Mr. Speaker.

MR. TAYLOR:

Supplementary, Mr. Speaker. Have the misuses of the Crowsnest rates been documented, and have these been forwarded to Ottawa with objections?

DR. HORNER:

At least partially, Mr. Speaker. The misuse, as we call it, of the Crow rates to move domestic grain into central Canada is and can be well documented, and indeed is over and above the feed freight assistance that the federal government runs.

MR. SPEAKER:

The hon. Member for Calgary Mountain View with a final supplementary, followed by the hon. Member for Clover Bar

MR. LUDWIG:

Mr. Speaker, my supplementary is with reference to the minister's statement that the disclosure of freight rates information is the genesis of the whole question.

I wonder if I could ask the hon. minister whether he could give us some wild kind of guess as to when we could expect some deliberation in his department would transcend from Genesis to Revelations?

MR. SPEAKER:

The hon. member might take his Bible and question the minister outside the question period.

[Laughter]

The hon. Member for Clover Bar followed by the hon. Member for Drumheller.

Capital City Recreation Park

DR. BUCK:

Mr. Speaker, I would like to address my question to the hon. Minister of Lands and Forests. I would like to know if the minister can inform us as to what level the planning has progressed in the proposed Edmonton provincial park in the river valley?

DR. WARRACK:

Mr. Speaker, we're at a rather advanced stage, in that as a matter of fact in that we as a provincial government, have made available substantial funding for accelerated development on the area in question.

In terms of additional progress in the last few weeks, as all hon. members will be aware, there were some changes in the city of Edmonton recently. At our first opportunity we'll be following up with the new personalities who are involved to continue the effort we're undertaking.

DR. BUCK:

Supplementary, Mr. Speaker. Can the hon. minister inform the House if the present Highlands golf course will remain as a golf course?

DR. WARRACK:

Well, I guess I wouldn't make that commitment forever, Mr. Speaker, but certainly in the foreseeable future. As I recall our discussions with the City of Edmonton, that was what was contemplated.

MR. NOTLEY:

Supplementary question to the hon. minister. Can the minister tell the House whether or not he has any information with respect to the cost of the proposal as a result of higher construction costs? Will there be any changes in the costs of the proposal as announced last spring in the Legislature, and if so, does he have any preliminary information as to what that change would be?

DR. WARRACK:

Not at this time, Mr. Speaker.

MR. SPEAKER:

The hon. Member for Drumheller followed by the hon. Member for Medicine Hat-Redcliff.

Ontario Coal Study

MR. TAYLOR:

Thank you, Mr. Speaker. My question is to the hon. Minister of Mines and Minerals, and a very short explanation is required. Last spring, the Hon. William Davis, Premier of Ontario, stated that he was, after some prodding by the Premier of Alberta, undertaking a study of the use of domestic coal in Ontario. Has the Government of Alberta received any report of that study as yet?

MR. DICKIE:

Mr. Speaker, our department hasn't. I'm not sure if Industry and Commerce, which has been dealing with the transportation question which relates that to eastern Canada, may have received something.

MR. CLARK:

Give them the word, yes or no.

MR. PEACOCK:

Mr. Speaker, we have ...

DR. BUCK:

Fly with PWA.

MR. PEACOCK:

We have a study and we have had conversation and dialogue with the eastern coal producers.

MR. SPEAKER:

The hon. Member for Medicine Hat-Redcliff followed by the hon. Member for Wainwright.

DREE Program

MR. WYSE:

My question, Mr. Speaker, is to the Minister of Federal and Intergovernmental Affairs. Have final negotiations been completed with Ottawa regarding the DREE program?

MR. GETTY:

No, Mr. Speaker, they have not. As I reported to the House previously, we have signed the general agreement, but other than one agreement which we have signed on transportation and road building in the North, we have not been successful in additional agreements. However, we are pursuing them as rapidly as we can and hope that we can come to some satisfactory resolution before too long.

MR. WYSE:

The last supplementary question then, Mr. Speaker. Are applications for assistance still being accepted by DREE?

MR. GETTY:

Well, Mr. Speaker, that is a federal program. However, to the best of my knowledge they are still considering applications. We hope we will be able to come up with a program, an agreement, that dovetails into the federal program that is being phased out.

DREE - Agricultural Processing Sub-agreement

MR. NOTLEY:

Mr. Speaker, a supplementary question to the hon. Minister of Federal and Intergovernmental Affairs. I would ask whether he can advise the House what the problems are, what the differences between Ottawa and Alberta are with respect to the agricultural processing sub-agreement, and when we might expect that sub-agreement to be signed?

MR. GETTY:

Mr. Speaker, the problem seems to have been in part the decentralization programs which DREE has initiated. We are able to negotiate a successful agreement at the local level. We then proceed to Saskatoon, where the western regional office of DREE is, and we are able to negotiate a successful agreement there. Then the agreement hits the snags at the third level in the federal government in Ottawa.

I'm not exactly sure of the problems. We have had some minor changes which we have been able to accommodate. But there is a body of thinking, I believe, in the federal cabinet that the Department of Regional Economic Expansion's programs are not necessarily needed in the province of Alberta.

MR. NOTLEY:

Mr. Speaker, a supplementary question to either the Minister of Federal and Intergovernmental Affairs or the Minister of Agriculture. Has the government, or has either minister, had an opportunity to discuss the agricultural processing sub-agreement on a person-to-person basis with Mr. Jamieson?

MR. GETTY:

Well I have, Mr. Speaker, yes.

MR. SPEAKER:

The hon. Member for Wainwright.

Farm Equipment Contracts

MR. RUSTE:

Mr. Speaker, my question is to the Minister of Agriculture. It deals with the contracts made by farmers last winter and spring relative to the delivery of new farm equipment, and these weren't honored. My question is: what steps or what action has the government taken in this regard?

DR. HORNER:

Mr. Speaker, I would think that would be a civil matter between the farmer and whoever he made the contract with. On legal advice certainly the Farm Machinery Appeal Board and the Farmer's Advocate are available to help them in that particular area.

It is important though that farmers read the small print in these contracts because they usually have a force majeure clause in them or whatever the lawyers call an "out" if they can't get the steel or other materials.

MR. RUSTE:

Supplementary question to the minister Did he receive any representation from farmers or farm groups relative to this?

DR. HORNER:

Yes, Mr. Speaker. We have responded in a similar way and have put the services of my department at their disposal.

ORDERS OF THE DAY

WRITTEN QUESTIONS

199. Mr. Clark asked the government the following question:

How much money was paid to MLAs Catherine Chichak, Ernie Jamison and David King, pursuant to Section 59(1.1) of The Legislative Assembly Act, for expenses incurred from October 6 to October 8, 1974 at the conference in Jasper concerning manpower in Alberta.

MR. MINIELY:

Agreed.

200. Mr. Clark asked the government the following question.

- (1) What was the destination of all trips taken outside of Canada in 1972 and 1973 by employees of the provincial government, which were paid for from public funds?
- (2) (a) What was the total cost of each trip?
(b) What was the purpose of each trip?
- (3) What civil servants went on each trip?

MR. MINIELY:

Mr. Speaker, pardon me, I meant to move Question No. 200. Because of the detail and work that is involved with respect to the question, I would like to move that it be made a motion for a return.

HON. MEMBERS:

Agreed.

MR. SPEAKER:

I take it that there is unanimous agreement of the House that this be done and that the Clerk will be asked to do the necessary rearranging of the text.

204. Mr. French asked the government the following question:

With respect to foundations under The Homes for the Aged Act

- (1) What is the deficit or surplus incurred by each foundation in the province
 - (i) for the year ending December 31, 1972
 - (ii) for the year ending December 31, 1973?
- (2) What is the average occupancy for each foundation for the years ending December 31, 1972 and December 31, 1973?

MR. RUSSELL:

Mr. Speaker, there is no such act.

MR. DIXON:

Mr. Speaker, on a point of order I would like to get a ruling from you, or maybe rather than a ruling from you, Mr. Speaker, to ask the minister if he wouldn't give the information anyway. Just because the hon. member may not have had the act just exactly right, are we going to be on legal terms here? Is that the reason we are going to try to avoid giving information to the hon. members?

SOME HON. MEMBERS:

Oh. Shame.

MR. RUSSELL:

Mr. Speaker, I would like to reply to the point of order. The government has just spent considerable time, effort and money attempting to answer a question or a motion for a return posed by the hon. Member for Calgary Bow. He got very technical and very specific as to what it was he wanted. If we are going to have to try to guess at what is intended in the question, I think the question should be written properly. If our answers are going to be questioned, then I question whether I'll answer the question unless it is put properly.

MR. LUDWIG:

Mr. Speaker, speaking to the point of order. With reference to the comments made by the hon. minister as to the question by the hon. Member for Calgary Bow, if that question was technical I submit the hon. minister's question was technical and misleading and an abuse of the privileges of the House, Mr. Speaker.

MR. SPEAKER:

Order please. Order please. There is no provision on today's Order Paper for a debate concerning the phraseology of questions or the manner in which they are being answered.

MOTIONS FOR RETURNS

201. Mr. Clark proposed the following motion to this Assembly:

That an Order of the Assembly do issue for a return showing:

What amounts of commission and/or legal fees were paid by or on behalf of the government or Pacific Western Airlines, arising out of the purchase of shares in that company by the Alberta government, and to which individuals and/or companies were these amounts paid.

MR. MINIELY:

Mr. Speaker, I accept Motion for a Return No. 201. I would just like to point out to the hon. leader that with respect to the actual legal fees or commissions paid by, or accounts paid or payable by Pacific Western Airlines, I will have to get the information from them with their agreement.

[The motion was carried.]

202. Mr. Clark proposed the following motion to this Assembly:

That an Order of the Assembly do issue for a Return showing:

A copy of the "Public Assistance Analysis" forwarded to all government MLAs by the Department of Health and Social Development this past summer, and copies of any reports, studies, correspondence or other information, relating to this "Public Assistance Analysis".

MR. CRAWFORD:

Mr. Speaker, I want to move an amendment to Motion 202 in the following terms: if the words "copies of any reports, studies, correspondence or other information" be deleted, that the word "correspondence" be substituted.

