

*Supply—Health and Welfare*

about the administration within her own department. First of all I should like to ask again whether any step is being taken by the department to establish a specific dental health grant under the system of national health grants. When these grants were initially made I know that in the province of Manitoba they had to be taken from the maternal health plan. That was some time ago, but as time has passed every segment receiving these grants has been taxed to the full, and the segments which are receiving the grants are no longer willing to give some of this money to the dental field. Therefore it is absolutely necessary that a specific dental health grant be made. The minister has received specific representations from the Canadian Dental Association in respect of this matter, and I should like her to give an answer before we pass her first item, outlining her plans in this regard.

Another matter which I should like to draw to her attention relates to the various dental branches in other departments of the government, such as the Department of Veterans Affairs, which looks after the dental health of the R.C.M.P. and veterans; the Department of Justice, which looks after the dental health of inmates in penitentiaries, and the northern health services dental branch. It is time all dental services within the government, other than military, should be consolidated under one dental head.

I think that would bring about something that is very badly needed, and I refer to a uniform fee schedule. Each department has a different set of forms to be filled out and a different fee schedule, and many of the forms are extremely complicated. Everytime an R.C.M.P. officer goes to his dentist, the dentist has to fill out a long form listing all the dental work that has ever been done on that officer's teeth. If that officer comes in every six months and only has one or two fillings, this necessitates a great deal of work and a waste of time. Those are some of the things I think the department should look into in an attempt to simplify the procedures and eliminate some of the red tape that imposes such a burden on the practitioner.

I should like to make another recommendation to the minister concerning her department which is in keeping with a recommendation made by the Canadian Dental Association to the Hall commission, that steps be taken to see that the remuneration of professional people in government service is equivalent to that which they would receive in the private sector of the economy.

[Mr. Sloan.]

Unless this is done it is hardly possible that we will fill the quotas we have for professional people in government, and certainly the conditions will not attract the best people but more likely the worst.

I think the people of Canada deserve something better. I think those individuals who undertake to dedicate themselves to public health in Canada, and accept government jobs, deserve better remuneration. At the same time I should like to recommend that members of the dental and medical professions should receive the same remuneration, because I see no reason why the dental field should be a step down the ladder.

Mr. Chairman, I suggest the minister should give autonomy to the dental branch so that in the final analysis decisions regarding dentistry will come from the dental division and not have to go through a medical man. Perhaps the lack of autonomy in that field is the reason dentistry has been allocated such a low position in government service.

As I have already said, I should like to know what thought the minister has given to allocating money for the establishment of pilot projects in respect of prepaid dental plans rather than the profession assuming the whole responsibility. The Hall commission report contains almost 50 recommendations in respect of what governments can do in the field of dental health, and in order to facilitate the passage of the minister's estimates I should like some information about what the government is doing in the way of grants for dental education, the establishment of new dental schools and other similar things. Perhaps it is of interest to note that Canada is fourteenth among 19 nations of the world as far as our population-dentist ratio is concerned. The government does have some responsibility in this regard.

Before concluding it might be of interest to hon. members to know that in 1926 the percentage of the consumer health dollar that was allocated to dental services was 11.7 per cent; 1929 it was 12.1 per cent; in 1934 it was 8.7 per cent; in 1945 it was 10.9 per cent and in 1961 it was 7.4 per cent. Relative to the total spent on health services the amount of money that is being spent on dentistry by the people of Canada today is lower than it has been for a great number of years. It might also be of interest to know—and this is one of the brighter sides—that although the ratio of dentists to population is expected to improve slightly over the next ten years and then become worse again, if