I have the necessary copies of the proposed amendment, Mr. Speaker, and I don't think I need speak on it at any length, but only wish to say that reports and studies and other information are, in substance, source documents and back-up material [and] could include things like analysis of analysis before incorporating them in the final report. The final result of all the work that was done is the Public Assistance Analysis. Therefore, I don't think it is customary to produce every document that led up to the preparation of the analysis.

MR. LUDWIG:

Mr. Speaker, I don't think it's customary to produce all the documents with reference to any analysis, but unless the minister has some good reason they want to conceal some of this information, then they ought to do it in the interest of public information.

Certainly you can say, well it's not customary. But it's also customary for a government to give all the information it can. They are spending millions of dollars pushing information to inform the people through the publicity bureau. Here we ask a legitimate question and he is going to hide behind a technicality, we don't have to give it all.

You don't have to give anything. The hon. Minister of Advanced Education is worried why the senate doesn't consult with him. He never tells anybody anything either, Mr. Speaker. But as far as this stand by the Minister of Health and Social Development is concerned, I think it's a legitimate stand, but let's have some reason some of that stuff should be kept hush-hush and confidential. If it isn't, let's have it.

MR. CRAWFORD:

Mr. Speaker, I treat the concluding part of the remarks by the hon. Member for Calgary Mountain View as a question directed to me that I would be prepared to answer.

MR. SPEAKER:

Strictly speaking I suppose we might treat the entire intervention by the hon. member as a question and then it would be in order for the hon. minister to answer.

MR. CRAWFORD:

Mr. Speaker, I don't think anything is lost by following well-established customs. I think when the hon. Leader of the Opposition moved the motion the document that he was interested in was the Public Assistance Analysis. The correspondence that relates to it, I can tell him now, will be correspondence that forwarded the document to people to whom it was forwarded. I believe there is a memorandum asking for its recall.

I know this is what interests him but I don't see that we should bring in bales of information from 35 regional offices in the province and literally fill this chamber with them, when we have had a research staff go through them in order to produce the very report from that source information and studies that we are going to file. I just don't see the purpose in doing that.

There would probably be statistical information on each and every individual in Alberta who is related in any way to the 35 regional operations. It's just never done, Mr. Speaker, and if there are specifics and that sort of thing that hon. members would like, I would suggest that they should follow that up with a motion for a return. But it shouldn't be a sort of dragnet operation like this; that if the motion asks for information that is not ordinarily provided the allegation should be made that it's being withheld.

I say again that it would really tax the energies of the people who have to receive this information here if we did those things. And they are simply not done by custom.

MR. LUDWIG:

Mr. Speaker, I'm satisfied with the hon. minister's explanation. He makes the best explanation of anybody in the House, Mr. Speaker. I'm pleased with it.

MR. BUCKWELL:

Mr. Speaker, could I ask the hon. minister a question. Why was this report recalled?

MR. SPEAKER:

We are rather disregarding the ordinary rules of debate - what is presently under debate is the amendment. If there is any further debate on the amendment perhaps we might proceed with that.

MR. CLARK:

Mr. Speaker, in speaking to the amendment it's very obvious we are going to have to accept the amendment as it has been put forward by the minister. We will have ample opportunity during the spring session, dealing with the estimates of the Department of Health and Social Development, to go back to this particular matter.

But perhaps for the sake of the record I should point out that the members of the opposition got a memo from the government asking them to please return the Public Assistance Analysis, which we never received. The very odd situation is, Mr. Speaker, that we are in the situation here of the government obviously having sent this information out to the members of the government - information that was paid for at public expense I hasten to add. This, rather frankly Mr. Speaker, was the reason, to use the term of the Minister of Health and Social Development, we are putting out the dragnet. We may only catch some small fish today but there's fishing later on.

[The amendment was carried.]

[The motion as amended was carried.]

203. Mr. Notley proposed the following motion to this Assembly:

That an Order of the Assembly do issue for a Return showing:

1. Total amount of moneys spent by the Department of Highways on construction of district roads in ID 16, ID 17, ID 19, ID 20, ID 21, ID 22 and ID 23 for the fiscal years '70-'71, '71-'72, '72-'73, '73-'74.
2. Total amount of moneys spent by the Department of Highways on maintenance of district roads in ID 16, ID 17, ID 19, ID 20, ID 21, ID 22 and ID 23 for the fiscal years '70-'71, '71-'72, '72-'73, '73-'74.

MR. COPITHORNE:

Mr. Speaker, we accept that.

[The motion was carried.]

MOTIONS OTHER THAN GOVERNMENT MOTIONS

1. Mr. Ho Lem proposed the following motion to this Assembly:

Be it resolved that this Assembly endorse the principle of a noncompulsory denticare program organized and operated under and in conjunction with the Alberta Health Care Commission.

MR. HO LEM:

Mr. Speaker, I take pleasure in rising to speak today on Motion No. 1 on today's Order Paper which is relative to the dental care resolution before this House.

Mr. Speaker, there is in the province of Alberta a gap between dental needs and available dental services. There is also a gap between demands of those requiring service and those who are available to provide it. There is a gap between those who cannot afford dental care and those who desire it. And finally, Mr. Speaker, there is a gap between the perceived wishes of the citizens of this province as to the services they wish to be made financially possible through government, and the actual service that this government is making available.

Mr. Speaker, I have introduced this resolution for a combination of reasons. Perhaps the most important is simply that I sincerely believe that all citizens, regardless of age, economic background, creed, color or political perspective, have a right to a reasonable level of health care and this of course includes dental care.

As citizens of this province and of this country, I believe that we, as legislators, are not fulfilling our responsibilities to ensure that all citizens have a share of the tremendous resource and wealth of this province. Secondly, there has been a tremendous response from all citizens to the suggestion of dental care by personal conversation, by telephone, by letter. We have received representations from individuals and groups requesting and supporting the proposal of a dental care program. Finally, Mr. Speaker, perhaps a most compelling reason for calling for the establishment of a dental care program, is a gigantic increment in revenues to this province at the present time. Unless we can somehow ensure that this new-found wealth benefits directly in a fundamental way those we represent, I question whether our trusteeship of the public purse is being executed responsibly and fairly.

Mr. Speaker, my proposal, "Be it resolved that this Assembly endorse the principle of a noncompulsory denticare program" and that it be "organized and operated under and in conjunction with the Alberta Health Care Commission", is based on eight guiding principles, eight policy guidelines if you will.

The number one consideration: noncompulsory, operated by the Alberta Health Care Commission. First may I suggest, Mr. Speaker, that the program must be noncompulsory and organized and operated under and in conjunction with the Alberta Health Care Commission. I believe that dental service must be equally available to all citizens provided they desire it. There may be those, however small in number, who do not wish to be forced into a program such as this. As far as I'm concerned, their wishes must be respected. However, we must not lose sight of the need for making this program economically viable and acceptable to the public at large. For that reason, my proposal would include that it be operated by the Alberta Health Care Commission. In addition, we ought not at this time fall into the trap of setting up more and more departments when one exists already which can handle the job; when one exists with staff, with the procedures and with the computers and the administrators to do the job well. In other words, Mr. Speaker, there should be an attractive noncompulsory dental program available to all citizens without economic hindrance and this program should be operated in conjunction with the Alberta Health Care Commission.

The number two consideration, Mr. Speaker, is the phased-in program. This program, Mr. Speaker, is a massive undertaking. It is a large administrative task as well. It affects hundreds of thousands of individuals. For that reason and for reasons of economics, I would suggest that denticare be phased-in on a logical and rational basis. Phasing, of course, would be done on a priority basis and it could involve four steps: (a) children under six, (b) children under twelve, (c) senior citizens and (d) all citizens. By doing it like this, we can improve and perfect administrative problems which are bound to arise and gradually provide the additional personnel, both dentists and supportive staff, required in urban and rural communities. As well, Mr. Speaker, the financial costs would not be a massive burden all at once on our revenues.

One point I would like to make perfectly clear, because of the nature of this and its importance, I do not want to see this made a political issue where all parties promise this as a party platform. If this were to be the final outcome, Mr. Speaker, it would mean that we must wait another period of time before this program could be initiated. I think that any delay in this important matter would be too long. The program must be phased in in four stages which I believe is a logical and a rational approach.

The third consideration is education. An important aspect of dental services is the actual delivery of the health care to those who need and require it. Not only must there be dental treatment for medical reasons; it is essential that there be a preventative component of the denticare program. To do this, we must require more dental hygienists, more dental assistants, more dentists, especially in the rural communities. I believe, Mr. Speaker, the Department of Advanced Education in direct and close consultation with the Alberta Dental Association should take a very careful look at the needs and requirements, both short-term and long-term, of professionally-trained supportive staff for the dental profession. I believe that government must recognize the need for additional funding in this regard if we are to make dental care accessible to the people. Mr. Speaker, we must significantly increase funding to the appropriate educational institutions for the training of dentists and dental personnel.

The fourth consideration, Mr. Speaker, is the preventative program. What is a preventative program? The most obvious response one would look to would be that of voluntary fluoridation. This is a subject which the province has decided to allow the local municipalities to determine. And today, without getting into the factual or

emotional debates on this subject, I would merely suggest that many citizens believe there is clear evidence that fluoridation can play a significant role in reduction of dental decay at early ages, and that perhaps this government should encourage its use by younger children on a voluntary basis.

How do we develop an educational program throughout the province's school system? This also, Mr. Speaker, must happen at the local level. I do, however, believe the province should provide leadership in encouraging educational programs, both by teachers and by the members of the dental profession at the classroom level.

The fifth consideration is that of rural communities. As my colleague, Dr. Buck, will probably confirm, there is a certain difficulty in attracting graduates of dental colleges to rural communities. It may be that in order to provide adequate numbers we should investigate such things as travelling clinics and other alternatives. Certainly I feel the most important alternative would have to be financial incentives to dentists to locate in rural communities. This should have an important bearing. And this may be taken into account by the fee scale determined by the Alberta Health Care Insurance Commission when such a program is implemented.

Special attention, Mr. Speaker, must be given to ensure that rural communities in Alberta have access to adequate dental services as similar as possible to those available to urban dwellers.

Number six, consultation. The implementation of any program, and especially this program, Mr. Speaker, must be done with close and frequent consultation between the government and major group affected which is, in this instance, the Alberta Dental Association.

Mr. Speaker, the organization has made representation to this government as well as to the previous government on this subject, and has indicated its support for a program such as this. But let us not make the mistake of introducing a program and of setting up structures without consultation with those who are going to be charged with the responsibility of implementing it at the grass-roots levels. Their experience, insight and expertise would be invaluable and we would be remiss if we were to ignore this important resource.

In the final analysis, it will be the dentists who determine whether this large outlay of resource will be effective, whether it will be humane, whether it will be accessible and certainly whether it will be efficient.

Number seven, the area of funding. I suppose in theory, Mr. Speaker, a denticare program could be organized by the dental profession independently of government and not requiring a subsidy from the general revenue. However, in order for such a program to be economically viable, the fees and rates would be, in my opinion, unbearably high. For that reason, I believe the government must subsidize, in an extensive way, the cost of this program.

You might say, what is the cost. I do not intend to get into the actual details of profit and loss statements at this time. The experience of other provinces and other countries suggests that the costs are variable and certainly dependent on what the services actually are which are made available.

What I do want to stress is that in order that all citizens, regardless of economic situations, have access to this program it must be subsidized in a major way so that the economic considerations are not a barrier.

I just want to take a moment to comment on our financial status. It is ironic to note that with Alberta clearly becoming one of the wealthiest provinces in the country, it is those have-not provinces which have introduced schemes and programs of denticare.

The province of Prince Edward Island, the smallest province in the country, has, since October 1971, had a denticare program for children and since then, systematically since 1971, older age groups have been added. The ultimate objective, Mr. Speaker, is to include all children up to the age of 18.

Quebec, within the last few months, has announced a program providing free dental care for children up to and including the age of eight. The province of British Columbia announced in February of this year a joint study by the government and the dental association into the matter of denticare programs for children and adults. Nova Scotia has already introduced a denticare program for five- and six-year olds, and Saskatchewan is operating a program providing denticare for children free of charge.

So it is interesting to note, Mr. Speaker, that the provinces throughout the country are introducing programs such as this because they are needed and because they should be provided. Yet this province, one of the wealthiest in the country and perhaps one of the most affluent in the world on a per capita basis, is lagging behind in this area.

The eighth and final consideration is joint funding. So, Mr. Speaker, as denticare evolves throughout the country and provinces are determining priorities of resources to be allocated to these programs, I believe we should take a strong look at Ottawa and its participation in this program. In other words, I believe there should be a jointly funded program so that Canadian citizens, regardless of geography and region, have equal access to programs such as this.

In conclusion, Mr. Speaker, I call upon my colleagues in this House to carefully examine their own priorities and listen to their own constituents on the subject of denticare because I believe once this is done one can only reach the conclusion there is a need to be filled, and I submit, Mr. Speaker, that need can and should be met. I believe that by pursuing this course of action we would make this province a better place to live in and, more importantly, it would be a significant advancement for the quality of life of

all citizens in this province and a credit to any government that would take the leadership and initiative to introduce a denticare program for this province.

MR. NOTLEY:

Mr. Speaker, I welcome the opportunity to take part in this debate and, in doing so, congratulate the hon. Member for Calgary McCall for an excellent resolution which, despite one or two differences on minor points, I think is nevertheless the kind of resolution which should be adopted by the Legislature. I personally support it.

I think, Mr. Speaker, in looking at this whole question of denticare, one has to put it in the perspective set for us in 1964 with the report of the Hall Commission on health services in Canada. This is a major royal commission report, Mr. Speaker, that looked at the question of health care in the country in total and made a number of important recommendations. Chief among those recommendations was the emphasis that we should shift our health care system from remedial, or looking after people after they got sick, to preventive medicine. Of course when we analyse the question of denticare, one of the principal reasons for promoting a denticare program is that we can place the emphasis on prevention, where it should be, rather than having to deal with cures after the fact.

Mr. Speaker, the arguments presented by the Member for Calgary McCall are in my judgment well-taken. I am going to deal with some of the others in more detail, but I would just like to second his comment about the cost-sharing end of it. It seems to me that once Alberta moves into this area, we have a very strong case indeed for federal funding on the same basis at least as the present medicare formula permits. The sooner we move in this area, Mr. Speaker, the more quickly it is likely to be able, at the federal-provincial conference or wherever the case may be, to squeeze out of the federal government a commitment to cost share for denticare as well as hospitalization and medicare.

Mr. Speaker, the whole concept of denticare and its preventative nature is wise ultimately for everyone in society, whether young or old. But clearly denticare should start with children. It's rather upsetting to learn that some dental journals state that over half the children in the country reach their fifteenth birthday before they have their teeth examined by a dentist. This is a rather shocking commentary, Mr. Speaker, on the right to health that presently exists in this country, as far as the dental facilities are concerned at least.

Now the second point I would make in dealing with this resolution, Mr. Speaker, is that we now find there is inequality among Albertans in their ability to obtain dental care. Again, the high-income people can either consider a private plan or, if they have to go to a dentist, pay the dentist themselves.

The well-organized, those who belong to trade unions, are being looked after because, for those of you who have been following the negotiations of trade unions, one of the principal objectives of most collective agreements these days is the inclusion of some kind of dental service. Trade unions recognize the importance of dental care and just how big an item this can be in the budget of an individual trade union.

But, Mr. Speaker, the difficulty of course is that most Albertans aren't protected by trade unions. Many of the working poor are people who don't have that kind of strong, organized group to go to bat for them. They are the ones today who find that either they have to pay more than they should for a private plan or more often than not - and this is the tragedy of it - go without adequate dental attention.

So, Mr. Speaker, the provision of a province-wide scheme is, in my judgment, absolutely necessary if we are to provide equal access for all Albertans to the benefits of modern dental care.

The third point I would raise, Mr. Speaker, deals with the performance of other provinces. The mover of the resolution has already cited provinces which one wouldn't expect to be terribly ready to move in this area. Rather poor provinces such as Nova Scotia, P.E.I., Quebec and Saskatchewan already have, if not complete dental care programs, at least programs for children in place. As far as Ontario, British Columbia and Manitoba are concerned, they are now working on programs and have made announcements to implement programs that at least go part of the way towards providing basic dental care.

So I would hate to see Alberta lag behind in this area and clearly, with the vast sums of money that we have at our disposal, it is no longer possible to say that we can't afford it. I've always questioned the argument in any case, Mr. Speaker, that we can't afford proper health facilities. I can't think of a more important investment we can make in society than the investment in good health. It seems to me false reasoning and rather foolish economy to scrimp in the area of providing proper medical and dental health, because in the long run it costs a good deal more, as I said before, to do the curative work which could have been prevented if proper plans were in place.

It's also interesting to note, Mr. Speaker, that the Alberta Dental Association is not opposed to this proposal and that indeed it has supported a form of dental care in the province for some time.

One of the issues that the member raised in dealing with this resolution was the distribution of dentists in the province of Alberta. It is my understanding that health experts say that there should be a ratio of one dentist to approximately 1,150 people. But in the province of Alberta we have one dentist for every 2,643 people. In other words we have a very definite shortage of dentists in the province of Alberta.

But more important, or at least equally important, we have a rather serious distribution of dentists, a 'maldistribution' of dentists I should say, because we have a

fairly large number in our major cities. But when you get out to the rural points you find that dentists are very scarce indeed. Of the 674 dentists practising in the province of Alberta, 240, or 40 per cent, live in the city of Edmonton. I suggest one of the advantages of a province-wide dental scheme is that we could, through a program of incentives, encourage dentists to go out to the rural areas of Alberta.

I don't think we can talk, as we do repeatedly in this Legislature, about how we are going to decentralize economic opportunity and all the things we are going to do for the small towns. I don't think we are going to get very far in that general direction, Mr. Speaker, unless we are prepared to clearly commit ourselves to proper and adequate health services.

I've had a number of people in some of the more remote areas of my constituency bring rather vividly to my attention the problems they face. Just let me cite the example of some young farmers in the Silver Valley or Fourth Creek area, which is about 45 or 50 miles from the major town, Spirit River. But Spirit River is another 35 miles from Fairview which has the closest dentist. So in order to get to a dentist they have to go 80 miles. Of course that one dental clinic is so overbooked that an individual has to wait literally months in order to get an appointment.

What happens? What happens is very simple. The children in that particular area are getting totally inadequate treatment. They have no diagnosis of their problems. It is a situation where the only time they do go to a dentist is when they have a very severe problem. And that's not good, Mr. Speaker. Certainly if we are concerned about providing incentives for people in the rural areas, as I said before, one of the very critical things we have to consider is the provision of proper medical and dental facilities.

So in summary, Mr. Speaker, I welcome the decision of the Member for Calgary Mountain View to place this resolution before us. I believe it is a good one and merits the support of all members. I would hope, as he does, that the government would move on this quickly; not wait until a few days before the election is announced, or perhaps throw [it] out as a goody during the election campaign. The time to move on it is right away.

AN HON. MEMBER:
Now.

MR. NOTLEY:

Yes, it's a 'now' government, and I would like to see some action now. As a matter of fact, I would like to see the Minister of Health and Social Development use this resolution as a time and place to tell us they aren't going to play politics any more with the health of the people of Alberta, and that we're going to have an announcement that this government is going to move in the next year.

MR. FOSTER:

We're going to move all right, Grant.

MR. NOTLEY:

The hon. member may, in fact, be moved. There's no question about that. But that will be by the people in Red Deer.

In any event the point, Mr. Speaker, I think is well made. The time for a dental care program is now. I'm going to sit back and enjoy the endorsement, the ringing endorsement, that I'm sure this resolution will get from every single member on the government side who will be urging his government to act now.

AN HON. MEMBER:
Hear, hear.

DR. PAPROSKI:

Mr. Speaker, as I rise to speak on this motion may I from the outset indicate that I am supportive of adequate quality dental care for all Albertans, for all Canadians, without hesitation. But, as this motion reads, "... under and in conjunction with the Alberta Health Care Commission", makes me quickly ask why.

Surely, Mr. Speaker, this route, as the hon. member opposite must have considered, does not necessarily mean that all those who really need medicare will in fact get it. For as it reads, to "endorse the principle of a noncompulsory denticare program organized and operated under and in conjunction with the Alberta Health Care Commission" would imply, Mr. Speaker, that it not only implies but is, in fact, noncompulsory which means that you will have to join this particular plan.

Mr. Speaker, I suggest that those who are in need cannot afford to join such a plan and they, in fact, will continue not to have denticare under such a proposal.

Surely, Mr. Speaker, another point the hon. member opposite should appreciate [is] that such a government program is not analogous to medicare, either relative to the type of illness that dental problems produce, or the life-threatening problems that they may produce, or the chronic illness that may occur with respect to other illnesses. I suggest that in medicare the costs could be staggering to the individual who is ill and in fact the problems are life-jeopardizing. So there is no analogy to be drawn here between medicare and denticare in this respect.

The next question, Mr. Speaker, that I'll ask, and I certainly put this question to the member opposite again, is whether our citizens at large are ready. Are they ready across-the-board via the Alberta Health Care Insurance Commission and an additional

taxation, I suggest again, which although it is noncompulsory, as the hon. member mentions in this motion, has a tendency to become very quickly a compulsory type of program with increased cost and the bureaucracy that is associated with it.

So, Mr. Speaker, do our citizens really want this, or are they in fact saying - and I suggest to the hon. members maybe this is what they are saying - let's take care of those who are truly in need first, as we are I suggest that the extended health programs for senior citizens, the handicapped, the mental health, we have in fact carried out very well. Or are they suggesting that we should also help those who can help themselves. Well, Mr. Speaker, it's this type of question that must be answered, and it must be answered now before the Assembly makes a decision and endorses such a concept.

From the outset, Mr. Speaker, I again congratulate the hon. member opposite for bringing this to the floor for debate, but to endorse the principle that quickly without these [questions] being answered, I suggest we could get ourselves in a bind and be anti-provincial [in] direction.

I, for one, will continue to support total health for Albertans and Canadians, as I am sure all hon. members here will, but in a priority context which can be exemplified by the programs and priorities that I suggest this government has set out and carried out.

Mr. Speaker, consideration must be made to ensure that outlying areas such as the rural areas, as has been mentioned, are receiving the necessary assistance in health care - those in need, such as general assistance across-the-board for those on lower and fixed income, those who are senior citizens, those who are handicapped, and the mentally ill. These are the areas we have to deal with and we have dealt with, and I suggest maybe this is the area we should extend to ensure that the people of Alberta have a strong Alberta economy so that the citizens have the opportunity to take care of themselves.

Mr. Speaker, I don't think there is any doubt in anybody's mind here in this Assembly that this government has followed that course and has strengthened the individual income so that they can, in fact, better afford such programs as denticare.

Mr. Speaker, I could go on and indicate many of the other priorities that we have chosen as a priority over and above that of denticare, although denticare in itself is important. But I won't. [I would] just mention again that the minimal wage increase assists those people to help themselves. The municipal assistance decreases their taxation and again assists the people to deflect their resources for dental care or whatever care they require. In other words, a general increase in the standard of living that has come about from the time this government has taken office helps this area very well. And yet, Mr. Speaker, we haven't ignored those who are truly in need. And I again emphasize those who are handicapped, the disadvantaged and the senior citizens.

So, Mr. Speaker, these are, and there are many others I think, very important questions which must be considered before the Assembly endorses such a concept.

There is no mention here, Mr. Speaker, although the hon. member mentioned in his comments preventative care which is, of course, the essence of any health care. Mr. Speaker, maybe the thrust of this government should be not in an overall dental program, but in an area of preventative dental care primarily and [to] institute and bring about programs in this area. And here I speak of screening ...

MR. HO LEM:

Mr. Speaker, I don't think the hon. member was listening to what I was saying when he said I omitted "preventative".

DR. PAPROSKI:

Mr. Speaker, indeed I was listening very carefully. He did mention preventative care. But I say that this motion is not dealing with it and I suggest that maybe this is the area that we should really focus on, rather than deal with endorsing an overall dental program.

So, Mr. Speaker, the screening of our population groups to pick up and deal with problems early, especially in the early age groups, I think even at the preschool and elementary school level is of prime importance.

Fluoridation, as the hon. member opposite has mentioned - and other equivalent measures - I think is a prime requisite for any good overall dental program, and especially for that age group up to the age of 12. The educational program has been mentioned and I certainly acknowledge and support this, that these programs should be ongoing in all schools up to Grade 12.

Mr. Speaker, in spite of all this, to endorse a program of universal dental care would result in a mammoth problem because there is a great need for auxiliary dental personnel such as hygienists, dental nurses and others to assist those dentists. It numbers, as I heard quoted today, 694 or 700 dentists roughly for the province of Alberta, and most of them are indeed located in the urban cities.

I suggest that even if they were evenly distributed across the province of Alberta this would be totally inadequate, and to bring in a program like this and thrust the population on the inadequacy that would come about, because everybody would want this, would be actually ludicrous. I suggest the priorities have to be defined and, as I have mentioned, certainly one of them is to develop auxiliary assistance for the dentists via hygienists and dental nurses, and let them carry out some of those activities that the dentists are in fact carrying out now.

The next question that must be asked as quickly as that is whether the population at large will accept this auxiliary care from others other than dentists. I agree that in Australia, New Zealand and Great Britain this has worked out well. But, Mr. Speaker,

before this comes about, first we need to have this personnel, and secondly we have to have an educational program to assure that the population will in fact accept them.

So, Mr. Speaker, what other aspects are there to be considered. I mentioned the priority group, the early ages. Up to age 12 would be an ideal age group to capture because the earlier you treat and prevent the problem the better it is. I've indicated quite definitively, Mr. Speaker, to again reinforce, that those in need must be assisted because they can't help themselves. We've done this in the area of senior citizens and for the handicapped, the mental health problems and so on, et cetera, et cetera.

So, Mr. Speaker, dental programs to bring about healthy teeth for our population are good. But the consideration of another area has to be brought into focus here and that is, who should fund this. Should it be the people at large, by taxation, federal, provincial taxation, municipal taxation. Should the dental association handle this, or should the individual on an individual basis handle this. Mr. Speaker, I do focus on one thing. It should be common knowledge in this Assembly, but we have one of the best preventative dental programs in all of Canada, I suggest in all of North America, through our local health units.

MR. LUDWIG:

In the whole world.

DR. PAPROSKI:

As the hon. Solicitor General I'm sure would agree, Mr. Speaker, these are facts. Now as quickly as I state that, I'm not stating that this is adequate by any means. We can extend and improve these areas as we have so recently for our senior citizens.

So, Mr. Speaker, before the Assembly endorses any direction that the hon. member opposite has brought in, I suggest and recommend that there be a total review of the dental association recommendations in close cooperation with the dental association, and clarification what population groups should be dealt with first. I suggest and recommend up to age 12 and the senior citizens. I suggest that we continue and extend our coverage of those in need, and I've mentioned those. I suggest and recommend that we extend our programs on a priority basis also to cover all those in isolated areas as a top priority with assistance for those only in need.

Mr. Speaker, let me conclude by saying, for the hon. member to bring in this particular motion to endorse a denticare program that is noncompulsory, so that it will help only those who can afford the program in fact because it is noncompulsory and you have to pay for it, makes me wonder really what he wants. The suggestions and recommendations I have indicated for the priority needs of the younger age group and the senior citizens I think should be followed and a careful overall review should be done immediately.

Mr. Speaker, thank you.

MR. LUDWIG:

Mr. Speaker, I wish to go on record as supporting this program. I believe the honorable mover of the program, Mr. George Ho Lem, did a very outstanding job and we don't need to repeat what he said. I was a little surprised at the remarks of the honorable doctor, who is satisfied that we have the best program in Canada ...

AN HON. MEMBER:

In the world.

MR. LUDWIG:

... and when I listen to see how many shortcomings we have in the field of dental care - even if it is all that good there is room for improvement. The fact that we have a constructive and acceptable proposal from this side ought to be looked at with concern by the government members. I'm sure the public is telling them that we ought to look at this issue seriously to see if we can implement it.

I was amused to hear the doctor defend the medicare program so staunchly, then on a similar problem reject it. I get the impression that the doctors have perhaps a good thing and they don't want to sort of crowd the problem by permitting another good program. In some instances families who have children - their cost for dental care is much higher than anything they spend on medical expenses. We should look at this.

If the overall program overwhelms the hon. members opposite then they should phase it in, as the hon. Member for Calgary McCall has recommended. It doesn't have to be done all at once. But there is a dire need for help in this area, especially for those people who cannot afford to give their children proper dental care. We certainly can't plead poverty. We can't plead that we can't afford a program like that, and I doubt whether Ottawa would resist too long if the other provinces wanted a cost-share program.

I want to endorse that program. I think if the honorable doctor who just spoke states this is an issue that has to be looked at, that's what this motion is all about. Let's hear the views of the hon. members. Let's have them stand up and stand for or against. That's what this is all about. I'd like to hear some of the members opposite stand up and give their views, not merely oppose a motion because it originated here. This is not an original idea. This idea has been raised often. But the fact that it was raised by an hon. member who represents an area where they could well stand that kind of help, and he's not the only MLA who has that kind of constituency - we have a responsibility in

assuring that our children and other citizens who need it do get proper dental care, Mr. Speaker.

MR. GRUENWALD:

Mr. Speaker, I'd like to make a few brief remarks in support of the motion.

I believe that the motion and the intent of the motion is good and one which is certainly worthy of support. The objection has been made about the voluntary aspect of the motion. I think this is one of the strong points in the motion as far as I'm concerned because Alberta Health Care is a type of insurance like many other insurance policies, and there's nothing wrong with having certain amendments or options with any particular policy. In any automobile policy you can add certain coverages or leave them off if you want to, at the option of the buyer. You can do that on fire policies. You can do that on group medical policies of every description, whether they are for employee groups - so I see no reason that option couldn't be added to the Alberta Health Care. There's just nothing wrong with that aspect at all. It's feasible, it's workable and I think it is desirable.

Now the need for medical care, of course, doesn't even need to be stated because it is obvious. Someone mentioned, do the people of Alberta want the coverage. Well, I say the quick way to find out about that, Mr. Speaker, is simply have a referendum sometime and find out what kind of results you would get. You would see that people are highly in favor of some type of dental care, and in particular for children, in the area of preventative services as has been mentioned, particularly the very early stages.

I believe it can be phased in in several ways. We can use the age. We can make it optional and also with a deductible. I believe everyone can pay something toward their children's dental care and I think this should be considered. Because many people, many families with many children, if they don't get assistance, if they don't get help with this dental care, they just aren't going to get the care. It's just about that simple. I think this is a tragedy because many people today are walking around with teeth which are deformed or bad or are without teeth simply because adequate care was not given. Maybe they couldn't afford it, but certainly it just wasn't done in their early childhood days and they carry that scar for life. I think this is rather serious, Mr. Speaker. I think we should give serious consideration to those people who need it the most, the young people.

We have the area of orthodontia now which is becoming prohibitively expensive. They can slap him with a bill for \$1000, you know, just like that. It just makes people shudder. People on ordinary salaries can't cope with a bill like that. There would be a shortage of dentists, I agree, if such a plan as this were initiated. But certainly the paraprofessionals can do a great deal in preventative dental service. This is an area where I believe, through the Minister of Advanced Education, we could put some emphasis in our training institutions to help us to see if we can't get more facilities to train these paraprofessionals, like the dental technicians, the hygienists, the dental assistants. In the whole area there is a tremendous demand for that. There are a lot of young people who want to get into that area, but there is no room for them. I would say one-fifth of the people who apply for that type of training wouldn't be accepted in our institutions in the province of Alberta.

So I would say this would be a way in which we could assist this program. Let us train the professionals, let us use them and also put it in on an optional basis, as an amendment or an option, I should say, in The Alberta Health Care [Insurance Act] and also with the deductible if necessary. But for goodness sake, let's make something available to the people who want it.

Thank you, Mr. Speaker.

MR. LEE:

Mr. Speaker, at the outset I, as others have done, want to congratulate my colleague from Calgary for the most concise and comprehensive way in which he has presented what I think is a very important resolution. It's one that I will endorse in some form. I would like to make comments, I hope as comprehensively as he has done, on various aspects on how we might undertake a plan, how we might fund it and so on.

I might say also, though, that I endorse inclusion of denticare under the medical care plan; in addition I also endorse the inclusion of other services which may not be covered now under the plan. Being a psychologist, I have submissions made to me all the time and psychotherapy is one that I can think of right off the bat. I am sure there are other services that are not now covered, which we are not covering. Also in individual cases there is a compelling need for its coverage under medicare.

I might mention also, before I go into actual aspects of my remarks, that we do have a certain amount of denticare coverage at present in the province. Our senior citizens, some 200,000, are covered for denticare at this particular time. All individuals on public assistance - I understand some 75,000 - are covered for dental care. Treaty Indians within our province are covered by the federal government. Within Calgary and Edmonton we also have free dental clinics with a priority for those people who are on low incomes, marginal incomes, perhaps just above public assistance level. So there is some form of denticare available in our province at present.

Speakers, however, have mentioned real gaps in dental service, especially in remote rural areas which do not have such clinics, which do not have such coverage.

I would like to relate to this topic, Mr. Speaker, by speaking about three aspects of a denticare program. The first of these is funding, the second the nature of the

benefits, the operation of the plan, and thirdly the actual delivery services, the priorities we might undertake in presentation of the denticare plan.

First of all, in funding I support the suggestion of the hon. Member for Calgary McCall that we carry this particular plan under the Alberta Health Care Insurance [Commission]. We have the mechanism for it. We could carry it either in an optional way or in a universal manner.

I do argue with his inclusion of the word "noncompulsory" because when you really look at noncompulsory what you are talking about is a subscription fee. You are talking about having to pay a premium. If you don't pay the premium, you don't have to use the word "noncompulsory". It simply means either you take advantage of the service or you don't. So I think the inclusion of this word, after listening to his remarks, may not have been what he meant in the actual resolution itself.

When we look at inclusion in medicare we can look probably at three sources of funding. We can look at, as others have suggested, funding denticare out of the general revenues of the province. As I read other people's comments, they would suggest we cover 100 per cent of the cost of denticare by the general revenues of the province, commenting on the vast riches that we have at present.

I might comment that in these last few months, if I were to add up the suggestions I have had for very compelling expenditures that we might make, I think we probably could spend over \$1 billion fairly quickly on services which are required. So just because we do have these excess revenues coming to the province, I don't think we should give up our right, our stewardship responsibility. When we look at paying for it from the general revenue, the cost of denticare becomes a real feature. As others have been unable to do, I can't come up with the real cost of denticare and haven't found an actual cost.

One speculation is that it would cost something like \$46 per person per year for those people who are covered by the plan. If we add that up it would come to a considerable cost. Added on to the \$116 million that we now project in the last fiscal year for medicare, it comes to quite a bill.

A second way that we might fund it, partially or in full, is by increasing the premiums on Alberta Health Care Insurance. If we increased the premiums - you might do it universally or you might just apply it to the family portion, recognizing that perhaps we want to give the priority to children. It's one that I don't favor. I would favor some increase in the premiums to recognize the fact that there is a responsibility of the citizen to participate in a denticare plan, but certainly not 100 per cent.

A third area though, that others haven't commented on which I still think is important, one that was very important about a year and a half ago, was the statement that we can't afford denticare. At that particular point we probably couldn't because the Alberta Health Care Insurance plan was costing us \$116 million. The projected deficit was something like \$20 million for the years 1974 and 1975.

The suggestion was made by some members, well, how can we afford things like denticare, psychotherapy and other services if we haven't got real control of the Alberta Health Care Insurance plan itself. I think this is one we shouldn't discard offhand just because we have excess revenues. I think we have to take a good look at the Alberta Health Care Insurance plan and the way that we fund various health insurances or services.

At present, as you are aware, only medical services related to the College of Physicians and Surgeons are covered, generally, for 100 per cent of the plan. Now there are small exceptions within that but when we look at chiropractic, osteopathy, podiatry, these services are not covered. There is some kind of fee attached. There is a top limit in some cases to the amounts we will pay out of medicare for these services.

I have some real reservations and have had some reservations during the last few years about covering 100 per cent of the fees for medical services. The reason I say this is because I think it has encouraged a lack of discretion in the use of the medicare plan not only by the patient but by the doctors themselves. I have heard it stated by doctors that in many cases they will order medical lab tests or X ray for a particular patient, not necessarily because they really needed it for a diagnosis but in order to protect themselves from a possible subsequent legal action. Now I ask you, is that a proper use? Is that a discretionary use of a medicare plan? I would question whether it is or not, especially if we have other services which we are turning aside because we say we can't afford them; especially also in light [of having] brought [in] the medicare plan and 100 per cent of coverage for medical services, we have eliminated the concept of bad debts for doctors within this province.

In 1970 the medicare plan covered 92 per cent of medical costs of the fee schedule of the College of Physicians and Surgeons. I think that was a proper way to handle it. You can call it a user's fee, but when you do have some kind of billing surcharge above and beyond the plan itself, I suggest that there will be a discretionary use of the plan itself, a more responsible use of the medicare plan.

I am not saying that there have been abuses. I am just saying that they may have been bordering on the irresponsible in many cases in the use of this particular plan. I could come up with other examples too in discussions with doctors where they are not necessarily abusing the plan but using it in a way that I would really question.

I am interested too in other suggestions about funding, the federal-provincial idea. I think joint funding is a good one to pursue. In closing though, in talking about funding, in looking at the medicare plan itself, I'm one of those who feels we should not give an increase in this year to medical practitioners until we have brought under our medicare plan those other medical services such as denticare which should be under the plan itself. Then if we are looking at 100 per cent coverage in payment for medicare,

let's do it across-the-board. Let's not leave out needed medical services when we are paying out of our medicare plan 100 per cent of the cost of removing a wart or a vasectomy because the person happens to be a medical doctor.

Secondly, getting back to the denticare plan, I would like to talk about the nature of the benefit which I think is appropriate for this particular plan, and I endorse what others have stated. We should emphasize the preventive aspects of a denticare plan. So if we are talking about covering a percentage of the cost, for instance, I would say let's cover 100 per cent, as we do with the optometry cost, of at least one full examination a year so that we identify where we do have possible treatment costs. I feel that we should cover a large percentage of the treatment costs, especially fillings, and perhaps use some discretion as to what per cent we cover in such things as a complete replacement of teeth and so on.

As the Member for Calgary McCall stated, I think we have to phase in a program like this. I doubt that we would want to make this a universal program for the entire population. I think it would be some time before we could provide the manpower and really get into phasing in to, say, age 12. I think that should be our first step. For anybody under age 12 we should bring in some form of denticare plan and then re-evaluate after its initial application just what the feasibility is of going to age 18 and on.

Finally, I want to make a few comments about the delivery services, the manner in which we might administer such a plan. As was mentioned, we have only some 700 dentists in Alberta. Of these 700 dentists 261 are in Edmonton and 212 in Calgary. I just got these figures over the phone today so they are up to date. But that only leaves some 200 outside the two metropolitan centres in the province who are spread throughout the province. So it's obvious that we have a real problem, probably in our rural and remote areas, in the delivery of dental services.

AN HON. MEMBER:

Rural development.

MR. LEE:

One aspect of rural development.

But it's questionable, then, if we could universally assimilate throughout the province a full denticare program, and we would have to phase it in in some way. I'm suggesting that we will probably need, instead of just financial incentives for dentists to go to various parts of the province, some kind of public-private combination in the delivery of denticare services. We will probably have to use existing health clinics throughout the province, perhaps even employing dentists on a fee-for-service. We will have to provide clinics, provide the actual facility for dentists. I like the idea of mobile clinics. I understand we have initiated two clinics now in northern remote parts of the province and I would hope we could extend this to other remote parts of the province.

We may be able to bring in such a program, especially if our emphasis is up to the age of 12. We could perhaps initiate this program through cooperation with the schools which do have health facilities attached to them. Through some sort of mobile clinic we could attach it to the schools. We are going to need some type of study of our dental manpower. We are going to have to accelerate the training of not only dentists but hygienists and other assistants and approach this whole idea of the delivery of denticare services more in a team aspect. Rather than just emphasising the dentists' contribution, [we should] perhaps look at it more as a team.

So I endorse the resolution by my colleague from Calgary, congratulate him for bringing it to the House and hope, as he does, that we will be able to bring in an early plan with an emphasis on the preventive aspects of it.

Thank you, Mr. Speaker.

MR. BENOIT:

Mr. Speaker, I would like to add my endorsement to the resolution by the hon. Member for Calgary McCall and would also like to congratulate him for bringing it forth and thank the others who have already made contributions toward this resolution. In particular I appreciate the remarks of the Member for Calgary McKnight and his suggestion that he would like to endorse it in some form. I think I can endorse it in the form it is in because it is a matter of principle. The details, of course as we all realize, have to be worked out as we progress along the way.

I don't want to address myself to any number of details. I would like to speak primarily to one principle which I will draw hon. members' attention to in a moment. I do believe that an adequate denticare program in Alberta would be an inducement for more dentists to come to Alberta or to prepare themselves for this kind of work in Alberta and to go out into the rural areas. I believe if we are talking about prevention of dental care services, the first step to prevention is some type of insurance program that people can get into so they will feel freer to apply for preventive services before the damage is done. So let's get on the ball and get the insurance program under way in whatever form we may see fit to begin with and from there, after the people have taken out the insurance and begin to use it for preventive purposes, adjust it according to the experiences that we have.

I very much like the idea of the voluntary program. I realize there are some weaknesses to that also, but I want to approach it at this particular point. One of the main arguments is that those who need it most can least afford it. I'm not certain that

this is a true or factual statement. Very often those who need it most don't afford it but they could afford it if they wanted to. On the other hand, there are those who can afford it well, who need it badly too and do afford themselves of this type of thing. This goes for any type of insurance, Mr. Speaker, not just when it comes to health insurance, dental care insurance or anything of that kind. I believe that when it comes to a number of other things, the idea of insurance is avoided in the argument that they can't afford it. A man or woman who can afford a car can always afford insurance for it. If they can't afford the insurance, certainly they can't afford to have a car.

I have the unhappy situation of being faced every once in a while by parents who bitterly complain, because they are on a less than ordinary salary, that they can't afford to give their children milk because the milk has gone from 25 cents to 30 cents or 35 cents or 40 cents a quart. It's not uncommon to find that in families of this kind there are 2, 3 and even 4 people who are smoking cigarettes at 80 cents a package, which would provide at least 2 quarts a day for the children. They say, we can afford only a quart of milk a day for our 4 or 5 children when they could very well adjust their priorities. This is the thing I am concerned about.

Many people who need the type of care that dentists give their children are spending as much money, if not more, in other areas that are not essentials, not nearly as necessary as dental care. So if it is a voluntary plan it definitely has to have premiums attached to it as far as I'm concerned. They may be subsidized by government - I want to mention that in a moment - but certainly it has to have premiums in order to support it and these premiums can be afforded by a lot more people than [those who] normally claim they can.

The biggest argument we use for government subsidies may be our own unwillingness to pay out of our ability. Everybody wants to make certain that he saves as much money as he can for the things he wants to do which aren't necessary in our affluent society, and so he takes hold of everything he can from all the assistance he can, complaining bitterly about the high cost of the essentials in society, when it is actually the nonessentials that are utilizing the bulk of our money.

I believe the time has come when we must stand up as governments and say to people that they need to reassess their priorities and their spending because we have never lived in a world and in a country that is as affluent as our country. That does not mean to say that there are not poor or needy people and these need to be especially considered. But there are literally millions who have adequate [means] to look after the essentials of life and these need to be encouraged to take a new view as to the priorities of their spending. It is a matter of desire and priority. If we spend money for the unnecessary things, then there is no reason in the world we shouldn't be able to spend it for the things that are necessary.

In conclusion, Mr. Speaker, I want to make this comment with regard to the government subsidization of a plan of this nature. There are a number of ways by which plans of this kind can be subsidized, that is, avenues by which they are subsidized. [We] may just subsidize the individuals who can't afford the premiums. Or we may want to subsidize the entire plan so that everyone can afford the premiums. That is a detail which has to be worked out.

But certainly, as is well pointed out by the hon. Member for Calgary McKnight, today those who cannot afford it are being assisted by the government so that there are many who receive dental services who can't afford it under our present existing system. There is no reason in the world we can't extend this to reach all those who cannot afford it if we decide to go for a voluntary dental care program. So I suggest very strongly that we should support this plan, get it in motion and work out the details as best we can to begin with and, later on, as circumstances and experience dictate.

I favour and support the resolution as it stands on the Order Paper.

MR. DIACHUK:

Mr. Speaker, I too want to make a few comments on this resolution. On reading the resolution, I first have to say that I want to compliment the mover, the hon. Member for Calgary McCall, for bringing it forward. But I also have some real difficulty, particularly with the term "noncompulsory".

We have heard here today several members of this Assembly speak on making dental care available to the needy people of our province. I just think too how unfortunate it is that when we see a program - and I can only speak of the area that I represent in the city of Edmonton - provided for all families, the early childhood education, and I'm told that there still are parents who do not wish to send their children to something that is available totally free to them, I look at this and I say to myself, partly from my experience as a social worker at one time, that I would almost sometimes wish we had legislation that would charge parents with negligence when they do not obtain the proper dental care for their children. This would be possibly a new area. But I know that in the times when I served as a social worker I found that practically any parents who wanted dental care for their children were able to receive it through either the Department of Welfare in those days, or even through the dental clinic at The University of Alberta.

That's why I say the term "noncompulsory" bothers me. I believe that the mover looked at it as possibly - and I would hope that would mean to have some means test, not necessarily provide dental care for people who can afford it.

For that reason I was interested in some of the comments made by the Member for Lethbridge West. He was looking at a form of deductible, a form of minimum price to be

paid by Albertans before the whole program entered and was provided for all the members of this province.

The mover spoke about phasing in dental care. This is a good idea because we learned from experience, from what has happened with our medicare program when [we went] crashing into a program. It reminds me of what the Member for Calgary Millican spoke about the other day, that he even favored the cutting-back of programs rather than spending all our new-found wealth as quickly as we possibly are being accused of. I just wonder how one member from the city of Calgary can speak about bringing in so many new programs and spending some of our new-gained wealth when another one a few days back spoke about cutting back on some of our programs. A little inconsistent, Mr. Speaker, but what else can we expect?

Mind you, it's nice that the hon. Member for Calgary Mountain View just wanted to hear some of the members from the government side speak. I sat here and wondered why was he intending to change his idea about voting for some of us and moving to one of our constituencies? I would hope not.

The majority of the constituents in the area that I represent really find the cost of dental care quite expensive. As was mentioned, when you look at the cost of the new areas of orthodontics, this is more than the average wage earner, or even the above-average wage earner can afford.

The hon. Member for Clover Bar was smiling about it, but it does bring a nice wealth to people of that profession and it still bothers me ...

DR. BUCK:

Mr. Speaker, I would like the hon. member to withdraw that statement because it is not true. I was not smiling. I would like him to withdraw that because that's not a fair statement.

[Interjections]

Well, it certainly is not, Mr. Speaker. And I'd like him to withdraw that.

MR. DIACHUK:

Mr. Speaker, my apologies ...

DR. BUCK:

I want the hon. member to withdraw that statement because it's not true.

MR. SPEAKER:

Order please. As to whether or not the hon. member was wearing a smile, there may be differences of opinion.

MR. DIACHUK:

Mr. Speaker, I do want to say that I apologize. I did think that the hon. Member for Clover Bar was smiling. Possibly the microphone, the headpiece, is in our way here, in line. I thought it was a smile.

The lack of members of the profession of dentistry is one that - really I would like to put the blame into the lap of the profession. It seems that so often we have to go to that profession to say, why is it that your profession doesn't encourage more people into this or arrange for more people to graduate out of this profession? Just within the last couple of years we heard that the profession of law has been producing more students than it can honestly accommodate in this province.

I would say, and several of the members who spoke here about the fear of a provincial denticare program [that it] would be too difficult to manage because the lack of members in the dental profession is one that I have not been able to really accept. I think we have to put some of the onus on that profession to come forward with recommendations of how this can be resolved, bringing about a denticare program as the mover of this resolution has made.

One has to think of the ordinary people, the ordinary person in this province, who has an average income with a large family, who cannot meet the rising costs and therefore the children grow up without the proper dental care. If we are going to examine the whole area of dental care for our Alberta citizens, I would hope we would examine also how we can compel our citizens to make sure that these children who do not receive any dental care, do receive it to the extent they need it, with no doubt the maximum amount of care because it is still the right of a parent whether that parent wants to provide dental care. As we know, there are parents who do not appreciate fluoridation and therefore their children do not receive drinking water which is fluoridated. We respect that. For that same reason, I am in a quandary how we would bring about total care for the needy in this province without taking into consideration the fact that there are parents who will continue to neglect the care for their children when there is so much available.

Thank you, Mr. Speaker.

MR. HENDERSON:

Mr. Speaker, I just want to make a few brief comments on the subject. There are one or two things I've noticed that are of interest to me. We seem to have the usual lack of consistency. There are a few consistent speakers in the House. We have some who I noticed earlier last week wanted public employment for airlines, but they want private

employment for dentists. We have others who wanted private employment for airlines last week. Maybe I have that mixed up. Anyway, it doesn't seem very difficult to switch back and forth to have, say, public employees for airlines and private for dentists, or public for dentists and private for airlines. I noticed nobody has a monopoly on consistency on either side of the House.

One of the other comments I would like to make I think certainly in a debate such as this, is the question whether somebody in a professional group is making money out of it is somewhat irrelevant to the exercise. The parties who are making money out of public programs such as medicare are making it by virtue of programs which this Legislature set up. I would think, for example, on the part of doctors, I would indeed be disappointed to hear we have a doctor in Alberta who isn't making money out of medicare. Because in my mind he'd have to be completely incompetent and he shouldn't be practising. So I don't think anybody should get too uptight about that. If they make money out of it, it's because the members of this Legislature have created ground rules to enable them to make money out of it. If I were one of those in the medical profession or a dentist anticipating dental care, I wouldn't be the least bit ashamed to say, yes, when it comes in I am anticipating making a dollar out of it. That is not their concern. That has to be the concern of the members seated here. I can understand that somebody who is a dentist and a member of the Legislature, a doctor and a member of the Legislature, may have some troubles, but for the rest of us I don't think this should create any difficulty.

In listening to the debate, Mr. Speaker, one or two things have come to my mind. First is the comparisons which members are inclined to make on the question of denticare compared to medicare. From my brief experience in the medicare program and what little exposure I had to dentists, I found there seemed to be a considerable difference. I think, dealing with my constituents and my own family, there is quite a difference between the way the public looks at a dentist and the way it looks at a doctor.

Some of the arguments, I suggest, which have been submitted - they have got it a little bit backwards as to what the proposition should be and I would just like to illustrate that.

Some of my doctor friends have told me privately, and I think the medical profession collectively admitted publicly, that up to 40 per cent of the people who come to see a general practitioner really come not because they have a medical problem, but they want somebody to talk to. It is a lot easier, a lot better deal, talking to the doctor, because you are helping him make money, than there is talking to your priest or minister, because he is just donating his time. So it is in the public interest to talk to the doctor.

I used to think the one thing required to make medicare realistic was some type of deterrent. I'm not altogether convinced that a financial deterrent works. It seemed to me the one which was bound to work - which I could never convince anybody in the medical profession to accept the logic of, notwithstanding that from an engineering and financial standpoint there was tremendous logic in it - was for the medical profession to invent some big word, which would take the full width of the page, which nobody would understand but in practical terms meant that every time you went into the doctors' office they would inflict this mass screening test upon you for your own benefit. The test would primarily consist of a three-inch needle by which means they would draw a small vial of blood from your posterior. They would do it up in a nice package and throw it into the wastepaper basket, unbeknown to the patient. If this were done with everybody who came to see the doctor, there would be an awful lot more people going to see their minister or their preacher when they wanted somebody to talk to than there are at the present time. I think the prospect of that needle would discourage some of the frivolous uses of medicare.

Now that we have a doctor who is Minister of Agriculture and an expert in veterinary matters, maybe he would care to express an opinion on that later on.

But there is some logic in it. Applying the same philosophy - and I think this brings out the difference in people's attitudes towards dentistry - and getting a little more serious on the subject, experience has shown that with dental programs the same problems don't exist. So I suggest to members who throw up the question of some of the frivolous uses of medicare, which I think anybody involved in the business would have to agree do exist, that they aren't going to exist to the same extent when it comes to a denticare program.

I think the reality of this is illustrated by the fact that privately-insured denticare programs are very few and far between. They have not proven tremendously successful. A few dentists I've talked to who are involved with patients under such a prepaid program - the main complaint they have is that nobody will come to utilize the services because the needle scares the death out of them so badly that they don't really come unless they really need to.

So I think some of the questions on overutilization that relate to the proposed dental program, which may be valid in a medicare program, probably wouldn't prove to be a reality. I think if that were the case, you would find prepaid denticare programs much more popular in the private sector than is the case today. I can probably go on to say that the fact there are so few prepaid denticare programs probably illustrates there isn't that great a public demand for this particular type of service. And as long as those who need it and financially cannot afford it have some vehicle for acquiring it, on the one side I have to question to what extent the government has to get mixed up in it.

But coming back to comparing another feature of the medical and the dental business - those who suggest a deterrent fee is required in dental care - once again I think they

are on the wrong horse because experience has proven that people just are not inclined to overuse dental services. If the government is considering setting up such a dental care program, I would like to suggest they adopt the big needle philosophy as a deterrent in medicare and thereby they would save more than enough money to provide prepaid denticare programs. Just as the Minister of Agriculture sends out tremendous amounts of literature and information advertising the services his department has available, the health department would have to spend similar quantities of money, which they would save out of health services, to encourage people to come and use dentists.

Thank you, Mr. Speaker.

DR. PAPROSKI:

Mr. Speaker, I wonder if the hon. member would permit a question?

MR. HENDERSON:

Oh, I'm indeed pleased and flattered, Mr. Speaker.

DR. PAPROSKI:

Would the hon. member indicate whether he really suggests that psychological, emotional, mental problems which require talking counselling are not medical problems?

MR. HENDERSON:

I suppose, Mr. Speaker, this gets down to a matter of opinion and I think probably the opinion of a medical man is somewhat different than the opinion of the layman. But I am firmly convinced that an awful lot of people who waste time in doctors' offices - probably a big swift kick in the rear would do them more good, Mr. Speaker.

DR. PAPROSKI:

Mr. Speaker, I suggest that's psychotherapy.

MR. HENDERSON:

I would suggest that's excellent psychotherapy. It's a matter of viewpoint, Mr. Speaker.

DR. PAPROSKI:

But only one form of psychotherapy.

MR. COOKSON:

Mr. Speaker, now that that dialogue has terminated, it's a pleasure just to say a few words. Most of the points have been covered, although I would like to congratulate the Member for Calgary McCall in bringing forth this resolution. He talked about gaps in this and gaps in that, and when you see some of our public there are a lot of gaps in teeth. You know, it's rather interesting that just before that we had a question period and spent about a half hour being bombarded, if you can use that term loosely, by the opposition about our spending and about how we could curb inflation, et cetera. Then we get into these resolutions and they try to figure out how to raise another 15 or 20 million out of general revenue to promote another program in substance. You know, there's a kind of inconsistency. The Member for Spirit River-Fairview is quite adept at promoting great programs that we should commence and then turning around and complaining about the great cost of government.

It's kind of interesting if you look back into history - I think it was the former government that had a great debate on fluoridation versus antifuoridation, and I think some of the anti's are in the crowd this afternoon. There seems to be an inconsistency in that they protested against use of fluoridation, which is a proven scientific remedy for tooth decay, and then turn around and ask for ...

MR. LUDWIG:

I believe the hon. member ought to be informed that fluoridation is determined by ...
[Inaudible] ...

MR. SPEAKER:

Order please. Order please. The hon. member might display his talents as a lexicographer outside the debate.

MR. LUDWIG:

Mr. Speaker, on the point of order. I just wanted to fill a gap in the hon. member's thinking and I have done that.

MR. COOKSON:

Mr. Speaker, the Member for Calgary Mountain View is still having trouble making a contribution in this House.

AN HON. MEMBER:

Hear, hear.

MR. COOKSON:

Now that I've made my introduction, Mr. Speaker, I'd just like to make sure that our health units ...

MR. NOTLEY:

Close gracefully.

MR. COOKSON:

... aren't overlooked with regard to the attempt to cut down on tooth decay in people, particularly young people. I think if you go through the submissions by the dentistry association and those who represent that organization, one of the greatest problems is prevention and its delay. And I hope that somewhere along the way our only dentist friend, the Member for Clover Bar - we can't determine whether he's smiling or smirking - might possibly ...

DR. BUCK:

I'm smiling now, Jack.

MR. COOKSON:

... you know, I hear him quite often when he's sitting down, but I have trouble hearing him when he's standing - that he might be able to make some contribution to this discussion, because ...

DR. BUCK:

If you'd sit down I would, Jack.

MR. COOKSON:

Is that a promise?

I think the resolution bears merit. I hope that our government will lend an ear to some of the discussion this afternoon. There are some insurmountable problems with regard to dental care, as there were with medical care. The only way to solve the insurmountable problem in medical care was to simply pick up the tab for 25 per cent of the deficit which the medical doctor was incurring because he couldn't collect his bills. If you want to check the hon. Solicitor General's statement with regard to medicare, you're talking of something like a \$20 million deficit in medicare. And from the knowledge that I have, certainly in my constituency, you might well be talking of the equivalent or more if we take out of general revenue the costs of a total dental care program. The dentists association makes three specific - or at least they have a number of specific recommendations, but there are three I selected that we might consider.

The first one is pretty straightforward in that it recognizes the value [of encouraging] preventive care. It's a strange thing, Mr. Speaker, that the more affluent a country becomes, generally speaking, the more problems there are with tooth decay. Quite often that's related to the high standard of living. The short time that I spent in a small African country I made a point of inquiring about the problems of dental care. There was a city there of some 200,000 without a dentist, and most of these people had their teeth, by the way. Mind you, they didn't live beyond the age of 35, which may have some reflection on their medical program. But they still had their teeth. Part of the reason was the kind of diet they were restricted to. If you can get a diet with a low carbohydrate sugar content, it's quite obvious that you can cut down on tooth decay. Now that's pretty important, especially for a family, a large family or even an average family such as mine, because of the price of sugar. I can cut them down to no more than one spoonful on their porridge in the morning. In fact, it's not really a problem because I can't get them to eat porridge anyway. It solves that problem.

The other point is that the patient should be responsible for a portion of the fee for treatment received. Now I don't want to be facetious on this point, Mr. Speaker, because I think it underlies an extremely important principle. There's just no way that government can keep down costs if they aren't able to pass the responsibility of some portion of government spending on to the people who make use of it. Medicare is a good example in particular, I think, in the area of the great assistance, all the facilities et cetera, we have given to our senior citizens over the age of 65. And if you study the rolls you will find that sometimes there is abuse; sometimes professional people don't take responsibility. I could cite a number of instances where patients simply accepted a particular quality of glass or a particular set of false teeth suggested to them by innuendo, more so than the fact that they really needed that quality of false teeth.

We can escalate these costs simply beyond reason. You know, the fellow down the street has a set of ivory false teeth so I have to have a set of ivory teeth.

So I think that if and when any kind of program is initiated with regard to dental care, for goodness sake, put some onus on the individual himself. If we take that totally away, we might just as well accept the total responsibility of socialism and hope that some other country in the world will bail us out before we go bankrupt.

The other point I would like to make, the dental association mentions: the benefits and limitations of the plan must be clearly described. And maybe this overlaps a little bit into the second point, that the patient and the person administering dental care must be in total understanding of some of the limitations of what they can do. You know, a person who is on his deathbed and the doctor's responsibility is to keep him alive after everything is dead but a portion of the big toenail - you know, there is a question of professional ethics and a line that has to be simply drawn.

In conclusion, Mr. Speaker, I would suggest to the government that if we haven't already had a study on dental care, or if we can't dust off a few studies that have been done in the past by the former government, we consider a group of our elected representatives to again review the potential of dental care and come in with some recommendations that I think we can pursue at the legislative level.

MR. DIXON:

Mr. Speaker, I would like to take part in this debate to just point out one or two things. I do like a motion that says "noncompulsory". That goes along with me fairly well. I'm pleased that the hon. Member for Calgary McCall pointed that out because I believe that the noncompulsory aspect is a most desirable feature of any broad dental health program. So I congratulate the hon. Member for Calgary McCall for bringing this motion in and also giving the government a challenge to bring in a noncompulsory type of program. It's quite easy for any government to come along and say, well, we're going to do everything - just like we had here a couple of weeks ago with Pacific Western Airlines, we're going to take over everything. It's nice that we're going to leave something for the people in a noncompulsory way.

I would just like to remind the hon. Member for Lacombe, when he's talking about fluoridation I think if he wishes to take some time out and if he can't do it himself, I'm sure he can get the hon. Member for Calgary McKnight to help him because I really appreciated the research that went into the speech from the hon. Member for Calgary McKnight. But I think he will show that there has been no levelling off of the need for dentists in Edmonton or Red Deer because of fluoridation. There is still a big demand and the demand keeps growing. As a matter of fact, there are more dentists in Edmonton now than there were prior to fluoridation being brought in. So naturally there are many people in Alberta who do question the great ... [inaudible] ... this fluoridation was supposed to bring around as far as preventing tooth decay.

I'd like to remind him, too, I was quite amused by his story about when he was over in Africa at the CPA Convention and talked to those 200,00 people who had perfect sets of teeth. It's like the fellow whose widow was suing the city because it put fluoridation in the water. The young lawyer who was acting on behalf of the city got kind of carried away and said, well, Your Honour, maybe the honorable gentleman died of cirrhosis of the liver and hardening of the arteries because of fluoridation in the water, but we'll all have to admit that he died with a perfect set of teeth. And that's the type of argument that the hon. Member for Lacombe gives.

SOME HON. MEMBERS:

Oh, oh.

MR. DIXON:

Also, I was amused by the hon. Member for Kingsway. Now he says, well why not under this plan? He seemed to be kind of jealous that somebody was trying to get under the medicare program. Well, really I believe that's a good suggestion because I believe that the administration alone is a good thing and it also, Mr. Speaker, points up the very thing he was talking about, that medicare now covers most of the people who are already getting assistance by way of dental services. I'm sure the hon. Solicitor General will back me up on this.

We also have this wonderful feature in our medicare program where we do give assistance to the lower-income groups, either fully or partially. I think this would just fit in ideally with a noncompulsory dental program, and could also work in the noncompulsory aspect quite easily because of the information we already have.

However, Mr. Speaker, the main point I'd like to make today is that we talk about saving money. I've been accused of saying we want to cut down on some programs. That is not what I said. What I did say was, has the government got any idea of cutting down on programs in line with what the federal government is asking them to do? The Provincial Treasurer today jumped all over the lot but he didn't answer the question and still hasn't. So that was my reasoning and I hope the hon. Member for Edmonton Beverly will bear that in mind.

Anyway, I do like to be constructive and I would like to leave a suggestion because in my pre-session meetings in my constituency this was one of the things that came up frequently. Why haven't we got some sort of noncompulsory dental care program? And one of the reasons - I said to them, well, let's look at this realistically, it's going to cost money.

There was one suggestion which I thought had some merit. Some of them suggested that in the field of medicare now we could cut down on some of the services. Now I've been accused of wanting to cut down on services and they pointed out, at my particular meetings, that the abortion costs in Alberta is one field where they feel that the government could save money if it really limited the payment of abortions through our medicare program to those people - I should say, to the mother - whose health is in danger rather than to all the other abortions that are being given for social needs rather than actual medical needs.

As a matter of fact I have got a letter here today from a medical practitioner in Alberta who is pointing out the very same thing, that 90 per cent - I can't put my hands right on it - but 90 per cent of the abortions performed are done for psychological and social reasons rather than medical reasons.

So I think our constituents, such as the ones who were speaking to me, have that in mind when they say, well, wouldn't it be better, rather than spend over a quarter of a million dollars for so-called medical treatment for abortions. And that doesn't [include] hospitalization. You could triple that amount to over half a million dollars. That would go a long way towards administrating a noncompulsory dental care program in Alberta. That's one suggestion that I would like to leave with the hon. members.

You can see that some of the people have come up and urged members, such as myself, to look at programs we could cut down on with the idea of putting the money to better use somewhere else. I'm sure every hon. member in this House could come up with some suggestion where he feels that the program the government is presently carrying out could be related to another program of greater benefit to our citizens.

I know this government has been criticized for not being interested in people programs. So this is a real good program they could get into. More people are concerned about the government getting into people programs rather than into corporation programs such as PWA.

Well, Mr. Speaker, there are one or two other points but I think they have been covered by other members quite well and I know there are one or two other speakers who may want to say a word or two before 5:30.

SOME HON. MEMBERS:

Hear, hear.

MR. COOKSON:

I wonder if the member would entertain a question, Mr. Speaker?

MR. DIXON:

Certainly.

MR. COOKSON:

I wonder if the Member for Calgary Millican who is for dental care is actually against fluoridation.

MR. SPEAKER:

Perhaps that might be asked in another debate. The hon. Member for Clover Bar.

DR. BUCK:

Mr. Speaker, first of all I would like to apologize that I had to miss a portion of the debate, but I was trying to straighten out the legal profession. Mr. Speaker, I admit to you that is much more difficult than straightening out the medical or dental profession.

The remarks, Mr. Speaker, that I will be making in the House are strictly remarks that I feel as an individual and as a parent.

AN HON. MEMBER:

As a dentist.

DR. BUCK:

I would like to put some input into the debate from experiences I have seen and had as a practitioner in the field we are discussing. First of all, it does bother me very profoundly, in spite of what the hon. Member for Beverly says, when I see a youngster who comes into my office with his mouth in dreadful shape - rotten teeth, missing teeth, orthodontic problems - because I think this should be treated as a medical problem. I would be the first one to say that possibly some of the fringe benefits we have under the medical coverage are benefits that are on the borderline. But I feel that [treating] the mouth, being part of the person, is just as important as treating the appendix because it is a source of infection.

To my honorable economist friend from Jasper Place I would like to say that I had the experience of treating this one particular case which stands out in my mind and which I remember so profoundly. It was a young man of the age of 18, all of his teeth absolutely ghastly; badly infected peridontially, which means diseases of the gum, and caries-wise. As we proceeded to get rid of this young man's teeth, quadrant by quadrant, by the time we got rid of his last quadrant you could see a definite appreciable difference in that man's complexion because what he had been carrying around in his mouth - 28 badly infected teeth - were nearly as bad a focus of infection as he could have from, say, an appendix.

I think we must not lose sight of the fact that it is a portion of the body and it must be treated as such. This is why I feel it should be covered under the medicare program.

Now, I think we have to start with prevention. I know we had the old bug-a-boo and the old go around about it should be 66 per cent. If you believe in democracy, democracy says 50 per cent. Otherwise this government wouldn't be sitting over on that side. But 50 per cent of the people in a community - if they indicate that they want fluoridation, I think we who are informed people should be getting out and informing the population who are possibly less well informed of the merits of a fluoridation program. Because in my own family the children I have don't get any special attention. They are treated just like any other children in any other family. I would say that they have average care and average dietary control and three out of four of them are practically decay-free because

they have been on fluoridated water for 12 to 13 years. It is that dramatic. The only after-effect I can see of fluoridated water is that a few of the adults do get softening of the brain the same as some of the men like myself, to be in this Legislature. That's about the only side effect that I can see of fluoridation.

It has to start with the youngster. It has to start with the child. In looking at the age groups we should cover, I think the age group we should go to, rather than starting with an age 6 program, is the age 12 program.

SOME HON. MEMBERS:

Hear, hear.

DR. BUCK:

I have had this experience, and I can say to any parent without any hesitation that if that parent would bring the youngster into my office at the age of three, if he is on fluoridated water with average care and regular dental check-ups, there is absolutely no reason that child should ever lose his natural dentition - absolutely no reason. And there are no if's, and's or but's about that. You can talk about heredity or anything else you want to. If I can see that child at the age of three under fluoridated water conditions, regular dental check-ups, that child should never lose his natural dentition.

AN HON. MEMBER:

That's a commercial.

DR. BUCK:

That may be a commercial, but we are the only profession that tries to do itself out of business because we try ...

[Interjections]

Never mind the facetious aspect. Another problem I want to touch on before we leave, Mr. Speaker, is this: orthodontia must be included in any kind of comprehensive program because it is, number one, the expensive portion of treatment. But, number two and most important, it's the area where there is a great correlation between dental deformities and facial deformities, incidents of psychological problems and incidents of children who, let's say, get off the beaten path. There have been several studies done on this and there is a very high correlation between dental and facial deformities and crime rates. Because these children have hang-ups; they come home and the first thing they tell their mother is, the kids have been calling me rabbit or they have been calling me beaver. When you start doing that to a little guy when he's six years of age you can be sure he's going to have some hang-ups.

On that, Mr. Speaker, I would beg leave to adjourn the debate.

MR. SPEAKER:

May the hon. member adjourn the debate?

HON. MEMBERS:

Agreed.

MR. SPEAKER:

The House stands adjourned until 8 o'clock this evening.

[Mr. Speaker left the Chair at 5:30 p.m.]